



**Instructions:**

1. All sections must be completed.
2. Attach copy of Driver License, State I.D. Card, or other government-issued photo
3. Attach other documents as required.
4. Attach a check (payable to Sweetwater Spectrum) for the \$50 processing fee.

**RESIDENTIAL LEASE APPLICATION - 2022**

Property/Landlord Address: **Sweetwater Spectrum - Sonoma (Property)**  
**369 Fifth Street West, Sonoma, CA 95476**

**Current Monthly Fees:**

Monthly Rent	\$650	
Common Utilities	\$200	
Community Fee	\$3,000	
<b>Total Monthly Paymen</b>	<b>\$3,850</b>	Note that Sweetwater fees do NOT cover food and other house-specific expens

Are Applicant's income and/or assets sufficient to sustain the monthly rent and community fee payments? **please circle YES / NO**

(If "Yes", please see Exhibit A (attached) for additional information to submit)

If "No," Applicant must have one or more guarantors with sufficient income and/or assets to sustain these payments and co-sign the lease.

(The guarantors(s) must complete relevant sections of this application, provide the requested financial information and sign this Residential Lease Application.

Please see Exhibit A (attached) for additional information to submit.)

Sweetwater Spectrum is committed to the financial diversity of its community. If the Applicant cannot sustain the monthly required costs and cannot secure a guarantor, Sweetwater Spectrum may have limited funds available to be able to support discounts for qualified Applicants.

Will Applicant be requesting a discount to the required costs of residency? **please circle YES / NO**

PROSPECTIVE RESIDENT (Applicant)			
Full Name		Present Street Address	
D. L. or Passport #		City/State/Zip	
Expiration Date		Date In	
Social Security #		Monthly Payment	
Date of Birth		Owner Contact #	
Home Phone #		Prior Street Address	
Work Phone #		City/State/Zip	
Cell Phone #		Date In/Date Out	
Email Address		Monthly Payment	
Mother's Maiden Name		Owner Contact #	
		Reason for Moving	

OTHER INFORMATION	
Does Applicant have a disability? <i>(If "Yes," please provide written evidence from a medical provider and attach to the application.)</i>	<b>please circle YES / NO</b>
Will Applicant require any reasonable accommodations to reside at the Property? <i>(If "Yes," please describe on a separate sheet and attach to this application.)</i>	<b>please circle YES / NO</b>
Is the Applicant conserved under the laws of California? <i>(If "Yes," please provide name and address of conservator(s) and attach Letter of Conservatorship)</i>	<b>please circle YES / NO</b>
Conservator Name/Address	
Conservator Name/Address	
Does Applicant have the legal capacity to execute contracts and leases? <i>(If "No," please explain. In this case, the Applicant's conservator or person with the authority to execute contracts and leases on behalf of the Applicant must sign this Residential Lease Application and submit proof of their authority.)</i>	<b>please circle YES / NO</b>

PROSPECTIVE RESIDENT (Applicant) - EMPLOYMENT INFORMATION			
Current Employer Name		Prior Employer Name	
Street Address		Street Address	
City/State/Zip		City/State/Zip	
Occupation		Occupation	
Supervisor/Phone #		Supervisor/Phone #	
Date Started		Date Start/Date End	
Annual Income \$		Annual Income \$	

**PROPOSED LEASE GUARANTOR (S) (IF ANY)**

<u><b>Guarantor #1</b></u>	<u><b>Guarantor #2</b></u>
Full Name	Full Name
Relation to Applicant	Relation to Applicant
DL or Passport #/Exp. Date	DL or Passport #/Exp. Date
Social Security #	Social Security #
Date of Birth	Date of Birth
Home Phone #	Home Phone #
Work Phone #	Work Phone #
Cell Phone #	Cell Phone #
Email address	Email address
Employer Name	Employer Name
Employer Street Address	Employer Street Address
City/State/Zip	City/State/Zip
Occupation	Occupation
Supervisor/Phone #	Supervisor/Phone #
Date Started	Date Started
Annual Income \$	Annual Income \$

Has Applicant and/or Guarantor ever filed for bankruptcy?	<i>please circle</i> YES / NO
Has Applicant and/or Guarantor ever been evicted or asked to move?	<i>please circle</i> YES / NO
Has Applicant and/or Guarantor ever been convicted of selling/distributing/manufacturing illegal drugs?	<i>please circle</i> YES / NO
Has Applicant and/or Guarantor ever been convicted of any criminal activity?	<i>please circle</i> YES / NO
<b>References</b>	
Please list two references.	
Reference #1	Phone
Reference #2	Phone
Auto Year/Make/Color	
License Plate #/ State	
In case of emergency, notify: Name, Address, City, State, Phone #, Relationship	
Contact #1	
Contact #2	

**Please tell us briefly why you would like to live at Sweetwater Spectrum.**


**Please tell us briefly how you would benefit by living at Sweetwater Spectrum.**


This Residential Lease Application is solely for the purpose of determining Applicant's eligibility to live at Sweetwater Spectrum-Sonoma. Occupancy shall only be permitted upon acceptance and execution of a legally binding Residential Lease Agreement that includes Community Rules. Applicant and/or Guarantor(s) will be required to submit all payments due, including required deposits before taking occupancy. The required terms of tenancy include establishing resident care with Supportive Living Services or other acceptable support system which allows the resident to live communally.

Applicant and/or Guarantor(s) represents all above information to be true and accurate and understands that Landlord will rely upon said information when accepting this application. Applicant and/or Guarantor(s) hereby authorizes the Landlord, his employees and agents to verify said information and make independent investigations to determine Applicant's and/or Guarantor's credit, financial, character standing, including but not limited to a credit check and criminal background check. Sweetwater Spectrum may require Applicant and/or Guarantor(s) to execute additional consents to facilitate such checks. Applicant and/or Guarantor(s) hereby release Landlord, his employees and agents, and any firm or person supplying them with information from any liability whatsoever concerning the release or use of this information and will hold them all harmless from any suit or reprisal whatsoever. All holders of any such information are hereby authorized to release any and all such information they may have concerning Applicant and/or Guarantor(s). If accepted, this application becomes a part of the Residential Lease Agreement. Any mis-statements of facts in this application will, at Landlord's discretion, result in disqualification of the Applicant or eviction.

Applicant Signature

Date

Signature of any person assisting Applicant to complete this application

Date

Guarantor #1 Signature (if any)

Date

Guarantor #2 Signature (if any)

Date

Landlord requires a payment of \$50, which is to be used to screen Applicant and/or Guarantor(s) credit history and other background information. The amount charged is itemized as follows:

1. Actual cost of credit report, unlawful detainer (eviction) search, and/or other screening reports \$ 30
2. Cost to obtain, process and verify screening information (may include staff time and other soft costs) \$ 20
3. Total fee charged (cannot exceed \$30 per Applicant, which may be adjusted annually with the CPI as of 1-1-98) \$ 50

**EQUAL HOUSING OPPORTUNITY STATEMENT**

*Sweetwater Spectrum is pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin.*



**Exhibit A**

**Please provide information that will establish Applicant's and/or Guarantor's ability to sustain payments for all costs associated with living at Sweetwater Spectrum - Sonoma.**

1. Enclose this Documents Cover Sheet.
2. Do not send original documents, photocopies only.
3. Blacken/cross out any Social Security numbers or bank account numbers on your documents.
4. If your document is smaller than a full-size sheet of paper (e.g., some W2s),  
 copy it onto a full size sheet of paper or tape it full size sheet of paper.
5. Write your telephone number and name in the top margin of each document.

**Checklist**

**Check if attached**

Last Two Years Tax Returns	_____
Schedule of Assets, Liabilities & Net Worth	_____
Social Security Benefit Statement	_____
Life Insurance Policies	_____
Special Needs Trusts	_____
Annuities	_____
Other Income Sources	_____