

2nd Request:

Application for Housing

SONOMA CREEKSIDE

74 BOAS DRIVE • SANTA ROSA, CA 95409 • TELEPHONE (707) 538-2040

EAH Property Management Use Only			APP	LICATION APPROVED:	Yes 🗆 No 🗆
BEDROOM SIZE		TIME OF APPLICATION:	COMMENTS		/IENTS
BARRIER FREE (H/C)	YES 🗆 NO 🗆	DATE OF APPLICATION:			
UNIT REQUESTED?					
		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					

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

A. GENERAL INFOR	MATION: HEAD OF HOUSEHOLD		CO-HEAD Check if N/A
Name:		Name:	
Home phone:		Home phone:	
Cell Phone		Cell Phone	
Work Phone:		Work Phone:	
Email:		Email:	

1st Request:

B. 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	DOB mm/dd/yy	Age	Full Time Student Y/N (K-12/College)	Social Security/TIN (Last four only) 5555
1.		HEAD			(5555
2.		CO-HEAD/Spouse				
3.						
4.						
5.						
6.						
7.						
8.						
9.						
	* For those applicants without a Social S	Security Number, do you qu	alify for one of	the three	allowable excep	otions?
	YES NO 1) Ineligible, non-citizen member – not contending eligible immigration status. Household members name:					
	YES NO 2) Members that were 62 years old as of January 31, 2010 and whose initial determination of eligibility began before January 31, 2010. Household members name:					
	YES NO 3) Members under the age of 6 eligible for a 90-day extension to provide their SSN, if added to the household within the last 6 months. Household members name:					
1.	Limited English Proficiency (LEP) Require	ement: What is the primary la	nguage spoken i	n the house	hold?	





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2.	YES NO	Do you expect any additions to the household within the next 12 months? If yes, please explain giving name and relationship:		
3.	YES NO N/A	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:		
4.	YES NO	Are there any absent household members that are not listed under the Household Composition above? If yes, please explain giving name and relationship?		
5.	YES NO	Do you have any pets that will reside with you if eligible? If yes, please Describe:		
6.	YES NO	Will you or anyone in your household require a live-in care attendant?		
		Name of Live-in Care Attendant:	Relationship if any:	

C. VEHICLE INFORMATION Check if N/A

Household Member Name	CA Driver ID	Car Make/Model	License Plate	Color	Year
D. HOUSING		1	•	1	

LANDLORD REFERENCE Please complete all areas below. Please	provide the last 2 consecutive years of housing history.
HEAD OF HOUSEHOLD	CO-HEAD/Other (If different from HEAD) Check if N/A
Name	Name
Current Address	Current Address
City/State/Zip Code	CityState/Zip Code
Own Rent Other	Own Rent Other
Amount Paid Monthly	Amount Paid Monthly
Length of time Lived there	Length of time Lived there
From to	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:	
	ress: Check if N/A 🗌
	IT LANDLORD REFERENCE IS LESS THAN 2 YEARS.
HEAD OF HOUSEHOLD	CO-HEAD/Other (If different from HEAD) Check if N/A
Name	Name
1 st Previous Address	1 st Previous Address
City/Zip Code	City/Zip Code
Own Rent Other	Own Rent Other





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Amount Paid Monthly	Amount Paid Monthly
Length of time Lived there	Length of time Lived there
From to	From to
Name of Landlord:	Name of Landlord:
City/Zip Code of Landlord:	City/Zip Code of Landlord:
Phone Number of Landlord:	Phone Number of Landlord:
Additional information if required:	

	2 nd Previous Address: Check if N/A				
HEAD OF HOUSEHO	DLD	CO-HEAD/Other (If different from HEAD) Check if N/A			
Name		Name			
2 nd Previous Address		2 nd Previous Address			
City/Zip Code		City/Zip Code			
Own Rent C	ther	Own Rent Other			
Amount Paid Monthly	1	Amount Paid Monthly			
Length of time Lived t	here	Length of time Lived there			
From to		From to			
Name of Landlord:		Name of Landlord:			
Name of Landlord:		Name of Landlord:			
City/Zip Code of Land	lord:	City/Zip Code of Landlord:			
Phone Number of Lan	dlord:	Phone Number of Landlord:			
1. YES NO	Do you require an accessible unit? (Design Featur	es for persons with disabilities). If yes, please explain:			
2. YES NO	Do you have a Section 8 Voucher through the Housing Authority? If yes where?				
3. YES NO	Have you ever been evicted in the past 5 years? If yes, please explain:				
4. YES NO	Have you willfully or intentionally ever refused to pay rent?				

Citizenship (For project-based Section 8 properties ONLY):

	Are you a U.S. Citizen?			
	If no, are you a Non-Citizen with eligible immigration status?			
Are you or any member of your household a Veteran? YES NO				
E. DEMOGRAPHIC INFORMATION				
Are you or any member of your household a Veteran? YES NO				
The following information is optional:				
Highest level of	Education completed? Some High School High School Graduate Graduate Graduate School			
u	I or any mem DEMOGRAPH Or any memb owing inform			





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Profession/Job Title	Are you using Public Transportation to get to work?	If Yes, what type? check one:
		BART Bus Ferry other
Co-HEAD: Highest level of Education completed?	Some High School High School Graduate	College Graduate School
Profession/Job Title	Are you using Public Transportation to get to work?	If Yes, what type? check one:
		BART Bus Ferry other
How did you hear about the property? Local Pa	per 🗌 Housing Authority 🗌 Internet 🗌 Refe	erral 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.	Hispanic or Latino	American Indian/Alaskan Native White Asian
	Non-Hispanic or Latino	Black or African American Native Hawaiian or Pacific Islander
2.	Hispanic or Latino	American Indian/Alaskan Native White Asian
	Non-Hispanic or Latino	Black or African American Native Hawaiian or Pacific Islander
3.	Hispanic or Latino	American Indian/Alaskan Native White Asian
	Non-Hispanic or Latino	Black or African American Native Hawaiian or Pacific Islander
4.	Hispanic or Latino	American Indian/Alaskan Native White Asian
	Non-Hispanic or Latino	Black or African American Native Hawaiian or Pacific Islander
5.	Hispanic or Latino	American Indian/Alaskan Native White Asian
	Non-Hispanic or Latino	Black or African American Native Hawaiian or Pacific Islander
6.	Hispanic or Latino	American Indian/Alaskan Native White Asian
	Non-Hispanic or Latino	Black or African American Native Hawaiian or Pacific Islander
7.	Hispanic or Latino	American Indian/Alaskan Native White Asian
	Non-Hispanic or Latino	Black or African American Native Hawaiian or Pacific Islander
8.	Hispanic or Latino	American Indian/Alaskan Native White Asian
	Non-Hispanic or Latino	Black or African American Native Hawaiian or Pacific Islander
9.	Hispanic or Latino	American Indian/Alaskan Native White Asian
	Non-Hispanic or Latino	Black or African American Native Hawaiian or Pacific Islander

F. 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	Contact Name Contact Phone Number	
Thist Nume	Amount	City/State/ZIP code	Contact Fax Number	
1.				
2.				





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3.		
4.		
5.		

Income Continued

6.		
7.		
8.		

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.									
4.									
5.									
6.									
YES NO Are the	re any change	es expected in	income with	in the next 12	months? If y	es, please list	family member	r and explain:	
G. ASSETS									
YES NO Have yo	ou ever filed B	ankruptcy?							





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Family Member First Name	Account Type	Bank/Financial Institution Names	Total Balance
1.			
2.			
3.			
4.			
5.			
6.			

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.			
4.			
5.			
6.			

H. 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:							
		Rental Income If Any	Property Ac	ldress/City/State			
YES NO Have you sold any Real Estate OR disposed of any assets for less than Fair Market Value (FMV) in the last two years? (e.g. cash, property, bank accounts) If "Yes" answer the questions below:							
Family Member Name		Market Value When I	Disposed:	Cash Value Disposed For:			
	Estimated Cash Of Real Prop	Estimated Cash Value Of Real Property d of any assets for less than	Estimated Cash Value Of Real Property If Any ed of any assets for less than Fair Market Value (1	Estimated Cash Value Rental Income Property Ac Of Real Property If Any			

ALLOWANCES

I.

	I. ALLOWAN	CLU					
1.	YES NO	Do you pay any out-o	o you pay any out-of-pocket childcare expenses? If yes how much do you pay per month? \$				
2.	YES	Is there any househo	s there any household member (18 and over) that is a full time student? If yes, please list:				
Fam	Family Member Name		Name of School Attending	Address of School			





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3.	YES NO	Are you covered by any medical insurance? If yes how much are your monthly premiums?	\$			
		Medi-Cal Medicare Medi-Cal Medicare Medi-Cal	Medicare			
4.	YES NO	Do you or any member have any prescription drug expenses not covered by insurance? If yes,				
		how much do you anticipate paying out of pocket per month?	\$			
5.	YES NO	Do you have any anticipated medical expenses that are NOT covered by insurance?				
		If yes, how much per month?	\$			
6.	YES NO	Do you anticipate any major dental, vision, or hearing-aid expenses in the coming year that are not				
		covered by insurance? If yes, how much do you anticipate spending out of pocket next year? \$				
7.	YES NO	If you or your co-head or spouse is employed, do you anticipate expenses in the COMING year, for				
		the cost of a care attendant for you or your spouse as a handicapped or disabled person as defined				
		by HUD? (If yes proof of actual expenses are required) If yes, how much do you anticipate out of pocket				
		per month?	\$			

J. STUDENT STATUS

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

K. CRIMINAL BACKGROUND

Ita CItalinia E	BACKGROUND
YES NO	Have YOU or ANY MEMBER of your household been convicted of any fraud in a federally assisted housing program or
	been requested to repay for misrepresenting information for such housing program?
YES NO	Has assistance/subsidy/tenancy ever been terminated for fraud, non-payment of rent, or failure to cooperate with recertification procedures?
YES NO	Have YOU or ANY MEMBER of your household ever been convicted of a felony or pled guilty or "no contest" to a felony whether or not resulting in a conviction?
YES NO	Have YOU or ANY MEMBER of your household ever been convicted of, pled guilty or "no contest" to, engaging in acts
	of violence or threats of violence, including, but no limited to, unlawful activity involving weapons or ammunition,
	whether or not resulting in a conviction?
YES NO	Have YOU or ANY MEMBER of your household ever been convicted of, pled guilty or "no contest" to, engaging in the
	illegal manufacture, sale, distribution, use, or possession of an illegal drug or controlled substance whether or not
	resulting in a conviction?
YES NO	Have YOU or ANY MEMBER of your household ever been convicted of pled guilty or "no contest" to, a criminal
	complaint involving sexual misconduct, whether or not resulting in a conviction?
YES NO	Are YOU or ANY MEMBER of your household subject to a lifetime sex offender registration requirement in ANY state? (Please note you will be giving the opportunity to remove the ineligible household member. If you refuse to remove the ineligible household member, the application must be denied)
	YES NO YES





8. Please list all states where all household members have ever lived.

IF you answered <u>"YES"</u> to any questions listed above in the Criminal Background Section of this application, Please provide an explanation below. Include the date, circumstances, and nature of the offenses:

Use this space if needed for answering questions if you have ran out of space in that section. (enter the section letter and number of the question)

Section	Number	Answer		
L.	L. CERTIFICATION AND RELEASE OF INFORMATION			





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I/We hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. 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 only residence. I/We understand that eligibility for housing will be based on applicable sections of the HUD 4350.3 Occupancy Handbook and EAH Inc. Residents Selection Criteria. I/We understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to, poor credit or landlord references, police records indicating unacceptable or criminal behavior. All information supplied here or elsewhere will be used to determine my household's eligibility for housing.

I 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. Any "yes" response on the criminal activity questionnaire section of this application may lead to rejection of my application.

I declare 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. I understand that falsification of information found before or after acceptance of this property includes penalties that will result in cancellation of your application, also to include eviction, loss of assistance, if applicable. If this is a HUD subsidized property, the additional fines are imposed: fines of \$10,000.00 and five years imprisonment. WARNING!: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

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; for example landlords, local police departments, welfare agencies, or senior services agencies.

Head Of Household:			
	Printed Name	Signature	Date
Spouse/Co-Head:			
	Printed Name	Signature	Date
Other Adult:			
	Printed Name	Signature	Date
Other Adult:			
	Printed Name	Signature	Date
Other Adult:			
	Printed Name	Signature	Date
Management:			

Signature

Date



