

**SIERRA GATEWAY SENIOR RESIDENCE II**  
**5103 N. MARTY AVENUE**  
**FRESNO, CA 93711**  
**PHONE (559) 276-5778**  
**FAX (559) 276-5767**  
**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.

| Member No.  | Last Name | First Name | M/I | Relationship to Head | Birth Date | Age | Sex | Soc. Sec. No. |
|-------------|-----------|------------|-----|----------------------|------------|-----|-----|---------------|
| <b>Head</b> |           |            |     | <b>Self</b>          |            |     |     |               |
| 2           |           |            |     |                      |            |     |     |               |
| 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: \_\_\_\_\_  
 Street City State Zip Code Area Code & Phone #

Landlord's Name Area Code and Phone # Rent Amount Length 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 Landlord | Address | Phone | Dates you lived there<br>From To |
|------------------|---------|-------|----------------------------------|
|                  |         |       |                                  |
|                  |         |       |                                  |
|                  |         |       |                                  |

- 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 [ ]
- Does any member of the household use illegal drugs or abuse alcohol? Yes [ ] No [ ]
- Have any members of the household been convicted and or adjudicated of a misdemeanor or felony? Yes [ ] No [ ]
- Are you or any members of your household subject to a lifetime sex offender registration in any state? Yes [ ] No [ ]
- List every state you have ever resided in: \_\_\_\_\_

***INCOME***

| 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 _____        |                                  |                          |                          |
| <b>TOTAL:</b>      |                                  |                          |                          |

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:** Sierra Gateway Senior Residence II 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: 71'

