

Tax Credit Application for Housing Turina House

EA WAY «YSIAPPLICATIONPROPERTYCITY», «YSIAPPLICATIONPROPERTYSTATE» 94903
TELEPHONE «YSIAPPLICATIONPROPERTYPHONE»

Bedroom Size Requested: 1 2 3 4

Household Information								
FULL LEGAL NAME (First, Middle, Last)	Gender	RELATIONSHIP	SOCI SECUR ALIEN I	RITY/	GOVERNMENT ISSUED PHOTO ID #	BIRTH DATE	FULL TIME STUDENT Y/N	VETERAN
		Head of Household						
Day Time Phone:					Applicant Evening	Phone:		
CellPhone»					HomePhone»			
Do you have any Animals? # of Animals:				Description: 1. «PetType1» «PetColor1» —				
Vehicle Make Vehi		Vehicle Model		License P	2. «PetType2» «PetColor2» Plate Color Yea		Year	

Additional House	hold Information		
FULL LEGAL NAME (First, Middle, Last)	LIST ALL THE STATES YOU HAVE LIVED IN	HISPANIC/LATINO	RACE (LIST ONE OR MORE)
		Hispanic or Latino Not Hispanic or Latino	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
		Hispanic or Latino Not Hispanic or Latino	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
		Hispanic or Latino Not Hispanic or Latino	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
		Hispanic or Latino Not Hispanic or Latino	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White







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Hispanic or Latino

American Indian or Alaska Native

Asian

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			Not Hispanic or Latino	Native Hawaiian or Other Pacific Islander White
			Hispanic or Latino Not Hispanic or Latino	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
			Hispanic or Latino Not Hispanic or Latino	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
			Hispanic or Latino Not Hispanic or Latino	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
Residency Infor		st Two Years)		OWN, RENT OR OTHER:
CORNERY TOLE STREET AL	DRESS.			ovvi, kert okomek
CITY:			STATE:	ZIP CODE:
HOME PHONE NUMBER:	CELL PHONE NUMBER:	EMAIL ADDRESS:	MOVE IN DATE:	MOVE OUT DATE: CURRENT RESIDENCE
LANDLORD NAME:	LANDLORD NAME: PROPERTY/LANDLO		ORD PHONE:	MONTHLY RENT/MORTGAGE:
PAST FULL STREET ADDRE	ESS:			OWN, RENT OR OTHER:
CITY:		STATE:	ZIP CODE:	Move In Date: Move Out Date:
LANDLORD NAME: PROPERTY/LANDLO			ORD PHONE:	MONTHLY RENT/MORTGAGE:
Utilities paid by	Heat	Electricity	Gas	Other «OtherUtilitiesExplain»

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

Y/N	If Yes Explain
	.,



Approximate monthly cost of utilities paid by you (excluding phone and cable TV):





Tax Credit Application for Housing ${\it wysi} Application Property Name {\it wysi} Appli$

A roof is just the beginning	ea way «ysiapplicationpropertycit Telephone «ysiApplica			J3		
Have you or anyone in your house	ehold 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 Question	ns	Y/N	Additional Comme	ents		
Do you anticipate any changes in	household composition in the next		Name of Name Manufacture			
twelve months?			Name of New Member:			
Is there anyone living with you no	w who won't be living with you at		Name of Member Leaving	n·		
this community?			Name of Wember Leaving	y.		
Are there any absent household m			Name of Absent Member	:		
conditions would live with you (Fo						
military or living in another state						
	member require a live-in caregiver		Name of Caregiver:			
or aide?			Recipient of Care:			
the time) listed under the Househ	tody of all minors (50% or more of					
	old Composition above:		County:			
the Housing Authority?	old have a Section 8 voucher through		Section 8 Voucher Number	or·		
the flousing Authority.	<u>l</u>		Section o voucher running			
Reasonable Accomp	modations/Modification	n				
Do you require mobility impaired						
Do you require vision impaired up						
Do you require hearing impaired u	-					
Special Features?						
	Explanation:					
Personal Reference						
Name	Address		Relationship	Phone		
		<u></u>		•		
Optional Information:						
Are you willing to provide informa	ation on your level of education and trar	sportation	needs? If yes, please answer	the quest	ions be	low:
(Head of Household) Highest leve	el of Education completed					
Are you usin	g Public Transportation to get to work?		If Yes, what type?			
(Co-Head) Highest leve	el of Education completed					
Are you usin	g Public Transportation to get to work?		If Yes, what type?			
Student Informatio	n					
Will all of the persons in the house	ehold be or have been full-time students	during five	e calendar months of	Yes		No
this year or plan to be in the next school) with regular faculty and st	calendar year at an educational institution	on (other th	nan a correspondence			
If Yes, Answer the Following Ques						
Are any full-time student(s) married					Yes	No
		r the Job Tra	aining Partnership Act?		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? 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					103	140
•	· · · · · · · · · · · · · · · · · · ·	not a Deper	dent on another's tax return		Yes	No







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Is any student a person who was previously under the care and placemen			P or E of	Yes No			
Title IV of the Social Security Act)?	t of a foster care program	i (under Part	B OI E OI	res 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				
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 seve	erance packages?*						
Do you receive child support?*							
Do you receive alimony, spousal support, or other maintenance payments	5?*						
Do you receive regular payments from a pension plan, retirement plan, or	annuity?*						
Do you receive Social Security benefits from the Social Security Administra	ation?*						
Do you receive income from a business owned by members of your house	ehold?*						
Do you receive income through an Indian trust?*							
Do you receive any regular gifts or payments from outside of the househousehousehousehousehousehousehouse	old?*						
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?							
			<u> </u>				
Household Income							
Member Name Income Ty	/ne	Annus	al Amount	_			
Member Name momenty	/pe	Amide	ar 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?		
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 Asse	ets				
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 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.

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







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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, (800) 898-1351

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

 \square 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.

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:



