



DO NOT DUPLICATE
ONE APPLICATION PER HOUSEHOLD ONLY
Chai House II Apartments
814 St. Elizabeth Drive, San Jose, CA 95126



APPLICATION FOR ADMISSION

Chai House II will comply with the provisions of any federal, state or local law prohibiting discrimination in housing on the basis of race, color, creed, ancestry, national origin, sex, sexual orientation, familial status, source of income, age, disability, AIDS, or AIDS relation condition.

TDD Telephone device for the deaf only California Relay Service (711).

Please fill in all blanks. Incomplete applications will not be processed.

Applicant Name: _____

Date of Birth: _____ Social Security #: _____

Current Address: _____ Apt. #: _____

City, State, Zip Code: _____

Previous Address: _____ Apt. #: _____

City, State, Zip Code: _____

Home Phone #: _____ Work #: _____ Other Work #: _____

Cell Phone #: _____ Other #: _____ FAX #: _____

E-mail: _____

Indicate two people who generally know how to contact you:

1. Name: _____ 2. Name: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List all household members who will be living in the residence. Give the relationship of each family member to the head of household.

LAST NAME	FIRST NAME	BIRTHDATE (MM/DD/YYYY)	SOC. SEC. #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

DO YOU OWN A CAR? _____

WOULD YOU REQUIRE A PARKING SPACE? _____

CURRENT HOUSING STATUS

How many people live in your home now? _____ How many bedrooms do you have? _____

Have you or anyone you plan to have living with you had your residency/tenancy terminated for fraud, non-payment of rent or failure to comply with lease provisions? ____ YES ____ NO. If "YES", please explain _____

Do you plan to have anyone living with you in the future who is not listed above? ____ YES ____ NO.
If "YES", please explain: _____

If you have listed a child(ren) above, do you have full custody of your child(ren) listed above? ____ YES ____ NO.
Explanation of custody arrangements: _____

Have you or anyone you plan to have living with you been convicted of a felony? ____ YES ____ NO.
If "YES", please list the disposition behind each incident involving all members of the proposed household: _____

Do you have any family members or friends who currently work at this property? ____ YES ____ NO.
If "YES", name of employee: _____

Do you have a section 8 voucher or certificate? ____ YES ____ NO. Expiration Date: _____

Income Information

Does any family member now receive or expect to receive income from any of the following sources? For each "YES" answer, provide the amount of income and the person receiving it:

<u>Yes</u>	<u>No</u>	<u>Income Source</u>	<u>Amount of Income</u>	<u>Name of Household Member</u>
<input type="checkbox"/>	<input type="checkbox"/>	Employment	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Self-Employment	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Social Security/SSI	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Insurance policy benefit	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	AFDC (Welfare)	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Annuities	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Alimony/Child Support	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Payments	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Pension/Retirement Fund	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Disability/Death Benefits	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Severance Pay	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Strike Benefits	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Armed Forces/Allowance	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Regular Cash Contributions Or Gifts (for rent, utilities)	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	_____	_____

Asset Information

List below the assets owned by each family member. Check "Yes" if any family member has one or more of that type of asset. List its value next to it and give the name of its owner. Check "No" if no family member has that of asset for less than fair market value within the past 24 months. Use additional sheets if necessary.

<u>Yes</u>	<u>No</u>	<u>Divested</u>	<u>Type of Asset</u>	<u>Value</u>	<u>Name of Owner</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Savings Account	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Checking Account	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trust Fund	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Home, Real Estate, Rental Property, Money Market	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stocks, Bonds, Treasuries CD's, IRA's, Keoghs	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retirement/Pension Fund	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inheritance, Lottery, Insurance Settlement Due,	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Capital Gain/Investments	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal Property Held as Investment (art, auto, gems, Etc.)	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	_____	_____

Landlord References

Please list at least two (2) years of rental history below.

- 1. Current Landlord:** _____
Phone #: _____ Fax #: _____
What is your current rent? _____
Landlord's Address: _____
Date of Move-in: _____
Your Address/Apt. #: _____
- 2. Previous Landlord:** _____
Phone #: _____ Fax #: _____
What is your current rent? _____
Landlord's Address: _____
Date of Move-in: _____ Date of Move-out: _____
Your Address/Apt. #: _____
- 3. Previous Landlord:** _____
Phone #: _____ Fax #: _____
What is your current rent? _____
Landlord's Address: _____
Date of Move-in: _____ Date of Move-out: _____
Your Address/Apt. #: _____

4. **Previous Landlord:** _____
 Phone #: _____ Fax #: _____
 What is your current rent? _____
 Landlord's Address: _____
 Date of Move-in: _____ Date of Move-out: _____
 Your Address/Apt. #: _____

PLEASE CONSIDER COMPLETING THIS OPTIONAL SECTION:

Do you require special unit design features for mobility impairment? Yes_____ No_____

Do you require special unit design features for visual impairment? Yes_____ No_____

Do you require special unit design features for hearing impairment? Yes_____ No_____

APPLICANT CERTIFICATIONS

1. I/we certify that if selected to move into this project, the unit I/we occupy will be my/our primary residence.
2. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
3. I/we understand that false statements or information are punishable under federal law and cause for immediate denial of housing.
4. I/we understand we must provide written notification of any changes to the information on this form, especially address and telephone number.
5. I/we understand that the above information is being collected to determine my/our eligibility for an apartment. I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords, employers, or other sources for credit and verification information which may be released by appropriate federal, state, local agencies, or private persons to the owner/management.
6. I/we agree to allow management to perform a consumer credit check and criminal background check including sex offender registry on all adult household members. (I/we may request copies of these documents.) This will be required prior to an application being processed.
7. Housing is subject to availability.

Head of Household (Please Print): _____

Signature of Head of Household: _____ Date: _____

Signature Adult Applicant #2: _____ Date: _____

Signature Adult Applicant #3: _____ Date: _____

Management Signature: _____ Date: _____