



Application for Housing SONOMA CREEKSIDE

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

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 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 _____ 1st Request: _____ 2nd Request: _____

A. GENERAL INFORMATION: HEAD OF HOUSEHOLD		CO-HEAD Check if N/A <input type="checkbox"/>	
Name:		Name:	
Home phone:		Home phone:	
Cell Phone		Cell Phone	
Work Phone:		Work Phone:	
Email:		Email:	

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				
2.		CO-HEAD/Spouse				
3.						
4.						
5.						
6.						
7.						
8.						
9.						

*** For those applicants without a Social Security Number, do you qualify for one of the three allowable exceptions?**

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) Requirement:** What is the primary language spoken in the household?



2.	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:
3.	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:
4.	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?
5.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have any pets that will reside with you if eligible? If yes, please Describe:
6.	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: _____ 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

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 <input type="checkbox"/>
Name	Name
Current Address	Current Address
City/State/Zip Code	CityState/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:	
1 st Previous Address: Check if N/A <input type="checkbox"/> PLEASE PROVIDE INFORMATION IF CURRENT LANDLORD REFERENCE IS LESS THAN 2 YEARS.	
HEAD OF HOUSEHOLD	CO-HEAD/Other (If different from HEAD) Check if N/A <input type="checkbox"/>
Name	Name
1 st Previous Address	1 st Previous 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:
City/Zip Code of Landlord:	City/Zip Code of Landlord:
Phone Number of Landlord:	Phone Number of Landlord:
Additional information if required:	

2nd Previous Address: Check if N/A

HEAD OF HOUSEHOLD	CO-HEAD/Other (if different from HEAD) Check if N/A <input type="checkbox"/>
Name	Name
2 nd Previous Address	2 nd Previous 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:
Name of Landlord:	Name of Landlord:
City/Zip Code of Landlord:	City/Zip Code of Landlord:
Phone Number of Landlord:	Phone Number of Landlord:

1.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you require an accessible unit? (<i>Design Features for persons with disabilities</i>). If yes, please explain:
2.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have a Section 8 Voucher through the Housing Authority? If yes where? Section 8 Voucher number
3.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have you ever been evicted in the past 5 years? If yes, please explain:
4.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have you willfully or intentionally ever refused to pay rent?

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

1.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you a U.S. Citizen?
2.	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you a Non-Citizen with eligible immigration status?
Are you or any member of your household a Veteran? YES <input type="checkbox"/> NO <input type="checkbox"/>		

E. DEMOGRAPHIC INFORMATION

Are you or any member of your household a Veteran? YES <input type="checkbox"/> NO <input type="checkbox"/>				
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 <input type="checkbox"/> Other <input type="checkbox"/>

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
4.	<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
5.	<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
6.	<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
7.	<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
8.	<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
9.	<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

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 City/State/ZIP code	Contact Name Contact Phone Number Contact Fax Number
1.		<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
2.		<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>



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 there any changes expected in income within the next 12 months? If yes, please list family member and explain:

G. ASSETS

YES NO 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.			
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:

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 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 Disposed:	Cash Value Disposed For:

I. ALLOWANCES

1.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you pay any out-of-pocket childcare expenses? If yes how much do you pay per month?	\$
2.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Is there any household member (18 and over) that is a full time student? If yes, please list:	
Family Member Name	Name of School Attending	Address of School	



3.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you covered by any medical insurance? If yes how much are your monthly premiums?	\$
		<input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare	
4.	YES <input type="checkbox"/> NO <input type="checkbox"/>	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 <input type="checkbox"/> NO <input type="checkbox"/>	Do you have any anticipated medical expenses that are NOT covered by insurance? If yes, how much per month?	\$
6.	YES <input type="checkbox"/> NO <input type="checkbox"/>	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 <input type="checkbox"/> NO <input type="checkbox"/>	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 <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.)?
2.	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?
3.	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 three questions are you:		
4.	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)?
5.	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?
6.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Married and filing (or are entitled to file) a joint tax return
7.	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?
8.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Previously enrolled in the Foster Care program (age 18-24)?

K. CRIMINAL BACKGROUND

1.	YES <input type="checkbox"/> NO <input type="checkbox"/>	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?
2.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Has assistance/subsidy/tenancy ever been terminated for fraud, non-payment of rent, or failure to cooperate with recertification procedures?
3.	YES <input type="checkbox"/> NO <input type="checkbox"/>	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?
4.	YES <input type="checkbox"/> NO <input type="checkbox"/>	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?
5.	YES <input type="checkbox"/> NO <input type="checkbox"/>	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?
6.	YES <input type="checkbox"/> NO <input type="checkbox"/>	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?
7.	YES <input type="checkbox"/> NO <input type="checkbox"/>	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)

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

IF you answered **"YES"** 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. CERTIFICATION AND RELEASE OF INFORMATION



