



CITY OF SONOMA
**PRE-QUALIFICATION QUESTIONNAIRE
(RENTAL HOUSING)**

Date: _____ Address of Rental Unit: _____

Applicant's Name: _____

Co-Applicant's Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Number in Household: _____ **Gross Annual Household Income** _____

Income Verification

- If applicant or co-applicant is employed in any capacity, please have the attached **Request for Verification of Employment** completed by the employer.
- If applicant's or co-applicant's annual income is from Social Security, SSI and/or a pension, annuity, IRA or similar account, please have the attached **Request for Verification of Income** completed by the appropriate agency.

Asset Verification

- Please have the attached **Request for Verification of Accounts** completed by all banks, credit unions, savings & loans or other depository where you have active accounts.

Do you presently own any real property from which you derive income? Yes No

If yes, please list the location(s) of the property and the amount of annual income received from each:

Do you presently own mutual funds, stocks or bonds? Yes No

If yes, please list each investment and the value of each:

Application should be submitted with:

- **A copy of your latest signed federal income tax return or proof of exemption from filing income tax returns**
- **Your most recent pay stub showing year-to-date income.**

I/We, the undersigned certify that the information provided to the City of Sonoma on or attached to this form is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information may be grounds for my/our disqualification as a candidate for affordable rental housing and/or termination of tenancy.

Date: _____



To: Employer _____

Address

When complete return to:
City of Sonoma
No. 1 The Plaza
Sonoma, CA 95476

From: _____

Applicant (Please print)

Request for Verification of Employment

The undersigned has applied for affordable rental housing in the City of Sonoma and verification of employment and related earnings are required to determine eligibility. You are hereby authorized to verify and supply the City of Sonoma with the information requested below. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

Signature: _____

Applicant

To be Completed by Employer

Applicant's Date of Employment: _____

Present Position: _____ full-time part time temporary

Current Base Pay: \$ _____ per hour week month year

Earnings:

Type of Pay	Year to Date Gross	Past Year Gross
Base	\$ _____	\$ _____
Overtime	\$ _____	\$ _____
Bonus	\$ _____	\$ _____
Commission	\$ _____	\$ _____

Name of Employer Representative: _____

Signature: _____

Date: _____

Title: _____

Phone: _____

This form may be duplicated as needed.

Date: _____



To: _____
Depository

Address

When complete return to:
City of Sonoma
No. 1 The Plaza
Sonoma, CA 95476

From: _____
Applicant (Please print)

Request for Verification of Accounts

The undersigned has applied for affordable rental housing in the City of Sonoma and verification of balances on deposit is required to determine eligibility. You are hereby authorized to verify and supply the City of Sonoma with the information requested below. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

Signature: _____
Applicant

To be Completed by Depository

Type of Account	Account Number	Date Opened	Current Balance	Avg. Balance for Prior two months
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Name of Depository Representative: _____

Signature: _____

Date: _____

Title: _____

Phone: _____

This form may be duplicated as needed.

Date: _____



To: _____
Source of Income

Address

From: _____
Applicant (Please print)

When complete return to:
City of Sonoma
No. 1 The Plaza
Sonoma, CA 95476

Request for Verification of Income

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Signature: _____
Applicant

To be Completed by Income Provider

Income Type	Monthly Gross
Social Security/SSI	\$
Pension	\$
IRA/Annuity	\$
Other:	\$

Name of Provider Representative: _____

Signature: _____

Date: _____

Title: _____

Phone: _____

