



RENTAL APPLICATION FOR AFFORDABLE HOUSING

Do NOT use for Project Based Section 8 Applicants
 All persons 18 years or older (unless deemed otherwise by local jurisdiction) must complete a separate application.
 (Please Print Clearly) UNIT #:

YOUR AGENT: _____

DATE: _____

PROPERTY NAME: Skylyne at Temescal

FOR OFFICE USE ONLY	Date Notified:	
	<input type="checkbox"/> Approved <input type="checkbox"/> Declined	
	Apartment #	Revised Apartment #
	Apartment Size	Move-In Date
	Security Deposit	Application Fee
	\$	\$
	Lease Term mo.	Monthly Rent
	Revised Monthly Rent \$	Yardi Info
Concession		
	P #	T #

Full Name (Last, First, M.I.)			
Social Security Number			
Date of Birth			
Sex			
Cars (Color/Make/Lic#/State/Year)			
Driver's License Number			
E-mail Address			
Contact Phone No. - Home/Cellular			
Pets <input type="checkbox"/> Yes <input type="checkbox"/> No	Size of Pet:	Breed of Pet:	
Do you have a Section 8 Voucher?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Student Status	Not a student <input type="checkbox"/> Full Time Student <input type="checkbox"/> Part Time Student <input type="checkbox"/>		

OTHERS TO RESIDE IN THE APARTMENT AND/OR ANYONE WHO MAY BE JOINING THE HOUSEHOLD IN THE NEXT 12 MONTHS : (IF NONE, MARK 'NONE')

Full Legal Name	Relationship to Applicant	Date of Birth	Sex	Student	Occupation	Social Security Number

Please Include 2 years Of Housing History

CURRENT ADDRESS:	PREVIOUS ADDRESS:
Street	Street
City/County/State/Zip	City/County/State/Zip
Monthly Payment	Monthly Payment
Dates	Dates
Landlord/Lender	Landlord/Lender
Phone	Phone
Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Family <input type="checkbox"/>	Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Family <input type="checkbox"/>
From: To:	From: To:

CURRENT EMPLOYER :	PREVIOUS EMPLOYER <input type="checkbox"/> OR CURRENT 2ND EMPLOYER <input type="checkbox"/>
Name	Name
Address	Address
City/County/State/Zip	City/County/State/Zip
Date of Hire	Work Phone
Work Phone	Date of Hire
Position	End Date
Annual Income \$	Position
Supervisor	Annual Income \$
Fax Number	Supervisor
	Fax Number

ANNUAL INCOME

Do you have income from or expect to have income from:

			Please List Anticipated Annual Income From Each Source For The Next 12 Months
Employment Income	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$
Self-Employment	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$
Rental Income	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$

Social Security/Pensions	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$
Retirement/Annuity	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$
Contributions from Friends or Family	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$
Scholarships/Grants/Work Study	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$
Unemployment benefits	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$
Worker's Compensation	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$
Do you have a Court Order for Child Support/Alimony?	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$
Do you receive Child Support/Alimony?	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$
TANF / AFDC	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$
Veteran's Administration	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$
Other	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$

Revision 10-15-18

ASSETS

List all assets for you and for anyone else in the household under the age of 18 that you hold accounts for:

Listing of All Assets			Cash Value	Annual interest or earnings from asset	Name of Financial Institution/Description of Asset
Checking Account(s)	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
			\$	\$	
Savings Account(s)	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
			\$	\$	
Cash on Hand	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Stocks/ Bonds	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
CD/Money Market	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Mutual Funds	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
IRA/401 K Account	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Trust Fund	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Whole Life Insurance	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Do you currently own a home or have you within the last two years?	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	
Other	yes <input type="checkbox"/>	no <input type="checkbox"/>	\$	\$	

WAITLIST PREFERENCES

Select all that apply. Verification may be required.

<input type="checkbox"/> Displaced Preference <ul style="list-style-type: none"> Households who have been displaced as a result of the City of Oakland's public project or the City's code enforcement activities. 	<input type="checkbox"/> Oakland Worker <ul style="list-style-type: none"> Households with at least one member who is currently employed in the city of Oakland, have been notified that they are hired to work in the city of Oakland, or are active participants in an educational or job training program located in the city of Oakland.
<input type="checkbox"/> Oakland Resident <ul style="list-style-type: none"> Households who are current residents of the City of Oakland. 	

BACKGROUND INFORMATION

Have you or any other prospective residents or occupants listed on this Application ever (check if applicable; you represent the answer is "NO" if you have not checked any item below): been evicted or asked to move out? broken a rental agreement

<input type="checkbox"/> lease contract? been or are currently delinquent to a previous landlord? declared bankruptcy; if so, when?: _____
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By signing this application for residency I acknowledge the following:

In the event that the Applicant becomes a resident in Owner's apartment community, Applicant's execution of this Application shall authorize the Owner, in the event of the Applicant's death to; (i) grant to the person designated above access to the Applicant's unit at a reasonable time and in the presence of the Owner or the Owner's agent; (ii) allow this person to remove any of the Applicant's property or any other contents found in the Applicant's unit or any of the Applicant's property located in the mailbox, storerooms or common areas; and (iii) refund the Applicant's security deposit, less lawful deductions, to this person. Applicant also authorizes the Owner to allow this person access to remove all contents of the unit as well as property in the mailbox, storerooms and common areas in the event that Applicant becomes seriously ill.

AUTHORIZATION: Applicant represents that all of the above information is true and complete and authorizes the verification of same and performance of a credit check on Applicant as appropriate by all available means. **In the event that Applicant provides any false or misleading information in this Application, Owner shall have the right to automatically reject this Application and the Application Deposit will be automatically forfeited by the Applicant.** Applicant further acknowledges that an investigative consumer report includes information as to character, general reputation, personal characteristics, and mode of living, whichever are applicable, of the Applicant may be made and that any person on which an investigative consumer report will be made has the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and also has the right to request a written summary of the person's right under The Fair Credit Reporting Act.

Applicant hereby authorizes the Owner or the Owner's Agent to obtain and hereby instructs any consumer reporting agency designated by Owner or Owner's Agent to furnish a consumer report under The Fair Credit Reporting Act to Owner or Owner's Agent to use such consumer report in attempting to collect any amount due and owing under this Application, the Applicant's lease (to be executed after Application approval) or for any other permissible purpose.

SECURITY DEPOSIT: If my application is accepted, I understand the application deposit (for the Premises) will become my refundable security deposit upon meeting the terms of the lease and the community rules and regulations. If, for any reason management decides to decline my application, then management will refund this good faith deposit, excluding the application fee, to me in full. If this application is approved, and I fail to occupy the premises on the agreed upon date, except for delay caused by construction or the holding over of a prior resident, I understand that management will assess damages against the deposit for the

amount of rental loss of any expenses incurred due to my cancellation. As these costs are difficult to ascertain I agree to forfeit the premises security deposit as liquidated damages for the apartment I agree to occupy. A credit and eviction background check will be done in order to qualify for residency. I have received, read, and understand the resident selection policy for the property at which I am applying. I hereby authorize the release of the information requested, including release of information by any bank or savings and loan, employer (present and former), and any lender. The application fee is not refundable at any time.

Application Deposit Credited to Security Deposit

In the event that this Application is approved by Owner and Applicant meets all other conditions of occupancy, executes an Apartment Lease Agreement with Owner as and when required by Owner, the Application Deposit shall be credited towards the security deposit identified in the Lease.

Application Deposit Refunded & Returned

If this Application is denied, the Application Deposit will be refunded to Applicant. If the Applicant is required to pay an additional Application Deposit in order to qualify for occupancy, the Applicant shall be deemed conditionally accepted prior to the payment of such additional Application Deposit. If the Applicant fails to pay the additional Application Deposit, the application will be considered as rejected and the original Application Deposit will be refunded to Applicant.

Application Deposit Retained by Owner

Owner shall be entitled to retain the Application Deposit as liquidated damages; in which case, all further obligations to lease the premises to Applicant shall be terminated if: (i) the Application is withdrawn, for any reason, after signing this Application; or (ii) the Application is accepted, but Applicant does not sign an Apartment Lease Agreement as and when required by Owner; or (iii) if the Applicant has provided false or misleading information within this Application.

Applicant's Signature

Date _____