

CITY OF BISHOP SUNRISE MOBILE HOME PARK HOUSING PROGRAM

Pre-Application of Occupancy

Return with back up documents to: Karey Poole, City of Bishop 377 W. Line St, Bishop CA 93514. Questions regarding this application, you can call Karey at (760)873-5863.

For office use only: application received _____ / _____
date time
income category _____ VL _____ OL _____ OVER
needs unit size _____ 1 br
special needs (specify) _____

To the applicant: Please fill out this form completely. It will be used to determine whether you are eligible for occupancy. This is a preliminary application and gives no lease or rental rights. If there is a vacancy in this complex for which you are eligible, you will need to submit additional information to complete the processing of your application.

Part 1. APPLICANT INFORMATION

1. Applicant: _____

2. Current address and telephone #: _____
Phone Number (s)

3. Number of people in household: Address City State Zip
adults _____ children _____

4. Special needs, in any:
 elderly (over 60)
 physical handicap (specify: _____)
 displaced from housing (specify: _____)

Part 2. INCOME INFORMATION

5. Income. List below all income received by all members of the household. Identify the source, such as employment, AFDC, Social Security, retirement, etc. List the amounts received on an annual basis. Use additional pages if necessary.

<u>Income Source</u>	<u>Annual Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

6. Assets. List below all assets for all members of the household. **Assets means: any equity in real property other than your full-time residence, savings, stock, bonds, and other forms of capital investment. Do not include automobiles or furniture.** Briefly describe the assets and show the total estimated value. Use additional pages if necessary.

<u>Assets</u>	<u>Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

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Do you have any long term medical expenses ie; supplemental insurance, prescriptions, consistent out of pocket appointment expenses? Estimated cost \$ _____

Part 3. OTHER

7. Previous Landlords. List landlords for the last five (5) years. Give name, address, and telephone number and indicate amount of monthly rent paid. If you have no previous landlord references, use this space to provide two other references and indicate their relationship to you. Use additional pages if necessary.

<u>Landlords</u>	<u>Monthly Rent</u>
_____	\$ _____
Name	

Address	

Telephone #	

How long rented from?	

8. Prior evictions. Have you ever been evicted from a residence? Yes___ No___
 If Yes, when? _____ and why? _____

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Part 4. CERTIFICATION

To the best of my/our knowledge and belief, I/we certify that the foregoing information is true, complete, and correct. I/we understand that inquires may be made to verify the information on this form and that false statements or omissions are grounds for disqualification and/or prosecution under the full extent of applicable California law.

_____	_____
Applicant	Date
_____	_____
Co-Applicant	Date