

Valley Vista  
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 San Ramon, CA 94583  
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<b>For Office Use Only</b>
<b>Date/Time Received:</b> _____
<b>Application #:</b> _____

## APPLICATION FOR HOUSING

### Part I. Household Information

APPLICANT -HEAD OF HOUSEHOLD			
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: _____	Cell Phone: _____	
Relationship to Applicant: _____		Sex: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Prefer not to disclose	
OTHER APPLICANT			
First Name:	Middle Initial:	Last Name:	
Social Security #: _____	Date of Birth: _____	Cell Phone: _____	
Relationship to Applicant: _____		Sex: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Prefer not to disclose	
OTHER APPLICANT			
First Name:	Middle Initial:	Last Name:	
Social Security #: _____	Date of Birth: _____	Cell Phone: _____	
Relationship to Applicant: _____		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. 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. 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> First available <input type="checkbox"/>
6. 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.
7. Is there a live-in aide who will be residing with you in the unit? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide name.
8. How did you hear about this housing opportunity?
9. Do you have any animals? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list:
10. Do you own a car? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list:
11. Are you an U.S. military veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> Which Branch? <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy

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

<b>Address of Present Residence:</b>				
Present Landlord Name:	Landlord Telephone: ( )	Fax: ( )		
Present Landlord Mailing Address:	City, State:	Zip Code:		
Monthly rent: \$	# of bedrooms: 1 2 3 4 5	Is your rent subsidized? YES NO	Rent <input type="checkbox"/>	Own <input type="checkbox"/>
How long have you lived at this address? _____ Years _____ Months		Reason for wanting to move?		
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?				
<b>Previous Address:</b>				
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? _____ Years _____ Months		Reason for moving?	

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:	<input checked="" type="checkbox"/> Code: <input type="checkbox"/>
Monthly rent: \$	How long have you lived at this address? _____ Years    _____ Months	Reason for moving?

**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: \$ _____
4.		_____		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, and student financial aid.)

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.

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

**Do you own Real Estate or Real Property?** Yes  No

If yes, where? What is the current value?

**Have you ever owned Real Estate or Real Property?** Yes  No

If yes, when? Where? When Sold? How Much?

**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. 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

2. 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:

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

**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"/> <input type="checkbox"/> <input type="checkbox"/> <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? \$_____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any anticipated medical expenses that are NOT covered by insurance? If yes, How much per month? \$_____
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate any major dental, vision, or hearing-aid expenses in the coming year that are not covered by insurance? If yes, how much do you anticipate spending out of pocket next year? \$_____
<input type="checkbox"/>	<input type="checkbox"/>	If you or your co-head or spouse is employed, do you anticipate expenses in the COMING year, for the cost of a care attendant for you or your spouse as a handicapped or disabled person as defined by HUD? (If yes proof of actual expenses are required) If yes, How much do anticipate out-of-pocket per month? \$_____

Part VIII. Student Status

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of all persons who are <u>full-time</u> students (Examples: K-12, College/ University, trade school, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of all persons who have been a <u>full-time</u> student 5 months in the current year?
<input type="checkbox"/>	<input type="checkbox"/>	Does your household anticipate becoming an all <u>full-time</u> student household in the next 12 month?
		<b>If you answered YES to any of the previous three questions are you:</b>
<input type="checkbox"/>	<input type="checkbox"/>	Receiving assistance under Title IV of the Social Security Act (AFDC / TANF/ Cal Works – not SSA/SSI).
<input type="checkbox"/>	<input type="checkbox"/>	Enrolling in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program.
<input type="checkbox"/>	<input type="checkbox"/>	Married and filling (or are entitled to file) a joint tax return.
<input type="checkbox"/>	<input type="checkbox"/>	Single parent with a dependant child or children and neither you nor your child(ren) are dependent of another individual.
<input type="checkbox"/>	<input type="checkbox"/>	Previously enrolled in Foster Care program (currently age 18-24).

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**Signatures:**

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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, allowance, 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:**

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Head of Household Signature

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Date

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Secondary Applicant Signature

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Date

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Other Applicant Signature

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Date

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Other Applicant Signature

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Date

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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.

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Return Application to the following address:

**Valley Vista**  
A HumanGood Community  
20709 San Ramon Valley Blvd.  
San Ramon, CA 94583



**EQUAL HOUSING OPPORTUNITY**

Valley Vista Senior Housing 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](mailto:Section504@HumanGood.org) or at 6120 Stoneridge Mall Road, Third Floor, Pleasanton, CA 94588, Telephone 925-924-7116 TDD 800-545-1833 Ext 478.