



FOR OFFICIAL USE ONLY:

Reviewed by: _____

Date Accepted: _____

Room Size: S D

Non-Income Qualify _____

Pell Grant or Income Qualify (circle one)

Bed Chart # _____

1752 Drew Circle
 Davis, CA 95618
 Phone: (530) 297-1222 / Fax: (530) 297-4040
www.pacifico.coop / info@pacifico.coop

Application for Membership



To the Applicant: Please fill out this form completely. All references will be checked and if any information is found to be false or incomplete, the application may be rejected. Use additional pages if more space is needed.

Part 1. APPLICANT INFORMATION:

- Applicant: _____ Gender: Male Female Birth Date: ____/____/____
Mo. Dt. Yr.
 Social Security Number: _____ Phone No: () _____ () _____
Daytime phone Work or Evening Phone
 E-mail address: _____
 Do you have a valid Driver's License or Identification? Yes No If Yes, _____ # _____
State
- Present address:
 _____ Apt. # _____
Number and Street
 _____ City _____ State _____ Zip Code _____
- Mailing address, if different: _____
City State Zip Code
- How long have you lived at your present address? From: _____ To: _____

If any household member has a disability/handicap, please complete the following:

Will you or anyone in your household require a live-in attendant? [] Yes [] No
 Name of live-in attendant: _____
 Relationship, if any: _____
 Special needs and/or preference, if any: _____

- I am interested in: a single room a super-size room, if interested in a **super-size**, do you wish to rent the room (check one)
 by yourself with a roommate with a specific person _____ (name)
- Do you own a pet? YES NO If Yes, what type? _____
- Do you own a waterbed? YES NO If Yes, do you have waterbed insurance? YES NO
 If yes, name of insurance company: _____
- Automobile: Make: _____ Color: _____ Year: _____ License Plate # _____
 Do you own a trailer, boat, camper, moped, motorcycle, etc.? Yes No, what type? _____
- Will you be bringing a vehicle? YES NO

PART 2. REFERENCES. Use this space to list current / previous landlords for the last five years. If you have no previous landlord references, use this space to provide the name, address, and phone number of your parent or guardian.

<u>10. Current Landlord</u>	<u>Your Address</u>	<u>Rental period covered:</u>
Name _____	_____	From _____ to _____
Address _____	_____	Own [] Rent []
() _____	_____	Payment \$ _____/mo.
Telephone _____	_____	
Is this landlord related to you? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, what is the relation? _____		

<u>Previous Landlord</u>	<u>Your Address</u>	<u>Rental period covered:</u>
Name _____	_____	From _____ to _____
Address _____	_____	Own [] Rent []
() _____	_____	Payment \$ _____/mo.
Telephone _____	_____	
Is this landlord related to you? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, what is the relation? _____		

11. Prior Eviction: Have you ever been evicted from a residence? No Yes
 If yes, when? _____ and why? _____

12. Prior Conviction: Have you been convicted of a felony in the last ten years? No Yes
 If yes, when? _____ and what for? _____

13. Student Information:
 Are you:

Yes No

1. Currently a full-time student, or planning to be one within the next 12 months?
 If Yes, Student will need to provide verification.

2. Are you a Pell grant recipient?

3. Are you claimed as a dependent on parent / guardian's tax return?

a. **If not, please provide a copy of your tax return.**

b. **If yes, what is the gross income claimed on your parent / guardian's tax return for the previous year? \$ _____**

(Please provide a copy of the first page only of the 1040 form)

How many household members are listed on this tax return? _____

Part 3. CO-OP QUESTIONS.

I am interested in living at the co-op because: _____

Yes No

- 1. I am familiar with the Co-op's rules regarding work duties and house meetings.
- 2. I agree to participate in house meetings and complete assigned work duties each week/quarter.
- 3. I have lived in a co-op before. **If yes, please specify which one:** _____

Part 4. CERTIFICATION. To the best of my knowledge and belief, I hereby certify that the foregoing information is true, complete, and correct. Inquiries may be made to verify the statements herein. I also understand that false statements or omissions are grounds for disqualification and/or prosecution under the full extent of applicable California law.

A non-refundable \$30.00 processing fee will be charged to all applicants.

I certify that the above information has been provided to the best of my ability. I also authorize the owner to obtain a credit report, criminal report and to contact current and previous landlords.

Applicant: _____ Date: _____
(Signature)

Emergency Contact: Name: _____ Phone #: _____
Address: _____ Relationship: _____
City: _____

Preferred Move-In Date: Fall 2008 Winter 2009 Spring 2009 Summer 2008.

If a space is not available, I would like to be placed on the waiting list.*

*I understand that the waiting list may be discarded at the end of the month, and if I want to stay on the waiting list I must notify the co-op by the first day of each month. I also understand that I will have 24 hours to respond when I'm notified of an opening, or the room will be made available to the next person on the waiting list.

How did you hear about us?

- Newspaper Article
Name of Newspaper _____
- Advertisement
Source of Advertisement _____
- Personal Reference
Name of Person _____
- Drive by signage at the property
- Internet / Web Site / As a link from another
Web Site _____ (which site?)
- Other
Please specify _____



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Pacifico was constructed to provide affordable student housing and is partially financed by the City of Davis. Because of this, we need to request some information to expedite the process of applying for membership.

APPLICATION INSTRUCTION SHEET

In order to expedite the processing of your application:

1. Fill out the Application completely.
2. Enclose a copy of your Financial Aid award letter (if applicable).
3. Enclose a copy of your 2007 tax return or a copy of your parents 2007 tax return if they claimed you as a dependent (1st page of the 1040 is all that is required.)
4. If you were not claimed on your parents taxes and you did not file a tax return last year, please provide a written statement with an explanation.
5. **Sign** and **Date ONLY** the “Full Time Student Verification” form and submit it with your application.
6. Sign and date the completed Application.
7. Enclose a check, money order or cashiers check in the amount of \$30.00, payable to Pacifico, for the application-processing fee (non-refundable).

If you have any questions, please feel free to contact us.