



Application for Housing Park Place Apartments

16480 DEL MONTE AVE • MORGAN HILL, CA 95037 • TELEPHONE (408) 779-4361

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

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/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:	
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.			
2.			
3.			
4.			



5.			
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

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? <i>(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)</i>
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

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



Apartment Features:

- ▶ Accessible units
- ▶ Energy efficient appliances
- ▶ Air Conditioning
- ▶ Window coverings
- ▶ Double-paned windows
- ▶ Spacious Closets
- ▶ Private Backyards
- ▶ Covered Parking

Park Place Apts.
16480 Del Monte Ave
Morgan Hill, CA.

Phone:
(408) 779-4361
Fax (408) 465-2446
TDD: (800) 735-2929
TTY: (800) 545-1833
Ext.482



Newly Renovated Community Available Townhomes—Waiting list Open

Park Place is a 112 unit affordable rental community. Park Place is centrally located in Morgan Hill, CA. These fabulous townhomes consist of 2 bedroom / 1-1/2 bath, 3 bedroom / 1-1/2 bath, 4 bedroom / 1-1/2 bath and 5 bedrooms with 2 full baths. Park Place is close to downtown Morgan Hill which offers shopping, casual and fine dining, farmers market and a Recreational Center. Park Place is conveniently located minutes to/from highway 101, bike & hiking trails in addition to public transportation such as VTA and Amtrak.

	Rent Range	50%	60%	Rent Range	50%	60%
2 Bedroom	\$1442	\$1741	3 Bedroom	\$1666	\$2012	
4 Bedroom	\$1855	\$2241	5 Bedroom	\$2044	\$2391	

- ▶ On-site professional staff
- ▶ Computer learning Center
- ▶ Barbeque Area
- ▶ Recreational activities
- ▶ Covered parking
- ▶ Private backyards
- ▶ Playground
- ▶ Washer & Dryer Connections
- ▶ Afterschool Activities
- ▶ Community Room with full kitchen access

Call: (408) 779-4361 for more information or email: PKP-management@eahhousing.org

Applications can be picked up Monday—Friday 9:00 am—4:00 pm

Park Place is an income restricted community. To qualify for residency your annual Household income needs to meet the Minimum and Maximum Income limits

Section 8 vouchers accepted.

Park Place is an Equal Opportunity Housing provider, admitting applicants in accordance with Local, State and Federal Fair Housing Laws.



2018 Park Place Move-In Qualification Sheet

Unit Type & Area Median Income (AMI) Designation	Minimum Income (2.5 times of 12 mo.max rent)	Maximum Income (Most Restrictive of HCD or CTCAC)	Rent	Security Deposits
			(less utilities)	
3-BR 30% AMI Project based Sec 8	N/A	\$27,930 (1 Person) \$31,920 (2 Persons) \$35,910 (3 Persons) \$39,900 (4 Persons) \$43,110 (5 Persons)	30% of adjusted annual income divided by 12	
4-BR 30% AMI Project based Sec 8	N/A	\$46,290 (6 Persons) \$49,500 (7 Persons) \$52,680 (8 Persons)	30% of adjusted annual income divided by 12	
5-BR 30% AMI Project based Sec 8	N/A	\$55,860 (9 Persons) \$59,040 (10 Persons) \$62,250 (11 Persons)	30% of adjusted annual income divided by 12	
2-BR 50% AMI	\$43,260	\$46,550 (1 Person) \$53,200 (2 Persons) \$59,850 (3 Persons) \$66,500 (4 Persons) \$71,850 (5 Persons)	\$1,442	\$1,500
3-BR 50% AMI	\$49,980	\$77,150 (6 Persons) \$82,500 (7 Persons)	\$1,666	\$1,700
4-BR 50% AMI	\$55,650	\$87,800 (8 Persons) \$93,100 (9 Persons)	\$1,855	\$1,900
5-BR 50% AMI	\$61,320	\$98,400 (10 Persons) \$103,750 (11 Persons)	\$2,044	\$2,100
2-BR 60% AMI	\$52,230	\$55,860 (1 Person) \$63,840 (2 Persons) \$71,820 (3 Persons) \$79,800 (4 Persons) \$86,220 (5 Persons)	\$1,741	\$1,800
3-BR 60% AMI	\$60,360	\$92,580 (6 Persons) \$99,000 (7 Persons)	\$2,012	\$2,100
4-BR 60% AMI	\$67,230	\$105,360 (8 Persons) \$111,720 (9 Persons)	\$2,241	\$2,300
5-BR 60% AMI	\$71,730	\$118,080 (10 Persons) \$124,500 (11 Persons)	\$2,391	\$2,400

EAH CRITERIA FOR PARK PLACE

Normal Applications	Importance
Ability to Pay Rent	
Minimum monthly gross income-to-rent ratio = 2.2	Extremely
<small>Assets may not contribute to the qualifying income</small>	
Monthly minimum net income (after rent and debt obligations) should exceed a fixed amount: \$1,000.00	Extremely
Credit History	
Maximum percentage of past due negative accounts: number of derogatory accounts: 25.0%	Moderately
Maximum balance of unpaid collections (includes past due accounts): \$800.00	Moderately
Bankruptcy permitted: If cleared	Very
Residency History	
No landlord tenant court records or unpaid landlord collections: Any number ever	Pass/Fail
Criminal History: Felony Convictions	
Total Considered Felony Convictions	None
Alcohol	None ever
Bad Check	None ever
Criminal - Other	None ever
Drug - Manufacturing/Distribution	None ever
Drug - Marijuana Use	None ever
Drug - Meth Manufacturing	None ever
Drug - Use	None ever
Fraud	None ever
Government Obstruction	None ever
Kidnapping	None ever

License	None ever	Pass/Fail
Motor Vehicle	None ever	Pass/Fail
Property - Destruction Related	None ever	Pass/Fail
Property - Other	None ever	Pass/Fail
Property - Theft Related	None ever	Pass/Fail
Prostitution	None ever	Pass/Fail
Sex Offense - Coerced	None ever	Pass/Fail
Sex Offense - Willful	None ever	Pass/Fail
Society - Other	None ever	Pass/Fail
Violent - Fatal	None ever	Pass/Fail
Violent - Non-Fatal	None ever	Pass/Fail
Weapons	None ever	Pass/Fail
Wildlife	None ever	Pass/Fail
Criminal History: Misdemeanor Convictions		
Total Considered Misdemeanor Convictions	No more than 1	Pass/Fail
Alcohol	No more than 1 ever	Pass/Fail
Bad Check	No more than 1 ever	Pass/Fail
Criminal - Other	No more than 1 ever	Pass/Fail
Drug - Manufacturing/Distribution	No more than 1 ever	Pass/Fail
Drug - Marijuana Use	No more than 1 ever	Pass/Fail
Drug - Meth Manufacturing	No more than 1 ever	Pass/Fail
Drug - Use	No more than 1 ever	Pass/Fail
Fraud	No more than 1 ever	Pass/Fail
Government Obstruction	No more than 1 ever	Pass/Fail
Kidnapping	No more than 1 ever	Pass/Fail

License	No more than 1 ever	Pass/Fail
Motor Vehicle	No more than 1 ever	Pass/Fail
Property - Destruction Related	No more than 1 ever	Pass/Fail
Property - Other	No more than 1 ever	Pass/Fail
Property - Theft Related	No more than 1 ever	Pass/Fail
Prostitution	No more than 1 ever	Pass/Fail
Sex Offense - Coerced	No more than 1 ever	Pass/Fail
Sex Offense - Willful	No more than 1 ever	Pass/Fail
Society - Other	No more than 1 ever	Pass/Fail
Violent - Fatal	No more than 1 ever	Pass/Fail
Violent - Non-Fatal	No more than 1 ever	Pass/Fail
Weapons	No more than 1 ever	Pass/Fail
Wildlife	No more than 1 ever	Pass/Fail
May not be a registered sex offender	No more than 1 ever	Pass/Fail

The credit decision settings above are configured by the property manager. Based on these settings and other credit data, On-Site Manager, Inc. will calculate a score between 0 and 10 for the application. This score describes the degree to which the applicant meets the criteria. The meaning of the scores is described below:

Score	Recommendation	Explanation
0.0 - 4.9	Decline	Fails to meet the credit decision settings above.
5.0 - 6.9	Maybe	Fails to meet the credit decision settings above.
7.0 - 10.0	Accept	Meets or exceeds credit decision settings above.

Please Note: Guarantors must qualify unconditionally (a score of 7.0 or higher).

**RESIDENT SELECTION PLAN**

Park Place Apartments, a 112 unit (10 units are set-aside for project-based Section 8), Tax Credit multi-family community in Morgan Hill, California that provides housing for low, very low and extremely low income households, without regard to race, color, sex, creed, religion, national origin, physical or mental disability status, familial status, age, ancestry, marital status, source of income, actual or perceived sexual orientation, gender identity, HIV status, or any arbitrary personal characteristics.

SECTION 504 AND FAIR HOUSING ACT COMPLIANCE

Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of disability in any program or activity receiving federal financial assistance from HUD. The Fair Housing Act prohibits discrimination in housing and housing related transactions based on race, color, religion, sex, national origin, disability and familial status. Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color or national origin in any program or activity receiving federal financial assistance from HUD.

Park Place Apartments is an Equal Opportunity Housing Facility, admitting people in accordance with Local, State and Federal Fair Housing laws, HUD Section 221(d)(3), Section 241 (f) and Section 8 Program Regulations, the Affirmative Fair Housing and Marketing Plan (AFHMP) HUD Form 935.2 and in accordance with the State of California's Tax Credit Allocation Committee (CTCAC) program regulations. All marketing, tenant selection and residential management policies and procedures shall be conducted in accordance with these laws.

Management staff operates and administers the property to enable persons with disabilities to have equal access to participate in the program. Park Place Apartments will ensure effective communications with applicants, residents, and the public to ensure that policies regarding how the property is operated do not adversely affect applicants, residents and the public.

When a family member requires an accessible feature(s), policy modification, or other reasonable accommodation to accommodate a disability, Park Place Apartments will provide the requested accommodation unless doing so would result in a fundamental alteration in the nature of the program or an undue financial and administrative burden.

A reasonable accommodation is a change, exception, or adjustment to a program, service, building or dwelling unit that will allow a qualified person with a disability to:

1. Participate fully in a program;
2. Take advantage of a service; or
3. Live in a dwelling.

To show that a requested accommodation may be necessary, there must be an identifiable relationship, or nexus, between the requested accommodation and the individual's disability.

The requirement to provide a reasonable accommodation is present at all times throughout the tenancy of a person with disabilities, including during lease enforcement. Reasonable Accommodation Request forms are available upon request from management.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Catrina Wilson, Compliance Director
22 Pelican Way
San Rafael, CA 94901
Telephone 408-675-3229
TDD 800-735-2929

PRIVACY POLICY

It is the policy of Park Place Apartments to guard the privacy of individuals conferred by the Federal Privacy Act of 1974, and ensure the protection of such individuals' records maintained by Park Place Apartments.

Therefore, neither Park Place Apartments nor its agents shall disclose any personal information contained in its records to any person or agency unless the individual about whom information is requested shall give written consent to such disclosure.

This privacy policy in no way limits Park Place Apartments's ability to collect such information as it may need to determine eligibility, compute rent, or determine an applicant's suitability of tenancy.

Consistent with the intent of Section 504 of the Rehabilitation Act of 1973, any information obtained on disability will be treated in a confidential manner.

INCOME LIMITS

To qualify for **Section 8 assistance**, a household's gross income may not exceed the maximum income limit per household size for the Very Low Income limit (50% AMI) as published annually by HUD. Foster members are included in the member count when determining if the household meets the income limit requirements.

To qualify for a **Tax Credit unit**, the household's gross income may not exceed the maximum income limit per household size for the assigned set-aside as published by the State of California's Tax Credit

Allocation Committee (CTCAC) and may not be lower than the income minimum per household size. The income minimum does not apply to applicants receiving project-based section 8 or voucher holders. The income maximums and minimums are attached and will be posted in the Park Place Apartments Office.

APPLICATION PROCEDURES

Applications will only be distributed when the Waiting List is open. Applications will not be distributed when the Waiting List is closed.

Applications will be available in the office during normal business hours or by requesting an application by telephone. Application fees are \$46.00 per each household member 18 years of age and older. The maximum charge per household is \$138.00. **(Application fees do NOT apply to applicants applying for the project-based Section 8 units).**

Each applicant must complete an application and be willing to submit to a credit history, rental history, and criminal background inquiry, as well as income and asset verifications. An Employment Verification fee of \$9.95 will be charged to each adult applicant whose employment income can only be third party verified via The Work Number. Applicants who fail to pay the Employment Verification Fee for the Work Number service will be denied due to "failure to cooperate with the certification process. **(Employment Verification fee do NOT apply to applicants applying for the Section 8 units).**

All application entries are to be made in ink or typed. Corrections or changes are to be made by lining through the original entry and entering the correct data. Such changes must be dated and initialed by the person making the change.

Signed and dated applications will be processed on a first-come, first-served basis. The application must be completed and signed by the head of household and all household members over 18 before an applicant can be placed on the waiting list. If an application is not completely answered, the date of it being fully completed will be the date that the application is considered accepted for rental purposes.



When a completed application is received, the application will then be logged by date and time received and placed on the waiting list. When a vacancy at the property exists, or is expected within the next one hundred and twenty (120) days, the verification-selection process will begin immediately for the next applicant on the waiting list in regard to income, assets, and eligible program allowances for certification and Park Place Apartments' references for selection or rejection.

Notices will be mailed to the first three (3) to five (5) applicants on the list for the particular size unit to be available advising them that if they are still interested in a unit, they should contact the manager within fourteen (14) days from the date of the letter. For those contacted who respond on time, the manager shall arrange a meeting for the interested applicant highest on the waiting list to begin the selection and verification process. If they do not respond to telephone calls and/or letters in that fourteen (14) day period, their name shall be removed from the waiting list.

PREFERENCES

It is the policy of the Property that a preference does not guarantee admission. Every applicant must meet the Property's Resident Selection Plan standards for acceptance as a resident.

For units accessible to or adaptable for persons with mobility, visual or hearing impairments, households containing at least one person with such impairment will have first priority.

Persons displaced by government action or a presidentially declared disaster will be given a preference on the waitlist.

Forty percent (40%) of Park Place Apartments' Section 8 subsidized vacancies each year must be set-aside for households whose income does not exceed 30% of the area median income ("extremely low-income") as published by HUD. Therefore, persons lower on the waiting list could be offered an apartment first to satisfy this 40% regulation. Extremely low income is defined as very low income families whose income does not exceed the higher of 30 percent of the area median income or the federal poverty level.

To implement this preference we will select the first extremely low income applicant on the waiting list (which may mean "skipping over" some applicants with higher incomes) for the available unit, and then select the next eligible applicant currently at the top of the waiting list (regardless of income level) for the next available unit. As subsequent units become available, Resident selection continues to alternate between the next extremely low income applicant and the eligible applicant at the top of the waiting list until the 40% target is reached.

Where preferences apply, applicants with a verified preference will be moved to the top of the waiting list above persons without a preference.

UNIT TRANSFER POLICY

A Unit Transfer List is maintained for those residents who have been approved for transfer on the basis of:

- a change in household size or household composition;
- a deeper subsidy (Section 8);
- a medical reason certified by a third party professional; or
- a need for an accessible unit.

Transfers for accessibility or medical reasons will have priority over those for changes in household composition. Assignments of apartments will alternate between residents on the unit transfer list and applicants from the waiting list. Transfers for medical reasons will take priority over other transfer requests. Units with special features for the disabled will be offered first to those that need these features.

Residents occupying units modified for accessibility for persons with disabilities that do not meet the definition of a disabled household will be transferred to a vacant, non-modified unit if a household with members meeting the definition of a disabled household and requiring the features of the accessible unit apply for housing and meet the eligibility criteria for Park Place Apartments.

Project-based Section 8 units ONLY: *If a determination is made by management that a transfer is required, the resident will be given the option to remain in the unit and pay the HUD-approved market rent or must move within 30 days after written notification that a unit of the*

required size is available within the property. Depending upon the circumstances of the transfer, a resident may be obligated to pay all costs associated with the move.

OCCUPANCY STANDARDS

Occupancy standards are the criterion established for matching a household with the most appropriate size and type of apartment. “Two plus one” occupancy guidelines will be followed to avoid under or over utilization of the units as follows:

Bedroom	Household Minimum	Household Maximum
2	2	5
3	3	7
4	4	9
5	5	11

To determine the proper bedroom size for which a household may qualify, the following household members are to be included:

1. All full-time members of the household, and;
2. Foster children; Unborn children; Children in the process of being adopted; Children whose custody is being obtained by an adult family member; Children in joint custody arrangements who are present in the household 50% or more of the time.
3. Live-in attendants. NOTE: Live-in attendants are subject to the criminal and landlord provisions of this plan with the exception of criteria that determines ability to pay rent.

Exceptions to these Occupancy Standards may be made when required as a reasonable accommodation for a disabled household member.

DISCLOSURE OF SOCIAL SECURITY NUMBERS (Section 8 Only)

All applicants for assistance and program participants must disclose the social security numbers (SSNs) assigned to themselves and all members of their

household (including live-in aides and foster members). Exemptions are provided for:

- Non-citizens who do not contend eligible immigration status. Assistance to these household members will be prorated.
- Current participants who are 62 years of age or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010.
 - o Qualifying seniors are exempt from the SSN disclosure mandate for all future examinations, even if the senior moves to a new HUD-assisted property.

Documents required in order to verify the SSNs include:

- A valid SSN card issued by the Social Security Administration;
- An original document issued by a federal or state government agency, which contains the name, SSN, and other identifying information of the individual; or,
- Other acceptable documents that are listed in Appendix 3 of the HUD handbook 4350.3.

New household members under the age of 6 who already have a SSN are subject to the same disclosure and verification requirements as new household members who are at least 6 years of age. For new members who have not been assigned a SSN, a 90 day period for verification is allowed. If the household does not provide the SSN and verification within 90 days due to unforeseen circumstances outside the resident’s control, Park Place Apartments will grant an extension of one additional 90-day period.

If a child under the age of 6 years is added to the household within the 6-month period prior to the household's date of move in, the applicant may become a resident, so long as the SSN documentation is provided to Park Place Apartments within 90 calendar days from the date of admission. Park Place Apartments will grant an extension of one additional 90-day period if it is determined that failure to comply was due to circumstances that could not reasonably have been foreseen and were outside the control of the household.

If the applicant/resident family fails to produce the SSN documentation within the required time period, the entire household **WILL** lose its tenancy or assistance even if only one member of the household does not comply with the SSN disclosure requirements.



The owner/agent must deny and/or terminate HUD assistance, in accordance with the provisions governing the program, if the assistance applicant does not meet the applicable SSN disclosure, documentation, and verification requirements.

The Social Security Number provided will be compared to the information recorded in the Social Security Administration database (through HUD's Enterprise Income Verification System) to ensure that the Social Security Number, birth date, and last name match. If EIV returns an error that cannot be explained or resolved, assistance and/or tenancy may be terminated and any assistance paid in error must be returned to HUD. If the applicant/resident deliberately provides an inaccurate Social Security Number, the owner/agent and/or HUD may pursue additional penalties due to attempted fraud.

RESTRICTION ON ASSISTANCE TO NON-CITIZENS (Section 8 Only)

By law, only US citizens and eligible non-citizens are eligible for rental assistance. All family members, including foster members regardless of age, must declare their citizenship or immigration status. The following documents are required:

1. Family Summary Sheet and Owner Summary Sheet (lists all household members who will reside in the assisted unit)
2. Citizenship Declaration (Each household member listed including foster members must complete. Parents or Legal Guardians will complete and sign for household members under 18)
3. Forms and/or evidence of citizenship/immigration status.

Applicants that are U.S. Citizens must sign a declaration of citizenship and provide acceptable documents such as birth certificate, U.S. passport, certificate of citizenship, or naturalization certificate.

Applicants that are Non-citizens claiming eligible status must sign a declaration of eligible immigration status, consent form and provide a DHS-approved document. Acceptable documents as proof of eligible immigration status include Form I-551 - Permanent Resident Card, Form I-94 – Arrival – Departure Record, a receipt issued by the INS indicating that an application for issuance of a replacement in one of the

above-listed categories has been made and the applicant's entitlement to the document has been verified or other acceptable evidence if the documents are determined by the DHS to constitute acceptable evidence of eligible immigration status (announced by notice published in the Federal Register).

Non-citizens not claiming eligible immigration status must sign a declaration that they are not claiming eligible immigration status.

The manager is required to verify the validity of documents submitted by the applicant with the Department of Homeland Security (DHS) through their automated verification system. An applicant that provides documentation but is later determined by the DHS to be invalid documentation will have the assistance removed for that household member. Non-citizens age 62 and older must provide proof of age and sign a declaration that they have eligible immigration status.

Mixed families, a family that contains both eligible and non-eligible members may receive prorated assistance. Applicants who hold non-citizen student visas and non-citizens living with the student are considered ineligible for assistance.

Applicants who cannot provide documentation of eligible immigration status at the time of the applicant interview will be given a 14 day period to provide this documentation, if they provide a certification that the documentation is temporarily unavailable. Provided that at least one family member has provided documentation, the family may move in with prorated assistance provided they are otherwise eligible. Families that are found to be ineligible have the right to appeal the decision. The notice of ineligibility will describe the applicants' options.

RESTRICTION ON ASSISTANCE TO STUDENTS (Section 8 only)

Student's eligibility for Section 8 assistance will be determined at move-in, annual recertification, initial certification (when in-place residents begins receiving Section 8), and at the time of an interim recertification

if one of the family composition changes reported is that a household member is enrolled as a student.

A student enrolled full-time or part-time in an Institute of Higher Education as defined by the Higher Education Act of 1965-Amended 1998 will be deemed eligible for assistance if the student meets all other eligibility requirements, passes screening criteria and is:

- 1) Living with parents/guardians or
- 2) 24 years of age or older or
- 3) A veteran of the United States armed services or
- 4) Married or
- 5) Has a dependent child or
- 6) Can prove independence of parents including
 - a. Providing certification that parents did not claim the student on the most recent tax return
 - b. The student has lived separate of the parents for at least one year or the student meets the Department of Education's definition of an independent student.
- 7) Is disabled and was receiving Section 8 assistance as of November 30, 2005
- 8) Has parents who are income eligible for the Section 8 program
- 9) Is individually eligible to receive Section 8 assistance or has parents (individually or jointly) who are income eligible to receive Section 8 assistance

Any financial assistance a student receives (1) under the Higher Education Act of 1965, (2) from private sources, or (3) from an institution of higher education that is in excess of amounts received for tuition is included in annual income, except if the student is over the age of 23 with dependent children or if the student is living with his or her parents who are receiving Section 8 assistance.

If an ineligible student is a member of an applicant household or an existing household receiving Section 8 assistance, the assistance for the household will not be prorated but will be terminated.

DEFINITION OF AN INDEPENDENT STUDENT:

Owners must use, and the student must meet, the following criteria to be eligible for Section 8 assistance as an independent student. The student must:

1. be 24 years of age or older by December 31 of the award year;
2. is an orphan, in foster care, or a ward of the court or was an orphan, in foster care or a ward of the court at any time when the individual was 13 years of age or older;
3. is or was immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in the individuals State of legal residence;
4. is a veteran of the Armed Forces of the United States or is currently service on active duty in the Armed Forces for other than training purposes;
5. is a graduate or professional student;
6. is a married individual;
7. has legal dependents other than a spouse;
8. has been verified during the school year in which the application is submitted as either an unaccompanied, at risk of homelessness and self-supporting;
9. Is a student for whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstances.

Owners must verify the students' independence from his or her parents. To determine that the students' parents' income is not relevant in determining the student's eligibility for assistance by doing all of the following:

1. Review and verify previous address information to determine evidence of a separate household verifying the student meets the U.S. Department of Education's definition of independent student;
2. Review a students' prior year income tax returns to verify the student is independent or verifying the student meets the Department of Education's definition of independent student;
3. Verify income provided by parent by requiring written certification from an individual providing the support. Financial assistance that is provided by persons not living in the unit is part of the annual income.
4. Certification is also required if the parent is providing NO support to the student.

The rule does not apply to students residing with their parents in a Section 8 assisted unit or who reside with parents who are applying to received Section 8 assistance

GROUND FOR DENIAL

If any member of the household fails to meet any of the Resident Selection Criteria then the entire applicant household is denied.

1. Total family income exceeds the applicable income limits published by HUD.
2. Household cannot pay the full security deposit at move-in.
3. Household refuses to accept the second offer of a unit.
4. Household fails to respond to interview letters or otherwise fails to cooperate with the certification process. Failure to sign consent forms.
5. ANY adult household members fail to attend eligibility interview.
6. Blatant disrespect or disruptive behavior toward management, the property or other residents exhibited by an applicant or family member any time prior to move-in (or a demonstrable history of such behavior).
7. Household is comprised entirely of full time students and does not meet the exception outlined in Section 42 of the IRC.
8. Applicant has failed to provide adequate verification of income or we are unable to adequately verify income and/or income sources.
9. Providing or submitting false or untrue information on your application or failure to cooperate in any way with the verification process.
10. Unit assignment will NOT be the family's sole place of residency. **Qualification for a unit includes occupying the unit**

on a continuous basis and as a primary residence. Residents may not be absent from the unit for more than 60 consecutive days, or for longer than 180 continuous days for medical reasons.

11. Family members failed to provide proof of a social security number. See "Disclosure of SSN" section of this plan.
12. Household does not meet the "Restriction on assistance to students" section of this plan.

LANDLORD REFERENCE

13. Negative landlord references that indicate lease violation, disturbing the peace, harassment, poor housekeeping, improper conduct or other negative references against the household.
14. Evictions reported in the last 5 years.
15. History of late payment of rent that demonstrates more than 2 late payments of rent in a six-month period for the past two years. More than 1 NSF in a one-year period.
16. Any evidence of illegal activity including drugs, gang, etc.
17. Inappropriate household size for the unit available (see Occupancy Standards).

CREDIT

Please see attached credit criteria. *Minimum Income limits will not apply to participants in subsidy programs such as project-based Section 8, tenant-based Section 8, VASH, Shelter Plus Care and other subsidized rental assistance programs.*

**** Applicants without a credit history will fail OnSite's "Income to Debt Ratio" criteria and their application will be denied for housing.**



or any individual, resident, or lawful occupant living in your household.

E. Assistance may be terminated or a lease “bifurcated” in order to remove an offending household member from the home. Whether or not the individual is a signatory to the lease and lawful tenant, if he/she engages in a criminal act of physical violence against family members or others, he/she stands to be evicted, removed, or have his/her occupancy rights terminated. This action is taken while allowing the victim, who is a tenant or a lawful occupant, to remain.

F. The provisions protecting victims of domestic violence, dating violence, sexual assault or stalking engaged in by a member of the household, may not be construed to limit Park Place Apartments, when notified, from honoring various court orders issued to either protect the victim or address the distribution of property in case a family breaks up.

G. The authority to evict or terminate assistance is not limited with respect to a victim that commits unrelated criminal activity. Furthermore, if Park Place Apartments can show an actual and imminent threat to other tenants or those employed at or providing service to the property if an unlawful tenant’s residency is not terminated, then evicting a victim is an option, the VAWA notwithstanding. Ultimately, Park Place Apartments will not subject victims to more demanding standards than other tenants.

The VAWA protections shall not supersede any provision of any federal, state, or local law that provides greater protection for victims of domestic violence, dating violence or stalking. The laws offering greater protection are applied in instances of domestic violence, dating violence or stalking.

CRIMINAL

Please see attached criminal background criteria.

VIOLENCE AGAINST WOMEN ACT OF 2005

The Violence Against Women Act of 2005 (VAWA) applies to all federally funded units (Park Place Apartments) and offers the following protections against eviction or denial of housing based on domestic violence, dating violence, sexual assault or stalking:

A. An applicant’s or program participant’s status as a victim of domestic violence, dating violence, sexual assault or stalking is not a basis for denial of rental assistance or for denial of admission, if the applicant otherwise qualifies for assistance or admission.

B. An incident or incidents of actual or threatened domestic violence, dating violence, sexual assault or stalking will not be construed as serious or repeated violations of the lease or other “good cause” for terminating the assistance, tenancy, or occupancy rights of a victim of abuse.

C. Criminal activity directly related to domestic violence, dating violence, sexual assault or stalking, engaged in by a member of a tenant’s household or any guest or an **affiliated individual** of yours, shall not be cause for termination of assistance, tenancy, or occupancy rights of the victim of the criminal acts.

D. **Affiliated individual** means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control;

Attached to this Resident Selection Plan is the VAWA Notice of Occupancy Rights and Certification form for review. The Notice of Occupancy Rights and Certification form will be provided to applicants when assistance is being denied or at the time of move-in.

This notice explains your rights under VAWA. A HUD-approved certification form is attached to the notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.

GRIEVANCE/APEAL PROCESS

Failure to meet one or more of the foregoing screening criteria may be grounds for denial, however, each application is considered as a whole and the above-factors are considered as part of a weighted formula. Should the applicants fail to meet the screening criteria, they will receive a notice in writing indicating that they have the right to appeal the decision. This notice must indicate that the applicant has 14 days to dispute the decision.

An appeal meeting with the Property Supervisor will be held within 10 business days of receipt of the applicant's request.

Within five days of the appeal meeting, the property will advise the applicant in writing of the final decision regarding eligibility. Apartments will not be held for those applicants in the appeal process.

ADMINISTRATION OF WAITING LIST

The property is required to maintain a Waiting List of all eligible applicants. Applicants must be placed on the Waiting List and selected from the Waiting List even in situations where there are vacancies and the application is processed upon receipt. This procedure is necessary to assure the complete and accurate processing of all documentation for all applicants.

The property has one Waiting List that is established and maintained in chronological order based on the date and time of receipt of the

Preliminary Application. The Waiting List contains the following information for each applicant:

1. Applicant Name
2. Address and/or Contact Information
3. Phone Number(s)
4. Unit Type/Size
5. Household Composition
6. Preference/Accessibility requirements
7. Income level
8. Date/ Time of Application

Applicants must report changes in writing to any of the information immediately. If the household composition changes, management will update the waiting list information and decide whether the household need the same or a different unit size. If a different unit size is required and meets the occupancy standard, the household will be placed on the different unit size Waiting List and will maintain their original application date and time.

Applicants will have the opportunity to decline the first apartment offered and retain their place on the waiting list. Should the applicant decline the offer for the second time, the offer of the next available unit, they will be removed from the waiting list.

PURGING THE WAITING LIST

The Waiting List will be purged **annually** to ensure that applicant information is current and that any names that should no longer be on the list are removed.

Each applicant will receive a form letter from the property, which will request updated information and ask about their continued interest. This letter must be returned (completed and signed/dated) within the specified time or their application will be removed from the Waiting List.

It is the responsibility of the applicant to maintain a current address with the office in order to receive waitlist correspondence. If the applicant

contact information changes, such as the address or phone number, Park Place Apartments will note the new information and the date it was received and attach the information to the original application submitted by the family. Any correspondence returned undeliverable will result in the application being removed from the Waiting List. The Waiting List will be accurately updated.

Park Place Apartments will document the removal of any names from the waiting list with the time and date of the removal. Applicant names will be removed from the waiting list when:

1. The applicant no longer meets the eligibility requirements for the property or program;
2. The applicant fails to respond to a written notice for an eligibility interview;
3. The applicant is offered and rejects two units in the property;
4. Mail sent to the applicant's address is returned as undeliverable; or
5. The unit that is needed – using family size as the basis – changes, and no appropriate size unit exists in the property.

If an applicant is removed from the waiting list, and subsequently Park Place Apartments determines that an error was made in removing the applicant (e.g., the incorrect address was used in sending mail to the applicant, the applicant did not respond to information or updates because of a disability), the applicant will be reinstated at the original place on the waiting list.

OPENING/CLOSING OF WAITING LIST

Park Place Apartments will monitor the vacancies and waiting lists regularly to ensure that there are enough applicants to fill the vacancies. Furthermore, Park Place Apartments will monitor the waiting list to make sure that they do not become so long that the wait for a unit becomes excessive.

The waiting list may be closed for one or more unit sizes when the average wait is excessive. When the waiting list is closed, Park Place

Apartments will advise potential applicants that the waiting list is closed and refuse to take additional applications. Park Place Apartments will publish a notice stating that the waiting list is closed in a publication likely to be read by potential applicants. The notice will state the reasons for Park Place Apartments' refusal to accept additional applications.

When Park Place Apartments agrees to accept applications again, the notice of this action will be announced in a publication likely to be read by potential applicants in the same manner as the notification that the waiting list was closed.

Advertisements will include where and when to apply and will conform to the advertising and outreach activities described in the Affirmative Fair Housing Marketing Plan for Park Place Apartments.

AVAILABILITY OF RESIDENT SELECTION PLAN

The Resident Selection Plan shall be posted in a conspicuous and public area at the site. Changes to the Plan will be sent via U.S. mail to all persons on the active Waiting List. When the Waiting List opens, the Resident Selection Plan will be distributed with applications and are available by request from management.

If the Resident Selection Plan or House Rules is revised or updated, applicants will receive a copy of the updated plan and current residents will receive a copy of the updated House Rules.

ANNUAL/INTERIM RECERTIFICATION REQUIREMENTS

All residents must be re-certified annually. Residents are also required to report all interim changes to management that occur between annually scheduled re-certifications.

EMPLOYMENT VERIFICATION – THE WORK NUMBER (not applicable to project-based Section 8 units)

At initial move-in into a tax credit unit, CTCAC policy requires that all resident files contain 3rd party verification for all wage earners in the



form of a Verification of Employment (VOE) along with **3 months of recent consecutive pay-stubs**. CTCAC requires a Verification of Employment (VOE) for all initial applicants including those wage earners that can only be verified via the Work Number. CTCAC allows owners of the community to **pass on the cost of the verification to the applicant**. This will ensure there is a VOE and pay-stubs for all wage earners at initial move-in, in the resident files as requested by CTCAC.

Applicants with wage earnings that can only be verified via The Work Number **will be charged** the cost to obtain the Verification of Employment (VOE).

During Annual Recertification we are no longer required to supply a VOE from the Work Number, **as long as 3 months of recent consecutive pay-stubs are included** in the file. If a resident cannot provide 3 months of consecutive pay-stubs, verification via The Work Number will be required and the cost for the VOE at annual recertification will be passed on the resident.

Residents with earnings that can **only** be verified via The Work Number because 3 months of recent consecutive pay-stubs could not be provided by the resident will be charged the cost to obtain the Verification of Employment (VOE).

LIMITED ENGLISH PROFICIENCY (LEP) SERVICES

Park Place Apartments will determine, as part of its obligation to take reasonable steps to ensure meaningful access to the Development and its programs by persons with Limited English Proficiency (LEP), those Oral Language Services (i.e. Interpretation) and HUD provided written translated documents (i.e. Translation) that may be required in connection with the implementation of this Plan.

PETS

No pets of any description are allowed on the property. SERVICE or ASSISTANCE animals are not considered pets and are not required to comply with the provisions of the Pet Policy. Service or Assistance animals are animals that provide disability-related assistance, support,

or provide service to persons with disabilities and are exempt from the pet policy and from the refundable pet deposit. Please notify Management if you require a Service or Assistance animal.

Enterprise Income Verification (EIV)

In an effort to ensure the right assistance is provided to the right people, The Department of Housing and Urban Development (HUD) has provided property managers with access to a verification database called the Enterprise Income Verification System (EIV). Park Place Apartments utilizes EIV during the certification process for applicants and residents. All adult applicants, co-heads (even those under 18 years of age) and residents must give consent to the release of this information by signing HUD Forms 9887 and 9887A.

Park Place Apartments will utilize the EIV Existing Tenant Search at the time applications are processed to determine if household members are currently residing at another Multifamily Housing or Public and Indian Housing (PIH) location. The EIV Existing Tenant Search is used and is required for all household members including minors, live-in aides, and foster members. EIV gives Park Place Apartments the option to query both the TRACS and Public and Indian Housing's (PIH's) Information Center (PIC) databases.

Nothing prohibits a housing assistance recipient from applying to this property. However, the applicant must move out of the current property and/or forfeit any project-based Section 8 voucher assistance before HUD assistance on this property will begin.

If the applicant or a member of the applicant's household is residing at another location, Park Place Apartments will discuss this with the applicant, giving the applicant the opportunity to explain any circumstances relative to the applicant being assisted at another location.

Depending on the outcome of the discussion, Park Place Apartments may need to follow-up with the respective PHA or O/A to confirm the



individual's program participation status before admission. The Existing Tenant Search report gives Park Place Apartments the ability to coordinate move-out and move-in dates with the PHA or O/A of the property at the other location.

If the applicant or any member of the applicant household fails to fully and accurately disclose rental history, the application may be denied based on the applicant's "misrepresentation" of information.

SECTION 8 UNIT ASSIGNMENT

Park Place Apartments has a HAP contract for 10 Section 8 units. Park Place Apartments maintains an internal waiting list to fill Section 8 vacancies. The property fills Section 8 vacancies alternatively from the internal resident waiting list and from the external waiting list.

To be eligible for the internal waitlist, you must be an existing resident of Park Place Apartments. Residents of Park Place Apartments who are interested in the Section 8 program must write a letter to the office and request placement on the waiting list. The internal resident section 8 waiting list will be operated on a first-request first-served basis.

Section 8 vacancies; whether from the internal or external waiting list will be filled in accordance with the preferences section of this plan. Residents on the internal waiting list must meet the eligibility criteria for the Section 8 program at the time of the initial interview to determine eligibility.

UNIT INSPECTION REQUIREMENT

Before signing the lease, Park Place Apartments and the resident must jointly inspect the unit. The resident has five days to report any additional deficiencies to Park Place Apartments to be noted on the move-in inspection form.

Annual unit inspections are performed by Park Place Apartments. Agencies providing funding have the right to inspect the unit to ensure

the property is being physically well maintained and that the residents are provided with decent, safe and sanitary housing.

Residents will receive prior written notification for all unit inspections.

When a resident moves out, a final inspection will be completed. Residents are encouraged to attend the move-out inspection. However, if the resident does not wish to participate in the final inspection, Park Place Apartments management may conduct the inspection alone.

EQUAL HOUSING OPPORTUNITY

Park Place Apartments does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally-assisted programs and activities.



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1. The tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit.
2. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

Emergency Transfer Request Documentation

To request an emergency transfer, the tenant shall notify Park Place Apartments's management office and submit a written request for a transfer to **Park Place Apartments, 16480 Del Monte Avenue, Morgan Hill, CA 95037** and include documentation of the occurrence of domestic violence, dating violence, sexual assault or stalking if tenant has not previously provided such documentation of the occurrence. Park Place Apartments will provide reasonable accommodations to this policy for individuals with disabilities.

The tenant's written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under Park Place Apartments's program; or
2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

Acceptable documentation of the occurrence of domestic violence, dating violence, sexual assault or stalking must be provided if tenant has not provided such documentation. Acceptable documentation includes any one of the following forms of verification:

1. A complete HUD-approved certification Form 5-382;
2. A document:

**Park Place Apartments
Violence, Dating Violence, Sexual Assault, or Stalking
Emergency Transfers**

Park Place Apartments is concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking.

In accordance with the Violence Against Women Act (VAWA), Park Place Apartments allows residents who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.¹ The ability of Park Place Apartments to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether Park Place Apartments has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees Park Place Apartments's subsidy programs to ensure they are in compliance with VAWA.

Eligibility for Emergency Transfers

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if:



- a. Signed by the resident and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom the victim has sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse;
- b. That specifies, under penalty of perjury, that the professional believes in the occurrence of the incident of domestic violence, dating violence, sexual assault, or stalking that is the ground for protection and remedies under this subpart, and that the incident meets the applicable definition of domestic violence, dating violence, sexual assault, or stalking under 24 C.F.R. § 5.2003;
3. A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
4. At the discretion of Park Place Apartments, a statement or other evidence provided by the resident.

If Park Place Apartments receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), Park Place Apartments has the right to request that you provide third-party documentation within thirty (30) calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, Park Place Apartments does not have to provide you with the protections in this notice.

Confidentiality

Park Place Apartments will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives Park Place Apartments written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the Notice of Occupancy Rights under the Violence Against Women Act For All Tenants for more information about Park Place Apartments’s responsibility to maintain the confidentiality of information

related to incidents of domestic violence, dating violence, sexual assault, or stalking.

Internal Emergency Transfer Timing and Availability

Internal emergency transfers refer to an emergency relocation of a resident to another unit where the resident would not be categorized as a new applicant. The resident may reside in the new unit without having to undergo an application process. Internal emergency transfers generally are only available within the community in which the tenant is residing.

Park Place Apartments cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. Park Place Apartments will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. Transfers for these reasons will take priority over all other transfer requests including those made to accommodate a disability and to address over- or under- utilization of a unit.

If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. Park Place Apartments may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

External Emergency Transfers

External emergency transfers refer to an emergency relocation of a resident to another unit where the tenant would be categorized as a new applicant. The tenant must undergo an application process in order to reside in the new unit.

While EAH Housing may manage other communities within the area, each are (1) owned by different entities which are the actual housing providers at those communities for whom EAH Housing is acting as agent, (2) has its own wait lists and (3) is subject to its own regulatory agreements. As such, except in rare circumstances where the Owner also owns another community, EAH Housing must process transfers to other communities, even those managed by Park Place Apartments, as external transfers. In most circumstances, Park Place Apartments is unable to give priority for such external transfers even if Park Place Apartments manages the property or



EAH Housing manages the property for the other Owner. As such, external transfers generally will require the transferring tenant to go on any pending waitlist in the same position as any other new applicant at the other property.

Additional Assistance

If Park Place Apartments has no safe and available units for which a tenant who needs an emergency is eligible, Park Place Apartments will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move.

At the tenant's request, Park Place Apartments will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

Safety and Security of Tenants

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.

Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online>.

Tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center/>.

Attachment: Local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking.