

APPLICATION INSTRUCTION SHEET

READ THESE INSTRUCTIONS CAREFULLY.

1. Your application must be complete and accurate to be considered for processing.
2. The application must be completed in English. You may wish to have a friend or relative help you to complete the application.
3. You must include **copies** of your Social Security and SSI Award letters, and/or Pension benefit letters, and/or unemployment stubs for the last 6 weeks, and/or paycheck stubs from all sources of income for the last three (3) months, for all adults (18 years of age and older) in the household.
4. All adults (18 years of age and older) in the household must sign an applicant's authorization and consent form. Make additional copies of this form if needed.
5. Copies of photo identification cards for all adults 18 and over.
6. You must include **copies** of bank statements for the last six (6) months for all bank accounts.
7. Your application must include clear, readable **photocopies** of your most recent (2010) Federal Income Tax Returns and all W-2s or 1099s.
8. You must include **\$25.00 for each adult** (18 years of age and older) **applicant**. This \$25.00 pays for a credit report and criminal background report.

If you have lived in another county within the last 12 months, an additional fee may be necessary to obtain a criminal check. The amount is set by the county providing the information. At no time shall you pay more than \$42.00 for a credit report.

9. Applications that are not filled out completely and do not contain all requested material will not be considered complete and will not be processed.

Please return the application Monday thru Friday 9:00am – 4:00pm to:

El Patio Hotel
167 S. Palm Street
Ventura, CA 93001

If you have any questions please call 1-800-549-4733



TDD # 1-800-735-2922

El Patio Hotel Rental Application

The Duncan Group
26 E. Victoria St.
Santa Barbara, CA 93101
Office: (805) 962-5152
Fax: (805) 962-8152



OFFICE USE ONLY:

Date: _____ Bdrm size: _____
Time: _____ Waitlist No: _____
Hhld Size: _____ AMI: _____%

Applicant

Name	M / F Sex	Date of Birth	Soc Sec No.
Address	City	State	Zip
Mailing Address	City	State	Zip
Home Phone # _____	Cell Phone # _____	Message Phone # _____	
Do you own or drive a vehicle? _____ If so, where is it parked? _____			

Co-Applicant

Name	M / F Sex	Date of Birth	Soc Sec No.
Address	City	State	Zip
Mailing Address	City	State	Zip
Home Phone # _____	Cell Phone # _____	Message Phone # _____	
Do you own or drive a vehicle? _____ If so, where is it parked? _____			

AUTOMOBILES

Make _____ Color _____ Year _____ License Plate # _____

List any other person who will live in the room with the Applicant

Name	Soc. Sec. #	Birthdate	Sex	Relationship
1. _____			M / F	

GENERAL INFORMATION

Do you currently have a Section 8 voucher? ___ yes ___ no
If no, are you currently on the Section 8 Voucher waiting list? ___ yes ___ no
Do any applicants/household members smoke? ___ yes ___ no
Are you or any other adults in your household a Student? ___yes ___no If Yes, who? _____
Do you require an apartment with accessible features? _____
How did you hear about this housing? _____

HOUSEHOLD FINANCIAL OBLIGATIONS: Include ALL medical expenses, car payments, child support, loans, etc.

PAYABLE TO: (company name) _____

MONTHLY PAYMENT _____

EMERGENCY CONTACT

Name _____ Relationship _____

Address _____ Phone _____

REFERENCES

<u>Name</u>	<u>Phone #</u>	<u>Relationship</u>	<u>Address</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

HOUSING HISTORY

Check what best describes your current living situation:

- | | |
|---|--|
| <input type="checkbox"/> Renting | <input type="checkbox"/> Own a home or a mobile home |
| <input type="checkbox"/> Temporarily living with others | <input type="checkbox"/> Without housing |
| <input type="checkbox"/> Living in substandard housing | <input type="checkbox"/> Paying more than 50% of income for rent and utilities |
| <input type="checkbox"/> Other, Explain _____ | |

If you checked "Renting", list:

Current rent \$ _____ per month Utilities cost \$ _____ per month Move-in Date: _____

Current Landlords Name: _____ Phone No. _____

Have you ever been evicted from any housing? (Yes / No) If Yes:

When: _____ Where: _____

Reason: _____

**THIS SECTION MUST BE FILLED OUT COMPLETELY AND CORRECTLY
YOU MUST PROVIDE A MINIMUM OF FIVE (5) YEARS HOUSING HISTORY**

Your previous address: _____

City: _____ State _____ Zip _____

Landlord's name: _____ Phone No. _____

Landlord's address: _____

Date moved in: _____ Date moved out: _____ Rent Amount \$ _____

Reason for moving: _____

Your previous address: _____

City: _____ State _____ Zip _____

Landlord's name: _____ Phone No. _____

Landlord's address: _____

Date moved in: _____ Date moved out: _____ Rent Amount \$ _____

Reason for moving: _____

INCOME

YOU MUST INCLUDE ALL SOURCES OF INCOME FOR ALL HOUSEHOLD MEMBERS

Please mark every question YES or NO. If you answer any questions with a YES, complete the blanks to the right.

	Yes / No	Amount Per Month	Which Household Member	Name of Source	Address	Phone
Employment	/	\$	Head of Household			
Employment	/	\$	Co-Applicant			
Employment	/	\$				
Employment	/	\$				
Unemployment	/	\$				
Unemployment	/	\$				
Cash Aid/TANF	/	\$				
Child Support	/	\$				
Alimony	/	\$				
Social Security	/	\$				
Social Security	/	\$				
SSI	/	\$				
SSI	/	\$				
Pension	/	\$				
V.A. Benefits	/	\$				
Disability	/	\$				
Workers Comp	/	\$				
Self Employment	/	\$				
Financial Aid	/	\$				
Other Income	/	\$				
Other Income	/	\$				

TOTAL GROSS ANNUAL INCOME (Base this on the monthly amounts listed above and multiply by 12) = \$ _____

Do you anticipate any changes in this income in the next 12 months? Yes _____ No _____

If YES, explain: _____

ASSETS

YOU MUST INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS

Please mark every question with YES or NO. If you answer any questions with a YES, complete the blanks to the right.

Do you or any member of your household have:

	Yes / No	Account No.	Name of Bank	Account Balance
Checking account(s)	___/___ #	_____	_____	\$ _____
	___/___ #	_____	_____	\$ _____
Savings account(s)	___/___ #	_____	_____	\$ _____
	___/___ #	_____	_____	\$ _____
Certificates of Deposit	___/___ #	_____	_____	\$ _____
	___/___ #	_____	_____	\$ _____
Money Market Acct(s)	___/___ #	_____	_____	\$ _____
Trust Account(s)	___/___ #	_____	_____	\$ _____
Stocks or Bonds	___/___ #	_____	_____	\$ _____
Safety Deposit Box	___/___ #	_____	_____	\$ _____
Other assets not listed	___/___ #	_____	_____	\$ _____
	___/___ #	_____	_____	\$ _____
	___/___ #	_____	_____	\$ _____
	___/___ #	_____	_____	\$ _____
	___/___ #	_____	_____	\$ _____

IRA/Keogh/401K/other retirement accts: Yes / No (circle one) If yes list below:

Type _____ # _____ \$ _____
Type _____ # _____ \$ _____

Do you own any property? ___Yes ___No If YES, type of property: _____

Location: _____

Appraised market value \$ _____

Mortgage or outstanding loans balance due \$ _____

Amount of annual insurance premium \$ _____

Amount of most recent tax bill \$ _____

Have you sold/dispensed of any property in the last two years? ___Yes ___No If Yes, type of property: _____

Market Value when sold/dispensed \$ _____

Amount sold/dispensed for \$ _____

Date of transaction _____

Have you disposed of any other assets in the last two years? ___Yes ___No

(Example: given away money to relatives, set up irrevocable trust accounts)

If YES, describe asset: _____

Date of disposition _____ Amount disposed \$ _____

Do you have any other assets not listed above (excluding personal property)? ___Yes ___No

If YES, list: _____

CERTIFICATION

Please notify The Duncan Group of any changes in your application. This includes a change in household size, current address, phone number(s), income or assets, etc.

I/We hereby certify that I/we do not and will not maintain a separate subsidized rental unit in another location. I/we further certify that this will be my/our permanent residence. I/we understand that I/we must pay a security deposit for this apartment prior to occupancy. I/we understand that my eligibility for housing will be based on income/occupancy limits and by the housing's selection criteria.

I/We do hereby authorize The Duncan Group and its staff or authorized representative(s) to contact any agencies, offices, groups or organizations to obtain and verify any information or materials that are deemed necessary to complete my/our application for housing in programs administered/managed by The Duncan Group.

I/we certify that all information in this application is true and correct to the best of my/our knowledge and I/we understand that false statements or information are punishable by law and will lead to denial of this application or termination of tenancy after occupancy.

Signature: _____ Date: _____

Signature: _____ Date: _____

It is your responsibility as an applicant to keep the Management notified of any changes in your application. This includes a change in household size, current address, phone number(s), income or assets, etc.

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 5/31/2011)

Name of Property **Project No.** **Address of Property**

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.



**APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION/
AUTORIZACIÓN DEL SOLICITANTE Y CONSENTIMIENTO PARA HACER PÚBLICO LA INFORMACIÓN**

**THIS FORM IS FOR OFFICE USE ONLY AND IS NOT TO BE DISTRIBUTED TO ANYONE
BUT TDG, PSHHC, OR THE APPROVED CREDIT REPORTING AGENCY.**

BY SIGNING BELOW, I AUTHORIZE THE PREPARATION OF AN INVESTIGATIVE REPORT. FOR THIS PURPOSE, I AUTHORZE AND UNDERSTAND THAT INVESTIGATIVE BACKGROUND INQUIRIES ARE TO BE MADE ON MYSELF INCLUDING CONSUMER, CRIMINAL, DRIVING AND OTHER REPORTS. FURTHER I UNDERSTAND THAT YOU WILL BE REQUESTING INFORMATION FROM VARIOUS FEDERAL, STATE AND OTHER AGENCIES WHICH MAINTAIN RECORDS CONCERNING MY PAST ACTIVITIES RELATING TO MY DRIVING, CREDIT, CRIMINAL, SEX OFFENDER, CIVIL, EMPLOYMENT, TENANCY AND OTHER EXPERIENCES. I RELEASE ALL OF THE ABOVE, INCLUDING THE DUNCAN GROUP, THE APPROVED REPORTING AGENCY, AND ITS AGENTS TO THE FULL EXTENT PERMITTED BY LAW ANY CLAIMS, DAMAGES, LOSSES, LIABILITIES, AND EXPENSES ARISING FROM THE RETRIEVING AND REPORTING OF INFORMATION. ALL REPORTS WILL BE KEPT CONFIDENTIAL.

ACCORDING TO THE FEDERAL FAIR CREDIT REPORTING ACT, I AM ENTITLED TO KNOW IF I WAS DENIED BASED ON THE INFORMATION OBTAINED AND UPON WRITTEN REQUEST A DISCLOSURE OF THE SOURCE OF THE PUBLIC RECORD INFORMATION AND OF THE NATURE AND SCOPE OF THE INVESTIGATIVE REPORT.

I, THE UNDERSIGNED APPLICANT, DO HEREBY CERTIFY THAT THE INFORMATION PROVIDED BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ANY COPY OF THIS DOCUMENT IS AS VALID AS THE ORIGINAL. FALSIFYING INFORMATION COULD RESULT IN DENIAL OF TENANCY.

FIRMANDO ABAJO, -AUTORIZO LA PREPARACIÓN DE UN INFORME INVESTIGATIVO. PARA ESTE PROPÓSITO, AUTORIZO Y ENTIENDO QUE ESAS INDAGACIONES INVESTIGATIVAS DE ORIGEN DEBEN SER HECHAS EN MI MISMO INCLUYENDO CONSUMIDOR, CRIMINAL, CONDUCCIÓN Y OTROS INFORMES. AUN MAS ENTIENDO QUE USTED SOLICITARÁ INFORMACIÓN DE VARIAS AGENCIAS FEDERALES, ESTATALES Y OTRAS AGENCIAS QUE MANTIENEN REGISTROS CON RESPECTO A MIS ACTIVIDADES PASADAS RELACIONADAS A MI CONDUCCIÓN, CRÉDITO, CRIMINAL, DELINCUENTE SEXUAL, CIVIL, EMPLEO, TENENCIA Y OTRAS EXPERIENCIAS. SUELTO TODO LO DE ARRIBA, INCLUYENDO EL DUNCAN GROUP, LA AGENCIA DE DIVULGACION APROBADA Y SUS AGENTES LA EXTENSIÓN REPLETA PERMITIDA POR LA LEY CUALQUIER RECLAMO, DAÑOS, PERDIDAS, OBLIGACIONES, Y GASTOS QUE SURGEN DE RECUPERAR Y REPORTAR INFORMACIÓN. TODOS LOS INFORMES SERÁN MANTENIDOS CONFIDENCIALES.

SEGÚN EL ACTO FEDERAL DE REPORTAJE DE CRÉDITO JUSTO, TENGO DERECHO DE SABER SI FUI NEGADO BASADO EN LA INFORMACIÓN OBTENIDA Y CON UN PEDIDO POR ESCRITO UNA REVELACIÓN DE LA FUENTE DE INFORMACIÓN DE ARCHIVOS PÚBLICOS Y DE LA NATURALEZA Y ALCANCE DEL INFORME INVESTIGATIVO.

YO, EL SOLICITANTE ABAJOFIRMANTE, POR LA PRESENTE CERTIFICO QUE LA INFORMACIÓN PROPORCIONADA POR MI ES VERDAD Y COMPLETA AL MEJOR DE MI CONOCIMIENTO. CUALQUIER COPIA DE ESTE DOCUMENTO ES TAN VALIDA COMO LA ORIGINAL. FALSIFICAR INFORMACIÓN PUEDE TENER COMO RESULTADO LA NEGACIÓN DE TENENCIA.

Print Full Name/Imprima Nombre y Apellidos: _____

Soc. Sec. # / # De Seguro Social _____ - _____ - _____ *Date of Birth/Fecha de Nacimiento ____/____/____

Driver's License #/ # De Permiso de Conducir _____ State/Estado _____

Current Address/Dirección Actual _____

City/Ciudad _____ State/Estado _____ Zip/Código Postal _____

Previous Address/Dirección Previa _____

City/Ciudad _____ State/Estado _____ Zip/Código Postal _____

Have you ever been convicted of a felony? ¿Fue jamás condenado de un crimen grave? ____ Yes/Si ____ No

Have you ever lost tenancy/been evicted due to drug use in the last 3 years?/Ha perdido tenencia/desahuciado debido al uso de drogas en los últimos 3 años? ____ Yes/Si ____ No

Have you attended a rehabilitation program in the last 3 years?/ ¿Ha asistido usted un programa de rehabilitación en los últimos 3 años? ____ Yes/Si ____ No

If yes, what program?/Si sí, ¿qué programa? _____

Signature/Firma _____ Date/Fecha _____

**Date of Birth is being requested in order to obtain accurate retrieval of records./*La fecha de nacimiento se solicita para obtener recuperación exacta de registros.*

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BUT TDG, PSHHC, OR THE APPROVED CREDIT REPORTING AGENCY**