

Fosters Landing Affordable Housing Program Wait List

The Foster's Landing Affordable Housing Program is provided for Moderate Income and Low Income Households. Prospective Applicants must provide the following information. This information will be used to determine your placement on the Wait List. You will be contacted when your name nears the top of the list. Any changes to the below information you must notify the office by email or in writing.

It is important that this form be completed thoroughly and accurately.

Name: _____

Last

First

Current Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Best Contact Number: _____

How many occupants will be residing in your household: _____

Will there be any occupants 60 years of age or older residing in your household?: _____

Do you own property/a home/income property/land? (Inside and outside of the country): _____

What is your current occupation?: _____

What city do you work in?: _____

List Total Gross Monthly Household Income

Gross Monthly Salary (Current): \$ _____

Social Security/State Benefits \$ _____

Pension Income \$ _____

Child/Family Support \$ _____

Rental Income \$ _____

Interest/Investment Income \$ _____

Other Income \$ _____

Total Household Income: \$ _____

I certify that to the best of my knowledge that the information provided on this questionnaire is true and complete

I further acknowledge that any false, fraudulent, or misleading information may result in my immediate disqualification from the Foster's Landing Affordable Housing Program.

SIGNATURE: _____ Date: _____

PLEASE KEEP A COPY OF THIS DOCUMENT FOR YOUR RECORDS

For Office Use: Received by: _____ Date: _____

BMR CAT: _____ Reviewed by: _____ Phone: _____



STUDENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY STUDENT

This Student Verification is being delivered in connection with the undersigned's eligibility for residency in the following apartment:

Project Name: _____

Building Address: _____

Unit Number if assigned: _____

I hereby grant disclosure of the information requested below from _____
Name of Educational Institution

Signature

Date

Printed Name

Student ID#

Return Form to:

THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION

The above-named individual has applied for residency or is currently residing in housing that requires verification of student status. Please provide the information requested below:

Is the above-named individual a student at this educational institution? YES NO

If so, part-time or full-time? PART-TIME FULL-TIME

If full-time, the date the student enrolled as such: _____

Expected date of graduation: _____

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Signature: _____

Date: _____

Print your name: _____

Tel. #: _____

Title: _____

Educational Institution: _____

NOTE: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

CERTIFICATION OF ZERO INCOME

(To be completed by adult household members who are claiming zero income from any source, if appropriate.)

Household Name: _____ Unit No. _____

Development Name: _____ City: _____

1. I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
 - j. Any other source not named above.

2. Choose one:

- Currently, I have no income of any kind and while I am seeking employment, there is no definite job offer at this time.
- Currently, I have no income of any kind and I will not be seeking employment at this time.

3. I will be using the following sources of funds to pay for rent and other necessities: _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

RENTAL APPLICATION

Unit Type: _____ Unit Number: _____

APPLICANT INFORMATION				VERIFIED
Applicant Name		Home Phone #		
Social Security #:	DOB:	Government issued ID #:	Email:	
Present Address:			<input type="checkbox"/> Own <input type="checkbox"/> Rent	
How Long	Reason for Leaving:	Monthly Payment:		
Owner, Agent or Manager:		Phone #: ()		
Previous Address:			<input type="checkbox"/> Own <input type="checkbox"/> Rent	
How Long	Reason for Leaving:	Monthly Payment:		
Owner, Agent or Manager:		Phone #: ()		
Have you ever been evicted from a residence? <input type="checkbox"/> Y <input type="checkbox"/> N				

PETS: Assistive animals for persons with disabilities are NOT considered to be pets, but do require advance written approval of management.			
Pet(s): <input type="checkbox"/> Y <input type="checkbox"/> N	Kind:	Size:	

NAMES OF PERSONS OTHER THAN YOURSELF WHO WILL OCCUPY APARTMENT			
Name:	DOB:		
Name:	DOB:		
Name:	DOB:		
Name:	DOB:		
Name:	DOB:		
Name:	DOB:		

INCOME INFORMATION:			
Present Employer: (if employed)	Address:	How Long?	
Position:	Gross Annual Salary:	Work Phone #: ()	
Supervisor:		Phone #: ()	

OTHER INCOME INFORMATION:			
OTHER INCOME SOURCE:	Amount:	Per:	
OTHER INCOME SOURCE:	Amount:	Per:	
OTHER INCOME SOURCE:	Amount:	Per:	
OTHER INCOME SOURCE:	Amount:	Per:	



OTHER INFORMATION					
Automobile Year:	Make:	Model:	Color:	Lic. #:	State
Automobile Year:	Make:	Model:	Color:	Lic. #:	State
IN CASE OF EMERGENCY, CONTACT:			Relationship:		
Address			Phone #: ()		

ATTENTION CALIFORNIA APPLICANTS:

Applicant represents that the above information is true and correct and by authorizes owner and its agents through On-Site Manager, Inc. (On-Site) to verify the information above and to obtain a rental report that may include credit reports, investigative consumer reports, unlawful detainer (eviction) reports, bad check searches, criminal background searches, social security number verification, fraud warnings, previous tenant history and employment history. Applicant authorizes Landlord and its agents to request and disclose information to previous or subsequent (actual and prospective) landlords and property management companies. Applicant agrees to provide additional information upon request. Applicant understands that owner relies on the information on this application and reports to determine Applicant's qualification to reside in the residential unit. Applicant expressly agrees that providing any false, fraudulent or materially, misleading information in this application is grounds for denial of the application (or termination of an approved applicant's tenancy) at owner's sole discretion. The signature of the applicant below attests to the accuracy of the information by applicant and confirms Applicant's agreement to vacate upon discovery that the information provided is inaccurate in any way.

While Landlord may obtain criminal history checks on potential residents, Landlord has no duty to do so, and does not warrant or guarantee the personal safety of any resident, occupant, guest or other person in the Landlord Community.

Applicant understands that a link to a copy of the rental report will be emailed to them, and consent to this. Applicant understands that they will need the last four digits of their social security number (or generated PIN) to access the rental report. Applicant consents to the delivery of all notices or disclosures required by law in connection with their application via email or any other any medium chosen by Landlord, its agents, or On-Site. Applicant understands that all notices shall be deemed received upon being sent.

I certify that I have read and fully understand my rights under the FCRA available at <https://www.on-site.com/resources/consent/fcraDisclosuresConsent.pdf>

On-Site Manager, Inc. can be contacted by visiting www.renterrelations.com, by phone at 1-877-222-0384, or by mail at On-Site.com Attn. Renter Relations, 2201 Lakeside Blvd., Richardson, TX 75082.

(Applicant Signature)

Date

Equal housing opportunity: there will be no discrimination against or segregation of any persons on account of race, color, national origin, ancestry, creed, religion, gender, gender identity, gender expression, sexual orientation, genetic information, marital status, familial status, age, source of income, immigration status, citizenship, primary language, handicap, disability or any other protected classification under state or federal law.

**SUMMARY OF RIGHTS UNDER THE
CALIFORNIA INVESTIGATIVE CONSUMER REPORTING AGENCIES
ACT
CALIFORNIA CIVIL CODE § 1786.22**

You have a right under California law to inspect files maintained on you by an investigative consumer reporting agency pursuant to any of the following procedures, during normal business hours and on reasonable notice:

- 1) You may personally inspect the files if you provide proper identification (e.g., valid driver's license, social security account number, military identification card, credit cards), and may receive a copy of the file for the actual cost of duplication services provided.
- 2) You may make a written request, by certified mail and with proper identification, as described above, for copies to be sent to a specified addressee.
- 3) You may make a written request, with proper identification as described above, for telephone disclosure of a summary of information contained in your files, if any toll charge is prepaid by or charged directly to you.

If you are unable to provide "proper identification" through the types of cards or numbers listed above, the agency may require additional information concerning your employment and personal or family history in order to verify your identity.

The agency must provide trained personnel to explain to you any information that the agency is required to furnish to you from your file. The agency also must provide you with a written explanation of any coded information contained in your files at the time your file is provided to you for inspection. You are permitted by law to be accompanied by one other person of your choosing when inspecting your files. That person must furnish reasonable identification. The agency may require you to provide the agency with a written statement granting permission to the agency to discuss your file in such person's presence. The agency also is not required by law to make available to you the sources of information in your files, although such information would be obtainable through discovery procedures in any court action brought under the Investigative Consumer Reporting Agencies Act.

For information about how Essex uses your personal information, we encourage you to review Essex's Privacy Policy, available on Essex's website at <http://www.essexapartmenthomes.com/privacy-policy>.

