

Revision Date: 10/25/2016

102016tc

Application for Housing

CAMELLIA PLACE APTS.

CalBRE Lic. #00853495 HI Lic. RB-16985

5450 DEMARCUS BLVD • DUBLIN , CA 94568 • TELEPHONE (925) 829-4900

EAH Property Management Use Only			APPLICATION APPROVED:	Yes 🗆 No 🖾
BEDROOM SIZE		TIME OF APPLICATION:	COM	1MENTS
BARRIER FREE (H/C) UNIT REQUESTED?	YES 🗆 NO 🗆	DATE OF APPLICATION:		
- W		APPLICATION RECEIVED BY:		
APPLICATION #:		LOTTERY #:	0 	

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	1 st Request:	2 nd Request:	
a state of the sta			

A. GENERAL INFORMATION: HEAD OF HOUS	SEHOLD 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 (only Last four) 5555	
1.			HEAD					
2.			CO-HEAD/Spouse					
3.								
4.								
5.		· · · · · · · · · · · · · · · · · · ·				±0		
6.								
7.								
8.								
9.								
1.		Do you expect any additions to the household within the next 12 months? If yes, please explain giving name and relationship:						
2.	YES NO N/A	Do you have primary physical custody of all minors (50% or more of the time) listed under the Household Composition above?						
3.		Are there any absent household members that are not listed under the Household Composition above? If yes, please explain giving name and relationship?						
4.		Do you have any pets that will reside with you if eligible? If yes, please Describe:						
5		Will you or anyone in your ho	usehold require a live-in care	attendant?				





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Relationship if any:

Name of Live-in Care Att	Relationship if any:					
C. VEHICLE INFORMATION Check if			<u></u>			
ousehold Member Name CA Driver ID		License Plate	Color	Year		
Susenoid Member Name Strenge						
D. HOUSING REFERENCES Please co	mplete all areas below.	Please provide the last	2 consecutive years	of housing history.		
EAD OF HOUSEHOLD		CO-HEAD/Other (If diff	erent from HEAD) Check	if N/A		
ame		Name				
Current Address		Current Address				
		City/Zip Code				
City/Zip Code						
Own 🗌 Rent 🔄 Other		🗌 Own 🗌 Rent 🗌 Ot	her			
Amount Paid Monthly		Amount Paid Monthly				
		Length of time Lived the	ere	· · · · · · · · · · · · · · · · · · ·		
Length of time Lived there From to		From to				
From to Name of Landlord:		Name of Landlord:				
		Address of Landlord:				
Address of Landlord:		Address of Landiord:				
City/Zip Code of Landlord:		City/Zip Code of Landlord:				
				······································		
Phone Number of Landlord		Phone Number of Land	llord			
Additional information if required:		_1				
Additionality						
		· · · · · · · · · · ·				
	1 st Previous Address: C		m			
HEAD OF HOUSEHOLD		CO-HEAD/Other (If di	fferent from HEAD) Chec			
Name		Name				
1 st Previous Address		1 st Previous Address	· · · · · · · · · · · · · · · · · · ·			
I Frevious Address						
City/Zip Code		City/Zip Code				
		Own Rent C	Other			
Own Rent Other		Amount Paid Monthly		······································		
Amount Paid Monthly		, and and a second second				
Length of time Lived there		Length of time Lived t	here			
From to		From to				
Name of Landlord:		Name of Landlord:				
City/Zip Code of Landlord:		City/Zip Code of Land	lord:			
Phone Number of Landlord:		Phone Number of Lan	dlord:			
Additional information if required:						

Input Property Phone Number/Property Fax Number. TTY: (800) 735-2929 TDD (800) 545-1833 ext. 482 Page 2



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2 nd Previous Address: Ch	eck if N/A
HEAD OF HOUSEHOLD	CO-HEAD/Other (If different from HEAD) Check if N/A
Name	Name
2 nd Previous Address	2 nd Previous Address
City/Zip Code	City/Zip Code
Own Rent Other	Own Rent Other
Amount Paid Monthly	Amount Paid Monthly
Length of time Lived there	Length of time Lived there
From to	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 No Do you require an accessible unit? (Design Feat	ures for persons with disabilities). If yes, please explain:
YES No Do you have a Section 8 Voucher through the H Section 8 Voucher number	lousing Authority? If yes where?
3. YES No Have you ever been evicted in the past 5 years	? If yes, please explain:
4. YES No Have you willfully or intentionally ever refused	to pay rent?
E. STUDENT STATUS	
1. YES No Does the household consist of all persons	who are <u>full-time</u> students (Examples: K-12, College/University, trade
school, etc.)?	
	who have been a <u>full-time</u> student in the previous 5 months?
	g an all full-time student household in the next 12 months?
If you answered YES to any of the previous three questions are	
4. YES No Receiving assistance under Title IV of the S	Social Security Act (AFDC/TANF/Cal Works - not SSA/SSI)?
	g assistance through the Job Training Participation Act (JTPA) or other
similar program?	
6. YES No Married and filing (or are entitled to file) a	i juint tax return
individual?	nildren and neither you nor your child(ren) are dependent of another
8. YES No Previously enrolled in the Foster Care pro	gram (age 18-24)?

Input Property Phone Number/Property Fax Number. TTY: (800) 735-2929 TDD (800) 545-1833 ext. 482 Page 3

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If any member of this household is a part-time or full-time student (College, Trade, etc.) List Name and Address of School Attending							
Family Member Name	Name of School Attending	Address of School	Current Grade				

F. DEMOGRAPHIC INFORMATION

Are you or any member of your household a Veteran? YES NO								
The following information is optional:								
HEAD: Highest level of Education completed?	Some High School High School Graduate	College Graduate School						
Profession/Job Title	Are you using Public Transportation to get to work? YES NONNA	If Yes, what type? check one:						
Co-HEAD: Highest level of Education completed?	Some High School High School Graduate	College Graduate School						
Profession/Job Title	Are you using Public Transportation to get to work? YES NO N/A	If Yes, what type? check one:						
How did you hear about the property? Local Pap	er 🗌 Housing Authority 🔄 Internet 🗌 Referm	al Other						

G. INCOME

Employment Check if N/A

Please provide the following employment information for each household member.

Gross Monthly Amount		Contact Name Contact Phone Number Contact Fax Number
	5 	
	Gross Monthly	Gross Monthly Business/Source Name Amount Business/Source Address





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6.	

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.		1							
3.									
4.									
5.									
6.									
YES NO Are th	nere any change	s expected in	income within	the next 12 m	onths? If yes,	please list far	nily member a	nd explain:	

YES NO Have you ever filed Bankruptcy? Checking and/or Savings Account CHECK HERE IF N/A	H. ASSETS			
	YES NO Have you ever filed B	ankruptcy?		
Family Member First Name Account Type Bank/Financial Institution Names Total Balance	Checking and/or Savings Account (HECK HERE IF N/A		
	Family Member First Name	Account Type	Bank/Financial Institution Names	Total Balance
1.	1.			
2.	2.			
3.	3.			
4.	4.			
5.	5.			
6.	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.





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Family Member First Name	Asset/Account Type	Bank/Financial Institution Names	Total Balance
1.			
2.			
3.			
4.			
5.			
6.			

REAL ESTATE / DISPOSED OF ASSETS

I. REAL ESTATE /DISPOSED OF ASSETS YES NO Does anyone own real property? (Include	es land, houses, real estate,	in the USA c	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 answer the questions below:	sed of any assets for les	s than FMV	in the last two ye	ars? (e.g. cash, proper	ty, bank accounts) If "Yes"
Family member name	iver nume	et Value when Disposed:	Date of transaction:	Cash Value Disposed for:	

J. CRIMINAL BACKGROUND

1.	Has tenancy ever been terminated for fraud, non-payment of rent, or failure to cooperate with recertification procedures?
2.	Have YOU or ANY MEMBER of your household ever been convicted of a felony within the past seven (7) years?
3.	Have YOU or ANY MEMBER of your household ever been convicted of engaging in acts of violence or threats of violence, within the past seven (7) years?
4.	Have YOU or ANY MEMBER of your household ever been convicted of engaging in the illegal manufacture, sale, distribution, use, or possession of an illegal drug or controlled substance within the past (7) years?
	YES" to any questions listed above in the Criminal Background Section of this application, Please provide an J. 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





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1		
1		

K. CERTIFICATION AND RELEASE OF INFORMATION

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 EAH Inc. Residents Selection Criteria. I/We understand that this application in no way ensures occupancy and that my/our application can be denied 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 the denial 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 my application, also to include eviction, loss of assistance, if applicable. WARNINGI: 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.

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.

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	
Management:				
Management	Signature		Date	



