

Mail this application to:

The name of the waitlist I'm applying for is: _____

Some waitlists are closed: Before sending this application, check <http://www.housingworks.net/> to see what is open

You **must** answer every question on this application: respond to questions that are not applicable by writing "N/A".
Incomplete applications may be returned or discarded.

Name of HoH: _____

Long-Term Mailing Address _____

City/State/Zip: _____
(this address should ideally work for the next 3-5 years):

Phone(s): _____ - _____ - _____ _____ - _____ - _____

Email: _____

The **SSN** for the head of household is: _____

Does the HoH have a **Social Security Number (SSN)**? ☐ Yes ☐ No *If "Yes" you must provide it above).*

What is your **date of birth**? _____ What is your **gender**? _____

Race (white, black, asian, etc)? _____

What was your **mother's last name** when she was born? *Protects your privacy*) _____

How many people will be living in the unit? _____ people. What **unit size** are you seeking? _____ BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) _____

What is your family's **ANNUAL** income? \$ _____ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Do you have a **rental voucher** or **some other form of regular rental assistance**?

Specify: ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Homebase ☐ _____

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?

☐ YES ☐ NO Do you need **reasonable accommodations** due to a disability, either during the application period or tenancy? _____

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

Office Only: Date/Time Stamp

ROTARY PLAZA APPLICATION

OFFICE USE ONLY

Single applicants: 62 years old or older, income of at least \$ 450.00, and eligible for studios only.

Couples applicants: One person 62 or older, income of at least \$ 850.00, and eligible for one bedroom only.

We provide basic cable, for \$24.00 per month. All utilities are included, except the telephone.

Rec. _____

You will need to attach a copy of a [DMV ID](#) (State issued License or ID), [Social Security Card](#) (NOT Medicare), and [Resident Alien Card](#) (If applicable). Our office can copy these for you. Without these copies, your application will be incomplete.

Read the instruction on each page carefully. Incomplete applications **will not** be put on the waiting.

| | |
|--|---|
| Name: | Race of Head of Household: (Check One, Response Optional) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American/Alaskan/Hawaiian Ethnicity of Head of Household: (Check One, Response Optional) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic |
| Street Address: | |
| City, State, & Zip: | |
| Home/Cell Phone: | |
| Work Phone: | |
| How long have you lived at this address: | |
| Current Monthly Rent \$ | |

List everyone to live in the apartment.

| Full Name | Relation to Head | Age | Sex | Birthdate | Social Security # | Driver Lic./State ID # |
|-----------|-------------------|-----|-----|-----------|-------------------|------------------------|
| 1. | Head of Household | | | | | |
| 2. | | | | | | |

1. Do you or any household member currently receive housing subsidy? YES NO

If YES, Explain _____

2. Does anyone live with you that is not listed above? YES NO

If YES, Explain _____

3. Do you plan to have anyone live with you who is not listed above? YES NO

If YES, Explain _____

How did you hear about Rotary Plaza? _____

ANNUAL INCOME

- Identify all income received by all applicants.
- **Circle the YES or NO** by each type of income.
- We will obtain a written verification from the source at time of move in.

- | | | |
|---|-----|----|
| 1. WAGES / SALARY | YES | NO |
| 2. SOCIAL SECURITY/SSI..... | YES | NO |
| 3. PENSION / VA BENEFIT | YES | NO |
| 4. RETIREMENT FUNDS..... | YES | NO |
| 5. DISABILITY/WORKER'S COMP | YES | NO |
| 6. UNEMPLOYMENT / SEVERANCE PAY | YES | NO |
| 7. PUBLIC ASSISTANCE / CAPI..... | YES | NO |
| 8. ALIMONY | YES | NO |
| 9. INCOME FROM ASSETS / ANNUITIES | YES | NO |
| 10. CONTRIBUTIONS / GIFTS | YES | NO |
| 11. OTHER..... | YES | NO |

For all **YES** answers above, fill out a box below.

| |
|-----------------------------------|
| Applicant Receiving Income: |
| Gross Monthly Amount Received: \$ |
| Source Name: |
| Address: |
| Contact Name: |
| Phone Number: |

| |
|-----------------------------------|
| Applicant Receiving Income: |
| Gross Monthly Amount Received: \$ |
| Source Name: |
| Address: |
| Contact Name: |
| Phone Number: |

| |
|-----------------------------------|
| Applicant Receiving Income: |
| Gross Monthly Amount Received: \$ |
| Source Name: |
| Address: |
| Contact Name: |
| Phone Number: |

| |
|-----------------------------------|
| Applicant Receiving Income: |
| Gross Monthly Amount Received: \$ |
| Source Name: |
| Address: |
| Contact Name: |
| Phone Number: |

ASSETS

2

- Identify all assets held by all applicants.
- **Circle the YES or NO** by each type of income.
- Owners must obtain a written verification from the source at time of move in.

- | | | |
|--|-----|----|
| 1. CHECKING ACCOUNT | YES | NO |
| 2. SAVINGS ACCOUNT | YES | NO |
| 3. RETIREMENT / PENSION FUND | YES | NO |
| 4. IRA/CERTIFICATE OF DEPOSIT | YES | NO |
| 5. MONEY MARKET ACCOUNT | YES | NO |
| 6. STOCKS/BONDS | YES | NO |
| 7. REAL ESTATE / CAPITAL INVESTMENTS | YES | NO |
| 8. TRESURY BILLS | YES | NO |
| 9. LUMP SUM RECEIPT | YES | NO |
| 10. REVOCABLE TRUSTS | YES | NO |
| 11. OTHER..... | YES | NO |

Has any household member disposed of any asset within the past two years? YES NO

If **YES**: Name of household Member: _____

Was the asset disposed of for less than Fair Market Value? YES NO

If **YES**: Market Value: _____ Amount Received: _____

For all **YES** answers above, fill out a box below.

| | |
|-------------------------|-------------------------|
| Applicant Owning Asset: | Applicant Owning Asset: |
| Balance: \$ | Balance: \$ |
| Source/Bank Name: | Source/Bank Name: |
| Account #: | Account #: |
| Source/Bank Address: | Source/Bank Address: |
| Phone Number: | Phone Number: |

| | |
|-------------------------|-------------------------|
| Applicant Owning Asset: | Applicant Owning Asset: |
| Balance: \$ | Balance: \$ |
| Source/Bank Name: | Source/Bank Name: |
| Account #: | Account #: |
| Source/Bank Address: | Source/Bank Address: |

GENERAL INFORMATION

1. Do you have the right to enter into a lease? YES NO
If NO, explain _____
2. Please state the name of any household member that you want to be made Co-Head.

3. Have you or any household member ever been convicted of a felony? YES NO
If YES, explain _____
4. Are you or any household member being evicted or ever been evicted for any reason? YES NO
If YES, explain _____
5. Does any one plan live with you that is not listed on page 1? YES NO
If YES, explain _____
6. Have you or any household member ever used a name/social security number not listed on page 1? YES NO
If YES, explain _____
7. Have you or any household member ever lived in subsidized housing? YES NO
If YES, where and when _____
8. Has housing subsidy ever been terminated for any of the following:
A. FRAUD? YES NO
B. NON-PAYMENT OF RENT? YES NO
C. FAILURE TO COOPERATE WITH RECERTIFICATION PROCEDURES? YES NO
9. Do you or any household member currently use any illegal drugs or other illegal controlled substance? YES NO
If YES, explain _____
10. Have you or any household member ever engaged or ever been convicted of drug-related criminal activity? YES NO
If YES, explain _____
11. Have you or any household member ever been involved in criminal activity that posed a threat to the health, YES NO
safety, or welfare of others? If YES, explain _____
12. Have you or any household member ever applied for or lived at this property? YES NO
If YES, when _____

VEHICLE/DRIVER ID

Driver's License # _____ State Issued _____ Expiration Date: _____

Car Make: _____ Model: _____ Color: _____

Year: _____ License Plate # _____

EMERGENCY CONTACT

This information is optional. Please list someone in the immediate area if possible.

Name: _____ Phone Number: _____

Address: _____

PRIOR RESIDENCY

*Enter the following information for the current address and all addresses where you or any household members have lived for the **past five (5) years**. Include addresses where you were not listed on the lease and addresses where you lived under a different name.*

| Address of Residence | Owner/Landlord Contact Information | # Household Members | \$ Monthly Rent \$ Monthly Utility | Move-In/Move-out Date & Reason for Moving |
|----------------------|---------------------------------------|------------------------|---------------------------------------|--|
| 1. | | | \$ | |
| | | | \$ | |
| 2. | | | \$ | |
| | | | \$ | |
| 3. | | | \$ | |
| | | | \$ | |
| 4. | | | \$ | |
| | | | \$ | |
| 5. | | | \$ | |
| | | | \$ | |

PERSONAL REFERENCES

Excluding Family Members

| | |
|----------|-------------------|
| Name: | Telephone Number: |
| Address: | |

| | |
|----------|-------------------|
| Name: | Telephone Number: |
| Address: | |

APPLICANT AUTHORIZATION AND CERTIFICATION

- Management is authorized to investigate my credit worthiness through any credit bureau or other reasonable means and verify all information and references given in this application.
- I understand that all information must be verified prior to a final decision.
- All information provided in this application is true and correct to the best of my knowledge.
- I certify that if housed, the apartment occupied will be the only place of residence.
- I understand that this application is not a rental agreement, contract lease or a guarantee for housing.
- It is the aim of Management to ensure that this community is a drug free zone. I verify my support for this policy.

Department of Housing and Urban Development
Office of Inspector General

EXHIBIT 3-3: OWNERS NOTICE NO. 1

Dear Applicant:

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. citizens or nationals, or certain categories of eligible non-citizens, in the following HUD programs:

- A. Section 8 Housing Assistance Payments programs;
- B. Section 236 of the National Housing Act, including Rental Assistance Payment (RAP); and
- C. Section 101/Rent Supplement Program

You have applied, or are applying for, assistance under one of these programs; Therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

1. Complete a Family Summary Sheet, (At the bottom of this page), listing all family members who will reside in the unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a Declaration. The Declaration has easy-to-follow instructions and explain what, if any other forms and/or evidence must be submitted with each Declaration.
3. Submit the Family Summary Sheet, Declaration, and any forms and/or evidence to the name and address listed below. (Upon returning application)

**ROTARY PLAZA, INC.
433 ALIDA WAY
SOUTH SAN FRANCISCO, CA 94080**

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact the rental office at (650) 871-5323. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Family/Owner Summary Sheet - List everyone to live in the apartment.

| Member No. | Family Member Last Name | First Name | Relationship To Household | Sex | Date of Birth |
|------------|-------------------------|------------|---------------------------|-----|---------------|
| 1 | | | HEAD OF HOUSEHOLD | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

INSTRUCTIONS: Complete this format for each person top live in the apartment.

NOTE: **ALL APPLICANTS** need to complete this section.

APPLICATION DECLARATION FORMAT

| | |
|------------------------------------|----------------------------|
| FULL NAME: | ALIEN REGISTRATION NUMBER: |
| RELATIONSHIP TO HEAD OF HOUSEHOLD: | ADMISSION NUMBER: |
| SEX: | SAVE VERIFICATION NUMBER: |
| DATE OF BIRTH: | |
| SOCIAL SECURITY NUMBER: | |
| NATIONALITY: | |

DECLARATION

INSTRUCTIONS: Complete the Declaration below by printing your full name in the space provided. Then review the blocks below and complete either block 1 or 2.

I, _____, herby declare, under penalty of perjury, that I am:

1. **A Citizen or national of the United States**

☐ If you checked this box, no further information is required. Sign and date below.

Signature: _____ Date _____

If you are a CITIZEN or NATIONAL of the Untied States and signed above, continue to the next page.

2. **A Non-Citizen with eligible immigration status in the category check below:**

- ☐ A. A non-citizen lawfully admitted for permanent residence, as defined by section 101 (a) (20) of Immigration and Nationality Act (INA) as an immigrant as defined by section 101 (a) (15) of the INA (8 U.S.C. 10001 (a) (2) and 1101 (a) (15), respectively.
- ☐ B. A non-citizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259).
- ☐ C. A non-citizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [Refugee statutes]; pursuant to the granting of asylum (which has not been terminate) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; as a result of being granted conditional entry under section 203(a) (7) of the INA (8 U. S. C.) (a) (7) before April 1, 1980, because of persecution of, fear of persecution on account of race, religion, or political opinion, or because of being uprooted by catastrophic nation calamity.
- ☐ D. A non-citizen who is lawfully present in the United States as a result of an exercise of desecration by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d) (5) of the INA (8 U.S.C. 1182) (d) (5) [parole status].
- ☐ E. A non-citizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 U.S.C.) (h) [threat to life or freedom].
- ☐ F. A non-citizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U. S. C. a) [amnesty granted under INA 245A].

If you checked **ANY** of these boxes, sign and date below.

Signature _____ Date _____

ELDERLY HOUSEHOLD DEDUCTION-\$400.00 PER HOUSEHOLD

An elderly household is one in which the head, spouse, or sole member is 62 years or older. Such households qualify for a \$ 400.00 deduction in computing rent.

☐ Check here, to claim the Elderly Household Deduction

I claim the Elderly Household Deduction based on the eligibility of the following household member(s):

Name: _____ This claim is based on age.

ELDERLY HOUSEHOLD MEDICAL EXPENSES:

Elderly Households qualify for medical expense deductions.

Indicate the medical expenses you anticipate for the next 12 months. _____

REASONABLE ACCOMMODATION

Federal laws require accommodations in policies. Providing auxiliary aids, making units and facilities accessible and permitting handicap persons to use assistive animals when they may provide the resident with equal housing opportunities.

PETS IN HOUSING FOR THE ELDERLY OR HANDICAPPED

Residents are permitted to have common household pets in housing for the elderly or handicapped. Ownership of common household pets has no bearing for, or admission to housing for the elderly, or handicapped. Residents owning pets must comply with and uphold the Pet Rules established for the property.

NON-DISCRIMINATION

The property does not discriminate on the basis of race, color, religion, creed, sex, age, handicap, membership in a class, or familial status in the admission or access to, or treatment or employment.

The person designed to coordinate compliance with the non-discrimination requirements contained in the Department of Housing and Urban Development’s regulations implementing Section 504 (24 CFR Part 8 date June 2, 1988) can be contacted through the office of Santa Fe Associates, Inc. Los Gallinas # 2, San Rafael, CA 94903, (415) 444-5360 (Voice), (800) 735-2922 (TDD).

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

By signing below, I authorize the preparation of an investigative report for determination of eligibility for tenancy.

I authorize and understand that investigative background inquires are to be made on myself including consumer credit, eviction, criminal, sex offence and other reports. Further, State and other agencies, which maintain records concerning my past activities relating to my driving, credit, criminal, civil, tenancy and other experiences. I release all of the above, including Check Point and its agents to the full extent permitted by law from any claims, damages, losses, liabilities and expenses arising from the retrieval and reporting information.

All reports will be kept confidential in accordance with Federal, State, and Local laws.

According to the Federal Credit Reporting Act, I am entitled to know if I was denied based on the information obtained and to receive upon written request to Check Point a disclosure of the public record information obtained and of the nature and scope of the investigative report.

I, the undersigned applicant do hereby certify that the information provided by me is true and complete to the best of my knowledge. Any copy of this document is as valid as the original. Falsifying information could result in the denial of tenancy.

Signature:_____ **Date:**_____

Signature:_____ **Date:**_____

PROPERTY NAME: ROTARY PLAZA, INC.
ADDRESS: 433 ALIDA WAY
SOUTH SAN FRANCISCO, CA 94080
TELEPHONE: 650-871-5323

Thank you for completing this application.

This application is designed to be completed by all adult household members. It must be completed and signed. If any information does not apply then strike through that portion or show N/A for not applicable.

Incomplete applications will not be considered for processing until all information is provided. Incomplete applications will cause delay in processing.

*****OFFICE USE ONLY*****

| | |
|--------------------------|----------------|
| Application Received By: | |
| Date Received: | Time Received: |

Housing History, Page 1

Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns): To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

CURRENT RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to: _____ or present

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

PRIOR RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 2

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 3

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A