



Valley View Senior Homes Rental Application

The waiting list for tax-credit units at Valley View Senior Homes opens on July 22, 2026. Applications must be returned by mail to 1 Natalie Lane, ATTN: Manager, American Canyon, CA 94503. Applications must be received at the manager's office by August 5, 2026. A lottery will be conducted for all applications received by the deadline. Only one application per household. Duplicate applications will not be included in the lottery.

Eligibility

To apply, the Head of Household must meet the following:

☐ Age 55 or over

To apply, additional household member(s) of the household must meet the following:

☐ Age 45 or over **OR must be** a Spouse, Caretaker, or Child or Grandchild with disability

If you do not meet the above requirement, STOP here. We are unable to accept your application.

Applicants

List below all persons who will be living with you, including Live-In Aides.

Name (please print)	Date of Birth	Social Security Number (if applicable)	Male/ Female	Relationship to Head of Household
1.			☐ Male ☐ Female	Head of Household
2.			☐ Male ☐ Female	
3.			☐ Male ☐ Female	

Contact Information

Current Address:				
	Unit #	City	State	Zip
Mailing Address: (if different)				
	Unit #	City	State	Zip
Phone 1:	Phone 2:		Email:	

Alternate Contact Person

Examples may include case worker, relative, friend, etc.

Name:	Relationship:	Agency:		
Address:				
	Unit #	City	State	Zip
Phone:	Email:	Fax:		



Household Income Information

Provide information for every household member. Attach separate sheet if you have additional sources.

Income Sources			
1	Applicant Name:		Type of Income:
	Address:		Source (company/agency name):
	Phone:	Fax:	Gross Monthly Income: \$
2	Applicant Name:		Type of Income:
	Address:		Source (company/agency name):
	Phone:	Fax:	Gross Monthly Income: \$
3	Applicant Name:		Type of Income:
	Address:		Source (company/agency name):
	Phone:	Fax:	Gross Monthly Income: \$
4	Applicant Name:		Type of Income:
	Address:		Source (company/agency name):
	Phone:	Fax:	Gross Monthly Income: \$
5	Applicant Name:		Type of Income:
	Address:		Source (company/agency name):
	Phone:	Fax:	Gross Monthly Income: \$
6	Applicant Name:		Type of Income:
	Address:		Source (company/agency name):
	Phone:	Fax:	Gross Monthly Income: \$

Subsidy Information	
Do you have a current, transferable Section 8 voucher or other similar subsidy? If yes, what agency is your subsidy through?	☐ Yes ☐ No

Household Asset Information

Provide information for every household member. Attach separate sheet if you have additional sources.

Assets			
1	Applicant Name:		
	Account Type:	Bank:	Account #:
	If this is a joint account, please list other account holders:		Current Balance: \$
2	Applicant Name:		
	Account Type:	Bank:	Account #:
	If this is a joint account, please list other account holders:		Current Balance: \$
3	Applicant Name:		
	Account Type:	Bank:	Account #:
	If this is a joint account, please list other account holders:		Current Balance: \$
4	Applicant Name:		
	Account Type:	Bank:	Account #:
	If this is a joint account, please list other account holders:		Current Balance: \$
5	Applicant Name:		
	Account Type:	Bank:	Account #:
	If this is a joint account, please list other account holders:		Current Balance: \$
6	Applicant Name:		
	Account Type:	Bank:	Account #:
	If this is a joint account, please list other account holders:		Current Balance: \$

Residential History

Starting with your current residence, please include the following information for the past **two years** for **all household members**.

Lack of residential history does not necessarily disqualify you (*verification may be required*).

Residential History				<i>Attach separate sheet if you have had additional residences.</i>			
Current	Applicant Name:						
	Current Address:						
	Move-in Date:	Move-out Date:	Monthly Rent: \$	Rent Own	In program/shelter With family/friends		
	Current Landlord Name:		Current Landlord Address:				
	Current Landlord Phone:			Current Landlord Fax:			
Previous	Applicant Name:						
	Previous Address:						
	Move-in Date:	Move-out Date:	Monthly Rent: \$	Rent Own	In program/shelter With family/friends		
	Previous Landlord Name:		Previous Landlord Address:				
	Previous Landlord Phone:			Previous Landlord Fax:			
Previous	Applicant Name:						
	Previous Address:						
	Move-in Date:	Move-out Date:	Monthly Rent: \$	Rent Own	In program/shelter With family/friends		
	Previous Landlord Name:		Previous Landlord Address:				
	Previous Landlord Phone:			Previous Landlord Fax:			
If you do not have two years of residential history, please explain why below.							

Household Information

1. Do you expect changes to your household size within the next 12 months? If yes, please explain:	☐ Yes ☐ No
2. Is anyone in your household separated, but not divorced? If yes, please list names:	☐ Yes ☐ No
3. Are any adult household members full-time students or planning to become full-time students within the next twelve months? If yes, please list names: _____ _____ _____ ☐ Part-time ☐ Part-time ☐ Part-time ☐ Full-time ☐ Full-time ☐ Full-time	☐ Yes ☐ No
4. Do you or anyone else in your household have any pets? If yes, please describe what type and how many:	☐ Yes ☐ No
5. Are you being displaced from your home by a result of a government action or a presidentially declared disaster? If yes, please explain:	☐ Yes ☐ No

Valley View Information

Note: If you apply to a unit size that your household does not qualify for, your application will be processed for the appropriate unit size.

6. Do you live in Napa County?	☐ Yes ☐ No
7. Do you work in Napa County?	☐ Yes ☐ No
8. Do you live or work in the City of American Canyon?	☐ Yes ☐ No
9. Are you a U.S. Veteran? All U.S. Veterans, regardless of discharge status, are encouraged to apply.	☐ Yes ☐ No

Additional Information

Reasonable Accommodations

1. Will you or any of your family members require a live-in aide to assist you?

- ☐ Yes If yes, please explain:
☐ No

2. Do you, or does any member of your family have a condition that requires:

- ☐ Unit for mobility impairment ☐ Unit for hearing impaired
☐ Unit on first floor ☐ Unit for vision impaired
☐ None of the above

3. Are there other reasonable accommodations that you require to provide you equal access to housing?

- ☐ Yes If yes, please explain:
☐ No

Supplemental Information

1. How did you find out about this property?

2. Do you own a vehicle?

- ☐ Yes. How many? _____
☐ No

3. Do you require translation or oral interpretation?

- ☐ Yes. Which language? _____
☐ No

4. If there are any circumstances that may impact your qualification for housing, please use this space to provide additional information for consideration.

Optional Information

Ethnic Categories

Please check **one** only:

☐ Hispanic or Latino

☐ **Not** Hispanic or Latino

Racial Categories

Please check **all that apply**:

☐ White

☐ Black/African American

☐ American Indian/Alaska Native

☐ Asian

☐ Asian India

☐ Chinese

☐ Filipino

☐ Japanese

☐ Korean

☐ Vietnamese

☐ Other Asian

☐ Native Hawaiian or Other Pacific Islander

☐ Native Hawaiian

☐ Guamanian or Chamorro

☐ Samoan

☐ Other Pacific Islander

☐ Other (Please Specify): _____

Certification

1. I/we understand that it is the responsibility of each applicant to provide any and all information required to determine eligibility.
2. I/we understand that if an applicant fails to meet the eligibility requirements of the Resident Selection Criteria, a written notice of denial stating the reason for denial will be mailed to applicant. An applicant has 14 days to request an appeal.
3. I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner, its agents and employees to make any and all inquiries to verify this information either directly or through information exchanged now or later with tenant screening agencies, investigative consumer reporting agencies, law enforcement, or other public agencies, and to contact previous or current landlords or other sources for verification information which may be released by appropriate federal, state, local agencies, or private persons to the management. Information and reports obtained may include my rental housing and eviction (unlawful detainer) history, character, general reputation, personal characteristics, and mode of living, for the purposes of determining my eligibility for rental housing.
4. I/we authorize the owner, its agents and employees to obtain information about my/our background to see if there is any criminal history, including convictions which may prohibit me/us from moving on to the property, where allowed by applicable law as stated in our Resident Selection Criteria.
5. I/we understand I/we must provide written notification to management of any changes to the information on this form.
6. If my/our application is approved and move-in occurs, I/we certify that only those persons listed in this application will occupy the apartment, that I/we will maintain no other place of residence, and that there are no other persons for whom I/we have or expect to have responsibility for providing housing.
7. I/we understand that an applicant with a disability has a right to request a reasonable accommodation. All requests will be evaluated and a decision will be made based on the reasonable nature of the request.
8. I/we certify that the foregoing information is true, complete, and correct. I/we understand that false statements or omissions are grounds for disqualification, eviction, and/or prosecution under the full extent of California law.

☐ By checking this box, I indicate that I want to receive a copy of any investigative consumer report obtained by SAHA.

SAHA obtains investigative consumer reports from the following agency: NTN, Address: PO Box 6245, Concord, CA 94524; Phone: 925-688-1000/Toll-free: 800-800-5602; Website: www.ntnonline.com. I understand that NTN is required, during normal business hours, on reasonable notice, and upon presentation of proper identification, to make available to me the files and information contained in any report that it prepared on my account. I am entitled to visually inspect the files in person or by mail, or I may obtain a summary over the telephone. NTN is also required to provide trained staff to explain any information in my file and, if I choose to visually inspect my file, to provide a written explanation of any coded information therein. Upon my request and in compliance with established procedures, NTN must also allow me to be accompanied by one other person during my inspection.

[Signatures to follow on next page]

Signature

Please ensure that your application is complete and that all adult applicants have signed and dated below.

Head of Household: Name: _____

Signature: _____

Date: _____

Applicant 2: Name: _____

Signature: _____

Date: _____

Applicant 3: Name: _____

Signature: _____

Date: _____