

DATE _____



Redwood Community Action Agency
904 G Street Eureka, CA 9550
(707) 269-2014 (707) 269-2011



APPLICATION FOR OCCUPANCY

Separate Applications Are Required for Each Person Over 18 Years of Age

Applicant _____ Phone _____

Current Address: _____

Application to rent property at _____

Size: [] Studio [] 1 Bedroom [] 2 Bedroom [] 3 Bedroom [] Other [] Handicapped-disabled

TO THE APPLICANT: Please fill out this form completely. All references will be checked and if any information is found to be false or incomplete, the application may be rejected. **List below all persons who will be living in the unit, including applicant.**

HOUSEHOLD MEMBER	SOCIAL SECURITY #	BIRTH DATE	SEX M/F	DRIVERS LICENSE	RELATIONSHIP TO APPLICANT

Is any member of this household handicapped or disabled? [] Yes [] No

If yes, who? _____ Does this person use a wheel chair? [] Yes [] No

Does this person receive attendant care? [] Yes [] No

If yes, is attendant live in? [] Yes [] No

Who, if anyone, in you household is receiving attendant care? _____

Who do you employ as an attendant in order for a family member to work? _____

Describe any medical expenses you have that are not covered by insurance _____

Describe any childcare expenses you have for children 12 years old and under _____

Office Use Only***Do Not Write Below This Line*****Office Use Only**

[] JR [] TD [] WL Race/Ethnicity... [] W [] AI-AN [] A [] B [] NH-PI [] B&W
[] AI-AN&W [] A&W [] NH-PI &W [] O Hispanic-Latino [] Y [] N

1. [] + Income 2. [] No size avail 3. [] Screen Criteria a. [] Unable to contact b. [] Neg Info
c. [] Missing/Inaccurate Info d. [] Other [] W/D **MFI: 30/50 [] 50/80 [] 80+ [] # FAM []**

Date and By _____

DESCRIBE ANY PETS you or anyone in your household may own (Cat, Dog, Bird, etc.)

You must submit the shot and neuter/spay records along with a photo of all pet(s). An additional deposit is required for each pet. No dogs (where permitted) are considered over 25 pounds **full adult weight**.

Are any of these pets considered a Companion or Service Animal? Yes [] No []

Name of your Physician **qualifying you for Service or Companion Animal:**

Name _____ Phone Number _____

You will need to provide documentation qualifying you for a Companion or Service Animal

Pets are permitted at specific properties only: Maximum 2 pets per unit, where pets are permitted. No exotic pets allowed, such as scorpions, snakes, and rodents. **Caged** birds only will be considered. Changes to this policy must be agreed to in writing only.

300 & 320 9th St-Fortuna: Small dogs may be considered for downstairs units only. Cats will be considered

1015 Loni Dr-Fortuna: Cats and small dogs considered

829 C St-Eureka: Cats will be considered. No dogs permitted

1528 3rd St-Eureka: Cats and small dogs will be considered.

828 G, 525 & 523 9th- Eureka: Pets negotiable, depending on pet, and on a tenant-by-tenant basis.

924 G St-Eureka: No pets permitted

1419 through 1457 Murray Road-McKinleyville: Dogs and cats permitted according to specific pet policy only.

◆Have you previously submitted an application for a rental with RCAA? If so, when? _____

◆Are you being, or have you ever been evicted? ____Yes ____No If yes, explain:

◆Has any household member's rental assistance or tenancy in a subsidized housing program ever been terminated for fraud, nonpayment of rent, or failure to cooperate with recertification procedures? _____Yes _____No. If yes, explain the circumstances:

CURRENT LANDLORD

Name/Address of **Current Landlord** _____

Landlord's Phone Number (H) _____ (W) _____

Monthly Rent _____ Amount of Monthly Utilities _____

Lived here from: **(Month & Year Required)** From: _____ To _____

Rental Address _____

Reason for leaving _____

Office Use Only _____

PREVIOUS LANDLORD

Name/Address of Landlord _____

Landlord's phone number (H) _____ (W) _____

Monthly Rent _____ Amount of Monthly Utilities _____

Lived here from: **(Month & Year Required)** From: _____ To _____

Rental Address _____

Reason for leaving _____

Office Use Only _____

PREVIOUS LANDLORD

Name/Address of Landlord _____

Landlord's phone number (H) _____ (W) _____

Monthly Rent _____ Amount of Monthly Utilities _____

Lived here from: **(Month & Year Required)** From: _____ To _____

Rental Address _____

Reason for leaving _____

Office Use Only _____

PREVIOUS LANDLORD

Name/Address of Landlord _____

Landlord's Phone Number (H) _____ (W) _____

Monthly Rent _____ Amount of Monthly Utilities _____

Lived here from: **(Month & Year Required)** From: _____ To _____

Rental Address _____

Reason for leaving _____

Office Use Only _____

Additional pages may be required for previous landlords

Mark every question yes or no. Complete all of the blanks for any question answered yes

	Yes/No	Gross per week month, year	Received by which household member	Source
A. Child Support	_____	_____	_____	_____
B. Spousal Sup	_____	_____	_____	_____
C. Monetary Gifts	_____	_____	_____	_____
D. Pension/Retirement	_____	_____	_____	_____
E. School Grants	_____	_____	_____	_____
F. Scholarships	_____	_____	_____	_____
G. Social Security	_____	_____	_____	_____
H. SSI (Supplemental)	_____	_____	_____	_____
I. Unemployment	_____	_____	_____	_____
J. Veteran Benefits	_____	_____	_____	_____
K. AFDC	_____	_____	_____	_____
L. Food Stamps	_____	_____	_____	_____
M. Workers Compensation	_____	_____	_____	_____
N. Lump Sum, Inheritance	_____	_____	_____	_____
O. Personal Property	_____	_____	_____	_____
P. Other Income	_____	_____	_____	_____

INVENTORY OF ASSETS (Applicants are not required to list account numbers; however, owner/agent will request documentation and proof of all sources of income and assets)

	Yes/No	Name on Account	Balance Value	Name of Bank or Financial Center
A. Checking Account	_____	_____	_____	_____
B. Savings Account	_____	_____	_____	_____
C. Money Market Account	_____	_____	_____	_____
D. Certificate of Deposit	_____	_____	_____	_____
E. Trust Account	_____	_____	_____	_____
F. Stock or Bonds	_____	_____	_____	_____
G. IRA/Keogh/Life Insurance	_____	_____	_____	_____
H. Other Retirement Account	_____	_____	_____	_____
I. Rental Property	_____	_____	_____	_____
J. Other Real Estate	_____	_____	_____	_____
K. Other	_____	_____	_____	_____

PERSONAL REFERENCES

The following information is required.

Name & Address	Phone #	Relationship
1. _____ _____	_____	_____
2. _____ _____	_____	_____
3. _____ _____	_____	_____

For Office Use Only-Do not Write in this space

Name(s), Address, Phone Number(s), and relationship of person(s) to contact in case of emergency

VEHICLES: List all motorcycles, boats, RV's, trailers belonging to you _____

Cars & Pickups	MAKE	YEAR	COLOR	LICENSE #	EXPIRATION
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____

EMPLOYMENT INCOME

A. Employment Income	Yes/No	Gross Received: Week, Month, Year	Received by which household member

Employed by _____			
Address _____ Phone # _____			
Office Use Only			

B. Employment Income			

Employed by _____			
Address _____ Phone# _____			
Office Use Only			

OPTIONAL INFORMATION:

This information is confidential and is only for government reporting purposes to monitor compliance with equal opportunity laws. Please note that self-identification of race and/or ethnicity is voluntary. There is no penalty for persons who do not complete this form.

RACIAL CATAGORIES (Select all that apply)

- White
- American Indian or Alaska Native
- Asian
- Black/African American
- Native Hawaiian or Other Pacific Islander

- American Indian or Alaska Native **AND** White
- Asian **AND** White
- Black/African American **AND** White
- Native Hawaiian or Other Pacific Islander **AND** White
- Other

Hispanic/Latino is not included as one of the racial categories but is a separate ethnicity category. In addition to the above categories, “Hispanic” is an ethnicity category that cuts across all races. Those who are White, Black, Pacific Islander, American Indian or multi-race **may also be counted as Hispanic**.

ETHNIC CATAGORIES: (Select One)

- Hispanic or Latino
- Not Hispanic or Latino

I certify that the foregoing information on this application is true, complete, and correct. Inquiries may be made to verify the statements herein. I also understand that false statements or omissions are grounds for disqualification and/or prosecution under the full extent of California law.

Applicant _____ Date _____

