

Northern Valley Catholic Social Service, Inc.
2400 Washington Ave.
Redding, CA 96001
(530) 241-0552

APPLICATION FOR RESIDENCY

EQUAL HOUSING OPPORTUNITY

PLEASE READ CAREFULLY

ALL QUESTIONS MUST BE ANSWERED ON YOUR APPLICATION OR IT WILL NOT BE ACCEPTED AS VALID. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR OCCUPANCY. PLEASE PUT "N/A" IF AN ITEM DOES NOT APPLY TO YOU. IF YOU REQUIRE ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE CONTACT US SO THAT WE MAY SCHEDULE YOU AN APPOINTMENT. THANK YOU!

1. Application Information

<i>NAME</i>	<i>DATE OF BIRTH</i>	<i>SOCIAL SECURITY #</i>	<i>ANNUAL INCOME</i>	<i>DRIVER'S LICENSE #</i>	<i>U.S. CITIZEN? (YES/NO)</i>
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HEAD of Household: _____

CO-HEAD OR SPOUSE: _____

2. Does the Head of Household meet tenant eligibility requirements? ___ Yes ___ No

3. Is the Head of Household on conservatorship? ___ Yes ___ No

4. Do you expect any change in your household composition? ___ Yes ___ No

5. If you answered yes to #4, please explain:

6. Current Address: _____

7. How Long at this address? : _____ Phone #: _____

8. Landlord's name: _____ Phone #: _____

Landlord's address: _____

9. Please identify any special housing needs your household has:

10. HAVE YOU EVER BEEN EVICTED? : _____ If yes, when? : _____

11. HAVE YOU EVER FILED FOR BANKRUPTCY? : _____ If yes, when? : _____

12. HAVE YOU EVER BEEN CONVICTED OF A CRIME? : _____ If yes, when? : _____

Please explain:

13. PREVIOUS RESIDENCE HISTORY (IT IS IMPORTANT THAT YOU INCLUDE THE PHONE NUMBER)

**** If you do not have Rental History, it is necessary for you to provide personal references. Please do not include friends or family members.**

COMPLETE ADDRESS LANDLORD'S NAME, ADDRESS LANDLORD'S PHONE # HOW LONG?

14. EMPLOYMENT HISTORY - HEAD OF HOUSEHOLD (Please include information for the past 5 years)

NAME AND ADDRESS OF EMPLOYER SUPERVISOR POSITION HOW LONG? WHY LEFT? END WAGE/SALARY?

15. EMPLOYMENT HISTORY - CO-HEAD OR SPOUSE

EMPLOYER NAME AND ADDRESS SUPERVISOR POSITION HOW LONG? WHY LEFT? END WAGE/SALARY?

16. CLOSEST RELATIVE (NOT LIVING WITH YOU): _____

ADDRESS: _____ PHONE #: _____

17. IN CASE OF EMERGENCY, WHO SHOULD WE CONTACT? : _____

ADDRESS AND PHONE: _____

18. HOUSEHOLD COMPOSITION

<i>NAME OF ALL WHO WOULD LIVE WITH YOU YES/NO</i>	<i>RELATIONSHIP TO YOU</i>	<i>SEX</i>	<i>SOCIAL SECURITY NUMBER</i>	<i>ANNUAL INCOME</i>	<i>PLACE OF BIRTH</i>	<i>DATE OF BIRTH</i>	<i>FULL-TIME STUDENT? BIRTH</i>
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19. TOTAL MONTHLY INCOME: \$ _____

<i>INCOME SOURCES IN FAMILY</i>	<i>YES / NO</i>		<i>HEAD OF HOUSEHOLD</i>	<i>CO-HEAD OR SPOUSE</i>	<i>OTHER MEMBERS</i>	<i>EMPLOYER OR AGENCY</i>
<i>WORK</i>	<i>O</i>	<i>O</i>	\$	\$	\$	
<i>COMMISSION/TIPS</i>	<i>O</i>	<i>O</i>	\$	\$	\$	
<i>BUSINESS INCOME</i>	<i>O</i>	<i>O</i>	\$	\$	\$	
<i>INTEREST INCOME</i>	<i>O</i>	<i>O</i>	\$	\$	\$	
<i>PENSION OR RETIREMENT</i>	<i>O</i>	<i>O</i>	\$	\$	\$	
<i>DISABILITY COMPENSATION</i>	<i>O</i>	<i>O</i>	\$	\$	\$	
<i>SOCIAL SECURITY PAYMENTS</i>	<i>O</i>	<i>O</i>	\$	\$	\$	
<i>RELIEF (PUBLIC/PRIVATE)</i>	<i>O</i>	<i>O</i>	\$	\$	\$	
<i>ALIMONY</i>	<i>O</i>	<i>O</i>	\$	\$	\$	
<i>CHILD SUPPORT</i>	<i>O</i>	<i>O</i>	\$	\$	\$	
<i>MILITARY PAY</i>	<i>O</i>	<i>O</i>	\$	\$	\$	
<i>G.I. BENEFITS</i>	<i>O</i>	<i>O</i>	\$	\$	\$	
<i>DEATH BENEFIT</i>	<i>O</i>	<i>O</i>	\$	\$	\$	
<i>DISABILITY BENEFIT</i>	<i>O</i>	<i>O</i>	\$	\$	\$	
<i>GENERAL ASSISTANCE/AFDC</i>	<i>O</i>	<i>O</i>	\$	\$	\$	
<i>OTHER:</i>	<i>O</i>	<i>O</i>	\$	\$	\$	

20. DO YOU HAVE A PAYEE () YES () NO - IF YES, PLEASE COMPLETE

NAME: _____ PHONE NUMBER: _____

21. INCOME FROM LAST 12 MONTHS: \$ _____

22. IS YOUR WORK SEASONAL? () YES () NO

23. ANTICIPATED AMOUNT CHILD CARE THIS YEAR: \$ _____

24. ANTICIPATED AMOUNT OF MEDICAL EXPENSES: \$ _____

25. NET FAMILY ASSETS (ANTICIPATED FOR NEXT 12 MONTHS)

<i>TYPE</i>	<i>YES / NO</i>		<i>AMOUNT</i>	<i>ACCOUNT #</i>	<i>BANK NAME AND ADDRESS</i>
SAVINGS	<input type="radio"/>	<input type="radio"/>	\$		
CHECKING	<input type="radio"/>	<input type="radio"/>	\$		
STOCKS/BONDS	<input type="radio"/>	<input type="radio"/>	\$		
REAL ESTATE	<input type="radio"/>	<input type="radio"/>	\$		
OTHER:	<input type="radio"/>	<input type="radio"/>	\$		

HAVE ANY PROPOSED HOUSEHOLD MEMBERS DISPOSED OF ANY ASSETS OF THE TYPES LISTED AT LESS THAN FAIR MARKET VALUE DURING THE PAST TWO YEARS? **YES () NO ()**

IF YES, PLEASE EXPLAIN _____

26. CREDIT ACCOUNTS

<i>HOUSEHOLD MEMBER NAME</i>	<i>ACCOUNT NAME</i>	<i>ACCOUNT NUMBER</i>	<i>LOCATION</i>

27. ARE YOU AN EMPLOYEE OF Northern Valley Catholic Social Service, A RELATIVE OF AN EMPLOYEE, OR A BOARD MEMBER at Northern Valley Catholic Social Service?

YES () NO ()

I UNDERSTAND THE INFORMATION I HAVE PROVIDED IS NECESSARY TO DETERMINE MY ELIGIBILITY FOR RESIDENCY. I THEREFORE AGREE TO GIVE THE OWNER AND AUTHORIZED AGENT THE AUTHORITY TO INVESTIGATE ANY INFORMATION THAT MAY AFFECT TENANCY, INCLUDING BUT NOT LIMITED TO, MY CREDIT HISTORY, MY CURRENT AND PAST RENTAL RECORDS, AND ANY CURRENT OR PAST CRIMINAL ACTIVITY. I UNDERSTAND THAT THE INFORMATION OBTAINED WILL BE USED FOR MANAGEMENT PURPOSES ONLY AND WILL BE HELD IN STRICTEST CONFIDENCE. I AUTHORIZE *NVCSS Housing* TO VERIFY THE ABOVE INFORMATION AND CONSENT TO PROVIDING FURTHER INFORMATION IF NECESSARY TO DETERMINE MY ELIGIBILITY.

THE APPLICANT INFORMATION THAT I HAVE GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FRAUDULENT INFORMATION CAN AUTOMATICALLY DISQUALIFY THIS APPLICATION FOR RESIDENCY. TITLE 18, SECTION 1001 OF THE UNITED STATES CODE REPORTS THAT AN INDIVIDUAL IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE U.S. GOVERNMENT.

HUD AND ANY OWNER (or any employee of HUD or the owner) MAY ENCOUNTER PENALTIES FOR UNAUTHORIZED DISCLOSURE OR INAPPROPRIATE USE OF INFORMATION COLLECTED BASED ON THE CONSENT FORM. ANY INDIVIDUAL WHO OBTAINS, REQUESTS, OR DISCLOSES INFORMATION UNDER FALSE PRETENSES IN REGARDS TO AN APPLICANT MAY BE SUBJECT TO A MISDEMEANOR OR FINED \$5000.00.

IF AN APPLICANT IS AFFECTED BY IMPROPER DISCLOSURE OF INFORMATION, S/HE MAY SEEK CIVIL ACTION FOR DAMAGES AND FURTHER RELIEF AGAINST THE INDIVIDUAL RESPONSIBLE FOR THE INAPPROPRIATE DISCLOSURE AND/OR USE OF INFORMATION. PENALTY PROVISIONS FOR MISUSING SOCIAL SECURITY NUMBERS ARE CONTAINED IN THE SOCIAL SECURITY ACT AT 42 USC, 208 (F), (G), AND (H). VIOLATIONS OF THESE PROVISIONS ARE CITED AS SUCH OF 42 USC, 408 (F), (G), AND (H).

I CERTIFY THAT THE HOUSING I OR WE WILL OCCUPY AT *NVCSS Housing* WILL BE MY/OUR PERMANENT RESIDENCE. I/WE FURTHER CERTIFY THAT I/WE WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION.

APPLICANT: _____ DATE: _____

CO-APPLICANT: _____ DATE: _____

FOR OFFICE USE ONLY: Application Received: _____ Time: _____

*Applicant meets eligibility requirements? () Yes () No

*If no: Date Denial Letter Sent: _____ Date Appealed (if any): _____

*If yes: Applicant Number: _____ Date placed on Waiting List: _____ Time: _____

NVCSS does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted program and activities.