

**ICON AT PARK
BELOW MARKET RATE HOUSING PROGRAM
RENTAL APPLICATION**

Application Instructions

To be considered for the BMR Program, you must

- 1) Fill out the ICON at Park “Basic Information Form”.
- 2) Fill out the ICON at Park Rental Application Form.
- 3) Submit documentation if you are applying under one of the City’s Preference Group Categories. See below.
- 4) Enclose the following income and asset information with your application:
 - Copy of signed federal income tax form for Year 2006, including all attachments and schedules.
 - Copies of three (3) most recent pay-stubs covering at least one month period that include year-to-date income.
 - Copies of most recent bank statements, including all pages, for checking, savings, investments, and retirement accounts, for three (3) month period.
 - Documentation of any other current gross income for all adult members of household.
 - Year-to-date profit and loss statement for 2007, if self employed.
 - Final divorce settlement indicating alimony, child support, or child custody, if applicable.

PREFERENCE GROUP REQUIREMENT DOCUMENTATION:

Preference Group #1 – Archstone-Emeryville Low Income Unit Tenant

- Signed lease indicating your residence at Archstone-Emeryville dated April 17, 2007 or earlier.
- Copy of a utility bill in your name received at your address at Archstone-Emeryville.

Preference Group #2 – Emeryville Resident

- Documentation in your name indicating your residency in Emeryville as of six (6) months before the application deadline, such as a signed lease, utility bills, telephone bill, etc.

Preference Group #3 – Work in Emeryville

- Your employment documentation submitted (such as paystubs) or self-employment records must indicate employment in the City of Emeryville.

**The Icon at Park Application must be received by 5:00 p.m. on
Saturday, December 22nd, 2007**

The application can be delivered or mailed to:

Icon at Park
1401 Park Ave
Emeryville, CA, 94608

**PLEASE DO NOT SUBMIT YOUR APPLICATION TO THE
CITY OF EMERYVILLE**

ICON at Park BELOW MARKET RATE PROGRAM

BASIC INFORMATION FORM

Prospective Applicants must submit this form with their Rental Application. It is important that this form be completed thoroughly and accurately.

NAME: _____
Last
First
Middle

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CURRENT HOME PHONE: () _____

CURRENT WORK PHONE: () _____

CURRENT EMAIL ADDRESS: _____

HOW MANY OCCUPANTS WILL BE RESIDING IN YOUR HOUSEHOLD? _____

Are you interested in the:

Live/work/1-bedroom Unit:	<input type="checkbox"/>
Two-bedroom Unit:	<input type="checkbox"/>
Three-bedroom Unit:	<input type="checkbox"/>
Any of above sizes:	<input type="checkbox"/>

PREFERENCE GROUP SELECTION: **

It is important that you correctly identify your preference group. If preference group is incorrectly identified, your application will be moved to bottom of the lottery list for the correct preference group to which you belong.

Preference Group #1

Are you currently a resident of the 80% AMI (Low Income Units) at Archstone-Emeryville?
 Yes: _____ No: _____
(Contact City at (510) 596-4354 if unsure.)

Preference Group #2

Do you currently live in Emeryville?
 Yes: _____ No: _____
(Contact City at (510) 596-4354 if unsure whether address is in Emeryville)

Preference Group #3

Do you currently work in Emeryville?
 Yes: _____ No: _____

**Please note that you are eligible to apply for a BMR unit within this project even if you do not meet one of the above preference groups.

INCOME ELIGIBILITY:

To rent a Below Market Rate unit at Icon at Park, your income by household size must be below the Very Low Income limit. Please check the appropriate income category in the box below.

Household Size	Check Box	Maximum Income
1-person	<input type="checkbox"/>	\$29,350
2-person	<input type="checkbox"/>	\$33,500
3-person	<input type="checkbox"/>	\$37,700
4-person	<input type="checkbox"/>	\$41,900
5-person	<input type="checkbox"/>	\$45,250

Please list your total monthly household income below.

TOTAL MONTHLY HOUSEHOLD INCOME

Current Monthly Salary (Gross)	\$ _____
Social Security Benefits	_____
Pension	_____
Child Support	_____
Family Support	_____
Interest Income	_____
Other Income	_____
TOTAL:	

I certify that to best of my knowledge that the information provided on the questionnaire is true and complete. I further acknowledge that any false, fraudulent, or misleading information may result in my disqualification from the Icon at Park BELOW MARKET RATE Program.

YOUR APPLICATION WILL BE STORED IN A SECURE LOCATION AND REVIEWED IN LOTTERY ORDER. IF YOUR APPLICATION IS NOT PROCESSED AS OF THE DATE OF THE FINAL BMR UNIT BEING LEASED, YOUR APPLICATION WILL BE SHREDDED TO PROTECT YOUR PRIVACY. IF YOU INSTEAD WISH TO HAVE YOUR APPLICATION MAILED BACK TO YOU, PLEASE INDICATE HERE.

SHRED APPLICATION:

SEND BACK APPLICATION:

SIGNATURE:

Applicant

Date: _____

PLEASE KEEP A COPY OF THIS DOCUMENT FOR YOUR RECORDS

INTERNAL USE: Owner Representative: _____

Date: _____

RENTAL APPLICATION

(ALL SECTIONS MUST BE COMPLETED)
Individual applications required from each adult occupant

Property Name			Unit#
Last Name	First Name	Middle Initial	D. L. or Passport #
Date of Birth	Home #	Work #	
Social Security #	Cell Phone #	Email address	
Employer Name			
Employer Address	City	State	
Occupation			
Supervisor's Name			Supervisor's Phone #
Date Started	Annual Gross Salary \$		
Present Address	City	State	Zip
Date In	Date Out	Monthly Payment	
Owner / Manager Name			Owner / Manager Phone #
Reason for Moving			
Previous Address	City	State	Zip
Date In	Date Out	Monthly Payment	
Owner / Manager Name			Owner / Manager Phone #
Reason for Moving			
Automobile Year	Make	Model	
Color Plate #	State		
Pets? Describe			
Proposed Occupants (not including yourself) Name			Age
Name			Age
Name			Age
Name			Age
Do you have water filled furniture? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide details.			
In case of emergency, notify: Name, Address, City, State, Phone #, Relationship			
1.			
2.			
Mother's Maiden Name			
Upon approval of this application, applicant agrees to sign a rental or lease agreement and to pay sums due, including required deposits, before occupancy.			
Date	Applicant Signature		

Applicant represents all above information to be true and accurate and understands that Landlord will rely upon said information when accepting this application. Applicant hereby authorizes the Landlord and his employees and agents to verify said information and make independent investigations to determine applicant's credit, financial, and character standing. Applicant hereby releases Landlord, his employees and agents, and any firm or person supplying them with information from any liability whatsoever concerning the release or use of this information and will hold them all harmless from any suit or reprisal whatsoever. All holders of any such information are hereby authorized to release any and all such information they may have concerning applicant. If accepted, this application becomes a part of the Rental Agreement. Any misstatements of facts in this application will, at Landlord's option, result in disqualification of your application and/or rental agreement.

NOTICE OF REQUEST FOR CREDIT REPORT

Applicant Name:

OnDate,Property Name (hereafter the "Property") will request that an investigative consumer report be made regarding your character, general reputation, personal characteristics, and mode of living. The name and address of the investigative consumer reporting agency that will prepare the report is the following:

RealPage, Inc.
4000 International Parkway
Carrollton, TX 75007
Attention: Applicant Screening

Under section 1786.22 of the California Civil Code, you may view the file maintained about you at the reporting agency named above during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the cost of duplication services, by appearing at the reporting agency identified above in person or by mail. You may also receive a summary of the file by calling the reporting agency. That agency is required to have personnel available to explain your file to you, and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you if that person furnishes proper identification. **Note:** this is only a summary and is not intended to provide you with any legal advice. You are strongly encouraged to read section 1786.22 of the California Civil Code in its entirety.

You are being given this notice because the information that will be sought and/or obtained in the report is considered by some persons to qualify as an "investigative consumer report" containing information regarding a "consumer's character, general reputation, personal characteristics, and mode of living" as defined in California Civil Code §§1786 through 1786.60, which would require this notice to be given. Property Manager does not believe this is an "investigative consumer report" and is providing this notice to enhance your ability to monitor your credit.

By signing below, you acknowledge receipt of this written notice and disclosure. I hereby consent to allow the Property, through its designated agent and its employees, to obtain and verify my credit information for the purpose of determining whether or not to lease to me an apartment. I understand that should I lease an apartment, the Property and its agent shall have a continuing right to review my credit information, rental application, payment history and occupancy history for account review purposes and for improving application methods.

Date: _____

Applicant Signature: _____

APPLICANT REQUEST FOR COPY OF REPORT

If you would like a copy of the report described above, please check the box below, fill in your contact information, and return the lower portion of this form in person, by mail, or by fax to the Property at the address listed below. If you indicate below that you wish to receive a copy of the report, the Property shall send a copy of the report to you within three business days of the date that the report is provided to the Property, who may contract with any other entity to send a copy of the report to you.

I request a copy of the report described above and have received it. _____
Initials Date

I request a copy of the report described above be sent to me. _____
Initials Date

OFFICE USE ONLY	PROPERTY ADDRESS
Date Report Requested: _____	Name: _____ Address: _____
Date Sent: _____	Telephone: _____ Fax: _____
Initials: _____	