



LESLEY SENIOR COMMUNITIES  
A non-profit California Corporation



EQUAL HOUSING  
OPPORTUNITY

LESLEY GARDENS  
701 Arnold Way  
Half Moon Bay, CA 94019  
Tel: (650) 726-4888  
Fax: (650) 726-5888  
[www.lesleyseniorcommunities.org](http://www.lesleyseniorcommunities.org)

**APPLICATION FOR LESLEY GARDENS**

Name: \_\_\_\_\_

Last

First

Mailing Address: \_\_\_\_\_

Street

Apt. #

City

State

Zip Code

Contact Phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

**HOUSEHOLD COMPOSITION**

**List persons to occupy the apartment**

Applicant & Household Members Full Names	Relationship	Birthdate	Birthplace	Age	Gender Identity	Social Security Number
1.	Head					
2.						

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

Name: \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Contact Phone \_\_\_\_\_

**ANNUAL INCOME INFORMATION**

**Indicate annual household income from all sources including income from 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 & Household Members	Source/Type of Income	Gross Monthly Amount of Income

### ASSET INCOME

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

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

### PROPERTY INCOME

Do you own 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, Explain: \_\_\_\_\_

### HOUSING HISTORY

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

Address	From	To	Reason for leaving	Landlord
1.		Present		
2.				
3.				

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 \_\_\_\_\_

Do you have any pets? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, specify: \_\_\_\_\_

**I understand that Lesley Gardens is a non-smoking facility. Smoking is not permitted in any apartment, common area, or anywhere else on the property.**

**APARTMENT TYPE**

Do you require a wheel chair accessible apartment? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you require an apartment equipped to accommodate a visual/audio disability? Yes \_\_\_\_\_ No \_\_\_\_\_

Please identify any special housing/accommodation needs:

\_\_\_\_\_

I will **only** accept a first floor apartment:

I will **only** accept a second floor apartment in a building with an elevator:

I will accept any apartment that comes available:

\_\_\_\_\_

**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	\$
<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>

**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, explain: \_\_\_\_\_

Have you ever been arrested for an activity concerning an illegal controlled substance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, 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.

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 Gardens is a facility that provides housing for adults 62 and older. I understand that Lesley Gardens 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 Gardens.**

Internet/Website \_\_\_ Resident \_\_\_ Friend \_\_\_ Service Provider \_\_\_ Government Agency \_\_\_

Other \_\_\_\_\_

**APPLICANT CERTIFICATION:**

I/we certify that if selected to move into this project, the unit I/we occupy will be my only residence. I/we certify that the undersigned will be the sole occupants of the unit. I/we understand that the above information is being collected to determine my/our eligibility for assistance. I/we 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/we certify that the statements made in this application are true and complete to the best of my/our 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 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MAIL OR BRING YOUR COMPLETED APPLICATION TO:**

**Lesley Gardens  
701 Arnold Way  
Half Moon Bay CA 94019**

**COMPLETED APPLICATIONS CAN ALSO BE SUBMITTED BY:**

**Email: [cmedina@lesleysc.org](mailto:cmedina@lesleysc.org)**

**Fax: 650-726-5888**

- 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.
- Consult our website for Tenant Selection Criteria and Eligibility Requirements -- [lesleyseniorcommunities.org](http://lesleyseniorcommunities.org)

K/LG/forms/application forms/application form rev 2022

