



# Manzanita Family Apartments Rental Application

The waiting list for 3-bedroom units at Manzanita Family Apartments opens on September 2, 2026. **This application must be returned by mail to 2951 Soscol Avenue, Napa, CA 94558.** Applications returned by mail must be **received** by 5:00 PM on September 16, 2026. A lottery will be conducted for all applications received by the deadline. **Only one application per household.** Duplicate applications will not be entered into the lottery.

## Applicants

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

| Name<br>(please print) | Date of Birth | Social Security Number | Male/<br>Female                                                  | Relationship to<br>Head of Household |
|------------------------|---------------|------------------------|------------------------------------------------------------------|--------------------------------------|
| 1.                     |               |                        | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | Head of Household                    |
| 2.                     |               |                        | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |                                      |
| 3.                     |               |                        | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |                                      |
| 4.                     |               |                        | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |                                      |
| 5.                     |               |                        | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |                                      |
| 6.                     |               |                        | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |                                      |
| 7.                     |               |                        | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |                                      |

## Contact Information

|                     |          |      |        |     |
|---------------------|----------|------|--------|-----|
| Current<br>Address: |          |      |        |     |
|                     | Unit #   | City | State  | Zip |
| Mailing<br>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/Other: |       |     |
| 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

|          |                 |                 |                                    |
|----------|-----------------|-----------------|------------------------------------|
| <b>1</b> | Applicant Name: | Type of Income: | Source (company/agency name):      |
|          | Address:        |                 |                                    |
|          | Phone:          | Fax:            | <b>Gross Monthly Income:</b><br>\$ |
| <b>2</b> | Applicant Name: | Type of Income: | Source (company/agency name):      |
|          | Address:        |                 |                                    |
|          | Phone:          | Fax:            | <b>Gross Monthly Income:</b><br>\$ |
| <b>3</b> | Applicant Name: | Type of Income: | Source (company/agency name):      |
|          | Address:        |                 |                                    |
|          | Phone:          | Fax:            | <b>Gross Monthly Income:</b><br>\$ |
| <b>4</b> | Applicant Name: | Type of Income: | Source (company/agency name):      |
|          | Address:        |                 |                                    |
|          | Phone:          | Fax:            | <b>Gross Monthly Income:</b><br>\$ |
| <b>5</b> | Applicant Name: | Type of Income: | Source (company/agency name):      |
|          | Address:        |                 |                                    |
|          | Phone:          | Fax:            | <b>Gross Monthly Income:</b><br>\$ |
| <b>6</b> | Applicant Name: | Type of Income: | Source (company/agency name):      |
|          | Address:        |                 |                                    |
|          | Phone:          | Fax:            | <b>Gross Monthly Income:</b><br>\$ |

### 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   |                                                                |       |                        |
|----------|----------------------------------------------------------------|-------|------------------------|
| <b>1</b> | Applicant Name:                                                |       |                        |
|          | Account Type:                                                  | Bank: | Account #:             |
|          | If this is a joint account, please list other account holders: |       | Current Balance:<br>\$ |
| <b>2</b> | Applicant Name:                                                |       |                        |
|          | Account Type:                                                  | Bank: | Account #:             |
|          | If this is a joint account, please list other account holders: |       | Current Balance:<br>\$ |
| <b>3</b> | Applicant Name:                                                |       |                        |
|          | Account Type:                                                  | Bank: | Account #:             |
|          | If this is a joint account, please list other account holders: |       | Current Balance:<br>\$ |
| <b>4</b> | Applicant Name:                                                |       |                        |
|          | Account Type:                                                  | Bank: | Account #:             |
|          | If this is a joint account, please list other account holders: |       | Current Balance:<br>\$ |
| <b>5</b> | Applicant Name:                                                |       |                        |
|          | Account Type:                                                  | Bank: | Account #:             |
|          | If this is a joint account, please list other account holders: |       | Current Balance:<br>\$ |
| <b>6</b> | Applicant Name:                                                |       |                        |
|          | Account Type:                                                  | Bank: | Account #:             |
|          | If this is a joint account, please list other account holders: |       | Current Balance:<br>\$ |

## 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: |  | <input type="checkbox"/> Rent <input type="checkbox"/> In program/shelter<br><input type="checkbox"/> Own <input type="checkbox"/> 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: |  | <input type="checkbox"/> Rent <input type="checkbox"/> In program/shelter<br><input type="checkbox"/> Own <input type="checkbox"/> 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: |  | <input type="checkbox"/> Rent <input type="checkbox"/> In program/shelter<br><input type="checkbox"/> Own <input type="checkbox"/> 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. <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div> |                         |  |                            |                                                                     |               |  |                                                                                                                                                        |                        |  |

## Household Information

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>1. Do you expect changes to your household size within the next 12 months?</b><br>If yes, please explain:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>2. Is anyone in your household separated, but not divorced?</b><br>If yes, please list names:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>3. Are any adult household members full-time students or planning to become full-time students within the next twelve months?</b><br>If yes, please list names: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 35%;">           _____<br/>           _____<br/>           _____         </div> <div style="width: 30%;"> <input type="checkbox"/> Part-time<br/> <input type="checkbox"/> Part-time<br/> <input type="checkbox"/> Part-time         </div> <div style="width: 30%;"> <input type="checkbox"/> Full-time<br/> <input type="checkbox"/> Full-time<br/> <input type="checkbox"/> Full-time         </div> </div> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>4. Do you or anyone else in your household have any pets?</b><br>If yes, please describe what type and how many:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>5. Are you being displaced from your home by a result of a government action or a presidentially declared disaster?</b><br>If yes, please explain:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## Manzanita Apartments Information

9. Do you or does any member of your household work in Napa County?

☐ 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

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

### 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

- ☐ Not of Hispanic, Latino/a, or Spanish Origin
- ☐ Hispanic, Latino/a, or Spanish Origin (select sub-category as well)
  - ☐ Puerto Rican
  - ☐ Cuban
  - ☐ Mexican, Mexican American, Chicano/a
  - ☐ Another Hispanic, Latino/a or Spanish origin
- ☐ Declined to Report

### 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): \_\_\_\_\_
- ☐ Declined to Report



## 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 onto 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](http://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: \_\_\_\_\_

Applicant 4:                                Name: \_\_\_\_\_

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

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

Applicant 5:                                Name: \_\_\_\_\_

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

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

Applicant 6:                                Name: \_\_\_\_\_

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

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

Applicant 7:

Name: \_\_\_\_\_

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

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

|                    |                                                                                                                                                                                                 |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>English:</b>    | This is an important document. If you require interpretation, please call (510) 647-0700 or e-mail <a href="mailto:info@sahahomes.org">info@sahahomes.org</a> .                                 |
| <b>Arabic:</b>     | هذا هو وثيقة هامة. إذا كنت بحاجة إلى ترجمة فورية ، فيرجى الاتصال بـ <a href="mailto:info@sahahomes.org">info@sahahomes.org</a> أو إرسال بريد إلكتروني إلى (510) 647-0700.                       |
| <b>Chinese:</b>    | 這是一份重要的文件。如果您需要口譯，請致電 (510) 647-0700 或發送電子郵件至 <a href="mailto:info@sahahomes.org">info@sahahomes.org</a> 。                                                                                      |
| <b>Farsi:</b>      | یا (510) 647-0700 این یک سند مهم است. در صورت نیاز به تفسیر ، لطفاً با <a href="mailto:info@sahahomes.org">info@sahahomes.org</a> ایمیل تماس بگیرید.                                            |
| <b>Korean:</b>     | 이것은 중요한 문서입니다. 통역이 필요한 경우 (510) 647-0700으로 전화하거나 <a href="mailto:info@sahahomes.org">info@sahahomes.org</a> 로 이메일을 보내주십시오.                                                                      |
| <b>Spanish:</b>    | Este es un documento importante. Si usted requiere interpretación, por favor llame al (510) 647-0700 o envíe un correo electrónico a <a href="mailto:info@sahahomes.org">info@sahahomes.org</a> |
| <b>Tagalog:</b>    | Ito ay isang mahalagang dokumento. Kung nangangailangan ka ng interpretasyon, mangyaring tawagan ang (510) 647-0700 o e-mail <a href="mailto:info@sahahomes.org">info@sahahomes.org</a> .       |
| <b>Russian:</b>    | Это важный документ. Если вам требуется устный перевод, позвоните по телефону (510) 647-0700 или по электронной почте <a href="mailto:info@sahahomes.org">info@sahahomes.org</a> .              |
| <b>Vietnamese:</b> | Đây là một tài liệu quan trọng. Nếu bạn yêu cầu thông dịch, vui lòng gọi (510) 647-0700 hoặc e-mail <a href="mailto:info@sahahomes.org">info@sahahomes.org</a> .                                |



# Information on Dampness and Mold for Renters in California

## Main points:

- Living in damp or moldy buildings increases the chances of respiratory problems like asthma.
- The critical warning signs are visible mold, water damage, damp materials, or mold smell.
- Dampness is needed for mold to grow, so if you control the dampness, you control the mold.
- Dampness or mold indoors may make housing substandard, per the California Health & Safety Code.



Beginning January 1, 2022, residential landlords shall provide this booklet to prospective residential tenants prior to entering the rental or lease agreement, in accordance with the 2001 Toxic Mold Protection Act (HSC #26148). This booklet, which explains the potential health risks and health impacts that may result from exposure to mold, was produced by the California Department of Public Health (CDPH) in 2020, in both English and Spanish versions.

# Health Problems from Damp or Moldy Buildings

Living or working in damp or moldy buildings increases the risk of many harmful health problems, including:

- asthma attacks in people who already have asthma
- a new asthma diagnosis
- respiratory infections, such as bronchitis
- breathing symptoms, such as hay fever, sneezing, stuffy nose, sore throat, wheezing, breathing difficulty, or cough
- eczema or skin rash

Mold can affect people differently. How much a person is affected depends on how sensitive they are and on how much they are exposed. Damp or moldy buildings are linked to health problems in people even if they do not have allergies.

# Signs of Dampness or Mold

Signs of dampness or mold that may cause health problems include:

- **visible mold** (regardless of color), such as on walls or ceilings, behind furniture or appliances, under carpets, or even hidden in areas not seen in the occupied areas of homes
- **mold odor**, noticed as an earthy, musty, or moldy smell
- **visible water damage**, such as water-stains or discoloration on walls or ceilings, peeling or bubbled paint, warped floors, or rotting wood
- **damp or moist materials**, including condensation on windows or walls

Any one of these signs indicates increased risks to health, and the more that any of them are present, the greater the risk of health problems. Tests that identify the types of mold or the amounts of mold in buildings are not useful in telling us about the health risks. This is *why CDPH does not recommend testing for mold, such as measuring mold spores in the air.*



## Causes of Building Dampness that Can Allow Mold to Grow

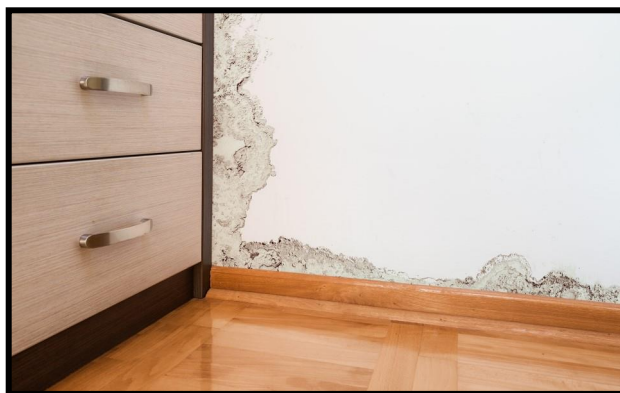
The dampness that is necessary for indoor mold to grow can come from either inside or outside a building.

### Indoor sources include:

- leaking or burst water pipes, for instance under sinks inside walls
- not enough venting to the outside by open windows or exhaust fans in places where water is used or moisture is produced (for example, bathrooms, laundry areas, kitchens, and water heaters)
- condensation (water droplets) on cold surfaces, including windows

### Outdoor sources include:

- water coming in through leaky roofs or poorly-sealed windows, or from flooding
- damp, exposed dirt in crawl spaces
- outdoor surfaces that slope and drain water toward a building, including from a downspout



## Fixing Dampness and Mold Problems

The California Health & Safety Code (HSC §17920.3) says that when dampness or visible mold (or certain other conditions) in a home is a hazard to the health of occupants, the home is *substandard* and the property owner must fix the conditions. The Code excludes mold that is “minor and found on surfaces that accumulate moisture as part of their properly functioning and intended use.”

CDPH recommends fixing dampness and mold problems as follows:

- identifying and correcting the source of any water that may allow mold to grow
- rapid drying or removal of damp materials
- cleaning or removing mold and moldy materials as rapidly and safely as possible

Note: if a moldy area is simply bleached, cleaned, or painted over—without fixing the source of the dampness—the mold is likely to grow again.

## Renters in California

The California Health & Safety Code requires property owners to provide a rental unit that is safe and healthy for the people living in it. Prospective renters should look for obvious conditions that show dampness or mold, and also less obvious signs like water leaks under the kitchen and bathroom sinks or moldy odor in a sealed-up home. Also look for conditions likely to cause future problems, like a bathroom that has no working vent fan or no window that opens, or a clothes dryer without an outside vent.

For renters who suspect there is dampness or mold:

1. Tell the property owner or manager. Early detection and correction of the dampness and mold problems can reduce the risks to your health and prevent the problem from getting worse.
2. If your property owner will not respond to your concerns in a reasonable amount of time, contact your local (city or county) code enforcement agency and ask for a code enforcement officer to inspect for violations. Many dampness or mold problems in rental homes are the responsibility of the property owner and must be addressed by them. However, a code enforcement officer may determine that dampness or mold in a building results from a tenant's actions or inactions – for instance, not using available bathroom ventilation during showers.
3. If the local inspector determines there is a violation, they can require the property owner to correct the problem.

## Additional Resources

For general information on dampness and mold and a list of local code enforcement agencies, with a focus on dampness and mold, see [www.cdph.ca.gov/iaq/mold](http://www.cdph.ca.gov/iaq/mold). To see an animated video series, Mold in the Home, visit [www.cdph.ca.gov/mold](http://www.cdph.ca.gov/mold).

*Property owners must provide a rental unit that is safe and healthy for the people living in it.*

*Tenants must notify property owners of any dampness or mold problems.*