

FOR OFFICE USE ONLY:

Reviewed by: \_\_\_\_\_  
Time Received: \_\_\_\_\_ Date: \_\_\_\_\_

Unit Size: \_\_\_\_\_  
Income: VL ( ) L ( ) XL ( ) MOD ( )

Property Name: Villa Vasona Apartments

Address: 626 West Parr Avenue, Los Gatos, CA 95032 Phone Number: 408/370-9410

## APPLICATION FOR ADMISSION PLEASE PRINT

**TO THE APPLICANT:** Please fill-out this form completely. NO application will be accepted or put on the waiting list unless each question has been answered completely and applicant has provided an acceptable photo I.D. and Social Security Card for all household members. All references will be checked and if any information is found to be false or incomplete, the applicant may be rejected. Use additional pages if more space is needed.

NAME \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Home Phone # \_\_\_\_\_

Employed by: \_\_\_\_\_ How Long? \_\_\_\_\_

Address of Employer: \_\_\_\_\_

City: \_\_\_\_\_ Position Held \_\_\_\_\_ Work Phone # \_\_\_\_\_

### HOUSEHOLD MEMBERS: LIST BELOW ALL PERSONS WHO WILL BE LIVING IN THE UNIT

Household Members	Social Security Number	Drivers License No./State	Birthdate	Sex	Relationship to Applicant
1.					
2.					
3.					
4.					

Describe any pets that will be living in the apartment.  
(Cat, Dog, bird, snake, etc.) \_\_\_\_\_

Do you own a waterbed? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, do you carry Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, furnish a copy of the Insurance policy. State name of carrier \_\_\_\_\_

Applicant Residency Status: U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Co-Applicant Residency Status: U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Permanent Resident Alien? Yes \_\_\_\_\_ No \_\_\_\_\_ Registration No. \_\_\_\_\_

Copy of I.D. card and copy of all alien registration cards will be made and retained in applicant's permanent file.

Race of Head of Household: White \_\_\_ Black \_\_\_ American Indian \_\_\_ Asian \_\_\_

Ethnicity of Head of Household: Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_

Does anyone live with you who is not listed above? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you plan to have anyone living with you in the future who is not listed above? \_\_\_\_\_

What are your monthly costs for utilities (gas, electric, water)? \$ \_\_\_\_\_

\_\_\_\_\_

## INCOME

Does Any Member Of This Household Anticipate Receiving Income From Any Of The Following Sources Currently Or During The Next 12 Months? Mark Every Question Yes Or No. Complete All The Blanks For Any Questions Answered With Yes.

		NO/YES	AMOUNT RECEIVED WEEK/MONTH/YEAR	RECEIVED BY WHICH HOUSEHOLD MEMBER	SOURCE OF INCOME NAME/ADDRESS/PHONE
a.	Employment Income 1				
b.	Employment Income 2				
c.	Employment Income 3				
d.	Employment Income 4				
e.	Employment Income 5				
f.	Child Support				
g.	Alimony				
h.	Monetary Gifts				
i.	Pension/Retirement				
j.	School Grants				
k.	Scholarships				
l.	Social Security				
m.	SSI (Supplement)				
n.	Unemployment				
o.	Veterans Benefits				
p.	Welfare/AFDC/CAPI.				
q.	Workers' Comp				
r.	Interest Income				
s.	Other Income				

**Please answer each of the following questions. For each "YES" answer and provide details.**

1. Does any member of your household work for anyone who pays them cash? \_\_\_\_\_

2. Is any member of your household on leave of absence from work due to lay-off, medical maternity or military leave? ? \_\_\_\_\_

**HOUSEHOLD DEBTS OR PAYMENTS (car or credit card payments, etc.)**

<b>Payable To:</b>	<b>Company Name</b>	<b>\$ Amount</b>

If additional space is needed, list on additional sheet. **NOTE:** Above must include all monthly obligations, including medical expenses, car payments, child support, loans, etc.

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**VEHICLES**

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<b>Make / Year / Color</b>	<b>License Plate Number</b>	<b>Expiration Date</b>

Any motorcycles, boats, campers, motor homes, trailers, etc. belonging to anyone in your household:

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## ASSETS

Inventory Of Assets: List All Assets Owned By Members Of This Household. Complete All Of The Blanks For Any Questions Answered Yes.

		NO/YES	NAME ON ACCOUNT	ACCOUNT NUMBER	ESTIMATED CURRENT BALANCE	ESTIMATED AVERAGE 6 MONTH BALANCE	BANK SOURCE NAME/ADDRESS/PHONE#
a.	Checking Account						
b.	Savings Account						
c.	Money Market Account						
d.	Certificate of Deposit						
e.	CD Accounts						
f.	Trust Accounts						
g.	Stocks & Bonds						
h.	IRA/Keogh/Life Insurance						
i.	Other retirement Accounts						
j.	Real Property						
k.	Other						

Have you or any member of your household disposed of any asset(s) for less than fair market value during the last (2 years)? YES\_\_\_ NO\_\_\_

If yes, explain: \_\_\_\_\_

## MEDICAL HANDICAP ASSISTANCE

**MEDICAL:** Anticipate medical expenses not covered by insurance for the next 12 months \$\_\_\_\_\_ (including doctor, dentist, prescriptions, insurance premiums paid by you, etc.).

**CHILDCARE COSTS:** Complete only for children under age 13 for the time you are working or attending school. Weekly cost for childcare: \$\_\_\_\_\_

Name of person or facility caring for your children: \_\_\_\_\_

The subsidized housing program at this project may allow for an adjustment to Income for qualifying disabled or handicapped persons. Do you request this deduction for your household? Yes\_\_\_\_\_No\_\_\_\_\_. If Yes, please complete the following. (Please note that the qualification requires verification) (Name & Address of qualifying party):

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- a. Which member of your household entitles you to this deduction? \_\_\_\_\_
- b. Do you wish to request a wheelchair-designed unit? Yes\_\_\_\_\_ No\_\_\_\_\_
- c. Are there any reasonable accommodations or specific services that you request?

Specify: \_\_\_\_\_

**HANDICAP ASSISTANCE:** List only expenses, which will allow the handicapped person or other household members to work? Describe Expenses \_\_\_\_\_

Weekly Cost? \_\_\_\_\_

Are you or a member of your household 18 years or older attending school? Yes\_\_\_\_\_ No\_\_\_\_\_ If Yes, who \_\_\_\_\_

Are you or any member of your household a current illegal user or manufacturer of a controlled substance or has been previously convicted of the same? Yes\_\_\_\_\_ No\_\_\_\_\_ If Yes, has offender completed a controlled substance abuse recovery program or is presently enrolled in such a program? Yes\_\_\_\_\_ No\_\_\_\_\_

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## EMERGENCY INFORMATION

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Person to Notify in Case of Emergency:

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

Address: \_\_\_\_\_

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## CURRENT LANDLORD

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Current Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of complex: \_\_\_\_\_ None \_\_\_\_\_

Name of Current Landlord and Phone Number: \_\_\_\_\_

Move In Date \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

Reason why you want to move: \_\_\_\_\_

Has any household member's rental assistance or tenancy in a subsidized housing program ever been terminated for fraud, non-payment of rent, or failure to cooperate with the recertification procedures? Yes \_\_\_ No \_\_\_

If Yes, please explain the circumstances: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you currently living in subsidized housing? Yes \_\_\_ No \_\_\_

Have you ever been evicted from any housing? Yes \_\_\_ No \_\_\_

Have you been displaced? \_\_\_ Yes \_\_\_ No

If Yes, name of displacing agency \_\_\_\_\_

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**If you have resided at this address for 5 years or longer, skip Previous Landlord #1 and #2. Otherwise, please complete the Previous Landlord portion on the next page.**

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## PREVIOUS LANDLORD #1

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Name of Prior Landlord: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Live there From: \_\_\_\_\_ To: \_\_\_\_\_

Address of Prior Landlord: Street: \_\_\_\_\_

Apt. # N/A State: Ca Zip: 95032

Name of complex: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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## PREVIOUS LANDLORD #2

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Name of Prior Landlord: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Live there From: \_\_\_\_\_ To: \_\_\_\_\_

Address of Prior Landlord:

Street: \_\_\_\_\_ City: \_\_\_\_\_

Apt. # \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of complex: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_



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## CERTIFICATION

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I certify that the forgoing information is true and complete to the best of my knowledge. I understand that information given on this application as well as any information or material deemed necessary to complete the application, including credit reports, are subject to verification. Information determined to be false or untrue will result in permanent cancellation of the application. Any security deposit given will be held until application is processed, but does not indicate that the application is approved and may be returned at any time prior to occupancy. I understand an acceptable picture of identification and valid social security card is required prior to acceptance of my application.

I Certify I will occupy and this will be our permanent residence. I further Certify that I will not maintain a separate living unit in a different location.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING STATEMENT:** Section 1001 of Title 18 United States Code provides. Whoever in matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up by any trick, schemes, or device a material fact, or makes any false fictitious or fraudulent statement(s) or representations, or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$5,000 AND IMPRISONMENT FOR UP TO TWO (2) years.

VILLA VASONA does not discriminate on the basis of handicapped status in the admission or access to, or treatment, or employment in its federally assisted programs and activities.