CANTERBURY VILLAGE 23420 AVENIDA ROTELLA SANTA CLARITA, CA 91355 PHONE (661) 255-9797 FAX (661) 255-9795 TDD/TTY/Relay Service 711 Office Use Only
Date Received:
Time Received:
Wait List. No.:

APPLICATION FOR RESIDENCY

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION

List the Head of Household and all other members who will be living in the unit and provide social security numbers for all household members.

Membe No.	r Last Name	First Na	me	M/I	Relationship to Head	Birth Date	Age	Sex	Soc. Sec. No.
Head				101/1	Self	Date	Age	БСЛ	50C. Sec. 110.
2					Sen				
3									
3									
Are you or any members of your household disabled? Yes [] No []									
Are you or any members of your household a person with a disability that requires the amenities of an accessible unit? Yes [] No []									
I/We understand that the community is a "Smoke Free Community." I/We understand that smoking is prohibited anywhere on the property. Yes [] No []									
Current Address:									
StreetCityStateZip CodeArea Code & Phone							ode & Phone #		
Landlord's NameArea Code and Phone #Rent AmountLength of Stay									
If you have lived at your current address less than five years, please provide the name, address and phone number									
of all former landlords for the past five years:Name of LandlordAddressPhoneDates you lived									
Name of Landiord		Tuc	Address			Thone		there	
								From To	
								110	
 Has any member of the household ever been evicted from another federally assisted site for drug related criminal activity within the past three years? Yes [] No [] 									
I es						LJ			
2. Do	2. Does any member of the household use illegal drugs or abuse alcohol?						Yes	[]	No []
3. Have any members of the household been convicted and or adjudicated of a misdemeanor or felony?						f a	Yes	[]	No []
4. Are you or any members of your household subject to a lifetime sex offender registration in any state?						nder	Yes	[]	No []
5. List every state you have ever resided in:									

INCOME

	Monthly Income	Monthly Income	Monthly Income
Monthly Income	Head of Household	Member #2	Member #3
Social Security			
SSI/Disability			
Pension/Annuity			
Employment/Salary			
General Relief			
Interest/Dividends			
Family Assistance			
Other			
TOTAL:			

		ASSETS					
Assets Owned	Current Value	Annual Income Received	Owned by Whom	Comments			
Checking							
Savings/Money Market/CD							
Home/Real Estate							
Business							
Cash held							
Assets given away							
Life Insurance Accounts							
IRA/401K/KEOGH							
Other							
TOTAL							
HUD requires us to report the race and ethnicity of the Head of Household for all applicants. We request your cooperation in completing the following questions. This response is optional and your entry will have no bearing on your eligibility for housing. Race of Head of Household: [] White [] Black or African American [] Asian [] American Indian or Alaska Native [] Native Hawaiian or Other Pacific Islander							
[] Other Ethnicity of Head of Household: [] Hispanic or Latino [] Non-Hispanic or Latino							
required by the Housing and Urban Development Department (HUD). Pursuant to the HUD guidelines, we will not admit an applicant who has been evicted from another federally assisted site for drug related criminal activity within the past three years, who uses illegal drugs or abuses alcohol, and/or who is classified as a sex offender. The applicant(s) hereby releases the owner/management, his/her employees and agents, and any firm or person supplying them with the information from any liability whatsoever concerning the release or use of this information and will hold them harmless from any suit or reprisal whatsoever. All holders of any such information are hereby authorized to release any and all such information they may have concerning the applicant(s).							
Signature of Head of Household	l	Date					
Signature of Co-Applicant	Date	Date					
Signature of Co-Applicant		Date	Date				
PLEASE CHECK THE APPROPRIATE BOX: How did you hear about this facility: [] Newspaper Ad [] Church/Agency [] Referral/Friend [] Telephone [] Inquiry [] Internet [X] HumanGood.org							
For Office Only							
Signature of Housing Administr	ator	Date					
THE FILING OF THIS APPLICATION IN NO WAY GUARANTEES YOU AN APARTMENT. A FINAL DETERMINATION OF ELIGIBILITY WILL NOT VE MADE UNTIL INFORMATION IS VERIFIED. INCOMPLETE OR							

UNSIGNED APPLICATIONS WILL BE RETURNED AND NOT ACCEPTED.

EQUAL HOUSING OPPORTUNITY: Canterbury Village 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. Our Fair Housing Coordinator is designated to ensure compliance with the nondiscrimination requirements contained in Section 504 of the HUD Regulations and can be contacted at 516 Burchett Street, Glendale, CA 91203, Telephone (818) 247-0420 TDD: 711.

