

DO NOT DUPLICATE
ONE APPLICATION PER HOUSEHOLD ONLY
WAV Apartments
175 S. Ventura Ave Ventura CA 93001
APPLICATION FOR ADMISSION

WAV Apartments will comply with the provisions of any federal, state or local law prohibiting discrimination in housing on the basis of race, color, creed, ancestry, national origin, sex, sexual orientation, familial status, source of income, age, disability, AIDS, or AIDS relation condition.

Please notify the business office if you need auxiliary aids such as large type face, information by audio tape, computer disk, Braille and/or in a language other than English. Best efforts will be made to accommodate such requests.

I SPEAK: (Arabic) عربي ; (Cantonese) 广东话 ; (Mandarin) 国语 ; (Korean) 언어 ; (Russian) Русский ; (Spanish) Español ; (Tagalog) Tagalog ; (Vietnamese) Tiếng Việt

TDD Telephone device for the deaf only (888) 877-5378 or California Relay Service (711).

Please fill in all blanks. Incomplete applications will not be processed.

APPLICANT NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

CURRENT ADDRESS: _____ APT. #: _____

CITY, STATE, ZIP CODE: _____

PREVIOUS ADDRESS: _____ APT. #: _____

CITY, STATE, ZIP CODE: _____

HOME PHONE #: _____ **WORK #:** _____ **OTHER WORK #:** _____

CELL PHONE #: _____ **OTHER#:** _____

FAX #: _____

E-MAIL: _____

INDICATE TWO PEOPLE WHO GENERALLY KNOW HOW TO CONTACT YOU:

1. NAME: _____ 2. NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE #: _____ PHONE #: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

LIST ALL HOUSEHOLD MEMBERS WHO WILL BE LIVING IN THE RESIDENCE. GIVE THE RELATIONSHIP OF EACH FAMILY MEMBER TO THE HEAD OF HOUSEHOLD.

LAST NAME	FIRST NAME	BIRTHDATE (MM/DD/YYYY)	SOC. SEC. #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____

8. _____
DO YOU OWN A CAR? _____ PARKING THE WAY IS LIMITED TO STREET PARKING UNLESS YOU WOULD YOU RENT A PARKING SPACE IN THE GARAGE, IF AVAILABLE? _____

THIS IS A NON-SMOKING COMMUNITY.

Effective 12/2009 smoking is prohibited on the property, including but not limited to all units and common areas.

CURRENT HOUSING STATUS

How many people live in your home now? _____ How many bedrooms do you have? _____

Have you or anyone you plan to have living with you had your residency/tenancy terminated for fraud, non-payment of rent or failure to comply with lease provisions? ____ YES ____ NO. If "YES", please explain _____

Do you plan to have anyone living with you in the future who is not listed above?

____ YES ____ NO. IF YES, PLEASE EXPLAIN: _____

If you have listed a child or children above, do you have full custody of your child(ren) listed above? ____ YES ____ NO.

Explanation of custody arrangements: _____

Have you or anyone you plan to have living with you been convicted of a felony?

____ YES ____ NO. If "YES", please list the disposition behind each incident involving all members of the proposed household: _____

Do you have any family members or friends who currently work at this property and/or with John Stewart Company, the Management Agent?

YES. ____ If "YES", name of employee: _____ NO. ____

Do you have a section 8 voucher or certificate? ____ Expiration Date: _____
Yes No

Please list at least two (2) years of rental history below.

1. **CURRENT LANDLORD:** _____

PHONE #: _____ FAX #: _____

WHAT IS YOUR CURRENT RENT? _____

LANDLORD'S ADDRESS: _____

DATE OF MOVE-IN: _____

YOUR ADDRESS/APT. #: _____

2. **PREVIOUS LANDLORD:** _____

PHONE #: _____ FAX #: _____

RENT AMOUNT: \$ _____

LANDLORD'S ADDRESS: _____

DATE OF MOVE-IN: _____ DATE OF MOVE-OUT: _____

YOUR ADDRESS/APT. #: _____

INCOME INFORMATION

Does any family member now receive or expect to receive income from any of the following sources? For each “YES” answer, provide the details in the chart below:

<u>Income</u>		<u>Monthly Gross Income</u>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we am self-employed. (List nature of self-employment and Family Member) _____
		(use <u>net</u> income from business) \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: <u>Name of Employer</u> _____ / _____ <u>Family Member</u> 1) _____ 2) _____ 3) _____
		\$ _____ \$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.
		\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive unemployment benefits.
		\$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive Veteran’s Administration, GI Bill, or National Guard/Military benefits/income.
		\$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive periodic social security payments. <u>Family Member</u> 1) _____ 2) _____
		\$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).
		\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive Supplemental Security Income (SSI). <u>Family Member</u> 1) _____ 2) _____
		\$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive disability or death benefits other than Social Security. <u>Family Member</u> 1) _____ 2) _____
		\$ _____ \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we receive Public Assistance Income (examples: TANF, AFDC)
		\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we am entitled to receive child support payments.
		\$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	I/we am currently receiving child support payments.
		\$ _____

<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we receive alimony/spousal support payments	\$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources _____ and _____ Family Member 1) _____ 2) _____	\$ _____ \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we receive income from real or personal property.	(use <u>net</u> earned income) \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we receive student financial aid (public or private, not including student loans). <u>Family Member</u> 1) _____ 2) _____	\$ _____ \$ _____
		TOTAL HOUSEHOLD MONTHLY INCOME	\$ _____
		TOTAL HOUSEHOLD ANNUAL INCOME (TOTAL MONTHLY INCOME x 12)	\$ _____

Asset Information

			Interest Rate	Cash Value
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we have a checking account(s). If yes, list bank(s) _____ and _____ Family Member 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we have a savings account(s) If yes, list bank(s) _____ and _____ Family Member 1) _____ 2) _____ 3) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we have a revocable trust(s) If yes, list bank(s) 1) _____	_____%	\$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we own real estate. If yes, provide description:		\$ _____

<input type="checkbox"/>	<input type="checkbox"/>	I/we own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names and Family Member 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) and Family Member 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a whole life insurance policy. If yes, how many policies _____		\$ _____

<input type="checkbox"/>	<input type="checkbox"/>	I/we have cash on hand.		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

Student Status

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of persons who are all <u>full-time</u> students (Examples: College/University, trade school, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Does your household anticipate becoming a full-time student household in the next 12 months?

PLEASE CONSIDER COMPLETING THIS OPTIONAL SECTION:

- Do you require special unit design features for mobility impairment? Yes_____ No_____
- Do you require special unit design features for visual impairment? Yes_____ No_____
- Do you require special unit design features for hearing impairment? Yes_____ No_____

APPLICANT CERTIFICATIONS

1. I/we certify that if selected to move into this project, the unit I/we occupy will be my/our primary residence.
2. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
3. I/we understand that false statements or information are punishable under federal law and cause for immediate denial of housing.
4. I/we understand we must provide written notification of any changes to the information on this form, especially address and telephone number.
5. I/we understand that the above information is being collected to determine my/our eligibility for an apartment. I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords, employers, or other sources for credit and verification information which may be released by appropriate federal, state, local agencies, or private persons to the owner/management.
6. I/we agree to allow management to perform a consumer credit check and criminal background check on all adult household members. (I/we may request copies of these documents.) This will be required prior to an application being processed.
7. Housing is subject to availability.

HEAD OF HOUSEHOLD (PLEASE PRINT): _____

SIGNATURE OF HEAD: _____ DATE: _____

SIGNATURE ADULT APPLICANT #2: _____ DATE: _____

SIGNATURE ADULT APPLICANT #3: _____ DATE: _____

*How did you hear about our apartment community?

____ Newspaper ____ Flyer ____ Word of mouth

____ Other (please state) _____

Thank you.