



HOUSING AUTHORITY
of the COUNTY OF BUTTE
 2039 Forest Avenue • Chico, CA 95928

(530) 895-4474
 FAX (530) 895-4469
 (800) 564-2999
 TDD RELAY (800) 735-2929

APPLICATION TO RENT

1519 Locust Street
 Chico, CA 95928

(All sections must be completed) **Individual application required from each occupant 18 years of age or older**

Last Name		First Name		Middle Name		Social Security Number - -	
Other names used in the last 10 years				Work phone number ()		Home phone number ()	
Date of birth		E-mail address				Mobile/Cell phone number ()	
Driver's license number		Expiration		State	Other ID		
1	Present Address						
			City		State	Zip	
	Date in	Date out	Owner/Agent Name			Owner/Agent phone number	
Reason for moving							
2	Previous Address						
			City		State	Zip	
	Date in	Date out	Owner/Agent Name			Owner/Agent phone number	
Reason for moving							
3	Next Previous Address						
			City		State	Zip	
	Date in	Date out	Owner/Agent Name			Owner/Agent phone number	
Reason for moving							
Proposed occupants List all in addition to yourself	Name			Name			
	Name			Name			
	Name			Name			
Will you have pets?	Describe			Will you have a waterbed?	Describe		

am am not a member of the Armed Forces (including the National Guard and Reserves)

A.	Present occupation or source of income				Employer name	
	How long with this employer?		Supervisor's phone number ()		Employer address	
	Name of supervisor			City, State, Zip		
B.	Prior occupation				Employer name	
	How long with this employer?		Supervisor's phone number ()		Employer address	
	Name of your supervisor			City, State, Zip		
Current gross income \$ Per		Check One: Week Month Year				
Name of your bank (Please list ALL of your financial obligations below)					Branch or address	





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Name of Creditor	Address	Phone Number	Monthly Payment Amount
		()	
		()	
		()	
		()	
		()	

In case of emergency, notify:	Address: Street, City, Zip	Relationship	Phone number
1.			()
2.			()

Personal References:	Address: Street, City, State, Zip	Length of Acquaintance	Occupation	Phone number
1.				()
2.				()

Automobile: Make: _____ Model: _____ Year: _____ License #: _____

Automobile: Make: _____ Model: _____ Year: _____ License #: _____

Other motor vehicles: _____

Have you ever been convicted of selling, distributing, or manufacturing illegal drugs? Yes No

Applicant represents that all the above statements are true and correct and hereby authorizes verification of the above items including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request. Applicant consents to allow Owner/Agent to disclose tenancy information to previous or subsequent Owner/Agents.

The undersigned is applying to rent the premises designated as:

Apt. No. _____ Located at _____

Upon approval of this application, and execution of a rental/lease agreement, the applicant shall pay all sums due, including required security deposit before occupancy.

_____ Date

_____ Applicant (signature required)





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CALIFORNIA APARTMENT ASSOCIATION CODE FOR EQUAL HOUSING OPPORTUNITY

The California Apartment Association supports the spirit and intent of all local, state and federal fair housing laws for all residents without regard to color, race, religion, sex, marital status, mental or physical disability, age, familial status, sexual orientation, or national origin.

The California Apartment Association reaffirms its belief that equal opportunity can best be accomplished through effective leadership, education, and the mutual cooperation of owners, managers, and the public.

Therefore, as members of the California Apartment Association, we agree to abide by the following provisions of this Code for Equal Housing Opportunity.

- We agree that in the rental, lease, sale, purchase, or exchange of real property, owners, and their employees have the responsibility to offer housing accommodations to all persons on an equal basis.
- We agree to set and implement fair and reasonable rental housing rules and guidelines and will provide equal and consistent services throughout our resident's tenancy.
- We agree that we have no right or responsibility to volunteer information regarding the racial, creed, or ethnic composition of any neighborhood, and we do not engage in any behavior or action that would result in "steering."
- We agree not to print, display, or circulate any statement or advertisement that indicates any preference, limitations, or discrimination in the rental or sale of housing.



10/15/2009



INFORMATION RELEASE AUTHORIZATION

The individual(s) listed below has applied for HUD Rental Assistance or is receiving assistance in one of our Housing Programs.

In order to determine eligibility for, or continued participation in these programs, the Housing Authority of the County of Butte is required to verify information from one or all of the following sources for each adult applying for housing assistance:

- ❖ Financial Institutions
- ❖ Social Security Administration
- ❖ TANF
- ❖ Employers
- ❖ Physicians
- ❖ Child Care Providers
- ❖ Credit Bureaus
- ❖ Landlords/Property Management Companies
- ❖ Police/Parole/Probation authorities or any other entity or agency, which maintains or has access to records of criminal arrests and convictions

I/We do hereby authorize the Housing Authority or the County of Butte to obtain any information or materials deemed necessary to determine my eligibility for residency.

Printed Name	Social Security No.	Applicant/Tenant Signature	Date
Printed Name	Social Security No.	Applicant/Tenant Signature	Date
Printed Name	Social Security No.	Applicant/Tenant Signature	Date
Printed Name	Social Security No.	Applicant/Tenant Signature	Date
Printed Name	Social Security No.	Applicant/Tenant Signature	Date

(Please have all household members who are 18 or older sign above)





RENTAL HISTORY AND REFERENCES

In order to process your application, you must provide two (2) Landlord references. Please list your current or most recent landlord first.

Landlord: _____

Landlord Phone Number: _____

Landlord Address: _____

City, State, Zip: _____

Address of Unit Rented: _____

Dates of Occupancy: From: ____/____/____ To: ____/____/____

Landlord: _____

Landlord Phone Number: _____

Landlord Address: _____

City, State, Zip: _____

Address of Unit Rented: _____

Dates of Occupancy: From: ____/____/____ To: ____/____/____

I have no rental history

Please explain your current and past housing situations: _____

References:

Please list two (2) persons not related or living with you who have known you for at least one (1) year.

Name: _____ Address: _____ Phone #: _____

Name: _____ Address: _____ Phone #: _____

