



APPLICATION FOR OCCUPANCY NOVA-RO APARTMENTS

NOVA-RO I Studio 1 Bedroom
(1128 Olive Avenue) (Elevator access to upper level)

NOVA-RO II 1 Bedroom
(1130 Seventh Street) (Lifts provide upper level access)

NOVA-RO III 1 Bedroom
(31 Pinheiro Circle) (Elevator access to upper level)

PARKING REQUIRED? Yes No (additional charge per month applies, if available)

HOW DID YOU HEAR ABOUT NOVA-RO? _____

Our commitment is to provide quality housing to people of limited income who are 62 years or older and meet all other qualifications. To be fair to all applicants, we need current and accurate information. Please complete this application and return it promptly with all requested documentation.

Please Print

Date _____

Name(s) (1) _____ (2) _____

Dates of Birth (1) _____ (2) _____

Social Security Nos. (1) _____ (2) _____

Present address, including zip code _____

How long have you lived at this address? _____ Current Rent _____

Your home phone number _____ Your cell phone number _____

Your E-mail address _____

Your present landlord's name _____ Landlord's phone number _____

What are your reasons for wanting to move? _____

When do you wish to move in? _____ How many will live in unit? _____

Does anyone supply you with services in your present home? _____
(Nova-Ro does not exclude applicants who need assistance with daily living for which the resident has arranged.)

Name of service provider _____ Contact number _____

Are you employed now? Yes _____ No _____ Your position _____ Hours per week _____

Name of employer _____ Type of business _____

Address of employer _____

Employer's phone number _____ How long have you worked there? _____

STATEMENT OF MONTHLY INCOME: (INCLUDE ALL RESIDENTS)

This is monthly income. If you have income that comes in quarterly, semi-annually, or annually, divide by whatever factor is necessary to convert to monthly income.

| | | | |
|---------------------|-------------------|---|----------|
| Wages | _____ | Interest from all sources (Including tax exempt) | _____ |
| Social Security | 1) _____ 2) _____ | Rents/Income from property | _____ |
| Retirement/Pensions | _____ | Sources of other income* | _____ |
| Annuity payments | _____ | TOTAL MONTHLY INCOME FROM ALL SOURCES | \$ _____ |

*(Explain other income) _____

STATEMENT OF ASSETS:

| | |
|--|-------|
| (a) Cash (Checking/Savings) | _____ |
| (b) Value of stocks and bonds | _____ |
| (c) Equity in real estate (Value _____ - Loan _____) = | _____ |
| (d) Other (e.g. 401K, IRA, Annuity, Trust) | _____ |
| (e) TOTAL ASSETS (a + b + c + d) | _____ |

Assets should be "net" after deducting related mortgages or loans. If the items in (c) or (d) are not currently producing rent or income, imputed interest income will be calculated for these asset values and added to the total monthly income shown above.

The income and asset statements must include any and all income and assets of everyone who will be living in the apartment.

For verification purposes, please include the following documents:

- Copy of last Federal Income tax return
- Social Security Statement
- Pension Statement
- 2 months bank statements for checking and savings
- 2 months statements for brokerage, annuity and investment accounts
- Copy of picture ID (drivers license, passport)

Application will not be considered without all of the above info.

REFERENCES: (Be sure to include addresses and phone numbers)

Name of your Bank _____ Phone number _____

Bank's address _____

Primary Physician _____ Phone number _____

Address _____

PLEASE LIST THREE PERSONAL REFERENCES: Include address and phone number

Name _____ Relationship _____ Phone number _____

Address, including zip code _____

Name _____ Relationship _____ Phone number _____

Address, including zip code _____

Name _____ Relationship _____ Phone number _____

Address, including zip code _____

**NOVA-RO APPLICATION
RESIDENCE HISTORY**

PLEASE LIST PLACES OF RESIDENCE FOR THE PAST TEN YEARS:

| From | To | Residence | Phone/Person to Verify |
|-------------|-----------|------------------|-------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

**NOVA-RO APARTMENTS
OCCUPANCY QUALIFICATIONS**

Initial that you have read and understand each requirement below:

- _____ 1. All residents must be 62 years of age or older.
- _____ 2. Applicant understands that Nova-Ro is renting apartments only and cannot provide care of any kind.
- _____ 3. It is preferred that the Sponsor be a relative, ideally a generation younger (son, daughter, niece, nephew, grandson, granddaughter), living in the greater S.F. Bay Area.
- _____ 4. Applicant acknowledges the following:
 - * No pets are allowed
 - * Nova-Ro is a "smoke-free environment." We do not accept applicants who smoke, vape, use tobacco products or e-cigarettes.
- _____ 5. Upon review and acceptance of the application, all applicants and sponsors will be interviewed by the Rental Committee. When the Rental Committee is satisfied an applicant meets the qualifications for residency and the sponsor understands his or her obligations, an offer to rent may be made when a unit is available.

I certify that the foregoing information is true and complete to the best of my knowledge. I authorize inquiries to verify the application. I also authorize the Nova-Ro Corp. to obtain a credit report.

Your signature (s) _____ Date _____

_____ Date _____

When the application and the sponsor's statement have been completed,
please send both forms to the:
NOVA-RO CORPORATION
P.O. BOX 1195
NOVATO, CA 94948-1195
(415) 898-4024
www.novaro.org