



HOUSING RENTAL APPLICATION

□ UNITY VILLAGE (133, 135, 139 FORD STREET, UKIAH CA 95482) - 2 BEDROOM FAMILY UNITS



EVERY APPLICANT OVER THE AGE OF 18 MUST FILL OUT A SEPARATE APPLICATION (EVEN IF MARRIED). PLEASE FILL OUT THIS FORM COMPLETELY AND SIGN WHERE INDICATED AT THE BOTTOM.

PERSONAL INFORMATION			
FIRST NAME	MIDDLE	LAST	SS#
DATE OF BIRTH	WHEN WOULD YOU LIKE TO MOVE IN?		DRIVERS LICENSE # STATE
PHONE NUMBER	ALTERNATE PHONE NUMBER	EMAIL	
PRESENT ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	LANDLORD	LANDLORD PHONE	LANDLORD FAX / EMAIL
REASON FOR LEAVING			AMOUNT OF RENT

PROPOSED OCCUPANTS					
FULL NAME	SELF	OCCUPATION	AGE / GENDER	ETHNICITY / RACE	VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO
FULL NAME	RELATIONSHIP	OCCUPATION	AGE / GENDER	ETHNICITY / RACE	VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO
FULL NAME	RELATIONSHIP	OCCUPATION	AGE / GENDER	ETHNICITY / RACE	VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO
FULL NAME	RELATIONSHIP	OCCUPATION	AGE / GENDER	ETHNICITY / RACE	VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO
FULL NAME	RELATIONSHIP	OCCUPATION	AGE / GENDER	ETHNICITY / RACE	VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO

ETHNICITY CATEGORIES: A-HISPANIC OR LATINO, B-NOT HISPANIC OR LATINO
 RACE CATEGORIES: 1-AMERICAN INDIAN OR ALASKA NATIVE, 2-ASIAN, 3-BLACK OR AFRICAN AMERICAN, 4-NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER, 5-WHITE, 6-OTHER

THERE IS NO PENALTY FOR PERSONS WHO DO NOT COMPLETE THIS FORM. INITIAL HERE IF YOU CHOOSE NOT TO DISCLOSE RACE AND ETHNICITY INFORMATION FOR ANY OF THE ABOVE LISTED HOUSEHOLD MEMBERS: ► _____

VEHICLE INFORMATION			
YEAR/MAKE	MODEL/COLOR	PLATES/STATE	CURRENTLY INSURED/REGISTERED <input type="checkbox"/> YES <input type="checkbox"/> NO
YEAR/MAKE	MODEL/COLOR	PLATES/STATE	CURRENTLY INSURED/REGISTERED <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT			
CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK	LENGTH OF EMPLOYMENT
SUPERVISOR	PHONE NUMBER	ADDRESS	CITY/STATE/ZIP
CURRENT EMPLOYER	OCCUPATION	HOURS/WEEK	LENGTH OF EMPLOYMENT
SUPERVISOR	PHONE NUMBER	ADDRESS	CITY/STATE/ZIP

HOUSEHOLD INCOME				
CURRENT INCOME:\$_____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY	SOURCE		PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO	
CURRENT INCOME:\$_____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY	SOURCE		PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO	
CURRENT INCOME:\$_____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY	SOURCE		PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO	
CURRENT INCOME:\$_____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY	SOURCE		PROOF OF INCOME <input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER SOURCES OF INCOME				
SSI / MONTH: \$_____	FOOD STAMPS / MONTH: \$_____	CHILD SUPPORT / MONTH: \$_____	TANF / MONTH: \$_____	OTHER/MONTH: \$_____

REFERENCES			
FULL NAME	RELATIONSHIP / YEARS KNOWN	OCCUPATION	PHONE NUMBER
FULL NAME	RELATIONSHIP / YEARS KNOWN	OCCUPATION	PHONE NUMBER
FULL NAME	RELATIONSHIP / YEARS KNOWN	OCCUPATION	PHONE NUMBER

FORD STREET PROJECT'S HOUSING OFTEN COMES WITH SUPPORT SERVICES, PLEASE COMPLETE THE SECTION BELOW

1) ARE YOU CURRENTLY INVOLVED IN ANY SUPPORT GROUPS (12-STEP, DUAL DIAGNOSIS, ETC.)? YES NO
IF YES, PLEASE EXPLAIN

2) ARE YOU CURRENTLY INVOLVED IN ANY LEGAL SITUATIONS, PENDING? (CPS, RESTRAINING ORDERS, DUI, ETC.)? YES NO
IF YES, PLEASE LIST REASON

3) ARE YOU CURRENTLY ON PAROLE OR PROBATION YES NO
IF YES, PLEASE EXPLAIN

PROBATION / PAROLE OFFICER	PHONE NUMBER	MAY WE CONTACT THEM? <input type="checkbox"/> YES <input type="checkbox"/> NO
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4) DO YOU HAVE A VOUCHER YES NO IF YES, WHO IS YOUR SPONSORING HOUSING CASE MANAGER?

AGENCY	WORKER NAME	PHONE NUMBER	MAY WE CONTACT THEM? <input type="checkbox"/> YES <input type="checkbox"/> NO
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5) DO YOU HAVE A MENTAL HEALTH DIAGNOSIS? YES NO IF YES, DO YOU HAVE A PROVIDER? YES NO

CLINICIANS NAME/TITLE	ADDRESS	PHONE NUMBER	MAY WE CONTACT THEM? <input type="checkbox"/> YES <input type="checkbox"/> NO
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6) DO YOU HAVE A MENTAL HEALTH WORKER OR CASE MANAGER? YES NO

NAME	ADDRESS	PHONE NUMBER	MAY WE CONTACT THEM? <input type="checkbox"/> YES <input type="checkbox"/> NO
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7) DO YOU HAVE A REPRESENTATIVE PAYEE? YES NO

NAME	ADDRESS	PHONE NUMBER	MAY WE CONTACT THEM? <input type="checkbox"/> YES <input type="checkbox"/> NO
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BY SIGNING BELOW YOU ARE STATE THE ABOVE IS CORRECT AND TRUE TO THE BEST OF YOUR KNOWLEDGE

FIRST NAME	LAST	SIGNATURE	DATE
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FORD STREET PROJECT OFFICE USE ONLY	
NOTES:	DATE RECEIVED: _____