

Office Use Only
Date Received: _____
Time Received: _____
Wait List. No.: _____

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.

Member No.	Last Name	First Name	M/I	Relationship to Head	Birth Date	Age	Sex	Soc. Sec. No.
Head				Self				
2								
3								

All members of household, regardless of age, must declare their citizenship or immigration status. Please complete the attached Citizenship Declaration documents and return with this application.

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 []

Are you or any members of your household a part-time or full-time student enrolled in an institute of higher education?

Yes [] No []

Check which apartment size you prefer : Studio [☐] 1-Bedroom [☐] Any [☐]

Current Address: _____

Street	City	State	Zip Code	Area Code & Phone #
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Landlord's Name	Area Code and Phone #	Rent Amount	Length of Stay
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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 Landlord	Address	Phone	Dates you lived there From To

1. 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 [☐]
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? Yes [☐] No [☐]
4. Are you or any members of your household subject to a lifetime sex offender registration in any state? Yes [☐] No [☐]
5. List every state you have ever resided in: _____

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

Please complete other side

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

Applicant(s) represents that all information on this application is true and accurate and understands that the owner/management will rely upon said information and make independent investigations to determine the applicant's credit, financial and character standing. **In addition, we conduct criminal background checks as 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

Date _____

Signature of Co-Applicant

Date _____

Signature of Co-Applicant

Date _____

PLEASE CHECK THE APPROPRIATE BOX:

How did you hear about this facility: ☐ Newspaper Ad ☐ Church/Agency ☐ Referral/Friend ☐ Telephone
☐ Inquiry ☐ Internet ☐ HumanGood.org

For Office Only

Signature of Housing Administrator

Date _____

THE FILING OF THIS APPLICATION IN NO WAY GUARANTEES YOU AN APARTMENT. A FINAL DETERMINATION OF ELIGIBILITY WILL NOT BE MADE UNTIL INFORMATION IS VERIFIED. INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED AND NOT ACCEPTED.

EQUAL HOUSING OPPORTUNITY: Castle Argyle 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.

