

Pre Rental Application Instructions

(Please read before you complete this Application)

Thank you for your interest in an EAH Housing community. We strive to ensure that the application process is smooth and without any delays. In order to assist us with this process, we ask that you complete the following:

1. One application for the household is submitted and must list all household members who are 18 years or older, and/or the Head, Spouse, or Co-Head.
2. The application should list all income and asset sources for all of the household members.
3. The application must be filled out completely and neatly.
4. If you make a mistake, draw a single line through the mistake, write-in the correct answer and initial your change.
5. If a question does not apply, please use *No* or *None* as your answer. Do not leave any answer blank.
6. Applications that contain correction fluid and/or whiteout cannot be accepted.
7. Applications will be accepted via drop off, mail, e-mail, or fax.

All information regarding household composition, income, assets, and student status must be disclosed by applicants and will be third-party verified before the application can be approved. This certification process must also be completed on an annual basis.

Our community is operated under Section 42 of the Internal Revenue Code. This special financing program is designed for the housing needs of moderate-income households. Residency at this community requires that applicants meet certain qualifying standards established by the government. This program is not connected with Section 8; however, we do accept Section 8 participants.



This property has units with accessibility features (mobility, hearing &/or visual). Please discuss with a management representative for more details. Reasonable accommodations and modifications will be provided upon request. A person with a disability may ask for: A change in rules (reasonable accommodation), a physical change to their apartment or shared areas in the building (reasonable modification), an accessible apartment, and/or aids and services to help them communicate with us. If you or anyone in your house has a disability and needs any of these things to live in an EAH Housing community and use our services then please contact a member of the office staff and ask to fill out a form called a 'Request for Reasonable Accommodation/Modification'.



This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, family status, national origin, marital status, ancestry, age, sexual orientation, disability, source of income, genetic information, arbitrary characteristics, or any other basis prohibited by law.

FOR OFFICE USE ONLY

Date/Time Received: _____ / _____ : _____ AM PM

UNIT SIZE: SRO 1 BR 2 BR 3 BR 4 BR INCOME: VL LOW OVER

PREFERRED SET ASIDE: _____ % ALSO OFFER: _____ SUBSIDY: Yes No



Pre-Application For Placement on Regulatory Waitlist

Thank you for your interest in our community. Please complete this form completely. Incomplete applications will be returned and not considered received until completed. This pre-application is used to determine eligibility for placement on the Regulatory Waitlist. This is a preliminary application and gives no Lease or Rental Rights. If there is an applicable vacancy in this apartment community for which this Pre-Application deems you eligible, you will be required to complete and submit additional documentation for application of residency.

HEAD OF HOUSEHOLD			
First Name	MI	Last Name, Suffix	
Street Address		City	State Zip
PRIMARY PHONE () _____ <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	SECONDARY PHONE () _____ <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work	E-Mail Address _____	
Alternate or Emergency Contact Name: _____ Phone: _____			

HOUSEHOLD COMPOSTION			
List all persons who will be living in the household <i>including yourself</i> . Use additional sheets if necessary.			
#	NAME	RELATION	DOB
1		HEAD	
2			
3			
4			
5			

Please select your apartment size preferences: SRO 1br 2br 3br 4br

**Note: Not all bedroom sizes may be available or offered at the community you are applying for.*

Set Aside Preference

You will be placed on the waiting list with the lowest set aside (lowest rent) that your income qualifies you for. Would you also want to be placed on the waiting list for a higher set aside (higher rent) should that become available first? Yes No



Do you have a Section 8 Housing Voucher or other Rental Subsidy? Yes No

If yes, please describe subsidy: _____

Note: Placement on Section 8 waiting list is not considered having possession of a voucher.

INCOME SOURCES				
List all gross annual income amounts received from all sources for all members of the household, except minors. A household member under 18 who is not the Head, Co-head, or Spouse. Please see last page of application for more information. Use additional pages if necessary.				
Member #	INCOME SOURCE (Employer Name, SSI, TANF etc)	Average Monthly Income	Multiply	Annual Amount
		\$	X 12 =	\$
		\$	X 12 =	\$
		\$	X 12 =	\$
		\$	X 12 =	\$
		\$	X 12 =	\$
TOTAL HOUSEHOLD INCOME				\$

ASSETS		
If the total assets for the household (excluding minors) exceeds \$5,000, please list them here. Use additional pages if necessary. Please see last page of application for more information. Do not include personal automobile or furniture.		
Member #	DESCRIPTION OF ASSET	CASH VALUE OF ASSET
		\$
		\$
		\$
		\$
		\$
TOTAL HOUSEHOLD ASSETS		\$

MARKETING

How did you hear about us? _____

Demographics: We are requesting the following information in order to comply with the Federal Laws which require owners to collect certain demographic and economic information to prevent discrimination against housing applicants. You are not required to furnish this information. 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 and initial.

#	Name	*Race	Ethnicity	SPECIAL NEEDS
1			<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	Elderly: <input type="checkbox"/> 55+ <input type="checkbox"/> 62+ <input type="checkbox"/> Handicap/Disabled
2			<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	Elderly: <input type="checkbox"/> 55+ <input type="checkbox"/> 62+ <input type="checkbox"/> Handicap/Disabled
3			<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	Elderly: <input type="checkbox"/> 55+ <input type="checkbox"/> 62+ <input type="checkbox"/> Handicap/Disabled
4			<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	Elderly: <input type="checkbox"/> 55+ <input type="checkbox"/> 62+ <input type="checkbox"/> Handicap/Disabled
5			<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	Elderly: <input type="checkbox"/> 55+ <input type="checkbox"/> 62+ <input type="checkbox"/> Handicap/Disabled

***Race Options:** White, Black/African American, American Indian/Alaska Native, Asian, Hawaiian/Other Pacific Islander, Other

I do not wish to furnish this information regarding race and ethnicity.

(Initials) _____
 (HH #) 1 2 3 4 5

CERTIFICATION

My/our signature below attests to the best of my/our knowledge and belief, I/we certify that the foregoing information is true, complete and correct. I/we understand that inquires may be made to verify the information on this form and that false statements or omissions are ground for disqualification and/or prosecution under the full extent of the law.

I further understand that it is my responsibility to contact the office to update any changes in income and/or household composition. It is also my responsibility to contact the office should my contact information change. If the property is unable to contact me due to my failure to update my information or respond, I understand that I may be removed from the list as a result without further notification.

Applicant: _____

Date: _____

Co-Applicant: _____

Date: _____

Co-Applicant: _____

Date: _____



SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

This questionnaire is to be administered to every adult applicant/resident applying for residency or for placement on the Regulatory Waitlist at _____.

It is used to determine whether a household needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to persons that actually need the features.

Applicant Name: _____

I choose not to complete this form. _____

Applicant Signature

Date

1) Do you or does any member of your household have a condition that requires any of the following:
 Yes (check all that apply) No

<input type="checkbox"/> Separate Bedroom <input type="checkbox"/> Barrier-free apartment <input type="checkbox"/> One-level unit <input type="checkbox"/> Physical modifications to a typical apartment	<input type="checkbox"/> Unit for Vision-Impaired <input type="checkbox"/> Unit for Hearing-Impaired <input type="checkbox"/> Unit for Hearing-Impaired <input type="checkbox"/> BR/Bath on 1 st floor
---	--

If you checked any of the above listed categories of units, please explain exactly what you need to accommodations are needed for the apartment: _____

Which member(s) of the household needs this accommodation? : _____

- 2) Can you and all household members go up and down stairs unassisted? Yes No
- 3) Will you or any members of your household require a live-in aide to assist you? Yes No
- 4) Who should be contacted to verify the need for the features you have identified above?

NAME	TITLE	PHONE
ADDRESS	EMAIL	FAX#

Applicant Signature

Date

Please use this as reference when completing the income and asset portions of this pre-application.

INCOME INCLUDES

The **gross** (before deductions) of any of the sources listed below that you receive or anticipate receiving within the next 12 months

- Income earned from employment including wages, salaries, overtime pay, commissions, fees, tips, bonuses.
- Social Security & SSI benefits
- Any amounts received from Annuities, Insurance Policies, Retirement Funds, Pensions
- Disability or Death Benefits
- Unemployment Compensation
- Worker’s Compensation or Severance Pay
- Welfare Assistance (AFDC, TANF, Cal-Works)
- Alimony, Spousal, Child Support
- Recurring Monetary (financial)
- Gifts or Contributions
- Student Financial Aid

INCOME DOES NOT INCLUDE

- Student Loans
- Meals on Wheels
- Special Pay to a household member serving in the Armed Forces exposed to Hostile Fire
- Value of Allotment provided under the Food Stamp Act of 1977
- Payments received under the Domestic Volunteer Service Act of 1973
- Payments received under Title V of the Older Americans Act
- Earned Income Tax Credit,
- Employment Income from minor children under the age of 18 years

ASSETS INCLUDE

Any of the types listed below that you currently have or expect receive within the next 12 months

- Cash
- Bank Accounts
- Trust Corpus
- Equity in Real Estate/Property (including mobile homes) or Capital Investments
- Notes Receivable
- Mortgages held by the household
- Stocks, Bonds
- Mutual Funds
- IRA’s, Annuities
- Insurance Policies
- Retirement Funds
- Pension Funds
- Money Market Accounts
- Luxury Personal Property (gems, jewelry, Art, Coin Collections, Recreational Vehicles, etc.

ASSETS DO NOT INCLUDE

- Necessary personal property such as Clothing, Furniture, Daily Use Autos, Tools, Dishes, etc.
- Special Equipment for use by the Handicapped
- Assets of an Active Business.