

ScreeningWorks

PRO

Company Name (Code): EAH, Inc. (EAI)	
Last Revision Date:	6/25/2020

Screening Policy, Credit Policy:	EAI013, 578	Credit Product
Applies to:	Tax Credit Criteria	Standard

RESIDENT SCREENING CRITERIA

WORKFLOW

1. RUN CREDIT, PREMIUM NATIONAL CRIMINAL, RENTBUREAU AND PREMIUM NATIONAL EVICTION
2. IF CREDIT FAIL, REVIEW FOR RE-EVALUATION ITEMS AND REQUEST RE-EVALUATION
 - b. IF NO ITEMS CAN BE RE-EVALUATED SCREENING IS COMPLETE

CREDIT SCORING PARAMETERS		CREDIT RESULTS	
Problem Type	Years/Balances Scored	Credit Risk	Result
Collections, Charge-offs, Judgments, Open Bankruptcy	7 Years	Limited Established Credit	Accept
Late Payments	7 Years	No Established Credit	Accept w/ Condition \$200 deposit
Closed Bankruptcy	60 Months	Minor	Accept
Foreclosures	Score	Moderate	Accept
Student Loans	Do Not Score	High	Reject
Medical Debt	Do Not Score	Severe	Reject
Account Balances	Do Not Score Under \$1		
Second Bureau Pull	No 2nd Pull		

INCOME CRITERIA		EMPLOYMENT/ RESIDENCY CRITERIA		
Rent-to-Income Ratio	Result	Employment	Residency	Result
Ratio less than or equal 40%	Accept	at least X months	at least X months	N/A
Ratio between X% - X%	N/A	less than X months	less than X months	N/A
Ratio greater than or equal to 41%	Reject	-	No Residency History	N/A
		A Negative History	A Negative History	Decline

APARTMENT COMMUNITY FILTER		UTILITY RELATED COLLECTIONS OR JUDGMENTS	
Scoring Criteria	Result	Scoring Criteria	Result
Sum of Balances in last 60 months exceeding \$1	Decline	Sum of Balances in last X months exceeding \$X	N/A
X or more (on credit report)	N/A	X or more (on credit report)	N/A
		Exclude from Scoring	N/A

NOVA INTERNATIONAL CREDIT

Minimum Credit Score	New Result
XXX	N/A

CRIMINAL SCORING POLICY

Product:	PREMIUM NATIONAL CRIMINAL (INCLUDING NATIONAL SEX OFFENDER), CRIMINAL SUPPLEMENTAL
Activation Date:	8/1/2019
Revision Date:	N/A

NATIONAL SEX OFFENDER REGISTRY RECORDS

National Sex Offender Record Found	Accept
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CRIMINAL RECORDS						
Offenses	Felony (Years)	Pending Felony (1 Year)	Misdemeanor (Years)	Pending Misd (1 Year)	Patterns of Misdemeanors	Return Records
1) Alcohol Related	7		0		2 in 7 years	Never
2) Arson	7		7			
3a) Assault and Battery I	7		0		2 in 7 years	
3b) Assault and Battery II	7		7			
4) Bad Checks	7		0		2 in 7 years	
5a) Burglary I	7		0		2 in 7 years	
5b) Burglary II	7		7			
6) Crimes Against Animals	7		0		2 in 7 years	
7) Crimes Against Children	7		7			
8) Crimes Against Gov't	7		0		2 in 7 years	
9) Cyber Crimes	7		0		2 in 7 years	
10) Destruction of Property	7		0		2 in 7 years	
11) Disturbance of Peace	7		0		2 in 7 years	
12) Domestic Crimes	7		0		2 in 7 years	
13a) Drug Offenses I	7		0		2 in 7 years	
13b) Drug Offenses II	0		0			
14a) Drug Offenses III	7		7			
14b) Drug Offenses IV	7		7			
14c) Drug Offenses V	7		7			
14d) Drug Offenses VI	7		0		2 in 7 years	
14e) Drug Offenses VII	7		7			
15) Embezzlement	7		0		2 in 7 years	
16a) Fraud I	7		7			
16b) Fraud II	7		7			
17) Gambling	7		0			
18) Harassment	7		7			
19a) Homicide I	7		7			
19b) Homicide II	7		7			
19c) Homicide III	7		7			
19d) Homicide IV	7		7			
20a) Kidnapping I	7		7			
20b) Kidnapping II	7		7			
21) Organized Crime	7		7			
22) OUI, OVI, DWI	7		0		2 in 7 years	
23) Petit Theft	7		0		2 in 7 years	
24) Purposely Obstructs the Law	7		0		2 in 7 years	
25) Robbery	7		7			
26) Sex Crimes - Other	7		0		2 in 7 years	
27a) Sex Crimes Against a Person	7		7			
27b) Sex Crimes Against a Child	7		7			
28) Theft/Larceny	7		0		2 in 7 years	
29) Traffic Violations	7		-		-	
30) Trespassing	7		0		2 in 7 years	
31a) Weapons Related I	7		7			
31b) Weapons Related II	7		7			
32) Incarceration (Due to Conviction) Release Date	7		0		-	
33) Any Offense Not Listed	7		0		2 in 7 years	

HOUSING CRITERIA

RENTAL HISTORY

	Problem Type	Quantity	Timeframe (Months)	Minimum Value	Result
Rental History	Late Payments	3	24		Decline
	NSFs	2	24		Decline
	Outstanding Balances	2	60		Decline
	Write-Offs		60	\$100.00	Decline
	Collections		60	\$100.00	Decline

CIVIL COURT RECORDS

	Problem Type	Quantity	Timeframe	Minimum Value	Result
Civil Court Records	Filings / Unlawful Detainers	3	5 Years		Decline
	Monetary Judgment	1	5 Years	\$100	Decline
	Possession / Forcible Detainers	1	5 Years		Decline
Dispute Exception	N/A				

REEVALUATION INSTRUCTIONS

N/A
N/A

GROUP SCORING INSTRUCTIONS

Group Scoring Instructions: Use the AVERAGE score of the group.

SPECIAL INSTRUCTIONS

N/A	N/A
N/A	N/A
N/A	N/A
N/A	N/A

CORPORATE APPLICATION SCORING CRITERIA

INTELLIScore	RESULT
N/A	N/A
N/A	N/A
N/A	N/A
Notes	N/A

DISCLAIMER

RENTGROW REPORTS INFORMATION ABOUT APPLICANTS IN ACCORDANCE WITH APPLICABLE STATE AND FEDERAL LAW. HOWEVER, OTHER FEDERAL, STATE OR LOCAL LAWS AND REGULATIONS MAY APPLY TO YOUR USE OF THIS INFORMATION. IN SETTING UP YOUR SCREENING POLICY AND WHEN MAKING RENTAL DECISIONS, INCLUDING DECISIONS BASED IN WHOLE OR IN PART ON INFORMATION PROVIDED BY RENTGROW, IT IS YOUR SOLE RESPONSIBILITY TO UNDERSTAND AND ABIDE BY ALL SUCH LAWS AND REGULATIONS.



Dear Resident(s):

It is our goal to maintain the highest quality living environment for our residents. In the interest of achieving this goal, we ask that you take a moment to read the information provided regarding simple measures that you can take to avoid, and if necessary to address, mold and mildew problems in your home.

Molds and mildews are microscopic organisms found virtually everywhere in our environment. They are found both indoors and outdoors and are spread through the dispersal of airborne spores. When excess moisture is present inside a home, mold and mildew can begin to grow. If not addressed, mold and mildew can accumulate and lead to adverse health effects, such as allergy symptoms or respiratory problems in some people.

The best way to avoid problems with mold and mildew is to prevent excessive moisture from building up in your apartment. This excess moisture can collect in a home from a wide variety of sources. Broken water lines or sprinklers, the accumulation of rainwater from roofs or windows, or plumbing leaks can all lead to water infiltration. Excess moisture, however, can also build up as a result of daily activities such as showering, laundering, cooking, and from watering plants. Other factors such as poor air circulation, extreme differences between indoor and outdoor air temperatures, or failure to quickly clean up accumulated moisture can encourage mold growth.

There are several measures that you can take to reduce moisture build up in your home and to discourage the growth of mold and mildew. Proper housekeeping is important to keeping mold from forming. Moving furniture and other items an inch or two from the walls is an important step. Other actions you can take are, first, to make sure your home is properly ventilated through operation of your HVAC system and/or by opening window and doors. Proper air circulation will help prevent excess moisture build up in the more humid areas of your home. Second, use the preinstalled fans in both your bathroom and laundry areas. In order to minimize the opportunity for moisture build up, start the fans before bathing or washing clothes, and allow them to continue to operate until after these activities are complete. Third, wipe down any visible moisture accumulation on windows, walls, ceilings, or other surfaces as soon as possible. Finally, promptly call the management office to report any signs of water leakage or infiltration or any signs of excessive mold or mildew growth.

Following these simple steps will dramatically reduce the likelihood of mold and mildew problems in your home and will allow us to respond promptly should a problem develop. A copy of [Tips to Prevent Mold, Mildew and Fungi in Your Home](#) is included for more helpful tips. If you have any questions regarding this information, please the contact management office so we can assist you in solving any mold problems.

Thank you,
Management



EQUAL HOUSING OPPORTUNITY



EAH communities do not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

TIPS TO PREVENT BIOLOGICAL GROWTH IN YOUR HOME

Biological growth clean up is usually considered one of the housekeeping tasks of the private citizen along with reporting to the building owner any roof and plumbing issues.

Biological growth can become a problem in your home if there is moisture available to allow it to thrive and multiply. The following sources of indoor moisture that may cause problems.

House plants (watering can generate large amounts of moisture)
Steam from cooking
Shower/bath steam
Wet clothes in indoor drying lines

There are several ways in which your help can prevent this in the future. The following list may be used as a guide:

A. Remove Excess Moisture

1. Dry out mops and cleaning utensils thoroughly before storing inside your apartment.
2. Wipe down bathroom walls and shower doors immediately after bathing; allow towels to air out. Wash and dry towels often.
3. Wipe down any condensation from interior of windows and windowsills; wash and dry towels immediately.

B. Keep Things Clean

1. Keep closets, dresser drawers – any place where biological growth is likely to grow – as clean as possible.
2. Soil on dirty articles can supply enough food for biological growth to start to grow when moisture and temperature is right.
3. Greasy films like those that form on kitchen walls, also contain many nutrients for biological growth.

C. Circulate the Air

1. When the outside is drier than the inside, ventilation allows the dry air to enter, take up excess moisture, and then be carried outside.
2. When natural breezes are not sufficient, please use your central air conditioning (fan only) and bath/laundry room exhaust fan(s).
3. Poorly ventilated closets get damp and musty during continued wet weather, and articles stored in them are more likely to encourage biological growth.
4. Try to improve the air circulation by opening the closet doors. In addition, hang the clothes loosely so that air can circulate around them.
5. Dry all wet clothing (including clothes wet from rain or perspiration) before putting it in the closet.

D. Cleaning Biological Growth from Small Areas

To clean a small area where biological growth has grown, the Federal Environmental Protection Agency recommends that you first clean the area with soap (or detergent) and water. Let the surface dry and within 24 hours apply a spray-on household biocide, such as Lysol Disinfectant, Tilex Mildew Remover, or Clorox Cleaner. Make sure you follow the instructions on the label.

Do not apply biocides to visible biological growth that may have grown on porous surfaces, such as sheetrock walls or ceilings. Also, do not attempt to clean or apply biocides to large areas of a non-porous surface where biological growth is visible.

If you observe biological growth, please contact the owner or manager and notify them of the problem.



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Information on Dampness and Mold for Renters in California

Main points:

- Living in damp or moldy buildings increases the chances of respiratory problems like asthma.
- The critical warning signs are visible mold, water damage, damp materials, or mold smell.
- Dampness is needed for mold to grow, so if you control the dampness, you control the mold.
- Dampness or mold indoors may make housing substandard, per the California Health & Safety Code.



This booklet describes the increased risks to health, including specific health issues, that may result from exposures to dampness or mold in buildings. This booklet was produced in January 2021 by the California Department of Public Health (CDPH) in accordance with the 2001 Toxic Mold Protection Act (HSC §26148).

Health Problems from Damp or Moldy Buildings

Living or working in damp or moldy buildings increases the risk of many harmful health problems, including:

- asthma attacks in people who already have asthma
- a new asthma diagnosis
- respiratory infections, such as bronchitis
- breathing symptoms, such as hay fever, sneezing, stuffy nose, sore throat, wheezing, breathing difficulty, or cough
- eczema or skin rash

Mold can affect people differently. How much a person is affected depends on how sensitive they are and on how much they are exposed. Damp or moldy buildings are linked to health problems in people even if they do not have allergies.

Signs of Dampness or Mold

Signs of dampness or mold that may cause health problems include:

- **visible mold** (regardless of color), such as on walls or ceilings, behind furniture or appliances, under carpets, or even hidden in areas not seen in the occupied areas of homes
- **mold odor**, noticed as an earthy, musty, or moldy smell
- **visible water damage**, such as water-stains or discoloration on walls or ceilings, peeling or bubbled paint, warped floors, or rotting wood
- **damp or moist materials**, including condensation on windows or walls

Any one of these signs indicates increased risks to health, and the more that any of them are present, the greater the risk of health problems. Tests that identify the types of mold or the amounts of mold in buildings are not useful in telling us about the health risks. This is *why CDPH does not recommend testing for mold, such as measuring mold spores in the air.*



Causes of Building Dampness that Can Allow Mold to Grow

The dampness that is necessary for indoor mold to grow can come from either inside or outside a building.

Indoor sources include:

- leaking or burst water pipes, for instance under sinks inside walls
- not enough venting to the outside by open windows or exhaust fans in places where water is used or moisture is produced (for example, bathrooms, laundry areas, kitchens, and water heaters)
- condensation (water droplets) on cold surfaces, including windows

Outdoor sources include:

- water coming in through leaky roofs or poorly-sealed windows, or from flooding
- damp, exposed dirt in crawl spaces
- outdoor surfaces that slope and drain water toward a building, including from a downspout



Fixing Dampness and Mold Problems

The California Health & Safety Code (HSC §17920.3) says that when dampness or visible mold (or certain other conditions) in a home is a hazard to the health of occupants, the home is *substandard* and the property owner must fix the conditions. The Code excludes mold that is “minor and found on surfaces that accumulate moisture as part of their properly functioning and intended use.”

CDPH recommends fixing dampness and mold problems as follows:

- identifying and correcting the source of any water that may allow mold to grow
- rapid drying or removal of damp materials
- cleaning or removing mold and moldy materials as rapidly and safely as possible

Note: if a moldy area is simply bleached, cleaned, or painted over—without fixing the source of the dampness—the mold is likely to grow again.

Renters in California

The California Health & Safety Code requires property owners to provide a rental unit that is safe and healthy for the people living in it. Prospective renters should look for obvious conditions that show dampness or mold, and also less obvious signs like water leaks under the kitchen and bathroom sinks or moldy odor in a sealed-up home. Also look for conditions likely to cause future problems, like a bathroom that has no working vent fan or no window that opens, or a clothes dryer without an outside vent.

For renters who suspect there is dampness or mold:

1. Tell the property owner or manager. Early detection and correction of the dampness and mold problems can reduce the risks to your health and prevent the problem from getting worse.
2. If your property owner will not respond to your concerns in a reasonable amount of time, contact your local (city or county) code enforcement agency and ask for a code enforcement officer to inspect for violations. Many dampness or mold problems in rental homes are the responsibility of the property owner and must be addressed by them. However, a code enforcement officer may determine that dampness or mold in a building results from a tenant's actions or inactions – for instance, not using available bathroom ventilation during showers.
3. If the local inspector determines there is a violation, they can require the property owner to correct the problem.

Additional Resources

For general information on dampness and mold and a list of local code enforcement agencies, with a focus on dampness and mold, see www.cdph.ca.gov/iaq/mold. To see an animated video series, Mold in the Home, visit www.cdph.ca.gov/mold.

Property owners must provide a rental unit that is safe and healthy for the people living in it.

Tenants must notify property owners of any dampness or mold problems.





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:	

2 nd Previous Address: Check if N/A <input type="checkbox"/>	
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? (<u>Design Features for persons with disabilities</u>). 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	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

