



# Petaluma Avenue Homes

## RENTAL APPLICATION

**Applications should be mailed to:**

Petaluma Avenue Homes  
P.O. Box 2007  
Berkeley, CA 94702

We are committed to making our housing and services accessible to people with disabilities. If you have a disability and/or need assistance in completing this application please contact 510-376-0422  
*Please print in ink and do not use whiteout. In order for us to process your application, make sure each line is filled out completely.*

**List all members who will be part of the household.**

	First Name, Middle Initial, Last Name	Relationship to Head of Household	Social Security Number	Birth Date
1		Head of Household		
2				
3				
4				
5				
6				
7				

Current/Mailing Address \_\_\_\_\_ Apt. \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone( ) \_\_\_\_\_ Evening Phone( ) \_\_\_\_\_

1. What size apartment are you applying for?

One-Bedroom  Two-Bedroom  Three-Bedroom  First Available

2. Does any member of the household have a section-8 voucher?  Yes  No

3. Is anyone over 18 in the household a full-time student?  Yes  No

Name(s): \_\_\_\_\_



**IMPORTANT: WE CANNOT PROCESS YOUR APPLICATION UNLESS EACH LINE IS FILLED OUT COMPLETELY. DO NOT LEAVE BLANK LINES**

4. Do you expect additional household members within the next twelve (12) months?  Yes  No

If yes, list name(s) and relationship to head of household: \_\_\_\_\_

5. Does any member of the household require special accommodations?  Yes  No

If yes, please explain: \_\_\_\_\_

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6. Petaluma Avenue Homes has some units set aside for families and individuals with disabilities - **would you be eligible for one of these units?**

Yes (Verification may be requested)  No

**In Federal Civil Rights laws the definition of disability includes,** "A person with a physical or mental impairment which substantially limits one or more major life activities, a record of such an impairment; or being regarded as having such an impairment..."

"...physical or mental impairment includes: (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular, reproductive, digestive; genito-urinary ; hemic and lymphatic; skin, and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

"...The term 'physical or mental impairment' includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairment, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism."

7. All units at Petaluma Avenue Homes are accessible for disabled applicants. However, some units are built out to be more accessible. Please check Yes if you can use the following features:  
(Verification may be requested)

Hand-held shower and bath tub seat	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lowered countertops	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accommodation for sensory impairment	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Additional Information**

8. Do you currently live in Sebastopol?  Yes  No

9. Do you currently work in Sebastopol?  Yes  No

10. Has any member of the household ever been evicted for cause?  Yes  No

**Please list date(s) and explain cause:** \_\_\_\_\_



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11. Has any member of the household ever been convicted of a felony?  Yes  No

If yes, what year, what was the nature of the crime, which household member(s)? \_\_\_\_\_

12. Has any member of the household filed for bankruptcy within the last seven (7) years?

Yes  No

If yes, which member(s)? \_\_\_\_\_ Year filed: \_\_\_\_\_

13. Do you have any pets?

Yes  No If yes, please list: \_\_\_\_\_

List a minimum five (5) year tenancy history.

Tenancy History	Current Address	Previous Address	Previous Address
Street Address			
City			
State & Zip			
Rent or Own?			
Rent Amount	\$	\$	\$
Landlord Name			
Landlord Street Address			
Landlord City, State, & Zip			
Landlord Phone	( )	( )	( )
How long? (month/year)	From: To:	From: To:	From: To:
Is/was the landlord a relative?	YES NO	YES NO	YES NO

14. Reason for seeking new housing: \_\_\_\_\_

15. How did you hear about Petaluma Avenue Homes? \_\_\_\_\_



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15. Do you own a car?  Yes  No

**List Driver's License/Identification numbers for all adults and all household vehicles:**

Name	CA Driver License/ Identification #	Car Make/Model	License Plate #	Color	Year

**Household Income Information**

**Income for Head of Household. List income in gross annual totals (before taxes or deductions).**

Type of Income	Name of Source	Annual Amount
		\$

**Income for Household Member #2. List income in gross annual totals (before taxes or deductions)**

Type of Income	Name of Source	Annual Amount
		\$

**Income for Household Member #3. List income in gross annual totals (before taxes or deductions)**

Type of Income	Name of Source	Annual Amount
		\$

**Income for Household Member #4. List income in gross annual totals (before taxes or deductions)**

Type of Income	Name of Source	Annual Amount
		\$

List additional household members' income on a separate sheet of paper



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**Household Asset Information:** *Do not include automobiles or furniture.* If you do not have any assets, write “none” in the spaces provided below.

**Assets for Head of Household.**

Asset Information	Name of Source	Account Number	Value
Checking Account #1			\$
Savings/CD Account #1			
Other Asset			
<b>Totals</b>			\$

**Assets for Household Member #2.**

Asset Information	Name of Source	Account Number	Value
Checking Account #1			\$
Savings/CD Account #1			
Other Asset			
<b>Totals</b>			\$

**Assets for Household Member # 3.**

Asset Information	Name of Source	Account Number	Value
Checking Account #1			\$
Savings/CD Account #1			
Other Asset			
<b>Totals</b>			\$

**Assets for Household Member # 3.**

Asset Information	Name of Source	Account Number	Value
Checking Account #1			\$
Savings/CD Account #1			
Other Asset			
<b>Totals</b>			\$

List additional household members’ assets on a separate sheet of paper



## Emergency Contact Information

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Poor credit history or prior tenancy disputes due to extenuating circumstances will be reviewed on a case-by-case basis by management. Lack of credit history is not considered poor credit history.

## Certification

By signing my/ our name(s), I/We certify, under penalty or perjury, that the above information given is true and correct and understand that my/our application, lease or rental agreement may be terminated if I/we have made any misrepresentation in this application. I/We authorize my/our consent to have management verify the information contained in this application for the purposes of proving my eligibility for occupancy which includes and is not limited to the verification of income, assets, credit history, criminal background, tenancy history, and references. I/we have and will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I/we understand that my occupancy is contingent on meeting management's resident selection criteria and the affordable housing guidelines.

I understand that if my name comes up for housing a **non-refundable fee of \$20.00 per adult** will be required to obtain a report of my/our credit from a credit-reporting agency.

### ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

## Optional Information

We request your cooperation in reporting on the ethnicity of the applicants and residents in order for management to determine if this project is meeting its goals to serve all ethnic groups. This information is strictly voluntary on your part, your answer will not affect your eligibility for housing. Please check the one category, which best describes your race/ethnicity.

White     African American     Latina/Latino     Asian/Pacific Islander     Native  
American     Other (please explain) \_\_\_\_\_

*Affordable Housing Associates is a private, non-profit housing developer who promotes equal housing opportunities and does not discriminate based on race, color, creed, religion, sex, national origin, age, familial status, handicap, ancestry, medical condition, veteran status, sexual orientation, AIDS, AIDS related condition (ARC), mental disability, or any other arbitrary basis.*



# PETALUMA AVENUE HOMES

## Cohousing Questionnaire

*When you move into Petaluma Avenue Homes, you get more than just an affordable apartment -- you get a community!*

Have you ever heard of cohousing before?

Yes  No

Do you like knowing your neighbors?

Yes  No

Would you be interested in meeting some of your neighbors before moving in?

Yes  No

Would you enjoy doing any of these activities with your neighbors?

Gardening	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cooking and eating together	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Playing games	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Playing music	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Watching movies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Holiday parties	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Going places together	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Doing crafts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Children's/family activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other activities you enjoy (please list)		

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Would you be interested in helping plan some of these activities?

Yes  No

Do you have skills you would enjoy teaching others?

Gardening	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cooking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Music	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Crafts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Computer skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other (please list)		

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**The purpose of these questions is to help connect people with common interests.  
Your answers will NOT affect your eligibility!**