



## Application for Housing BUCHANAN PARK APARTMENTS

1150 WEBSTER STREET • SAN FRANCISCO, CA 94115 • TELEPHONE (415) 563-1885

<b>EAH Property Management Use Only</b>		<b>APPLICATION APPROVED:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>BEDROOM SIZE</b>		<b>TIME OF APPLICATION:</b>	<b>COMMENTS</b>
<b>BARRIER FREE (H/C) UNIT REQUESTED?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>DATE OF APPLICATION:</b>	
		<b>APPLICATION RECEIVED BY:</b>	
<b>APPLICATION #:</b>		<b>LOTTERY #:</b>	

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, gender identity, age, religion, origin, family or marital status, disability, or sexual orientation.

**Number of bedrooms requested** **1<sup>st</sup> Request:** **2<sup>nd</sup> Request:**

<b>A. GENERAL INFORMATION:</b>		<b>HEAD OF HOUSEHOLD</b>		<b>CO-HEAD</b> Check if N/A <input type="checkbox"/>	
<b>Name:</b>		<b>Name:</b>			
<b>Home phone:</b>		<b>Home phone:</b>			
<b>Cell Phone</b>		<b>Cell Phone</b>			
<b>Work Phone:</b>		<b>Work Phone:</b>			
<b>Email:</b>		<b>Email:</b>			

**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	Gender - Enter "Male" or "Female" or "Choose <u>not</u> to respond"	Full Time Student Y/N (K-12/College)	Social Security/TIN* (last four only) 5555
1.		HEAD					
2.		CO-HEAD/Spouse					
3.							
4.							
5.							
6.							
7.							
8.							
9.							

**\* For those applicants without a Social Security Number, do you qualify for one of the three allowable exceptions?**

YES  NO  1) Ineligible, non-citizen member – not contending eligible immigration status.  
**Household members name:** \_\_\_\_\_

YES  NO  2) Members that were 62 years old as of January 31, 2010 and whose initial determination of eligibility began before January 31, 2010.  
**Household members name:** \_\_\_\_\_

YES  NO  3) Members under the age of 6 eligible for a 90-day extension to provide their SSN, if added to the household within the last 6 months.  
**Household members name:** \_\_\_\_\_





**1<sup>st</sup> Previous Address: Check if N/A**

PLEASE PROVIDE INFORMATION IF CURRENT LANDLORD REFERENCE IS LESS THAN 2 YEARS.

<b>HEAD OF HOUSEHOLD</b>	<b>CO-HEAD/Other (If different from HEAD) Check if N/A <input type="checkbox"/></b>
Name	Name
1 <sup>st</sup> Previous Address	1 <sup>st</sup> Previous Address
City/Zip Code	City/Zip Code
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other
Amount Paid Monthly	Amount Paid Monthly
Length of time Lived there From to	Length of time Lived there From to
Name of Landlord:	Name of Landlord:
City/Zip Code of Landlord:	City/Zip Code of Landlord:
Phone Number of Landlord:	Phone Number of Landlord:
Additional information if required:	

**2<sup>nd</sup> Previous Address: Check if N/A**

<b>HEAD OF HOUSEHOLD</b>	<b>CO-HEAD/Other (If different from HEAD) Check if N/A <input type="checkbox"/></b>
Name	Name
2 <sup>nd</sup> Previous Address	2 <sup>nd</sup> Previous Address
City/Zip Code	City/Zip Code
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other
Amount Paid Monthly	Amount Paid Monthly
Length of time Lived there From to	Length of time Lived there 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 <input type="checkbox"/> NO <input type="checkbox"/>	Do you require an accessible unit? <u>(Design Features for persons with disabilities)</u> . If yes, please explain:
2. YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have a Section 8 Voucher through the Housing Authority? If yes where?  Section 8 Voucher number
3. YES <input type="checkbox"/> NO <input type="checkbox"/>	Have you ever been evicted in the past 5 years? If yes, please explain:
4. YES <input type="checkbox"/> NO <input type="checkbox"/>	Have you willfully or intentionally ever refused to pay rent?



**Citizenship (For project-based Section 8 properties ONLY):**

1.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you a U.S. Citizen?
2.	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you a Non-Citizen with eligible immigration status?

**E. DEMOGRAPHIC INFORMATION**

Are you or any member of your household a U.S. military Veteran? YES  NO

**The following information is optional:**

HEAD: Highest level of Education completed?	<input type="checkbox"/> Some High School	<input type="checkbox"/> High School Graduate	<input type="checkbox"/> College	<input type="checkbox"/> Graduate School	
Profession/Job Title	Are you using Public Transportation to get to work? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		If Yes, what type? check one: <input type="checkbox"/> BART <input type="checkbox"/> Bus <input type="checkbox"/> Ferry <input type="checkbox"/> other		
Co-HEAD: Highest level of Education completed?	<input type="checkbox"/> Some High School	<input type="checkbox"/> High School Graduate	<input type="checkbox"/> College	<input type="checkbox"/> Graduate School	
Profession/Job Title	Are you using Public Transportation to get to work? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		If Yes, what type? check one: <input type="checkbox"/> BART <input type="checkbox"/> Bus <input type="checkbox"/> Ferry <input type="checkbox"/> other		
How did you hear about the property?	Local Paper <input type="checkbox"/>	Housing Authority <input type="checkbox"/>	Internet <input type="checkbox"/>	Referral <input type="checkbox"/>	Other <input type="checkbox"/>

The information regarding race and ethnicity solicited on this application is requested in order to assure the Federal Government that EAH Inc. complies with the Federal laws prohibiting discrimination against applicants on the basis of race and ethnicity. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in anyway.

Household Member Name	Ethnicity:	Race (check one or more)
1.	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander
2.	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander
3.	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander
4.	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander
5.	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander
6.	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander
7.	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander
8.	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander
9.	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander



**F. INCOME**

Employment Check if N/A

Please provide the following employment information for each household member.

Family Member First Name	Gross Monthly Amount	Business/Source Name Business/Source Address City/State/ZIP code	Contact Name Contact Phone Number Contact Fax Number
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			



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.									
3.									
4.									
5.									
6.									

YES  NO  Are there any changes expected in income within the next 12 months? If yes, please list family member and explain:

YES  NO  Do you or any household member receive Dual Entitlement benefits? If yes, please provide the Benefit Claim Number:  
N/A

YES  NO  \*\* Do you or any household member receive retirement benefits as periodic payments? If so, from what type of retirement account?  
N/A

**F. ASSETS**

YES  NO  Have you ever filed Bankruptcy?

Checking and/or Savings Account CHECK HERE IF N/A

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

7.			
8.			
9.			
10.			
11.			
12.			



**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.

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

**G. REAL ESTATE /DISPOSED OF ASSETS**

YES  NO  Does anyone own real property? (Includes land, houses, real estate, in the USA 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 of any assets for less than Fair Market Value (FMV) in the last two years? (e.g. cash, property, bank accounts) If "Yes" answer the questions below:

Family Member Name	Market Value When Disposed:	Cash Value Disposed For:

**H. ALLOWANCES**

1.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you pay any out-of-pocket childcare expenses? If yes how much do you pay per month?	\$
2.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Is there any household member (18 and over) that is a full time student? If yes, please list:	
	<b>Family Member Name</b>	<b>Name of School Attending</b>	<b>Address of School</b>
3.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you covered by any medical insurance? If yes how much are your monthly premiums?	\$
		<input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare	
4.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you or any member have any prescription drug expenses not covered by insurance? If yes, how much do you anticipate paying out of pocket per month?	\$
5.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have any anticipated medical expenses that are NOT covered by insurance? If yes, how much per month?	\$
6.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you anticipate any major dental, vision, or hearing-aid expenses in the coming year that are not covered by insurance? If yes, how much do you anticipate spending out of pocket next year?	\$
7.	YES <input type="checkbox"/> NO <input type="checkbox"/>	If you or your co-head or spouse is employed, do you anticipate expenses in the COMING year, for the cost of a care attendant for you or your spouse as a handicapped or disabled person as defined by HUD? (If yes proof of actual expenses are required) If yes, how much do you anticipate out of pocket per month?	\$



**I. CRIMINAL BACKGROUND**

1.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have YOU or ANY MEMBER of your household been convicted of any fraud in a federally assisted housing program or been requested to repay for misrepresenting information for such housing program?
2.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Has assistance/subsidy/tenancy ever been terminated for fraud, non-payment of rent, or failure to cooperate with recertification procedures?
3.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have YOU or ANY MEMBER of your household ever been convicted of a felony within in the past seven (7) years?
4.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have YOU or ANY MEMBER of your household ever been convicted of engaging in acts of violence or threats of violence, including, but not limited to, unlawful activity involving weapons or ammunition within the past (7) years?
5.	YES <input type="checkbox"/> NO <input type="checkbox"/>	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?
6.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have YOU or ANY MEMBER of your household ever been convicted of a criminal offense involving sexual misconduct?
7.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are YOU or ANY MEMBER of your household subject to a lifetime sex offender registration requirement in ANY state? <i>(Please note you will be giving the opportunity to remove the ineligible household member. If you refuse to remove the ineligible household member, the application must be denied)</i>
8.	Please list <b>all</b> states where <b>all household members</b> have ever lived. _____ _____	

IF you answered **"YES"** to any questions listed above in the Criminal Background Section of this application, Please provide an explanation below. 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





**J. CERTIFICATION AND RELEASE OF INFORMATION**

I/We hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. 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 HUD 4350.3 Occupancy Handbook and EAH Inc. Residents Selection Criteria. I/We understand that this application in no way ensures occupancy and that my/our application can be rejected 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 rejection 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 your application, also to include eviction, loss of assistance, if applicable. If this is a HUD subsidized property, the additional fines are imposed: fines of \$10,000.00 and five years imprisonment. WARNING!: 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.

**K. RELEASE OF INFORMATION**

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; for example landlords, local police departments, welfare agencies, or senior services agencies.

**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

**Other Adult:** \_\_\_\_\_  
Printed Name Signature Date

**Management:** \_\_\_\_\_  
Signature Date

**Please complete the attached HUD Form 92006 Supplement to Application for Federally Assisted Housing and return with your completed and signed application.**

