

WELCOME

Thank you for your interest in applying for housing. In order to assist with processing your application, please complete all forms to the best of your knowledge and ability.

1. **Application for Housing** – one application form for each applicant 18 years of age or older
 - a. Do not leave any blank spaces.
 - b. List current contact information – working cell phone, alternate numbers, email
 - c. If a question does not apply, please write "N/A"
 - d. If you make a mistake, please draw a single line through and write the correct answer and initial the change.
 - e. Do not scribble or use correction fluid or tape
 - f. Sign and date the application
 - g. If you need questions regarding the application package, please contact us
 - h. Should your information and circumstances change, please contact our office to update your application information
2. **Returning Documents** – Please return the following documents to management at the same time:
 - a. Application for Housing – completed, signed and dated – One application for each adult
 - b. Applicant Criteria – all adults sign and date the Acknowledgement (last page)
 - c. Resident Screening authorization (if 3rd party agency requires in addition to current form)
 - d. Supplement to Application for Federally Assisted Housing (HUD Properties only) Complete and return one form for each adult applicant
 - e. Citizenship Status Packet (HUD properties - PRAC/RD properties excluded)
3. **Informational Handouts** – Do not return:
 - Applicant Flyer for SSN (HUD only) – Information only
 - Is Fraud Worth It (HUD only) – Information only
 - How Your Rent Is Determined Fact Sheet (HUD only) – Information only
 - EIV - Notice to Applicant - EIV and You Brochure (HUD only) – Information only

Once the application has been submitted for processing, the estimated wait time for housing will vary depending on the property turnover rate and number of applicants already on the waiting list. Management will contact you via phone and/or mail when housing will be coming available. Additional information will be required to process your application to determine eligibility. A final decision regarding your eligibility cannot be made until all of the required information has been received, verified, and reviewed. Once you have passed our eligibility/screening requirements, and an apartment is available, you will be notified to start the move-in process.

If you have any questions regarding the housing program requirements, screening or eligibility process, please contact the rental office. We look forward to working with you.

Sincerely,

Community Director

Property Name VALLEY HEIGHTS
Address 1374 PEPPARD FLAT RD
City, State, Zip QUINCY, CA 95971
Phone 530-283-4119
Email VALLEY.HEIGHTS@FPIMGT.COM

FPI Management, Inc.
G:\Application Instructions Cover
October 2015

FPI MANAGEMENT

APPLICATION CRITERIA

HUD (PROJECT BASED SECTION 8)/USDA/HFA

Thank you for choosing VALLEY HEIGHTS APARTMENTS as your potential new home. We are delighted that you are interested in our community. The following information is being provided to identify the evaluation process. **For specific details, please refer to the site specific Resident Selection Plan (RSP) located in the leasing office. Copies will be provided upon request.**

It is the policy of FPI Management to comply with all applicable federal, state, and local fair housing laws and not to discriminate against any person based on race, color, national origin, sex, familial status, religion, handicap, disability, sexual orientation, gender identity, marital status, age, source of income, military status, or any other basis prohibited by law.

It is the policy of FPI Management to consider any and all requests for reasonable accommodations or modifications when they are necessary to provide a person with a disability an equal opportunity to use and enjoy their apartment home and/or the community common areas. If you have any questions on how to submit a reasonable accommodation, or modification request, please contact the apartment community rental office and ask to speak with the Community Director.

The acceptance and processing of the rental application and its application fee does not constitute a guarantee of acceptance for housing. All applicants must meet the itemized criteria listed below to be considered for tenancy. All documentation requested during the application process must be submitted immediately. Failure to supply information or documentation within forty-eight (48) hours of the request may result in an application being rejected. Applications may take 2 to 4 weeks to process.

Application Fees/Holding Deposits

This property follows HUD/HFA program requirements and **does not** require an application fee.

This property follows USDA-Rural Development program requirements.

Application fees are \$_____ for every application processed. Application fees are non-refundable and cover the costs of obtaining information about you, including but not limited to the cost of using a tenant screening service or a consumer credit reporting service and the reasonable time spent to validate, review, or otherwise process your application. Application fees are deposited on the same business day and reusable tenant screening reports are not accepted.

The apartment holding deposit may be required to confirm interest in the apartment. This holding deposit will be applied to the Security Deposit with all deposit fees paid in full prior to move-in.

Acceptable forms of payment for the holding deposit and application fee: **Cash is never accepted**

CASHIER'S CHECK	MONEY ORDER	PERSONAL CHECK	CREDIT CARD
N/A	N/A	N/A	N/A

Rental Application

All persons eighteen (18) years of age or older, and those deemed to be an adult under applicable law with respect to the execution of contracts, will be required to complete their own separate application. Only applications that are fully completed and signed will be processed for consideration. An applicant's intentional misrepresentation or intentional omission of any information on the application will be sufficient reason for rejection of the application.

Additional items required for HUD/USDA programs:

1. Provide proof of Social Security Number(s) for ALL household members
2. Provide copies of Driver License, or picture ID
3. Provide copies of birth certificates or adoption papers for all household members
4. All emancipated minors must provide Certificate of Emancipation or Marriage Certificate
5. Complete Citizenship/Immigration Declaration for each family member and Family Summary Sheet (HUD Section 8)
6. Existing Tenant Search - Applicants living in other HUD-assisted housing may apply to this property. However, the applicant must move out of the current property before HUD assistance can begin at this property. A search in the HUD Enterprise Income Verification (EIV) system is required to confirm status of each applicant household member receiving HUD subsidy. Both HUD's Public and Indian Housing and Multifamily programs are checked.

At the time the completed application is submitted, the applicants name will be placed on the waiting list chronologically. Placement on the Wait List DOES NOT imply acceptance or approval for housing.

Occupancy Guidelines

In accordance with the following guideline, the household composition must be appropriate for the apartment size in which the household is applying. If the household exceeds the maximum occupancy during tenancy, the household may be allowed to remain in the unit until the lease expires, or for a reasonable period of time after, before being transferred to a larger unit or move from the property. This is not applicable to the addition of adult occupants. Adding unauthorized occupants, without first obtaining management approval, is considered a violation of the lease.

BEDROOM SIZE	MINIMUM PERSONS	MAXIMUM PERSONS
Studio	N/A	N/A
1 Bedroom	1	3
2 Bedroom	2	5
3 Bedroom	3	7
4 Bedroom	N/A	N/A

Rental Scores

The approval of credit is based on rental scores. Rental scores are relied upon to estimate the relative financial risk of leasing an apartment to you. Scores are calculated using a weighted average of factors, and your rental score results from a mathematical analysis of information found in your credit report and application. Such information may include your bill-paying history, the number and type of accounts you have, open bankruptcies, unpaid utility bills, collection actions, charge-off, repossession, eviction histories, outstanding debt, income relationships (rent-to-income and debt-to-income ratios), and other attributes that reflect on your qualifications to meet the terms of your lease.

Because your rental score is based upon real data and statistics, it is more reliable than subjective methods of evaluating your information. Rental scoring treats all applicants consistently and impartially.

Income/Assets

Household annual income must not exceed the affordable program income limits of the apartment home. Income limits are available in the leasing office.

Every applicant shall provide proof of all income and assets which may be verified by a third-party. Adding unauthorized household occupants, without first obtaining management approval, is considered a violation of the lease. Additions to an existing household requires the income certification for the new member of the household, including third party verification. If there are changes to a household's composition or income prior to move-in, management must be informed immediately.

All households will be required to recertify their income and assets annually prior to their move-in anniversary date. If a household fails to comply, a notice to terminate tenancy will be issued and the household will be required to move.

Student Eligibility

This community is subject to certain student limitations. If applicable, the student status and eligibility of each applicant for the current calendar year must be certified and verified. Some students may not qualify for housing under one or more of the programs unless certain exemptions are met. Please check with the office staff for more detail regarding student status program requirements.

Rental History

Each applicant must have recent, consecutive, and a minimum of twelve months, verifiable third-party or mortgage payment history. Note: Applicants living with family members will not be considered as having third-party rental history. Applicants not having verifiable third-party rental or mortgage history may be required to provide additional references, including but not limited to personal references.

Applications may be denied for rental history that includes the following:

- 1) An outstanding debt to a previous landlord
- 2) A public record of an unlawful detainer action or an eviction
- 3) A breach of a prior lease including failure to pay rent timely and non-compliance with rules, laws and regulations

Domestic Violence, Dating Violence or Stalking - We will not reject an applicant based on a negative rental history or reference that is a result of Domestic Violence, Dating Violence or Stalking. Domestic Violence, Dating Violence or Stalking history must be documented and verified by a third party, and certification forms are required.

Criminal History

A criminal background check will be conducted for all persons eighteen (18) years of age or older. Felony convictions including Registered Sex Offenders will be denied per HUD and USDA-RD Regulation. Applicants may be rejected for the following offences: fraud, theft, drugs, assault and battery or a violent crime, or for other convictions of illegal activity. All households will be required to recertify annually prior to their move-in anniversary date. **A criminal search will be completed annually on each household member 18 years of age or older during the annual certification process.** If a household fails to comply, a notice to terminate tenancy will be issued and the household will be required to move.

Waiting List

The applicant waiting list is maintained according to unit size, program requirements and will remain open with the understanding that those who are listed are informed of its length, the policies and procedures for selecting individuals, and how applicants are added to the waiting list. **Refer to the Resident Selection Plan (RSP) for further information.**

1. If no apartment homes are available, an eligible applicant will be placed on the applicant waiting list.
2. In order to maintain a balanced application pool, the property may restrict or suspend application acceptance and close the applicant waiting list as detailed in the RSP. The property will also update the applicant waiting list by removing the names of those who are no longer interested in, or no longer qualify for housing as detailed in the RSP.

3. If the applicant waiting list contains enough applicants to result in a wait of more than one full year for applicable bedroom sizes, the wait list may be closed. The applicant waiting list may remain closed until it is reduced to less than a one-year wait for admission and as noted in the RSP.
4. During the period when the applicant waiting list is closed, the property will not maintain a list of individuals who wish to be notified when the waiting list is reopened.
5. The applicant waiting list is updated approximately every six (6) months.

Waiting List Preferences:

- a. Current residents who need to transfer to a different unit due to Medical, Safety, Underutilizing and Overcrowding as priority will take preference. Management will determine priority and non-priority and will follow the general rule: one in-house transfer to every two move-ins from the wait list.
- b. Working Families - While complying with Income Targeting requirements, a preference will be given to applicant households in which the head, spouse, or co-head of the household is employed. This preference shall not be denied to households in which the head or spouse is 62 or older, or to a person with disabilities.
- c. Accessible Features and Accessible Unit requirements.

Pets – Elderly Properties (HUD/USDA – 62+ older)

If pets are accepted, applicants must fill out a Pet Application and follow the Pet Acceptance Criteria established for the community. Additional Pet Deposits are required.

Smoking

This community is _____ is not X a smoke free community.

This community offers _____ does not offer X smoke free apartment homes.

If the apartment home or any part of the community is smoke free, the resident, members of the resident's household, or resident's guests or visitors, shall not smoke anywhere prohibited and identified in the Smoke Free Housing documents specific to each site.

Water Furniture

Liquid filled furniture over ten (10) gallons is allowed but requires proper insurance coverage and prior written approval. A certification of insurance in the amount of \$100,000.00 evidencing liquid filled furniture coverage must be provided prior to bringing any liquid-filled furniture into the household.

Photo Identification

All applicants will be required to provide a government-issued photo identification to confirm identify. If an applicant's identification cannot be verified, it is grounds for rejection.

Social Security Number and Birth Certificate

All applicants must provide Social Security Card and Birth Certificate for all household members prior to move-in.

Conduct

Applicants may be rejected for conduct displayed during the tour or application process that would constitute a violation of the lease policies. Applicants must display the ability to comply with lease policies.

Denied Applications

Denied or conditionally approved applicants will be notified in writing of the reason for denial or conditional approval. Consideration may be given for extenuating circumstances where this would be required as a reasonable accommodation when determining the acceptability of tenancy. There may also be a grievance procedure in accordance with applicable state or federal program regulations for the resolution of disputes. A rejected applicant may not reapply for a period of six months.

Applicant Acknowledgement:

I/we acknowledge that our application will be reviewed and a consumer credit report, public search and/or an investigative consumer report that discloses the consumer's character, general reputation, personal characteristics and mode of living will be obtained. A copy of any such report(s) will be provided to the applicant upon request.

I/we, the applicant(s), acknowledge that I/we have received a copy of the application criteria and understand the terms of possible residency.

Applicant Name - PRINT

Date

Applicant Signature

Date

Applicant Name - PRINT

Date

Applicant Signature

Date

Applicant Name - PRINT

Date

Applicant Signature

Date

Applicant Name - PRINT

Date

Applicant Signature

Date



"The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, handicap, familial status, or national origin. Federal law also prohibits discrimination on the basis of age.
This institution is an equal opportunity provider and employer





APPLICATION FOR HOUSING

HUD, HFA, USDA with Section 8, Tax Credit with Section 8

VALLEY HEIGHTS APARTMENTS Apartments

PLEASE READ THE APPLICATION AND ALL ATTACHMENTS CAREFULLY. Include an answer for all questions, or indicate that the question is not applicable. Application information must be complete. If not complete, it will be returned to the applicant. *It is your responsibility* to contact this office every six months to advise us of any changes in your circumstances: address, phone, income, number of household members, etc. to maintain your position on the waiting list.

OFFICE USE ONLY

Management Signature _____

How did you hear about our Apartment Community: _____

DISCRIMINATION: By Federal and State law, it is illegal to discriminate against applicants or residents on the basis of their Age, Disability, Familial Status, Color, National Origin, Race, Religion, Gender, Marital Status and Sexual Orientation is for the State of California only. In addition, the owners of this apartment community have a legal obligation to provide "reasonable accommodation" to applicants and residents if they or any member of their household have a qualified disability or handicap and request reasonable accommodation.

NOTE: Applicants have the right to choose not to disclose their sexual orientation or gender identity. Applicants choosing not to disclose, should state N under the gender section of the applications below.

You must use the **CORRECT LEGAL NAME** for each member of your household as it appears on his/her Social Security card(s). A separate application is required from each applicant 18 years of age or older. Please print neatly in ink.

PERSONAL INFORMATION: Please list **ALL** people who will live with you.

ADULTS NAME AS IT APPEARS ON SOCIAL SECURITY CARD	RELATIONSHIP TO APPLICANT	GENDER M - Male F - Female N - No Disclose	DATE OF BIRTH	SOCIAL SECURITY OR ALIEN REGISTRATION NUMBER	DRIVER'S LICENSE OR PHOTO ID NUMBER	STUDENT 18 YEARS OR OLDER YES / NO
	SELF					

MINORS NAME AS IT APPEARS ON SOCIAL SECURITY CARD	RELATIONSHIP TO APPLICANT	GENDER M - Male F - Female N - No Disclose	DATE OF BIRTH	SOCIAL SECURITY OR ALIEN REGISTRATION NUMBER	UNITED STATES CITIZEN OR A LEGAL OR QUALIFIED ALIEN?
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

CITIZENSHIP/IMMIGRATION STATUS: Are YOU a United States Citizen or a legal or qualified Alien? <input type="checkbox"/> yes <input type="checkbox"/> No	APARTMENT SIZE REQUESTED Please circle 1 2 3 4 5
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Do you understand and agree that the unit for which you are applying will be your **ONLY** residence? yes No

HOUSING HISTORY: Communication during the application process will be directed to this address and phone number.

Current Address	City/State/Zip
Mailing Address	City/State/Zip
Home Phone	Cell Phone
	e-mail
Move-In Date	Projected Move-Out Date
	Monthly Payment \$
Reason For Leaving	Own/Rent (circle one)
Landlord/Mortgage Co.	Phone
Landlord/Mortgage Address	

List rental history for a minimum of 3 years. Please use an additional sheet of paper if necessary.

Previous Address 1	City/State/Zip
Move-In Date	Move-Out Date
	Monthly Payment \$
Reason For Leaving	Own/Rent (circle one)
Landlord/Mortgage Co.	Phone
Landlord/Mortgage Address	

Previous Address 2	City/State/Zip
Move-In Date	Move-Out Date
	Monthly Payment \$
Reason For Leaving	Own/Rent (circle one)
Landlord/Mortgage Co.	Phone
Landlord/Mortgage Address	

Previous Address 3	City/State/Zip
Move-In Date	Move-Out Date
	Monthly Payment \$
Reason For Leaving	Own/Rent (circle one)
Landlord/Mortgage Co.	Phone
Landlord/Mortgage Address	

REFERENCES: Employer, supervisor, social worker, teacher, religious clergy, or other business associate.

NOTE: FRIENDS AND RELATIVES CANNOT BE USED AS REFERENCES.

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

Applicant Name: _____

CURRENT EMPLOYER(S):

EMPLOYER	ADDRESS	TELEPHONE	FAX/EMAIL

PREVIOUS EMPLOYER(S):

EMPLOYER	ADDRESS	TELEPHONE	Date Employed/Terminated

INCOME: Do you or any member of your household have income from:		GROSS WEEKLY	GROSS MONTHLY
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employment full time / part time / seasonal / temporary		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash Wages / Tips, etc.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Military Pay		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Net Income from Business (Self employment)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Compensation		
<input type="checkbox"/> Yes <input type="checkbox"/> No	TANF (AFDC) / ATAP / APA		
<input type="checkbox"/> Yes <input type="checkbox"/> No	General Relief		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support (or entitled to receive child support)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony (or entitled to receive alimony)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability Benefits		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security (including benefits received under someone else's SSN)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Benefits for Minors		
<input type="checkbox"/> Yes <input type="checkbox"/> No	SSI		
<input type="checkbox"/> Yes <input type="checkbox"/> No	VA Pension		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pension / Longevity		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Annuity (If yes do you have access during the year)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	PFD (Alaska)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Work Study Program		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Scholarships / Grants / VA Benefits / Student Loans / Assistance		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Recurring gifts / Rent / Utilities / Payments made on your behalf		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Financial assistance or monetary gifts from any source outside of the household		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Lump Sum Payments		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: Describe		

ASSETS: Do you or any member of your household have assets:		APPROXIMATE CASH VALUE	INCOME FROM ASSET
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash Held (Cash on hand, Safety Deposit Box, etc.)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking Accts		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Debit Payment Card (e.g. Direct Express/NetSpend)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Debit Payment Cards / Debit Accounts		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings Accts.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks/Bonds		
<input type="checkbox"/> Yes <input type="checkbox"/> No	T-Bills / CD's / Mutual Funds		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Money Market Funds		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trusts		
<input type="checkbox"/> Yes <input type="checkbox"/> No	IRA / Keogh / 401K (If yes, do you have access to withdraw funds)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Whole Life Insurance (surrender value)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Annuity (If yes do you have access during the year)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Real Estate		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Equity in Rental Property		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Investments (Personal Property)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Assets that have been sold or disposed of in the last 2 years for less than fair market value		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: Describe		

BANKING/FINANCIAL INSTITUTION INFORMATION:

COPIES OF SIX MONTHS BANK STATEMENTS ARE REQUIRED PRIOR TO MOVE-IN AND ANNUALLY THEREAFTER

1. Bank Name	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other
Address	Acct. #
2. Bank Name	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other
Address	Acct. #
3. Bank Name	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other
Address	Acct. #

ALLOWANCES AND DEDUCTIONS:

CHILDCARE EXPENSE:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have childcare expenses for a child age 12 or under, to enable you to work or attend school? If yes: Monthly Expense: \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are any of these expenses reimbursed by an outside agency?

Applicant Name: _____

DISABILITY ALLOWANCE AND EXPENSE: A verified disability may qualify the household for additional allowances, a priority, and/or an apartment with accessible features.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you like to request an additional allowance as an elderly or disabled household?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you like to request an apartment with accessible features?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you pay for a care attendant for a disabled household member? If yes: Monthly Expense: \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are any of these expenses reimbursed by an outside agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does this allow a household member to work? If so, who?

MEDICAL EXPENSE: Only Households where HEAD or COHEAD is age 62 years or older or DISABLED may qualify for this allowance. Projected Medical Expenses include those not reimbursed by insurance or any other source during the next twelve months?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have Medicare? If yes, approximate monthly expense:	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have Medicare Prescription Drug Card/Transitional Assistance? If yes, approximate monthly expense:	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have Medical Expenses? If yes, approximate monthly expense:	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have Prescriptions? If yes, approximate monthly expense:	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have Medical Insurance? If yes, approximate monthly premium expense:	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have Long Term Care Insurance? If yes, approximate monthly premium expense:	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you incurred a substantial one-time medical expense within the last 12 months?	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: Describe	\$

CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION:
Federal Law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, and then sign to consent to a background check. The questions ask about drug related or other criminal activity that could adversely affect the health and safety of other residents. Management will deny any applicant that does not provide complete and accurate information or who does not consent to a background check.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you or any member of your household been convicted of a crime, other than traffic violations? If yes, please explain and include the year and nature of the offense?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted of fraud or dishonesty?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted as a sex offender in any state and/or are you compelled to register as a Lifetime state sex offender?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently use illegal drugs, abuse alcohol or engage in illegal use of a controlled substance, including marijuana?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted of a felony?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted of any drug related crime?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted of any crime involving violence?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently charged with any of the above criminal activities?

LIST ALL STATES IN WHICH ANY HOUSEHOLD MEMBER HAS RESIDED:

GENERAL INFORMATION:

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Are you currently participating in a Federal Housing Program? If yes, where?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Has any household member's assistance been terminated for fraud, or failure to cooperate with the recertification process?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Has any household member ever committed any Fraud in a federally assisted housing program or been required to repay money for knowingly misrepresenting information for such a program?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Have you had additional addresses not listed, or have you ever applied for housing under a different name?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Have you or has any other adult member of your household ever used any names(s) other than the names listed on this application?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Have you or has any other adult member of your household ever used any social security number(s) other than the social security number(s) listed on this application?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Are you related to any of the landlords you have listed? If yes, please state your relationship after the landlord's name?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Do you have any expected future additions to your household due to pregnancy, adoption, foster child(ren), custody of child(ren)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Do you anticipate ANY change in your household size for any reason within the next 12 months?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Are you being, or have you ever been evicted?
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Can you or any member of your household be claimed as a dependent on the income tax return of someone outside the household?
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Do you have pets? If yes, how many and what kind? Would you be willing to give up the pet if required in order to receive housing?
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Are you a student who has established a household separate and apart from your parents or legal guardians for at least one year prior to the date of this application?
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Are you a victim of Domestic Violence, Dating Violence Sexual Assault or Stalking?
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Are you a victim of a natural disaster?
<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Do you have a household member who is a U.S. military veteran?
<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Do you have a person in your household who is with you temporarily due to a Presidentially Declared Disaster?

NOTE: If you answer yes to any questions 1 – 12 above, please explain below. Please attach an additional sheet of paper if necessary.

Applicant Name: _____

PERSON(S) TO NOTIFY IN CASE OF EMERGENCY: Parent, guardian, sibling or other person that can act on your behalf.

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

VEHICLES:

Make/Model	Year	Color	License	State
1.				
2.				
3.				
Other:				

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION If you have a disability and you need:

- a change in the rules or policies or how we do things that would make it easier for you to receive rental assistance, and live or use our facilities, or take part in programs on site;
- a repair or change in your apartment or special type of apartment that would make it easier for you to live here and use the facilities or take part in our programs on site;
- a repair or change to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in our programs on site; or
- a change in the way we communicate with you or give you information, for example appropriate auxiliary aids, Telecommunications Devices for the Deaf-TDD, qualified sign language interpreters for persons with speech or hearing impairments, or alternate format for vision impairment.

You can ask for this change, which is called a "REASONABLE ACCOMMODATION." You may get a *REASONABLE ACCOMMODATION REQUEST FORM* from the Rental Office or by contacting the ADA Coordinator Gary Haugstad at FPI Management, Inc, 800 Iron Point Road, Folsom, CA 95630. If you need help in filling out a *REASONABLE ACCOMMODATION REQUEST FORM*, or if you want to give us your request in some other way, we will help you.

FAIR CREDIT REPORTING ACT: In compliance with the Fair Credit Reporting Act, we are informing you that information regarding your character, general reputation and mode of living will be verified. A Credit Report, housing history, criminal background check and sex offender check will be obtained for all applicants. Applicants will be denied housing and/or assistance if they fail to pass screening criteria.

PENALTIES FOR SUBMITTING FALSE INFORMATION: If the applicant deliberately submits false information regarding income, family composition or other data, Management may reject this application. Furthermore if this false information is discovered after the applicant takes occupancy it will be material noncompliance of the lease and is subject to termination of tenancy. In addition, the applicant/resident could become subject to penalties available under Federal law. Those penalties include fines up to \$10,000 and imprisonment for up to five years.

APPLICANT CERTIFICATION: I certify that if selected to receive assistance, the apartment I occupy will be my only residence. I understand that the information requested herein is being collected to determine my eligibility. I authorize the management representative to verify all information provided on this application and to contact previous or current landlords, other sources of credit, obtain previous unlawful detainer information, criminal background records and sex offender records and to verify information which may be released to appropriate Federal, State or local agencies. The information obtained will be used for management purposes only and will be held in confidence. *Any misrepresentation will disqualify the applicant.*

I CERTIFY THAT THE STATEMENTS MADE ON THIS APPLICATION ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

APPLICANT SIGNATURE

DATE

THIS APPLICATION IS SUBJECT TO APPROVAL AND DOES NOT CONSTITUTE AGREEMENT TO LEASE. ALL INFORMATION MUST BE VERIFIED BEFORE THIS APPLICATION CAN BE PROCESSED.

APPLICANT CENSUS INFORMATION - OPTIONAL

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service/HUD that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Ethnicity of Applicant

- Hispanic or Latino
- Not-Hispanic or Latino

Race/National Origin of Applicant (mark one or more)

- Native Hawaiian or Pacific Islander
- American Indian or Alaska native
- Asian
- Black or African American
- White