



Mount Rubidoux Manor
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For Office Use Only

Date/Time Received:

Application #: _____

APPLICATION FOR HOUSING

Part I. Applicant/Co-applicant Information

APPLICANT			
First Name:	Middle Initial:	Last Name:	
Present Address:	City:	State:	Zip Code:
Mailing Address (if different):	City:	State:	Zip Code:
Home Phone: () _____	Work Phone: () _____	Cell Phone: () _____	
Social Security #: _____		Date of Birth: _____	
Email Address: _____			
Sex: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Prefer not to disclose			
CO-APPLICANT			
First Name:	Middle Initial:	Last Name:	
Social Security #: _____		Date of Birth: _____	
Relationship to Applicant: _____		Cell Phone: _____	
Email Address: _____			
Sex: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Prefer not to disclose			

Part II. General Questionnaire

1. Have you or any adult member of your household ever been evicted? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? Explain. _____
2. Have you or any adult member of your household ever been convicted of a misdemeanor or felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? Explain. _____
3. Are you or any adult member of your household required to register as a sex offender including who is subject to a lifetime sex offender registration requirement in any state? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list state and county of registration: _____
4. Do you or any adult member of your household currently use any illegal drug or other illegal controlled substance? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: _____
5. Do you expect changes to your household size within the next 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide name. _____

6. Have you been displaced from your home as a result of a presidentially declared disaster or government action?

Yes No If yes, please explain:

7. Is there a live-in aide who will be residing with you in the unit? Yes No If yes, please provide name.

8. How did you hear about this housing opportunity?

9. Do you have any animals? Yes No If yes, please list:

10. Do you own a car? Yes No If yes, please list:

11. Are you an U.S. military veteran? Yes No

Which Branch? Air Force Army Coast Guard Marines Navy

Part III. Housing References – Please list current and previous landlords for the last five years.

Address of Present Residence:

Present Landlord Name: Landlord Telephone: Fax:
() ()

Present Landlord Mailing Address: City, State: Zip Code:

Monthly rent: # of bedrooms: Is your rent subsidized? Rent Own
\$ 1 2 3 4 5 YES NO

How long have you lived at this address? Reason for wanting to move?
____ Years ____ Months

Is there anyone living with you now that will not be moving with you to this property? YES NO If yes, who? And why?

If you have lived at your current address less than five years, what was your previous address?

Previous Address:

Name of previous Landlord: Landlord Telephone: Fax:
() ()

Previous Landlord Mailing Address: City, State: Zip Code:

Monthly rent: How long have you lived at this address? Reason for moving?
\$ ____ Years ____ Months

If you lived in the above two housing situations for less than 5 years, where did you live?

Previous Address:

Name of previous Landlord: Landlord Telephone: Fax:
() ()

Previous Landlord Mailing Address: City, State: Zip Code:

Monthly rent: How long have you lived at this address? Reason for moving?
\$ ____ Years ____ Months

List all states in which you and all adult household members have lived since the age of 18:

Part IV. Income Information

Current Income (Employment Sources)

List all full and/or part-time employment income for all household members.
(Include self-employment gross earnings and net taxable earnings)

Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings BEFORE Taxes
1.		_____		Monthly: \$ _____ Hours per week: _____ Hourly rate: \$ _____
2.		_____		Monthly: \$ _____ Hours per week: _____ Hourly rate: \$ _____
3.		_____		Monthly: \$ _____ Hours per week: _____ Hourly rate: \$ _____

Other Sources of Income

(examples: list all public assistance, social security, S.S.I., pension, retirement, disability compensation, unemployment compensation, veterans benefits, insurance policies, interest income, babysitting, care-taking allowance, alimony, child support, annuities, trusts, dividends, regular contributions, scholarships, grants, armed forces)

Full Name	Type of Income	Amount	Per
		\$	
Full Name	Type of Income	Amount	Per
		\$	
Full Name	Type of Income	Amount	Per
		\$	
Full Name	Type of Income	Amount	Per
		\$	

Assets – include checking and savings accounts, equity in real property, stocks, bonds, and other forms of capital investment. Do not include automobiles or furniture. If you have no assets, write “none” in the space.

Checking Account – Name of Bank	Savings account – Name of Bank
Address:	Address:
Account Number:	Account Number:
Cash Value /Balance: \$	Cash Value /Balance: \$
Other Account – Name of Bank	Other Account – Name of Bank
Address:	Address:
Account Number:	Account Number:
Cash Value /Balance: \$	Cash Value /Balance: \$
401K/403B/IRA	Other Account – Name of Bank
Address:	Address:
Account Number:	Account Number:
Cash Value /Balance: \$	Cash Value /Balance: \$
Stocks and Bonds Value: \$	Savings Bond Value: \$

Do you own Real Estate or Real Property? If yes, where? What is the current value?

Yes No

Have you ever owned Real Estate or Real Property? If yes, when? Where? When Sold? How Much?

Yes No

Have you or any adult member of your household disposed of any assets within the last 2 years for less than fair market value? Yes No If yes, what was disposed and for how much?

Part V. Program Information

1. Are you disabled? Yes No

2. Do you require a unit with accessible features for persons with disabilities? Yes No If yes, what features:
 _____ Mobility Impairment _____ Visual Impairment _____ Hearing Impairment _____ Other

3. Do you require a reasonable accommodation due to a disability that requires changes to our rules, policies, procedure or physical modification(s) to the dwelling unit or common areas? Yes No If yes, please describe your needs:

4. Do you currently hold a Section 8 voucher? Yes No If so from what county?

5. We maintain separate waiting lists for each apartment size. Which waitlist do you want to be placed on? Transfers are only permitted as reasonable accommodation. We will only contact you for vacancies that occur in the apartment size that you select. Please select all that apply.
 Studio 1 Bedroom First available

Part VII. Allowances

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any out-of-pocket childcare expenses? If yes, how much do you pay per month? \$_____
<input type="checkbox"/>	<input type="checkbox"/>	Are there any household members over the age of 18 that is a student? If yes, please list: Name _____ PT <input type="checkbox"/> FT <input type="checkbox"/> Name _____ PT <input type="checkbox"/> FT <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Are you covered by any medical insurance? If yes, how much are your monthly premiums? \$_____ o Medi-Cal o Medicare o Blue Cross o Kaiser o AARP o Other _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you or any household member have any medical expenses including prescription drug, vision and dental expenses not covered by insurance? If yes, how much do you anticipate paying out-of-pocket per month? \$_____

I/We certify the above information to be true and correct to the best of my knowledge. I/We authorize verification of age, income, assets, allowances, credit history, rental history, criminal background, register sex offender, eviction and references. I/We understand that falsification of information found before or after acceptance of this property includes penalties that will result in cancellation of your application, also to include eviction, loss of assistance, if applicable. If this is a HUD subsidized property, the additional fines are imposed: fines of \$10,000.00 and five years imprisonment. **WARNING! Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States:**

Head of Household Signature

Date

Secondary Applicant Signature

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.

Return Application to the following address:

Mount Rubidoux Manor
Managed by HumanGood
3993 10th Street
Riverside, CA 92501



EQUAL HOUSING OPPORTUNITY

Mount Rubidoux Manor 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 via e-mail at Section504@HumanGood.org or at 6120 Stoneridge Mall Road, Third Floor, Pleasanton, CA 94588, Telephone 925-924-7116 TDD: 711.