

**Columbia Park Manor**

**APPLICATION FOR HOUSING**

**Section 504 Equal Access Statement**

For mobility impaired persons -- this document is kept in the office at Columbia Park Manor. This document may be examined from Monday through Friday between the hours of 8:30 AM and Noon and 1:00 P.M. and 5:00 PM. You must phone to make arrangements to examine this document. Please call 925-431-1171 and TDD users may dial 1-800-735-2929.

For vision impaired persons – Columbia Park Manor will provide a staff person to assist a vision impaired person in reviewing this document. Assistance may include: describing the contents of the document, reading the document or sections of the document, or providing such other assistance as may be needed to permit the contents of the document to be communicated to the person with vision impairments.

For the hearing impaired – Columbia Park Manor will provide assistance to hearing impaired persons in reviewing this document. Assistance may include provision of a qualified interpreter at a time convenient to both the Property and the individual with handicaps. Please call the TDD number 1-800-735-2929 for our number and to schedule an appointment.

Assistance to insure equal access to this document will be provided in a confidential manner and setting. The individual with disabilities is responsible for providing his/her own transportation to and from the location where this document is kept.

If an individual with disabilities is involved, all hearings or meetings required by this document will be conducted at an accessible location with appropriate assistance provided.

## APPLICATION FOR HOUSING

### INSTRUCTIONS

Please fill out all of the spaces and leave no blanks. If the information requested does not apply to you please indicate by using N/A for not applicable. This will tell us that you understand the request information or you did not intentionally leave it blank.

Columbia Park Manor does not discriminate based on race, color, creed, religion, sex, national origin, age, familial status, handicap, ancestry, medical condition, physical handicap, veteran status, sexual orientation, AIDS, AIDS related condition (ARC), mental disability, or any other arbitrary status.



### APPLICANT INFORMATION

First & Middle Initial & Last Name

\_\_\_\_\_ Last \_\_\_\_\_

Present Address \_\_\_\_\_ # \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Mailing Address (if different)

City/State/Zip \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ work( ) \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth \_\_\_\_\_

First & Middle Initial & Last Name

\_\_\_\_\_ Last \_\_\_\_\_

Present Address \_\_\_\_\_ # \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Mailing Address (if different)

City/State/Zip \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ work( ) \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Relationship to

Applicant \_\_\_\_\_

### ADDITIONAL HOUSEHOLD MEMBER

First & Middle Initial & Last Name

\_\_\_\_\_ Last \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security #: \_\_\_\_\_ Now living with applicant?  yes  no

**Identify all income for all household members 18 years and older. This information will be used to verify household income.**

**EMPLOYMENT INCOME:**

*List the complete name and address of employer, job title and gross earnings (before taxes).*

**OTHER INCOME:**

*This can include social security, disability, AFDC, alimony, and child support, pensions, interest and dividends, unemployment benefits, workers' compensation, regular gifts or support from family and/or friends, or any other household income. Do not list income received for foster child care and food stamps. Complete disclosure of all household income is required, regardless of source. Failure to disclose complete information may disqualify your application.*

**ASSETS:**

*Assets include checking and savings accounts, equity in real property, stocks, bonds and other forms of capital*

**APPLICANT:**

**EMPLOYMENT INCOME:** Job Title \_\_\_\_\_  
Company \_\_\_\_\_  
Name \_\_\_\_\_  
Mailing \_\_\_\_\_  
Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Gross Monthly Earnings \$ \_\_\_\_\_  
Pay Rate \$ \_\_\_\_\_ hourly weekly monthly yearly - circle one  
Hours worked per week (if not 40) \_\_\_\_\_ Weeks worked/year (if not 52) \_\_\_\_\_

**OTHER INCOME:**

Source \_\_\_\_\_  
Claim No. (if applicable) \_\_\_\_\_  
Agency \_\_\_\_\_  
Mailing \_\_\_\_\_  
Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Amount \$ \_\_\_\_\_ Income period: weekly monthly yearly  
quarterly semi annually - circle one

**DESCRIPTION OF ASSET:**

\_\_\_\_\_ Value \$ \_\_\_\_\_  
Name of Institution \_\_\_\_\_  
Mailing \_\_\_\_\_  
Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
Account Number \_\_\_\_\_

**DESCRIPTION OF ASSET:**

\_\_\_\_\_ Value \$ \_\_\_\_\_  
Name of Institution \_\_\_\_\_  
Mailing \_\_\_\_\_  
Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
Account Number \_\_\_\_\_

**CO-APPLICANT:**

**EMPLOYMENT INCOME:** Job Title \_\_\_\_\_  
Company \_\_\_\_\_  
Name \_\_\_\_\_  
Mailing \_\_\_\_\_  
Address \_\_\_\_\_ City/Zip \_\_\_\_\_

investment. Do not include automobiles or furniture. If you have no assets, write "none" in the space.

Contact Person \_\_\_\_\_ Telephone ( ) \_\_\_\_\_.

Gross Monthly Earnings \$ \_\_\_\_\_

Pay Rate \$ \_\_\_\_\_ hourly weekly monthly yearly - circle one

Hours worked per week (if not 40) \_\_\_\_\_ Weeks worked/year (if not 52) \_\_\_\_\_

**OTHER INCOME:**

Source \_\_\_\_\_

Claim No. (if applicable) \_\_\_\_\_

Agency \_\_\_\_\_

Mailing \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Amount \$ \_\_\_\_\_ Income period: weekly monthly yearly

quarterly semi annually - circle one

**DESCRIPTION OF ASSET:**

\_\_\_\_\_ Value \$ \_\_\_\_\_

Name of \_\_\_\_\_

Institution \_\_\_\_\_

Mailing \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Account Number \_\_\_\_\_

**DESCRIPTION OF ASSET:**

\_\_\_\_\_ Value \$ \_\_\_\_\_

Name of \_\_\_\_\_

Institution \_\_\_\_\_

Mailing \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Account Number \_\_\_\_\_

**HOUSEHOLD MEMBER: NAME** \_\_\_\_\_

**EMPLOYMENT INCOME:** Job Title \_\_\_\_\_

Company \_\_\_\_\_

Name \_\_\_\_\_

Mailing \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone ( ) \_\_\_\_\_.

Gross Monthly Earnings \$ \_\_\_\_\_

Pay Rate \$ \_\_\_\_\_ hourly weekly monthly yearly - circle one

Hours worked per week (if not 40) \_\_\_\_\_ Weeks worked/year (if not 52) \_\_\_\_\_

**OTHER INCOME:**

Source \_\_\_\_\_

Claim No. (if applicable) \_\_\_\_\_

Agency \_\_\_\_\_  
 Mailing \_\_\_\_\_  
 Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 Amount \$ \_\_\_\_\_ Income period: weekly monthly yearly  
 quarterly semi annually - circle one

**DESCRIPTION OF ASSET:**  
 \_\_\_\_\_ Value \$ \_\_\_\_\_

Name of \_\_\_\_\_  
 Institution \_\_\_\_\_  
 Mailing \_\_\_\_\_  
 Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
 Account Number \_\_\_\_\_

**DESCRIPTION OF ASSET:**  
 \_\_\_\_\_ Value \$ \_\_\_\_\_

Name of \_\_\_\_\_  
 Institution \_\_\_\_\_  
 Mailing \_\_\_\_\_  
 Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
 Account Number \_\_\_\_\_

**HOUSING REFERENCES**

**HOUSING REFERENCES**

*List current and previous landlords for the last five years for applicant and co-applicant. Failure to show complete information for the past five years may be grounds for disqualification of this application.*

**APPLICANT:** Current Residence \_\_\_\_\_  
 Monthly Rent \$ \_\_\_\_\_ Move-In Date \_\_\_\_\_  
 Landlord \_\_\_\_\_  
 Name \_\_\_\_\_  
 Landlord Mailing \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 Is rent subsidized? yes  no  If yes, name of program \_\_\_\_\_  
 Is landlord a relative?  yes  no  
 Dates of Residence \_\_\_\_\_

**Previous address** \_\_\_\_\_ # \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Monthly Rent \$ \_\_\_\_\_ Move-In Date \_\_\_\_\_  
 Landlord \_\_\_\_\_  
 Name \_\_\_\_\_  
 Landlord Mailing \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 Is rent subsidized? yes  no  If yes, name of program \_\_\_\_\_  
 Is landlord a relative?  yes  no

**Previous address** \_\_\_\_\_ # \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

Monthly Rent \$ \_\_\_\_\_ Move-In Date \_\_\_\_\_  
Landlord  
Name \_\_\_\_\_  
Landlord Mailing  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Is rent subsidized? yes  no  If yes, name of program \_\_\_\_\_  
Is landlord a relative?  yes  no

**USE ADDITIONAL SHEETS IF NECESSARY.**

**CO-APPLICANT**

Current Residence \_\_\_\_\_  
Monthly Rent \$ \_\_\_\_\_ Move-In Date \_\_\_\_\_  
Landlord  
Name \_\_\_\_\_  
Landlord Mailing  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Is rent subsidized? yes  no  If yes, name of program \_\_\_\_\_  
Is landlord a relative?  yes  no

**Previous address** \_\_\_\_\_ # \_\_\_\_\_

City/State/Zip \_\_\_\_\_  
Monthly Rent \$ \_\_\_\_\_ Move-In Date \_\_\_\_\_  
Landlord  
Name \_\_\_\_\_  
Landlord Mailing  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Is rent subsidized? yes  no  If yes, name of program \_\_\_\_\_  
Is landlord a relative?  yes  no

**Previous address** \_\_\_\_\_ # \_\_\_\_\_

City/State/Zip \_\_\_\_\_  
Monthly Rent \$ \_\_\_\_\_ Move-In Date \_\_\_\_\_  
Landlord  
Name \_\_\_\_\_  
Landlord Mailing  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Is rent subsidized? yes  no  If yes, name of program \_\_\_\_\_  
Is landlord a relative?  yes  no

**USE ADDITIONAL SHEETS IF NECESSARY.**

**HOUSEHOLD MEMBER: NAME** \_\_\_\_\_

Current Residence \_\_\_\_\_  
Monthly Rent \$ \_\_\_\_\_ Move-In Date \_\_\_\_\_  
Landlord  
Name \_\_\_\_\_

Landlord Mailing  
Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Is rent subsidized? yes  no  If yes, name of program \_\_\_\_\_

Is landlord a relative?  yes  no

**Previous address** \_\_\_\_\_ # \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Monthly Rent \$ \_\_\_\_\_ Move-In Date \_\_\_\_\_

Landlord

Name \_\_\_\_\_

Landlord Mailing

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Is rent subsidized? yes  no  If yes, name of program \_\_\_\_\_

Is landlord a relative?  yes  no

**Previous address** \_\_\_\_\_ # \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Monthly Rent \$ \_\_\_\_\_ Move-In Date \_\_\_\_\_

Landlord

Name \_\_\_\_\_

Landlord Mailing

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Is rent subsidized? yes  no  If yes, name of program \_\_\_\_\_

Is landlord a relative?  yes  no

**USE ADDITIONAL SHEETS IF NECESSARY.**

**PRIOR EVICTION**

*You will be required to sign the proper authorizations for verification of income, assets, credit, criminal and prior landlord history. A credit check and check of court records on evictions will be completed as part of this application. Failure to*

**PRIOR EVICTION**

Have you or anyone in your household ever been evicted from any residence for any reason, has your residency/tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent, failure to comply with re-certification procedures, or any type of criminal activity?

• Applicant:  yes  no

If yes, when? \_\_\_\_\_

Explain \_\_\_\_\_

• Co-Applicant:  yes  no

If yes, when? \_\_\_\_\_

Explain \_\_\_\_\_

• Household Member:  yes  no

*disclose information for any person listed on this application may result in the disqualification of this application.*

If yes, when? \_\_\_\_\_  
Explain \_\_\_\_\_

**ADDITIONAL INFORMATION**

How did you find out about this property?  
\_\_\_\_\_

Are you a student? yes no

If yes, are you claimed as a dependent on someone's income tax return?  
yes no

Are you a relative of a Casa Montego employee? yes no

If yes, what is your relative's name? \_\_\_\_\_

Is there a care attendant who will be residing in the unit? yes no

If yes, please provide name: \_\_\_\_\_

Have you or any other household member disposed of any assets within the last 2 years for less than fair market value? yes no

If yes, what was disposed and for how much? \_\_\_\_\_

Have you or any household member been arrested or convicted for drunk and disorderly behavior? If yes, please explain:  
\_\_\_\_\_

Do you or any other household member currently use any illegal drug or other illegal controlled substance? If yes, please explain: \_\_\_\_\_

Are you currently or have you ever used a controlled substance without benefit of a prescription? If yes, please explain:  
\_\_\_\_\_

Have you or any household member ever been arrested? If yes, for what reason and when: \_\_\_\_\_

Were you convicted? yes no. Have the conditions that led to your arrest changed? \_\_\_\_\_

Are you or any household member required to register as a sex offender in any state? yes no. If yes, list state and county of registration: \_\_\_\_\_

**CERTIFICATION**

1. If my/our application is approved and move-in occurs, we certify that only those persons listed in this application will occupy the apartment that we will maintain no other place of residence, and that there are no other persons for whom we have or expect to have responsibility for providing housing.
2. I/we understand that the above information is being collected to

determine my/our eligibility for residency. I/we authorize the owner, its agents and employees to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental, or credit screening services, or law enforcement or other public agencies, and to contract previous or current landlords or other sources for credit and/or verification information which may be released by appropriate federal, state, local agencies, or private persons to the management.

3. I/we authorize the owner, its agents and employees to obtain one or more consumer reports as defined in the Fair Credit Reporting Act, 15 U.S. C. Section 1681a(d), seeking information on our creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.
4. I/we authorize the owner, its agents and employees to obtain information about my/our background to see if there is any criminal history, including arrests or convictions which may affect me/us from moving onto the property, in compliance with our tenant selection criterion.
5. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
6. I/we understand that false statements or information will deem me/us ineligible, or if move in has occurred terminate the rental agreement.
7. I/we understand we must provide written notification of any changes to the information on this form.

I/we understand the project will acknowledge this application by mail.

**Applicant signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Co-Applicant signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Household Member signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**OPTIONAL  
INFORMATION**

**PART III. OPTIONAL INFORMATION**



COLUMBIA PARK MANOR requests your cooperation in reporting the ethnicity of residents in order for management to determine if this project is meeting its goals to serve all ethnic groups. This information is strictly voluntary on your part. Please check the one category which best describes your race/ethnicity:

\_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not-Hispanic or Latino  
\_\_\_\_\_ Alaskan Native/American Indian \_\_\_\_\_ Asian

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander  
\_\_\_\_\_ Black or African American \_\_\_\_\_ White  
\_\_\_\_\_ Other (please specify)\_\_\_\_\_

**Notice to All Applicants:**

**Options for Applicants with Disabilities or Handicaps**

This property is owned by Columbia Park Manor. We provide low rent housing to individuals and families. We are not permitted to discriminate against applicants on the basis of their race, color, religion, sex, age, national origin, familial status, disability or handicap. In addition, we have a legal obligation to provide "reasonable accommodation" to applicants if they or any family members have a disability or handicap. Compliance actions may include reasonable accommodation as well as structural modifications to the unit or premises.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the program. Examples of reasonable accommodation and structural modification include:

- Making alterations to a unit so it could be used by a family member with a wheelchair;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Making large type documents or a reader available to a vision impaired applicant during the application process;
- Permitting an outside agency to assist an applicant with a disability to meet the property's screening criteria.

An applicant family that has a member with a disability must still be able to meet the essential obligations of tenancy. They must be able to pay rent, care for their apartments, report required information to the owner, avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, that is your right.

Explained by: \_\_\_\_\_  
Columbia Park Manor Signature

Date: \_\_\_\_\_

Received by: \_\_\_\_\_  
Applicant/Resident Signature

Date: \_\_\_\_\_

## SPECIAL UNIT REQUIREMENTS QUESTIONNAIRE

This questionnaire is to be used with every person who applies for housing at the Columbia Park Manor property. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ *I choose not to complete this form.*

Applicant's Signature: \_\_\_\_\_

-OR-

1. Do you, or does any member of your family have a condition that requires:

\_\_\_\_\_ A barrier-free apartment    \_\_\_\_\_ Unit for hearing impaired  
\_\_\_\_\_ Unit for vision impaired    \_\_\_\_\_ Unit of first floor

2. Will you or any of your family members require a live-in aide to assist you?    \_\_\_\_\_ Yes    \_\_\_\_\_ No  
If yes, please explain: \_\_\_\_\_

3. If you checked any of the above-listed categories of units, please explain exactly what you need to accommodate your situation: \_\_\_\_\_

4. What is the name of the family member who needs the features identified above? \_\_\_\_\_

5. What is the name of the physician or social services agency to be contacted to verify your need for the features you have identified above? \_\_\_\_\_

Signature \_\_\_\_\_ Address \_\_\_\_\_

Phone number \_\_\_\_\_