

Parkwood Apartments

4075 Prospect Avenue, Yorba Linda, CA 92886

Phone: (714) 986-9505 Fax: (714) 986-9532

Leasing@ParkwoodYorbaLinda.com



Rental Application Instructions

Thank you for your interest in Parkwood Apartments of Yorba Linda. Please take your time in reading the application instructions below.

Our community operates under the guidelines of Section 42 of the Internal Revenue Code. This financial program is designed for the housing needs of moderate-income households. Residency at this community requires that all applicants meet certain qualifying standards established by the Department of Housing and Urban Development and administered by the California Tax Credit Allocation Committee. This program is not connected to Section 8; however, we do accept Section 8 participants.

Every applicant and resident 18 years of age or older must qualify for eligibility through the Low-Income Housing Tax Credit (LIHTC) requirement for certification of anticipated household income on an annual basis, and is required to submit an application and source material attesting to said eligibility.

In order to assist us with verifying the contents of your application, please complete the following:

1. A separate completed application from each adult household member 18 years of age or older.
 - All applications must be submitted together to determine household eligibility.
 - Each application must be completed in its entirety and all information must be verifiable.
 - This application is an official government document, and as such requires that no white-out or similar be used for mistakes. Any mistakes must be simply lined out and initialed by the applicant. The correction must be listed beside the mistake.
 - If a question does not apply to you, please use No, None, or N/A. Do not leave any question blank.
2. A copy of each adult member's government issued photo identification and Social Security card.
3. Proof of Income (such as three (3) months current and consecutive paystubs, letters from Social Security or Pension, Notice of Action, two years Tax Returns, etc.)
4. Proof of Assets (such as six (6) months current and consecutive Bank Statements, Retirement Account Statements, Trusts, Stocks, etc.)
5. One (1) Holding Deposit of \$300 which will be applied to your Security Deposit at move-in.
6. Application fee in the amount of \$25.00 per adult applicant. This must be separate and in addition to the holding deposit, and is non-refundable. Therefore two forms of payment will be made.

NO PERSONAL CHECKS OR CASH ARE ACCEPTED.

At move-in, a cashiers check or money order is required for the following items:

- First months' rent and remainder of security deposit due.
- If you have a pet, an additional deposit of \$300.00 per pet is required. Pet(s) must weigh less than 20lbs, and no more than two (2) per household. Be prepared to provide pet license and current shot records.

**This application can be completed on your computer or by hand with blue or black ink. After printing and signing, you can submit in person, via U.S. mail, or electronically to our email address listed above.



RENTAL APPLICATION

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This box section is to be completed by Management Staff:

Date Received: _____ Time Received: _____

Unit #: _____ Unit Type: _____ Monthly Rent: _____

APPLICANT

Individual applications required from each occupant 18 years of age or older.

Last Name _____ First Name _____ Middle _____

Home Phone _____ Mobile Phone _____

E-mail _____

HOUSEHOLD OCCUPANTS

List all household members who will live in the apartment. Be sure to include any temporarily absent family members (such as military/student family members who will be returning to the household), any unborn children, as well as any foster children or foster adults.

| | Full Legal Name (Last, First, M.I.) | Relationship to Head of Household (Include yourself as #1) | Date of Birth (mm/dd/yyyy) | Social Security Number |
|---|--|--|-------------------------------|---------------------------|
| 1 | _____ | _____ | ____/____/____ | ____-____-____ |
| 2 | _____ | _____ | ____/____/____ | ____-____-____ |
| 3 | _____ | _____ | ____/____/____ | ____-____-____ |
| 4 | _____ | _____ | ____/____/____ | ____-____-____ |
| 5 | _____ | _____ | ____/____/____ | ____-____-____ |
| 6 | _____ | _____ | ____/____/____ | ____-____-____ |

Will any adult household member not listed above be moving in during the next 12 months? Yes No

Will a Live-in Aid and/or Attendant be living in the apartment? Yes No

STUDENT STATUS

Are you currently a student OR do you anticipate becoming a student in the next 12 months? Yes No

MARITAL STATUS

Single Married Divorced Separated Widowed



RENTAL HISTORY (a minimum of three (3) years of housing history is required)

1 Present Address _____ City _____ State ____ Zip ____
Owner/Agent Name _____ Owner/Agent Phone _____
Owner/Agent Address _____
Date In _____ Date Out _____ Monthly Rent \$ _____
Reason for Leaving _____

2 Previous Address _____ City _____ State ____ Zip ____
Owner/Agent Name _____ Owner/Agent Phone _____
Owner/Agent Address _____
Date In _____ Date Out _____ Monthly Rent \$ _____
Reason for Leaving _____

3 Next Previous Address _____ City _____ State ____ Zip ____
Owner/Agent Name _____ Owner/Agent Phone _____
Owner/Agent Address _____
Date In _____ Date Out _____ Monthly Rent \$ _____
Reason for Leaving _____

EMPLOYMENT HISTORY

1 Present Occupation _____ Employer Name _____
Employer Address _____ City _____ State ____ Zip ____
Employment Dates _____ Supervisor Name/H.R. _____ Phone _____
Current Monthly Gross Income \$ _____ Pay Frequency _____ Fax _____

2 Prior Occupation _____ Employer Name _____
Employer Address _____ City _____ State ____ Zip ____
Employment Dates _____ Supervisor Name/H.R. _____ Phone _____

Other Income Source _____ Amount \$ _____ Frequency _____
Other Income Source _____ Amount \$ _____ Frequency _____



FINANCIAL INFORMATION

| | Name of Your Bank | Branch or Address | Account Number |
|---|-------------------|-------------------|----------------|
| 1 | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ |

| | Name of Creditor | Address | Phone Number | Monthly Pymt |
|---|------------------|---------|--------------|--------------|
| 1 | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ |

GENERAL INFORMATION

| | Personal References | Address | Phone Number | Relationship |
|---|---------------------|---------|--------------|--------------|
| 1 | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ |

Have you ever filed for bankruptcy? Yes No If Yes, please give date discharged _____

Have you ever been evicted or asked to move? Yes No If Yes, Explain _____

Have you ever been convicted of a felony, or for selling, distributing or manufacturing illegal drugs? Yes No
If Yes, Explain _____

Have you ever been asked to vacate for not complying with Recertification precedures? Yes No
If Yes, Explain _____

Are you currently receiving rent assistance or a rent subsidy? Yes No Explain _____

Will this apartment be your only place of residence? Yes No If No, Explain _____

Will a business be run out of your home? Yes No If Yes, Explain _____

Do you smoke? Yes No

Do you have pets? Yes No If Yes, Describe _____

Do you have a waterbed? Yes No If Yes, Describe _____

Driver's License # _____ State _____ Expiration _____

| | Automobile Make | Model | Year | Color | License # | State |
|---|-----------------|-------|-------|-------|-----------|-------|
| 1 | _____ | _____ | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ | _____ | _____ |

Emergency Contact _____ Phone Number _____ Relationship _____

Contact Address _____ City _____ State _____ Zip _____

How did you hear about this rental? _____



This box section is to be completed by Management Staff:

TENANT INCOME CERTIFICATION QUESTIONNAIRE

(One form per adult member of the household)

| | |
|--|---------------|
| Name _____ | Phone # _____ |
| <input type="checkbox"/> Initial Certification | BIN # _____ |
| <input type="checkbox"/> Re-Certification | Unit # _____ |
| <input type="checkbox"/> Other | |

INCOME INFORMATION

Please indicate each source of income that you receive or **anticipate receiving** within the next twelve (12) months as specified below:

| | Check Yes or No | INCOME SOURCE DESCRIPTION | Monthly Gross Income |
|-----|--|---|--|
| 1. | <input type="checkbox"/> Yes <input type="checkbox"/> No | I am self-employed. (List nature of self employment) _____ | (use <u>net</u> for self-employment) \$ _____ |
| 2. | <input type="checkbox"/> Yes <input type="checkbox"/> No | I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: 1. _____ 2. _____ 3. _____ | \$ _____ \$ _____ \$ _____ |
| 3. | <input type="checkbox"/> Yes <input type="checkbox"/> No | I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me. | \$ _____ |
| 4. | <input type="checkbox"/> Yes <input type="checkbox"/> No | I receive unemployment benefit. | \$ _____ |
| 5. | <input type="checkbox"/> Yes <input type="checkbox"/> No | I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income. | \$ _____ |
| 6. | <input type="checkbox"/> Yes <input type="checkbox"/> No | I receive periodic social security payments. | \$ _____ |
| 7. | <input type="checkbox"/> Yes <input type="checkbox"/> No | The household receives unearned income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.). | \$ _____ |
| 8. | <input type="checkbox"/> Yes <input type="checkbox"/> No | I receive Supplemental Security Income (SSI). | \$ _____ |
| 9. | <input type="checkbox"/> Yes <input type="checkbox"/> No | I receive disability or death benefits other than Social Security and SSI. | \$ _____ |
| 10. | <input type="checkbox"/> Yes <input type="checkbox"/> No | I receive Public Assistance Income (examples include: TANF, AFDC). | \$ _____ |
| 11. | <input type="checkbox"/> Yes <input type="checkbox"/> No | I am entitled to receive child support payments. | \$ _____ \$ _____ |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | I am currently receiving child support payments. If yes, from how many persons do you receive support? _____ | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | I am currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____ | |
| 12. | <input type="checkbox"/> Yes <input type="checkbox"/> No | I receive alimony and/or spousal support payments. | \$ _____ |
| 13. | <input type="checkbox"/> Yes <input type="checkbox"/> No | I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. | \$ _____ \$ _____ \$ _____ |
| | | 1. _____ | |
| | | 2. _____ 3. _____ | |
| 14. | <input type="checkbox"/> Yes <input type="checkbox"/> No | I receive income from real or personal property. (use <u>net</u> earned income) | \$ _____ |
| 15. | <input type="checkbox"/> Yes <input type="checkbox"/> No | I receive student financial aid (public or private, not including student loans). Subtract cost of tuition from Aid received *For Households receiving Section 8 Assistance Only | \$ _____ |



ASSET INFORMATION

Please indicate each asset source that you have or those you expect to receive within the next twelve (12) months as specified below. Assets must be included for all children/minors living in the household.

| | Check Yes or No | ASSET SOURCE DESCRIPTION (Include Asset Source and Account Numbers) | Interest Rate | Cash Value of Asset |
|-----|--|--|---|----------------------------------|
| 16. | <input type="checkbox"/> Yes <input type="checkbox"/> No | I have a checking account(s). 1. _____ 2. _____ | _____% _____% | \$ _____ \$ _____ |
| 17. | <input type="checkbox"/> Yes <input type="checkbox"/> No | I have a savings account(s). 1. _____ 2. _____ | _____% _____% | \$ _____ \$ _____ |
| 18. | <input type="checkbox"/> Yes <input type="checkbox"/> No | I have a revocable trust(s). _____ | _____% | \$ _____ |
| 19. | <input type="checkbox"/> Yes <input type="checkbox"/> No | I own real estate. _____ | n/a | \$ _____ |
| 20. | <input type="checkbox"/> Yes <input type="checkbox"/> No | I own stocks, bonds, or Treasury Bills. 1. _____ 2. _____ 3. _____ | _____% _____% _____% | \$ _____ \$ _____ \$ _____ |
| 21. | <input type="checkbox"/> Yes <input type="checkbox"/> No | I have Certificates of Deposit (CD) or Money Market Account(s). 1. _____ 2. _____ 3. _____ | _____% _____% _____% | \$ _____ \$ _____ \$ _____ |
| 22. | <input type="checkbox"/> Yes <input type="checkbox"/> No | I have an IRA/Lump Sum Pension/Keogh Account/401K. 1. _____ 2. _____ | _____% _____% | \$ _____ \$ _____ |
| 23. | <input type="checkbox"/> Yes <input type="checkbox"/> No | I have a whole life insurance policy. _____ | n/a | \$ _____ |
| 24. | <input type="checkbox"/> Yes <input type="checkbox"/> No | I have cash on hand or stored in a safety deposit box. | n/a | \$ _____ |
| 25. | <input type="checkbox"/> Yes <input type="checkbox"/> No | I have disposed of assets (i.e. gave away money/assets) for less than the fair market value (FMV) in the past 2 years. List asset and date disposed. 1. _____ 2. _____ | *Cash value is the difference between FMV and amount received for asset | \$ _____ \$ _____ |
| 26. | <input type="checkbox"/> Yes <input type="checkbox"/> No | I have income from assets or sources other than those listed above. 1. _____ 2. _____ | _____% _____% | \$ _____ \$ _____ |

STUDENT STATUS

| | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the household consist of all persons who are full-time students? (Examples: K-12, College, Trade School, etc.) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the household consist of all persons who have been a full-time student 5 months in the current calendar year? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Does your household anticipate becoming an all full-time student household in the next 12 months? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | If you answered yes to any of the previous three questions are you: <ul style="list-style-type: none"> • Receiving assistance under Title IV of the Social Security Act (AFDC/TANF/Cal Works - not SSA/SSI) • Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program • Married and filing (or are entitled to file) a joint tax return • Single parent with a dependant child or children and neither you nor your child(ren) are dependent of another individual • Previously enrolled in the Foster Care program (currently age 18-24) |
| <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 | |



APPLICANT NAME: _____ SSN: _____

I acknowledge that this community is operated pursuant to the rules and regulations of the Federal Low Income Housing Tax Credit program (LIHTC). The LIHTC program requires that "Qualified Households" occupy each unit as defined by Section 42 of the Internal Revenue Code. Qualified Households must meet certain income, age, and student status restrictions. These restrictions must be maintained throughout the duration of occupancy, and will be verified through an annual re-certification process. I further understand that I must assist in this determination by providing the necessary information upon request, with sufficient time to complete the certification before the yearly anniversary date of the last certification.

I understand that I am responsible for notifying Management of any changes to household income, student status and/or household composition, and that qualification to remain a resident is at all times dependent upon my household meeting all restriction requirements. I agree that once my qualification is determined that I will execute a Tenant Income Certification (TIC) attesting to the information contained herein.

I certify, under penalties of perjury, that the information presented on this rental application is true and correct to the best of my knowledge. I further understand that providing false representation constitutes an act of fraud. False, misleading or incomplete information will result in denial of this application or termination of the lease agreement.

Applicant represents that all the above statements are true and correct, authorizes verification of the above items and agrees to furnish additional credit references upon request. Applicant authorizes the Owner/Agent to obtain reports that may include credit reports, criminal history, unlawful detainer (eviction) reports, bad check searches, social security number verification, fraud warnings, previous tenant history and employment history. Applicant consents to allow Owner/Agent to disclose tenancy information to previous or subsequent Owners/Agents. Applicant understands the final approval to occupy an apartment is contingent upon meeting all qualifying criteria, and is not limited to Section 42 of the Internal Revenue Code.

Owner/Agent will require payment of \$ 25.00 (per applicant) which is to be used to screen the Applicant.

The amount charged is itemized as follows:

1. Actual cost of credit report, unlawful detainer (eviction) search, and/or other screening reports.
2. Cost to obtain, process and verify screening information (may include staff time and other soft costs).

The undersigned is applying to rent the premises designated as:

Apt. # _____ Located at _____ Prospect Avenue, Yorba Linda, CA 92886

The rent for which is \$ _____ per month . Upon approval of this application, and execution of a rental/lease agreement, the Applicant shall pay all sums due, including a required security deposit in the amount of \$ 400.00 (On Approved Credit) before occupancy.

Date

Applicant (signature required)

