| Date/Time Pre- Application Received from Applicant | | | |
|---|--|--|--|
| | | | |
| | | | |
| and signed. Incomplete pre-applications will be | | | |
| SI/SSA Benefits Letter, EDD Statement, AFDC, | | | |
| Properties) | | | |
| Date of Birth: | | | |
| Home Number: | | | |
| Cell Number: | | | |
| Alt. Contact Number: | | | |
| Total Household Size including yourself: Number of Adults: Number of Minors | | | |
| Adult Occ #1 | | | |
| Adult Occ #2 | | | |
| Adult Occ #3 | | | |
| | | | |

Affordable Waitlist Pre-Application

| Instructions: Please print all information and make sure the pre-application is complete, legil returned to you without being added to the waiting list. | ole and signed. Incomplete pre-applications will be | |
|---|--|--|
| The following Information is required upon submission of this form for verification purposes: Proof of valid driver's license or government issued identification Proof of current income, which may include three most recent consecutive pay stubs, Student Financial Aid, or any other support of current income Proof of certificate of birth for all minors and proof of full time status if applicable Proof of a social security number for all applicants including minors (only applicable to HUE) | | |
| Name: | Date of Birth: | |
| Email Address: | Home Number: | |
| Mailing Address: | Cell Number: Alt. Contact Number: | |
| Total Monthly gross Household Income of all persons over the age of 18: \$ X 12 \$ Type of Income: Mark all that apply: Other: IHSS □ Unemployment □ TANF □ Social Security □ Child Support Employment □ SSI | yourself: Number of Adults: Number of Minors Adult Occ #1 | |
| | Adult Occ #3 | |
| Please circle your answer for all of the following questions: Are you or someone in your household a veteran or currently serving in the military? Does your family include a spouse or co-head of household? Are you currently homeless? | YES NO YES NO YES NO | |
| Do you or a member of your household have a disability which would require National Community For California to provide a reasonable accommodation in order for you to utilize this program? | Renaissance of YES NO | |
| Do you or a member of your household require unit accessibility features in order to utilize this pro | gram? YES NO | |



• If yes, please specify which features you require:

☐ Grab Rails in Bathroom

☐ Downstairs Unit

Other (please specify):

☐ Ramp for Wheelchair Accessibility

| is true and correct and hereby authorize verificommunity Renaissance of California (NCRC members. I understand that providing false information of the control of the contr | erjury, that to the best of my knowledge, all of the informatio cation of the above items including, but not limited to, the has adopted a policy of performing criminal backgr formation may be grounds for denial of my application. I a with verification and/or proof to support any or all of the support and sup | e obtaining of a credit report. National round checks for all adult household also understand that I will be required to |
|--|--|--|
| Print Name of Head of Household | Signature of Head of Household | Date |
| Please Note: Listed below are the standards and procedures us Renaissance of California. | ed in evaluating all applicants for residency at a community m | nanaged by National Community |
| resident history be verified. Any negative rental his rental payments, failure to give a 30 day notice, or | are called in for an interview, please note that we will also rectory may disqualify applications at any of our communities. The eviction. A consumer credit history will be obtained through a ents, or bankruptcy within the last three (3) years may disqual | his includes but is not limited to, late a credit-reporting agency. An adverse |
| | E ARE ANY CHANGES TO YOUR HOUSEHOLD SIZE, INC | OME, ADDRESS OR |
| PHONE NUMBER. This notification must be su | ibmitted in writing to the leasing office. | |
| | ne, email or U.S. Postal Service and we do not receive a respose every six months to ensure we have your most current info | |
| | less otherwise noted at the community due to funding source. the that you may not be offered your preference based on availables on a 2 Bedroom | |
| ☐ 1 Bedroom 1 to 3 pers | | 3 to 7 persons |
| standard screening criteria, and sign the rental agr This is not an application for residency and do | es not guarantee or imply approval for our Affordable Ho you on our waiting list. Many income categories have a s | ousing Program or residency within ou |
| you may request it at any time. | of your household have a disability and think you might want o | or need a reasonable accommodation |
| For Office Use Only: | | |
| Verified all Identification for persist Verified all income documents Verified certificates of birth Verified Social Security cards and Verified full time student status | Date Entered into | o Yardi: |
| | | |

