

RETURN THIS APPLICATION TO:
 Step Up on Vine
 c/o Leasing Office
 6501 Yucca St., LA CA 90028



APPLICATION FOR RENTAL HOUSING

STEP UP ON VINE

Name of Development

Instructions for Head of Household

- 1) Please print all sections in ink. Do not leave any section blank, even those that do not apply to you. For instance, if a section asks for a driver's license and you do not have a driver's license, you may enter "none" or "N/A" (not applicable). If you need to make a correction, draw one line through the incorrect information, then print the correct information above and initial the change.
- 2) As head of household, you will complete this application form. Each additional adult 18 years of age or older who will live in the apartment must sign this application.
- 3) It is important that all information on this form be complete and correct. False, incomplete, or misleading information will cause your household's application to be rejected.
- 4) As long as your application is on file with us, it is your responsibility to contact us in writing whenever your address, telephone number, income situation, or family size changes.
- 5) After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List. This does not guarantee that your household will be offered an apartment. If later processing establishes that your household is not actually qualified for housing, your application will be rejected in writing. We will process your application according to our standard procedures, which are summarized in the Resident Selection Plan.

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations to any Department or Agency of The United States as to any matter within its jurisdiction.

All units are efficiency units ONLY.

1) Household Information (List all person(s) who will occupy the apartment)

	Full Name Last/First (MI)	Relationship	Sex	Age	Birth Date	Occupation (If student, name of school)	Social Security #	Driver's License #
1)								
2)								
3)								
4)								
5)								
6)								
7)								
8)								

2) Will any of the above household members live anywhere except the apartment? Yes No
 Are there any other persons who will live in the apartment on a less than full-time basis?
 If either question is answered yes, please explain: _____

3) Do you expect any additions to the household with in the next twelve months? Yes No
 If question is answered yes, please explain: _____

4) Are you being displaced by government action or a presidential declared disaster? Yes No
 If question is answered yes, please explain: _____

5) Does anyone in the household need an accessible unit? Yes No

6) Race/ethnicity of head of household _____

7) Does any adult member of your household attend school? Yes No
 Part-time student? Yes No
 Full-time student? Yes No
 Name of the institution or school: _____

8) Income from Employment

List all full-time, part-time and/or seasonal employment for head, spouse/co-applicant and other household members age 18 or older, including the self-employed.

INDICATE EARNINGS AS GROSS WAGES (BEFORE TAXES)

M#	Place of Employment	Employer Address	Employer's Telephone #	Name of Supervisor	Estimated Total Earnings for the Coming Year

9) Income from Other Sources

List non-employment income for all household members. This includes from rental property, social security, SSI, public assistance, general relief, unemployment compensation, alimony, child support, workers compensation, disability compensation, VA benefits, retirement pension, insurance benefits, and all other income.

HH Mem. #	Type of Income and Who Pays It	Address of Source of Income	Contact Person Name and Telephone #	Estimated Total Earnings for Coming Year \$

10) Interest, Dividend Income, Assets:

List assets of all household members, checking, savings, stocks, bonds, trust, money market, certificate of deposit, IRA and Keogh account, treasure bills, credit union shares, land, real estate:

HH Mem. #	Description of Asset	Address of Source of Income	Estimated Current Value	Estimated Annual Income From Assets

11) Have you sold or given away real property or other assets in the past two years? Yes No

If yes, what was the market value of the assets? \$ _____

Please enter the information requested for your current address and five (5) most recent prior addresses. Include places where you were not listed on the lease and places where you lived under a different name.

12) Current Residence: Please include 5 years rental history

Applicant Name	Address	Monthly Rent \$	Telephone ()
Landlord Name	Address	Paid Utilities \$	Telephone ()
Names of Household Members		Amount of Security Deposit \$ _____ Full refund of deposit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did you fulfill the lease term? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain. _____ _____			
Move-in date:	Move-out date:	Security Dep.\$	

13) Prior Residence 1

Applicant Name	Address	Monthly Rent \$	Telephone ()
Landlord Name	Address	Paid Utilities \$	Telephone ()
Names of Household Members		Amount of Security Deposit \$ _____ Full refund of deposit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did you fulfill the lease term? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain. _____ _____			
Move-in date:	Move-out date:	Security Dep.\$	

14) Prior Residence 2

Applicant Name	Address	Monthly Rent \$	Telephone ()
Landlord Name	Address	Paid Utilities \$	Telephone ()
Names of Household Members		Amount of Security Deposit \$ _____ Full refund of deposit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did you fulfill the lease term? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain. _____ _____			
Move-in date:	Move-out date:	Security Dep.\$	

How did you hear about this development? _____



Statements by All Adult Household Members

We certify that all information given in this application hereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in had occurred, terminate our Rental Agreement.

We authorize the Property to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, and to previous and current landlords, or other sources for credit and verification confirmation which may be released to appropriate federal, state or local agencies.

If your application is approved and move-in occurs, we certify that only those persons listed on the application will occupy the apartment that they will maintain no other place of residence, and that there are no other persons for whom we have or expect to have, responsibility to provide housing.

We agree to notify management in writing regarding any changes to household address, telephone numbers, income and/or household composition.

We have read and understand the information in this application, in particular the information contained in the instructions for Head of Household, and we agree to comply with such information.

We understand that if this application is placed on a Waiting List, we may request sample copies of the Rental Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth herein, including specifically all conditions regarding pets, rent, damages and Security Deposits.

If this application is for a household of more than one person, we consider ourselves a stable household, and all of our income is available for its needs.

Important: I also understand, it is my responsibility to contact the Manager (in writing) at least every 6 months in order to keep my application on the waiting list.

All household members age 18 and over who will be residing in the apartment must sign.

Date Signature of Head of Household

Date Signature of Spouse of Co-Applicant

Date Signature of Co-Applicant

Date Signature of Co-Applicant

Acceptance of completed application by Management:

Date Signature of Management Representative

ALL PAGES OF THIS APPLICATION MUST BE FILLED OUT COMPLETELY AND SIGNED.

(OFFICE USE ONLY)

DATE AND TIME RETURNED: _____

Comments: _____

Application accepted

Application denied

