

Property Applying for	ARROYO GRANDE VILLAS	
Applicant's name		
Residence address		
Mailing address		
Telephone Numbers	Daytime: ( )	Evening: ( )
	Cell: ( )	Work: ( )
	Email:	
OFFICE USE ONLY:		
	or the following size unit: (See Household Size	Guidelines Noted in Resident Selection Criteria)
□ 1BD (1- 3 persons)	□ 2BD (2- 5 persons) □ 3BD (4-	8 persons)

# HOUSEHOLD COMPOSITION

# LIST YOURSELF AS THE APPLICANT AND FIRST HOUSEHOLD MEMBER.

USE A SEPARATE LINE FOR EACH MEMBER.

	Name	Relationship	Social Security # (Optional)	Birth Date
1		Head of Household		
2				
3				
4				
5				
6				
7				
8				

If hearing impaired call 800-735-2929. Napa Valley Community Housing does not discriminate against any person because 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.



### Please check the following statement if it applies to your household:

One or more household members listed above has been evicted within the past 5 years. If so, list household member name:

## **SECTION 8**

No

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

#	Name of Employer	Annual Gross Income
	TOTAL ANNUAL GROSS HOUSEHOLD INCOME	

#### 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:
		5	2

Name:	Date:	Reason:	

How did you	ג hear ab	out us?
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### **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 Yount Street Apartments 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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