

**APPLICATION FOR PROPERTIES WITH COMPLIANCE REQUIREMENTS**

Applicant Name: \_\_\_\_\_  
 Apt. No. Assigned: \_\_\_\_\_ Bedroom Size: \_\_\_\_\_  
 Other Needs: \_\_\_\_\_  
 Application Date: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Bayview CDC**  
**3450 Bonita Road, Suite 201**  
**Chula Vista, CA 91910**  
**619-946-4333**

**\*\*ANSWER ALL QUESTIONS\*\* \*\*USE ONLY ONE INK COLOR ON APPLICATION\*\***

Check One Box:     Initial Certification (FIRST TIME HOUSEHOLD IS CERTIFIED)  
                            Re-Certification (EACH YEAR THEREAFTER AT ANNUAL ANNIVERSARY)

**Household Members Information:**

List applicant and all household members. Complete the following information for each person who will live in the apartment and include temporarily absent members that will be living in the apartment within the next 12 months (such as military/students who will be returning). Each adult 18 years or older must complete their own application.

Household size: \_\_\_\_\_

Last Name	First Name	Relationship	Date of Birth	Social Security #	Full Time Student	Employed

**Bank Accounts: (Checking, Savings, 401K, etc)**

Household Member:	Type of Account	Current Balance

Will all household members be or have been full-time students during five calendar months of this calendar year at an educational center?  
 \_\_\_ Yes / \_\_\_ No

Is any such person (other than non-resident aliens) married and eligible to file a joint tax return? \_\_\_ Y / \_\_\_ N

Are you a student dependent? \_\_\_ Yes / \_\_\_ No

The head of the household is: \_\_\_ Single/Non-Elderly; \_\_\_ Related/Parent; \_\_\_ Related/Single Parent; \_\_\_ Elderly; \_\_\_ Other  
 Hispanic/Latino Ethnicity: \_\_\_ Yes / \_\_\_ No  
                                   \_\_\_ Yes, Mexican/Chicano; \_\_\_ Yes, Cuban; \_\_\_ Yes, Puerto Rican; \_\_\_ Yes, other Hispanic/Latino

Race: \_\_\_ White; \_\_\_ Black/African American; \_\_\_ Asian; \_\_\_ American Indian or Alaska Native;  
       \_\_\_ Black AND White; \_\_\_ Asian AND White; \_\_\_ Native Hawaiian or other Pacific Islander

Do any of the household members age 18 and over receive any of the following:  
 \_\_\_ Employment/Wages    \_\_\_ Social Security/Pensions    \_\_\_ Unemployment    \_\_\_ Public Assistance    \_\_\_ Other Income

If so, who and what:

Household Member:	Type of Income:	Amount Monthly

**HOUSING REFERENCES**

LIST THE PAST THREE YEARS OF HOUSING REFERENCES. (REQUIRED)

**CURRENT ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE/ZIP:** \_\_\_\_\_

**LANDLORD NAME:** \_\_\_\_\_ **LANDLORD ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**STATE/ZIP:** \_\_\_\_\_ **PHONE NO.:** \_\_\_\_\_

**MONTHLY RENT:** \$ \_\_\_\_\_ **DID YOU OWN:** \_\_\_ **OR RENT:** \_\_\_ (PLEASE CHECK ONE) **MONTH AND YEAR MOVED IN** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**PREVIOUS ADDRESS #1:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE/ZIP:** \_\_\_\_\_

**LANDLORD NAME:** \_\_\_\_\_ **LANDLORD ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**STATE/ZIP:** \_\_\_\_\_ **PHONE NO.:** \_\_\_\_\_

**MONTHLY RENT:** \$ \_\_\_\_\_ **DID YOU OWN:** \_\_\_ **OR RENT:** \_\_\_ (PLEASE CHECK ONE) **MONTH AND YEAR MOVED IN** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

**PREVIOUS ADDRESS #2:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE/ZIP:** \_\_\_\_\_

**LANDLORD NAME:** \_\_\_\_\_ **LANDLORD ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**STATE/ZIP:** \_\_\_\_\_ **PHONE NO.:** \_\_\_\_\_

**MONTHLY RENT:** \$ \_\_\_\_\_ **DID YOU OWN:** \_\_\_ **OR RENT:** \_\_\_ (PLEASE CHECK ONE) **MONTH AND YEAR MOVED IN** \_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

1. Do you own a water bed? \_\_\_\_\_ Yes / \_\_\_\_\_ No **Name of Insurance Carrier:** \_\_\_\_\_

2. Do you have pets? \_\_\_\_\_ Yes / \_\_\_\_\_ No **Type of pet(s):** \_\_\_\_\_

3. Have you ever been convicted of a felony? \_\_\_\_\_ Yes / \_\_\_\_\_ No **Please Explain Felony:** \_\_\_\_\_

**PERSONAL REFERENCE** (Other than a relative):

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE/ZIP:** \_\_\_\_\_ **PHONE NO.:** \_\_\_\_\_ **YEARS KNOWN:** \_\_\_\_\_

**VEHICLE / DRIVERS LICENSE:**

**DRIVERS LICENSE #:** \_\_\_\_\_ **STATE ISSUED:** \_\_\_\_\_

**LICENSE PLATE #:** \_\_\_\_\_ **AUTO – MAKE.MODEL/YEAR** \_\_\_\_\_

**LICENSE PLATE #:** \_\_\_\_\_ **AUTO – MAKE.MODEL/YEAR** \_\_\_\_\_

**EMERGENCY CONTACT** (if possible, someone in the area that is not listed on the application):

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE/ZIP:** \_\_\_\_\_ **PHONE # (Day):** \_\_\_\_\_ **PHONE # (Evening):** \_\_\_\_\_

*If management has any questions regarding this application, please give phone numbers for where you can be reached:*

**PHONE NO. (Day):** \_\_\_\_\_ **PHONE NO. (Evening):** \_\_\_\_\_

**SECTION 8 RENTAL ASSISTANCE**

4. Will your household be receiving section 8 rental assistance at the time of move in?

\_\_\_\_\_ Yes / \_\_\_\_\_ No **Name of Agency:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_

5. Will your household be eligible or are you applying to receive Section 8 Rental Assistance within the next (12) twelve months?

\_\_\_\_\_ Yes / \_\_\_\_\_ No **Explain** \_\_\_\_\_

**Name of Agency:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_

6. Are you receiving Student Financial Aid (public or private, not including student loans)? \_\_\_\_\_ Yes / \_\_\_\_\_ No

**INCOME INFORMATION**

Check either **Yes** or **No** to each of the following questions regarding your household's expected income.

1. \_\_\_ Yes / \_\_\_ No Are **YOU** current or expecting to be employed in the next 12 months? If **YES**, list the name and address of your employer, monthly gross income before taxes (this includes overtime, tips, bonuses, commission, and payments received in cash)

If **Yes**, the following may be needed:

- Applicant to sign the **Tenant Income Verification Form**
- Three (3) current consecutive months of paycheck stubs from applicant.

If **No**, the following may be needed:

- Applicant to sign the **Zero Income Certification** – unless you are an Independent Contractor, Self-Employed, or own a Business.

<u>CURRENT EMPLOYER #1 NAME &amp; ADDRESS</u>	<u>CONTACT PERSON</u>	<u>PHONE NO.</u>	<u>OCCUPATION</u>
_____	_____	_____	_____
_____	HIRE DATE: _____	LENGTH OF EMPLOYMENT: _____	
_____	MONTHLY GROSS INCOME BEFORE TAXES: _____		
IS THIS SEASONAL EMPLOYMENT? ___ Yes / ___ No			

<u>CURRENT EMPLOYER #2 NAME &amp; ADDRESS</u>	<u>CONTACT PERSON</u>	<u>PHONE NO.</u>	<u>OCCUPATION</u>
_____	_____	_____	_____
_____	HIRE DATE: _____	LENGTH OF EMPLOYMENT: _____	
_____	MONTHLY GROSS INCOME BEFORE TAXES: _____		
IS THIS SEASONAL EMPLOYMENT? ___ Yes / ___ No			

2. Yes \_\_\_ No \_\_\_ Are there any **temporarily absent household** members currently unemployed? Do **NOT** list household members who will not be living with you within the next (12) twelve months. If **Yes**, list the name and address of the employer, monthly gross income before taxes (this includes overtime, tips, bonuses, commission, and payments received in cash)

If **Yes**, the following may be needed:

- Applicant to sign the **Tenant Income Verification Form**
- Three (3) current consecutive months dates paycheck stubs from applicant. (If military, **LES**)
- May need the power of attorney if an applicant is signing for the temporary absent household member.

<u>CURRENT EMPLOYER NAME &amp; ADDRESS</u>	<u>CONTACT PERSON</u>	<u>PHONE NO.</u>	<u>OCCUPATION</u>
_____	_____	_____	_____
_____	HIRE DATE: _____	LENGTH OF EMPLOYMENT: _____	
_____	MONTHLY GROSS INCOME BEFORE TAXES: _____		
IS THIS SEASONAL EMPLOYMENT? ___ Yes / ___ No			

3. \_\_\_ Yes / \_\_\_ No Are you an Independent Contractor, Self- Employed, or a Business owner?

If **Yes**, the following may be needed:

- One of the following: a **SIGNED** copy of your Federal Income Tax Return including Profit/Loss Statement for most recent fiscal year you have been in a business (including proof of submission to IRS). If this is a new business you will need to provide a Profit/Loss Statement anticipating a full year of income completed by an accountant or attorney.
- Signed IRS Form 4506-T
- Applicant to fill out & sign a **Statement of Self Employment form** and have notarized.

<u>TYPE OF COMPANY, NAME, &amp; ADDRESS:</u>	<u>HOUSEHOLD MEMBER</u>	<u>NET AMOUNT/MONTHLY</u>
_____	_____	_____
_____	<u>TYPE OF BUSINESS</u>	_____
_____	_____	_____

4. \_\_\_Yes / \_\_\_No Are you currently serving in the Armed Forces?

If Yes, the following may be needed:

- Three (3) current LES from applicant

NAME & ADDRESS OF MILITARY BRANCH

GROSS AMOUNT/MONTHLY

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_Yes / \_\_\_No Are you receiving **Unemployment benefits**?

If Yes, the following may be needed:

- Current Award letter from applicant

NAME & ADDRESS OF SOURCE

BEGINNING DATE

ANTICIPATED END DATE

GROSS AMOUNT/MONTHLY

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. \_\_\_Yes / \_\_\_No Do you receive **Social Security Payments, Supplemental Security Income, Disability Benefits**, or any other Payments from *Social Security Administration* for any adults in the household? If Yes, indicate the reason and name & address of Source.

If Yes, the following may be needed:

- Current award letter from Applicant

REASON FOR \_\_\_\_\_ (elderly, disability, etc.)

NAME & ADDRESS OF SOURCE

CONTACT PERSON

HOUSEHOLD MEMBER

GROSS AMOUNT/MONTHLY

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. \_\_\_Yes / \_\_\_No Do you receive **Unearned** Income for any family members age 17 or under (example: Social Security, Trust, Fund Disbursement, etc.)? If Yes, list name and address of Source.

If Yes, the following may be needed:

- Current award letter from Applicant

NAME & ADDRESS OF SOURCE

CONTACT PERSON

HOUSEHOLD MEMBER

GROSS AMOUNT/MONTHLY

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. \_\_\_Yes / \_\_\_No Do you receive **AFDC, TANF, or PUBLIC ASSISTANCE**? If Yes, list the name and address of Source.

If Yes, the following may be needed:

- Current Award letter from applicant

NAME & ADDRESS OF SOURCE

CONTACT PERSON

HOUSEHOLD MEMBER

GROSS AMOUNT/MONTHLY

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. \_\_\_Yes / \_\_\_No Are you separated, but not divorced from your spouse?

\_\_\_Yes / \_\_\_No Are you receiving support from your spouse or any other source for you and your children during this time?

If Yes, list amount of support: \_\_\_\_\_.

10. \_\_\_Yes / \_\_\_No Do you have full custody of each of your children in your household? %\_\_\_\_\_.

- If No, need a copy of custodial papers or an affidavit from the absent parent indicating the percentage of custody.

11. \_\_\_Yes / \_\_\_No Have you ever been awarded "court ordered" **Child Support or Alimony** for you or on the behalf of a minor child?

- If **Yes**, may need court papers.

12. \_\_\_Yes / \_\_\_No I am actively pursuing the alimony and/or child support that is owed including filing with the courts or agencies responsible for enforcing payments.

Listed below is the expected alimony for me and/or my child support, the source of where the payment is coming from and the amount.

<u>Applicant or Child's Name</u>	<u>Source of Payment</u>	<u>Court Ordered Amount</u>	<u>Actual Support Received</u>
_____	_____	_____	_____

13. \_\_\_Yes / \_\_\_No Are you receiving **Worker's Compensation, Disability, Death Benefit or Life Insurance Dividends, Veteran's Benefits, Pensions, Retirement Benefits, Annuities, regular gifts or payments from anyone outside of the household, payments from rental property, land contracts, or other forms of real estate, Severance Payments. Lottery Winnings, Inheritances or any other Income Sources not listed?**

If **Yes**, the following may be needed:

- Applicant to sign a **Other income Verification**
- Applicant may need to sign **Non- Employment Self Certification**

<u>NAME &amp; ADDRESS OF SOURCE</u>	<u>CONTACT PERSON</u>	<u>GROSS AMOUNT/MONTHLY</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. \_\_\_Yes / \_\_\_No Are you stating that you receive **zero income**?

If **Yes**, the following will be needed:

- Applicant to sign a **Zero Income Certification**

**ASSET INFORMATION**

Check either **Yes** or **No** to each of the following questions regarding your household's expected assets:

Include all assets held by you and any other minors in the household as well as corresponding interest rate, dividends or any income derived from the asset. Households with assets under \$5,000 will be required to complete the **Under \$5,000 Asset Certification** (Form AST6 or Form AST6CA)

Do you or anyone in your household own any of the following assets?

1. \_\_\_ Yes / \_\_\_ No **Checking Account(s) (including Pre-Paid Debit Cards/Demand Deposit Accounts)**

If **Yes**, the following may be needed:

- Three (3) current consecutive bank statements

<u>NAME/ADDRESS/PHONE NO. OF BANK</u>	<u>HOUSEHOLD MEMBER</u>	<u>ACCT. NO.</u>	<u>AMOUNT</u>	<u>INTEREST RATE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. \_\_\_ Yes / \_\_\_ No **Savings or Money Market Account(s), Revocable Trust Account(s), IRA/KEOGH/CD (Certificate of Deposit Account(s), Stocks/Bonds/Mutual Funds/Treasury Bills/401K/403B, Pension/Retirement Account(s)?**

If **Yes**, the following may be needed:

- Three (3) current months of bank statements

<u>NAME AND ADDRESS OF BANK</u>	<u>HOUSEHOLD MEMBER</u>	<u>ACCT. NO.</u>	<u>AMOUNT</u>	<u>INTEREST RATE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. \_\_\_ Yes / \_\_\_ No **CASH ON HAND (Do Not include money held in checking or savings) If Yes, Amount:**  
\$ \_\_\_\_\_

4. \_\_\_ Yes / \_\_\_ No **Are there any assets held jointly with a person who doesn't reside with you?**

If **Yes**, which assets? \_\_\_\_\_ Held with whom? \_\_\_\_\_

What percentage do you own or have access to? \_\_\_\_\_

5. \_\_\_ Yes / \_\_\_ No **Do you own any real estate incisor a primary residence, mobile home, farm, vacation home, vacant land, rental property, or other real estate holdings?**

If **Yes**, please list:

Type: \_\_\_\_\_ Market Value: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

If **Yes**, the applicant/resident may need to provide management any closing papers, contact a real estate agent to obtain three (3) comps, closing costs, and selling expenses for the property in the same neighborhood. The manager/agent may need to complete the **Real Estate Telephone and Calculation Form**

6. \_\_\_ Yes / \_\_\_ No Do you have a whole life insurance policy? If **Yes**, applicant may need to bring in current policy and sign **Asset Verification** Please indicate Source: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_

<u>NAME/ADDRESS/PHONE# WHERE HELD</u>	<u>HOUSEHOLD MEMBER</u>	<u>POLICY NO.</u>	<u>AMOUNT</u>	<u>INTEREST RATE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. \_\_\_ Yes / \_\_\_ No Have you sold or given away any assets (including cash) for more than \$1,000 less than fair Market Value in the past two (2) years? (i.e. sold home, closed accounts, sold stock, etc.)

If **Yes**, please explain:

\_\_\_\_\_

Fair Market Value Asset disposed of: \$ \_\_\_\_\_  
 Where is the money now? \_\_\_\_\_

If **Yes**, the following may be needed:

- May need to provide receipts

8. \_\_\_ Yes / \_\_\_ No Are you stating that you have zero assets (i.e. checking account, saving account, 401K, etc.)?

All questions that were answered yes will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone numbers, account numbers (where applicable), and any other information required to expedite the processing of this application.

I, \_\_\_\_\_, certify that the information and statements provided above are true and complete to the best of my knowledge and belief. I authorize an investigation of all statements contained in this application and consent to release the information necessary in order to determine eligibility for the **Affordable Housing Credit Program**. I authorize the Owner, its subsidiaries, and its agents to investigate my credit worthiness through any credit bureau or other reasonable means.

I understand that the Owner or its agent is relying on this information to prove my household eligibility. I understand that providing false information or making false statements may be grounds for denial of my application and may subject me to criminal penalties. I agree to provide verification of all income and assets as required by Owner or its agent. I understand that my occupancy is contingent on meeting Owner or its agent's resident selection criteria and Housing Credit Program requirements.

This application is **NOT** a rental agreement, contract, or lease. All applications are subject to the approval of the Owner or its agent.

It is Owner's aim to ensure that this apartment community is a **DRUG FREE ZONE**. The use and sell of controlled substances will not be tolerated and may be grounds for eviction.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_