



**Greater Golden Hill  
Community Development Corporation**  
 "Implementing Our Neighborhood's Vision"  
 1235 28<sup>th</sup> Street | San Diego, CA 92102  
 Tel: (619) 696-9992 | Fax: (619) 696-6048  
 Email: [housing@goldenhillcdc.org](mailto:housing@goldenhillcdc.org)  
 Website: [www.goldenhillcdc.org](http://www.goldenhillcdc.org)

## Delivery Method ID#

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Key: F-Fax | H-Pick Up | E-Email /date

**DO NOT DUPLICATE**

**ONE APPLICATION PER HOUSEHOLD ONLY**

To the applicant: Please fill out this form completely. All references will be checked and if any information is found to be false or incomplete, the application may be rejected. Use additional pages if more space is needed.

**PART I. APPLICANT INFORMATION**

**Applicant Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  

First Name
Last Name
Month/Date/Year

**Social Security Number:** \_\_\_\_\_ **Driver's License No:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_  

Number and Street
Apt #

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ **Cell Phone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Mailing Address, if different:** \_\_\_\_\_  

Number and Street
Apt #

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**How long have you lived at your present address?** \_\_\_\_\_

**Household members:** List below all the persons who are applying living to live in the unit.

\*Head of Household (HOH)

	Name	Relationship to Applicant	SEX	Date of Birth	Age	Social Security
1	HOH:					
2						
3						
4						
5						
6						
7						
8						

**PART II. HOUSEHOLD INCOME, ASSETS, AND SUBSIDIES**

**INCOME:** List below all sources of income for all members of the household. Please check "Yes or No" and member of household it applies to. Use additional paper if necessary

Income Source	Check One	Members of household and \$Amount it applies to:
Employment	<input type="checkbox"/> Yes	\$ _____
	<input type="checkbox"/> No	\$ _____
Self-Employment	<input type="checkbox"/> Yes	\$ _____
	<input type="checkbox"/> No	\$ _____

Social Security/SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
		\$ _____	\$ _____
Insurance Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
		\$ _____	\$ _____
Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
		\$ _____	\$ _____
Alimony or Child Support Award	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
		\$ _____	\$ _____
Armed Forces Pay or Allowances	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
		\$ _____	\$ _____
AFDC/GA ("Welfare")	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
		\$ _____	\$ _____
Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
		\$ _____	\$ _____
Pension/Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
		\$ _____	\$ _____
Disability/Death Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
		\$ _____	\$ _____
Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
		\$ _____	\$ _____
Strike Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
		\$ _____	\$ _____
Assets (see Asset Certification)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
		\$ _____	\$ _____
Regular Contributions or rent, Utilities, groceries, car payments, insurance, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
		\$ _____	\$ _____
Section 8/Housing assistances	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
		\$ _____	\$ _____
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____
		\$ _____	\$ _____

Household's Total Annual Income: \_\_\_\_\_

**ASSETS.**

- A. Check "Yes" if any family member has one or more of that type of asset
- B. Check "NO" if no family member has that type of asset
- C. Check "Divested" if any family members has disposed of that type of asset for less than fair market value within the past 24 months

- Yes  No  Divested Savings Account
- Yes  No  Divested Checking Account
- Yes  No  Divested Trust
- Yes  No  Divested Real Estate, Rental Property, Rent
- Yes  No  Divested Money Market Fund
- Yes  No  Divested Stocks, Bonds, Treasury Bills, Certificate of Deposit Ira or Keough
- Yes  No  Divested Retirement or Pension Fund
- Yes  No  Divested Inheritance, Lottery Winnings, Insurance Settlement Due
- Yes  No  Divested Capital Gains, Capital Investments
- Yes  No  Divested Personal Property held as an investment (Gems, Autos, Art, etc)
- Yes  No  Divested Other: \_\_\_\_\_

Household's Total Assets: \_\_\_\_\_

I certify that no family member has disposed of any asset(s) for an amount less than fair market value (Minus \$1,000) during the two-year period ending today.

\_\_\_\_\_  
Signature

Household Member: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Explanation: \_\_\_\_\_

**SUBSIDY:**

- A. Do you have a Section 8 Certificate or other Rental Subsidy:  Yes  No
- B. If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART III. REFERENCES**

Use this space to list previous landlords for the last five years. If you have no previous landlord references, use this space to provide two other references and indicate their relationship to you. Also provide information about any prior evictions.

**CURRENT LANDLORD**

Name: \_\_\_\_\_  
First Name Last Name

Address: \_\_\_\_\_  
Number and Street Apt #

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Rental Period Covered:  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Rent paid \$ \_\_\_\_\_ / monthly

**PREVIOUS LANDLORD**

Name: \_\_\_\_\_  
First Name Last Name

Address: \_\_\_\_\_  
Number and Street Apt #

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Rental Period Covered:  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Rent paid \$ \_\_\_\_\_ / monthly

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**PRIOR EVICTION**

1. Have you ever been evicted from a residence?  Yes  No  
If yes, when?: \_\_\_\_\_ and why? \_\_\_\_\_

2. Have you or anyone you plan to have living with you had your residency terminated for fraud, nonpayment of rent or failure to comply with lease provisions.  Yes  No  
If yes, when?: \_\_\_\_\_ and why? \_\_\_\_\_

3. Have you ever been convicted of a felony\*?  Yes  No  
If yes, when?: \_\_\_\_\_ and why? \_\_\_\_\_

\*A criminal record check will be required for each adult over the age of 18 in your household. Applicants can be rejected for a criminal history that includes physical/sexual abuse, sale or distribution of controlled substance, and any violence that could affect the health, safety and welfare of other residents.

**PART IV. STUDENT INFORMATION**

Any member of the household (over the age of 17) currently a full-time student, or planning to be one within the next 12 months?  Yes  No

If yes, continue with the following questions: (you will need to provide verification of all items to which you answered Yes)

- Yes  No Are you married and currently filling a joint tax return?
- Yes  No Are you receiving AFDC (Aid to Families with Dependent Children)?
- Yes  No Are you enrolled in the Job Training Partnership Act (JTPA) or another similar local county or state program?
- Yes  No Are you a single parent with child(ren) and neither you nor the child(ren) are dependents on anyone else's tax return?
- Yes  No Will you be living with someone who is not a full-time student? If so, who?

**How did you hear about us?**

- Newsletter
- Personal Reference
- Other

Name of Newsletter: \_\_\_\_\_  
Name of Person: \_\_\_\_\_  
Please specify: \_\_\_\_\_

**PART V. CERTIFICATION**

I/we certify that if selected to move into this duplex, the unit I/we occupy will be my/our primary residence.

I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.

I/we understand that the false statements or information are punishable under federal law and cause for immediate denial of housing.

I/we understand that the above information is being collected to determine my/our eligibility for an apartment. I/we authorize the over to verify all information provided on this application and to contact previous or current landlords, employers, or other sources for credit and verification information which may be released by appropriate federal, state, local agencies, or private persons to the owner/management.

I/we agree to allow management to perform a consumer credit check on all adult household members. I/we agree to pay a credit check and criminal background processing fee the initial screening interview. (I/we may request copies of these documents). This will be required prior to an application being processed.

Housing is subject to availability.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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Submit Rental Application:

**By Mail or In Person to:** Greater Golden Hill CDC  
Attn: Shalissa Olmeda  
1235 28<sup>th</sup> St  
San Diego, CA 92102

**Or by email:** [Shalissa@goldenhillcdc.org](mailto:Shalissa@goldenhillcdc.org)

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*For Office Use Only*

**Waiting List:** \_\_\_\_\_

**Application Received on:** \_\_\_\_\_ **Method Received :** In Person | Mail | Email | Other: \_\_\_\_\_

**Previously Applied:** \_\_\_\_\_ **Explain:** \_\_\_\_\_

**Duplex: Gregory / Felton Unit #** \_\_\_\_\_

**Section 8 tenant:**  Yes  No **Proof:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

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**GGH CDC Property Manager:** \_\_\_\_\_ **Signature:** \_\_\_\_\_