



Orange Tree Senior Apartments
1511 Robinson Street, Oroville CA 95965
(530) 534-1871

TO THE APPLICANT: In order to maintain your eligibility for reduced rents you must provide the following information. The information will be kept confidential, except as necessary to comply with government regulations. Read each item carefully, and provide the information requested truthfully and fully. Please complete in ink and print clearly.

****At least one household member MUST be 62 years of age or older****
****Copy of Photo ID Required for Processing****

PART I APPLICANT INFORMATION

1. Name: _____

Current Address: _____
street city state zip

Mailing Address _____ Home Phone: _____

Cell Phone: _____ Rent Own Current rent: \$ _____

How long at current address: _____ Name of Current Landlord: _____

Landlord's Address: _____ Phone Number: _____
Street City State Zip

Previous address: _____

How long? _____ Rented Owned

Landlord's Address: _____ Phone Number: _____
Street City State Zip

Household members **including yourself:**

Name	Social Security #	Date of Birth	Age

PEP Housing has several specially adapted apartments designated for persons with a disability that renders them immobile. Do you require this type of accommodation? _____ Yes _____ No

Emergency Contact: _____
Name Phone (Including Area Code) Relationship

Describe any pets you may own. (cat, dog, bird, etc.) _____
(Please note: a maximum of one pet per apartment is allowed. Weight may not exceed 35 pounds.)



EQUAL HOUSING OPPORTUNITY PROVIDER FOR THE ELDERLY AND PERSONS WITH DISABILITIES





PART II HOUSEHOLD INCOME, ASSETS and SUBSIDIES

1. **Income:** List below total combined income, gross income received from all sources by all members of the household. Sources may include social security, employment, SSI, pensions, interest and dividends, and alimony. Show amount on annual (yearly) basis.

<u>Household Member</u>	<u>Income Source(s)</u> (i.e. Social Security)	<u>Annual Amount(s)</u>
_____	_____	\$ _____
(Name)	_____	\$ _____
_____	_____	\$ _____
(Name)	_____	\$ _____
	TOTAL (Annual Income)	\$ _____

2. Are you self-employed or do you own a business? YES NO
If yes, please indicate your NET income per year: \$ _____ (Please include this amount above)
Please provide a copy of your past two years tax returns.

3. **Assets:** List below all net household assets for all members of the household. DO NOT include automobiles or furniture. Briefly describe the assets and show the TOTAL ESTIMATED VALUE. Use additional pages if necessary.

<u>Household Member</u>	<u>Description of Assets</u> (Checking, Savings, Real Estate, 401K)	<u>Current Value/Balance</u>
_____	_____	\$ _____
(Name)	_____	\$ _____
_____	_____	\$ _____
(Name)	_____	\$ _____
	TOTAL	\$ _____

4. Have you ever been convicted of a crime? _____ Yes _____ No

If yes, please explain _____

5. Are you, or any member of your household, subject to state lifetime sex offender registration, in any state? _____ Yes _____ No

6. Please list other states where you, and members of your household, have resided:





PART III CERTIFICATION

1. To the best of my/our knowledge and belief, I/we certify that the foregoing information is true, complete and correct.
2. I/we certify that if selected to move into this property, the unit I/we occupy will be my/our only residence.
3. I/we understand that the above information is being collected to determine my/our eligibility for an apartment with rent below market rate. I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released by appropriate federal, state, local agencies, or private persons to the owner/management.
4. I/we understand that adverse credit reports will disqualify my/our application for occupancy.
5. I/we understand that false statements or information are punishable under federal law.
6. I/we understand we must provide written notification of any changes to the information on this form, especially address.

Initial Acknowledgment: _____

- YES NO **Is there any member of this household disabled?**
 YES NO **Does this person use a wheel chair?**
 YES NO **Does this person receive attendant care?**

Subsidy: Do you have a Section 8 Voucher? _____ Yes _____ No

How did you hear about PEP Housing? _____

PLEASE REVIEW THE APPLICATION TO INSURE ALL ITEMS HAVE BEEN FILLED OUT CORRECTLY. SIGN AND DATE AND RETURN COMPLETED APPLICATION TO:

**Orange Tree Senior Apartments
1511 Robinson Street, Oroville CA 95965
530-534-1853**

APPLICANT: _____ DATE: _____

CO-APPLICANT: _____ DATE: _____