

**VISTA DEL RIO APARTMENTS**  
**1600 W. MEMORY LANE**  
**SANTA ANA, CA. 92706**  
**(714) 621-0771**

**Application Instructions**

Dear Applicant(s),

Thank you for your interest in applying for housing at **VISTA DEL RIO APARTMENTS**. Vista Del Rio offers studios and one bedroom apartments designed for low income households with developmental disabilities. Please complete the attached application and return to us by **US mail or in person** at:

**1600 W. Memory Lane, Santa Ana, Ca 92706**

Applications will be reviewed for income eligibility. Applications that do not meet the minimum income qualifications will not be accepted. Each household may only submit one application.

**What are the Occupancy Standards at Vista Del Rio?**

<b>Bedroom Size</b>	<b>Minimum Number of Persons in Household</b>	<b>Maximum Number of Persons in Household</b>
Studio	1	1
1 Bedroom	1	3

**What are the Annual Maximum Income Limits and Rents? (Subject to change):**

<b>Number of Units</b>	<b>Rents</b>	<b>1 Person Max Income</b>	<b>2 Person Max Income</b>	<b>3 Person Max Income</b>
6 – Studio 30%	\$424	\$19,230	N/A	N/A
9 – Studio 50%	\$722	\$32,050	N/A	N/A
7 – One BD 30%	\$444	\$19,230	\$21,960	\$24,720
10 – One BD 50%	\$764	\$32,050	\$36,600	\$41,200

\*Approximate rental rates based upon current income limits published by the U. S. Dept. of Housing & Urban Development. Rental rates subject to change.

**What are the Minimum Annual income requirements?\***

<b>Apartments</b>	<b>Minimum Household Annual Income</b>
Studio renting for \$424	\$7,632
Studio renting for \$722	\$12,996
One BD renting for \$444	\$7,992
One BD renting for \$764	\$13,752

**Households must meet the following eligibility criteria:**

(Minimum income requirements do not apply to Section 8 Voucher Holders. Income and Rents subject to change.)

All Applicants are subject to the Resident Selection Policy, including credit and criminal background checks and third party income and asset verification to determine the household's combined annual income in accordance with the Housing Tax Credit Program. Our complete Resident Selection Criteria is available at the Rental Office upon request.

Thank you again for your interest in **VISTA DEL RIO APARTMENTS** and we look forward to receiving your application.

TDD Telephone device for the hearing impaired use California Relay Service



# Application For Occupancy

**For Office Use Only**

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

Application #: \_\_\_\_\_

**This information is to be filled out by the primary applicant. The information you provide below will be used to determine if the household meets eligibility guidelines for the property you are applying. All information will be kept confidential. Failure to provide the required information will prevent us from considering your application. Please complete all sections. Application needs to be signed by all adults in the household (18 years or older)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_

## Household Information

List all persons who will occupy the apartment, including yourself and persons anticipated to join the household (e.g., unborn child/children of expectant household members, children to be adopted, etc)  
 Please answer all questions. Write N/A if a particular question is not applicable.

Full Name	Relationship to Primary applicant	Date of Birth (DOB)	Last 4 digits of Social Security #	Student Status	
	SELF			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

Do you have full custody of the children listed above (if any)?  Yes  No  
 Do you or any member of your household own a car?  Yes  No Will you require a parking space?  Yes  No  
 Do you or any member of your household anticipate a change in your household's composition in the next 12 months?  Yes  No  
 Do you or any member of your household have a Section 8 voucher or certificate  Yes  No Expiration Date: \_\_\_\_\_

**If ALL household members listed above are full-time (FT) students, please answer the following questions:**

- Receiving assistance under Title IV of the Social Security Act (AFDC/TANF/Cal Works - not SSA/SSI)
- Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program
- Married and filing (or are entitled to file) a joint tax return
- Single parent with a dependent child or children and neither you nor your child(ren) are dependent of another individual
- Previously enrolled in the Foster Care program (currently age 18-24)

**(optional)** Please indicate if you are requesting a unit with special accommodations for any member of your household due to a

Mobility  Visual  Hearing Disability

TDD number: (888) 877-5379 of California Relay Services 711

## Housing Status

NOTE: Please provide 5 years of housing history.

CURRENT ADDRESS:

City, State:

Zip Code:

Apartment Name/Landlord Name:

Landlord Phone Number:

Reasons for moving?

How long have you lived at this address?  
\_\_\_\_\_ years \_\_\_\_\_ months

Beginning date of occupancy

Ending date of occupancy

PREVIOUS ADDRESS:

City, State

Zip Code:

How long did you live at this address?  
\_\_\_\_\_ years \_\_\_\_\_ months

Beginning date of occupancy

Ending date of occupancy

NEXT PREVIOUS ADDRESS:

City, State

Zip Code:

How long did you live at this address?  
\_\_\_\_\_ years \_\_\_\_\_ months

Beginning date of occupancy

Ending date of occupancy

PLEASE ANSWER THE FOLLOWING TWO QUESTIONS TO DETERMINE ELIGIBILITY AT VISTA DEL RIO:

Is any household member **Developmentally Disabled**? (See definition below)  Yes  No

The definition of developmentally disabled is an individual who has a disability that originates before they attain age 18, continues or can be expected to continue, indefinitely and constitutes a substantial disability for that individual. Qualifying conditions include cerebral palsy, autism and epilepsy

Is any household member **Permanently Disabled**? (See definition below)  Yes  No

The definition of physically disabled includes 1) individuals with a physical or mental impairment that limits one or more major life activities; 2) individuals who are regarded as having such an impairment; and 3) individuals with a record of such an impairment.

REFERRING CASE MANAGEMENT ORGANIZATION:

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

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## Program Information

How did you hear about us?

Were you or any member of your household ever convicted of a felony?  Yes  No If yes, when? Explain circumstances briefly.

Have you or any member of your household ever been evicted?  Yes  No If yes, when? Explain circumstances briefly.

OTHER INFORMATION:

Type of Vehicle: \_\_\_\_\_ (car, truck, etc..) License Plate # \_\_\_\_\_

Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

EMERGENCY INFORMATION: In case of emergency, notify...

Name: \_\_\_\_\_ Phone #1 \_\_\_\_\_  
Phone #2 \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Income Information

List all current full- and/or part-time employment income for all household members. (Include self-employment gross earnings and net taxable income.) See below for non-employment sources of income.

EMPLOYMENT INFORMATION:			
Name of person employed: _____		Supervisor: _____	
Company Name: _____		Title: _____	
Address: _____		Date of Hire: _____	
City/State/Zip: _____		Hours Per week: _____	
Phone: _____		\$ _____ Per Hour	
Fax: _____		\$ _____ Per Year	

EMPLOYMENT INFORMATION:			
Name of person employed: _____		Supervisor: _____	
Company Name: _____		Title: _____	
Address: _____		Date of Hire: _____	
City/State/Zip: _____		Hours Per week: _____	
Phone: _____		\$ _____ Per Hour	
Fax: _____		\$ _____ Per Year	

EMPLOYMENT INFORMATION:			
Name of person employed: _____		Supervisor: _____	
Company Name: _____		Title: _____	
Address: _____		Date of Hire: _____	
City/State/Zip: _____		Hours Per week: _____	
Phone: _____		\$ _____ Per Hour	
Fax: _____		\$ _____ Per Year	

OTHER INCOME INFORMATION:			
Identify each source of income currently received or anticipated to be received in the next 12 months.			
Type of income	Check Yes or No	Monthly Gross Income (Enter N/A if none)	Name of Beneficiary
1. Self-Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
2. Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
3. Disability/Worker's	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
4. Social Security/SSI Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
5. VA Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
6. Pension/Annuity	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
7. Military Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
8. Public Assistance (AFDC/TANF/W-2)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
9. Child Support/Alimony/Family	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
10. Recurring Gift/Contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
11. Rental Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
12. Lottery Winnings Paid Periodically	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
13. Adoption Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
14. Trust Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
15. Other Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
16. Zero Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	

## Assets

Complete each category as applicable.

Type of Asset	Name of Financial Institution	Check Yes or No	Current Amount	Account Holder
1. Checking		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
2. Savings		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
3. Cash on Hand		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
4. Stocks/Mutual Funds		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
5. CD/Money Markets		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
6. Treasury Bill		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
7. Bonds		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
8. IRA/KEOGH		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
9. 401K		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
10. Pension/Annuity		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
11. Whole Life Insurance		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
12. Universal Life Insurance		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
13. Land Contract/Deed of Trust		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
14. Real Estate		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
15. Safety Deposit Box		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
16. Personal Property Held as an Investment		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
17. Trusts		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
18. Lottery Winnings (Lump Sum)		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
19. Lump Sum Receipts		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	

Has any adult family member sold, given away, or otherwise disposed of any assets during the past two years?  Yes  No

If yes, please complete the following:

Asset Disposed: \_\_\_\_\_

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

Amount Disposed: \_\_\_\_\_

Reason of disposal: \_\_\_\_\_

**WARNING: MISLEADING WILLFUL FALSE STATEMENTS, MISREPRESENTATIONS, OR INCOMPLETE INFORMATION IN THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION.**

**I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

- 1. I certify that if selected to move into this project, the unit I/we occupy will be my/our primary residency.
- 2. I certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
- 3. I understand that false statements or information are punishable under federal law and cause for immediate denial of housing.
- 4. I understand we must provide written notification of any changes to the information on this form, especially homeless history, mailing address and telephone number.
- 5. I understand that the above information is being collected to determine my/our eligibility for an apartment. I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords, employers, or other sources for credit and verification information which may be released by appropriate federal, state, and local agencies, or private persons to the owner/management.
- 6. I agree to allow management to perform a consumer credit check and criminal background check on all adult household members. (I/we may request copies of these documents).
- 7. I agree to allow management to contact, provide status information request through and coordinate eligibility with the case management organization listed on this application.
- 8. Housing is subject to eligibility and availability.

**I/we declare under penalty of perjury that I/we have read the above statements and I/we grant my/our consent for the release of information to all necessary third parties as needed for verification purposes.**

x \_\_\_\_\_  
Signature of Primary Applicant

\_\_\_\_\_  
Date

x \_\_\_\_\_  
Signature of Other Adult Household Member

\_\_\_\_\_  
Date

x \_\_\_\_\_  
Signature of Other Adult Household Member

\_\_\_\_\_  
Date



Updated 1/07/2013



**GROUNDS FOR DENIAL OF RENTAL APPLICATION**

We welcome your application to rent an apartment at Vista Del Rio. It is the responsibility of each applicant to provide any and all information required to determine eligibility. The following lists the reasons why we **might** deny your application.

- 1) **Credit** (An exception for extraordinary medical expenses may be permitted.)
  - (a) A single unmet credit problem in excess of \$3,000.
  - (b) Total unmet credit problems in excess of \$5,000.
  - (c) A bankruptcy (within the last three years).
  - (d) A state of federal tax lien in excess of \$1000.
  - (e) A total of twelve (12) unmet credit problems of any value.
- 2) **Rental History**
  - (a) A judgment against an applicant obtained by the current or previous landlord.
  - (b) An unmet obligation owed to a previous landlord.
  - (c) The applicant must have made timely payments of the last year's rental payments.
- 3) **Personal History**
  - (a) A history of violence or abuse (physical or verbal), in which the applicant was determined to be the antagonist. Criminal acts which would adversely affect the health, safety, or welfare of other tenants.
  - (b) Current abuse of alcohol or use of illegal drugs. Use shall constitute abuse for illegal drugs (unless required by doctor's verification).
- 4) **Annual Income/Occupancy standard/other program regulations**
  - (a) Annual Income (including assets) must be within the established restrictions for the property.
  - (b) Household size must meet the established occupancy standard for the property.
  - (c) Applicant must meet all program regulated eligibility requirements.
- 5) **Documentation/Interviews**

Each potential occupant must provide all documentation required by the selection process. If an applicant does not show up for an interview, or provide at a minimum the following documentation, it is grounds for denying your application.

  - (a) Completed and signed application and application fee (if required, due at the initial screening interview).
  - (b) Proof of all income sources and assets, including the two most recent income payments (i.e. pay check stub, social security or other independent verifications).
  - (c) Copy of most recent bank statements and/or other accounts (IRA, stocks, mutual funds, etc.)
- 6) **Offer of an Apartment**

Applicants will be offered only one apartment. Declining the offer of an apartment is considered to be a withdrawal of the application by the applicant.
- 7) **Falsification of any information on the application**

If an applicant does not meet the criteria for residency at Vista Del Rio, management will provide the applicant with a written notice of the determination. The applicant may request an informal review of the decision within 10 business days of the denial. The notice sent by management will describe how to obtain the informal review.

**I HAVE READ AND UNDERSTOOD THE FOREGOING AND FIND THEM TO BE REASONABLE REASONS MY RENTAL APPLICATION CAN BE DENIED. I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ATTACHED HOUSING AND INCOME STATEMENTS ARE TRUE AND CORRECT.**

\_\_\_\_\_  
**Applicant # 1**

\_\_\_\_\_  
**Applicant # 2**

\_\_\_\_\_  
**Applicant # 3**

\_\_\_\_\_  
**Applicant # 4**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**