EAH HOUSING
A roof is just the beginning

Tax Credit Application for Housing
Avena Bella I
TURLOCK, CALIFORNIA 95350
(209) 496-9961

Property Name: _____
Address: _____
Telephone: _____ **Fax:** _____ **Email:** _____

Bedroom Size Requested: Waitlist Bedroom Choice:

Household Information

FULL LEGAL NAME (First, Middle, Last)	GENDER	RELATIONSHIP	SOCIAL SECURITY/ ALIEN REG. #	GOVERNMENT ISSUED PHOTO ID #	BIRTH DATE	FULL TIME STUDENT Y/N	VETERAN
		Head of Household					

Applicant Day Time Phone:	**Applicant Evening Phone:**
Application Cell Phone:	**Application Home Phone:**
Do you have any Animals? **Pets?**	**# of Animals:**
	Description: 1. Pet color - 2. Pet color -

Vehicle Make	Vehicle Model	License Plate	Color	Year

Additional Household Information

FULL LEGAL NAME (First, Middle, Last)	LIST ALL THE STATES YOU HAVE LIVED IN	HISPANIC/ LATINO	RACE (LIST ONE OR MORE)	LEP Language

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Residency Information (Past Two Years)				
CURRENT **FULL STREET ADDRESS:**				**OWN, RENT OR OTHER:**
CITY:			**STATE:**	**ZIP CODE:**
HOME PHONE NUMBER:	**CELL PHONE NUMBER:**	**EMAIL ADDRESS:**	**MOVE IN DATE:**	**MOVE OUT DATE:** **CURRENT RESIDENCE**
LANDLORD NAME:		**PROPERTY/LANDLORD PHONE:**		**MONTHLY RENT/MORTGAGE:**
PAST **FULL STREET ADDRESS:** **Previous Address 1.** **Previous Address 2.**				**OWN, RENT OR OTHER:**
CITY:		**STATE:**	**ZIP CODE:**	**Move In Date:** **Move Out Date:**
LANDLORD NAME:		**PROPERTY/LANDLORD PHONE:**		**MONTHLY RENT/MORTGAGE:**

Utilities paid by you:		Heat		Electricity		Gas		Other	**OtherUtilitiesExplain**
Approximate monthly cost of utilities paid by you (excluding phone and cable TV):							**UtilitiesCostOverall**		

Emergency Contact Information			
IN CASE OF ILLNESS, ACCIDENT, EMERGENCY, PLEASE CONTACT:			
NAME:			
ADDRESS:	**CITY:**	**STATE:**	**ZIP CODE:**
PHONE NUMBER:	**EMAIL ADDRESS:**		

Resident History	Y/N	If Yes Explain
Have you or any member of your household ever been evicted in the past 5 years?		
Have you or anyone in your household ever filed Bankruptcy?		
Have you or anyone in your household willfully or intentionally ever refused to pay rent?		
Have you or any member of your family ever been convicted of a felony or misdemeanor within the past 7 years?		

Household Questions	Y/N	Additional Comments
Do you anticipate any changes in household composition in the next twelve months?		**Name of New Member:**
Is there anyone living with you now who won't be living with you at this community?		**Name of Member Leaving:**
Are there any absent household members who under normal conditions would live with you (For example, a spouse away in the military or living in another state or country)?		**Name of Absent Member:**
Will you or any ADULT household member require a live-in caregiver or aide?		**Name of Caregiver:** **Recipient of Care:**
Do you have primary physical custody of all minors (50% or more of the time) listed under the Household Composition above?		
Do you or anyone in your household have a Section 8 Voucher through the Housing Authority?		**County:** **Section 8 Voucher Number:**
Are you or anyone in your household directly related to a current EAH employee?		**Name of EAH employee:** **EAH employee location:**

Reasonable Accommodations/Modification		
Do you require mobility impaired upgrades?		
Do you require vision impaired upgrades?		
Do you require hearing impaired upgrades?		
Special Features?		
Explanation:		

Personal Reference			
Name	**Address**	**Relationship**	**Phone**

Optional Information:		
Are you willing to provide information on your level of education and transportation needs? If yes, please answer the questions below:		
***(Head of Household)* Highest level of Education completed**		
Are you using Public Transportation to get to work?		**If Yes, what type?**
***(Co-Head)* Highest level of Education completed**		
Are you using Public Transportation to get to work?		**If Yes, what type?**

Student Information				
Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?		Yes		No
If Yes, Answer the Following Questions:				
Are any full-time student(s) married and filing a joint tax return?		Yes		No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?		Yes		No
Are any full-time student(s) a TANF or a title IV recipient?		Yes		No
Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependent on another's tax return and whose children are not dependents of anyone other than a parent?		Yes		No
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?		Yes		No

Student Information	
Member Name:	**Member Name:**
Institution:	**Institution:**
Address of School:	**Address of School:**
Full Time Or **Part Time**	**Full Time** Or **Part Time**

Household Income		
Member Name	**Income Type**	**Annual Amount**

Child Support	
Do you receive Child Support?	**Court Ordered?**
When child support is court ordered, but not received, what attempts have been made to collect the child support?	

Household Assets				
Member Name	**Asset Type**	**Value**	**Interest Earned**	**Cost to Convert**

Household Signatures

CONSUMER REPORT AGREEMENT

I/we understand that, to determine eligibility, background inquiries may be requested. I/we understand that EAH, Inc. will use the service of an outside consumer reporting agency to obtain a "consumer report" or "investigative consumer report" about adult members of my/our household. This agency will provide a written report of its findings to EAH, Inc.

EAH, Inc. uses *Screening Works* ("Agency"), to perform background investigations.

Agency will utilize various sources of information to conduct a background check including but not limited to credit and criminal records. I/we have been given notice and understand that I/we have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The scope of this notice of authorization is all-encompassing allowing EAH, Inc. to obtain from any outside organization all manner of consumer reports and investigative consumer reports to the extent permitted by law. I/we may review or obtain a copy of my/our report as provided by law.

Agency may be contacted at:

I/we hereby agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report about the adult members of my household. This authorization in original, electronic or copy form shall be valid as of the date indicated next to my/our signature. I/we agree, authorize and consent to the release and disclosure of any and all information including but not limited to that obtained from people, references, municipal, county, state and federal agencies and courts to provide all information that is requested by EAH, Inc. and Agency.

I/we certify that all statements made by me and contained anywhere herein are true. I/we agree that a copy of this document by fax or other electronic means shall be as valid as the original.

I understand that, all reports are confidential and provided to EAH, Inc. for decisions regarding housing in strict compliance with the federal Fair Credit Reporting Act (FCRA) and the Americans with Disabilities Act (ADA), anti-discrimination and privacy laws and all other applicable federal and state laws. I understand that if there is any unsatisfactory finding directly related to the property selection criteria, I will not be allowed to reside on the property.

SIGNATURE CLAUSE:

I certify all information and answers to the questions are true and complete to the best of my knowledge and understand providing false information or making false statements may result in denial of my application and/or criminal penalties.

All household members 18 and over must sign below:

Print Name:	_____	**Signature:**	_____	**Date:**	_____
Print Name:	_____	**Signature:**	_____	**Date:**	_____
Print Name:	_____	**Signature:**	_____	**Date:**	_____
Print Name:	_____	**Signature:**	_____	**Date:**	_____
Print Name:	_____	**Signature:**	_____	**Date:**	_____
Print Name:	_____	**Signature:**	_____	**Date:**	_____