

## Rental Program Application

Please complete this application with the information for all household members that intend to occupy the residence in the next 12 months. All adult household members must disclose their personal information, including income and asset sources, as well as sign and date all applicable documents and forms.

### A. Household, Application, & Drawing Confirmation

1. What is your household's Application I.D. Number? \_\_\_\_\_
2. Which Opportunity Drawing I.D. are you applying for? Drawing Index # \_\_\_\_\_
3. What is the property Address you are applying for? \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Unit size:  Studio  1 bedroom  2 bedrooms  3 bedrooms  4 bedrooms  \_\_\_ Bedroom
4. Please list all household members that intend to occupy the residence in the next 12 months:

4A. Print Full Name	4B. Relationship to the Primary Applicant (spouse, son, daughter, etc.)	4C. Birth Date	4D. Total Gross Annual Income	4E. Is this person a current household member?
Applicant 1:	SELF (Primary Applicant)		\$	yes
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			Total: \$ _____	

5. TOTAL GROSS ANNUAL HOUSEHOLD INCOME \$ \_\_\_\_\_  
 Include: All gross (before taxes and deductions) wages, self-employment, social security benefits, child support, alimony, unemployment benefits, sales, gifts, cash jobs, etc. received by all people living in the household
6. TOTAL HOUSEHOLD SIZE \_\_\_\_\_  
 Include every person that is part of your household and will be living in the rental unit you are applying for, including yourself.
7. TOTAL HOUSEHOLD'S ASSETS \$ \_\_\_\_\_ please don't leave blank  
 Include all the following: checking, savings, 401k, retirement, pension, CalPERS, gifts, cash, stock, investments, all other types, etc.
8. Do you expect **any changes to your household income** in the next 12 months?      **8A.**  **NO**  
**8B.**  **YES** – If yes, please describe: \_\_\_\_\_

9. Do you expect **any changes to your household size** in the next 12 months? 9A.  NO

9B.  YES - if yes, please describe: \_\_\_\_\_

**Please list all household members that will be residing in the home in the next 12 months.**

**Applicant 1**

10A. Applicant's Full Name \_\_\_\_\_ 10B. Occupation \_\_\_\_\_

10C. Date of Birth \_\_\_\_\_ 10D. Marital Status \_\_\_\_\_

10E. Applicant's Phone \_\_\_\_\_ 10F. Applicant's Work number \_\_\_\_\_

10G. Applicant Email: \_\_\_\_\_ Re-enter Email: \_\_\_\_\_

10H. Physical Address \_\_\_\_\_ 10I. City \_\_\_\_\_ 10J. State \_\_\_\_\_ 10K. Zip \_\_\_\_\_

**Applicant 2**

11A. Applicant's Full Name \_\_\_\_\_ 11B. Occupation \_\_\_\_\_

11C. Date of Birth \_\_\_\_\_ 11D. Marital Status \_\_\_\_\_

11E. Applicant's Phone \_\_\_\_\_ 11F. Applicant's Work number \_\_\_\_\_

11G. Applicant Email: \_\_\_\_\_ Re-enter Email: \_\_\_\_\_

11H. Physical Address \_\_\_\_\_ 11I. City \_\_\_\_\_ 11J. State \_\_\_\_\_ 11K. Zip \_\_\_\_\_

**Applicant 3**

12A. Applicant's Full Name \_\_\_\_\_ 12B. Occupation \_\_\_\_\_

12C. Date of Birth \_\_\_\_\_ 12D. Marital Status \_\_\_\_\_

12E. Applicant's Phone \_\_\_\_\_ 12F. Applicant's Work number \_\_\_\_\_

12G. Applicant Email: \_\_\_\_\_ Re-enter Email: \_\_\_\_\_

12H. Physical Address \_\_\_\_\_ 12I. City \_\_\_\_\_ 12J. State \_\_\_\_\_ 12K. Zip \_\_\_\_\_

**Applicant 4**

13A. Applicant's Full Name \_\_\_\_\_ 13B. Occupation \_\_\_\_\_

13C. Date of Birth \_\_\_\_\_ 13D. Marital Status \_\_\_\_\_

13E. Applicant's Phone \_\_\_\_\_ 13F. Applicant's Work number \_\_\_\_\_

13G. Applicant Email: \_\_\_\_\_ Re-enter Email: \_\_\_\_\_

13H. Physical Address \_\_\_\_\_ 13I. City \_\_\_\_\_ 13J. State \_\_\_\_\_ 13K. Zip \_\_\_\_\_

**Please answer the following questions:**

14. How did you hear about the program? \_\_\_\_\_

15. Do you have rental assistance from a public or private source (e.g., Section 8 Housing Choice Voucher, HUD VASH)? 15A.  NO

15B.  YES - if yes, which type \_\_\_\_\_ Issuer's Contact Info: \_\_\_\_\_

16. How much rent do you pay per month? \$ \_\_\_\_\_

17. Does your rent amount include any utilities? 17A.  NO 17B.  YES, these: \_\_\_\_\_

18. Do you or any member of your household **currently own** a home 18A.  NO

18B.  YES - if yes, please provide the name(s) of the owner(s) & full address of the home:  
\_\_\_\_\_

19. Have you or any member of your household **owned a home** or real estate in the last three (3) years? **19A.**  **NO**  
**19B.**  **YES** - If yes, please provide the name(s) of the owner(s) & full address of the home:

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20. Do you and all the household members listed on this application intend to occupy the rental unit as your primary residence?  
**20A.**  **YES**      **20B.**  **NO**

21. In the last 4 years, has anyone in your household sold, had a short sale, or had a foreclosure of a home? (Check one) **21A.**  **NO**  
**21B.**  **YES** - If yes, please provide the name(s) of the owner(s), date of the sale/short sale/foreclosure, and property address:

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22. Do you, your spouse, **OR** anyone in your household have any public records against you such as State or Federal Tax liens, other liens, collections, judgments, bankruptcy, etc.? **22A.**  **NO** - I/we don't      **22B.**  **YES** - If yes, please list all below

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23. Is anyone in your household self-employed? **23A.**  **NO**      **23B.**  **YES**

24. Do you have the necessary funds available, or can you obtain them with certainty, to pay for application fees and security deposits? Please list the amounts below that you intend to use for application fees and security deposits:

**YES**      **NO**

**Please don't leave blank**

**24A.** Applicants' own funds: \$ \_\_\_\_\_ **24B.** Gifts (that you will receive): \$ \_\_\_\_\_

## B. TOTAL HOUSEHOLD MEMBERS AND TOTAL INCOME AFFIDAVIT

Using the spaces below, please list ALL household members, including minors, who intend to occupy the residence in the next 12 months. Please do not leave any blanks. **Where indicated, please list the Source of Income and Gross Annual Income for all income sources received by these household members. Gross Income is total income before taking out any taxes and any type of deductions.**

Example: wages, overtime, pay differential, commissions, bonuses, farming income, public assistance, social security, retirement pensions, veteran's or GI benefits, child or spousal support, unemployment, disability insurance, worker's compensation, contributions, cash gifts, rental income, sale of property, foster care, interest, dividends, royalties, scholarships, grants, trust, or **ANY** other type of income. **For the self-employment list, your approximate income; your tax forms, and your Year-to-Date Profit and Loss Statement will be examined by HouseKeys.**

Please disclose ALL SOURCES of income separately and DO NOT lump them together.

If the member does not have income, please write in a zero (\$0.00) and state that "n/a" under the source of income column.

24A. Household Member (Full Name)	24B. Birthdate	24C. Age	24D. Date Started	24E. Source of Income (list employer name, one of the sources listed above, or any other source not listed)	24F. Gross Annual Income
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
<b>24G. Total Gross Income:</b>					\$

**25.** Do you or any member of your household, have any other type of income besides what is listed and disclosed on this form? (check one)    **25A.**  YES                      **25B.**  NO

## C. Past Employment/Self-Employment

For all adult household members (18 years old and over), please list any jobs you left in the last 2 years.

26A. Household Member (Full Name)	26B. Company Name, Address, and Contact Information	26C. Date Started	26D. Date Ended	26E. Reason for leaving?

## D. Asset Declaration and Disclosure Form

Using the spaces below, please list all asset sources for all household members. Assets include, but are not limited to, checking, savings, retirement accounts (IRA, 401k), cash on hand, stocks and bonds, investment accounts, Venmo, PayPal, Apple Cash, Coinbase, Cash App, Stripe, whole life insurance, etc. NOTE: You must include assets owned by ALL the members in your household, regardless of age.

27A. Name of Financial Institution	27B. List the last 4 digits of the account	27C. Type of account (Savings, checking, 401K, CalPERS, stocks, Bonds, etc....)	27D. Full Name of the Account Owner (Household member name)	27E. Current Balance (found on the most current statement)
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
<b>27 F. Total</b>				\$

**27 G. List any other type of asset (land, home, mobile home, etc.)**

Type: \_\_\_\_\_ Value/Equity \$ \_\_\_\_\_

Type: \_\_\_\_\_ Value/Equity \$ \_\_\_\_\_

Type: \_\_\_\_\_ Value/Equity \$ \_\_\_\_\_

**28. Do you or any member of your household, have any other type of asset besides what is listed and disclosed on this form? (Check one) 28A.  Yes 28B.  No**



## E. Intent to Abide – Rental Program

### INTENT TO ABIDE BY THE ADMINISTRATOR, PROGRAM PROVIDER/AGENCY'S HOUSING PROGRAM COVENANTS, RESTRICTION AGREEMENTS, POLICIES, AND PROCEDURES

**All adult applicants please read, review and Initial:**

\_\_\_\_\_ 30A. I/We are applying for rental housing unit with program restrictions, and I/we understand that our household size, income, assets, liabilities, and other factors are subject to review at initial application and every year thereafter (annual re-certification) to ensure that we meet and continue to meet the Landlord's/Property's (Qualification Criteria) and Program's (Eligibility Criteria) to occupy the unit.

\_\_\_\_\_ 30B. I/We certify under penalty of perjury that all the information in my/our affordable housing program application file and supporting documents is true and complete. I/We made no misrepresentations and did not omit any pertinent information. I/we understand that if one or more members of the household misrepresent any information, provide any conflicting, inaccurate, or false information to obtain approval to rent the Program Unit, our household will be deemed ineligible to participate in the program and will be denied immediately. I/we authorize the Property Owner, Property Manager, Administrator or Program Provider/Agency to immediately terminate my/our application or tenancy where one (1) or more members have misrepresented any facts necessary to qualify as an eligible household.

\_\_\_\_\_ 30C. If I/we understand that if I/we fail to provide information on time as requested by the Property Owner, Property Manager, Administrator or Program Provider/Agency then our application and/or tenancy shall be subject to immediate denial and/or termination.

\_\_\_\_\_ 30D. I/we understand and agree that I/we must annually submit a completed file with all the updated supporting documentation for review and meet all the Owner's/Property criteria and Program Eligibility requirements. I/we also agree that if our household's income exceeds the income limits apply for the unit, I/we will be required to vacate the unit upon request unless the property's Agreement contains Covenants and Restrictions and/or Affordable Housing Agreements indicate otherwise.

\_\_\_\_\_ 30E. I/we understand that the income limits may change on an annual basis. I/we also understand that the rent amounts may be adjusted annually or at the time the income limits are updated. In some cases, our income may impact our rent amount depending on the rent calculation formula. I/we understand that we are subject to rental increases.

\_\_\_\_\_ 30F. I/we agree to report changes in household size, assets, or income to the Property Owner/Property Manager and Administrator in writing within 10 business days. Changes may be reported to the Administrator using the following link: [https://housekeys.formstack.com/forms/change\\_in\\_household\\_composition](https://housekeys.formstack.com/forms/change_in_household_composition)

\_\_\_\_\_ 30G. Any household composition changes may require the household to go through another full review to determine if the new household is eligible and qualified by the Property and the Affordable Housing Program.

**All adult household members: I/we certify that I/we read, understand, and agree to abide by the Program policies and rules mentioned above.**

Apartment Complex Name: \_\_\_\_\_ Full Address: \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## F. Certification and Authorization

- I/we certify under penalty of perjury that all the information stated on this application and all the supporting documents are true, accurate, and complete.
- I/we also certify that I/we haven't made any misrepresentations, nor did I/we omit any pertinent information.
- I/we also certify that if any conflicting, inaccurate, or false information is found, this application will be deemed ineligible and my/our household will not be able to participate in the program.
- I/we are aware that there are penalties for willfully and knowingly giving false information. I understand that the information in my file is subject to verification at any point in time. Penalties for falsifying information may include and are not limited to disqualification from the rental program, repayment of the rent assistance (e.g., the difference in the market rate rent vs. the reduced rent), fines, prosecution under the law, and/or other penalties as applicable.
- I/we understand the following: All material alterations, and/or omissions including but not limited to household size, income, asset information, etc., are not permissible and will render all future re-submissions ineligible for review and approval for a period of one year. Exceptions for re-submissions are significant life events such as a job/career change, marriage, death, or the birth of a child and are at the discretion of the Administrator.
- I/we authorize HouseKeys to verify, share and release my/our information (as required in connection with the program) with the program providers (e.g., City, County, etc.), property managers, rental property owner, funders, and agencies.

**All adult household members must complete the information below.**

Applicant 1: Print Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant 2: Print Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant 3: Print Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant 4: Print Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant 5: Print Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant 6: Print Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_