



1108 R Street Sacramento, CA 95811
916.498.9033/916.498.9036 fax
info@rstreetwal.com



WAL APPLICATION INSTRUCTIONS

Please fill out the application as completely as possible. For any questions, please contact us at info@rstreetwal.com, or visit our website at www.rstreetwal.com and click on **Living at WAL**. We are happy to help!

When applying, applicants will need to provide the following items:

1. **Valid ID** — Driver's license, state Issued ID card, or passport.
2. **Credit/Background Check Fee** — \$30.00 per adult; *please note we accept only cashier's checks or money orders; cash and personal checks are not accepted.*
3. **Rental History** — 2 years of verifiable rental history.
4. **Proof of Income** — 3 months of most recent paystubs and bank statements.
5. **Artist's Questionnaire** — completed questionnaire, including examples of your work.
6. **Low Income** — applicants applying for low income housing are asked to additionally provide:
 - Completed Tenant Income Certification Questionnaire (TICQ) (see last 2 pages), and
 - Social Security card (original card only; copies are not accepted).
7. **Self-Employed** — applicants who are self-employed are asked to additionally provide:
 - Prior 3 years of tax records,
 - IRS Form Schedule C – Profit or Loss from Business (for *current* year), and
 - Signed Affidavit of Income (provided by WAL management).

Thank you for your interest in WAL.



RENTAL APPLICATION



Warehouse Artist Lofts
1108 R Street
Sacramento, CA 95811
Office – 916.498.9033 / Fax – 916.498.9036

FOR OFFICE USE ONLY
Applicant Name: _____
Reviewed by: _____
Date: _____

\$30 CREDIT CHECK FEE FOR EACH ADULT APPLICANT

ALL PAGES MUST BE FILLED OUT COMPLETELY; SIGNATURE REQUIRED ON LAST PAGE

PRIMARY APPLICANT
Full Legal Name
Current Address
City, State, Zip
Home Telephone
E-mail
How long have you lived at this address?
Social Security Number
Date of Birth
Landlord Name
Landlord Phone

SPOUSE/CO-APPLICANT
Full Legal Name
Current Address
City, State, Zip
Home Telephone
E-mail
How long have you lived at this address?
Social Security Number
Date of Birth
Landlord Name
Landlord Phone

CO-APPLICANT
Full Legal Name
Current Address
City, State, Zip
Home Telephone
E-mail
How long have you lived at this address?
Social Security Number
Date of Birth
Landlord Name
Landlord Phone

CO-APPLICANT
Full Legal Name
Current Address
City, State, Zip
Home Telephone
E-mail
How long have you lived at this address?
Social Security Number
Date of Birth
Landlord Name
Landlord Phone

For any other co-residents, please provide information on a separate sheet.

1. Have you, your spouse, or your co-applicant(s) ever used different names from the names shown above? Yes No

If yes, please list names used and dates when such names were used:

2. Have you, your spouse, or your co-applicant(s) ever been evicted or otherwise removed from rental housing? Yes No

If yes, please provide landlord name, address and dates:

3. Has any place where you, your spouse, or co-applicant(s) lived been destroyed or damaged by fire? Yes No

If yes, please provide details: _____

4. Do you, your spouse/co-applicant(s) or household member require special accommodation based on handicap or disability? Yes No

5. Do you, your spouse or co-applicant(s) require part-time aid (caregiver)? Yes No

If yes, please provide documentation to verify

Please be advised that there are income limits that apply to certain units in the property. The anticipated income of all adult persons expecting to occupy the rent-restricted units must be included and verified prior to occupancy.

6. Income from Employment

List all full-time, part-time, and/or seasonal employment for applicant, spouse/co-applicant, co-resident, including self-employment. Please attach additional page if more space is needed.

Applicant Name	Place of Employment	Employer Phone No.	Supervisor	Estimated Total Earnings for the Coming Year

7. Income from other Sources

List non-employment income for applicant, spouse/co-applicant, co-residents. This includes income from rental property, social security, SSI, public assistance, general relief (assistance), unemployment compensation, alimony, child support, workers compensation, disability compensation, VA benefits, retirement pension, insurance benefits, and all other income.

Type of Income and Who Pays It	Source Name/Address	Contact Person (Name and Phone)	Estimated Total Earnings for the Coming Year

8. Interest, Dividend Income, Assets

List assets of applicant, spouse/co-applicant, co-residents. Include checking, savings, stocks, bonds, trust, money market, certificate of deposit, IRA and Keogh account, treasury bills, credit union shares, land and real estate:

Description of Asset	Source Name/Address	Estimated Current Value	Est. Annual Income From Assets

APPLICANT RACE/ETHNICITY

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government that Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap/disability are complied with. You are not required to furnish this information, but you are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

9. Race of primary applicant (please check one):

- White Black Native American/Alaskan/Hawaiian Asian/Pacific Islander

10. Ethnicity of primary applicant (please check one):

- Hispanic Non-Hispanic

QUESTIONS FOR APPLICANT, SPOUSE/CO-APPLICANT, CO-RESIDENT

The following questions pertain to applicant, spouse/co-applicant, co-resident. Answer yes or no in response to each question, and use the space provided to explain any yes answer.

11. Does anyone in the household receive regular cash contributions from agencies or from individuals not living with you? Yes No

If yes, please describe: _____

12. Does anyone in the household currently use any illegal drug or other illegal controlled substance? Yes No

If yes, please describe: _____

13. Has anyone in the household ever engaged in drug-related criminal activity, such as use, possession, distribution, trafficking, or manufacture of an illegal drug? Yes No

If yes explain circumstances, outcome and present status: _____

14. Has anyone in the household been involved in criminal activity that poses a threat to the health, safety or welfare of others? Yes No

If yes, when and where? _____

15. Has applicant, spouse/co-applicant, or household member ever been convicted of felony criminal activities? Yes No

If yes, please explain: _____

16. Has anyone in the household ever applied for a government subsidized apartment before? Yes No

If yes, when and where? _____

17. Does anyone in the household have a Section 8 Certificate? (This community accepts Section 8 subsidies as payment for housing charges.) Yes No

If yes, please explain: _____

18. Does applicant, spouse/co-applicant require a handicap accessible unit? If "Yes," please provide documentation to verify. Yes No

19. Please indicate your preference: Smoking permitted Non-smoking No preference

20. Do you own a vehicle? Yes No Will you require parking? Yes No

Please list the make and model: _____

PRIMARY APPLICANT'S EMERGENCY CONTACT

Name	Relationship
Address	Phone

APPLICANT(S) PREVIOUS RENTAL HISTORY

If you have not lived at your current address for at least 2 years, please enter the information requested for applicant, spouse/co-applicant's current address. Include places where you were not listed and placed where you lived under a different name. **You must show 2 years of rental history.**

Primary Applicant

Applicant Street Address		Monthly Rent
City, State, Zip		Paid Utilities \$ _____
Landlord Name		Landlord Phone
Did you fulfill the lease term? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain:	
Move-In Date	Move-Out Date	Security Deposit

Co-Applicant

Applicant Street Address		Monthly Rent
City, State, Zip		Paid Utilities \$ _____
Landlord Name:		Landlord Phone:
Did you fulfill the lease term? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain:	
Move-In Date	Move-Out Date	Security Deposit

Co-Applicant

Applicant Street Address		Monthly Rent
City, State, Zip		Paid Utilities \$ _____
Landlord Name:		Landlord Phone:
Did you fulfill the lease term? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain:	
Move-In Date	Move-Out Date	Security Deposit

Co-Applicant

Applicant Street Address		Monthly Rent	
City, State, Zip		Paid Utilities \$ _____	
Landlord Name:		Landlord Phone:	
Did you fulfill the lease term? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain:		
Move-In Date	Move-Out Date	Security Deposit	

Co-Applicant

Applicant Street Address		Monthly Rent	
City, State, Zip		Paid Utilities \$ _____	
Landlord Name:		Landlord Phone:	
Did you fulfill the lease term? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain:		
Move-In Date	Move-Out Date	Security Deposit	

UTILITY PAYMENT HISTORY

Utility Company	Type (Electric or Gas)	Name of Account Holder	Property Address

How did you hear about units to rent?

- Community Organization: _____
- Newspaper Name: _____
- Brochure: _____
- Employment: _____
- Referred by a resident in the building: _____
- Online: _____
- Signs on Building
- Other/Additional Information: _____

STATEMENTS BY APPLICANT, SPOUSE/CO-APPLICANT

We certify that all information given in this application hereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.

We authorize the Property Management to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, and to previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate Federal, state or local agencies. We are also aware that a criminal-record check will be required of each household member 18 years and older. Applicants can be rejected for a criminal history that includes physical and or sexual violence that could affect the health, safety, or welfare of other residents.

If our application is approved and move-in occurs, we certify that only those persons listed in the application will occupy the apartment, that they will maintain no other place of residence, and that there are no other persons for whom we have or expect to have responsibility to provide housing. We agree to notify management in writing regarding any changes in address, telephone numbers, income and household composition.

We have read, and understand, the information in these applications in particular the information contained in the instructions for applicant and we agree to comply with such information.

We understand that if this application is placed on a Waiting List, we may request sample copies of the Rental Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, rent, damages and Security Deposit.

We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act 15 U.S.C. Section 1681 a (d) seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Notice: you are hereby notified that a negative credit report reflecting on your credit record may be submitted in the future to a credit reporting agency if you fail to fulfill the terms of your rental/credit obligations or if you default in those obligations in any way.

If this application is for an applicant of more than one person, we consider ourselves a stable household and all of our income is available for its needs.

IMPORTANT NOTE: I understand it is my responsibility to contact the Manager in writing at least every 6 months in order to keep my application on the waiting list.

Applicant, spouse/co-applicant, and any other adult named in this applicant must sign:

Applicant's Signature

Date

Spouse/Co-Applicant's Signature

Date

Spouse/Co-Applicant's Signature

Date

Acceptance of completed application by Management:

Management Representative's Signature

Date

ALL PAGES MUST BE FILLED OUT COMPLETELY; SIGNATURE REQUIRED ON LAST PAGE

TENANT INCOME CERTIFICATION QUESTIONNAIRE

One Form per Adult Member of the Household

NAME: _____	TELEPHONE NUMBER: () _____
<input type="checkbox"/> Initial Certification	BIN # _____
<input type="checkbox"/> Re-certification	
<input type="checkbox"/> Other	Unit # _____

INCOME INFORMATION

	YES	NO		MONTHLY GROSS INCOME
1.	<input type="checkbox"/>	<input type="checkbox"/>	I am self employed. (List nature of self employment) _____	(use <u>net</u> income from self-employment only) \$ _____
2.	<input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: <div style="text-align: center;"><u>Name of Employer</u></div> 1) _____ \$ _____ 2) _____ \$ _____ 3) _____ \$ _____	
3.	<input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
4.	<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
5.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
6.	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic social security payments.	\$ _____
7.	<input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
8.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI).	\$ _____
9.	<input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
10.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, AFDC)	\$ _____
11.	<input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments.	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	I am currently receiving child support payments. If yes, from how many persons do you receive support? _____	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	I am currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____ _____	
12.	<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony/spousal support payments	\$ _____
13.	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____
14.	<input type="checkbox"/>	<input type="checkbox"/>	I receive income from real or personal property.	(use <u>net</u> earned income) \$ _____
15.	<input type="checkbox"/>	<input type="checkbox"/>	Student financial aid (public or private, not including student loans) Subtract cost of tuition from Aid received <i>*For Households receiving Section 8 Assistance Only</i>	\$ _____

ASSET INFORMATION

YES	NO		INTEREST RATE	CASH VALUE	
16.	<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
17.	<input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s) If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
18.	<input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s) If yes, list bank(s) 1) _____	_____%	\$ _____
19.	<input type="checkbox"/>	<input type="checkbox"/>	I own real estate. If yes, provide description: _____		\$ _____
20.	<input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
21.	<input type="checkbox"/>	<input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
22.	<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
23.	<input type="checkbox"/>	<input type="checkbox"/>	I have a whole life insurance policy. If yes, how many policies _____		\$ _____
24.	<input type="checkbox"/>	<input type="checkbox"/>	I have cash on hand.		\$ _____
25.	<input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____

STUDENT STATUS

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of all persons who are <u>full-time</u> students (Examples: K-12, College, Trade School, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of all persons who have been a <u>full-time</u> student 5 months in the current calendar year?
<input type="checkbox"/>	<input type="checkbox"/>	Does your household anticipate becoming an all full-time student household in the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	If you answered yes to any of the previous three questions are you:
<input type="checkbox"/>	<input type="checkbox"/>	• Receiving assistance under Title IV of the Social Security Act (AFDC/TANF/Cal Works - not SSA/SSI)
<input type="checkbox"/>	<input type="checkbox"/>	• Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program
<input type="checkbox"/>	<input type="checkbox"/>	• Married and filing (or are entitled to file) a joint tax return
<input type="checkbox"/>	<input type="checkbox"/>	• Single parent with a dependant child or children and neither you nor your child(ren) are dependent of another individual
<input type="checkbox"/>	<input type="checkbox"/>	• Previously enrolled in the Foster Care program (currently age 18-24)

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE

WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE)

DATE