

# Santa Barbara Community Housing Corporation

11 E. Haley Street, Santa Barbara, CA 93101

(805) 963-9644; Fax: 963-3467

**APPLICATION TO RENT (SOLICITUD PARA ALQUILER)**      *Date Received ((Fecha Recibida)* \_\_\_\_\_

## Personal Data (*Datos Personales*)

Last Name ( <i>Apellido</i> )	First Name ( <i>Primer Nombre</i> )	Middle ( <i>Inicial</i> )	Soc. Sec. ( <i>Seguro Social</i> )
Date of Birth ( <i>Fecha de Nacimiento</i> )	Driver's Lic. # ( <i># Licencia de Conductor</i> )	State ( <i>Estado</i> )	Home Phone ( <i># Telefonico en Caso</i> )
Present/Mailing Address ( <i>Domicilo Actual</i> )	City ( <i>Ciudad</i> )	State ( <i>Estado</i> )	Zip Code ( <i>Codigo Postal</i> )
Date In ( <i>Fecha de Ingreso</i> )	Date Out ( <i>Fecha de Egreso</i> )	Owner's Name ( <i>Nombre del Dueño/Adminstrador</i> )	Telephone ( <i>Telefono</i> )
Reason for Moving ( <i>Razon por la cual desea mudarze</i> )			

## Other Occupants (*Otros Habitantes*)

Name(s) ( <i>Nombre[s]</i> )	Age ( <i>Edad</i> )	Relationship ( <i>Relacion</i> )
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____
(5) _____	_____	_____
(6) _____	_____	_____

## Student Status (*Estatus Academico*)

Are any of the Occupants full-time students? (*Es alguno de los habitantes esdudiante de tiempo completo?*) \_\_\_\_\_

If your answer is YES, is the household a single-parent and child? (*Si su respuesta es SI, se considera padre/madre soltera e hijo menor?*) \_\_\_\_\_

Do applicants file a joint Tax Return? (*Los Solicitantes declaran impuestos conuuntamente?*) \_\_\_\_\_

Will you have pets? (*Tendra mascotas?*) \_\_\_\_\_ Please describe (*Por favor describa*) \_\_\_\_\_

## Employment (*Empleo*)

Employed Full-Time (*Emleado de Tiempo-Completo*) \_\_\_\_\_ Part-Time (*Empleado de Medio-Tiempo*) \_\_\_\_\_ Self-Employed (*Empleado por si mismo*) \_\_\_\_\_

Current Employment (*Empleo Actual*) \_\_\_\_\_ Employer Name (*Nombre del Empleador*) \_\_\_\_\_

How long employed? (*Cuanto tiempo?*) \_\_\_\_\_ Address (*Direccion*) \_\_\_\_\_

Supervisor's Name (*Nombre del Supervisor*) \_\_\_\_\_ Telephone # (*#Telefonico*) \_\_\_\_\_

## Income (*Ingreso*)

Current Gross Monthly Income (*Ingreso Mensual Actual en Bruto*) \$ \_\_\_\_\_ Overtime? And how much? (*Tiempo Extra? Y cuanto?*) \_\_\_\_\_

**Credit References (Referencias de Credito)**

Bank's Name (Nombre del Banco)	Address (Direccion)	Account Number (Numero de Cuenta)	Payment (Pagos)
_____	_____	_____	_____
_____	_____	_____	_____

Creditor's Name (Nombre del Creditor)	Address (Direccion)	Telephone # (# Telefonico)
_____	_____	_____
_____	_____	_____

**In Case of Emergency, Notify (En Caso de Emergencia Notificar a):**

Name (Nombre)	Address (Direccion)	Telephone # (# Telefonico)	Relationship (Parentesco)
_____	_____	_____	_____
_____	_____	_____	_____

**Personal References (Referencias Personales) Mus be non-relatives and must have known you for more than 3 years (No deben ser parientes y deben conocerle por mas de 3 anos)**

Name (Nombre)	Address (Direccion)	Telephone # (# Telefonico)	Time Known (Tiempo de Conocer)
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____

Mother's Maiden Name (Apellido Materno) \_\_\_\_\_

**Personal Property (Propiedad Personal)**

Vehicle Model and Year (Modelo y Ano del Vehiculo) \_\_\_\_\_ License Plate # (# de Placas) \_\_\_\_\_  
Vehicle Model and Year (Modelo y Ano del Vehiculo) \_\_\_\_\_ License Plate # (# de Placas) \_\_\_\_\_

When would you like to move in? (Cuando deseria mudarse?) \_\_\_\_\_ Number of Bedrooms? (Numero de Recamaras?) \_\_\_\_\_

Do you have public Housing Authority assistance? (Tiene usted asistencia publica para la vivienda por medio de Housing Authority?) \_\_\_\_\_

City Housing Authority (Housing Authority de la Ciudad) \_\_\_\_\_ County Housing Authority (Housing Authority del Condado) \_\_\_\_\_

Certificate or Voucher (Certificado o Voucher) \_\_\_\_\_ Number of bedrooms approved for (Numero de recamaras autorizadas) \_\_\_\_\_

Have you ever been evicted or asked to move? (Ha sido usted desalojado o le han pedido que desaloje?) \_\_\_\_\_

Reason Why (Razon) \_\_\_\_\_

**The apartments are operated and managed according to the regulations of the Affordable Housing Program. The Lease is conditioned on verification of Tenants eligibility as to household income and size. Continued tenancy is contingent upon annual recertification.**

I certify the above information is true and correct to the best of my knowledge. (Certifico que la informacion aqui declarada es verdadera y correcta tal y como mejor la recuerdo.)

Applicant's Signature (Firma del Solicitante) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_

**It is the Applicant's Responsibility to inform our office an changes to this application.  
*Es la responsabilidad del Solicitante de informar a nuestra oficina sobre cualquier cambio a esta solicitud.***