## 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

<u>Available</u>

Studio: \$729.00

## 2 Bedrooms: \$916.00 (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	\$30,750	\$35,130

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

Holding Deposit \$200 (Money Order Only)

MINIMUM INCOME LIMIT FORMULA 2x ACTUAL RENT\*

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

## A Core Companies Community

**Professionally Managed by EAH** 







## **Application for Housing**

# MARKHAM PLAZA I & II

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

EAH Property	Manage	ment Use Only	APPLI	CATION APPROVED:	Yes 🗆 No 🗆
BEDROOM SIZE		TIME OF APPLICATION:		COMI	MENTS
BARRIER FREE (H/C)	YES 🗆	DATE OF APPLICATION:			
UNIT REQUESTED?	NO 🗆				
		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.

2<sup>nd</sup> Request: Number of bedrooms requested 1<sup>st</sup> Request: **GENERAL INFORMATION:** CO-HEAD Check if N/A Α. **HEAD OF HOUSEHOLD** 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	Relationship	DOB	Age	Full Time	Social		
		First/Last	To HEAD	mm/dd/yy	_	Student Y/N (K-12/College)	Security/TIN (only Last four) 5555		
1.			HEAD						
2.			CO-HEAD/Spouse						
3.									
4.									
5.									
6.									
7.									
8.									
9.									
1.		Do you expect any additions t	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 above?	custody of all minors (50% or m	ore of the time	listed und	er the Household	Composition		
3.		Are there any absent household members that are not listed under the Household Composition above? If yes, please explain giving name and relationship?							
4.		Do you have any pets that wil	l reside with you if eligible? If ye	es, please Descri	ibe:				
	YES NO	Will you or anyone in your ho	usehold require a live-in care at	tendant?					

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5		Name of	Live-in Care Attend	Jant:		Relationship if any:			
	C. VEHICLE INFORMATION Check if N/A								
Но	usehold Membe		CA Driver ID	Car Make/Model	Lic	ense Plate	Color	Year	
		- Hume	CABINCIE	cur makey model			60101		
	D. HOUSING	REFEREN	CES Please com	plete all areas below.	Please p	rovide the last	2 consecutive years of	of housing history.	
ШΕ	AD OF HOUSEHO				-		ferent from HEAD) Check	_	
							erent from HEAD) CHECK		
Nar	ne				Name				
<b>C</b>	rent Address				Current	Address			
Cur	rent Address				Curren	Address			
City	//State/Zip Code				City/St	ate/Zip Code			
City	// State/ Zip Coue				City/Sta	ate/ zip coue			
	Own 🗌 Rent 🗌	Other				n 🗌 Rent 🗌 Ot	her		
ل م	ount Paid Monthly					t Paid Monthly			
~		y			Amoun				
Len	gth of time Lived t	here			Length	of time Lived the	pre		
Fro	-	incre			From	to			
-	ne of Landlord:				-	of Landlord:			
Add	ress of Landlord:				Addres	s of Landlord:			
City	/State/Zip Code o	f Landlor	d:		City/St	ate/Zip Code of L	andlord:		
-	-				-	-			
Pho	one Number of Lan	dlord			Phone Number of Landlord				
Ad	ditional informat	tion if red	quired:						
			<b>1</b> <sup>st</sup>	Previous Address: Ch	neck if N	'A 🗌			
HE	AD OF HOUSEHO	OLD			CO-HE	AD/Other (If diff	ferent from HEAD) Check	if N/A 🛛	
Nar	ne				Name			-	
1 <sup>st</sup>	Previous Addres	s			1 <sup>st</sup> Previous Address				
City	//State/Zip Code				City/State/Zip Code				
	Own 🗌 Rent 🗌 (	Other			🗌 Own 🗌 Rent 🗌 Other				
Am	ount Paid Monthly	y			Amoun	t Paid Monthly			
Len	gth of time Lived t	here			Length of time Lived there				
Fro					From	to			
Nar	ne of Landlord:				Name o	of Landlord:			
Add	ress of Landlord:				Address of Landlord:				
	1	· · · ·							
City	//State/Zip Code o	t Landlor	1:		City/State/Zip Code of Landlord:				
Pho	one Number of Lan	iulorā:			Phone	Number of Landl	ora:		
					1				



## Additional information if required:

2 <sup>nd</sup> Previous Address: Check if N/A 🗌						
HEAD OF HOUSEHOLD	CO-HEAD/Other (If different from HEAD) Check if N/A					
Name	Name					
2 <sup>nd</sup> Previous Address	2 <sup>nd</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 there					
From to	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 Feat	ures for persons with disabilities). If yes, please explain:					
2. YES No Do you have a Section 8 Voucher through the H	ousing 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 w	who are <u>full-time</u> 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 y	ou:					
4. YES No Receiving assistance under Title IV of the S	ocial Security Act (AFDC/TANF/Cal Works - not SSA/SSI)?					
5. YES No Enrolled in a job training program receiving	g assistance through the Job Training Participation Act (JTPA) or other					
similar program?						
6. YES No Married and filing (or are entitled to file) a						
7. YES No Single parent with a dependent child or chi individual?	ildren and neither you nor your child(ren) are dependent of another					
8. YES No Previously enrolled in the Foster Care prog	ram (age 18-24)?					

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Revision Date: 10/25/2016

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 IN						
Are you or any member of		d a vet	eran? YES			
The following information HEAD: Highest level of Educ						Graduate School
Profession/Job Title	ation completed?		Some High Scl	hool High School Gra		pe? check one:
FIOLESSION/JOD TILLE						Bus Ferry Other
Co-HEAD: Highest level of E	ducation complete	ed?	Some High Sch			Graduate School
Profession/Job Title	· ·			blic Transportation to get		pe? check one:
-						Sus Ferry Other
How did you hear about the	property? Lo	cal Pape	er 🗌 🛛 Housing A	Authority 🗌 🛛 Internet 🗌	Referral	Other
G. INCOME						
Employment Check if N/A	<b>\</b>					
Please provide the follow	ving employmen	t inform	nation for each	household member.		
Family Member	Gross Monthly	Busine	ss/Source Name		Contact Name	
First Name	Amount		ss/Source Addres	is	Contact Phone Number	
		City/St	ate/ZIP code		Contact Fax Number	
1.						
2.						
3.						
4.						
5.						
6						
6.						
						_

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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

Payments. LIST GROSS ANIGONTS 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 then	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 Bank	ruptcy?							
Checking and/or Savings	Account CHE	CK HERE IF N	N/A 🗌						
Family Member First Nar	ne	Account	Туре	Bai	nk/Financial	Institution N	lames		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.			

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#### 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 ca	ash value	Rental income	Property ad	dress/City/State
	of real pr	operty	if any		
YES NO Have you sold any Real Estate OR disposed of a answer the questions below:	iny assets for le	ss than FMV	in the last two yea	rs? (e.g. cash, property)	bank accounts) If "Yes"
Family member name	Type of Market Value		t Value when	Date of	Cash Value Disposed
	Asset	et Disposed		transaction:	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.		Have YOU or ANY MEMBER of your household ever been convicted of a felony within the past seven (7) years?
3.		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.		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 y	ou answered <u>"</u>	YES" to any questions listed above in the Criminal Background Section of this application, Please provide an
exp	lanation 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	





