



Application for Housing RIVERWALK APARTMENTS

110 LINDBERG STREET • SANTA CRUZ, CA 95060 • TELEPHONE (831) 515-7577

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"/>	DATE OF APPLICATION:	COMMENTS
	NO <input type="checkbox"/>		
APPLICATION #:		APPLICATION RECEIVED BY:	
		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 st Request:	2 nd 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 (Last four only) 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?
		Name of Live-in Care Attendant: Relationship if any:

Input Property Phone Number/Property Fax Number. TTY: (800)735-2929 TDD (800)-545-1833ext 482



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 <input type="checkbox"/>
Name	Name
Current Address	Current Address
City/Zip Code	City/Zip Code
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other
Amount Paid Monthly	Amount Paid Monthly
Length of time Lived there From to	Length of time Lived there From to
Name of Landlord:	Name of Landlord:
Address of Landlord:	Address of Landlord:
City/Zip Code of Landlord:	City/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 <input type="checkbox"/>
Name	Name
1 st Previous Address	1 st Previous Address
City/Zip Code	City/Zip Code
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other
Amount Paid Monthly	Amount Paid Monthly
Length of time Lived there From to	Length of time Lived there From to
Name of Landlord:	Name of Landlord:
City/Zip Code of Landlord:	City/Zip Code of Landlord:
Phone Number of Landlord:	Phone Number of Landlord:

Additional information if required:



2nd Previous Address: Check if N/A

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

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

G. INCOME

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

Input Property Phone Number/Property Fax Number. TTY: (800)735-2929 TDD (800)-545-1833ext 482



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 or pled guilty or "no contest" to a felony whether or not resulting in a conviction 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, pled guilty or "no contest" to, engaging in acts of violence or threats of violence, including, but not limited to, unlawful activity involving weapons or ammunition, whether or not resulting in a conviction 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, pled guilty or "no contest" to, engaging in the illegal manufacture, sale, distribution, use, or possession of an illegal drug or controlled substance whether or not resulting in a conviction within the past seven (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:

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The following information is OPTIONAL. In order to ensure that all applicants are given equal opportunity to access all units (special needs and non-special needs units) please answer the following:

*Certain units are reserved for residents with "special needs", as defined for this property as either	
1.	Homeless Persons or Persons At-Risk of Becoming Homeless, or
2.	Developmentally Disabled Households, as defined by the California Department of Housing and Community Development. The reserved "special needs" units come with an offer of services from participating special needs service providers.
YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you require a "special needs" unit*?
Please note that your "special needs" status must meet the properties' definition of "special needs" and be third party verified by a service provider to obtain the "special needs" preference. All applicants must meet program and management requirements regardless of "special needs" status to qualify for any units within the project.	



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 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, 41 – Asian & White, 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 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.

Riverwalk Move-In Qualification Sheet Effective 5-15-2021

Unit Type & Area Median Income (AMI) Designation	Minimum Income (2.5 times of 12 mo.max rent)	Maximum Income (Most Restrictive of Home or CTCAC)	Rent (less utilities)
1-BR 30% AMI	\$21,180	\$29,190 (1 Person) \$33,360 (2 Persons) \$37,530 (3 Persons)	\$706
2-BR 30% AMI	\$25,080	\$41,700 (4 Persons) \$45,060 (5 Persons)	\$836
3-BR 30% AMI	\$28,530	\$48,390 (6 Persons) \$51,720 (7 Persons)	\$951
1-BR 45% AMI	\$32,910	\$43,785 (1 Persons) \$50,040 (2 Persons) \$56,295 (3 Persons)	\$1,097
2-BR 45% AMI	\$39,150	\$62,550 (4 Persons) \$67,590 (5 Persons)	\$1,305
3-BR 45% AMI	\$44,790	\$72,585 (6 Persons) \$77,580 (7 Persons)	\$1,493
2-BR 50% AMI	\$43,830	\$48,650 (1 Persons) \$55,600 (2 Persons) \$62,550 (3 Person) \$69,500 (4 Persons) \$75,100 (5 Persons)	\$1,461
3-BR 50% AMI	\$50,220	\$80,650 (6 Persons) \$86,200 (7 Persons)	\$1,674
1-BR 60% AMI	\$36,840	\$58,380 (1 Persons) \$66,720 (2 Persons) \$75,060 (3 Person)	\$1,228
2BR 60% AMI	\$53,220	\$83,400 (4 Persons) \$90,120 (5 Persons)	\$1,774
3-BR 60% AMI HOME	\$50,220	\$96,780 (6 Persons) \$103,440 (7 Persons)	\$1,674
60% AMI TCAC only	\$61,080		\$2,036