

CALIFORNIA SQUARE I

1600 Garland Ave. Louisville, KY 40210

502-589-2023 Fax 502-585-5638

Dear Applicant,

Thank you for applying with California Square I Apartments. Once you have completed the application, please call the management office and schedule an appointment to return your application. **502-589-2023**

You will need to bring the following documents to your appointment. Applications cannot be processed without all of these items.

1. Proof of Income – 8 weeks of pay stubs and/or a CURRENT social security award letter and/or a CURRENT VA benefits letter and/or a CURRENT pension statement.
2. Original Birth Certificate – This must be a certified copy. The birth certificate with the baby's footprints is not an acceptable form.
3. Social Security Card –
4. Photo Identification – Must be government issued and valid.

California Square I, is a NON-SMOKING property. This means that there will be no smoking allowed in all apartments or balconies (if applicable). Please carefully consider this when deciding to schedule an appointment.

Please do not hesitate to contact the office with any questions regarding this application. If you need assistance when filling out any of the documents, please mention this when making your appointment. We look forward to meeting you.

Sincerely,

Emily Pfeifer

Emily Pfeifer

Senior Area Manager

APPLICATION LETTER

Dear Applicant:

We wish to make you aware, that your submission of an application does not guarantee that any housing will be made available to you or your household.

Your name will be placed on the waiting list with other applicants. We will contact you from time to time to update your application. You should contact us with any new information or change of address. Your name is among those who will be considered for upcoming housing and your application will be carefully reviewed. We will review and evaluate, among other things, your credit and payment history and rental history for two years before the review. You have the right to be treated fairly in this evaluation. Your signature below authorizes management to obtain one or more "consumer report" as defined in the Fair Credit Reporting Act, 15 U. S. C. section 1681a(d), seeking information on creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

Our property and its personnel do not discriminate. All persons will be treated fairly and equally without regard to race, color, creed, religion, sex, familial status, national origin or ancestry, age, disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities in compliance with the Fair Housing Act. In addition, pursuant to Section 504 we provide reasonable accommodations to applicants if they or any family members have a disability. All requests for reasonable accommodations are subject to verification of need by a certified medical physician.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with a disability. An outside agency may assist an applicant with a disability to meet the complex's applicant screening criteria.

An applicant household that has a member with a disability must still be able to meet all essential obligations of residency – they must be able to pay rent, to care for their apartment, to report required information to the Community Manager, avoid disturbing their neighbors, etc, but there is no requirement that they be able to do these things without assistance.

If you or a member of your household has a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. Should you prefer not to discuss your situation with management that is your right.

Should you have any questions, you may contact the Community Manager at the community to which your application is submitted.

APPLICANT SIGNATURE

DATE

APPLICANT SIGNATURE

DATE



California Square I
 1600 Garland Avenue
 Louisville, KY 40210

Phone: (502) 589-2023

Fax: (502) 585-5638

RENTAL APPLICATION

Name:	For Office Use Only	
	Date: // //	Time: // //
Phone:	Application No:	

INSTRUCTIONS TO APPLICANT

Each household member 18 years of age and older must complete a separate application. •
 ALL lines must be filled in. You may write "NONE" or "NO" in a line, but DO NOT leave a line blank or write N/A. •
 All information should be complete and correct. False, incomplete or misleading information will cause your application to be declined. •
 If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change. •
 As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes, or whenever you need to add or remove a household member from your application.
 After we receive your complete application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List. This does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible, or does not meet our Screening Criteria, your application will be declined.
 We will process your application according to our standard procedures which are summarized in the Resident Selection Plan, posted in the Management Office. •

HOUSEHOLD INFORMATION

Full Name of Household Members as they appear on SS Card	Relation-ship	Sex	Age	Y/N	Date of Birth	Birth-place City	Birth-place State	Social Security No. or Alien Registration No.	Drivers	License
									Number	St.
1.	Head									
2.										
3.										
4.										
5.										
6.										
7.										
8.										
• Are you currently receiving Section 8?									Yes	No
• Will any of the household members live anywhere except in your apartment?									Yes	No
• Are there any other persons who will live in your apartment on a less than full-time basis?									Yes	No
• Have you or any other member of your household ever used any name(s) or social security number(s) other than the one you are currently using?									Yes	No
• If you answered "YES" to any question above, please explain:										
• Are you or any member of the household full time or part time students? If you answered yes, please explain:									Yes	No
• Do you or any household member participate in the Medicare Prescription Drug Plan – Part D?									Yes	No

RESIDENCE HISTORY

You must report ALL places you have lived for the past five (5) years. Use an additional sheet if necessary.

	Street Address:	From: _____	Landlord Name:
Present	City: _____ County: _____ State: _____ Zip: _____	To: _____	Landlord Phone: _____
Address	Reason for Moving: _____		Street Address: _____
	Was this Federally Assisted Housing? - Yes - No	Amount of Rent: \$ _____	City: _____ State: _____ Zip: _____
	Street Address: _____	From: _____	Landlord Name: _____
Previous	City: _____ County: _____ State: _____ Zip: _____	To: _____	Landlord Phone: _____
Address	Reason for Moving: _____		Street Address: _____
	Was this Federally Assisted Housing? - Yes - No	Amount of Rent: \$ _____	City: _____ State: _____ Zip: _____
	Street Address: _____	From: _____	Landlord Name: _____
Previous	City: _____ County: _____ State: _____ Zip: _____	To: _____	Landlord Phone: _____
Address	Reason for Moving: _____		Street Address: _____
	Was this Federally Assisted Housing? - Yes - No	Amount of Rent: \$ _____	City: _____ State: _____ Zip: _____
	Street Address: _____	From: _____	Landlord Name: _____
Previous	City: _____ County: _____ State: _____ Zip: _____	To: _____	Landlord Phone: _____
Address	Reason for Moving: _____		Street Address: _____
	Was this Federally Assisted Housing? - Yes - No	Amount of Rent: \$ _____	City: _____ State: _____ Zip: _____
	Street Address: _____	From: _____	Landlord Name: _____
Previous	City: _____ County: _____ State: _____ Zip: _____	To: _____	Landlord Phone: _____
Address	Reason for Moving: _____		Street Address: _____
	Was this Federally Assisted Housing? - Yes - No	Amount of Rent: \$ _____	City: _____ State: _____ Zip: _____

You must report ALL states you have resided in since the age of 18. All applicants 18 and older are required to report this information.

State:	From: _____	To: _____	Last Street Address in that State: _____	City: _____	County: _____
State:	From: _____	To: _____	Last Street Address in that State: _____	City: _____	County: _____
State:	From: _____	To: _____	Last Street Address in that State: _____	City: _____	County: _____
State:	From: _____	To: _____	Last Street Address in that State: _____	City: _____	County: _____
State:	From: _____	To: _____	Last Street Address in that State: _____	City: _____	County: _____

	Yes	No	If 'Yes' you must answer the following:
Have you or any member of your household ever been evicted?	Y	N	From Where? _____ When? _____ Why? _____
Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity?	Y	N	From Where? _____ When? _____
Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community or Previous Landlord?	Y	N	To Whom? _____ How Much? \$ _____
Explain: Have you or any member of your household ever committed any fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs?	Y	N	

ASSET INFORMATION

You **must** report ALL Assets below. Use an additional sheet if necessary.

CHECKING	Name of Bank:	Avg. 6 Month Balance:	Current Interest Rate:
Account No:	Address:		
	City:	State	Zip:
		Bank Phone Number:	

SAVINGS	Name of Bank:	Current Balance:	Current Interest Rate:
Account No:	Address:		
	City:	State	Zip:
		Bank Phone Number:	

Stocks, Bonds, CDs, Life Insurance Policies, Etc.	Name of Institution:	Current Value	Annual Income:
Type of Asset:	Address:		
Account No:	City:	State	Zip:
		Institution Phone Number:	

Stocks, Bonds, CDs, Life Insurance Policies, Etc.	Name of Institution:	Current Value	Annual Income:
Type of Asset:	Address:		
Account No:	City:	State	Zip:
		Institution Phone Number:	

	Yes	No	
•Has any household member disposed of any assets for <i>Less than Fair Market Value</i> during the past two (2) years?	~	~	If 'Yes' you must answer the following:
			Date Disposed of:
			Description of Asset:
•Has any household member sold any Real Estate in the last two years?	~	~	Date Disposed of:
			Description of Asset:
			Sales Price: \$
•Does any household member have an interest in any Real Estate, Boat or Mobile Home?	~	~	Description of Asset: Value: \$
			Annual Income from Asset: \$

SOURCES OF INCOME

You **must** report income from ALL sources. This includes but is not limited to Employment, Public Assistance, Social Security, SSI Disability Compensation, Unemployment Compensation, Workers Compensation, Retirement Benefits, Veterans Benefits, Child Support, Alimony, Educational Grants, Scholarships, etc. *If anyone outside your household gives you money or pays your bills, you must report it as a source of income.* Use additional sheets if necessary.

Name of Employer, Agency or Person providing income:	Name of Supervisor or Agency Contact:	Average Annual Income from this Source: \$
Address:	Phone Number:	
City:	State	Zip:
	Income: \$ _____ per _____ (hr/wk/mo/yr/etc)	
Name of Employer, Agency or Person providing income:	Name of Supervisor or Agency Contact:	Average Annual Income from this Source: \$
Address:	Phone Number:	
City:	State	Zip:
	Income: \$ _____ per _____ (hr/wk/mo/yr/etc)	
Name of Employer, Agency or Person providing income:	Name of Supervisor or Agency Contact:	Average Annual Income from this Source: \$
Address:	Phone Number:	
City:	State	Zip:
	Income: \$ _____ per _____ (hr/wk/mo/yr/etc)	

CHILD CARE EXPENSES

If you pay for Child Care, please list name of provider(s) below.

Name of Provider:	Street Address:			Does this expense allow you to work, seek employment or attend school? - Yes - No
Phone:	City:	State:	Zip:	Amount you pay: \$ _____ per
Name of Provider:	Street Address:			Does this expense allow you to work, seek employment or attend school? - Yes - No
Phone:	City:	State:	Zip:	Amount you pay: \$ _____ per

HANDICAP CARE EXPENSES

If you pay for care of Handicapped or Disabled household member, list name of provider(s) below.

Name of Provider:	Street Address:			Does this expense allow you to work or seek employment? - Yes - No
Phone:	City:	State:	Zip:	Amount you pay: \$ _____ per
Name of Provider:	Street Address:			Does this expense allow you to work or seek employment? - Yes - No
Phone:	City:	State:	Zip:	Amount you pay: \$ _____ per

AUTOMOBILES AND OTHER VEHICLES

List all motor vehicles, including motorcycles owned by or registered to household members. Use additional sheets if necessary.

Make and Model Number:	License Plate Number:	State:	Insurance Agent:	Phone:
Color:	Year:	License Expiration Date:	Street Address:	Policy No:
Name on Registration:	VIN #	City:	State:	Zip:
Expiration Date:				
Make and Model Number:	License Plate Number:	State:	Insurance Agent:	Phone:
Color:	Year:	License Expiration Date:	Street Address:	Policy No:
Name on Registration:	VIN #	City:	State:	Zip:
Expiration Date:				

RENTERS INSURANCE

We recommend that you carry Renters Insurance. *Your personal belongings are not covered by our insurance.* If you have coverage, please provide information below.

Insurance Agent:	Phone:
Street Address:	Policy No:
City:	State:
Zip:	Expiration Date:

PERSONAL REFERENCES

List three (3) references (Not related to you).

Name:	Address:
Phone No:	City:
	State:
	Zip:
Name:	Address:
Phone No:	City:
	State:
	Zip:
Name:	Address:
Phone No:	City:
	State:
	Zip:

EMERGENCY CONTACT

Provide the name of the person and an alternate; we should contact in case of an emergency.

Name:		Address:		
Phone No:	Relationship to you:	City:	State:	Zip:
Name:		Address:		
Phone No:	Relationship to you:	City:	State:	Zip:

ELDERLY/HANDICAPPED/DISABLED STATUS

We are required by HUD to request the following information for the purpose of determining eligibility for admission to our Section 8 Program. In addition to giving special considerations with regards to allowances in determining rent we also will make reasonable accommodations or modifications based on disability. Please check any box that applies to you:

Head of Household and/or Spouse is: 62 years of age or older ~ Handicapped ~ Disabled

If you checked one of the boxes above, complete this section. List payments made on outstanding medical bills; medical insurance premiums; medical and dental costs that are NOT covered by insurance. Use a separate sheet if necessary.

Name of Provider:		Street Address:		Description of Expense:	
Phone:	Policy No:	City:	State:	Zip:	Amount you pay: \$ per
Name of Provider:		Street Address:		Description of Expense:	
Phone:	Policy No:	City:	State:	Zip:	Amount you pay: \$ per
Name of Provider:		Street Address:		Description of Expense:	
Phone:	Policy No:	City:	State:	Zip:	Amount you pay: \$ per
Name of Provider:		Street Address:		Description of Expense:	
Phone:	Policy No:	City:	State:	Zip:	Amount you pay: \$ per

CRIMINAL HISTORY

This property's eligibility criteria excludes housing to individuals and households with specific types of criminal activity in their history. You *must* answer the following questions completely and truthfully. If any of the answers are false, misleading or incomplete your application may be rejected, OR, if m in has occurred, you may be evicted.

	Yes	No	If 'Yes' you must answer the following:	Details:
Have you or any member of your household ever been convicted of drug-related criminal activity?			Who? When?	
Have you or any member of your household ever been convicted of violent criminal activity?			Who? When? Details:	
Are you or any member of your household a current, illegal user of or addicted to a controlled substance?			Who? Details:	
Have you or any member of your household ever been convicted of the illegal manufacture or distribution of a controlled substance?			Who? When? Details:	
Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity?			From Where? When?	
Have you or any member of your household ever been on parole or are now on parole?			Who? When? Details:	
Have you or any member of your household currently or in the past used illegal drugs?			Who? Details:	
Are you or any member of your household subject to registration under a State sex offender registration program?			Who? When? Where?	

APPLICANT CERTIFICATION

Read each statement below and initial that you understand and agree.

(Initial) I have read and understand the information in this application, in particular the instructions to Applicant, and agree to comply with all information and instructions.

(Initial) I have read and understand the Resident Selection Plan, that is posted in the Management Office and summarizes the procedures for processing applications.

(Initial) I certify that all information given in this application is true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, Management may decline my application, OR, if move-in has occurred, terminate my lease and evict me and my household.

(Initial) I understand that ALL CHANGES in the income of any member of the household, as well as any changes in the household members must be reported to Management in writing immediately.

(Initial) I understand that if I or any household member needs a reasonable accommodation or reasonable modification, I must inform management of our needs.

(Initial) If my application is approved and move-in occurs, I certify that only those persons listed in this application will occupy the apartment, and that they will maintain no other place of residence.

(Initial) If this application is approved and move-in occurs, I certify that all household members will accept and comply with all conditions of occupancy as set forth therein, including rules regarding pets, rent, damages, and security deposits.

(Initial) I authorize Management to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, previous and current landlords, law enforcement agencies or other sources for verification confirmation which may be released to appropriate Federal State or local agencies.

(Initial) I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy and/or for the purposes of securing a lower rent in a subsidized housing development.

(Initial) I understand that the penalty for knowingly providing false information is up to five (5) years in prison and/or up to a \$10,000 fine upon conviction.

APPLICANT SIGNATURE

DATE

For marketing purposes, how did you hear about California Square II?

It is the policy of this company to provide housing on an Equal Opportunity basis. We do not discriminate on the basis of race, religion, color, sex, familial status, national origin or handicap.

If you feel you have been discriminated against by this company, please call Zac Napierski 801-328-1866.

Revised: 12/06

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at **208 (a) (6), (7) and (8)**. Violation of these provisions are cited as violations of 42 U.S.C. **408 (a) (6), (7) and (8)**.



