



GLENOAKS GARDENS
8925 Glenoaks Blvd
Sun Valley, CA 91352

APARTMENT RENTAL APPLICATION

GLENOAKS GARDENS will comply with the provisions of any federal, state or local law prohibiting discrimination in housing on the basis of race, color, creed, ancestry, national origin, sex, sexual orientation, source of income, age, disability, AIDS, or AIDS related condition or any other arbitrary characteristic. In addition management has a legal obligation to provide services and reasonable accommodations that will allow disabled persons, including applicants with both physical and/or mental disabilities equal access to housing opportunities. If you believe you have been denied housing based on your disability, you may be entitled to request a reasonable accommodation.

TDD Telephone device for the deaf only or California Relay Service (711)

Please fill in all blanks. Incomplete applications will not be processed.

APPLICANT NAME: _____
DATE OF BIRTH: _____ **SOCIAL SECURITY #:** _____
CURRENT ADDRESS: _____ **APT. #:** _____
CITY, STATE, ZIP CODE: _____
PREVIOUS ADDRESS: _____ **APT. #:** _____
CITY, STATE, ZIP CODE: _____
HOME PHONE #: _____ **WORK #:** _____ **OTHER WORK #:** _____
CELL PHONE #: _____ **MESSAGE #:** _____
FAX #: _____ **E-MAIL:** _____

INDICATE TWO PEOPLE WHO GENERALLY KNOW HOW TO CONTACT YOU:

1. NAME: _____	2. NAME: _____
ADDRESS: _____	ADDRESS: _____
PHONE #: _____	PHONE #: _____

REFERRAL AGENCY (IF APPLICABLE):

AGENCY NAME: _____
AGENCY ADDRESS: _____
AGENCY CONTACT PERSON: _____
CONTACT PHONE #: _____ **CONTACT EMAIL:** _____

HOUSEHOLD COMPOSITION:

GLENOAKS GARDENS UNITS CAN ONLY BE OCCUPIED BY ONE PERSON.

PARKING:

DO YOU OWN A CAR? _____ Will YOU BE REQUESTING A PARKING SPACE? _____

SMOKING:

ARE YOU A SMOKER? YES. _____ or NO. _____

Smoking is only allowed in your unit and in an area designated by management. It is the resident's responsibility to keep their smoke from entering the common areas, staff offices and other units.

PETS:

Glenoaks Gardens is a No Pet Building. Please note that the No Pet Policy does not apply to service and or companion

animals. An Applicant must be granted a Reasonable Accommodation prior to a service/companion animal being permitted onto the property. Will you be requesting a Reasonable Accommodation? YES _____ or NO _____

CURRENT HOUSING STATUS:

How many people live in your home now? _____ Not Applicable: _____
 How many bedrooms do you have? _____ Not Applicable: _____

Have had your residency/tenancy terminated for fraud, non-payment of rent or failure to comply with lease provisions?
 YES _____ or NO. _____ If "YES", please explain _____

Have you ever been convicted of a crime? YES _____ or NO _____. If "YES", please list the disposition behind each incident involving: _____

Do you have any family members or friends who currently work at this property?
 YES. _____ "YES", name of employee: _____ NO. _____

Do you have a Section 8 Voucher or Certificate? YES _____ or NO _____

Please list at least two (2) years of Housing History below:

1. **CURRENT LANDLORD/ AGENCY:** _____
 PHONE #: _____ FAX #: _____
 WHAT IS YOUR CURRENT RENT? \$ _____
 LANDLORD'S / AGENCY'S ADDRESS: _____
 DATE OF MOVE-IN: _____
 YOUR ADDRESS & APT. #: _____

2. **PREVIOUS LANDLORD/AGENCY:** _____
 PHONE #: _____ FAX #: _____
 RENT AMOUNT: \$ _____
 LANDLORD'S / AGENCY'S ADDRESS: _____
 DATE OF MOVE-IN: _____ DATE OF MOVE-OUT: _____
 YOUR ADDRESS & APT. #: _____

3. **PREVIOUS LANDLORD/AGENCY:** _____
 PHONE #: _____ FAX #: _____
 RENT AMOUNT: \$ _____
 LANDLORD'S / AGENCY'S ADDRESS: _____
 DATE OF MOVE-IN: _____ DATE OF MOVE-OUT: _____
 YOUR ADDRESS & APT. #: _____

INCOME INFORMATION

Do you now receive or expect to receive income from any of the following sources? For each "YES" answer, provide the details in the chart below:

<u>Income</u>		<u>Monthly Gross Income</u>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	
I am self employed. (List nature of employment). _____		(use <u>net</u> income from business) \$ _____

<input type="checkbox"/> YES	<input type="checkbox"/> NO	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: 1. Name of Employer: _____ 2. Name of Employer: _____	\$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I receive unemployment benefits.	\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I receive periodic social security payments.	\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you receive unearned income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I receive Supplemental Security Income (SSI).	\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I receive disability or death benefits other than Social Security.	\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I receive Public Assistance Income (examples: TANF, AFDC)	\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I am entitled to receive child support payments.	\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I am currently receiving child support payments.	\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I receive alimony/spousal support payments	\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: _____	\$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I receive income from real or personal property.	(use <u>net</u> earned income) \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I receive student financial aid (public or private, not including student loans).	\$ _____
		TOTAL HOUSEHOLD MONTHLY INCOME	\$ _____
		TOTAL HOUSEHOLD ANNUAL INCOME (TOTAL MONTHLY INCOME x 12)	\$ _____

ASSET INFORMATION

<input type="checkbox"/> YES	<input type="checkbox"/> NO	I have a checking account(s). If yes, list bank(s) 1) _____ 2) _____	Interest Rate _____% _____%	Cash Value \$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we have a savings account(s) If yes, list bank(s) 1) _____ 2) _____	Interest Rate _____% _____%	Cash Value \$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I have a revocable trust(s). If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I have a whole life insurance policy. If yes, how many policies: _____		\$ _____

<input type="checkbox"/> YES <input type="checkbox"/> NO	I have cash on hand.		\$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date(s) disposed: 1) _____ 2) _____		\$ _____ \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I have income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

STUDENT STATUS

<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you a Full Time Student (Examples: College/University, trade school, etc.)?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you anticipate becoming a full-time student in the next 12 months?

PLEASE CONSIDER COMPLETING THIS OPTIONAL SECTION:

Do you require special unit design features for mobility impairment? YES _____ or NO _____
 Do you require special unit design features for visual impairment? YES _____ or NO _____
 Do you require special unit design features for hearing impairment? YES _____ or NO _____

APPLICANT CERTIFICATIONS

- I certify that if selected to move into this project, the unit I occupy will be my primary residence.
- I certify that the statements made in this application are true and complete to the best of my knowledge and belief.
- I understand that false statements or information are punishable under federal law and cause for immediate denial of housing.
- I understand I must provide written notification of any changes to the information on this form, especially address and telephone number.
- I understand that the above information is being collected to determine my eligibility for an apartment.
- I authorize the owner to verify all information provided on this application and to contact previous or current landlords, social service agencies, employers, or other sources for credit and verification information which may be released by appropriate federal, state, local agencies, or private persons to the owner/management.
- I agree to allow management to perform a consumer credit check and criminal background check including sex offender registry. (I may request copies of these documents.) This will be required prior to an application being processed.
- I understand Housing is subject to availability.

APPLICANT (PLEASE PRINT): _____

SIGNATURE: _____ DATE: _____

How did you hear about our apartment community?

Social Service Agency: _____ Newspaper: _____ Flyer: _____ Other (please state) _____

Thank you.