



Casa De Los Arcos Rental Application – Member Information

DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE

Member Name _____ Head of Household Name _____

TO BE COMPLETED FOR EACH HOUSEHOLD MEMBER, REGARDLESS OF AGE

Date of Birth _____ SSN _____

If you have no SSN, were you 62 years old as of 1/30/2010? Yes No

Check here if member address is the same as Head of Household

Street Address _____ Home Phone _____ N/A

City _____ Work Phone _____ N/A

State _____ Zip _____ Cell Phone _____ N/A

List all states you have ever resided in (regardless of duration) _____

Are you subject to a state sex offender lifetime registration requirement? Yes No If Yes, which state? _____

Are you temporarily displaced due to a disaster? Yes No

Do you require an accessible unit due to a disability? Yes No

Are you a U.S. military veteran? Yes No

Race* (Choose all that apply)

American Indian Alaska Native Asian African American Native Hawaiian Pacific Islander White Other

Ethnicity* Hispanic or Latino Not Hispanic or Latino

**This information is gathered for statistical purposes only*

BACKGROUND AND CRIMINAL HISTORY

Is member 18 years of age or older? Yes No **If No, skip this section**

A Public Records search will be conducted on each adult applicant/occupant.

Do you have any felonies or misdemeanors involving the below? If Yes, identify the year the incident occurred.

Sexual misconduct? Yes No Year _____

Illegal possession, manufacture, sale and/or distribution of a controlled substance? Yes No Year _____

Physical crime against a person or persons and/or another person's property? Yes No Year _____

Have you been evicted from federally assisted housing in the last 3 years for drug-related criminal activity? Yes No

Are you currently engaged in illegal drug use? Yes No

Are you homeless or lacking a fixed nighttime residence? Yes No

RENTAL HISTORY

Is member 18 years of age or older? Yes No **If No, skip this section**

Applicant's name must have been on the Lease/Mortgage for any reference to be valid. Lack of Rental History will not be considered a negative factor.



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RENTAL HISTORY

Check here if member address is the same as Head of Household

Current Landlord Name _____ Rent Per Month _____

Apartment Complex Name _____ N/A

Street Address _____

City, State, Zip _____

Phone Number _____

Do you live in subsidized housing? Yes No If Yes, are you currently receiving assistance? Yes No

Check here if member address is the same as Head of Household

Previous Landlord Name _____ Rent Per Month _____

Street Address _____

_____ City, State,

Zip _____ Phone

Number _____

EXPENSES

Medical/Disability

Is the Head, Spouse, or Co-Head of your household either age 62+ or disabled? Yes No **If No, go to the next section**

If you answered Yes, only list out-of-pocket expenses **the member completing this form** pays regularly and is not reimbursed for.

Monthly Medicare premiums (including Part D) _____

Monthly prescription copay costs _____

Monthly Medical Insurance _____

Other medical/disability expenses _____

Installment Payments on Doctor Bills _____

Hospital bill installment payments paid in the last 12 months _____

Childcare Is the member completing this form paying expenses for the care of a child under age 13? Yes No **If No, go to the next section**

Does this care allow you to Work Seek Employment or Further your academic or vocational education?

Child's Name _____ Child's Name _____



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INCOME

Income source(s) for this member (*indicate gross income before any deductions/garnishments occur*).

Employment Income Yes No If Yes, Full Time Part Time Start Date _____ Monthly Amount _____
Employer _____ Employer Phone _____
Full Street Address _____

Additional Employment Income, Other Sources Yes No
If Yes, Full Time Part Time Start Date _____ Monthly Amount _____
Employer _____ Employer Phone _____
Full Street Address _____

Unemployment Yes No
If Yes, Issuing Government Agency _____ Monthly Amount _____
Issuing State _____ Monthly Amount _____

Social Security Benefits	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	
Dual Entitlement	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	Claim Number _____
Federal SSI	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	
SSP (State portion of SSI)	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	
Long/Short Term Disability	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	
Retirement	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	
Rental Income	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	
Child Support	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	
Alimony	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	
General Assistance (TANF)	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	
Other	<input type="radio"/> Yes <input type="radio"/> No	Monthly Amount _____	
Business Income	<input type="radio"/> Yes <input type="radio"/> No	Monthly Net Amount _____	
Is anyone helping you with paying bills on a regular basis? <input type="radio"/> Yes <input type="radio"/> No Monthly Amount _____			



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ASSETS

Checking	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single <input type="radio"/> Joint	Balance _____
Savings	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single <input type="radio"/> Joint	Balance _____
CD	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single <input type="radio"/> Joint	Balance _____
Money Market	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single <input type="radio"/> Joint	Balance _____
Trusts	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Revocable <input type="radio"/> Irrevocable	Balance _____
Retirement Accounts	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single <input type="radio"/> Joint	Balance _____
Mutual Funds	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single <input type="radio"/> Joint	Balance _____
Stocks/ Bonds	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single <input type="radio"/> Joint	Balance _____
Whole Life Insurance	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Single <input type="radio"/> Joint	Balance _____
EFT Debit Cards	<input type="radio"/> Yes <input type="radio"/> No		Balance _____
Direct Express Debit Card	<input type="radio"/> Yes <input type="radio"/> No		Balance _____

(If you select No, yet receive SSA benefits, you must provide a copy of the paper benefit checks you receive.)

Cash on Hand	<input type="radio"/> Yes <input type="radio"/> No	Amount _____
Do you own real estate (home, land, etc.)?	<input type="radio"/> Yes <input type="radio"/> No	Estimated Market Value _____
Do you own a collection held as an investment?	<input type="radio"/> Yes <input type="radio"/> No	Estimated Market Value _____
Have you disposed of any assets for less than fair market value within the last two years? <input type="radio"/> Yes <input type="radio"/> No		
If Yes, provide date of disposal _____	Amount Received _____	Estimated Market Value _____

I CERTIFY THAT ALL INFORMATION SUBMITTED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Signature of household member or guardian/parent if member is a minor _____ Date _____