



## **WAITLIST APPLICATION**

*Visit [bolinaslandtrust.org](http://bolinaslandtrust.org) to fill out this form online, or complete both sides here. Returned filled out form by mail to P.O. BOX 805 Bolinas CA 94924 or by email at [info@bolinaslandtrust.org](mailto:info@bolinaslandtrust.org)*

Name(s): \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street or PO Box City State Zip

Mailing Address: \_\_\_\_\_  
(if Different) Street or PO Box City State Zip

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**When a unit is available, the BCLT will contact you by phone. If called, you will have 36 hours to respond before we move to the next applicant, please be sure the phone numbers you include are the best way to contact you.**

Email: \_\_\_\_\_ DOB: \_\_\_\_\_

Household Size: \_\_\_\_\_ (Number of adults): \_\_\_\_\_ (Number of children): \_\_\_\_\_

Name, age and relation of each member of the household:  
\_\_\_\_\_  
\_\_\_\_\_

**Check any/all of the following housing types that you would like to be considered for. We will not offer you any options that you do not check. However, keep in mind that you will only have three opportunities to decline a unit, after which time your name will be moved to the bottom of the list, so only mark the housing types you are willing to accept.**

- Co-op housing (shared living spaces)
- Studio apartments
- One-bedroom units
- Two-bedroom units
- More than two-bedroom units
- Downtown properties
- Mesa properties
- Stinson Properties
- Homeownership opportunities
- Single family home properties
- Multi-unit properties

### **RENTAL HISTORY**

Current Address: \_\_\_\_\_  
Street/PO Box City State Zip

Current Landlord: \_\_\_\_\_ Landlord's Phone Number: \_\_\_\_\_

How Long at this address: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Street/PO Box City State Zip

Previous Landlord: \_\_\_\_\_ Landlord's Phone Number: \_\_\_\_\_

How Long at this address: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**FILL OUT BOTH SIDES FOR APPLICATION TO BE CONSIDERED**

**INCOME INFORMATION**

Present Employer: \_\_\_\_\_ Position: \_\_\_\_\_ How long: \_\_\_\_\_

Monthly Household Income (Estimate): \_\_\_\_\_ Yearly Household Income (Estimate): \_\_\_\_\_

Subsidy income: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please explain the source: \_\_\_\_\_

Other income: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please explain the source: \_\_\_\_\_

Assets: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please explain the source: \_\_\_\_\_

For our properties that are HUD funded, we do require that your income be verifiable (tax returns and/or pay stubs) and that it meets HUD's income standards. Please include child support, alimony, or any other sources of income in addition to your verifiable income.

For HUD funded properties, income requirements and rents are set according to the area average medium income (AMI). Our properties range from 30% - 80% AMI set rents. In order to qualify for a unit at the 30% AMI level, **your gross household income must be at least \$36,000 for a single person.** For other income limits, check the Marin Housing Authority website.

*Please note that this information is confidential.*

**PERSONAL INFORMATION**

Do you have pets? Yes \_\_\_\_\_ No \_\_\_\_\_ Please Specify pet type: \_\_\_\_\_

*\* Note that an assistance animal (ie: a service animal or emotional support animal) is not considered a pet.*

Do you smoke? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been evicted within the last 7 years? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, please explain:*

\_\_\_\_\_  
\_\_\_\_\_

**Personal References**

Name: \_\_\_\_\_ Yrs. Known: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Yrs. Known: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Yrs. Known: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Authorization for release of information:**

I hereby authorize all sources of information including tenant screening services, appropriate law enforcement agencies, Social Security Administration, State Wage information, Collection Agencies, State and Local Agencies, and current and former employers to furnish The Bolinas Community Land Trust information regarding your income, residency, past residency or other such data as may be required by the BCLT to establish my eligibility for admission to or continued occupancy in any BCLT property.

Name(printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*In Marin County, your fair housing rights are protected by state and federal laws which say that no one may be denied the right to rent or own a home on the basis of their race or color, disability, national origin, religion, sex/gender, gender identity, sexual orientation, immigration status, preferred language, familial status, marital status, source of income, genetic information, age, or other arbitrary characteristic.*

*If you require assistance completing this application because of a disability related need and/or require a reasonable accommodation, please contact us at (415) 868-9468 for assistance.*