

**Management
 CCDC**

PART I. APPLICANT INFORMATION

**APPLICATION FOR
 OCCUPANCY**

APPLICANT

First Name & Middle Initial _____ Last Name _____
 Present Address _____ Apt. # _____
 City / State / Zip _____
 Mailing Address (if different) _____ City / Zip _____
 Telephone: Home () _____ Work () _____
 Social Security #: _____ Date of Birth _____

Chinatown Community
 Development Company
 does not discriminate
 based on race, color,
 creed, religion, sex,
 national origin, age,
 familial status,
 handicap, ancestry,
 medical condition,
 physical handicap,
 veteran status, sexual
 orientation, AIDS, AIDS
 related condition
 (ARC), mental
 disability, or any other
 arbitrary status.

PART II. INCOME INFORMATION

APPLICANT:
EMPLOYMENT INCOME: Job Title _____
 Company Name _____
 Mailing Address _____ City/Zip _____
 Contact Person _____ Telephone () _____
 Gross Monthly Earnings \$ _____
 Pay Rate \$ _____ Based on: hourly weekly monthly yearly
 Hours worked per week (if not 40) _____ Weeks worked/year (if not 52) _____

OTHER INCOME: Source _____
 Claim No. (if applicable) _____
 Agency _____
 Mailing Address _____ City/Zip _____
 Contact Person _____ Telephone () _____
 Amount \$ _____ Income period: weekly monthly yearly

DESCRIPTION OF ASSET: _____ Value \$ _____
 Name of Institution _____
 Mailing Address _____ City/Zip _____
 Account Number (if applicable) _____

DESCRIPTION OF ASSET: _____ Value \$ _____
 Name of Institution _____
 Mailing Address _____ City/Zip _____
 Account Number (if applicable) _____

HOUSING INCOME

EMPLOYMENT INCOME:
 List the complete name and address of employer, job title and gross earnings (before taxes).

OTHER INCOME:
 This can include social security, disability, AFDC, alimony, and child support, pensions, interest and dividends, unemployment benefits, workers' compensation, regular gifts or support from family and/or friends, or any other household income. Do not list income received for foster child care and food stamps. Complete disclosure of all household income is required, regardless of source. Failure to disclose complete information may disqualify your application.

ASSETS:
 Assets include checking and savings accounts, equity in real property, stocks, bonds and other forms of capital investment. Do not include automobiles or furniture. If you have no assets, write "none" in the space.

_____ initial here
 applicant



HOUSING REFERENCES

PART III. HOUSING REFERENCES

➤ *List current and previous landlords for the last five years for applicant and co-applicant. Failure to show complete information for the past five years may be grounds for disqualification of this application.*

initial here
applicant

APPLICANT: Current Residence

Monthly Rent \$ _____ Move-In Date _____
Landlord Name _____
Landlord Mailing Address _____
City / State/ Zip _____ Telephone () _____
Is rent subsidized? yes no If yes, program name _____
Is landlord a relative? yes no

Previous address _____ Apt. # _____
City / State/ Zip _____
Monthly Rent \$ _____ Move-In Date _____
Landlord Name _____
Landlord Mailing Address _____
City / State/ Zip _____ Telephone () _____
Is rent subsidized? yes no If yes, program name _____
Is landlord a relative? yes no

Previous address _____ Apt. # _____
City / State/ Zip _____
Monthly Rent \$ _____ Move-In Date _____
Landlord Name _____
Landlord Mailing Address _____
City / State/ Zip _____ Telephone () _____
Is rent subsidized? yes no If yes, program name _____
Is landlord a relative? yes no

USE ADDITIONAL SHEETS IF NECESSARY TO COVER THE LAST 5 YEARS.

PRIOR EVICTION

➤ *You will be required to sign the proper authorizations for verification of income, assets, credit, criminal and prior landlord history. A credit check and check of court records on evictions will be completed as part of this application. Failure to disclose information for any person listed on this application may result in the disqualification of this application.*

initial here

PRIOR EVICTION

Have you or anyone in your household ever been evicted from any residence for any reason, has your residency/ tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent, failure to comply with re-certification procedures, or any type of criminal activity?

- Applicant: yes no
If yes, when? _____ Why? _____

PART IV. ADDITIONAL INFORMATION

How did you find out about this property? _____

Are you an employee of CCDC? yes no
If yes, list position and location of employment: _____

Are you a relative of a CCDC employee? yes no
If yes, what is your relative's name? _____

Is there a care attendant who will be residing in the unit? yes no
If yes, please provide name: _____

Have you or any other household member disposed of any assets within the last 2 years for less than fair market value? yes no

Have you or any household member been arrested or convicted for drunk and disorderly behavior? yes no
If yes, please explain: _____



ADDITIONAL INFORMATION

If you were previously denied housing because of a household member's criminal activity and you claim that your household is no longer involved in criminal activity, please be prepared to provide proof of this at your interview.

Do you currently use any illegal drug or other illegal controlled substance? yes no

If yes, please explain:

Are you currently or have you ever used a controlled substance without benefit of a prescription? yes no

If yes, please explain:

Have you successfully completed an approved supervised drug rehabilitation program?

If yes, please explain:

Have you or any household member ever been arrested? yes no

If yes, for what reason and when:

Were you convicted? yes no

Have the conditions that led to your arrest changed?

Are you or any household member required to register as a sex offender in any state?

yes no

If yes, list state and county of registration: _____

List all states and counties in which you and all adult household members have lived since the age of 18: _____

USE ADDITIONAL SHEETS IF NECESSARY.

CERTIFICATION

PART V. CERTIFICATION

1. If my application is approved and move-in occurs, I certify that only I will occupy the apartment, that I will maintain no other place of residence, and that there are no other persons for whom I have or expect to have responsibility for providing housing.
2. I understand that the above information is being collected to determine my eligibility for residency. I authorize the owner, its agents and employees to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental, or credit screening services, or law enforcement or other public agencies, and to contact previous or current landlords or other sources for credit and/or verification information which may be released by appropriate federal, state, local agencies, or private persons to the management.
3. I authorize the owner, its agents and employees to obtain one or more consumer reports as defined in the Fair Credit Reporting Act, 25 U.S. C. Section 1681a(d), seeking information on our creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.
4. I authorize the owner, its agents and employees to obtain information about my background to see if there is any criminal history, including arrests or convictions which may affect me from moving onto the property, in compliance with our tenant selection criterion.
5. I certify that the statements made in this application are true and complete to the best of my knowledge and belief.
6. I understand that false statements or information will deem me ineligible, or, if move in has occurred, terminate the rental agreement.
7. I understand we must provide written notification of any changes to the information on this form.
8. I understand the project will acknowledge this application by mail.



Applicant signature _____ **Date** _____

**OPTIONAL
INFORMATION**

PART VI. OPTIONAL INFORMATION

Chinatown Community Development Center requests your cooperation in reporting the ethnicity of residents in order for management to determine if this project is meeting its goals to serve all ethnic groups. This information is strictly voluntary on your part.

Please check the one category which best describes your race/ethnicity:

- Alaskan Native/American Indian Pacific Islander/Asian African American
- Hispanic White
- Other (please specify) _____

Improving Access to Services for Persons with Limited English Proficiency (LEP). Executive Order (E.O.) 13166 requires Federal Agencies and grantees to take affirmative steps to communicate with persons who need services or information in a language other than English. This executive order requires housing owners to take reasonable steps to ensure meaningful access to the information and services they provide for persons with LEP. This may include interpreter services and/or written material translated into an alternative language. In order to assist us in complying with this order and to assist in serving your household, please check the following:

I speak:

- English Only English and an alternative language Cantonese
- Mandarin Russian Spanish
- Tagalog Other _____

Please note that there is no penalty for not completing this section as this section is optional. Completing this section will not guarantee that all materials will be translated or that translation will be provided but will assist the Management Agent to take reasonable steps to be able to refer your household to acquire translation services to better assist you.

**Notice to All
Applicants**

Notice to All Applicants:

Options for Applicants with Disabilities or Handicaps

This property is owned by Chinatown Community Development Center. We provide low rent housing to individuals and families. We are not permitted to discriminate against applicants on the basis of their race, color, religion, sex, age, national origin, familial status, disability or handicap. In addition, we have a legal obligation to provide "reasonable accommodation" to applicants if they or any family members have a disability or handicap. Compliance actions may include reasonable accommodation as well as structural modifications to the unit or premises.

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 to take advantage of the program. Examples of reasonable accommodation and structural modification include:

- Making alterations to a unit so it could be used by an applicant with a wheelchair;
- Installing strobe type flashing light smoke detectors in an apartment for a hearing impaired applicant;
- Making large type documents or a reader available to a vision impaired applicant during the application process;
- Permitting an outside agency to assist an applicant with a disability to meet the property's screening criteria.

An applicant family that has a member with a disability must still be able to meet the essential obligations of tenancy. They must be able to pay rent, care for their apartments, report required information to the owner, 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 family have a disability or handicap 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. If you would prefer not to discuss your situation with management, that is your right.

Explained by: _____ Date: _____
CCDC Signature

Received by: _____ Date: _____
Applicant/Resident Signature



SWISS AMERICAN HOTEL

534 BROADWAY

*An Affordable Housing Community Professionally Managed by
Chinatown Community Development Center*

(415) 397-4338 • fax: (415) 397-4334 • TTY: (415) 984-9910 • 534 Broadway, San Francisco, California 94133
www.chinatowncdc.org

Section 504 Equal Access Statement

For mobility impaired persons -- this document is kept in the office at Chinatown Community Development Center. This document may be examined from Monday through Friday between the hours of 9:00 AM 12:00 Noon and 1:00 P.M. and 5:00 PM. You must phone to make arrangements to examine this document. Please call (415) 397-4338 and TDD/CRS users may dial (415) 984-9910.

For vision impaired persons – **Swiss American Hotel** will provide a staff person to assist a vision impaired person in reviewing this document. Assistance may include: describing the contents of the document, reading the document or sections of the document, or providing such other assistance as may be needed to permit the contents of the document to be communicated to the person with vision impairments.

For the hearing impaired – **Swiss American Hotel** will provide assistance to hearing impaired persons in reviewing this document. Assistance may include provision of a qualified interpreter at a time convenient to both the Property and the individual with handicaps. Please call the TDD/CRS number (415) 984-9910 for our number and to schedule an appointment.

Assistance to insure equal access to this document will be provided in a confidential manner and setting. The individual with disabilities is responsible for providing his/her own transportation to and from the location where this document is kept.

If an individual with disabilities is involved, all hearings or meetings required by this document will be conducted at an accessible location with appropriate assistance provided.

POLICY OF NON-DISCRIMINATION ON THE BASIS OF HANDICAPPED STATUS

Swiss American Hotel does not discriminate on the basis of handicapped status in the admission or access to housing, services, or treatment or employment in, its federally assisted programs or activities.

Aleta Dwyer-Carpenter is the 504 Coordinator who has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8, dated June 2, 1988).

Aleta Dwyer-Carpenter, 504 Coordinator
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E-mail: adcarpenter@chinatowncdc.org