



**Town of Mammoth Lakes
P.O. Box 1609
437 Old Mammoth Road, Suite R
Mammoth Lakes, CA 93546**

Phone: (760) 934-8989

TENANT PROFILE

Each rental unit must complete a tenant profile. Please print duplicates.

UNIT #: _____ **Date of Lease:** _____

Please attach copies of the following:

- 1. 1 month of most recent pay stubs for all jobs (all tenants over 18 years old)
- 2. Copy of previous years or most current FEDERAL Income Tax Return
- 3. Copies of W-2's and 1099's

Section 1 Household Information (legal names of all who occupy the apartment)				
Name	Social Security Number	Date of Birth (mm/dd/yy)	Relationship (spouse, son, partner, etc)	Sex (M or F)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Section 2 Contact Information	
Current Physical Address:	
Current Mailing Address:	
Current Phone Number(s):	



E-mail address



Section 3 Employment Information (for all working applicants over 18 years of age)						
Current Employer(s)	Employment Dates From/To		Employer's Phone Number	Supervisor's Name	Gross Income per month	Hours worked per month
Previous Employer(s)	Employment Dates From/To		Employer's Phone Number	Supervisor's Name	Gross Income per month	Hours worked per month

Section 4 Income Sources (for ALL household members 18 years of age and older)

W=wages B=own business M=military pay CS=child support P=pension
 SS=social security U=unemployment AI=asset income O=other source (please specify)

Source of Income <small>(use code above)</small>	Gross amount Per month	Gross amount Per year	Received by <small>(Applicant's name)</small>
Total income <small>(add all rows vertically)</small>	\$ per month	\$ Per year	

Please attach an additional page with income source if necessary



STATEMENT OF ASSETS AND LIABILITIES

PERSONAL FINANCIAL STATEMENT

Complete this form for Head of Household and attach additional Financial Statements for other income earners who live in the home.

Name: _____ Date : _____

ASSETS		LIABILITIES			
Cash on hand & in Banks	\$	Accounts Payable	\$		
Savings Accounts	\$	Notes Payable to Banks and Others (Describe in Section 2)	\$		
IRA or Other Retirement Account	\$	Installment Account (Auto) Monthly Payments \$	\$		
Accounts & Notes Receivable	\$	Installment Account (Other) Monthly Payments \$	\$		
Life Insurance-Cash Surrender Value Only (Complete Section 8)	\$	Loan on Life Insurance	\$		
Stocks & Bonds (Describe in Section 3)	\$	Mortgages on Real Estate (Describe in Section 4)	\$		
Real Estate (Describe in Section 4)	\$	Unpaid Taxes (Describe in Section 6)	\$		
Automobile-Present Value	\$	Other Liabilities (Describe in Section 7)	\$		
Other Personal Property (Describe in Section 5)	\$	Total Liabilities	\$		
Other Assets (Describe in Section 5)	\$	Net Worth	\$		
TOTAL	\$	TOTAL	\$		
Source of Income		Contingent Liabilities			
Salary	\$	As Endorser or co-Maker	\$		
Net investment Income	\$	Legal Claims & Judgments	\$		
Real Estate Income	\$	Provision for Federal Income Tax	\$		
Other Income (Describe below)*	\$	Other Special Debt	\$		
Description of Other income in Section 1					
*Alimony or child support payments need NOT be disclosed in "Other Income"					
Notes Payable to Banks & Others (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed)					
Name & Address of Note holder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How secured or Endorsed Type of Collateral



Stocks & Bonds (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Real Estate Owned (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed)

	Property A	Property B	Property C
Type of Property			
Address			
Date of Purchase			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Other Personal Property and Other Assets (Describe, and if any is pledged as security, give name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Unpaid Taxes (Describe in detail, as to type, to whom payable, when due, and to what property, if any, a tax lien attaches)

Other Liabilities (Describe in detail)

Life Insurance Held (Give face amount and cash surrender value of policies-name of insurance company and beneficiaries)

I authorize MLH, Inc. to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above information and statements contained in the attachments are true and accurate as of the stated date(s). I understand FALSE statements may result in forfeiture of benefits and possible prosecution as allowed by law.

Signature: _____ Date: _____ Social Security Number: _____
 Signature: _____ Date: _____ Social Security Number: _____





CERTIFICATE OF ACCURACY

Mammoth Lakes Housing, Inc.
PO Box 260, Mammoth Lakes, CA 93546
760-934-4740 Fax: 760-934-4724
www.mammothlakeshousing.com

I (We) hereby verify that all information provided is accurate and true. It is understood that if the documentation that I (We) have provided is found to be inaccurate or unverifiable, I (We) may be disqualified and face additional penalties as allowed by law. I (We) shall be notified by MLH as to my/our subsequent disqualification and the reasons thereof.

All individuals to live in the home, 18 years of age or older, MUST sign this Certificate of Accuracy

_____	_____	_____
Tenant's Name (print or type)	Tenant's Signature	Date
_____	_____	_____
Tenant's Name (print or type)	Tenant's Signature	Date
_____	_____	_____
Tenant's Name (print or type)	Tenant's Signature	Date





AUTHORIZATION FOR RELEASE OF INFORMATION

Mammoth Lakes Housing, Inc.
 PO Box 260, Mammoth Lakes, CA 93546
 760-934-4740 Fax: 760-934-4724
www.mammothlakeshousing.com

CONSENT:

I/We hereby authorize and direct any Federal, State or Local agency, organization, business or individual to release to Mammoth Lakes Housing, Inc. (MLH), on behalf of Mono County, any information or materials needed to complete and verify my/our application for housing.

I/We understand that depending on program policies and requirements, previous or current information regarding me/us or my/our household may be needed. Verification and inquires that may be requested include, but are not limited to employment, income, social security numbers, credit inquires, financial institutions, current and prior housing.

I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation in any Mono County program.

I/We understand I/We have the right to review my/our file and correct any information that I/We can prove is incorrect.

Failure to Sign Consent: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits or both. Denial of eligibility or termination of benefits is subject to the housing authority’s grievance procedures and informal procedures.

ALL TENANTS OVER 18 YEARS OF AGE MUST SIGN THIS FORM

_____	_____	_____
Print Name	Signature	Social Security Number
_____	_____	_____
Print Name	Signature	Social Security Number
_____	_____	_____
Print Name	Signature	Social Security Number
_____	_____	_____
Print Name	Signature	Social Security Number



