



HOUSEHOLDS MUST BE WITHIN THE INCOME LEVELS BELOW TO QUALIFY

Monthly rent is based on the Area Median Income (AMI)

80% PROGRAM

ONE-BEDROOM: \$957 PER MONTH

- 1 person household \$22,968 - \$50,500
- 2 person household \$22,968 - \$57,700
- 2 person household \$22,968 - \$64,900

TWO-BEDROOM: \$1,067 PER MONTH

- 2 person household \$25,608 - \$57,700
- 3 person household \$25,608 - \$64,900
- 4 person household \$25,608 - \$72,100
- 5 person household \$25,608 - \$77,900

120% PROGRAM

ONE-BEDROOM: \$1,475 PER MONTH

- 1 person household \$35,400 - \$54,450
- 2 person household \$35,400 - \$62,200
- 3 person household \$35,400 - \$70,000

TWO-BEDROOM: \$1,650 PER MONTH

- 2 person household \$39,600 - \$62,200
- 3 person household \$39,600 - \$70,000
- 4 person household \$39,600 - \$77,750
- 5 person household \$39,600 - \$83,950



Affordable Homes For Rent in Pasadena, CA

One-bedroom and two-bedroom rentals available through the affordable housing program for qualifying future residents at Avalon Del Mar Station

Avalon Del Mar Station residents are responsible for electric, phone, and cable utilities. Additional monthly fees apply for premium parking and pets. An increased security deposit will be required for households with pets.



AVALON

DEL MAR STATION

AVALONDELMARSTATION.COM
265 S. ARROYO PKWAY, CA 91105
AVALONDELMARSTATION@AVALONBAY.COM

*Rents subject to change at anytime without notice. Apartments contain FHA compliant features for persons with disabilities.



Avalon Del Mar Affordable Housing Pre-Application

Applicants with disabilities may request modifications to the rental unit and/or accommodations to our rules, policies, practices or services, if such modifications or accommodations are necessary to afford an equal opportunity to use and enjoy the premises

NAME OF PRIMARY APPLICANT: _____

PHONE: _____ **CELL:** _____ **EMAIL:** _____

CURRENT ADDRESS: _____
Street Number & Name *City* *St* *Zip*

1. What size apartment home(s)* are you interested in?

One (80%) Two (120%)

One (80%) Two (120%)

***Note: Minimum occupancy requirement one person per bedroom.**

2. Does your household need an accessible apartment? (*circle one*): **Yes No**

3. Do you have a voucher? (*circle one*) **Yes No**

If Yes, Housing Authority Name: _____

4. Do you have any special housing needs? **Yes No** If yes, please explain: _____

5. Family Composition- List all those who will occupy the apartment, including yourself:

| HOUSEHOLD MEMBER NAME | Date of Birth | Age | Relationship* | Full Time Student (Y/N) |
|-----------------------|---------------|-----|---------------|-------------------------|
| 1 PRIMARY APPLICANT | | | Head | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |

INTERNAL USE ONLY:

Received Date: _____ Received By: _____

Complete
Incomplete

6. **Household Income-** what is the income received and assets held by each member of your household? Include income from employment, SSA/SSI, TANF, Child Support, Alimony, Retirement, pension, unemployment, Military Pay, and gift income.

| Household Member Name | Income Type | Gross Earnings (before taxes) |
|-----------------------|-------------|-------------------------------|
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| | | |

7. What is your combined total gross annual household income from all sources? \$ _____

8. **Household Assets-** include the household assets held may each household member. Includes all Checking and Savings accounts, Money Markets, Stocks, Bonds, Life Insurance Policies.

| Household Member Name | Asset Type | Cash Value |
|-----------------------|------------|------------|
| | | |
| | | |
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| | | |

Please call 626-396-9090 or email AvalonDelMarStation@avalonbay.com with any questions or requests for additional; applications or consent forms.

Return Form to directly to community or email: 265 S. Arroyo Pkwy. Pasadena, CA 91105- AvalonDelMarStation@avalonbay.com

INTERNAL USE ONLY:

Received Date: _____ Received By: _____

Complete
 Incomplete