

## T BAILEY MANOR APARTMENTS

### APPLICATION COVER SHEET FOR UNITS SET ASIDE FOR PERSONS WITH DEVELOPMENTAL DISABILITIES: please include this form with your application

NAME OF PERSON WITH THE DEVELOPMENTAL DISABILITY: \_\_\_\_\_

NAME AND CONTACT OF SERVICE COODINATOR: \_\_\_\_\_

REGIONAL CENTER AFFILIATION: \_\_\_\_\_

INCLUDE: \$35.00 MONEY ORDER APPLICATION FEE, made out to T BAILEY MANOR

MAIL ORIGINAL, SIGNED APPLICATIONS TO: Solari Enterprises: 1507 W. Yale Ave., Orange CA 92867

#### Qualifications include:

- At least one member of the household must currently be a consumer of one of the State's approved Regional Centers
- Income at or below 40% Area Median Income (currently \$24,320 for a household size of 1)
- Maximum occupancy 3 persons

A person with a disability may request a reasonable accommodation (a reasonable change in policies), a reasonable structural modification, an accessible unit or the provision of auxiliary aids and services, in order to have equal access to a housing program. If you or anyone in your household has a disability, and because of that disability requires a specific accommodation, modification or auxiliary aids or services to fully use our housing services, please include this request on the application. If you would like additional assistance with a reasonable accommodation please call 323-397-8674.





RETURN THIS APPLICATION TO:  
 Solari Enterprises  
 1507 W Yale Ave  
 Orange, CA 91867

# APPLICATION

T Bailey Manor

NAME OF COMMUNITY

Please complete the following application. Please PRINT clearly. All items must be complete in order to determine your household's eligibility. If an item does not apply to you please mark N/A next to the question. Solari Enterprises, Inc. does not discriminate on the basis of race, color, religion, sex, disability, familial status or national origin.

**APPLICANT CONTACT INFORMATION:**

Name: \_\_\_\_\_  
 Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening / Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**HOUSEHOLD COMPOSITION:** Please list yourself & all persons who will live in the apartment.

Household No.	First Name	Last Name	Mi	Relation to Head of Household	Social Security Number	Date of Birth	Full Time Student Yes/No	US Citizen Yes or No
1				SELF				
2								
3								
4								
5								
6								
7								
8								

- Do you anticipate any additions to the household within the next 12 months?  YES  NO  
 o If yes, please explain giving name and relationship: \_\_\_\_\_
- Do you have primary custody of all minor (50% or more of the time) listed above?  YES  NO
- Are there any absent household members that are not listed above?  YES  NO  
 o If yes, please explain giving name and relationship: \_\_\_\_\_
- Will you or anyone in your household require a live-in care attendant?  YES  NO  
 o If yes, please provide name and relationship, if any: \_\_\_\_\_
- Size of apartment desired:  0 bdrm  1 bdrm  2 bdrm  3 bdrm  4 bdrm

**VEHICLE INFORMATION:** If no vehicle, check  N/A

Household Number	Driver's License Number	Vehicle Make / Model	Vehicle License Plate	Vehicle Color	Vehicle Year

**RENTAL HISTORY (CURRENT LANDLORD):** \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Rental period: \_\_\_\_\_ to \_\_\_\_\_ Monthly Rent Amount: \$ \_\_\_\_\_  Own  Rent  Other  
 Explain: \_\_\_\_\_

**PREVIOUS LANDLORD(S) (PAST FIVE YEARS):** \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Rental period: \_\_\_\_\_ to \_\_\_\_\_ Monthly Rent Amount: \$ \_\_\_\_\_  Own  Rent  Other  
 Explain: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Rental period: \_\_\_\_\_ to \_\_\_\_\_ Monthly Rent Amount: \$ \_\_\_\_\_  Own  Rent  Other  
 Explain: \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY:** \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening / Cell Phone: (\_\_\_\_) \_\_\_\_\_



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**STUDENT STATUS:** \_\_\_\_\_

- Does your household consist of all persons who are full-time students (Example: K-12, College, University, Trade School, etc.)?  YES  NO
  - Does your household consist of all persons who have been a full-time student in the previous 5 months?  YES  NO
  - Does your household anticipate becoming an all full-time student household in the next 12 months?  YES  NO
- If you answered YES to any of the above three questions, is any person in your household:
- Receiving assistance under Title IV of the Social Security Act (AFDC/TANF/Cal Works. Not SSA/SSI)?  YES  NO
  - Enrolled in a Job Training program receiving assistance through the Job Training Participation Acct (JTPA) or other similar program?  YES  NO
  - Married and filing (or are entitled to file) a joint tax return?  YES  NO
  - Single parent with a dependent child or children and neither you nor your child(ren) are dependent of another individual?  YES  NO
  - Previously enrolled in the Foster Care program (age 18 – 24)?  YES  NO

**PLACEMENT PLANNING:** \_\_\_\_\_

- Is your household in need of an accessible unit?  YES  NO
  - If yes, please describe: \_\_\_\_\_
- Does your household have a Section 8 Voucher through a Housing Authority?  YES  NO
  - If yes, which Housing Authority: \_\_\_\_\_
- Has your household been displaced by a government action or a presidentially declared disaster?  YES  NO
  - If yes, please explain: \_\_\_\_\_
- Is your household now living in a government subsidized unit?  YES  NO

**BACKGROUND CHECK:** \_\_\_\_\_

- Has your household's residency / tenancy or government assistance ever been terminated for misrepresentation, non-payment of rent or failure to comply with re-certification procedures?  YES  NO
  - If yes, please explain: \_\_\_\_\_
- Has any member of your household ever been convicted of a felony or pled guilty or no contest to a felony whether or not resulting in a conviction?  YES  NO
  - If yes, please explain: \_\_\_\_\_
- Has any member of your household ever been convicted of, pled guilty or no contest to engaging in acts of violence or threats of violence, including but not limited to unlawful activity involving weapons or ammunition, whether or not resulting in a conviction?  YES  NO
  - If yes, please explain: \_\_\_\_\_
- Has anyone in your household ever been convicted of, pled guilty or no contest to engaging in the illegal manufacture, sale, distribution, use or possession of an illegal drug or controlled substance whether or not resulting in a conviction?  YES  NO
  - If yes, please explain: \_\_\_\_\_
- Are you or any household members subject to a State Lifetime Sex Offender Registration requirement?  YES  NO
  - If yes, please explain: \_\_\_\_\_
- List all States where all household members have lived: \_\_\_\_\_

**DEMOGRAPHIC INFORMATION:** \_\_\_\_\_

How did you hear about this community?

- Internet     Newspaper     Flyer     Residential Referral     Other: \_\_\_\_\_

For statistical purposes only:

Race of Head of Household:     Black     Hispanic     Asian     American Indian     Other

Ethnicity of Household:     Hispanic     Non-Hispanic

**INCOME:** \_\_\_\_\_

List each type of income, earned or received, by every household member in your household.

Employment Income – provide gross income (pre-tax) information:     N/A

Household #	Employer's Name	Occupation	Hourly Pay Rate	Hours worked per week	Weekly Gross Income	Monthly Gross Income	Annual Gross Income



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**OTHER INCOME:**

Household #	Source of Income	Yes or No	Payer's Name	Amount Received	Weekly	Monthly	Annually
	AFDC / TANF						
	Alimony						
	Child Support						
	Insurance Benefits						
	Recurring Gifts						
	Rental Income						
	Retirement Pension						
	Self Employed						
	Social Security						
	SSI						
	Unemployment Benefits						
	Veteran Administration Benefits						
	Other Income						

**ASSETS:**

Include all assets that may be held jointly with another person.

Household #	Source of Asset	Indicate Yes or No	Location of Asset (Financial Institute's Name)	Is the Account a Joint Account? Indicate Yes or No	Current Fair Market Cash Value or Account Balance Total
	Bond(s)				
	Capital Gains				
	Capital Investments				
	Certificate of Deposit (CD)				
	Checking Account				
	Checking Account				
	Inheritance				
	Insurance Settlement(s)				
	IRA or Keogh Accounts				
	Lottery Winnings				
	Money Market Account(s)				
	Savings Account				
	Savings Account				
	Stocks				
	Treasury Bills / Bonds				
	Trusts				
	401k - Pension Funds				
	Personal Property Held as an Investment				
	Other Assets				

**REAL ESTATE / DISPOSED OF ASSETS:**

Does any household member own real property, such as land, houses, real estate in the USA or another country? Including any Real Estate that may be held jointly with another person.

YES  NO

Household #	Estimated Cash Value of the Real Property	Rental Income, if any. If none, indicate none.	Property Address, City, State and Zip Code

Have any household members sold any Real Estate or Disposed of any assets for less than Fair Market Value in the last two years? Including cash, property, bank accounts, etc.

YES  NO

Household #	Type of Asset	Market Value when Disposed	Date of Transaction	Cash Value Asset was Disposed for



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**CERTIFICATION AND RELEASE OF INFORMATION:**

I / we certify that the housing applied for via this application will be my / our only residence. I / we understand that eligibility for housing will be based on the applicable sections of the Community's Resident Selection Criteria. I / we understand that this application in no way ensures occupancy and that my / our application can be denied based on, however not limited to, poor background checks, landlord references, failure to meet the Resident Selection Criteria, etc. All information supplied here or elsewhere will be used to determine your household's eligibility for housing.

I / we further understand that providing any false, fraudulent, misleading or incomplete information can cause a delay in processing and may be grounds for denial of residency; or in the event that I become a resident, or am an existing resident, would be considered a material breach of my rental agreement and can be used as grounds to immediately terminate my residency. Any "yes" response on the background check section of this application may lead to the denial of this application.

I / we declare that all information and answers supplied during the application process by me, or on my behalf, including but not limited to, the answers to the above-noted questions, are true and correct. I understand that falsification of information found before or after acceptance of the property includes penalties that will result in the cancellation of my application, also to include eviction, loss of assistance, if applicable. WARNING: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

I / we understand that all information given on this form is subject to verification. Any information determined to be false or untrue will result in permanent cancellation of the application. I also understand, it is my responsibility to contact the Manager, (in writing), at least every 6 months to keep my application on the waiting list.

I / we do hereby authorize Solari Enterprises, Inc. and its staff to obtain information or materials deemed necessary to determine my / our eligibility for housing. I / we authorize verification of income, assets, credit history, criminal history, drug history, eviction history, rental history and references. I consent to allow the owner / agent to disclose any information obtained to previous, current or subsequent owner / agents, law enforcement, and any other owner / agent deems appropriate, including contacting agencies, office, groups, organization, that may provide information that could substantiate or verify information given in this application.

All adult household members are to complete the following:

Household No.	Printed Name	Signature	Date

**SOLARI ENTERPRISES, INC. USE ONLY:**

Application received: Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_

General information: Unit size: \_\_\_\_\_ Set-aside: \_\_\_\_\_

Accessible Unit Requested?  YES  NO

If yes, was request accommodated?  YES  NO

If request was not accommodated, explain: \_\_\_\_\_



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