



## Application for Housing- Cover Sheet

### STOCKTON

Casa de Esperanza (Farm Labor)
Chateau de Lyon
Church Street Triplex
Community of All Nations
Delta Plaza Apartments (Seniors 55+)
Dewey Apartments
Diamond Cove Townhomes (1)
Diamond Cove Townhomes (2)
Emerald Pointe Townhomes (1)
Emerald Pointe Townhomes (2)
Grand View Village
Grant Village Townhomes
Liberty Square (Veteran/Military)
Marquis Place
Santa Fe Townhomes
Valle Del Sol Townhomes (Farm Labor)
Villa de San Joaquin (Farm Labor)
Villa Isabella
Villa Montecito
Villa Monterey
Vintage Plaza
Westgate Townhomes
Wysteria Townhomes

**CERES**  
Almond Terrace Apartments

**FRESNO**  
Cedar Gardens

**TRACY**  
Mountain View Townhomes – Waitlist is closed

**OAKDALE**  
Oak Leaf Meadows **Must apply at**  
<https://form.jotform.com/201288066308152>  
or by calling 209-557-2000

**Oak Havens Senior Apartments**  
(Seniors 62+)

**SACRAMENTO**  
Whispering Pines Apartments

1. **Download, print, and complete your application. Please fill out the application in full. Blank boxes may result in a delay of processing your application.**
2. **Attach this cover sheet to your application.**
3. **Effective 7/1/24 - Mail your completed application directly to the community site leasing office. See site map for property mailing and contact information.**

**For any questions, please get in touch with the community leasing office. Please reference the site map for contact information.**





## Application for Housing

<b>VPMG STAFF Use Only</b>			<b>APPLICATION APPROVED:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>BEDROOM SIZE</b>	<b>AMI%</b>	<b>TIME OF APPLICATION:</b>		<b>COMMENTS:</b>
<b>INCOME PREQUALIFICATION (ENTER INCOME LEVEL DESIGNATION)</b>		<b>DATE OF APPLICATION</b>		
		<b>TIME OF APPLICATION</b>		
<b>SPECIAL NEEDS- ACCESSIBLE UNIT REQUESTED?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>APPLICATION RECEIVED BY:</b>		
<b>APPLICATION #:</b>		<b>LOTTERY #:</b>		

**APPLICANT:** Please complete the following application and return to the property listed above. All Items must be complete in order for your application to be admitted for the eligibility process. If an item does not apply to you, please enter a "no" or "N/A" response. Visionary Property Management Group does not discriminate on the basis of race, color, religion, national origin, sex, familial status, disability, marital status, age, ancestry, sexual orientation, medical condition, gender, gender identity, gender expression, genetic information, source of income, any arbitrary basis, perception, association, citizenship, primary language spoken, immigration status, or on any other basis protected by federal, California, and/or local law.

<b>Number of bedrooms requested</b>		<b>1<sup>st</sup> Request:</b>	<b>2<sup>nd</sup> Request:</b>
<b>Applicant's phone number</b>	<b>Home#</b>	<b>Work#</b>	
<b>Applicant's email Address:</b>			
<b>Alternate contact person who generally knows how to contact you:</b>	<b>Name:</b>		
	<b>Phone Number:</b>		
	<b>Relationship to head applicant:</b>		

### Household Composition and Background information:

List all persons, including yourself, who will be living in the apartment. List the head of household first. Do not include minors who will reside in the unit less than 50% of the time.

No.	Name first/last	Relationship to head applicant	DOB MM/DD/YY	Age	Full time student Y/N (K-12/College)	Social security/TIN 555-55-5555	Sex M/F
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							



Yes <input type="checkbox"/>	No <input type="checkbox"/>	List any special housing needs due to a disability of any members. If yes, please describe the accessible features needed:
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Will you or anyone in your household require a live-in aide? Name of live-in aide: _____ Relationship if any: _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you a veteran?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you expect any additions to the household within the next 12 months? If yes, please explain:
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you have primary physical custody of all minors (50% or more of the time) listed on this application? If no, please explain:
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are there any absent household members who would never live with you and are not listed on this application as part of your household composition? If yes, please explain:
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have YOU or ANY MEMBER of your household ever been required to register as a lifetime sex offender under a state offender registration program in any state?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have YOU or ANY MEMBER of your household ever been convicted or pled guilty of a felony or drug related charge within the past seven (7) years?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have YOU or ANY MEMBER of your household ever been convicted of, pled guilty 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 within the past seven (7) years?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have YOU or ANY MEMBER of your household ever been involved in criminal activity defined as violence to personal property that will threaten the health, safety or right to peaceful enjoyment of the premises by other residents, or health and safety of the owner, employees, contractors' subcontractors, or agents of the owner?
<b>STUDENT STAUS:</b>		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the household consist of all persons who are full time students attending K-12, College, instate of higher education?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the household consist of all person who have been a full-time student in the previous 5 months?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the household anticipate on become an all full-time student household within the next 12 months?
<b>If you answered Yes to any of the student status questions, are you:</b>		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Receiving assistance under Title IV of the Social Security Act (AFDC/TANF)
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Enrolled in a job training program and/or receiving assistant through the Job Training Participation Act (JTPA) or other similar program?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Married and entitled to file a joint tax return
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Single parent with dependent children and neither of you or your children are a dependent of another individual?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Previously or currently enrolled in the Foster Care Program
<b>HOUSING REFERENCES:</b> Please complete all areas below and provide the last 2 consecutive years of housing history.		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever been evicted? If yes, please explain:
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has tenancy ever been terminated for fraud, non-payment of rent, or failure to cooperate with recertification procedures?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are you or any household member currently receiving federal rental assistance? Type pf assistance: _____ Name and address for landlord: _____ Phone number for landlord: _____
Head of household name:		Co-head of household name:
Current address		Current address
City/Zip		City/Zip
Monthly rent amount		Monthly rent amount
Length of residency: Move in date: _____ Move-out date: _____		Length of residency: Move in date: _____ Move-out date: _____
Landlord name:		Landlord name:
Landlord address:		Landlord address:
City/Zip		City/Zip





Yes	No	Are there any changes expected to the income within the next 12 months? If yes, please explain:
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**ASSET INFORMATION:** Please list any of the following assets that apply to you: TRUST, MONEY MARKET FUND, STOCKS, BONDS, TREASURY BONDS, TREASURY BILLS, CERTIFICATE OF DEPOSIT, IRA OR KEOGH, RETIREMENT, 401K/PENSION FUNDS, INHERITANCE, LOTTERY WINNINGS, INSURANCE SETTLEMENTS, PAY CARDS, CAPITAL GAINS, CAPITAL INVESTMENTS, OR PERSONAL PROPERTY HELD AS AN INVESTMENT. PLEASE LIST ALL SOURCES SEPARATELY. INCLUDE ASSETS HELD JOINTLY WITH ANOHTER PERSON.

Household member first name	Asset/account type	Bank/financial institution name	Current balance

Yes	No	Have you disposed of any assets for less than fair market value within the past 2 years? If yes, please explain:				
		Household member first name:	Type of asset:	Market value when disposed:	Amount disposed for:	Date of transaction

**CERTIFICATION AND RELEASE OF INFORMATION:**  
 I/we understand that I/we must pay a security deposit prior to occupancy. I/we certify that the housing I/we occupy will be my/our only residence. I/We understand that eligibility for housing will be based on applicable sections of the Project’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, but not limited to, poor credit or landlord references, police records indicating unacceptable or criminal behavior. All information supplied here or elsewhere will be used to determine my household’s eligibility for housing.

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

I 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 this property includes penalties that will result in 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 Government. HUD and any owner (Or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on this consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer of employee of HUD or the owner responsible for the unauthorized discourse or improper use. Penalty provisions for misusing the social security number ore contained in the Social Security Act at 208(a)(6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C 408 (a) (6), (7) and (8).

**Head of household:** \_\_\_\_\_  
 Print: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Spouse/Co-head:** \_\_\_\_\_  
 Print: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Other adult:** \_\_\_\_\_  
 Print: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Owner/Agent:** \_\_\_\_\_  
 Print: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_



**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

Name of Property Project No. Address of Property

Name of Owner/Managing Agent Type of Assistance or Program Title:

Name of Head of Household Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Public reporting burden** for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
  1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
  2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
  1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
  2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
  3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
  4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.