



PARKVIEW CHRISTIAN  
ESTATES  
3112 Napier Drive  
Modesto, CA 95350  
PH: (209) 521-0860  
Fax: (209) 521-6516

# APPLICATION FOR PARKVIEW CHRISTIAN ESTATES

FOR OFFICE USE ONLY	
APPLICATION #	_____
Date Received	_____
Time Received	_____
Provided By:	_____

**Please answer all questions on this application. Enter "None or N/A for those questions which do not apply to you. Applications will not be considered unless they are fully completed.**

**PLEASE PRINT OR TYPE**

LAST NAME	FIRST NAME	MI	TELEPHONE NUMBER (    )	DATE OF BIRTH / /	
CURRENT ADDRESS	APT	CITY	STATE	ZIP CODE	RACE/ETHNICITY-VOLUNTARY

**1. LIST YOURSELF** and all other occupants of the unit, their relationship to you, (if any), ages, and whether they are students.

Applicant(s)	Relationship	Birth date	Social Security #	M/F	Student

2. If all the occupants listed above are students, do any of the students file a joint return for federal income tax purposes?

Yes – (If yes, obtain a copy of their most recent year's tax return)
  No
  Not Applicable

3. Please answer each of the following questions:

	Yes	No	Annual Amount
Is any member of your household employed full-time, part-time or seasonally? .....	___	___	
Does any member of your household expect to work for any period of time during the next 12 months? .....	___	___	
Does any member of your household work for someone who pays them in cash? .....	___	___	\$ ___
Is any member of your household on leave of absence from work due to lay-off, medical, maternity or military leave? .....	___	___	
Does any member of your household now receive or expect to receive unemployment benefits? .....	___	___	
Does any member of your household now receive or expect to receive child support? .....	___	___	
Is any member of your household entitled to child support that he/she is not now receiving? .....	___	___	\$ ___
Does any member of your household now receive or expect to receive alimony payments? .....	___	___	
Is any member of your household entitled to alimony payments that he/she is not now receiving? .....	___	___	\$ ___
Does any member of your household now receive or expect to receive welfare assistance? .....	___	___	
Does any member of your household now receive or expect to receive Social Security or VA benefits? .....	___	___	
Does any member of your household now receive or expect to receive income from a pension or annuity?.....	___	___	
Does any member of your household now receive regular cash contributions from individuals not living in the unit or from agencies? .....	___	___	\$ ___
Does any member of your household now receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from the rental of property? .....	___	___	
Has your residency/tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent, or failure to comply with recertification procedures?.....	___	___	

4. Have you, or your spouse/co-applicant, ever been evicted or otherwise involuntarily removed from rental housing?  
 Yes  No If Yes, please explain: \_\_\_\_\_
5. Are you, or any family member(s) listed on this application, currently charged with, or ever been convicted of any criminal activity?  
 Yes  No  
 If Yes, describe: \_\_\_\_\_
- A. If YES, was the conviction for a sex crime?  Yes  No
- B. Are you required to register with any state as a sex offender?  Yes  No
- C. If Yes, which state? \_\_\_\_\_  
 (STATE)
- D. Do you or any member of your household engage in the use or sale of illegal drugs or abuse of controlled substance?  
 Yes  No
- E. Are you currently engaged in a pattern of alcohol abuse?  Yes  No
6. Do you or a member of your household, need a unit with accessibility features?  
 Yes  No If Yes: Describe features needed: \_\_\_\_\_
7. Do you have any pets?  Yes  No  
 If Yes, what kind? \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_
8. How did you hear about this housing facility? \_\_\_\_\_
9. Do you expect any changes in your income, assets, or expenses during the next twelve months?  Yes  No  
 If Yes, please explain (use additional sheet if necessary). \_\_\_\_\_
10. How many vehicles does the family own? \_\_\_\_\_ List make, color, year, license plate number and state for each.  
 \_\_\_\_\_  
 \_\_\_\_\_
11. If a live-in attendant is required for an elderly, handicapped, or disabled member, please enter the name of the attendant and the name and address of a doctor who can verify the need for the attendant:  
 Name of attendant: \_\_\_\_\_  
 Name and address of doctor: \_\_\_\_\_
12. How many people live in your household now? \_\_\_\_\_  
 Will any of these people live anywhere except the unit for which you are applying?  Yes  No  
 If Yes, please explain: \_\_\_\_\_  
 Will anyone else live in the apartment on either a full-time or part-time basis?  Yes  No  
 If Yes, please explain: \_\_\_\_\_  
 Do you expect any of the above to change in the future?  Yes  No  
 If Yes, please explain: \_\_\_\_\_
13. If you are now renting, who is your landlord? Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Current Rent \$ \_\_\_\_\_ Address \_\_\_\_\_  
 Security Deposit \$ \_\_\_\_\_  
 If you are not renting, please explain your current living arrangements: \_\_\_\_\_
14. List your previous addresses for the past 5 years.
- | Name of landlord | Address | Phone | Dates you lived there<br>From | To    |
|------------------|---------|-------|-------------------------------|-------|
| _____            | _____   | _____ | _____                         | _____ |
| _____            | _____   | _____ | _____                         | _____ |
- A. Please list all states lived in since the age of 18: \_\_\_\_\_
15. Have you or your spouse/co-applicant ever used different names than the names given in the application?  Yes  No  
 If Yes, give names and explain: \_\_\_\_\_
16. Have you or any members of your household ever used social security numbers different than those listed in this application?  
 Yes  No If Yes, please explain: \_\_\_\_\_
17. Do you live or have you ever lived in subsidized housing?  Yes  No  
 If Yes, where? \_\_\_\_\_  
 When? From: \_\_\_\_\_ To: \_\_\_\_\_ Were you evicted?  Yes  No  
 If Yes, did you owe rent?  Yes  No If Yes, how much did you owe? \$ \_\_\_\_\_
18. Do you as an individual or your family have either a Section 8 Certificate or Section 8 Voucher?  Yes  No



## Applicant Signature and Certification

I/We understand the information in this application will be used to determine eligibility for a unit and that this information will be checked. I/We understand that any false information may make me/us ineligible for a unit.

I/We certify that all information given in this application and in the attached member, financial, and verification forms is true, complete and accurate. I/We understand that if any of this information is false, misleading or incomplete, management may decline my/our application or, if move-in has occurred, terminate my/our Rental Agreement.

I/We freely and voluntarily authorize the investigation of all statements contained in this questionnaire. I/We understand that the company may request an investigative consumer report from a consumer reporting agency. I/We understand that the investigative consumer report may involve personal interviews with my/our neighbors, friends, relatives, former employers, schools and others. I/We also understand that under the Federal Fair Credit Reporting Act, I/we have the right to make a written request to the company, within a reasonable time, for the disclosure of the name and address of the consumer reporting agency so that I/we may obtain a complete disclosure of the nature and scope of the investigation.

This authorization is limited to use regarding this facility.

I/We have been made aware of the provisions of Section 1001 of Title 18 of the U.S. code. I/We understand that it is a criminal offense, punishable by a \$10,000 fine or 10 years imprisonment, or both, to make willful statements or misrepresentation to any Department or Agency of the United States as to any matter with its jurisdiction.

If this application is for a household of more than one person, we consider ourselves a stable household, and all of our income is available to the household for its needs.

For HUD Subsidized Facilities: I/WE also understand that all adult members of the household must sign the HUD required *Consent Form* ("Authorization for Release of Information") before I/we can be offered a unit.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Co-Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature or Co-Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature or Co-Tenant

\_\_\_\_\_  
Date

**OWNER' STATEMENT:** Based on the representations herein and upon the proof and documentation obtained, the household named in section 1 of this Application/Certification is eligible under the provisions of Section 42 of the Internal Revenue code, as amended, to live in a unit in the development. Based on the representations herein and upon the proofs and documentation obtained, the household constitutes a low-income resident whose anticipate annual income for the next twelve months does not exceed \$\_\_\_\_\_ (Qualifying income).

\_\_\_\_\_  
Signature of Owner's Authorized Representative

\_\_\_\_\_  
Date



**PLEASE RETURN THIS APPLICATION TO:**

PARKVIEW CHRISTIAN ESTATES  
3112 Napier Drive  
Modesto, CA 95350

