

Dear Applicant,

In order to be considered for an apartment at Villa Montgomery, we must interview you and all members of your household over the age of 18. You will be called in waiting list order; however, the first applicant who cooperates and supplies all documents will be processed first. During the interview, we will do the following:

- Discuss the income requirements and have you sign the necessary verification forms.
- Receive your written permission to do a required background check of your credit and rental histories.
- Receive payment to cover the cost of background and credit checks.

**YOUR INTERVIEW IS SCHEDULED FOR:**

**DATE & TIME:** \_\_\_\_\_

**COST:** \_\_\_\_\_

**PLACE:** 1500 El Camino Real, Redwood City, CA 94063

**(You may wish to bring assistance if you speak a language other than English.)**

**WHAT YOU MUST BRING TO YOUR INTERVIEW**

To help you prepare for the interview, below is a checklist of **items that you are required to bring with you** to the interview in order to be considered for an apartment:

- \_\_\_ 1. \$30.00 per adult to cover the cost of background and credit checks. **(Payment must be in the form of Money Order or Cashier's Check.)**
- \_\_\_ 2. The completed Residency Application Part II, which is attached.
- \_\_\_ 3. Picture I.D. for all adults (Driver's License, Passport, Alien Registration Card, ITIN, or other government issued I.D's).
- \_\_\_ 4. Current Income Sources: At least **3 months of pay stubs** with employer's address and/or fax number; Pension or Annuities Payments; Social Security or SSI Award Letters; TANF Award Letters; etc.
- \_\_\_ 5. Current Asset Information: Bank Statements; 401K or IRA Statement; Stock and Bond Statement; etc.
- \_\_\_ 6. A copy of your most current Tax Return with Schedule C if you are self-employed.
- \_\_\_ 7. Complete landlord addresses for past 5 years.

*Villa Montgomery is **NOT** guaranteeing you residency by making this appointment. You must complete the application process, qualify, and pay the remaining move-in cost necessary. Again, thank you for your interest in Villa Montgomery. We look forward to meeting you.*

Management Use Only

Date Application Returned: \_\_\_\_\_



**EQUAL HOUSING  
OPPORTUNITY**

**DO NOT DUPLICATE**

*ONE APPLICATION PER HOUSEHOLD ONLY*

**VILLA MONTGOMERY**

**RESIDENCY APPLICATION--PART II**

Be sure to fill this form out accurately and completely—it will help determine if you are qualified to rent an apartment at *Villa Montgomery Apartments*.

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

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security or Tax ID# \_\_\_\_\_

If no Social Security Number, list the issuing government for the Tax ID \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_

**HOUSEHOLD COMPOSITION**

List below all members of your household who will be living at *Villa Montgomery Apartments*.

	<b>Name</b>	<b>Relationship to Head of Household</b>	<b>Birth Date</b>	<b>Sex</b>	<b>Social Security # or other ID #</b>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____

Do you plan to have anyone living with you in the future who are not listed above?  Yes  No

If Yes, Please explain \_\_\_\_\_

Are you or any of your co-applicants full-time students:  Yes  No

If yes, please list full-time students: \_\_\_\_\_

What is your current rent? \_\_\_\_\_

How many people live in your home now? Number of cars in the household:

\_\_\_\_\_

Do you have a Housing Voucher?  Yes  No

Are you disabled?  Yes  No



Do you require special unit design features? Yes \_\_\_\_\_ No \_\_\_\_\_

**INCOME INFORMATION**

Check “Yes” or “No” below for each source of income received or that is expected to be received by each member of your household during the next 12-month period. List the annual amount received on the line next to any income source with a “Yes” checked next to it. Also, give the name of the person receiving it.

Yes	No	Income Source	Annual Amount Received	Name of Receiver
_____	_____	Employment	_____	_____
_____	_____	Self-employment	_____	_____
_____	_____	Social Security/SSI	_____	_____
_____	_____	Scholarship/Student Aid	_____	_____
_____	_____	Insurance policy benefits	_____	_____
_____	_____	AFDC (Welfare)	_____	_____
_____	_____	Annuities	_____	_____
_____	_____	Alimony awarded (even if not received)	_____	_____
_____	_____	Unemployment payments	_____	_____
_____	_____	Pension/Retirement fund	_____	_____
_____	_____	Disability/death benefits	_____	_____
_____	_____	Strike benefits	_____	_____
_____	_____	Armed forces or allowance	_____	_____
_____	_____	Regular cash contributions or gifts (for rent, PG&E, etc.)	_____	_____
_____	_____	Other _____	_____	_____

**ASSETS**

List below the assets owned by each household member. Check “Yes” if any household member has one or more of that type of asset. List its value next to it and give the name(s) of its owner. Check “No” if no household member owns that type of asset, or “Divested” if a household member has disposed of that type of asset for less than fair market value within the past 24 months. Use additional sheets if necessary.

Yes	No	Divested	Asset	Value	Owner’s Name
_____	_____	_____	Savings account	_____	_____
_____	_____	_____	Checking account	_____	_____
_____	_____	_____	Trust fund	_____	_____
_____	_____	_____	Home, real estate, rental property, rent	_____	_____
_____	_____	_____	Money Market fund	_____	_____
_____	_____	_____	Stocks, bonds, Treasury Bills, certificates of deposit	_____	_____
_____	_____	_____	IRA or Keogh	_____	_____
_____	_____	_____	Retirement/pension fund	_____	_____
_____	_____	_____	Inheritance, lottery winnings, insurance settlement due	_____	_____
_____	_____	_____	Capital gain/capital investments	_____	_____
_____	_____	_____	Personal property held as an investment (auto, art, gems, etc.)	_____	_____
_____	_____	_____	Other _____	_____	_____

**LANDLORD REFERENCES**

List below all places each adult household member has lived for the last five years. (Please account for all time periods within the last five years.) Use additional sheets if necessary.

- 1. Name of household member \_\_\_\_\_  
Address/zip \_\_\_\_\_  
Date moved in \_\_\_\_\_ Date moved out \_\_\_\_\_  
Landlord's name \_\_\_\_\_ Address/zip \_\_\_\_\_  
Landlord's phone number \_\_\_\_\_ Why did you leave? \_\_\_\_\_
- 2. Name of household member \_\_\_\_\_  
Address/zip \_\_\_\_\_  
Date moved in \_\_\_\_\_ Date moved out \_\_\_\_\_  
Landlord's name \_\_\_\_\_ Address/zip \_\_\_\_\_  
Landlord's phone number \_\_\_\_\_ Why did you leave? \_\_\_\_\_
- 3. Name of household member \_\_\_\_\_  
Address/zip \_\_\_\_\_  
Date moved in \_\_\_\_\_ Date moved out \_\_\_\_\_  
Landlord's name \_\_\_\_\_ Address/zip \_\_\_\_\_  
Landlord's phone number \_\_\_\_\_ Why did you leave? \_\_\_\_\_
- 4. Name of household member \_\_\_\_\_  
Address/zip \_\_\_\_\_  
Date moved in \_\_\_\_\_ Date moved out \_\_\_\_\_  
Landlord's name \_\_\_\_\_ Address/zip \_\_\_\_\_  
Landlord's phone number \_\_\_\_\_ Why did you leave? \_\_\_\_\_

**EVICTIONS**

Has anyone in your household been legally evicted or had the tenancy terminated? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If "Yes," please explain below (extenuating circumstances will be taken into consideration):

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**CONVICTIONS**

Has anyone in your household ever been convicted of a felony or misdemeanor? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, please explain and give dates, charge, and result of legal proceedings:

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**APPLICANT CERTIFICATIONS**

1. I/We certify that if selected to move into this complex, the unit I/We occupy will be my/our only residence.
2. I/We understand that the above information is being collected to determine my/our eligibility for an apartment at Villa Montgomery. I/We authorize the Owner to verify all information provided in this application and to contact previous or current landlords or other source for background, credit, or criminal checks or other verification information which may be released by applicable federal, state, local agencies, or private persons to the owner/management.
3. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
4. I/We understand that false statements or information made on this application are grounds for ineligibility and immediate denial of housing and punishable under federal law.
5. I/We understand that we must provide immediate written notification of any change to the information on this form, including address, telephone number and income.

**SIGNATURES**

Signature of head of Household \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of 2<sup>nd</sup> Adult: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of 3<sup>rd</sup> Adult: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of 4<sup>th</sup> Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Management's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: THIS RESIDENCY APPLICATION – PART II WILL EXPIRE 30-DAYS FROM THE INTERVIEW DATE LISTED ON PAGE 1.**