
Applicant Information

_____ provides affordable housing for very low, low and moderate income households. This is an Equal Housing Opportunity community and we all are welcome to apply.

Inquire at the community management office about our current rental rates.

As set forth in the management plan, we enforce an occupancy standard as follows:

| Unit Size | Min-Max (persons per household) |
|------------------|--|
| 1-Bedroom | 1 – 3 |
| 2-Bedroom | 2 – 5 |
| 3-Bedroom | 4 – 7 |
| 4-Bedroom | 6 – 9 |

To apply for an apartment you must complete an application. For an application to be considered complete, at a minimum the following information will be needed:

1. Income and assets of the household (total gross income and assets)
2. If employed, three (3) months' pay stubs are required.
3. Household composition
 - a. Name(s) of all household members
 - b. Number in household
 - c. Household's current address and a contact telephone number
 - d. Handicap/disability status
 - e. Birthdates and Social Security numbers of household members
 - f. Driver's license or ID number for adult household members
4. Prior and present landlord information
5. Credit history
6. Personal references
7. The application must be signed by all adults applying for occupancy

You will be notified in writing that you have been placed on the waiting list. It is the applicant's responsibility to notify the Resident Manager with any changes of address, phone number, employment, income, or household size. The Resident Manager can give you an estimate of when a unit may be available. The verification process will begin when your name is near the top of the waiting list.

Current and previous landlords will be contacted, Criminal History will be verified, and a Credit Check will be run on all adult household members.

At any point of the verification process if a negative verification report is received, the application process will be discontinued and the application rejected in writing. Otherwise, when all of the verifications are received, eligibility will be determined. The applicant will be notified that they have been accepted for occupancy or rejected in writing.

If an applicant misses two (2) scheduled appointments with the Manager, their application will be withdrawn.

OFFICE USE ONLY
Date Accepted: _____
Apt. Size: _____

OFFICE USE ONLY
Gross Income: _____
V: L: M:

Adj Income: _____



APPLICATION FOR OCCUPANCY



TDD AND VOICE
1-800-735-2929

GENERAL INFORMATION:

HEAD OF HOUSEHOLD

| Name | SSN# | Birth Date/Age | Drivers Lic. #/State |
|------|------|----------------|----------------------|
|------|------|----------------|----------------------|

LIST ALL OTHERS WHO WILL OCCUPY THE UNIT:

| Name | SSN# | Birth Date/Age | Drivers Lic. #/State |
|------|------|----------------|----------------------|
|------|------|----------------|----------------------|

- Does **anyone live with you now** who is **not** listed above? Yes No
If yes, who? _____ Relationship: _____
- Have you ever been a **prior tenant or applied at this property before**? Yes No If yes, when? _____
- Have you ever been **evicted**? Yes No If yes, explain: _____
- Have you been **convicted of a felony** in the last 10 years? Yes No
- Are you a **convicted sex offender** or required to register as a sex offender? Yes No
If yes, when _____ and what for? _____
- Do you wish to request a **handicap accessible unit**? Yes No
Are there any **reasonable accommodations** or services that you would like to request? Yes No
Specify: _____
- Are you or any members of your household 18 or older **attending school**? Yes No If yes, who? _____
- Do you own a **pet**? Yes No If yes, how many? _____ Description: _____
- Do you have a **waterbed**? Yes No If yes, do you have waterbed insurance? Yes No
Name of insurance company: _____

APARTMENT SIZE REQUESTED: 1-Bedroom 2-Bedroom 3-Bedroom 4-Bedroom

How many adults in household? _____ (A rental history must be attached for each adult.)

Is a rental history attached? yes no

CURRENT ADDRESS: _____

Street Apt #

City

State

Zip

Phone Number: _____

Dates you lived here: _____

CURRENT MAILING ADDRESS: _____

Street or PO Box

City

State

Zip

CURRENT LANDLORD: _____

Address: _____

Is this landlord related to you? Yes No If yes, what is the relation? _____

Phone Number: _____

If Apt., name of complex: _____

Reason you want to move: _____

Amount of rent you are paying: \$ _____

Are you currently living in a subsidized complex? Yes No

Type: _____

Do you have a Section 8 certificate? Yes No

Are you being displaced? Yes No

If yes, why? _____

Has your household's assistance or tenancy in a subsidized housing program ever been terminated for fraud, nonpayment of rent or failure to cooperate with the recertification procedures? Yes No

If yes, circumstances: _____

PREVIOUS ADDRESS: _____

If apt., name of complex: _____

Dates you lived here: _____

Previous landlord: _____

Reason for moving: _____

Address: _____

(previous landlord)

Phone number: _____

(previous landlord)

Is this landlord related to you? Yes No If yes, what is the relation? _____

PREVIOUS ADDRESS: _____

If apt., name of complex: _____

Dates you lived here: _____

Previous landlord: _____

Reason for moving: _____

Address: _____

(previous landlord)

Phone number: _____

(previous landlord)

Is this landlord related to you? Yes No If yes, what is the relation? _____

PREVIOUS ADDRESS: _____

If apt., name of complex: _____

Dates you lived here: _____

Previous landlord: _____

Reason for moving: _____

Address: _____

(previous landlord)

Phone number: _____

(previous landlord)

Is this landlord related to you? Yes No If yes, what is the relation? _____

AUTOMOBILE:

Make: _____ Model: _____ Color: _____ Year: _____ License Plate # _____

Do you own a trailer, boat, camper, moped, motorcycle, etc? Yes No

If yes, what type? _____

PERSONAL REFERENCES (do not list relatives):

| Name | Address | Phone # | Relationship |
|------|---------|---------|--------------|
| | | | |
| | | | |
| | | | |

EMERGENCY CONTACT PERSON:

| Name | Address | Phone # | Relationship |
|------|---------|---------|--------------|
| | | | |
| | | | |

HOUSEHOLD FINANCIAL OBLIGATIONS: Include all medical expenses, car payments, child support, loans, etc...

| PAYABLE TO: (company name) | MONTHLY PAYMENT |
|----------------------------|-----------------|
| | |
| | |

INCOME: Do you or any member of your household anticipate receiving income from any of the following sources during the next twelve months? (Please mark every question YES or NO. If you answer any questions YES, complete the blanks at the right.)

| | YES | NO | AMOUNT RECEIVED (per time period) | BY WHICH FAMILY MEMBER | SOURCE OF INCOME (name, address, & phone #) |
|---------------------------------|--------------------------|--------------------------|--------------------------------------|---------------------------|--|
| Employment (Earned Income) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| Employment (Earned Income) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| Child Support | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| Alimony | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| Monetary Gifts | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| Pension or Retirement/Benefits | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| School Grants or Scholarships | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| Social Security | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| Supplemental Security Income | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| Unemployment Compensation | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| Veterans Administration | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| Welfare (TANF) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| Workers Disability Compensation | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ |

Do you anticipate any change in this income in the next twelve months? Yes No

ASSETS:

Have you received or do you expect to receive any LUMP SUM payment such as inheritance, lottery winnings, or insurance settlements? Yes No

If yes source of income: _____ Amount of income: \$ _____

Source Address: _____ When did you receive a payment? _____

In the last TWO years have you sold, given away or disposed of assets or real property (example: real estate and other items held for investment purposes such as gems, jewelry, coins, or collections)? Yes No

If yes what type of asset: _____

Name of party who acquired asset and address: _____

Was this due to a divorce, separation, or bankruptcy? Yes No

ASSETS II: Please mark every question either YES or NO. If you answer with a YES, complete the blanks on the right.

| DO YOU HAVE...? | YES | NO | NAME ON | Account # | BALANCE/VALUE | BANK (name and address) |
|-----------------------|--------------------------|--------------------------|---------|-----------|---------------|-------------------------|
| Checking Account (s) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | _____ |
| Savings Account (s) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | _____ |
| Money Market | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | _____ |
| Certificate/Time Dep. | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | _____ |
| Trust Account (s) | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | _____ |
| Stocks or Bonds | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | _____ |
| IRA/Keogh/Life Ins. | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | _____ |
| Or other retirement | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | _____ |
| Rental Property | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | _____ |
| Other Real Estate | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | _____ |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | _____ |

APPLICATION PROCESSING CHARGE:

Applicant has submitted the sum of \$_____ which is a non-refundable fee for processing of the above application. Such sum is not a rental payment or security deposit. It is understood and agreed to between parties that in the event this application for said apartment is accepted or rejected by Management, the said sum will be retained by Management to cover the costs of application processing as furnished by applicant.

APARTMENT DEPOSIT/HOLDING FEE:

In consideration of owners taking a dwelling unit off the market, applicant may be asked to pay an "Apartment Deposit." Once a rental application is approved, either a signed lease with security deposit payment or a Deposit Holding Fee of \$250.00 will be required within 48 hours to move forward with reserving a unit. The holding fee will reserve the unit for a period of 10 days. If a holding fee was collected, once the lease is entered into, the apartment holding fee shall be credited to the required security deposit. If applicant fails to sign the lease within 10 days of paying the holding fee or refuses to enter into a lease on the agreed upon date for a stated apartment, the "Deposit Holding Fee" shall be forfeited to the owner to serve as liquidated damages it will suffer by reason of failure to enter into residency.

Keys will be furnished only after lease and other rental documents have been properly executed by all parties, and only after applicable rent and security deposit have been paid. This application is preliminary only and does not obligate owner or owner's agent to execute a lease or deliver possession of proposed premises.

ADVERTISING: How did you hear about us? _____



P.O. Box 980338, West Sacramento, CA 95798
Ph (916) 373-9400 | Fax (916) 372-8809 | TTD (800) 735-2929
info@mbspminc.com | <http://mbspminc.com>

DISPUTE RESOLUTION PROCEDURES

The following Dispute Resolution Procedure will be observed by the Borrower or Borrower's designated agent ("*Agent Representative*") and the Resident Manager.

The purpose of the Dispute Resolution Procedure is to resolve complaints by the Agent Representative concerning the Borrower's tenants, and by its tenants concerning the Agent Representative or the Agent Representative's other tenants. The grievance procedure applies to informal and/or formal mechanisms for dispute resolution, as applicable. This is a supplemental procedure to other formal Tenant Grievance Procedures that are required by Agencies on certain properties.

NOTIFICATION

A written copy of this procedure shall be given to each tenant and at such times as the procedures are changed or amended thereafter. A copy shall be posted in the project office accessible by all tenants or applicants.

Neither utilization of the procedure nor participation in the dispute resolution process as herein set forth shall constitute a waiver of or affect in any manner whatever any rights the tenant or the Borrower may have to a trial de novo or judicial review in any judicial proceedings which may thereafter be brought in the matter. These procedures shall in addition to the eviction hearings procedure as contained in a separate document titled "Eviction Hearing Requirements."

APPLICATION

Every tenant and applicant has the right to utilize the Dispute Resolution Procedure. Any grievance of a tenant either against another tenant or against the Agent Representative shall be presented either orally or in writing to the Resident Manager for forwarding to the Agent Representative.

The tenant may submit the grievance directly to the Agent Representative if the tenant does not desire to discuss the grievance with the Resident Manager.

GRIEVANCE RESOLUTION PROCESS

Initially, the Resident Manager shall discuss the grievance with the tenant in order to determine the scope of the problem, and whether or not a mutually satisfactory solution can be agreed upon. The Resident Manager shall conduct an investigation in order to determine the facts surrounding the grievance.

If the tenant feels that the grievance cannot be resolved, the Resident Manager will submit the tenant's grievance to the Agent Representative along with a written report setting forth relevant facts, conclusions, and recommendations.

Following submission of the grievance to the Agent Representative, the Agent Representative will meet with the tenant and attempt to reach a mutually satisfactory resolution to the grievance. The Agent Representative will

conduct their own investigation into the facts of the grievance. The investigation will be thorough, prompt, and effective in response the grievance or complaint.

If the parties involved are not able to reach a resolution of the grievance satisfactory to the tenant, the tenant may appeal to the Agency for a recommendation of a proposed resolution of the grievance.

The Resident Manager should, upon receipt of either an oral or written grievance, establish a time, date and place for a meeting between the parties. The Resident Manager should, within a reasonable amount of time, confirm the meeting details in writing to all parties including the Agent Representative. The Agent Representative should provide the immediately preceding services for grievances submitted directly to the Agent Representative. Reasonable time is defined as no earlier than five (5) business days after the request to facilitate notice, and no later than ten (10) business days after the request to avoid undue delay. One postponement is allowed in the event the first scheduled meeting is inconvenient to one or more of the parties involved in the grievance.

The dispute resolution may be a simple informal discussion. However, all discussions under this procedure, whether formal or informal, shall have a written agenda which provides notice as to what issues will be discussed and the proposed solutions thereto.

All parties shall be entitled to receive a written settlement report statement within two (2) business days of the Dispute Resolution Process. The report statement shall be prepared by the Resident Manager or Agent Representative, as applicable, and it shall clearly address the outcome of the grievance forum.

The dispute resolution procedure is based upon cooperation between the parties, with communication and problem-solving being key elements in the process.

For grievances that cannot be resolved with this procedure, the Agent Representative will inform the tenant or applicant of the next steps in resolution, which may include the formal Tenant Grievance Procedures depending on the type of complaint or grievance. Residents may contact any regulatory body, which may include United States Department Housing and Urban Development, United States Department of Agriculture Rural Development, California Housing Community Development, California Housing Finance Agency, California Tax Credit Allocation Committee, California Department of Fair Employment and Housing, or other various agencies.

Grievances may be addressed to:

Agent Representative

MBS Property Mgmt., Inc.
P.O. Box 980338
West Sacramento, CA 95798
Kathryn Brown, Executive Asst.



This institution is an equal opportunity provider and employer.



FAIR HOUSING

FACT SHEET

DFEH



YOU ARE PROTECTED UNDER CALIFORNIA LAW

Laws enforced by the Department of Fair Employment and Housing (DFEH) protect you from illegal discrimination and harassment in housing based on:

- Race
- Color
- National origin (including language use restrictions)
- Ancestry
- Religion
- Sex
- Gender
- Gender identity
- Gender expression
- Sexual orientation
- Marital status
- Military or veteran status
- Familial status (households with children under age 18 or individuals who are pregnant)
- Source of income
- Disability (mental and physical)
- Genetic information
- Age*
- Citizenship*
- Primary language*
- Immigration status*

*Covered under the Unruh Civil Rights Act, which applies to most housing accommodations in California. All other characteristics are covered under the Fair Employment and Housing Act.

WHAT DFEH DOES

1. Enforce the Fair Employment and Housing Act (FEHA), the Unruh Civil Rights Act, the Ralph Civil Rights Act, the Disabled Person's Act, and the California Trafficking Victims Protection Act
2. Investigate harassment, discrimination, retaliation, bias-motivated violence, and human trafficking complaints
3. Help landlords and tenants resolve complaints involving alleged violations of the laws enforced by DFEH
4. Prosecute in court violations of California's civil rights laws
5. Educate Californians about their civil rights

WHO MUST COMPLY WITH CALIFORNIA'S FAIR HOUSING LAWS

- Landlords
- Property management companies
- Homeowners associations
- Public housing authorities
- Real estate agents
- Home sellers
- Property insurers
- Builders
- Mortgage lenders
- Tenant screening companies
- Consumer reporting agencies
- Others

FAIR HOUSING

FACT SHEET



EXAMPLES OF HOUSING DISCRIMINATION

WHEN BASED ON A PROTECTED CHARACTERISTIC LISTED ABOVE, THE FOLLOWING EXAMPLES OF HOUSING DISCRIMINATION VIOLATE THE LAW:

- Refusal to sell, rent, or lease an apartment, house, or other housing accommodation
- Representation that a housing accommodation is not available for inspection, sale, or rental when that accommodation is in fact available
- Denial of a home loan or homeowner's insurance
- Provision of inferior terms, conditions, privileges, facilities, or services in connection with a housing accommodation
- Sexual harassment involving unwanted sexual advances or requiring sexual favors for housing rights or privileges
- Cancellation or termination of a sale or rental agreement
- Refusal to permit, at the disabled tenant's expense, reasonable modifications when necessary to accommodate a disability
- Refusal to make reasonable changes in housing rules, policies, practices, or services where necessary to afford a person with disabilities equal opportunity to use and enjoy a dwelling
- Having a policy that prohibits persons with a criminal record from renting or living in a housing unit no matter the circumstances
- Advertising or stating a preference for or against tenants with certain sources of income, such as: "No section 8."

YOU ARE PROTECTED FROM DISCRIMINATION AND HARASSMENT IN THE RENTING, LEASING, OR PURCHASE OF HOUSING

CIVIL REMEDIES

IF A HOUSING PROVIDER VIOLATES THE FEHA, THE REMEDIES MAY INCLUDE:

1. Making previously denied housing available
2. Compensation for losses and emotional distress
3. Training and policy changes to prevent future discrimination
4. Other actions to eliminate the effects of discrimination

ZONING AND LAND USE

It is illegal for cities, counties, or other local government agencies to make zoning or land-use decisions or policies that unlawfully discriminate against you based on the categories listed above.

If you think you have been a victim of discrimination, please contact DFEH.

TO FILE A COMPLAINT

Department of Fair Employment and Housing

dfeh.ca.gov

Toll Free: 800.884.1684

TTY: 800.700.2320

If you have a disability that requires a reasonable accommodation, DFEH can assist you with your complaint. Contact us through any method above or, for individuals who are deaf or hard of hearing or have speech disabilities, through the California Relay Service (711).