

# HOLLISTER 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*

Reason for leaving \_\_\_\_\_

### NEXT PREVIOUS ADDRESS

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*Street Address and Apartment Number City Zip*

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*From To Landlord/Manager Name Phone*

Reason for leaving \_\_\_\_\_

## 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.

**PERSONAL FINANCES**

**BANK INFORMATION**

NAME OF BANK \_\_\_\_\_ BANK ADDRESS \_\_\_\_\_ ACCOUNT NUMBERS \_\_\_\_\_  
Checking \_\_\_\_\_  
Savings \_\_\_\_\_

PLEASE INCLUDE LAST 6 MONTHS OF STATEMENTS

**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 \_\_\_\_\_ please describe: \_\_\_\_\_

Medical doctor's name, address and telephone number: \_\_\_\_\_

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

Are you a veteran or a spouse of a Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you smoke? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently receiving any housing assistance or rental subsidy? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any pets? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever: been evicted? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

Are you a registered sex offender or subject to a lifetime registration requirement? Yes \_\_\_\_\_ No \_\_\_\_\_

ARE YOU CURRENTLY HOMELESS? Yes \_\_\_\_\_ No \_\_\_\_\_

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:

**INCOME INFORMATION**

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. \_\_\_\_\_

**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 a separate sheet with all information about dates, locations, courts of conviction, case numbers, offenses, sentences or other dispositions. If you are on probation please include the name and contact information of your probation officer.

**IMPORTANT LAST DETAILS**

**ATTACH COPIES OF ALL OF THE FOLLOWING TO THIS APPLICATION**

- 1). VEHICLE REGISTRATIONS, A LEGIBLE CA DRIVERS LICENSE OR I.D.
- 2). SIGNED SOCIAL SECURITY CARD AND BIRTH CERTIFICATE FOR ALL FAMILY MEMBERS WHO APPLY.
- 3). MOST RECENT SOCIAL SECURITY BENEFITS STATEMENT OR SIGNED VERIFICATION OF DISABILITY FORM IF NOT RECEIVING BENEFITS.
- 4). LAST 6 MONTHS OF CHECKING AND SAVINGS ACCOUNT STATEMENTS.
- 5). MOST RECENT 4 WAGE STATEMENTS (I.E. PAY STUB) IF EMPLOYED.
- 6). COPIES OF MOST RECENT FEDERAL AND STATE INCOME TAX RETURNS AND W-2'S FOR ALL FAMILY MEMBERS WHO APPLY.
- 7). COPIES OF ANY OTHER INCOME STATEMENTS (I.E. STOCKS/BONDS, TRUSTS, LIFE INSURANCE ANNUITIES, PENSIONS, DIVIDEND STATEMENTS WITH I.D. OR POLICY NUMBERS AND NAMES AND ADDRESSES).
- 8). WRITTEN VERIFICATION OF ALL PRIOR LIVING SITUATIONS DURING THE LAST 6 MONTHS, IF YOU ARE HOMELESS.
- 9). COMPLETED HOUSING AUTHORITY OF THE CITY OF SANTA BARBARA TWO PAGE APPLICATION TITLED, "HOUSING ASSISTANCE WAITING LIST APPLICATION - SECTION 8 – PUBLIC HOUSING."

**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.

\_\_\_\_\_  
*SIGNATURE*

\_\_\_\_\_  
*NAME (PRINT)*



60220

**LIST INFORMATION BELWO FOR ALL HOUSEHOLD MEMBERS WHO WILL LIVE WITH YOU IF ASSISTED**

| FIRST NAME | LAST NAME | MALE/<br>FEMALE | BIRTH DATE<br>MM/DD/YYYY | SOCIAL<br>SECURITY<br>NUMBER | CITIZEN OR<br>LEGAL<br>RESIDENT                          |
|------------|-----------|-----------------|--------------------------|------------------------------|--|
|            |           |                 |                          |                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|            |           |                 |                          |                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|            |           |                 |                          |                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|            |           |                 |                          |                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|            |           |                 |                          |                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|            |           |                 |                          |                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|            |           |                 |                          |                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**FILL IN YOUR SOURCES OF INCOME (all that apply):**

- Employment       Unemployment       Workers Comp       Social Security       SSI       Retirement/Pension  
 Veterans Benefits       Self Employment       State Disability       General Relief       Foster Care  
 Child Support       Calworks/TANF       Interest from assets ( bank accts, stocks, bonds, real estate, etc.)

**Special Needs - mark if applicable::**

- Terminally Ill (less than 2 years life expectancy - letter from physician required)  
 Displaced by governmental action or natural disaster - documentation required  
 Homeless- verification of homelessness required (from local shelter, etc.)  
 Displaced by domestic violence - verification required

**Carefully read and initial each of the statements below, then sign and date this form.**

- Initial**
- \_\_\_\_\_ All information provided on this application is true and complete.
- \_\_\_\_\_ I understand that it is a criminal offense to make willful false statements or misrepresentations to any U.S. department or agency. I further understand that failure to disclose any history of criminal activity and/or drug activity as well as false statements or misrepresentations regarding my criminal record may be grounds for denial of assistance.
- \_\_\_\_\_ I understand that the Housing Authority of the City of Santa Barbara will run criminal background and credit checks as part of determining my eligibility and by my signature below, hereby authorize them to do so.
- \_\_\_\_\_ I understand that I must notify the Housing Authority of the City of Santa Barbara immediately in writing if I move or change my mailing address, my telephone number, or have a change in my household composition or financial conditions.

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

| FOR OFFICE USE ONLY           |  |   |  |  |                       |  |   |  |  |
|-------------------------------|--|---|--|--|-----------------------|--|---|--|--|
| Date Received ( MM/DD/ YYYY ) |  |   |  |  | Time Received (AM/PM) |  |   |  |  |
|                               |  | / |  |  |                       |  | / |  |  |
|                               |  |   |  |  |                       |  | : |  |  |