

SUNRISE ASSISTED LIVING MONTEREY
1110 Cass Street, Monterey, CA

CITY OF MONTEREY BELOW MARKET RATE RENTAL HOUSING PROGRAM
APPLICATION AND INCOME DOCUMENTATION

Name _____ **Address** _____ **Phone** _____

FAMILY COMPOSITION

#	Name	Relationship	Social Security #	Birth Date	Full Time Student	
					Yes	No
		Head of Family				

INCOME & ASSETS

On the chart below, list all sources of annual gross income for the household (i.e., line 37 of the IRS form 1040) for all members of the household expected to be received during the next 12 months. Please submit the last two years Federal Income Tax Returns for the household. Indicate in the middle yes/no column the family member number from the chart above for the specific income. Attach all necessary documentation. You must also provide documentation that you are a City of Monterey resident by providing two originals of utility bills. If you cannot document residency in that matter you must provide a declaration from an entity that has known you for five your more years. This declaration can also be used to provide documentation that you were a previous long term resident of the City of Monterey (five or more years). The declaration shall not be signed by a family member.

<u>Type of Income</u>	<u>Household Member #</u>	<u>Yes or No</u>	<u>Anticipated Annual Income</u>
Wages, Salaries, Overtime, Tips			
Bonuses & other compensations			
Self Employment			
Unemployment Benefit			
Worker's Comp & Severance Pay			
Social Security			
SSI			

<u>Type of Income (Continued)</u>	<u>Household Member #</u>	<u>Yes or No</u>	<u>Anticipated Annual Income</u>
Pensions/Annuities			
VA Pension			
Disability or Death Benefits			
AFDC			
Spousal Support			
Child Support			
Interest Income			
Dividends			
Income from Net Family Assets			
Lump Sum Payments			
Recurring Monetary Contributions or Gifts			
Other			

EMPLOYMENT

Please list the following information for current employer(s) of all household members and submit a copy of a culmulative pay stub:

Family Member #	Name of Supervisor	Name & Address of Company (Include Zip Code)
	Department	
	Phone Number	Position Held
	Department	
	Phone Number	Position Held
	Department	
	Phone Number	Position Held
	Department	
	Phone Number	Position Held

VALUE OF ASSETS, INVESTMENTS AND PENSIONS

Please list all assets, investments, and pensions held in trust, by the prospective member or other adult household members, responsible for payment of additional services beyond basic care. Any assets that comprise a portion of the income shall be listed under income.

<u>Type of Asset</u>	<u>Household Member #</u>	<u>Yes or No</u>	<u>Value of Assets</u>	<u>Account #</u>
Savings Account				
Checking Account				
Safe Deposit Boxes				
Stocks or Bonds				
T-Bills/CD's				
Money Market Account				
Revocable Trusts				
Retirement & Pension Funds				
IRA's/Keoughs				
Real Estate (Equity) or Other Capital Investments				
Mortgage or Deed of Trust				

<u>Type of Asset (Continued)</u>	<u>Household Member #</u>	<u>Yes or No</u>	<u>Value of Assets</u>	<u>Account #</u>
Home				
Any asset disposed of within last 2 years				
Life Insurance Policies available before death				
Lump-sum Receipts or One- time Receipts				
Other				

Please provide the following information for institutions where checking, savings, CDs, IRAs, or other types of bank accounts, held in trust, or other household members.

Family Member #	Name of Institution	Address of Institution (Include Zip Code)
	Phone Number	
	Account Number	Type of Account
	Phone Number	
	Account Number	Type of Account
	Phone Number	
	Account Number	Type of Account

TENANT'S CERTIFICATION: (Must be signed by prospective tenant(s) and all adult household members responsible for payment of services beyond basic care).

I certify that all the information in this verification, including supporting documentation, is true, accurate, and complete to the best of my knowledge. I understand that this information will be used to determine my eligibility for BMR assisted living housing and that if I knowingly provide false, misleading or incomplete information my application may be denied. I understand further that it is a provision of the lease that I report and assist in the verification of actual amounts of all income received by all adult family members.

Tenant's Signature _____ Date _____

Tenant's Signature _____ Date _____

Responsible Household Member's Signature _____ Date _____