



LESLEY SENIOR COMMUNITIES
A non-profit California Corporation



LESLEY TOWERS

700 Laurel Avenue

San Mateo, CA 94401-4176

Tel: (650) 342-2051

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www.lesleyseniorcommunities.org

APPLICATION FOR LESLEY TOWERS, LLC
202 SPRAC – Subsidized Apartments

Date Received by office: _____ Time Received by office: _____

Unit Requirement: Studio _____

Applicant's Name: _____
Last First

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

Home Phone: _____ Cell Phone: _____

E-Mail: _____ I would like a parking space _____

HOUSEHOLD COMPOSITION
List person to occupy the apartment

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

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 Phone: _____ Work or Cell Phone: _____ E-Mail: _____

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
1.		Present		
2.				

List the states where you 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 Towers, LLC is a non-smoking facility. Smoking is not permitted on the property.

Do you require an apartment to accommodate a severe mobility impairment? Yes _____ No _____

Do you require an apartment equipped to accommodate a visual/audio disability? Yes _____ No _____

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 Director of Management & Operation's attention. The Director of Management & Operations 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.

Subsidized rents are made available through participation in the 202 SPRAC subsidized housing program. In this program the rent a tenant pays is based upon the tenant's household income. Therefore, the rents paid by tenants vary among tenants as well as from time to time for an individual tenant.

At least 40% of units available in a fiscal year must be rented to families with "extremely low incomes"

This facility, owned and operated by Lesley Towers, LLC, provides an equal housing opportunity and does 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 Director of Management & Operations 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 Towers, LLC is a facility that provides housing for adults 62 and older. I understand that Lesley Towers, LLC 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 please indicate how you heard about Lesley Towers, LLC.

Internet ____ Employee ____ Friend ____ Phone Book ____ Government Agency ____

Other_____

APPLICANT CERTIFICATION

I certify that if selected to move into this project, the unit I occupy will be my only residence. I certify that the undersigned will be the sole occupant 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, LLC, 700 Laurel Ave, San Mateo CA 94401**

COMPLETED APPLICATIONS CAN ALSO BE SUBMITTED TO:

Email: mcheung@lesleysc.org

Fax: 650-342-4156

- 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

Lesley Towers/forms/application forms/2. Application revised 9/2022 Towers Studio

