



## APPLICATION FOR TENANCY

Thank you for your interest in IMACA's Housing programs. Please complete the following Application for Tenancy. If you provide complete information, your application will be promptly processed. If incomplete, we will not be able to accept the application.

Completing this application does not guarantee immediate tenancy. Once your eligibility is determined, you will be notified. If you are eligible, your name will be placed on a waiting list, in the order your application was received.

### IMPORTANT APPLICATION INFORMATION

- Ensure **ALL** information is accurate and complete
- Ensure **ALL** pages that require signatures and dates are completed
- We must have a current phone number (or message phone)
- We must have a current mailing address and physical address.

### PLEASE ATTACH THE FOLLOWING DOCUMENTS

- Proof of Income for the past thirty days for all members of the household who are 18 years of age or older. (i.e., Social Security statement, Check stubs, TANF, General Assistance (GA), Pension information or other income sources.)
- Copy of Driver's License for all applicants 18 years of age or older. If you do not have a Driver's license, you may provide a photo ID.
- Copy of most recent bank statements for all accounts if you have an account.
- Copy of Social Security Cards for all household members.

#### For Office Use Only

Date Submitted to IMACA: \_\_\_\_\_

Application Reviewed for completeness by: \_\_\_\_\_

Date returned to applicant for more information: \_\_\_\_\_

Date placed on Waiting List: \_\_\_\_\_

Final approval completed by: \_\_\_\_\_



## APPLICATION FOR TENANCY

Select the apartments you are applying for:

- Glass Mountain Apartments: 25 Mountain Blvd, Mammoth Lakes, CA 93546
- Valley Apartments: 156 Clark St. Bishop, CA 93514 (Age 62 and over)

<b>Section 1 Household Information (legal names of all who will occupy apartment)</b>				
Name	SSN	Date of Birth	Relationship	Sex (M or F)
1			Applicant	
2				
3				
4				

<b>Section 2 Contact Information</b>	
Current Physical Address	
Current Mailing Address	
Current Phone # (or Message #)	

<b>Section 3 Housing History and References for Last Three Years</b>				
Address (include city, state and zip)	Move-in date	Move-out date	Landlord Name	Landlord Phone number

<b>Section 4 a Employment History (Applicant) for last 3 years</b>				
Current employer(s)	Employment dates	Phone #	Supervisor	Gross income/mo.
Previous employers	Employment dates	Phone #	Supervisor	Gross income/mo.

<b>Section 4 b Employment History (Co-applicant) for last 3 years</b>				
Current employer(s)	Employment dates	Phone #	Supervisor	Gross income/mo.
Previous employers	Employment dates	Phone #	Supervisor	Gross income/mo.

<b>Section 5 Income Sources (see Supporting Documentation Form, p. 6)</b>				
Source of income (use code at right)	Gross \$/month	Gross \$/year	Who Receives	Office Use
				<b>Source Code</b> P = Pension SS = Social Security SI = SSI T = TANF GA = General Assistance CS = Child Support I = Indian Trust/per capita N = Other non-wage source B = Own Business M = Military Pay F = Federal Wage W = wages U = Unemployment Benefits AI = Asset Income
<b>Total Income</b>	\$ /mo	\$ /yr		

<b>Section 6 Financial Information: If no Bank Account, write "NO ACCOUNT"</b>		
Bank Account Branch		
Checking Account #:		
Savings Account #:		
Other Account #		
<b>Monthly Payments (obligations)</b>		
Name of Creditor	Type (auto, medical, etc)	Monthly Payment
		\$
		\$
		\$
		\$

<b>Automobile</b>			
Make/Year	Color	License Plate No.	Is Registration Current?

<b>Section 7 Alternate Contact Information</b>		
Nearest Relative	Phone #	Complete Mailing Address
Alternate Contact in case of emergency	Phone #	Complete Mailing Address

<b>Section 8 Disability Subsidy</b>		
	<b>YES</b>	<b>NO</b>
Do you wish to request a handicap accessible unit?		
Are there any reasonable accommodations or specific services that you would like to request (specify):		
Which member of your household entitles you to these accommodations?		

<b>Section 9 Notification of Felony</b>		
	<b>YES</b>	<b>NO</b>
Have you or anyone living in your household been convicted of a registered Felony?		
If Yes, Explain conviction and include year:		

**NOTE:** Prior to signing of the lease, management reserves the right to refund the deposit of any applicant who is approved.

I/we certify that the housing I/we occupy at Glass Mountain Apartments, or the Valley Apartments will be my/our residence of record. I/We further certify that I/we will not maintain a separate subsidized rental unit in a different location.

Tenant(s) understands that the **Glass Mountain Apartments** is SRO (Single Room Occupancy) and certifies that there will not be **more than (1) adult & (2) children or (2) adults & (1) child per unit and no pets in occupancy.**

Tenant Understands that **Valley Apartments is SRO and certifies that there will not be more than (1) adult and no pets in occupancy.** Tenant(s) understand that should occupancy vary from the signed Application or false information be furnished on the Application, Tenant(s) shall be subject to eviction. If the eviction occurs, Tenant(s) will move on their own expense.

Applicant hereby verifies that the above information is accurate and complete. Any misrepresentation will disqualify the applicant.

\_\_\_\_\_  
Applicant Name (PRINT)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Name (PRINT)

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

## Supporting Documentation Form

This form is to be attached to all applications and signed by all applicants and attached to their initial certification.

Names of Applicant(s)/Resident(s): \_\_\_\_\_  
Please PRINT First and Last Name(s)

Please review all items listed below and initial on the line provided that applies to your income, assets, family circumstances, family composition and allowances. Please attach any records or documents that will substantiate each item.

### Record for Income Sources Information:

\_\_\_\_\_ Paycheck Stubs \_\_\_\_\_ W-2 Forms  
\_\_\_\_\_ Income Tax Return (state and Federal) \_\_\_\_\_ Wage Tax receipts  
\_\_\_\_\_ Pensions and Annuities (provide latest stub from issuing institution)  
\_\_\_\_\_ Social Security – (provided current award letter)  
\_\_\_\_\_ SSI (provide current award letter)  
\_\_\_\_\_ Unemployment Compensation (provide determination letter Form 2000, Form UC30 or latest check stub)  
\_\_\_\_\_ AFDC (provide latest award letter/recent check stub)  
\_\_\_\_\_ Workman's Compensation (provide Form DOL203, recent Check stub)  
\_\_\_\_\_ Alimony (provide copy of court order)  
\_\_\_\_\_ Child Support (provide copy of court order)  
\_\_\_\_\_ Educational Scholarships/Stipends (provide latest award letter)  
\_\_\_\_\_ Trade Union Benefits (provide recent check stub)  
\_\_\_\_\_ Other Public Assistance (provide latest award letter)  
\_\_\_\_\_ Income from Assets (provide latest statements)

### Asset Information

\_\_\_\_\_ Bank Statement \_\_\_\_\_ Stock/Bond Certificates  
\_\_\_\_\_ Mortgage Note \_\_\_\_\_ Income Tax Return  
\_\_\_\_\_ Certificate of Deposit \_\_\_\_\_ Real Estate Tax Receipts

### Records of Identification Family Circumstances or Family Composition

\_\_\_\_\_ Social Security Records  
\_\_\_\_\_ Income Tax Returns for Self Employed  
\_\_\_\_\_ Driver's License

I/We hereby certify that I/we have reported all income, assets, family circumstances, family composition and allowances as requested by IMACA.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant/Resident Signature

\_\_\_\_\_  
Date

## CERTIFICATION OF EXPENSES AND ASSETS

This form is a required attachment to the "RENTAL APPLICATION" and "RECERTIFICATION WORKSHEET". The requirement to collect the information requested herein is found in the Federal Government Regulations covering Assistance Payments on behalf of eligible Tenants/Households residing in this Rent Subsidized Project.

- EVERY QUESTION MUST BE ANSWERED. And if the answer is YES, then an explanation must be given.

### NET FAMILY ASSETS.

Do you or any member of your household....

1. Have cash in savings and/or checking accounts, safety deposit boxes, the home, etc.  
\_\_\_ Yes No \_\_\_. If yes, how much and under whose control?
  
2. Have a trust available to them to which they have access?  
\_\_\_ Yes No \_\_\_. If yes, what is the value of the trust and who is the beneficiary?
  
3. Have equity in rental property or other capital investments?  
\_\_\_ Yes No \_\_\_. If yes, describe the property(s) and/or investment(s), the value represented therein, and in whose name(s) they are held.
  
4. Have investments in stocks, bonds, treasury bills, certificates of deposit, money market funds, or any other negotiable investments not covered elsewhere in this questionnaire?  
\_\_\_ Yes No \_\_\_
  
5. Have an Individual Retirement Account (IRA), or a Keogh Account?  
\_\_\_ Yes No \_\_\_. If yes, list the controlling party(s) name(s) on the account(s) and the value of the account(s).
  
6. Have benefits in a retirement and/or pension fund?  
\_\_\_ Yes No \_\_\_. If yes, and the beneficiary is still employed, state the amount the individual and/or family can withdraw without retiring or terminating employment.



## Household Composition

“The information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through its Farmers Home Administration, that Federal Law prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap are complied with. **You are not required to furnish this information, but are encouraged to do so.** This information will not be used in evaluating your application or to discriminate against you in any way. However if you choose not to furnish it, the owner is required to note the race/nation origin and sex of individual applicants on the basis of visual observation or surname.”

### Primary applicant Demographic information

1. \_\_\_\_\_ Male \_\_\_\_\_ Female

2. \_\_\_\_\_ Hispanic or Latino (of any race)

\_\_\_\_\_ Not Hispanic or Latino

3. Race

\_\_\_\_\_ White

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native American or Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ Some other Race

\_\_\_\_\_ Two or more Races

As specified in Federal Register Vol. 62, No 210, pg58782, 10/20/1997, and USDA MFH Project Manager Bulletin #14, dated 6/27/2002

**Client Intake Form**  
**IMACA CSBG (Rev. 1/12) Shaded Areas for Official Use Only**

Service Codes			
Priority Points			

Agency Location:	Intake Staff:	Intake Date:
------------------	---------------	--------------

First Name	Middle Initial	Last Name	Sex	Age	Date Of Birth (mm/dd/yyyy)
Street Address			Unit #	City	County
Mailing Address (if different than above)			City	County	State
Telephone Number ( )	Telephone Number ( )	<input type="checkbox"/> Message	Total number of persons living in household including yourself.		

**Household Member Information: Include yourself**

Name of Household Member	Sex	Date of Birth	Relationship To Applicant	Race/Ethnicity: Black not Hispanic, White not Hispanic, Hispanic or Latino, Asian, Hawaiian or Pacific Islander, Native American or Alaskan, Other, Multi-Race	Education: 0-8 Grade, 9-12, HS Graduate or GED, 12+ some secondary or College Degree	Other Characteristics: Disabled, Have Health Insurance, Farmer, Migrant or Seasonal Farm Worker, Veteran
1		/ /				
2		/ /				
3		/ /				
4		/ /				
5		/ /				
6		/ /				
7		/ /				

**Household Information**

**Household Income Sources**

**Housing** (check all that apply to your household)

A.  Own  
 B.  Rent  
 C.  Homeless  
 D.  Subsidized or Public Housing

E.  Mobile Home  
 F.  Apartment/Duplex  
 G.  Single Family Home  
 H.  All Electric Home

**Family Type** (check one)

A.  Single Parent/Female  
 B.  Single Parent/Male  
 C.  Two Parent Household  
 D.  Single Person

E.  Two Adults/no Children  
 F.  Other  
 G.  Teen Parents (under 20)  
 H.  Single Teen Parent (under 20)

**I am Interested in More Information About:**

A.  Food Assistance  
 B.  Energy Assistance  
 C.  Weatherization  
 D.  Youth or Adult Conservation Corps  
 E.  Holiday Food Baskets/Gifts Program  
 F.  Child Care Subsidy/Community Connections for Children (Mono County)

G.  Head Start/State Preschool  
 H.  Housing Assistance  
 I.  Garden Assistance  
 J.  Volunteering with IMACA  
 K.  Other

Enter total gross monthly income for all persons living in the household:

No Income \$ \_\_\_\_\_  
 TANF \$ \_\_\_\_\_  
 SSI/SSP \$ \_\_\_\_\_  
 Social Security \$ \_\_\_\_\_  
 Pension \$ \_\_\_\_\_  
 General Assistance \$ \_\_\_\_\_  
 Unemployment \$ \_\_\_\_\_  
 Veterans Benefits \$ \_\_\_\_\_  
 1 - Employment \$ \_\_\_\_\_  
 2 - Employment \$ \_\_\_\_\_  
 3 - Employment \$ \_\_\_\_\_  
 4 - Employment \$ \_\_\_\_\_  
 OTHER \$ \_\_\_\_\_

**Total Monthly Income** \$ \_\_\_\_\_

Annual Income \$ \_\_\_\_\_  
 Percentage of Poverty Level \_\_\_\_\_ %

**Applicants Statement:** The information on this application will be used to determine and verify my eligibility for assistance with any IMACA program. I also understand that IMACA does not discriminate in the provision of services on the basis of race, color, national origin, disability, age, or sex. I certify that the information I have given is correct and is not provided with the intent to defraud and I am aware that any deliberate falsification of information will be grounds for immediate dismissal from any IMACA program. I hereby acknowledge that the information relating to the determination of my eligibility requires verification and/or documentation, and that by my signature I authorize all parties, whether agencies or individuals, to release any and all such information.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Witness' Signature (if signed with an X) \_\_\_\_\_