MARKHAM PLAZA APARTMENTS

2000/2010 Monterey Road

San Jose, CA 95112

TEL: 408-278-7081

FAX: 408-278-9048 OR 408-279-1373

OFFICE HOURS

Monday-Friday

Between the hours of 9:00am 4:00pm

CLOSED WEEKENDS AND HOLIDAYS

Available

Studio: $660.00

2 Bedrooms: $828.00 **(waitlist closed)**

Security Deposit

Studio-$700

Markham Plaza is an income restricted community. To qualify for residency your annual gross household income cannot exceed the amounts shown below.

Unit Size	Max income 1 person	Max income 2 people
Studio	$27,950	$31,950

Application fee $46.00 (Money Order Only, NON-REFUNDABLE)

Holding Deposit $200 (Money Order Only)

MINIMUM INCOME LIMIT FORMULA 2.5x ACTUAL RENT*

This rental community provides units, which conform to Federal State accessibility regulations

A Core Companies Community

Professionally Managed by EAH

EQUAL HOUSING OPPORTUNITY

Revision Date: 10/25/2016
102016tc

Application for Housing

MARKHAM PLAZA I & II

2000/2010 MONTEREY HWY• SAN JOSE, CA 95112 • TELEPHONE (408) 278-7081

EAH Property Management Use Only				APPLICATION APPROVED: Yes ☐ No ☐	
BEDROOM SIZE		TIME OF APPLICATION:		COMMENTS	
BARRIER FREE (H/C) UNIT REQUESTED?	YES ☐ NO ☐	DATE OF APPLICATION:			
		APPLICATION RECEIVED BY:			
APPLICATION #:		LOTTERY #:			

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 1st Request: 2nd Request:

A. GENERAL INFORMATION: HEAD OF HOUSEHOLD

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.						
6.						
7.						
8.						
9.						

1.	YES☐ NO☐	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.	YES☐ NO☐	Are there any absent household members that are not listed under the Household Composition above? If yes, please explain giving name and relationship?
4.	YES☐ NO☐	Do you have any pets that will reside with you if eligible? If yes, please Describe:
	YES☐ NO☐	Will you or anyone in your household require a live-in care attendant?

5		Name of Live-in Care Attendant:	Relationship if any:

C. VEHICLE INFORMATION Check if N/A ☐

Household Member Name	CA Driver ID	Car Make/Model	License Plate	Color	Year

D. HOUSING REFERENCES Please complete all areas below. Please provide the last 2 consecutive years of housing history.

HEAD OF HOUSEHOLD	CO-HEAD/Other (If different from HEAD) Check if N/A ☐
Name	Name
Current Address	Current Address
City/State/Zip Code	City/State/Zip Code
☐ Own ☐ Rent ☐ Other	☐ Own ☐ Rent ☐ 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:
Address of Landlord:	Address of Landlord:
City/State/Zip Code of Landlord:	City/State/Zip Code of Landlord:
Phone Number of Landlord	Phone Number of Landlord
Additional information if required:	

1st Previous Address: Check if N/A ☐

HEAD OF HOUSEHOLD	CO-HEAD/Other (If different from HEAD) Check if N/A ☐
Name	Name
1st Previous Address	1st Previous Address
City/State/Zip Code	City/State/Zip Code
☐ Own ☐ Rent ☐ Other	☐ Own ☐ Rent ☐ 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:
Address of Landlord:	Address of Landlord:
City/State/Zip Code of Landlord:	City/State/Zip Code of Landlord:
Phone Number of Landlord:	Phone Number of Landlord:

Additional information if required:

2nd Previous Address: Check if N/A ☐	
HEAD OF HOUSEHOLD	**CO-HEAD/Other** (If different from HEAD) **Check if N/A** ☐
Name	Name
2nd Previous Address	2nd Previous Address
City/State/Zip Code	City/State/Zip Code
☐ Own ☐ Rent ☐ Other	☐ Own ☐ Rent ☐ 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:
Address of Landlord:	Address of Landlord:
City/State/Zip Code of Landlord:	City/State/Zip Code of Landlord:
Phone Number of Landlord:	Phone Number of Landlord:

1.	YES☐ No☐	Do you require an accessible unit? (Design *Features for persons with disabilities*). If yes, please explain:
2.	YES☐ No☐	Do you have a Section 8 Voucher through the Housing Authority? If yes where? _____ Section 8 Voucher number _____
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 full-time students (Examples: K-12, College/University, trade school, etc.)?
2.	YES☐ No☐	Does the household consist of all persons who have been a full-time student in the previous 5 months?
3.	YES☐ No☐	Does your household anticipate becoming an all full-time student household in the next 12 months?
If you answered YES to any of the previous three questions are you:		
4.	YES☐ No☐	Receiving assistance under Title IV of the Social Security Act (AFDC/TANF/Cal Works - not SSA/SSI)?
5.	YES☐ No☐	Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program?
6.	YES☐ No☐	Married and filing (or are entitled to file) a joint tax return
7.	YES☐ No☐	Single parent with a dependent child or children and neither you nor your child(ren) are dependent of another individual?
8.	YES☐ No☐	Previously enrolled in the Foster Care program (age 18-24)?

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☐ NO☐ N/A ☐		If Yes, what type? check one: ☐BART ☐Bus ☐Ferry ☐other	
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: ☐BART ☐Bus ☐Ferry ☐other	
How did you hear about the property?	Local Paper ☐	Housing Authority ☐	Internet ☐	Referral	Other

G. 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.			

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:

H. 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.			

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.			

I. 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 FMV in the last two years? (e.g. cash, property, bank accounts) If "Yes" answer the questions below:

Family member name	Type of Asset	Market Value when Disposed:	Date of transaction:	Cash Value Disposed for:

J. CRIMINAL BACKGROUND

1.	YES☐ NO☐	Has tenancy ever been terminated for fraud, non-payment of rent, or failure to cooperate with recertification procedures?
2.	YES☐ NO☐	Have YOU or ANY MEMBER of your household ever been convicted of a felony within the past seven (7) years?
3.	YES☐ NO☐	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.	YES☐ NO☐	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?

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

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. 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.

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: _____ _____
Signature | Date

PART IX. SUPPLEMENTAL INFORMATION FORM

The California Tax Credit Allocation Committee (CTCAC) requests the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties. Although the CTCAC would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please check the box at the bottom of the page and initial.

Enter both Ethnicity and Race codes for each household member (see below for codes).

TENANT DEMOGRAPHIC PROFILE						
HH Mbr #	Last Name	First Name	Middle Initial	Race	Ethnicity	Disabled
1						
2						
3						
4						
5						
6						
7						

The Following Race Codes should be used:

1 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.

2 – Black/African American – A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" apply to this category.

3 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

4 – Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent:

4a – Asian India
4b – Chinese
4c – Filipino
4d – Japanese
4e – Korean
4f – Vietnamese
4g – Other Asian

5 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands:

5a – Native Hawaiian
5b – Guamanian or Chamorro
5c – Samoan
5d – Other Pacific Islander

6 – Other

7 – Did not respond. **(Please initial below)**

Note: *Multiple racial categories may be indicated as such: 31 – American Indian/Alaska Native & White, 14b – White & Asian (Chinese), etc.*

The Following Ethnicity Codes should be used:

1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as "Latino" or "Spanish Origin" apply to this category.

2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

3 – Did not respond. **(Please initial below)**

Disability Status:

1 – Yes

If any member of the household is disabled according to Fair Housing Act definition for handicap (disability):

- A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used, please see 24 CFR 100.201, available at http://fairhousing.com/legal-research/hud-regulations/24-cfr-100201-definitions.
- "Handicap" does not include current, illegal use of or addiction to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is transgender.

2 – No

3 – Did not respond **(Please initial below)**

☐ **Resident/Applicant:** I do not wish to furnish information regarding ethnicity, race and other household composition.

(Initials)	_____	_____	_____	_____	_____	_____	_____
(HH#)	1.	2.	3.	4.	5.	6.	7.