



8247 White Oak Avenue
Rancho Cucamonga, CA 91730
Phone 909-941-9866 • Fax 909-256-2076

RE: HOME Waiting List

Dear Applicant:

Thank you for your interest in the HOME Program, we look forward to servicing your housing needs. Enclosed you will find the application and tenant income questionnaire for the waitlist. Please complete both to the best of your knowledge and refrain from leaving any unanswered questions. You may return forms with proof of income to the following address.

Beacon Property Management Inc.
Attention: Compliance Department
8247 White Oak Avenue
Rancho Cucamonga, CA 91730

The HOME Program is an affordable housing program where income limits must be met depending on the household size; these figures are located on the bottom of the application. The income limits are set by HUD and are also located on their website. This program is monitored by the Housing Authority of the San Bernardino County

Beacon Property Management Inc. is dedicated to providing all of our residents with fair and equal housing, a safe community to live in and quality property management services. In an effort to do so, I will be available to answer any questions or concerns that you may have during normal business hours of 8:00 a.m. and 5:00 p.m. Monday – Friday at (909) 941-9866 ext 143.

Sincerely,

Amada Torrez

Amada Torrez
Director of Compliance
(909) 941-9866 ext 143

**** It is the responsibility of the applicant (s) to inform Beacon Property Management of any changes to the application such as address, telephone number, household size, income, etc. have incurred**



TENANT INCOME CERTIFICATION QUESTIONNAIRE

NAME: _____

UNIT # _____

- Initial Certification
 Re-certification
 Other _____

INCOME INFORMATION

	YES	NO		MONTHLY GROSS INCOME
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am self employed. (List nature of self employment) _____	(use <u>net</u> income from business) \$ _____
<input type="checkbox"/>	<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) _____	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<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.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic social security payments.	\$ _____
<input type="checkbox"/>	<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.).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, AFDC)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments through a court order	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am currently receiving child support payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, from how many persons do you receive support? _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am currently making efforts to collect child support owed to me.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	List efforts being made to collect child support: _____ _____	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony/spousal support payments	\$ _____
<input type="checkbox"/>	<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) _____	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I receive income from real or personal property.	(use <u>net</u> earned income) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I receive student financial aid (public or private, not including student loans) Subtract cost of tuition from Aid received (Will your household expect to receive Section 8 rental assistance at the time of move-in? <input type="checkbox"/> Yes <input type="checkbox"/> No)	\$ _____

ASSET INFORMATION

YES	NO		INTEREST RATE	CASH VALUE
<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s) If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s) If yes, list bank(s) 1) _____	_____%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I own real estate. If yes, provide description: _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<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) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a whole life insurance policy. If yes, how many policies _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have cash on hand.		\$ _____
<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: College/University, trade school, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Does your household consist of all persons who have been a full-time student in the previous 5 months?
<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 <u>yes</u> to either of the previous three questions are you: <ul style="list-style-type: none"> • Receiving assistance under Title IV of the Social Security Act (AFDC/TANF/ Cal Works – Not SSA/ SSI) • Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program • Married and filing a joint tax return • Single parent with a dependant child or children and neither you nor your child(ren) are dependent of another individual • Previously enrolled in the Foster Care program (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 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 _____



Waitlist Application

Rental policy: Landlord does not discriminate based on age, race, color, religion, sex, disability (mental or physical), national origin, marital status, familial status or sexual orientation. All rental applications are evaluated based on rental history, ability to pay and credit history. The application fee must be paid by all applicants and is non-refundable. On-site employees are not permitted to return money to applicants.



Property Name: _____

Unit type desired: Studio 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom

PLEASE PRINT VERY CLEARLY

All prospective tenants 18 years or older must fill out a rental application

Applicant: _____ **E-mail address:** _____

First name: _____ Last Name: _____ Middle initial: _____

Birthdate: _____ SS#: _____ D/L#: _____

Home #: () _____ Work or Other #: () _____

Cell phone #: () _____ May we contact you at the phone number above? Yes No

LIST ALL ADDITIONAL PERSONS WHO WILL OCCUPY THE APT WITH YOU (DO NOT LIST YOURSELF)

Name:	SSI #	Date of birth:	Age	Relationship to Applicant
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

RESIDENCE HISTORY

Have you ever rented an apartment in your name and signed a rental agreement? Yes No

Where do you live now?

Number & street name _____ Apt _____ City & State _____ Zip code _____

How long at this address? _____ years _____ months How much do you pay per month? _____

Landlord's name: _____ Phone number: () _____

Landlord's mailing address: _____ City State & Zip C _____

Fax number: () _____ Do you pay utilities: _____ Do you currently own or rent? _____

Why do you want to move? (be specific): _____

GENERAL INFORMATION

How many vehicles do you own? _____ Have you ever been evicted? Yes No

Do you have any pets? Yes No Do you own a satellite dish? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever had a misdemeanor? Yes No If yes please state County _____ State _____ Date _____

Have you lived at one of properties before? Yes No if yes, which properties)? _____

2011 Maximum Income Limits

	50%	80%
1 Person	\$22,950.00	\$36,700.00
2 Persons	\$26,200.00	\$41,950.00
3 Persons	\$29,500.00	\$47,200.00
4 Persons	\$32,750.00	\$52,400.00
5 Persons	\$35,400.00	\$56,600.00
6 Persons	\$38,000.00	\$60,800.00
7 Persons	\$40,650.00	\$65,000.00
8 Persons	\$43,250.00	\$69,200.00

INCOME INFORMATION

PLEASE PRINT VERY CLEARLY

Current Income source: _____

Address _____ City _____ State _____ Zip _____

How are you paid (check one): Weekly Every other week Twice a month Monthly other: _____

Gross income before deductions:\$ _____ Job title: _____

Supervisor's name: _____ Phone number:() _____

Date income started: _____ Fax number:() _____

Additional Income source: _____

Address _____ City _____ State _____ Zip _____

Gross income before deductions:\$ _____ Type of assistance: _____

Source's name: _____ Phone number:() _____

Start date: _____ End date: _____

Additional Income source: _____

Address _____ City _____ State _____ Zip _____

Gross income before deductions:\$ _____ Type of Assistance: _____

Source's name: _____ Phone number:() _____

Start date: _____ End Date: _____

Additional Income source: _____

Address _____ City _____ State _____ Zip _____

Gross income before deductions:\$ _____ Type of Assistance: _____

Source's name: _____ Phone number:() _____

Start date: _____ End Date: _____

Additional Income source: _____

Address _____ City _____ State _____ Zip _____

Gross income before deductions:\$ _____ Type of Assistance: _____

Source's name: _____ Phone number:() _____

Start date: _____ End Date: _____

Applicant represents that all of the information on this application is true and correct and authorizes verification including the obtaining of a credit report now and again in the future. Incorrect information will result in denial of the application. The application fee is non-refundable. By signing, applicant states: "I understand that inquiries will be made about me. I authorize, without reservation, any party or agency to furnish completely and without limitation, any and all information about me. I understand the information contained in, or obtained during the processing of this application may be shared with third parties including, but not limited to, my current, previous or future creditors or their representatives and may be used for collection of a present or future debt. I release from liability any third party or user of information contained in or related to my application."

Applicant's signature

Date

