

ARLINGTON APARTMENTS APPLICATION TO RENT

(EACH PROPOSED TENANT MUST FILL OUT A SEPARATE APPLICATION)

Name _____ Social Security No. _____
First Middle Last

Yours drivers License or I.D. Number _____ Home Phone (____) _____

Date of Birth (Month, Day, Year) _____ Gender _____ Race _____

PRIOR RESIDENCES / LIVING SITUATION

CURRENT ADDRESS

_____, _____, _____
Street Address and Apartment Number City Zip

_____, _____, _____, _____
From To Landlord/Manager Name Phone

PREVIOUS ADDRESS

_____, _____, _____
Street Address and Apartment Number City Zip

_____, _____, _____, _____
From To Landlord/Manager Name Phone

NEXT PREVIOUS ADDRESS

_____, _____, _____
Street Address and Apartment Number City Zip

_____, _____, _____, _____
From To Landlord/Manager Name Phone

EMPLOYMENT HISTORY

CURRENT EMPLOYMENT

_____, _____, _____, _____
From To Employer Name Phone

_____, _____, _____
Street Address City Zip

Occupation/Job Title

Name and Title of Supervisor

Full time ____ Part time ____ Hours (if part time) _____ Salary or Hourly Wage \$ _____ hr/wk/mo.

PREVIOUS EMPLOYER

From _____ To _____ Employer Name _____ (_____) _____
Phone

Street Address _____ City _____ Zip _____

Occupation/Job Title _____ Name and Title of Supervisor _____

Full time ____ Part time ____ Hours (if part time) _____ Salary or Hourly Wage \$ _____ hr/wk/mo.

NEXT PREVIOUS EMPLOYER

From _____ To _____ Employer Name _____ (_____) _____
Phone

Street Address _____ City _____ Zip _____

Occupation/Job Title _____ Name and Title of Supervisor _____

Full time ____ Part time ____ Hours (if part time) _____ Salary or Hourly Wage \$ _____ hr/wk/mo.

PERSONAL FINANCES

BANK INFORMATION

NAME OF BANK	BANK ADDRESS	ACCOUNT NUMBERS
_____	_____	Checking _____
_____	_____	Savings _____

PERSONAL PROPERTY

Do you own your own furniture? _____ Own a car? _____ License Number _____
Make, Model & Year

OTHER ASSETS

List and describe any other assets such as real property, personal property, stocks, bonds, etc.

Asset type	Description
_____	_____
_____	_____
_____	_____

FINANCIAL OBLIGATIONS

Payment to: _____ Address: _____ Acct. Number _____ Amount/Period _____

ELIGIBILITY INFORMATION

Do you have a diagnosed mental illness? Yes _____ No _____ If yes, describe: (DSM-IV diagnosis and Medications) _____

Psychiatrist's name, address, and telephone number: _____

Are you a Santa Barbara County Alcohol, Drug and Mental Health Services client? Yes _____ No _____

Who is your case manager? Name _____ Telephone number _____

Date of Last Physical Examination: _____ Are you being treated for any medical condition or illness? Yes ___ No ___ If yes, describe: _____

Medical doctor's name, address and telephone number: _____

Will you sign an authorization for release of information concerning your disability? Yes _____ No _____

READ THE ITEMS BELOW FIRST: ARE YOU CURRENTLY HOMELESS? Yes ___ No ___ if yes, describe below:

1). Are you living in a place not meant for human habitation? (i.e.the street, parks, sidewalks or abandoned buildings)

2). Are you sleeping in an emergency shelter or living in transitional housing for the homeless after living on the streets or an emergency shelter?

3). Are you residing in any of the places in (# 1 or 2 above) and now staying in a hospital or other institution for up to 30 consecutive days?

4). Are you being discharged within a week from an institution that you have resided in for more than 30 consecutive days; or being evicted within a week from a private dwelling; or fleeing a domestic violence situation and in all cases no subsequent residence has been identified and you lack the resources and support networks needed to obtain housing? If yes, describe:

Current monthly income: \$ _____ (all sources)

Source (s) of income: (1) _____

(2) _____

(3) _____

Please indicate all types of Social Security benefits i.e. SSI, SSD, SSA, etc.

Are you a Veteran? Yes _____ No _____

PERSONAL REFERENCES

1. _____, _____
Name Address

(____) _____, _____, _____, _____

Phone Relationship Length of Acquaintance Occupation

2. _____, _____
Name Address

(____) _____, _____, _____
Phone Relationship Length of Acquaintance Occupation

ADDITIONAL INFORMATION

Have you ever been convicted of a crime other than an infraction? Yes _____ No _____

If yes, **for each conviction** attach an additional sheet with information about date and place (court) of conviction, case number, offense for which convicted, sentence or other disposition. If you are on probation please list name and telephone number of your probation officer.

IMPORTANT LAST DETAILS

ATTACH COPIES OF ALL OF THE FOLLOWING TO THIS APPLICATION

1. Vehicle registrations, picture identification (California Drivers License or I.D.)
2. Social Security Cards and Birth Certificates for **all** family members who apply.
3. Copies of most recent federal and State income tax returns and W-2's for **all** family members who apply.
4. Most recent 2 wage statements (i.e. pay stub) if employed.
5. Most recent Social Security benefits statement or signed verification of disability form if not receiving benefits.
6. Most recent checking and savings account statements (at least the last 6 months)
7. Savings passbook(s) for **all** family members who apply.
8. Stocks/bonds, most recent statement with I.D. numbers and address.
9. Health/Life insurance policy number(s), with name and address.
10. Any on going prescription costs not reimbursed by insurance.
11. Annuity/pension statements with I.D. numbers and addresses.
12. Written verification of all, prior living situations during the last 6 months (if you are homeless).

ATTESTATION

I declare under penalty of perjury of the laws of the state of California that the information contained herein is true and correct, dated _____ Santa Barbara, California.
Date

Signature

Name (type or print)