



## RENTAL APPLICATION



The Hardin  
1110 8<sup>th</sup> Street  
Sacramento, CA 95814  
Office – 916.917.5126 / Fax – 916.498.9036

### FOR OFFICE USE ONLY

Applicant Name: \_\_\_\_\_  
Reviewed by: \_\_\_\_\_  
Date: \_\_\_\_\_

***\$35 CREDIT CHECK FEE FOR EACH ADULT APPLICANT***

**ALL PAGES MUST BE FILLED OUT COMPLETELY; SIGNATURE REQUIRED ON LAST PAGE**

PRIMARY APPLICANT
Full Legal Name
Current Address
City, State, Zip
Home Telephone
E-mail
How long have you lived at this address?
Social Security Number
Date of Birth
Landlord Name
Landlord Phone

SPOUSE/CO-APPLICANT
Full Legal Name
Current Address
City, State, Zip
Home Telephone
E-mail
How long have you lived at this address?
Social Security Number
Date of Birth
Landlord Name
Landlord Phone

CO-APPLICANT
Full Legal Name
Current Address
City, State, Zip
Home Telephone
E-mail
How long have you lived at this address?
Social Security Number
Date of Birth
Landlord Name
Landlord Phone

CO-APPLICANT
Full Legal Name
Current Address
City, State, Zip
Home Telephone
E-mail
How long have you lived at this address?
Social Security Number
Date of Birth
Landlord Name
Landlord Phone

*For any other co-residents, please provide information on a separate sheet.*

1. Have you, your spouse, or your co-applicant(s) ever used different names from the names shown above? ☐ Yes ☐ No

If yes, please list names used and dates when such names were used:

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2. Have you, your spouse, or your co-applicant(s) ever been evicted or otherwise removed from rental housing? ☐ Yes ☐ No

If yes, please provide landlord name, address and dates:

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3. Has any place where you, your spouse, or co-applicant(s) lived been destroyed or damaged by fire? ☐ Yes ☐ No

If yes, please provide details: \_\_\_\_\_

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4. Do you, your spouse/co-applicant(s) or household member require special accommodation based on handicap or disability? ☐ Yes ☐ No

5. Do you, your spouse or co-applicant(s) require part-time aid (caregiver)? ☐ Yes ☐ No

If yes, please provide documentation to verify

**Please be advised that there are income limits that apply to certain units in the property. The anticipated income of all adult persons expecting to occupy the rent-restricted units must be included and verified prior to occupancy.**

**6. Income from Employment**

List all full-time, part-time, and/or seasonal employment for applicant, spouse/co-applicant, co-resident, including self-employment. Please attach additional page if more space is needed.

Applicant Name	Place of Employment	Employer Phone No.	Supervisor	Estimated Total Earnings for the Coming Year

## 7. Income from other Sources

List non-employment income for applicant, spouse/co-applicant, co-residents. This includes income from rental property, social security, SSI, public assistance, general relief (assistance), unemployment compensation, alimony, child support, workers compensation, disability compensation, VA benefits, retirement pension, insurance benefits, and all other income.

Type of Income and Who Pays It	Source Name/Address	Contact Person (Name and Phone)	Estimated Total Earnings for the Coming Year

## 8. Interest, Dividend Income, Assets

List assets of applicant, spouse/co-applicant, co-residents. Include checking, savings, stocks, bonds, trust, money market, certificate of deposit, IRA and Keogh account, treasury bills, credit union shares, land and real estate:

Description of Asset	Source Name/Address	Estimated Current Value	Est. Annual Income From Assets

## APPLICANT RACE/ETHNICITY

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government that Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap/disability are complied with. You are not required to furnish this information, but you are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

### 9. Race of primary applicant (please check one):

☐ White   ☐ Black   ☐ Native American/Alaskan/Hawaiian   ☐ Asian/Pacific Islander

### 10. Ethnicity of primary applicant (please check one):

☐ Hispanic   ☐ Non-Hispanic

### QUESTIONS FOR APPLICANT, SPOUSE/CO-APPLICANT, CO-RESIDENT

The following questions pertain to applicant, spouse/co-applicant, co-resident. Answer yes or no in response to each question, and use the space provided to explain any yes answer.

11. Does anyone in the household receive regular cash contributions from agencies or from individuals not living with you? ☐ Yes ☐ No  
If yes, please describe: \_\_\_\_\_
12. Does anyone in the household currently use any illegal drug or other illegal controlled substance? ☐ Yes ☐ No  
If yes, please describe: \_\_\_\_\_
13. Has anyone in the household ever engaged in drug-related criminal activity, such as use, possession, distribution, trafficking, or manufacture of an illegal drug? ☐ Yes ☐ No  
If yes explain circumstances, outcome and present status: \_\_\_\_\_
14. Has anyone in the household been involved in criminal activity that poses a threat to the health, safety or welfare of others? ☐ Yes ☐ No  
If yes, when and where? \_\_\_\_\_
15. Has applicant, spouse/co-applicant, or household member ever been convicted of felony criminal activities? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_
16. Has anyone in the household ever applied for a government subsidized apartment before? ☐ Yes ☐ No  
If yes, when and where? \_\_\_\_\_
17. Does anyone in the household have a Section 8 Certificate? (This community accepts Section 8 subsidies as payment for housing charges.) ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_
18. Does applicant, spouse/co-applicant require a handicap accessible unit? If "Yes," please provide documentation to verify. ☐ Yes ☐ No
19. Please indicate your preference: ☐ Smoking permitted ☐ Non-smoking ☐ No preference
20. Do you own a vehicle? ☐ Yes ☐ No Will you require parking? ☐ Yes ☐ No  
Please list the make and model: \_\_\_\_\_
21. Is anyone in the household currently enrolled in school, either part-time or full-time, and/or does anyone in the household plan to enroll in school in the next 24 months? ☐ Yes ☐ No  
If yes, list name of student(s) and name of school or institution: \_\_\_\_\_
22. Is anyone in the household currently registered on any sexual offender list? ☐ Yes ☐ No  
If yes, state name of person and state/date of registry: \_\_\_\_\_

## PRIMARY APPLICANT'S EMERGENCY CONTACT

Name	Relationship
Address	Phone

**APPLICANT(S) PREVIOUS RENTAL HISTORY**

If you have not lived at your current address for at least 2 years, please enter the information requested for applicant, spouse/co-applicant's current address. Include places where you were not listed and placed where you lived under a different name. **You must show 2 years of rental history.**

**Primary Applicant**

Applicant Street Address		Monthly Rent	
City, State, Zip		Paid Utilities \$ _____	
Landlord Name		Landlord Phone	
Did you fulfill the lease term? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain:		
Move-In Date	Move-Out Date	Security Deposit	

**Co-Applicant**

Applicant Street Address		Monthly Rent	
City, State, Zip		Paid Utilities \$ _____	
Landlord Name:		Landlord Phone:	
Did you fulfill the lease term? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain:		
Move-In Date	Move-Out Date	Security Deposit	

**Co-Applicant**

Applicant Street Address		Monthly Rent	
City, State, Zip		Paid Utilities \$ _____	
Landlord Name:		Landlord Phone:	
Did you fulfill the lease term? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain:		
Move-In Date	Move-Out Date	Security Deposit	

### Co-Applicant

Applicant Street Address		Monthly Rent	
City, State, Zip		Paid Utilities \$ _____	
Landlord Name:		Landlord Phone:	
Did you fulfill the lease term? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain:		
Move-In Date	Move-Out Date	Security Deposit	

### Co-Applicant

Applicant Street Address		Monthly Rent	
City, State, Zip		Paid Utilities \$ _____	
Landlord Name:		Landlord Phone:	
Did you fulfill the lease term? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain:		
Move-In Date	Move-Out Date	Security Deposit	

### UTILITY PAYMENT HISTORY

Utility Company	Type (Electric or Gas)	Name of Account Holder	Property Address

### How did you hear about units to rent?

- ☐ Community Organization: \_\_\_\_\_
- ☐ Newspaper Name: \_\_\_\_\_
- ☐ Brochure: \_\_\_\_\_
- ☐ Employment: \_\_\_\_\_
- ☐ Referred by a resident in the building: \_\_\_\_\_
- ☐ Online: \_\_\_\_\_
- ☐ Signs on Building
- ☐ Other/Additional Information: \_\_\_\_\_

### STATEMENTS BY APPLICANT, SPOUSE/CO-APPLICANT

We certify that all information given in this application hereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.

We authorize the Property 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, and to previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate Federal, state or local agencies. We are also aware that a criminal-record check will be required of each household member 18 years and older. Applicants can be rejected for a criminal history that includes physical and or sexual violence that could affect the health, safety, or welfare of other residents.

If our application is approved and move-in occurs, we certify that only those persons listed in the application will occupy the apartment, that they will maintain no other place of residence, and that there are no other persons for whom we have or expect to have responsibility to provide housing. We agree to notify management in writing regarding any changes in address, telephone numbers, income and household composition.

We have read, and understand, the information in these applications in particular the information contained in the instructions for applicant and we agree to comply with such information.

We understand that if this application is placed on a Waiting List, we may request sample copies of the Rental Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, rent, damages and Security Deposit.

We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act 15 U.S.C. Section 1681 a (d) seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Notice: you are hereby notified that a negative credit report reflecting on your credit record may be submitted in the future to a credit reporting agency if you fail to fulfill the terms of your rental/credit obligations or if you default in those obligations in any way.

If this application is for an applicant of more than one person, we consider ourselves a stable household and all of our income is available for its needs.

**IMPORTANT NOTE: I understand it is my responsibility to contact the Manager in writing at least every 6 months in order to keep my application on the waiting list.**

**Applicant, spouse/co-applicant, and any other adult named in this applicant must sign:**

_____ Applicant's Signature	_____ Date
_____ Spouse/Co-Applicant's Signature	_____ Date
_____ Spouse/Co-Applicant's Signature	_____ Date

**Acceptance of completed application by Management:**

_____ Management Representative's Signature	_____ Date
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