

102016tc

## **Application for Housing RIVERFIELD HOMES**

25 ADELINE WAY• HEALDSBURG, CA 95448 • TELEPHONE (707)538-2040

EAH Property Management Use Only					APPLICATION APPROVED: Yes □ No □						
BEC	EDROOM SIZE TIME OF APPLICATION:			PLICATION:					COMMENTS		
BAI	RRIER FREE (H/C	(H/C) YES DATE OF APPLICATIO									
UN	IT REQUESTED?	NO 🗆									
			APPLICATION	N RECEIVED BY:							
APF	PLICATION #:		LOTTERY #:								
				it to the Property.							
				ext to the question.	EAH does no	ot discrimir	nate on th	e basis	of race, color, se	ex, age, religion,	
origin, family or marital status, disability, or sexual orientation.  Number of bedrooms requested  1st Request:  2nd Request:											
										al 1.15 a.15	
Non		NFORMATION:	HEAD OF	HOUSEHOLD	Nama				CO-HEAD	Check if N/A	
Nan	ne: ne phone:				Name: Home pho	no·					
	Phone				Cell Phone						
	rk Phone:				Work Phor						
Ema	ail:				Email:						
	B. HOUSEHOI	LD COMPOSITION	ON								
			o will be living	in the apartment. L	ist the head	of househo	old first. D	o not ii	nclude minors w	ho will reside in the	
unit	less than 50% of			51	•	200		Т	- u		
		Name First/Last		Relationsl To HEAI	-	DOB		ge	Full Time	Social	
		FIISI/Lasi		TO HEAL	,	mm/dd,	/ yy		Student Y/N (K-12/College)	Security/TIN (only Last four)	
									(,60,	5555	
1.	HEAD										
2.			ouse								
3.											
4.											
5.											
6.											
7.											
8.											
9.											
1.	V50 NO	Do you expect	any additions to	the household wit	hin the next	t 12 month	s? If yes, p	lease e	explain giving na	me and relationship:	
	YES NO										
2.	YES NO	-	you have primary physical custody of all minors (50% or more of the time) listed under the Household Composition								
	N/A 🗌	above?									
3.		Are there any a	bsent househo	ld members that ar	e not listed	under the I	Household	Comp	osition above? If	yes, please explain	
	YES NO	giving name an	d relationship?					•			
4.	YES NO	Do you have ar	ny pets that will	reside with you if e	eligible? If ye	es, please D	Describe:				
	YES NO	Will you or any	one in your hou	usehold require a liv	/e-in care at	tendant?					





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5 Nam	e of Live-in Care Atten	dant:	Relationship if	Relationship if any:					
C. VEHICLE INFORM	MATION Check if N./	Δ	<u> </u>						
Household Member Nam		Car Make/Model	License Plate	Color	Voar				
nousenoid Member Nam	ie CA DITVELID	Cai iviake/iviouei	License Plate Color Year						
D. HOUSING REFER	ENCES Please com	l plete 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 Ot	her					
Amount Paid Monthly			Amount Paid Monthly	· -					
Length of time Lived there From to			Length of time Lived the	ere					
Name of Landlord:			Name of Landlord:						
Address of Landlord:			Address of Landlord:						
City/State/Zip Code of Land	lord:		City/State/Zip Code of Landlord:						
Phone Number of Landlord			Phone Number of Land	lord					
Additional information if	required:								
	<b>1</b> °	Previous Address: Ch	neck if N/A 🗆						
HEAD OF HOUSEHOLD			CO-HEAD/Other (If dif	ferent from HEAD) Check	if N/A □				
Name			Name	,	•				
481 5 4 4 1			45 0 1 4 1 1						
1 <sup>st</sup> Previous Address			1 <sup>st</sup> 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			Length of time Lived the	ere					
From to			From to						
Name of Landlord:			Name of Landlord:						
Address of Landlord:			Address of Landlord:						
City/State/Zip Code of Land	lord:		City/State/Zip Code of Landlord:						
Phone Number of Landlord:			Phone Number of Landlord:						

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		2 <sup>nd</sup> Previous Address: Chec	k if N/A 🗌						
HEA	HEAD OF HOUSEHOLD CO-HEAD/Other (If different from HEAD) Check if N/A								
Nam	ie		Name						
2 <sup>nd</sup> F	Previous Address		2 <sup>nd</sup> Previous Address						
City	/State/Zip Code		City/State/Zip Code						
	Own Rent C	Other	Own Rent Other						
Amo	ount Paid Monthly		Amount Paid Monthly						
_	th of time Lived th	nere	Length of time Lived there						
Fron	n to ne of Landlord:		From to Name of Landlord:						
IVall	ie or carraiora.		ivanie oi Lanuloiu.						
Add	ress of Landlord:		Address of Landlord:						
City	/State/Zip Code of	Landlord:	City/State/Zip Code of Landlord:						
Pho	ne Number of Land	dlord:	Phone Number of Landlord:						
1.	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 House	sing Authority? If yes where?						
			<del></del>						
		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 STA	ATUS							
1.	YES No		o are <u>full-time</u> students (Examples: K-12, College/University, trade						
1.	TES NO	school, etc.)?	o are <u>idil-time</u> students (Examples, K-12, Conege, Oniversity, trade						
2.	YES No		o have been a full-time student in the previous 5 months?						
3.									
		to any of the previous three questions are you							
4.	YES No		ial Security Act (AFDC/TANF/Cal Works - not SSA/SSI)?						
5.	YES No	_	ssistance through the Job Training Participation Act (JTPA) or other						
		similar program?							
6.	YES No	Married and filing (or are entitled to file) a join	int tax return						
7.	YES No		ren and neither you nor your child(ren) are dependent of another						
8.	YES No	Previously enrolled in the Foster Care program	m (age 18-24)?						
<u> </u>	1.20 140	1 Teviously emoned in the roster care program	111 (ugo 20 27);						



Additional information if required:

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If any member of this ho	usehold is a part	t-time	or ful	ll-time	stude	ent (Coll	lege,	Trade, etc.	) List	Name	an	nd A	ddre	ss of S	choo	l Att	endin	g
Family Member Name	Name of Sc	hool A	ttend	ling		Addre	ss of	School							Cur	rent	Grade	)
-																		
F. DEMOGRAPHIC IN	JEORMATION																	
Are you or any member		ld a Ve	terar	12	YES	П по	1											
The following information		iu a ve	terai	11:	ILJ													
HEAD: Highest level of Educ				Somo L	ligh Sch	hool [	Hial	h School Gra	duat	to	Τг	٦٠٠	llege		ТГ	Gra	duate (	School
Profession/Job Title	ation completed:				_			ation to get			II.				? che	_		3011001
Troicssion/300 Title					o∏ N,		ispoi ti	ation to get		OIK.	١ï				e? check one: s			
Co-HEAD: Highest level of E	ducation complete	ed?			igh Sch		∃High	School Gra	duate	е	ΤĒ		llege		ΤĖ	_		School
Profession/Job Title	•							ation to get			If	_		t type	? che			
			YES	☐ NO	O N	/A 🗌						BA	ART	Bus	Fe	erry	oth	er
How did you hear about the	e property?	cal Pap	er 🗌	] Ho	using A	Authority	<i> </i>	Internet		Referra	al			C	ther			
G. INCOME																		
Employment Check if N/	<b>Δ</b>																	
Please provide the follow		t infor	matic	on for	each l	househ	old m	ember										
Family Member	Gross Monthly			ource		ilousein	oid iii	ember.	Co	ntact Na	ama	Δ						
First Name	Amount		-		Addres	s				ntact Na			umbe	er				
	7			ZIP co						ntact Fa								
1.																		
2.																		
3.																		
		-							-									
4.																		
		-																
5.																		
·																		
									<u> </u>									
6.																		
		1							1									

Riverfield Homes, Phone:(707) 538-2040; Fax:(707)538-9287 TTY: (800) 735-2929 TDD (800) 545-1833 ext. 482



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Other Sources of Income Ch	eck if N/A										
List all money earned or rece											
Payments Or Death Benefits Payments. LIST GROSS A		•		s, Period	dic Payments	From Insurance	e Policies and	d Other Source	s Including	Periodic Lottery	
Household Member	SOC SEC &	VA BNFTS	PENS	ION/	SELF	ALIMONY	AFDC/	RECURRING	UNEMP	. OTHER	
First Name	SSI	RET		-	EMPLOY	OR	TANF	GIFTS	BNFTS.		
					(Use monthly NET Income)	CHILD					
1					NET Income;	SUPP.					
2.											
3.											
4.											
5.											
6.											
YES NO Are there	e any changes	s expected in i	ncome v	within t	he next 12 m	onths? If ves.	nlease list far	nily member ar	nd explain:		
TES NO Are then	c any change.	s expected iii ii	iicome v	within the	THE HEAT IZ III	ontiis: ii yes,	picase list rai	illy illelilber al	та схріані	•	
H. ASSETS											
YES NO Have you e	ver filed Banl	kruptcy?									
Checking and/or Savings	Account CHI	ECK HERE IF N	N/A								
Family Member First Nan	ne	Account	Туре		Bank/Financial Institution Names						
1.											
2.											
3.											
4.											
5.											
6.											
				<u> </u>							
Other Assets/Accounts											
Please list any of the follow											
CERTIFICATE OF DEPOSIT, IR CAPITAL GAINS, CAPITAL IN							TTERY WINN	INGS, INSURAN	ICE SETTLE	MENTS,	
ALSO INCLUDE ALL ASSETS T						ESTIVIENT.					
Family Member First Nan	1	Asset/Acco				nancial Institu	ution Name	es .	Tota	al Balance	
		Туре									
1.											
2.											
3.											
4.											
5.											
6.											



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I. R	EAL ESTA	TE /DISPOSED OF ASSETS								
YES NO	Does ar	nyone own real property? (Includes land,	houses, real estate	, in the USA o	r any other country)	f "Yes" answer the	questions below:			
	Fa	mily member name	Estimated ca of real pro		Rental income if any	Property a	ddress/City/State			
YES NO answer the		ou sold any Real Estate OR disposed of	any assets for les	s than FMV	in the last two yea	rs? (e.g. cash, propert	y, bank accounts) If "Yes"			
answer the		mily member name	Type of Asset		et Value when	Date of Cash Value Disposed transaction: for:				
			13000							
						_				
		BACKGROUND	<b></b>				-ti			
1. YES	NO _	Has tenancy ever been terminated for Have YOU or ANY MEMBER of your ho			•		•			
YES	NO _									
3. YES	] NO□	Have YOU or ANY MEMBER of your ho the past seven (7) years?	usehold ever bee	en convicted	of engaging in act	s of violence or thre	ats of violence, within			
4. YES	NO 🗌	Have YOU or ANY MEMBER of your ho or possession of an illegal drug or cont				illegal manufacture	, sale, distribution, use,			
IE vou ans	wered "Y	ES" to any questions listed above in	n the Criminal F	2ackaround	Section of this a	nnlication Please	nrovide an			
_		Include the date, circumstances, a		_		ppiication, ricase	provide dir			
Use this sp	ace if need	led for answering questions if you have	ran out of space	in that sect	ion. (enter the sec	tion letter and num	ber 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