

California Family Foundation

3201 Ash Street
Palo Alto, California 94306
(650) 424-9753

FAMILY HOUSING APPLICATION

Names of Applicants: _____ S.S.# _____

Birthdate: _____ Driver's License # _____

_____ S.S.# _____

Birthdate: _____ Driver's License # _____

Names of children: _____ Birthdate: _____

_____ Birthdate: _____

_____ Birthdate: _____

_____ Birthdate: _____

_____ Birthdate: _____

_____ Birthdate: _____

Pets (number and type) _____

Present address: _____ Phone: _____

How long at this address? _____ Reason for leaving _____

Name, address and telephone # of landlord: _____

() _____

Automobiles: Number? _____ Makes and years: _____

Employment: Please list all current work situations.

Name, address and telephone # of employer: _____

() _____

Describe your work: _____

How long have you worked at this job? _____

Name, address and telephone # of employer: _____

() _____

Describe your work: _____

How long have you worked at this job? _____

Please describe what your family does together for fun: _____

What school does each of your children attend? _____

In what ways do you support your children's school experience? _____

Are you willing and able to maintain the house interior and yard? _____

Please give us two personal references who know your family well.

Name: _____

Address: _____

Telephone: () _____

Name: _____

Address: _____

Telephone: () _____

Please complete the following:

FAMILY INCOME - per month

Salary (employer: _____) \$ _____

(employer: _____) _____

Grants, scholarships etc. _____

Family help _____

Other income: _____

TOTAL FAMILY INCOME; \$ _____

FAMILY EXPENSES - per month

Current rent \$ _____

Utilities (gas, electricity, water, etc.) _____

Telephone _____

Food _____

Clothing _____

Medical _____

Car payment _____

Insurance (car and personal) _____

Transportation (gas, bus, etc.) _____

Charitable contributions _____

Loan payment for _____

Any other expenses _____

TOTAL MONTHLY FAMILY EXPENSES \$ _____

DESCRIBE any special circumstances that may not be included above.

Please tell us about your family and why you feel below market cost housing is appropriate for you.

Would you be willing to give a specific number of hours monthly to community service?

Date: _____

Signed: _____

CREDIT CHECK AUTHORIZATION LETTER

To whom it may concern:

I/We hereby authorize you to release to California Family Foundation information deemed necessary in connection with a customer credit report for a real estate transaction.

The information will be used in determining my/our credit worthiness or to confirm information I/we have supplied.

A photograph or fax copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original. The original will be maintained by the California Family Foundation.

Signature of Applicant

Date

Print Name

Social Security Number

No. Street Apartment No.

City State Zip Code

Signature of Co-Applicant

Date

Print Name

Social Security Number

No. Street Apartment No.

City State Zip Code

Signature of Additional Wage Earner