EAH HOUSING
A roof is just the beginning

TAX CREDIT APPLICATION for HOUSING

Property Name: Rohllfs Manor II&III
Address: 2400 Fair Drive Napa, California 94558
Telephone: _____ **Fax:** _____ **Email:** _____

TELEPHONE NUMBER TTY:(800) 735-2929 Dial 711 for CA Voice Relay Service

Apartment Type: Eligibility is based on occupancy standards defined in the Resident Selection Plan.

EAH Property Management Use Only **Application Received By: _____** **Application Approved: ___Yes ___ No**

Bedroom Size: 1st Choice ___ 2nd Choice ___ 3rd Choice ___ **Barrier Free(H/C) Unit Requested: __ Yes __No**

Application #: ___ Lottery #: ___ Time of Application: _____ Date of Application: _____

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 enter N/A to the question. EAH does not discriminate on the basis of race, color, sex, gender identity, age, religion, origin, family or marital status, disability, or sexual orientation.

How did you hear about the property?
_____

1st Email Address: _____

2nd Email Address: _____

Household Information

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

Applicant Day Time Phone:		**Applicant Evening Phone:**	

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Application Cell Phone:		Application Home Phone:	

Pets & Assistance/Companion Animals			
Do You Have Any Animals?	**# of Animals**	**Description:**	
		1.	
		2.	

Vehicle Information					
Vehicle Owner	**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 (Y/N)**	**RACE (List One or More)**	**LEP Language**

Residency Information (Past Two Years)			
CURRENT **| FULL STREET ADDRESS:**		**OWN, RENT OR OTHER:**	
CITY, STATE, ZIP CODE :		**MOVE-IN DATE:**	**MOVE-OUT DATE:**
			Current
LANDLORD'S NAME/NAME OF MORTGAGE COMPANY:	**PHONE NUMBER:**	**MONTHLY RENT/MORTGAGE:**	
		$	
LANDLORD'S FULL STREET ADDRESS:		**CITY, STATE, ZIP CODE:**	

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Please Complete Previous Address Information Only If You Have Lived at the Current Address Under 2 Years			
PREVIOUS ADDRESS 1 **| FULL STREET ADDRESS:**		**OWN, RENT OR OTHER:**	
CITY, STATE, ZIP CODE:		**MOVE-IN DATE:**	**MOVE-OUT DATE:**
LANDLORD'S NAME/NAME OF MORTGAGE COMPANY:	**PHONE NUMBER:**	**MONTHLY RENT/MORTGAGE:**	
		$	
LANDLORD'S FULL STREET ADDRESS:		**CITY, STATE, ZIP CODE:**	
PREVIOUS ADDRESS 2 **| FULL STREET ADDRESS:**		**OWN, RENT OR OTHER:**	
CITY, STATE, ZIP CODE:		**MOVE-IN DATE:**	**MOVE-OUT DATE:**
LANDLORD'S NAME/NAME OF MORTGAGE COMPANY:	**PHONE NUMBER:**	**MONTHLY RENT/MORTGAGE:**	
		$	
LANDLORD'S FULL STREET ADDRESS:		**CITY, STATE, ZIP CODE:**	

Utilities	
UTILITIES PAID BY YOU: HEAT: ☐ **ELECTRICITY** ☐ **GAS:** ☐ **OTHER:** _____ ☐	
Approximate total monthly cost of utilities paid by you (excluding phone and cable TV):	**$**

Emergency Contact Information – In Case of Illness, Accident, and/or Emergency	
NAME:	
FULL STREET 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 within the past 7 years?		

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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(s):
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 #: _____
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? (Y/N)		If yes, what type?
(Co-Head)	Highest level of education completed:		
	Are you using public transportation to get to work? (Y/N)		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

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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 (Y/N)
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

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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: *RentGrow, Inc. 177 Huntington Avenue, Suite 1703 #74213, Boston, MA, 02155, Phone: 1 (800) 898-1351*

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

NOTICE REGARDING CALIFORNIA INVESTIGATIVE CONSUMER REPORTING AGENCIES ACT

☐ Landlord does **not** intend to request an investigative consumer report regarding the Applicant.

Unless the box above is checked, pursuant to California Civil Code section 1786.16(a)(3), the Landlord intends to request an investigative consumer report in connection with the Applicant's application for housing. The investigative consumer report will be made concerning the Applicant's character, general reputation, personal characteristics, and mode of living. Among other things, the investigative consumer report may contain information concerning the Applicant's creditworthiness, any court judgments against the Applicant, and any criminal charges and/or convictions. Pursuant to California Civil Code section 1786.22, any files maintained on the Applicant by the investigative consumer reporting agency from which Landlord obtains the report shall be made available to you during normal business hours and upon reasonable notice, provided you furnish proper identification, as follows: (1) The Applicant may appear in person at the investigative consumer reporting agency below to request a copy of the Applicant's file; (2) the Applicant may make a written request for copies of the Applicant's files to be sent via certified mail to a designated addressee; or (3) the Applicant may make a written request for a summary of the file to be provided over the telephone. "Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If one of these forms of identification cannot be provided, the agency may ask for other forms of identification in accordance with California Civil Code section 1786.22(c). The investigative consumer reporting agency may charge a fee, not to exceed the actual copying costs, if the Applicant requests a copy of the Applicant's file. The agency is required to have personnel available to explain the Applicant's file to the Applicant, and the agency must explain to the Applicant any coded information appearing in the file. If the Applicant chooses to appear in person, the Applicant may choose to bring another person of his/her choice with him/her, provided that the accompanying person also bring proper identification with him/her. If the Applicant brings another person with him/her, the agency may require the Applicant to sign an authorization allowing the agency to discuss the Applicant's file in the presence of that other person. The agency that will prepare the investigative consumer report on the Applicant is:

Name of Agency: RentGrow, Inc

Address of Agency: 177 Huntington Ave, Suite 1703, #74213, Boston MA 02155

If you would like a copy of the report(s) that is/are prepared, please check the box below:

☐ I would like to receive a copy of the report(s) that is/are prepared.

If the box above is checked, Landlord agrees that Landlord, or Landlord's agent, will send the Applicant a copy of the report within three (3) business days of the date the report is provided to Landlord. The copy of the report will contain the name, address, and telephone number of the agency that issued the report and how to contact the agency.

If Landlord takes adverse action against Applicant, and the adverse action is based in whole or in part on the contents of the investigative consumer report, then, pursuant to California Civil Code section 1786.40(a), Landlord shall so advise Applicant and shall supply Applicant with the name and address of the agency that prepared the report on which Landlord's decision was based in whole or in part.

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:** _____