



Application for Housing MARKET GATEWAY

535 SOUTH MARKET STREET • SAN JOSE, CA 95113 • TELEPHONE (408) 993-9595

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"/> NO <input type="checkbox"/>	DATE OF APPLICATION:	COMMENTS
		APPLICATION RECEIVED BY:	
APPLICATION #:		LOTTERY #:	

PLEASE NOTE: The information you provide on this application will be treated as confidential. It includes both information necessary for determining your eligibility for housing, and information required for statistical purposes. The race, ethnicity, and gender information is requested in order to assure the Federal laws prohibiting discrimination against applicants are complied with. 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 any way. Please answer each question as completely as possible. Any information found to be incomplete and/or falsified will cause the application to be denied and not processed.

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, gender identity, marital or domestic partner status, sexual preference, familial status, national origin, ancestry, age, physical disability. Acquired Immune Deficiency Syndrome (AIDS) or HIV status in the leasing, rental, or other disposition of housing or related facilities.

Number of bedrooms requested _____ 1st Request: _____ 2nd Request: _____

Do you require an accessible unit? (Design Features for persons with disabilities). YES NO

If yes, please explain: _____

A. HOUSEHOLD COMPOSITION

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.

	Name First/Last	Relationship To HEAD of Household (HOH)	Date of Birth mm/dd/yy	Social Security #/ TIN*	Phone #1	Phone #2	Email
1.		HEAD					
2.		CO-HEAD /Spouse					
3.							
4.							

B. VEHICLE INFORMATION Check if N/A

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



C. HOUSING

LANDLORD REFERENCE Please complete all areas below.	
HEAD OF HOUSEHOLD	CO-HEAD/Other (If different from HEAD) Check if N/A <input type="checkbox"/>
Name	Name
Current Address	Current Address
City/Zip Code	City/Zip Code
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other
Amount Paid Monthly	Amount Paid Monthly
Length of time Lived there From to	Length of time Lived there From to
Name of Landlord:	Name of Landlord:
Address of Landlord:	Address of Landlord:
City/Zip Code of Landlord:	City/Zip Code of Landlord:
Phone Number of Landlord	Phone Number of Landlord
Additional information if required:	

D. INCOME

Employment Check if N/A <input type="checkbox"/>

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.		_____ _____	_____ _____
3.		_____ _____	_____ _____



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.									

E. CRIMINAL BACKGROUND

1.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have YOU or ANY MEMBER of your household been evicted in the past five years?
2.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have you willfully or intentionally refused to pay rent?
3.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have YOU or ANY MEMBER of your household been convicted of a felony within in the past seven (7) years?
4.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have YOU or ANY MEMBER of your household been convicted of engaging in acts of violence or threats of violence, including, but not limited to, unlawful activity involving weapons or ammunition within the past (7) years?
5.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have YOU or ANY MEMBER of your household been convicted of engaging in the illegal manufacture, sale, distribution, use, or possession of an illegal drug or controlled substance within the past (7) years?

APPLICANT'S CERTIFICATION

NOTE: All household members 18 and older must sign this Application. By signing this application, I certify the accuracy of the information contained herein. I authorize management to contact my present/prior landlords for information regarding my tenancy, and to access records pertaining to me which may be on file with credit bureau authorities. I understand that all information I have listed is subject to verification and that a final decision on eligibility cannot be made until all verifications are complete. I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy in, and/or, for the purpose of securing a lower rent in, a subsidized housing unit, and that the penalty for knowingly providing false information is up to five years in prison and/or \$10,000 fine upon conviction.

I hereby do swear and attest that all of the information herein about me is true and correct.

EAH Inc. shall not discriminate because of race, color, creed, religion, sex, gender identity, marital or domestic partner status, sexual preference, familial status, national origin, ancestry, age, physical disability, Acquired Immune Deficiency Syndrome (AIDS) or HIV status in the leasing, rental, or other disposition of housing or related facilities.

Head Of Household: _____
 Printed Name Signature Date

Spouse/Co-Head: _____
 Printed Name Signature Date

Other Adult: _____
 Printed Name Signature Date

Management: _____
 Signature Date



