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PROPERTY: _____



Pre-Application for Occupancy

Submit to the rental office at the property to which you are applying. Burbank Housing's main office does not accept pre-applications.

Thank you for your interest in Burbank Housing's rental communities. Provide ALL information requested on this form. Incomplete pre-applications may not be processed. Using white-out will void this pre-application and you will have to complete a new form. If you make a mistake, draw a single line through the mistake, initial it, and make the correction. Information is used to determine your eligibility for occupancy. This is a preliminary application and gives no lease or rental rights. If there is a vacancy in this rental community for which you are eligible, you will be required to submit additional information to complete the processing of your application.

Check here if you heard about us from the Sonoma County 2-1-1 Community Resources Directory []

Part I. Applicant Information

- 1. Name _____ 2. Current Phone Number(s) _____
- 3. Current Alternate Phone Number(s) _____
- 4. Current Mailing Address _____

	Number and Street	City	State	Zip
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- 5. Current Home Address (If different than above) _____

	Number and Street	City	State	Zip
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- 6. Has anyone in your household recently interviewed for an available apartment at another Burbank property? YES NO
- 7. Are you or any adult member of your household a farmworker employed in the agricultural industry? Agricultural/Farmworker includes farming, cultivation, dairying, harvesting, raising of livestock, bees, poultry, forestry, lumber, handling, drying, packaging, preparation and delivery to storage or market or to carriers for transportation to market. YES NO
- 8. Are all adult household members full-time students? YES NO
- 9. Do you or anyone in your household possess a current Section 8 Voucher/Certificate or other Rental Subsidy? YES NO
- 10. Have you or anyone in your household ever been evicted? YES NO
- 11. Have you or anyone in your household ever been convicted of a crime? YES NO
- 12. Preference: Studio 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom
- 13. Do you or anyone in your household have any special housing needs? YES NO
If Yes, what accommodations? Wheelchair accessible Visual impairment Hearing impairment
- 14. Will you or anyone in your household require a live-in care attendant? YES NO
- 15. Do you or anyone in your household smoke? (to determine preference for smoking or non-smoking building) YES NO
- 16. Proposed household members (adults and children) including yourself:

A) Name _____ Relationship to Applicant: SELF
Birth Date _____ Occupation _____
Company/School Name _____ Telephone Number _____
Company/School Address _____

	Number and Street	City	State	Zip
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B) Name _____ Relationship to Applicant: _____
Birth Date _____ Occupation _____
Company/School Name _____ Telephone Number _____
Company/School Address _____

	Number and Street	City	State	Zip
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C) Name _____ Relationship to Applicant: _____
Birth Date _____ Occupation _____
Company/School Name _____ Telephone Number _____
Company/School Address _____

	Number and Street	City	State	Zip
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D) Name _____ Relationship to Applicant: _____
Birth Date _____ Occupation _____
Company/School Name _____ Telephone Number _____
Company/School Address _____

	Number and Street	City	State	Zip
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E) Name _____ Relationship to Applicant: _____
Birth Date _____ Occupation _____
Company/School Name _____ Telephone Number _____
Company/School Address _____

	Number and Street	City	State	Zip
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Part II Household Income, Assets and Subsidies

17. Income: List below income received from all sources by all members of the household. Sources may include employment, SSI, aid to families with dependent children, alimony and child support, pensions, interest and dividends, and unemployment benefits. Show amount on an annual basis. Use additional pages if necessary. Do not include income of live-in attendant. Include any food stamp allotment. **List the gross annual income for each source (all income prior to any taxes or deductions).** For example: If you make \$8.00 per hour and work 40 hours a week all year. Your gross annual income would be \$8.00 x 40 hours x 52 weeks a year = \$16, 640.00

Household Member Name	Income Source(s)	Gross Annual Amount(s)
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

18. Assets. List all household assets for all members of the household, including minors. Assets are the value of equity in property owned, checking accounts, savings accounts, IRAs, 401k's, annuities, mutual funds, trust accounts, CD's, money market accounts stocks, bonds, whole life insurance and other forms of capital investment. Do not include personal automobiles or furniture. Briefly describe the assets and show the total estimated value. Use additional pages if necessary.

Name of Household Member	Description of Assets	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Part III - Certification. I declare under penalty of perjury under the laws of the State of California that the information contained in this application and any information or documents offered in support of this application are true and correct. I acknowledge that false information herein may constitute grounds for rejection of this application and termination of any right of occupancy, and constitutes a criminal offense under the laws of this state. I recognize that, as part of the procedure for processing this pre-application, an investigative consumer report will be prepared with information obtained through personal interviews with my landlord, neighbors, friends, and others with whom I am acquainted. This includes information as to my employment, income, character, general reputation, personal characteristics and mode of living. A routine criminal records check may also be run. I authorize such investigation of myself and any minor listed as an occupant of the property and the obtaining of a credit report.

NOTE: Qualifying as an income eligible household does not give you any lease or rental rights. You will be approved and offered a unit only when you have been presented with a written lease. Thank you.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Submit your completed pre-application to the rental office at the property to which you are applying.

Affirmative Fair Housing To help us assess affirmative fair housing effectiveness, please check the category that best describes your race/ethnicity. This information is strictly voluntary on your part.

RACE CATEGORIES

Single Race

- (1) American Indian or Alaskan Native
- (2) Asian
- (3) Black or African American
- (4) Native Hawaiian or Other Pacific Islander
- (5) White

Two or More Races

- (6) American Indian or Alaskan Native *and* White
- (7) Asian *and* White
- (8) Black or African American *and* White
- (9) American Indian or Alaska Native *and* Black or African American

ETHNICITY CATEGORY

Hispanic or Latino

- (a) Mexican/Chicano
- (b) Puerto Rican
- (c) Cuban
- (d) Other Hispanic/Latino

(10) Decline to state