



LESLEY SENIOR COMMUNITIES
A non-profit California Corporation

APPLICATION FOR LESLEY PLAZA



EQUAL HOUSING
OPPORTUNITY

LESLEY PLAZA
120 N. San Mateo Drive
San Mateo, CA 94401-2771
Tel: (650) 342-2051
Fax: (650) 342-4156
lesleyseniorcommunities.org

Date: _____

Unit Preference: Studio _____

I would like a parking space _____

Applicant's Name: _____
Last First

Mailing Address: _____
Street Apt. # City State Zip Code
Home Telephone: _____ Cell Telephone: _____

HOUSEHOLD COMPOSITION

Applicant Full Names	Relationship	Birthdate	Birthplace	Age	Gender Identity	Social Security No.

Racial Categories:

American Indian/Alaska Native____ Asian____ Black/African American____ Native Hawaiian or Other Pacific Islander____ White____ Other____

Ethnic Categories: Hispanic or Latino____ Not-Hispanic or Latino____

List the name, address and phone number of a relative or friend who generally knows how to contact you:

Name: _____ Relationship to applicant _____

Address: _____

Home Telephone: _____ Work or Cell Telephone: _____

Do you have a pet? YES _____ NO _____

If yes, specify _____

ANNUAL INCOME INFORMATION

Indicate annual household income from all sources including income from employment, family support and self-employment:

Anticipated annual income over next 12 months: \$_____

For each type of income that your household receives, provide the source of the income and the gross monthly amount of income to be expected from that source during the next 12 months.

Names of Applicant	Source/Type of Income	Gross Monthly Amount of Income

Is another individual guaranteeing payment for your rent and other fees? YES ____ NO ____

If Yes – Name: _____ Telephone No.: _____

Address: _____

ASSET INFORMATION

List all assets including checking and savings accounts, stocks, bonds, Certificates of Deposit, trusts and all other interest bearing assets:

Asset	Bank	Account #	Amount
Checking			
Savings			
Certificates of Deposit			
Money Market			
Stocks/Bonds			
Other (specify)			

PROPERTY INCOME

Do you own a home or other real estate? Yes _____ No _____ If yes, state appraised value: \$_____

Indicate annual income earned from property rental: \$_____

Do you own any personal property held as an investment including artwork, antiques, coin or stamp

collections, etc.? Yes _____ No _____

If yes, indicate type and appraised value: \$ _____

Have you disposed of any asset for less than fair market value within the last two years?

Yes _____ No _____

If yes, please explain: _____

CURRENT MONTHLY EXPENSES

Rent or house payment and maintenance	\$
Food and household supplies	\$
Utilities and telephone	\$
Clothing	\$
Medical and dental payments	\$
Insurance (life, health, accident, etc.)	\$
Child, spousal support (prior marriage)	\$
Transportation & auto expenses (insurance, gas, repair)	\$
Car payments	\$
Other installment payments (itemize)	\$
1.	\$
2.	\$
Laundry and cleaning	\$
Entertainment	\$
Other	\$
TOTAL MONTHLY EXPENSES	\$

HOUSING HISTORY

Starting in the present, list your addresses for the past three years in order:

Address	From	To	Reason for leaving	Landlord
		Present		

List the states where you and any other applicants in your household have resided:

1	2	3	4
5	6	7	8

Are you the sole tenant of record in your current apartment? Yes _____ No _____

If no, list the person(s) you currently live with: _____

Do you live in public, state or federally subsidized housing? Yes _____ No _____

Have you ever been evicted from a rental unit of any kind? Yes _____ No _____

If yes, explain the circumstances: _____

APARTMENT TYPE

I understand that Lesley Plaza is a non-smoking facility. Smoking is not permitted on the property.

Please identify any special housing/accommodation needs: _____

CREDIT/CRIMINAL HISTORY

Have you ever filed for bankruptcy? Yes _____ No _____

If yes, explain: _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain: _____

Have you, or any other listed applicant, ever been arrested for any activity concerning an illegal controlled substance, or abuse of alcohol? YES _____ NO _____

If yes, please explain _____

Are you or any member of your household subject to State lifetime sex offender registration in any state? YES _____ NO _____

If yes, which state(s): _____

IMPORTANT INFORMATION

This facility is committed to serving all eligible and qualified individuals regardless of disability. If you need a reasonable accommodation to reside or continue to reside in the facility and have an equal opportunity to participate in the project, you should bring that fact to the Administrator's attention. The Administrator will try to work with you to reach an accommodation in keeping with the fundamental nature of the project and within the budgetary and administrative limits of the facility.

Lesley Plaza has no units that have been architecturally altered for handicapped or disabled persons.

The facilities owned and operated by Lesley Senior Communities provide an equal housing opportunity and do not unlawfully discriminate on the basis of Color, Disability, Age, Familial Status, National Origin, Race, Religion, Sex/Gender, Ancestry, Sexual Orientation, Source of Income, Occupation, Marital Status. The site administrator has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). For information, please call at 650/ 726-2741. Speech or hearing impaired persons may call 711 for assistance by the California Relay Service.

I understand that Lesley Plaza is a facility that provides housing for adults 62 and older. I understand that Lesley Plaza is not licensed as a Residential Care Facility and does not provide any type of personal care that would require licensure under the Residential Care Facilities for the Elderly Act California Health and Safety Code, Sec. 1569ff, such as medication administration, toileting, decision making, shopping, financial management, bathing, dressing, grooming, or hygiene.

For Marketing purposes, we would appreciate knowing how you heard about Lesley Plaza

Internet ___ Employee ___ Friend ___ Phone Book ___ Government Agency _____

Other _____

APPLICANT CERTIFICATION

I certify that if selected to move into this project, the unit I/we occupy will be my only residence. I certify that the undersigned will be the sole occupants of the unit. I understand that the above information is being collected to determine my eligibility for assistance. I authorize the owner to verify all information provided on this application and to contact previous or current landlords and other screening sources to seek and obtain any information pertinent to the undersigned's credit history, tenancy history, employment history and criminal history, which may be released to appropriate federal, state or local agencies. I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under federal law, and could result in the rejection of this application.

Signature _____ Date _____

**MAIL OR BRING YOUR COMPLETED APPLICATION TO:
Lesley Towers
700 Laurel Ave
San Mateo CA 94401**

I understand that the filing of this application in no way guarantees an apartment.

No payment or fees should be charged to anyone in connection with the preparation, filing or processing of this application.



Lesley Plaza/application revised 9/2021

LESLEY GARDENS • LESLEY TERRACE • LESLEY TOWERS • LESLEY PLAZA • OCEAN VIEW PLAZA
Affordable Housing for Older Adults