

APPLICATION FOR RESIDENCY

We Do Business in Accordance with the Federal Fair Housing Law (The Fair Housing Amendments Act of 1988)

PROPERTY:



Please fill in all blanks- an incomplete Application may delay processing.

Lead Applicant Name	Mailing Address	Street	Apt #
Home Phone () ()	Work or Cell Phone () ()	City	State Zip
E-mail Address (optional)	Contact/Interpreter Name	Contact/Interpreter Phone Number () ()	

I hereby certify that I was a victim of the Wildfires in October, 2017 and that my place of residence was lost.

Signature _____	Address of former Residence	Street	Apt #
	City	State	Zip

List below all persons who will be living in the apartment - Starting with Lead Applicant

NAME	RELATIONSHIP TO LEAD APPLICANT	DATE OF BIRTH	FULL TIME STUDENT?	NAME OF SCHOOL (If Full/Part Time Student)	SOCIAL SECURITY OR IRS TIN NUMBER
1.	SELF	/ /	Y / N		
2.		/ /	Y / N		
3.		/ /	Y / N		
4.		/ /	Y / N		
5.		/ /	Y / N		
6.		/ /	Y / N		

Please answer the following questions:

<p>Evictions:</p> <p>▪ Have you or anyone listed above ever been evicted? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES –Date of the Eviction: _____ REASON: _____</p>
<p>Criminal Record:</p> <p>▪ Have you or anyone listed above ever been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Special Needs:</p> <p>▪ Do you or anyone listed above have any special housing needs? (i.e. Accessible Unit, Grab Bars, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES - Explain: _____</p>
<p>Section 8 Rental Assistance:</p>

Do you or anyone listed above possess a current Section 8 Voucher? YES NO
 IF YES - Is it transferable? YES NO
 Name of City or County: _____ Name of Worker _____ Phone #: _____

Animals:

Do you or anyone listed above have an animal(s)? YES NO
 IF YES - how many? _____ Type of animal(s): _____

APPLICANT NAME:

Business/Company/Agency Name	Position	Amount Received per Month
		\$
Supervisor or Human Resource Contact Person	Phone Number	Date Hired
	()	

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I certify that the foregoing information is true, complete, and correct. I also understand that false statements or omissions are grounds for disqualification, eviction, and/or prosecution under the full extent of California law. Inquiries may be made to verify the statements herein. I authorize the release of the requested information to BURBANK HOUSING MANAGEMENT CORP. for purposes of obtaining income verification, credit history and criminal background information.

Print Name:	Signature:	Date:
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