

Application Acceptance 8/04/2023— 8/25/2023

Farley Place

515 San Rafael Ave.
Belvedere, CA 94920



Farley Place is an apartment community for older adults and individuals with a qualifying disability located in the scenic town of Belvedere. Part of the Tiburon-Belvedere Peninsula, the area is near waterfront walking paths, public parks and features beautiful views of the San Francisco Bay. The two-story building with eleven apartment homes and covered parking has one fully wheelchair accessible apartment. Farley Place recently underwent a "green" retrofit with the installation of photovoltaic panels which augment exterior community lighting. Grocery stores, a post office, shopping, dining and public transportation are near the property.

Community Features:

- Common room
- Landscaped courtyard
- Onsite laundry room

Apartment Amenities

- Energy Star appliances
- Dishwasher
- Carpeting and blinds
- HVAC system
- Energy efficient dual-paned windows
- Cable hook-up

Accessible Unit Features

- Lowered kitchen cabinets and wheelchair accessible and bathroom sinks
- Front controls on stove/cook top
- Bath and toilet grab bars
- Talking smoke/carbon monoxide alarms w/flashing light

Obtaining and Accepting Applications:

- Applications accepted online or by mail
- Applications available online at: Eahhousing.org/apartments/Farley-place
- By mail. Only applications postmarked by 8/25/2023 will be accepted for placement on the waiting list. To obtain an application packet in the **mail**, call, email **or** submit a letter or post-card indicating your name, address and telephone number to:

Farley Place
321 Cecilia Way, Tiburon CA 94920
Office: (415) 383-1321
FP-Management@eahhousing.org
TDD: (800) 735-2929 or
CA Relay Service: 711



EAH HOUSING
A roof is just the beginning

CA Lic. 853495



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515 San Rafael Ave.
Belvedere, CA 94920
PH: (415) 383-1321

2023 Income and Rent Limits (rent and income limits subject to change)

| Unit Size/ Area Median In- come (AMI) | # of Units | Square Feet (Avg) | Maximum Income | Min Income | Max Rent (Net) | Occ. Size |
|--|---------------|-------------------------|--|---------------|----------------------|--------------|
| 1-bedroom 50% | 3 | 555 sq ft | \$65,250 1-Person \$74,350 2-People | \$30,618 | \$1,701 | 1 2 |
| 1-bedroom 80% (6 PBV) | 7 | 590 sq ft | \$104,080 1-Person \$118,960 2-People | \$52,794 | \$2,933 | 1 2 |
| 2-bedroom 80% | 1 | 835 sq ft | \$119,360 1-Person \$133,840 2-People | \$59,166 | \$3,287 | 1 2 |

Accessible units available for individuals who need accessibility features.

| Accessible Feature Type | 1 bdrm. | 2 bdrm. | Total |
|----------------------------|----------|----------|----------|
| Mobility Units | 1 | 0 | 1 |
| Sensory Units | 0 | 0 | 0 |
| Total | 1 | 0 | 1 |

This housing is offered without regard to race, color, national origin, sex, religion, ancestry, genetic information, source of income, age, marital status, familial status, sexual orientation or preference, gender identity, or disability, or any other basis prohibited by law. A person with a disability may request a reasonable accommodation (a reasonable change in policies), a reasonable structural modification, an accessible unit or the provision of auxiliary aids and services, in order to have equal access to a housing program. If you or anyone in your household has a disability, and because of that disability requires a specific accommodation, modification or auxiliary aids or services to fully use our housing services, please contact our staff for a reasonable accommodation form. The use of a Reasonable Accommodation Form is not required. You may provide a letter or document from your third party profession certifying your disability and accommodation needs.





FARLEY PLACE
321 CECILIA WAY
TIBURON, CALIFORNIA 94920
(415) 383-1321
TDD (800) 735-2929

RESIDENT SELECTION PLAN

Farley Place, an 11 unit affordable housing community located at 515 San Rafael Ave in Belvedere, provides housing for low income seniors age sixty-two (62) years or for individuals of any age with a physical disability. Three units are regulated through CalHFA. Six (6) of the eleven units are subsidized by Marin Housing Authority (MHA).

The six subsidized units under HAP contract are leased to eligible households selected and referred by MHA from the MHA waiting list. Farley Place may refer applicants on the waiting list to MHA, and recommend selection of such households from the MHA waiting list for occupancy of the vacant units. MHA determines the household eligibility in accordance with HUD. Farley Place determines the household eligibility in accordance with CalHFA and the City of Belvedere’s guidelines.

Housing is provided without regard to race, color, sex, creed, religion, national origin, physical or mental disability status, familial status, age, ancestry, marital status, source of income, sexual orientation or any other arbitrary personal characteristics. Farley Place will make reasonable accommodations to individuals whose disability so require. Reasonable Accommodation Request forms are available upon request from management. Farley Place is an Equal Opportunity Housing Facility, admitting people in accordance with local, state and federal Fair Housing laws, and in accordance with the State of California’s CalHFA program and the City of Belvedere’s Senior Citizen Handicapped Zone regulations.

NON-SMOKING POLICY

Farley Place is designated as a Non-Smoking property. Smoking is prohibited in all areas of the property including the interior of apartments, all indoor and outdoor common areas on the property.

It is the residents’ responsibility to inform their guests of the Non-Smoking Policy. Any violation of the Non-Smoking Policy will be deemed a material breach of the Rental Agreement and grounds for immediate termination of the Lease/Rental Agreement.

Farley Place adoption of a Non-Smoking Policy does not make the Owner the guarantor of the resident’s health or that the property will be free of smoke but management shall take reasonable steps to enforce this policy.

AGE REQUIREMENT

One member of the household must be age 62 years or older at the time of application. Individuals or households of which at least one spouse is physically disabled of any age at the time application.

INCOME LIMITS

To qualify for a unit, the household’s gross income may not exceed the maximum income limit per household size and may not be lower than the income minimum per household size. The income maximums and minimums are attached and will be posted in the Farley Place 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 online, 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.



An application fee(s) (per adult to occupy the apartment) is required at the time an application is processed to determine eligibility. A holding deposit of \$200 will be collected once a unit is offered. These funds must be in the form of a cashier’s check or money order. The holding deposit will be applied to your Security Deposit and or first month’s rent if your application is approved and you move-in on your scheduled move-in day. If you rescind your application within three (3) days of the date the holding deposit was paid, your holding deposit will be reimbursed within 21 business days. If you cancel after the initial 3 days for any reason your holding deposit will be forfeited. The application fee is non-refundable.

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.

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 18 years of age and older 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.

PREFERENCES

Every applicant must meet the Property’s Resident Selection Plan standards for acceptance as a resident.

Applicants who have lived/worked within Marin County within the three years prior to submitting an application will have priority for units.

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

At least fifty-one percent (51%) of the residential housing units located at Farley Place will be maintained as affordable units that are reserved for occupancy on a preferential and priority basis to elderly or handicapped households whose aggregate household income does not exceed eighty percent (80%) of the gross median income (as adjusted for family size) for the County of Marin.

Preference and priority will be given to elderly households as opposed to non-elderly disabled household with respect to occupancy of ten (10) of the eleven (11) units located at Farley Place. In addition, preference and priority will be given to a person of any age who uses a wheel chair over a person who does not use a wheel chair with respect to occupancy of one (1) unit located at Farley Place, which is specifically designed for wheel-chair access.

UNIT TRANSFER POLICY

A Unit Transfer List is maintained for those residents who have been approved for transfer. Residents on the Unit Transfer List will have priority over the applicants on the Waiting List.

OCCUPANCY STANDARDS

Occupancy standards are the criteria established for matching a household with the most appropriate size and type of apartment.

| Bedroom | Household Minimum | Household Maximum |
|----------------|--------------------------|--------------------------|
| 1 | 1 | 2 |
| 2 | 2* | 3 |



***Farley Place will accept a one person household for the 2 bedroom unit if there is not a qualified two (2) person household who is otherwise age and income qualified to lease a 2 bedroom unit.**

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. Live-in attendants.

VIOLENCE AGAINST WOMEN ACT OF 2013

The Violence Against Women Act (“VAWA”) protects victims **against eviction or denial of housing based on domestic violence, dating violence, sexual assault and stalking.** VAWA offers the following protections:

1. An applicant’s or program participant’s status as a victim of domestic violence, dating violence, sexual assault and stalking is not a basis for denial of admission, if the applicant otherwise qualifies for admission.
2. This must support or assist victims of domestic violence, dating violence, sexual assault and stalking. It must protect victims, as well as members of their family, from being denied housing or from losing their HUD assisted housing.
3. An incident or incidents of actual or threatened domestic violence, dating violence, sexual assault and 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.
4. Criminal activity directly related to domestic violence, dating violence, sexual assault and stalking, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, shall not be cause for termination of

assistance, tenancy, or occupancy rights of the victim of the criminal acts.

5. 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.
6. The provisions protecting victims of domestic violence, dating violence, sexual assault and stalking engaged in by a member of the household, may not be construed to limit Farley Place, 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.
7. The authority to evict or terminate assistance is not limited with respect to a victim that commits unrelated criminal activity. Furthermore, if Farley Place 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, Farley Place 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, sexual assault and stalking. The laws offering greater protection are applied in instances of domestic violence, dating violence, sexual assault and stalking.

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.



GROUNDNS FOR DENIAL

1. The household does not meet the age requirements of the property as outlined above in the age requirement section of this plan.
2. Total family income exceeds the applicable income limits published by HUD or does not meet the minimum income limit.
3. Household cannot pay the full security deposit at move-in.
4. Household refuses to accept the second offer of an apartment.
5. Household fails to respond to interview letters or otherwise fails to cooperate with the certification process. Failure to sign consent forms.
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. ANY adult household members fail to attend eligibility interview.
8. Applicant has failed to provide adequate verification of income or we are unable to adequately verify income and/or income sources.
9. 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.**

10. Providing or submitting false or untrue information on your application or failure to cooperate in any way with the verification process.

LANDLORD REFERENCE

11. Negative landlord references that indicate lease violation, disturbing the peace, harassment, poor housekeeping, improper conduct or other negative references against the household.
12. Evictions reported in the last 5 years.
13. 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.
14. Any evidence of illegal activity including but not limited to drugs, gang, etc.
15. Inappropriate household size for the unit available (see Occupancy Standards).

CREDIT

Please see attached credit criteria.

A security deposit is charged at the time of the initial lease execution (signing). An additional \$200 security deposit is charged to applicant households without credit history.

CRIMINAL

Please see attached criminal background criteria.

GRIEVANCE/APPEAL 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 or the Compliance staff 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.

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 of the next available unit, they will be removed from the waiting list.

PURGING THE WAITING LIST

The Waiting List will be purged annually. Each applicant will receive a letter from the property, which will request updated information and ask about their continued interest. This letter must be returned 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. Any correspondence returned undeliverable will result in application being removed from the waitlist.

OPENING/CLOSING OF WAITING LIST

The methods of advertising used to announce opening and closing of the Waiting List is contained in our Marketing Plan.

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.

ANNUAL RECERTIFICATION REQUIREMENTS

All residents must recertify annually. Proposed changes of household composition and student status must be reported to Management immediately.

UNIT INSPECTION REQUIREMENT

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

Annual unit inspections are performed by Farley Place. Agencies providing funding have the right to inspect the unit to ensure the property is 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, Farley Place management may conduct the inspection alone.

PETS

Residents are permitted to keep one common household pet in the dwelling unit. The household pet may not exceed 30 pounds and is required to comply with the provisions of the Animal Policy. Management may request a pet deposit. SERVICE or ASSISTANCE animals are not considered pets. Service or Assistance animals are those animals specifically required to assist individuals with documented disabilities. Please notify Management if you require a Service or Assistance animal.

SERVICE or ASSISTANCE animals required by a resident are not classified as “pets” and therefore are not included in the “ No Pet Policy”. Service or Assistance animals are those animals specifically required to assist individuals with documented disabilities. Please notify Management if you require a Service or Assistance animal.

EQUAL HOUSING OPPORTUNITY

Farley Place 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.



EAH HOUSING
A NON-PROFIT HOUSING CORPORATION

Expanding the range of opportunities for all by
developing, managing and promoting quality
affordable housing and diverse communities since
1968.

Farley Place Apartments is an equal opportunity
housing provider.



| Farley Place Move-In Qualification Sheet effective 7/2023 | | | | |
|--|--|----------------|-----------------------|------------------------|
| Security Deposit = 1 Months rent | | | | |
| Unit Type & Area Median Income (AMI) Designation | Minimum Income (1.5x times of 12 mo.max rent) | HH Size | Maximum Income | NET RENT AMOUNT |
| 1br 50% AMI | \$30,618 | 1 | \$ 65,050 | \$1,701 |
| | | 2 | \$ 74,350 | |
| 1br 80% AMI | \$52,794 | 1 | \$ 104,080 | \$2,933 |
| | | 2 | \$ 118,960 | |
| 2br 80% AMI | \$59,166 | 2 | \$ 118,960 | \$3,287 |
| | | 3 | \$ 133,840 | |

| UA: | |
|-----|------|
| 1bd | \$41 |
| 2bd | \$59 |

Application For Housing

Property Name: _____
 Address: _____
 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: 1 st Choice ___ 2 nd Choice ___ 3 rd Choice ___ Barrier Free(H/C) Unit Requested: ___ Yes ___ No | |
| Application #: ___ Lottery #: ___ Time of Application: _____ Date of Application: _____ | |
| <i>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.</i> | |
| How did you hear about the property? _____ | 1 st Email Address: _____ 2 nd Email Address: _____ |

| 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: | | | |
| CellPhone | | | | ysiApplicationHomePhone | | | |
| Do you have any Animals? | | # of Animals: | | Description: | | | |
| 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 |
| | | | | |



Application For Housing

| | | | |
|--|--|--|--|
| | | | |
| | | | |

| 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: | | | | 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 Other Utilities Explain |
| Approximate monthly cost of utilities paid by you (excluding phone and cable TV): | | | | Utilities Cost Overall |

| 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: |



Application For Housing

| | | |
|--|--|---|
| 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: | | |
| <i>(Head of Household)</i> Highest level of Education completed | | |
| Are you using Public Transportation to get to work? | | If Yes, what type? |
| <i>(Co-Head)</i> 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 | |



Application For Housing

| Student Information | |
|--|--|
| Member Name: | Member Name: |
| Institution: | Institution: |
| Address of School: | Address of School: |
| <input type="checkbox"/> Full Time Or <input type="checkbox"/> Part Time | <input type="checkbox"/> Full Time Or <input type="checkbox"/> Part Time |

| Income Source Questions | Yes | No |
|--|-----|----|
| Do you have full-time or part-time wages?* | | |
| Do you receive public assistance, TANF, AFDC, or food stamps?* | | |
| Do you receive unemployment payments, worker's compensation, or severance packages?* | | |
| Do you receive child support?* | | |
| Do you receive alimony, spousal support, or other maintenance payments?* | | |
| Do you receive regular payments from a pension plan, retirement plan, or annuity?* | | |
| Do you receive Social Security benefits from the Social Security Administration?* | | |
| Do you receive income from a business owned by members of your household?* | | |
| Do you receive income through an Indian trust?* | | |
| Do you receive any regular gifts or payments from outside of the household?* | | |
| Do you receive veterans or disability benefits?* | | |
| Do you receive income from financial aid (excluding loans?) | | |
| Do you receive military pay from any branch of the military? | | |
| Do you receive any scheduled payments from investments? | | |
| Do you receive long term medical care insurance payments in excess of \$180 per day? | | |
| Do you receive income from annuities? | | |
| Do you expect any significant changes in income in the next 12 months?* | | |
| Do you receive any other income from any sources? | | |

| Household Income | | |
|------------------|-------------|---------------|
| Member Name | Income Type | Annual Amount |
| | | |
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| 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? | |
| | |

| Asset Source Questions | Yes | No |
|---|-----|----|
| Do you have a checking, savings, or money market account? | | |



Application For Housing

| | | |
|---|--|--|
| Do you have cash on hand, cash in a safety deposit box, or an EBT card or direct deposit debit card with a balance on it? | | |
| Do you have Certificates of Deposits? | | |
| Do you have any Money Market Funds? | | |
| Do any members in your household have Stocks? | | |
| Does anyone in your household have Bonds? | | |
| Do any members in your household have a 401K Account? | | |
| Do any members in your household have a Keogh Account? | | |
| Does your household have any members with Trust Funds? | | |
| Do you have real estate or capital investments? | | |
| Do any members of your household have any Lump Sum Receipts? | | |
| Do any members of your household have any Capital Investments? | | |
| Do you have a whole life insurance policy, a universal life insurance policy, or annuities? | | |
| Do any members of your household have any Other Retirement/Pension Funds? | | |
| Do you have personal property? | | |
| Do any members in your household have any other assets not previously listed? | | |
| Within the last two years, have you or has anyone in your household given away assets valued over \$1,000 or sold assets for more than \$1,000 below their fair market value? | | |
| Do any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household? | | |

| Household Assets | | | | |
|------------------|------------|-------|-----------------|-----------------|
| Member Name | Asset Type | Value | Interest Earned | Cost to Convert |
| | | | | |
| | | | | |
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Application For Housing

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 Ave, Suite 1703 #74213, Boston, MA 02155, (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:

| | | |
|---|---|---|
| <p>Print Name: _____</p> <p>Print Name: _____</p> | <p>Signature: _____</p> <p>Signature: _____</p> | <p>Date: _____</p> <p>Date: _____</p> |
|---|---|---|



Application For Housing

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: _____ |

