



## **RENTAL HOUSING WAITING LIST APPLICATION**

**Property Applying for** OAK CREEK TERRACE

**Applicant's name** \_\_\_\_\_

**Residence address** \_\_\_\_\_

**Mailing address** \_\_\_\_\_

**Telephone Numbers** Daytime: (     ) Evening: (     )

Cell : (     ) Work: (     )

**OFFICE USE ONLY:**

The household size qualifies for the following size unit: (See Household Size Guidelines Noted In Resident Selection Criteria)

- 1BR (1-3 persons)     3BR (3-7 persons)  
 2BR (2-5 persons)

**HOUSEHOLD COMPOSITION (Please attach a separate sheet for additional household members.)**

List yourself as the applicant and first household member. Use a separate line for each member.

	Name		Social Security # (Optional)	Birth Date
1				
2				
3				
4				
5				
6				
7				

**Please check all of the following statements that apply to your household:**

- Does at least one member of the household work in Napa County or within 10 miles of Oak Creek Terrace? If so, list household member name(s): \_\_\_\_\_.

List work site: \_\_\_\_\_

- One or more household members listed above has been evicted within the past 36 months. If so, list household member name: \_\_\_\_\_.



If hearing impaired call 800-735-2929.  
Napa Valley Community Housing does not discriminate against any person  
use of race, color, religion, national origin, sex familial status, disability, marital status, age,  
ethnicity, sexual orientation, medical condition, gender, gender identity, gender expression, genetic  
information, source of income, any arbitrary basis or any other basis protected by federal and/or  
California law.



**HOUSEHOLD GROSS INCOME (all household members 18 or over)**

#	Name	Gross Income
<b>TOTAL ANNUAL GROSS HOUSEHOLD INCOME</b>		

**HOUSEHOLD ASSETS (all household members 18 or over)**

#	Bank / Type of Asset (e.g. savings, real estate, 401-k)	Cash Value
<b>TOTAL HOUSEHOLD ASSETS CASH VALUE</b>		

**Criminal/ History**

A. Have you, or any other person named on this application, ever been convicted for manufacturing or distribution of a controlled substance?

Yes  No

If yes, Name: \_\_\_\_\_ Date: \_\_\_\_\_ Reason: \_\_\_\_\_  
Name: \_\_\_\_\_ Date: \_\_\_\_\_ Reason: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Applicant's Certification**

I hereby apply to lease the above-described premises on substantially the terms set forth herein. As an inducement to **Napa Valley Community Housing**, Agent for the owner of the property, to accept this application I certify that all information contained herein is true. Material falsification of information provided may result in the rejection of this application, in the termination of the Lease Agreement, and may be punishable under Federal Law.

By execution of this application, I/we hereby authorize OAK CREEK TERRACE or its agent, to make such investigations into my credit, employment, rental and criminal history as they may deem appropriate, and release all parties from all liability for any damage that may result from their furnishing information to you. I/we understand that the above information is being collected to determine my/our eligibility.

I/we certify that if selected to receive assistance, the unit I will occupy and it will be my only residence.

APPLICANT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_



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