

Fortuna Family Apartments

Dear Prospective Applicant:

Enclosed you will find the application forms needed to apply for the **Fortuna Family**. Once we receive a completed application you will be placed on a waiting list. You will be contacted in the event of a vacancy if you are next on the waiting list.

INSTRUCTIONS:

1. One application is all that is needed per household. Please include all the names, social security numbers and birthdates for all members of the household, including children.
2. **All adults** must:
 - Sign the application.
 - Include their individual earnings per time period.
 - Provide three years of housing history.
3. All information provided will be verified so please be sure to include employer phone numbers, bank account numbers, contact information, etc. Please be careful to list gross earnings (income before taxes) and list if each amount is per week, bi-weekly (every other week), monthly, yearly, etc.
4. The following items must be turned in with your application for an application to be considered complete:
 - Copies of Drivers Licenses (for every licensed driver).
 - Copies of Social Security cards (for every person in the household over the age of 6).

Upon receipt of a completed application, we will be conducting a credit check and criminal background search. Applicants passing the initial screening will be contacted to set up an interview appointment. Please gather the following documents, as they will be required at the time of your interview.

- For all employed adults please provide copies of pay stubs for three consecutive months.
- If you are recently divorced please provide a copy of divorce decree.
- If you are a single parent please provide copies of court documents to determine physical custody of minor children and/or child support.
- Most recent 6 months consecutive bank statements for all accounts (include all pages)
- Federal tax return with W-2's attached.



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GENERAL INFORMATION:

Pets: Please be advised that pets, except service animals, are not allowed. Proper documentation for a service animal is required.

Unit Size: **Fortuna Family** has twelve two-bedroom and twelve three three-bedroom apartments. Please indicate your preference. Occupancy standards are as follows:

*To qualify for a 2 bedroom you must have a minimum of two (2) persons in your household.

*To qualify for a 3 bedroom you must have a minimum of four (4) persons in your household.

Rent: Rent rates fall into two categories; low income and very low income. Depending on your household size these amounts vary. Children that you have less than 50% physical custody of are not counted in household size.

Move-in: To move in one month's rent and a security deposit are required. The security deposits amounts are: 2 Bedroom = \$300 3 Bedroom = \$350

Please return all applications to:

Fortuna Family Apartments
2043 Stockton Court
Fortuna, CA 95540

If you have any questions please call (707) 725-6500.

Thank you.



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ALL OTHER APPLICANTS NOT RESIDING WITH THE HEAD OF HOUSEHOLD APPLICANT MUST PROVIDE 3 YEARS OF CONTINUOUS LANDLORD HISTORY.

(Applicant #2) Current Address:

Street Apt.# City State Zip
Phone Number: _____ Dates you lived here: _____ to _____

Mailing Address (if different from above)

Street apt.# city state zip
CURRENT LANDLORD: _____ Address: _____

Phone Number: _____ if apt., name of complex: _____

Reason you want to move: _____

Amount of rent you are paying: _____ Are you being or have you been evicted? ___ No ___ Yes
If yes, please explain: _____

PREVIOUS ADDRESS: _____

Street Apt.# City State Zip
If apt., name of complex: _____ Dates you lived there: _____ to _____

Previous Landlord: _____ Phone Number: _____ Reason for moving: _____

Address: _____

(Applicant #3) Current Address:

Street Apt.# City State Zip
Phone Number: _____ Dates you lived here: _____ to _____

Mailing Address (if different from above)

Street apt.# city state zip
CURRENT LANDLORD: _____ Address: _____

Phone Number: _____ if apt., name of complex: _____

Reason you want to move: _____

Amount of rent you are paying: _____ Are you being or have you been evicted? ___ No ___ Yes
If yes, please explain: _____

PREVIOUS ADDRESS: _____

Street Apt.# City State Zip
If apt., name of complex: _____ Dates you lived there: _____ to _____

Previous Landlord: _____ Phone Number: _____ Reason for moving: _____

Address: _____

PERSONAL REFERENCES (do not list relatives-preferably business/professional acquaintances):

(Applicant #1) Name Address Phone # Relationship

(Applicant #2) Name Address Phone # Relationship

(Applicant #2) Name Address Phone # Relationship

EMERGENCY CONTACT PERSON:

Name	Address	Phone Number	Relationship
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AUTOMOBILES:

Make: _____ Color: _____ Year: _____ License Plate #: _____

Make: _____ Color: _____ Year: _____ License Plate #: _____

HOUSEHOLD FINANCIAL OBLIGATIONS

Include ALL medical expenses, car payments, child support, loans, etc.

PAYABLE TO:
(Company Name)

MONTHLY PAYMENT

_____	/	_____
_____	/	_____
_____	/	_____

INCOME: Do you or any member of your household anticipate receiving income from any of the following sources during the next 12 months? **Please mark EVERY question YES or NO. If you answer any questions with a YES, complete the blanks on the right.**

	Yes	No	Amount Received (per time period)	Received By Which Household Member	Source of Income (name, address & phone)
Employment (Earned income)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		
Employment (Earned income)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		
Alimony	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		
Disability Benefits (worker's compensation disability income)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		
Monetary Gifts	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		
Pension or Retirement Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		
Public Assistance	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		
School Grants or Scholarships	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> semester		
Social Security / SSI	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		
Unemployment Compensation	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		
Veterans Administration	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____ per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month		

Do you anticipate any change in this income in the next 12 months? Yes No If yes, please explain: _____

Does an outside party pay your utilities, phone service or other household expenses? Yes No If yes, amount paid per month \$ _____

Name and address of outside party: _____
Name Address City State Zip

FEDERAL INCOME TAX RETURNS: Are you or any member of your household exempt from filing a Federal Tax Return? Yes No

If yes, which members: _____, _____, _____
Name Name Name

ASSETS:

In the last TWO years have you sold, given away, or disposed of assets for less than "fair market value" (example: real estate and other items held for investment purposes such as gems, jewelry, coins, or collections)? No Yes

If yes, list type of asset: _____

Amount given: _____ Name of party who received asset: _____

Address: _____

Was this due to divorce, separation or bankruptcy? No Yes

ASSETS II: Please mark every question either YES or NO. If you answer YES, complete the blanks on the right.

DO YOU HAVE...?	YES	NO	NAME ON ACCOUNT	ACCOUNT #	BALANCE/VALUE	Bank (name & address)
Checking Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				
Checking Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				
Savings Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				
Savings Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				
Money Market Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				
Certificate/Time Deposits	<input type="checkbox"/>	<input type="checkbox"/>				
Safety Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>				
Trust Account(s)	<input type="checkbox"/>	<input type="checkbox"/>				
IRA/Keough/Life Insurance or other retirement account	<input type="checkbox"/>	<input type="checkbox"/>				
Stocks or Bonds	<input type="checkbox"/>	<input type="checkbox"/>				
Rental Property	<input type="checkbox"/>	<input type="checkbox"/>				
Other Real Estate	<input type="checkbox"/>	<input type="checkbox"/>				
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>				

I/We certify the housing I/We will occupy at _____ Apartments will be my/our permanent residence and I/We will not maintain a separate rental unit in a different location. I/We authorize the owner to obtain a credit/criminal report and to contact current and previous landlords.

I/We also certify that the information given is accurate and complete and understand any misrepresentation will disqualify the application.

Signature: _____ Date: _____
Signature: _____ Date: _____
Signature: _____ Date: _____

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

HOUSEHOLD COMPOSITION: "The following information is requested by the owner as required by the United States Government under conditions of the funding they made available for the property's development. This information is confidential and is only used for government reporting purposes to monitor compliance with equal opportunity laws. Please note that self-identification of race/ethnicity is voluntary.

Marital Status of Head of Household (check one):

Married
 Separated
 Unmarried single divorced widowed

Race/National Origin of Head of Household (check all that apply):

White
 Black/African American
 Asian
 Asian AND White
 American Indian or Alaskan Native
 Native Hawaiian or Other Pacific Islander
 Black/African American AND White
 American Indian or Alaskan Native AND White
 American Indian or Alaskan Native AND Black/African American

Ethnicity:

Hispanic/Latino
 Mexican/Chicano
 Puerto Rican
 Cuban
 Non-Hispanic/Latino