



Application for Housing WILLOW HOUSING

605 WILLOW ROAD - MENLO PARK, CA 94025 - TELEPHONE (650) 561-6283

EAH Property Management Use Only		APPLICATION APPROVED: Yes <input type="checkbox"/> No <input type="checkbox"/>	
BEDROOM SIZE		TIME OF APPLICATION:	
BARRIER FREE (H/C) UNIT REQUESTED?	YES <input type="checkbox"/>	DATE OF APPLICATION:	COMMENTS
	NO <input type="checkbox"/>		
		APPLICATION RECEIVED BY:	
APPLICATION #:		LOTTERY #:	

Please complete the following application and return it to the Property. All items must be complete in order to determine your eligibility. If an item does not apply to you, please check N/A next to the question. EAH does not discriminate on the basis of race, color, sex, age, religion, origin, family or marital status, disability, or sexual orientation.

Number of bedrooms requested	1 st Request:	2 nd Request:
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Limited English Proficiency (LEP) Requirement: What is the primary language spoken in the household?

PLEASE READ THE ATTACHED RESIDENT SELECTION PLAN FOR ELIGIBILITY REQUIREMENTS, PREFERENCE DEFINITION, AND REQUIRED VERIFICATION

A. GENERAL INFORMATION: HEAD OF HOUSEHOLD CO-HEAD Check if N/A

YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you a U.S. Veteran?
YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you currently homeless?
YES <input type="checkbox"/> NO <input type="checkbox"/>	If not currently homeless, are you currently at risk of homelessness?
YES <input type="checkbox"/> NO <input type="checkbox"/>	Have you lived or worked in Menlo Park for at least the last 12 months?
YES <input type="checkbox"/> NO <input type="checkbox"/>	Have you lived or worked in Menlo Park for at least the last 6 but less than 12 months?
YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you currently reside in San Mateo County or are you currently homeless in San Mateo County?

B. HOUSEHOLD INFORMATION- List all persons including yourself, who will be living in the apartment. List the head of household first. Do not include minors who will reside in the unit less than 50% of the time

List all persons, including yourself, who will be living in the apartment. List the head of household first. Do not include minors who will reside in the unit less than 50% of the time.

HEAD OF HOUSEHOLD	CO-HEAD /SPOUSE or CHECK IF N/A <input type="checkbox"/>	OTHER or CHECK IF N/A <input type="checkbox"/>
Name:	Name:	Name:
Home Phone:	Home Phone:	Home Phone:
Cell Phone:	Cell Phone:	Cell Phone:
Email:	Email:	Email:
Relationship to Head	Relationship to Head	Relationship to Head
DOB MM/DD/YY	DOB MM/DD/YY	DOB MM/DD/YY
Age	Age	Age
Full Time Student Y/N (K-12/College)	Full Time Student Y/N (K-12/College)	Full Time Student Y/N (K-12/College)
Social Security/ TIN XXXX (last 4 digits)	Social Security/ TIN XXXX (last 4 digits)	Social Security/ TIN XXXX (last 4 digits)



C. ADDITIONAL HOUSEHOLD INFORMATION

1.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have you ever served in the U.S. Military? If so, what is your discharge status? Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Other <input type="checkbox"/> _____
2.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have a copy of your DD214 or letter of service? If not, please note that you should order it now. You will be required to provide these documents at the next stage of the application process.
3.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you eligible to receive VA healthcare services?
4.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you currently have or have you ever received a VASH or section 8 voucher? If so, please explain: _____
5.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you expect any additions to the household within the next 12 months? If yes, please explain giving name and relationship:
6.	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	Do you have primary physical custody of all minors (50% or more of the time) listed under the Household Composition above? If no, please explain:
7.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are there any absent household members that are not listed under the Household Composition above? If yes, please explain giving name and relationship?
8.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have any pets that will reside with you if eligible? If yes, please Describe:
9.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Will you or anyone in your household require a live-in care attendant? Name of Live-in Care Attendant:

The following information is optional:

YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have a physical or mental impairment that limits life activity?
If "Yes" please answer the questions below:	
1.	YES <input type="checkbox"/> NO <input type="checkbox"/> Do you require special unit design features for mobility impairment?
2.	YES <input type="checkbox"/> NO <input type="checkbox"/> Do you require special unit design features for visual impairment?
3.	YES <input type="checkbox"/> NO <input type="checkbox"/> Do you require special unit design features for hearing impairment?

D. Alternate Contact Information Check if N/A

Referring Case Manager/Organization: – We may contact if we are unable to reach you for application processing)	
Case Manager Name: _____	Organization: _____
Address: _____	
Phone#: _____	Fax#: _____ E-Mail: _____
Check if N/A <input type="checkbox"/>	
Emergency Information: In case of emergency, notify..... (We may contact if we are unable to reach you for application processing)	
Name: _____	Relationship: _____
Address: _____	
Phone1: _____	Phone 2: _____ E-Mail: _____



E. VEHICLE INFORMATION Check if N/A

Household Member Name	CA Driver ID	Car Make/Model	License Plate	Color	Year

F. HOUSING

LANDLORD REFERENCE Please complete all areas below. Please provide the last 2 consecutive years of housing history. If you are currently homeless or were homeless in the last two years, please write "homeless" in the address field and enter the City and State where you were homeless. If you were transient between cities, please enter the name of the City/State and the approximate length of time you were in the City/State.

HEAD OF HOUSEHOLD

CURRENT ADDRESS: _____ **City, State:** _____ **Zip Code** _____

Own Rent Other
Amount Paid Monthly: _____ **Length of time Lived there:** From _____ to _____

Name of Landlord: _____ **Address:** _____ **Phone number:** _____

1st Previous Address: Check if N/A

PLEASE PROVIDE INFORMATION IF CURRENT LANDLORD REFERENCE IS LESS THAN 2 YEARS.

PREVIOUS ADDRESS: _____ **City, State:** _____ **Zip Code** _____

Own Rent Other
Amount Paid Monthly: _____ **Length of time Lived there:** From _____ to _____

Name of Landlord: _____ **Address:** _____ **Phone number:** _____

PREVIOUS ADDRESS: _____ **City, State:** _____ **Zip Code** _____

Own Rent Other
Amount Paid Monthly: _____ **Length of time Lived there:** From _____ to _____

Name of Landlord: _____ **Address:** _____ **Phone number:** _____

CO-HEAD/OTHER - Check if N/A

CURRENT ADDRESS: _____ **City, State:** _____ **Zip Code** _____

Own Rent Other
Amount Paid Monthly: _____ **Length of time Lived there:** From _____ to _____

Name of Landlord: _____ **Address:** _____ **Phone number:** _____

PREVIOUS ADDRESS: _____ **City, State:** _____ **Zip Code** _____

Own Rent Other
Amount Paid Monthly: _____ **Length of time Lived there:** From _____ to _____

Name of Landlord: _____ **Address:** _____ **Phone number:** _____

PREVIOUS ADDRESS: _____ **City, State:** _____ **Zip Code** _____

Own Rent Other
Amount Paid Monthly: _____ **Length of time Lived there:** From _____ to _____

Name of Landlord: _____ **Address:** _____ **Phone number:** _____



G. DEMOGRAPHIC INFORMATION The following information is optional:

HEAD: Highest level of Education completed?		<input type="checkbox"/> Some High School	<input type="checkbox"/> High School Graduate	<input type="checkbox"/> College	<input type="checkbox"/> Graduate School
Profession/Job Title		Are you using Public Transportation to get to work? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		If Yes, what type? check one: <input type="checkbox"/> BART <input type="checkbox"/> Bus <input type="checkbox"/> Ferry <input type="checkbox"/> Other	
Co-HEAD: Highest level of Education completed?		<input type="checkbox"/> Some High School	<input type="checkbox"/> High School Graduate	<input type="checkbox"/> College	<input type="checkbox"/> Graduate School
Profession/Job Title		Are you using Public Transportation to get to work? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		If Yes, what type? check one: <input type="checkbox"/> BART <input type="checkbox"/> Bus <input type="checkbox"/> Ferry <input type="checkbox"/> Other	
How did you hear about the property?		Local Paper <input type="checkbox"/>	Housing Authority <input type="checkbox"/>	Internet <input type="checkbox"/>	Referral _____
Other _____					
The information regarding race and ethnicity solicited on this application is requested in order to assure the Federal Government that EAH Inc. complies with the Federal laws prohibiting discrimination against applicants on the basis of race and ethnicity. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in anyway.					
Household Member Name		Ethnicity:		Race (check one or more)	
1.		<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan	<input type="checkbox"/> Native <input type="checkbox"/> White <input type="checkbox"/> Asian
				<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Pacific Islander
2.		<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan	<input type="checkbox"/> Native <input type="checkbox"/> White <input type="checkbox"/> Asian
				<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Pacific Islander
3.		<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan	<input type="checkbox"/> Native <input type="checkbox"/> White <input type="checkbox"/> Asian
				<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Pacific Islander

H. INCOME

Employment Check if N/A

Please provide the following employment information for each household member.

Family Member First Name	Gross Monthly Amount	Business/Source Name Business/Source Address City/State/ZIP code	Contact Name Contact Phone Number Contact Fax Number
1.		_____	_____
		_____	_____
2.		_____	_____
		_____	_____

Other Sources of Income Check if N/A

List all money earned or received by everyone living in your household. This includes money received from the categories listed below and from Disability Payments Or Death Benefits, Workers Compensation, Annuities, Periodic Payments From Insurance Policies and Other Sources Including Periodic Lottery Payments. **LIST GROSS AMOUNTS RECEIVED BELOW.**

Household Member First Name	SOC SEC & SSI	VA BNFTS	PENSION/ RETIRE	SELF EMPLOY (Use monthly NET Income)	ALIMONY OR CHILD SUPP.	AFDC/ TANF	RECURRING GIFTS	UNEMP. BNFTS.	OTHER
1.									
2.									
3.									
YES <input type="checkbox"/> NO <input type="checkbox"/>		Are there any changes expected in income within the next 12 months? If yes, please list family member and explain:							



I. ASSETS

YES <input type="checkbox"/> NO <input type="checkbox"/> Have you ever filed Bankruptcy?			
Checking and/or Savings Account CHECK HERE IF N/A <input type="checkbox"/>			
Family Member First Name	Account Type	Bank/Financial Institution Names	Total Balance
1.			
2.			
3.			

Other Assets/Accounts

Please list any of the following assets that apply to you: TRUST, MONEY MARKET FUND, STOCKS, BONDS, TREASURY BONDS, TREASURY BILLS, CERTIFICATE OF DEPOSIT, IRA OR KEOGH, RETIREMENT, 401K/PENSION FUNDS, INHERITANCE, LOTTERY WINNINGS, INSURANCE SETTLEMENTS, CAPITAL GAINS, CAPITAL INVESTMENTS, OR PERSONAL PROPERTY HELD AS AN INVESTMENT.

ALSO INCLUDE ALL ASSETS THAT MAY BE HELD JOINTLY WITH ANOTHER PERSON.

Family Member First Name	Asset/Account Type	Bank/Financial Institution Names	Total Balance
1.			
2.			
3.			

J. REAL ESTATE /DISPOSED OF ASSETS

YES NO Does anyone own real property? (Includes land, houses, real estate, in the USA or any other country) If "Yes" answer the questions below:

Family member name	Estimated cash value of real property	Rental income if any	Property address/City/State

YES NO Have you sold any Real Estate OR disposed of any assets for less than FMV in the last two years? (e.g. cash, property, bank accounts) If "Yes" answer the questions below:

Family member name	Market Value when Disposed:	Cash Value Disposed for:

K. STUDENT STATUS

1.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you enrolled in a Vocational Rehabilitation and Employment (VREP) or other Program?
2.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Does the household consist of all persons who are <u>full-time</u> students (Examples: College/University, trade school, etc.)?
3.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Does the household consist of all persons who have been a <u>full-time</u> student in the previous 5 months?
4.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Does your household anticipate becoming an all full-time student household in the next 12 months?
If you answered YES to any of the previous four questions are you:		
1.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Receiving assistance under Title IV of the Social Security Act (AFDC/TANF/Cal Works - not SSA/SSI)?
2.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program?
3.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Married and filing (or are entitled to file) a joint tax return
4.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Single parent with a dependent child or children and neither you nor your child(ren) are dependent of another individual?
5.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Previously enrolled in the Foster Care program (age 18-24)?



L. CRIMINAL BACKGROUND

1.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Were you ever convicted of a felony? If yes when? Explain circumstances briefly.
2.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have you ever been evicted?

WARNING: MISLEADING WILLFUL FALSE STATEMENTS, MISREPRESENTATIONS, OR INCOMPLETE INFORMATION IN THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION.

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

- I hereby authorize my case manager (if applicable) to receive information regarding my application and future authorize property management to exchange and release personal records regarding my application with/to my case manager.
 - I/we understand that I/we must pay a security deposit prior to occupancy.
 - I/we certify that the housing I/we occupy will be my/our primary residency.
 - I/We understand that this application in no way ensures occupancy.
 - I/we understand that all information supplied here or elsewhere will be used to determine my household's eligibility for housing.
 - I/we further understand that providing any false, fraudulent, misleading, or incomplete information can cause a delay in processing and may be grounds for denial of tenancy; or in the event that I become a resident, or I am an existing resident, would be considered a material breach of my rental agreement and can be used as grounds to immediately terminate my tenancy.
- I/we certify that all information and answers supplied during the application process by me, or on my behalf, including but not limited to, the answers to the above-noted questions, are true and correct.

M. RELEASE OF INFORMATION

I/We do hereby authorize EAH Inc., and its staff to obtain information or materials deemed necessary to determine my/our eligibility for housing. I authorize verification of assets, income, credit history, rental history and references. I consent to allow owner/agent to disclose any information obtained to previous, current, or subsequent owner/agents, law enforcement, and any others owner/agent deems appropriate, including contacting agencies, offices, groups, organizations, that may provide information that could substantiate or verify information given in this application.

Head Of Household: _____
Printed Name Signature Date

Spouse/Co-Head: _____
Printed Name Signature Date

Other Adult: _____
Printed Name Signature Date

Management: _____
Signature Date

Phone (650) 561-6283 TTY: (800)735-2929 TDD (800)-545-1833 ext. 482

