



**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

**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**



If hearing impaired call 800-735-2929.  
 Napa Valley Community Housing does not discriminate against any person  
 on the basis of race, color, religion, national origin, sex, familial status, disability, marital status, age, ancestry, 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.



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 **Vista Del Valle** 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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