



## **CENTERTOWN APARTMENTS**

**855C STREET, SUITE 100, SAN RAFAEL, CA 94901**

**TELEPHONE 415-455-8141 FAX 415-455-9141**

**TDD (800) 735-2929**

**CT-MANAGEMENT@EAHHOUSING.ORG**

### **RESIDENT SELECTION PLAN**

Centertown is a 60 unit affordable housing community in San Rafael, CA that provides housing for low income individuals and families, without regard to race, color, sex, creed, religion, national origin, physical or mental disability status, familial status, age, ancestry, marital status, source of income, sexual orientation or any other personal characteristics. Centertown Apartments will make reasonable accommodations to individuals whose disability so require. Reasonable Accommodation Request forms are available upon request from management. Centertown is an Equal Opportunity Housing Facility, admitting people in accordance with local, state and federal Fair Housing laws, and in accordance with the State of California's Tax Credit Allocation Committee, RHCP, AHP and CDBG program regulations.

#### **NON-SMOKING POLICY**

Centertown Apartments is designated as a Non-Smoking property. Smoking is prohibited in all areas of the property including the interior of apartments, all indoor and outdoor common areas on the property.

It is the residents' responsibility to inform their guests of the Non-Smoking Policy. Any violation of the Non-Smoking Policy will be deemed a material breach of the Rental Agreement and grounds for immediate termination of the Lease/Rental Agreement.

Centertown Apartments adoption of a Non-Smoking Policy does not make the Owner the guarantor of the resident's health or that

the property will be free of smoke but management shall take reasonable steps to enforce this policy

#### **INCOME LIMITS**

To qualify for a unit, the household's gross income may not exceed the maximum income limit per household size and may not be lower than the income minimum per household size. The income maximums and minimums are attached and will be posted in the Centertown Office.

#### **APPLICATION PROCEDURES**

Applications will only be distributed when the Waiting List is open. Applications will not be distributed when the Waiting List is closed.

Applications will be available in the office during normal business hours or \$46.00 per each household member 18 years of age and older. The maximum charge per household is \$138.00.

A holding deposit of \$200 and an application fee(s) (per adult to occupy the apartment) is required at the time an application is accepted. These funds must be in the form of a cashier's check or money order only. The holding deposit will be applied to your Security Deposit and or first month's rent if your application is approved and you move-in on your scheduled move-in day. If your application is denied by management, your holding deposit will be reimbursed. If you rescind your application within three (3) days of the date the holding deposit was paid, your holding deposit will be reimbursed. If you cancel after the initial 3 days for any reason your holding deposit will be forfeited. The application fee is non-refundable.

Each applicant must complete an application and be willing to submit to a credit history, rental history, and criminal background inquiry, as well as income and asset verifications. An Employment Verification fee of \$9.95 will be charged to each adult applicant whose employment income can only be third party verified via The Work Number. Applicants who fail to pay the Employment

Verification Fee for the Work Number service will be denied due to “failure to cooperate with the certification process”.

All application entries are to be made in ink or typed. Corrections or changes are to be made by lining through the original entry and entering the correct data. Such changes must be dated and initialed by the person making the change.

Signed and dated applications will be processed on a first-come, first-served basis. The application must be completed and signed by the head of household and all household members 18 years of age and older before an applicant can be placed on the waiting list. If an application is not completely answered, the date of it being fully completed will be the date that the application is considered accepted for rental purposes.

### **PREFERENCES**

Every applicant must meet the Property’s Resident Selection Plan standards for acceptance as a resident.

For units designed as accessible for persons with mobility, visual or hearing impairments, households containing at least one person with such impairment will have first priority for those units.

### **UNIT TRANSFER POLICY**

A Unit Transfer List is maintained for those residents who have been approved for transfer on the basis of:

- a change in household size or household composition;
- a medical reason certified by a third party professional;
- a need for an accessible unit.

Assignments of apartments will alternate between residents on the unit transfer list and applicants from the waiting list.

With exception that transfers for medical reasons will take priority over applicants and units with features for the disabled will be offered first to those that need these features.

### **OCCUPANCY STANDARDS**

Occupancy standards are the criteria established for matching a household with the most appropriate size and type of apartment. “Two plus one” occupancy guidelines will be followed to avoid under or over utilization of the units as follows:

Bedrooms	Household Minimum		Household Maximum
	Tax Credit	HCD	
1	1	2	3
2	2	3	5
3	3	4	7

To determine the proper bedroom size for which a household may qualify, the following household members are to be included:

1. All full-time members of the household, and
2. Live-in attendants.
3. Foster children
4. Unborn children
5. Children in the process of being adopted.

### **GROUND'S FOR DENIAL**

1. Total family income exceeds the applicable income limits published by HUD or does not meet the minimum income limit.
2. Household cannot pay the full security deposit at move-in.
3. Household refuses to accept the second offer of an apartment.
4. Household fails to respond to interview letters or otherwise fails to cooperate with the certification process. Failure to sign consent forms.
5. ANY adult household members fail to attend eligibility interview.

6. Blatant disrespect or disruptive behavior toward management, the property or other residents exhibited by an applicant or family member any time prior to move-in (or a demonstrable history of such behavior).
7. Household is composed entirely of full time students and does not meet the exception outlined in Section 42 of the IRC.
8. Applicant has failed to provide adequate verification of income or we are unable to adequately verify income and/or income sources.
9. Providing or submitting false or untrue information on your application or failure to cooperate in any way with the verification process.
10. Unit assignment will NOT be the family's sole place of residency. **Qualification for a unit includes occupying the unit on a continuous basis and as a primary residence. Residents may not be absent from the unit for more than 60 consecutive days, or for longer than 180 continuous days for medical reasons.**

#### **LANDLORD REFERENCE**

11. Negative landlord references that indicate lease violation, disturbing the peace, harassment, poor housekeeping, improper conduct or other negative references against the household.
12. Evictions reported in the last 5 years.
13. History of late payment of rent that demonstrates more than 2 late payments of rent in a six-month period for the past two years. More than 1 NSF in a one-year period.
14. Any evidence of illegal activity including but not limited to drugs, gang, etc.

15. Inappropriate household size for the unit available (see Occupancy Standards).

#### **CREDIT**

Please see attached credit criteria.

**\*\* Applicants without a credit history will fail OnSite's "Income to Debt Ratio" criteria and their application will be denied for housing.**

#### **CRIMINAL**

Please see attached criminal background criteria.

#### **GRIEVANCE/APPEAL PROCESS**

Failure to meet one or more of the foregoing screening criteria may be grounds for rejection, however, each application is considered as a whole and the above-factors are considered as part of a weighted formula. Should the applicants fail to meet the screening criteria, they will receive a notice in writing indicating that they have the right to appeal the decision. This notice must indicate that the applicant has 14 days to dispute the decision.

An appeal meeting with the Property Supervisor or the Compliance staff will be held within 10 business days of receipt of the applicant's request.

Within five days of the appeal meeting, the property will advise the applicant in writing of the final decision regarding eligibility. Apartments will not be held for those applicants in the appeal process.

## **ADMINISTRATION OF WAITING LIST**

The property is required to maintain a Waiting List of all eligible applicants. Applicants must be placed on the Waiting List and selected from the Waiting List even in situations where there are vacancies and the application is processed upon receipt. This procedure is necessary to assure the complete and accurate processing of all documentation for all applicants.

The property has one Waiting List that is established and maintained in chronological order based on the date and time of receipt of the Preliminary Application. The Waiting List contains the following information for each applicant:

1. Applicant Name
2. Address and/or Contact Information
3. Phone Number(s)
4. Unit Type/Size
5. Household Composition
6. Preference/Accessibility requirements
7. Income level
8. Date/ Time of Application

Applicants must report changes in writing to any of the information immediately.

Applicants will have the opportunity to decline the first apartment offered and retain their place on the waiting list. Should the applicant decline the offer of the next available unit, they will be removed from the waiting list.

## **PURGING THE WAITING LIST**

The Waiting List will be purged periodically. Each applicant will receive a letter from the property, which will request updated information and ask about their continued interest. This letter must be returned within the specified time or their application will be removed from the Waiting List. It is the responsibility of the

applicant to maintain a current address with the office in order to receive waitlist correspondence. Any correspondence returned undeliverable will result in application being removed from the waitlist.

## **OPENING/CLOSING OF WAITING LIST**

The methods of advertising used to announce opening and closing of the Waiting List is contained in our Marketing Plan.

## **AVAILABILITY OF RESIDENT SELECTION PLAN**

The Resident Selection Plan shall be posted in a conspicuous and public area at the site. Changes to the Plan will be sent via U.S. mail to all persons on the active Waiting List. When the Waiting List opens, the Resident Selection Plan will be distributed with applications and are available by request from management.

## **EMPLOYMENT VERIFICATION – THE WORK NUMBER**

At **initial move-in** into a tax credit unit, CTCAC policy **requires** that all resident files contain 3<sup>rd</sup> party verification for all wage earners in the form of a Verification of Employment (VOE) along with **3 months of recent consecutive pay-stubs**. CTCAC requires a Verification of Employment (VOE) for all initial applicants including those wage earners that can only be verified via the Work Number. CTCAC allows owners of the community to **pass on the cost of the verification to the applicant**. This will ensure there is a VOE **and** pay-stubs for all wage earners at initial move-in, in the resident files as requested by CTCAC.

Applicants with wage earnings that can only be verified via The Work Number **will be charged** the cost to obtain the Verification of Employment (VOE).

During Annual Recertification we are no longer required to supply a VOE from the Work Number, **as long as 3 months of recent consecutive pay-stubs are included** in the file. If a resident cannot provide 3 months of consecutive pay-stubs, verification via

The Work Number will be required and the cost for the VOE at annual recertification will be passed on the resident.

Residents with earnings that can **only** be verified via The Work Number because 3 months of recent consecutive pay-stubs could not be provided by the resident will be charged the cost to obtain the Verification of Employment (VOE).

### **ANNUAL RECERTIFICATION REQUIREMENTS**

All residents must recertify annually. Proposed changes of household composition and student status must be reported to Management immediately.

### **UNIT INSPECTION REQUIREMENT**

Before signing the lease, Centertown and the resident must jointly inspect the unit. The resident has five days to report any additional deficiencies to Centertown to be noted on the move-in inspection form.

Annual unit inspections are performed by Centertown. Agencies providing funding have the right to inspect the unit to ensure the property is physically well maintained and that the residents are provided with decent, safe and sanitary housing.

Residents will receive prior written notification for all unit inspections.

When a resident moves out, a final inspection will be completed. Residents are encouraged to attend the move-out inspection. However, if the resident does not wish to participate in the final inspection, Centertown management may conduct the inspection alone.

### **PETS**

No pets of any description are allowed on the property. SERVICE or ASSISTANCE animals are not considered pets and are not required to comply with the provisions of the Pet Policy. Service or Assistance animals are those animals specifically required to assist individuals with documented disabilities. Please notify Management if you require a Service or Assistance animal.

### **EQUAL HOUSING OPPORTUNITY**

Centertown Apartments does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally-assisted programs and activities.



EAH, INC.  
A NONPROFIT HOUSING CORPORATION

*Since 1968 Creating Community by  
Developing, Managing and Promoting  
Quality Affordable Housing*

# CENTERTOWN

Normal Applications		Importance
<i>Ability to Pay Rent</i>		
Minimum monthly gross income-to-rent ratio = 2.2		Extremely
Assets may not contribute to the qualifying income		
Monthly minimum net income (after rent and debt obligations) should exceed a fixed amount: \$1,000.00		Extremely
<i>Credit History</i>		
Maximum percentage of past due negative accounts: number of derogatory accounts: 25.0%		Moderately
Maximum balance of unpaid collections (includes past due accounts): \$1,000.00		Moderately
Bankruptcy permitted: More than 3 years ago		Very
<i>Residency History</i>		
No landlord tenant court records or unpaid landlord collections: Any number ever		Pass/Fail
<i>Criminal History: Felony Convictions</i>		
Total Considered Felony Convictions	No more than 2	Pass/Fail
Alcohol	No more than 2 ever	Pass/Fail
Bad Check	None ever	Pass/Fail
Criminal - Other	No more than 2 ever	Pass/Fail
Drug - Manufacturing/Distribution	None ever	Pass/Fail
Drug - Meth Manufacturing	None ever	Pass/Fail
Drug - Use	No more than 2 ever	Pass/Fail
Fraud	None ever	Pass/Fail
Government Obstruction	None ever	Pass/Fail
Kidnapping	None ever	Pass/Fail
Motor Vehicle	No more than 2 ever	Pass/Fail

Property - Destruction Related	None ever	Pass/Fail
Property - Other	None ever	Pass/Fail
Property - Theft Related	None ever	Pass/Fail
Prostitution	No more than 1 in the last 7 years	Pass/Fail
Sex Offense - Coerced	None ever	Pass/Fail
Sex Offense - Willful	None ever	Pass/Fail
Society - Other	No more than 2 ever	Pass/Fail
Violent - Fatal	None ever	Pass/Fail
Violent - Non-Fatal	None ever	Pass/Fail
Weapons	None ever	Pass/Fail
Drug - Marijuana Use	-	Not Considered
License	-	Not Considered
Wildlife	-	Not Considered
<b><i>Criminal History: Misdemeanor Convictions</i></b>		
Total Considered Misdemeanor Convictions	No more than 2	Pass/Fail
Bad Check	No more than 1 ever	Pass/Fail
Criminal - Other	No more than 1 ever	Pass/Fail
Drug - Manufacturing/Distribution	No more than 1 ever	Pass/Fail
Drug - Meth Manufacturing	No more than 1 ever	Pass/Fail
Drug - Use	No more than 1 ever	Pass/Fail
Fraud	No more than 1 ever	Pass/Fail
Government Obstruction	No more than 1 ever	Pass/Fail
Kidnapping	No more than 1 ever	Pass/Fail
Property - Destruction Related	No more than 1 ever	Pass/Fail
Property - Other	No more than 1 ever	Pass/Fail

Property - Theft Related		No more than 1 ever	Pass/Fail
Prostitution		No more than 1 ever	Pass/Fail
Sex Offense - Coerced		No more than 1 ever	Pass/Fail
Sex Offense - Willful		No more than 1 ever	Pass/Fail
Society - Other		No more than 1 ever	Pass/Fail
Violent - Fatal		No more than 1 ever	Pass/Fail
Violent - Non-Fatal		No more than 1 ever	Pass/Fail
Weapons		No more than 1 ever	Pass/Fail
Alcohol		-	Not Considered
Drug - Marijuana Use		-	Not Considered
License		-	Not Considered
Motor Vehicle		-	Not Considered
Wildlife		-	Not Considered

The credit decision settings above are configured by the property manager. Based on these settings and other credit data, On-Site Manager, Inc. will calculate a score between 0 and 10 for the application. This score describes the degree to which the applicant meets the criteria. The meaning of the scores is described below:

Score	Recommendation	Explanation
0.0 - 4.9	Decline	Fails to meet the credit decision settings above.
5.0 - 6.9	Maybe	Fails to meet the credit decision settings above.
7.0 - 10.0	Accept	Meets or exceeds credit decision settings above.
<b>Please Note:</b> Guarantors must qualify unconditionally (a score of 7.0 or higher).		

# CENTERTOWN

Below Market Rate Applications		Importance
Ability to Pay Rent		
Below market rate: Minimum monthly gross income-to-rent ratio = 2.2		Not Considered
Below market rate: Assets may not contribute to the qualifying income		
Below market rate: Monthly minimum net income (after rent and debt obligations) should exceed a fixed amount: \$1,000.00		Not Considered
Credit History		
Below market rate: Maximum percentage of past due negative accounts: number of derogatory accounts: 25.0%		Moderately
Below market rate: Maximum balance of unpaid collections (includes past due accounts): \$200.00		Moderately
Below market rate: Bankruptcy permitted: More than 3 years ago		Very
Residency History		
Below market rate: No landlord tenant court records or unpaid landlord collections: Any number ever		Pass/Fail
Criminal History: Felony Convictions		
Total Considered Felony Convictions	None	Pass/Fail
Alcohol	None ever	Pass/Fail
Bad Check	None ever	Pass/Fail
Criminal - Other	None ever	Pass/Fail
Drug - Manufacturing/Distribution	None ever	Pass/Fail
Drug - Marijuana Use	None ever	Pass/Fail
Drug - Meth Manufacturing	None ever	Pass/Fail
Drug - Use	None ever	Pass/Fail
Fraud	None ever	Pass/Fail
Government Obstruction	None ever	Pass/Fail
Kidnapping	None ever	Pass/Fail

License	None ever	Pass/Fail
Motor Vehicle	None ever	Pass/Fail
Property - Destruction Related	None ever	Pass/Fail
Property - Other	None ever	Pass/Fail
Property - Theft Related	None ever	Pass/Fail
Prostitution	None ever	Pass/Fail
Sex Offense - Coerced	None ever	Pass/Fail
Sex Offense - Willful	None ever	Pass/Fail
Society - Other	None ever	Pass/Fail
Violent - Fatal	None ever	Pass/Fail
Violent - Non-Fatal	None ever	Pass/Fail
Weapons	None ever	Pass/Fail
Wildlife	None ever	Pass/Fail
<b><i>Criminal History: Misdemeanor Convictions</i></b>		
Total Considered Misdemeanor Convictions	No more than 1	Pass/Fail
Alcohol	No more than 1 ever	Pass/Fail
Bad Check	No more than 1 ever	Pass/Fail
Criminal - Other	No more than 1 ever	Pass/Fail
Drug - Manufacturing/Distribution	No more than 1 ever	Pass/Fail
Drug - Marijuana Use	No more than 1 ever	Pass/Fail
Drug - Meth Manufacturing	No more than 1 ever	Pass/Fail
Drug - Use	No more than 1 ever	Pass/Fail
Fraud	No more than 1 ever	Pass/Fail
Government Obstruction	No more than 1 ever	Pass/Fail
Kidnapping	No more than 1 ever	Pass/Fail

License		No more than 1 ever	Pass/Fail
Motor Vehicle		No more than 1 ever	Pass/Fail
Property - Destruction Related		No more than 1 ever	Pass/Fail
Property - Other		No more than 1 ever	Pass/Fail
Property - Theft Related		No more than 1 ever	Pass/Fail
Prostitution		No more than 1 ever	Pass/Fail
Sex Offense - Coerced		No more than 1 ever	Pass/Fail
Sex Offense - Willful		No more than 1 ever	Pass/Fail
Society - Other		No more than 1 ever	Pass/Fail
Violent - Fatal		No more than 1 ever	Pass/Fail
Violent - Non-Fatal		No more than 1 ever	Pass/Fail
Weapons		No more than 1 ever	Pass/Fail
Wildlife		No more than 1 ever	Pass/Fail

The credit decision settings above are configured by the property manager. Based on these settings and other credit data, On-Site Manager, Inc. will calculate a score between 0 and 10 for the application. This score describes the degree to which the applicant meets the criteria. The meaning of the scores is described below:

Score	Recommendation	Explanation
0.0 - 4.9	Decline	Fails to meet the credit decision settings above.
5.0 - 6.9	Maybe	Fails to meet the credit decision settings above.
7.0 - 10.0	Accept	Meets or exceeds credit decision settings above.
<b>Please Note:</b> Guarantors must qualify unconditionally (a score of 7.0 or higher).		

## 2019 Centertown Apartments Move-In Qualification Sheet

Unit Type & Area Median Income (AMI) Designation	Minimum Income (2.5 times of 12 mo.max rent)	Maximum Income	Rent	Deposit
1-BR 50% AMI	\$44,730	\$57,450 (1 Person) \$65,650 (2 Persons) \$73,850 (3 Persons)	\$1,491	\$1,500
2-BR 50% AMI	\$53,970	\$65,650 (2 Persons) \$73,850 (3 Persons) \$82,050 (4 Persons) \$88,650 (5 Persons)	\$1,799	\$2,000
3-BR 50% AMI	\$61,230	\$73,850 (3 Persons) \$82,050 (4 Persons) \$88,650 (5 Persons) \$95,200 (6 Persons) \$101,750 (7 Persons)	\$2,041	\$2,500
1-BR 60% AMI	\$53,970	\$68,940 (1 Person) \$78,780 (2 Persons) \$88,620 (3 Persons)	\$1,799	\$2,000
2-BR 60% AMI	\$64,440	\$78,780 (2 Persons) \$88,620 (3 Persons) \$98,460 (4 Persons) \$106,380 (5 Persons)	\$2,148	\$2,500
3-BR 60% AMI	\$74,040	\$88,620 (3 Persons) \$98,460 (4 Persons) \$106,380 (5 Persons) \$114,240 (6 Persons) \$122,100 (7 Persons)	\$2,468	\$2,500



Revision Date: 10/25/2016

102016tc

## Application for Housing CENTERTOWN

855 C ST. • SAN RAFAEL, CA 94901 • TELEPHONE (415) 455-94901

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

1<sup>st</sup> Request:2<sup>nd</sup> Request:

A. GENERAL INFORMATION: HEAD OF HOUSEHOLD		CO-HEAD Check if N/A <input type="checkbox"/>	
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 <input type="checkbox"/> NO <input type="checkbox"/>	Do you expect any additions to the household within the next 12 months? If yes, please explain giving name and relationship:				
2.	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	Do you have primary physical custody of all minors (50% or more of the time) listed under the Household Composition above?				
3.	YES <input type="checkbox"/> NO <input type="checkbox"/>	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 <input type="checkbox"/> NO <input type="checkbox"/>	Do you have any pets that will reside with you if eligible? If yes, please Describe:				
5.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Will you or anyone in your household require a live-in care attendant?				

Centertown Phone/Fax Number: (415) 455-8141 TTY: (800) 735-2929 TDD (800) 545-1833 ext. 482



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		Name of Live-in Care Attendant:	Relationship if any:
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**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.

<b>HEAD OF HOUSEHOLD</b>	<b>CO-HEAD/Other</b> (If different from HEAD) Check if N/A <input type="checkbox"/>
Name	Name
Current Address	Current Address
City/State/Zip Code	City/State/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:
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
<b>Additional information if required:</b>	
<b>1<sup>st</sup> Previous Address:</b> Check if N/A <input type="checkbox"/>	
<b>HEAD OF HOUSEHOLD</b>	<b>CO-HEAD/Other</b> (If different from HEAD) Check if N/A <input type="checkbox"/>
Name	Name
<b>1<sup>st</sup> Previous Address</b>	<b>1<sup>st</sup> Previous Address</b>
City/State/Zip Code	City/State/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:
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:

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

<b>HEAD OF HOUSEHOLD</b>		<b>CO-HEAD/Other</b> (If different from HEAD) Check if N/A <input type="checkbox"/>
Name		Name
2 <sup>nd</sup> Previous Address		2 <sup>nd</sup> Previous Address
City/State/Zip Code		City/State/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:
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 <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?

  

**E. STUDENT STATUS**

1.	YES <input type="checkbox"/> No <input type="checkbox"/>	Does the household consist of all persons who are <u>full-time</u> students (Examples: K-12, College/University, trade school, etc.)?
2.	YES <input type="checkbox"/> No <input type="checkbox"/>	Does the household consist of all persons who have been a <u>full-time</u> student in the previous 5 months?
3.	YES <input type="checkbox"/> No <input type="checkbox"/>	Does your household anticipate becoming an all full-time student household in the next 12 months?
If you answered <b>YES</b> to any of the previous three questions are you:		
4.	YES <input type="checkbox"/> No <input type="checkbox"/>	Receiving assistance under Title IV of the Social Security Act (AFDC/TANF/Cal Works - not SSA/SSI)?
5.	YES <input type="checkbox"/> No <input type="checkbox"/>	Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program?
6.	YES <input type="checkbox"/> No <input type="checkbox"/>	Married and filing (or are entitled to file) a joint tax return
7.	YES <input type="checkbox"/> No <input type="checkbox"/>	Single parent with a dependent child or children and neither you nor your child(ren) are dependent of another individual?
8.	YES <input type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/> NO <input type="checkbox"/>			
<b>The following information is optional:</b>			
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"/>

**G. INCOME**

Employment Check if N/A <input type="checkbox"/>
--

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

<b>Head Of Household:</b>	_____	_____	_____
	Printed Name	Signature	Date
<b>Spouse/Co-Head:</b>	_____	_____	_____
	Printed Name	Signature	Date
<b>Other Adult:</b>	_____	_____	_____
	Printed Name	Signature	Date
<b>Other Adult:</b>	_____	_____	_____
	Printed Name	Signature	Date
<b>Management:</b>	_____	_____	
	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” or “Negro” 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                      4e – Korean
  - 4b – Chinese                          4f – Vietnamese
  - 4c – Filipino                          4g – Other Asian
  - 4d – Japanese
- 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                      5c – Samoan
  - 5b – Guamanian or Chamorro              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 a transvestite.
- 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.

# **EAH RESIDENT GRIEVANCE PROCEDURE**

EAH has established simple procedures to provide all parties with a non-judicial means of resolving problems and disputes. The intent of the following is to provide steps to resolve disputes between management and residents, and any combination of these two parties. Participation in, or use of, the grievance process does not affect anyone's right to a trial or any other judicial proceedings on the matter in question.

Complainant is defined as any resident in the complex whose rights, duties, welfare or status is or may be adversely affected by management's action or failure to act and who files a grievance with management with respect to such action or failure to act.

Grievance is defined as any dispute with respect to management's action or failure to act in accordance with lease requirements, or any management action or failure to act involving the interpretation or application of management regulations, policies or procedures which adversely affects the rights, duties, welfare, or status of the complainant.

These Grievance Procedures should be distributed to each household upon occupancy, and posted in a conspicuous place at the property. This will usually be the community bulletin board.

## **APPLICABILITY**

- a. This procedure shall apply to all individual grievances between the resident and EAH.
- b. This procedure shall not apply to:
  - 1) the validity or propriety of the terms and conditions of the residential lease,
  - 2) eviction or termination of tenancy based upon complainant's creation or maintenance of a threat to the health or safety of other tenants or our employees,
  - 3) any dispute between complainant and other residents not involving EAH.

## **TYPES OF HEARING**

There are three levels of hearing or appeals with respect to this procedure. The complainant is required to first present his/her grievance to the Resident manager prior to submitting the complaint to others in the organization.

- a. **Resident Manager:** This is an informal meeting between you and the on-site Resident manager to discuss your grievance. The goal of the informal hearing is to settle the problem without the need to have a second hearing with the Resident Manager's immediate supervisor, the Property Supervisor. In the event the problem is not settled you are entitled to request a hearing with the Property Supervisor. However, you must first meet with the Resident manager prior to requesting a hearing with his/her supervisor.
- b. **Property Supervisor:** After the complainant has met with the on-site Resident manager and the problem has not been settled satisfactory, the resident can meet with the Property Supervisor. The problem may be discussed and resolved over the telephone or if requested at a scheduled meeting.
- c. **Regional Manager:** The final authority to resolve the resident's grievance is the Regional Manager. All grievances must be presented in writing only. Decisions made by the Regional Manager are final within the EAH organization.

## **Procedures**

- a. **Presentation of grievance.** You must personally present your grievance either orally or in writing to us at the on site office. If the disposition is not resolved by the Resident Manager or the Property Supervisor, you must present your grievance in writing for final disposition to the Regional Manager. You must present your grievance within a reasonable time, not to exceed 14 days from our action or failure to act on the basis for your grievance. The grievance should be simply stated, but you should specify the particular ground(s) for the grievance and the action or relief you seek. We will schedule a meeting with you within five working days after receiving your request.
- b. **Summary and answer.** We will prepare a written, dated and signed summary of our discussion and answer to your grievance within a reasonable time, not to exceed 10 working days. We will mail or deliver one copy to you and keep one in your file. Our answer shall specify: 1) the names of the hearing participants, 2) the date of the hearing, 3) the nature of the grievance, 4) the proposed disposition of the grievance and the specific reasons therefore, 5)

the procedure by which you may request a hearing by the next individual as listed in Types of Hearing.

- c. **Time Limits.** The complainant and management must act to avoid unnecessary delays in resolving grievances. We shall schedule a meeting as promptly as possible, no more than 5 days after the receipt of your request for a meeting. We will make all reasonable effort so that the date, time, and location of the hearing and the procedures governing the hearing by the way of written notification are delivered or mailed to you no less than five days in advance.
- d. **Disputed rents or other charges.** If the grievance involves the amount of rent, or other charges that we claim as due, we may require you to pay to us up to 100% of any disputed rent or charges. Your failure to pay the required rent may result in receiving the proper legal notice. On resolution of the dispute, or the decision of the hearing person, the money shall be refunded to you as is appropriate based upon the decision of the hearing officer or hearing panel. This procedure is not to be utilized for non-payment of rent, or after the Resident manager has filed an Unlawful Detainer action (eviction). They should not be followed after any serious legal action and house rules violation; however they should not interfere with management's issuance of the applicable notices.
- e. **Failure to appear at hearing.** If the complainant fails to appear at a hearing, Management will send a letter to the complainant requesting the reason the complainant did not attend the meeting. After due consideration by the management for the reason the resident missed the meeting, we may reschedule the meeting or make a determination that the resident has waived his/her right to a hearing with that particular individual.

Again, this grievance and appeal procedure has been established to provide all parties with a non-judicial means of resolving problems and disputes. Residents are entitled to a fair hearing. We expect all parties to conduct themselves in a polite and courteous manner through this grievance process. Failure by a resident to treat management in a polite and courteous manner may cause management to determine that the resident has waived his/her right to participate in this grievance procedure.