



TAX CREDIT APPLICATION for HOUSING

Property Name: _____
 Address: _____
 Telephone: _____ Fax: _____ Email: _____

TELEPHONE NUMBER TTY:(800) 735-2929 Dial 711 for CA Voice Relay Service

Apartment Type: Eligibility is based on occupancy standards defined in the Resident Selection Plan.

EAH Property Management Use Only Application Received By: _____ Application Approved: ___ Yes ___ No

Bedroom Size: 1st Choice ___ 2nd Choice ___ 3rd Choice ___ Barrier Free(H/C) Unit Requested: ___ Yes ___ No

Application #: ___ Lottery #: ___ Time of Application: _____ Date of Application: _____

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 enter N/A to the question. EAH does not discriminate on the basis of race, color, sex, gender identity, age, religion, origin, family or marital status, disability, or sexual orientation.

How did you hear about the property? _____ 1st Email Address: _____
 _____ 2nd Email Address: _____

Household Information

FULL LEGAL NAME (First, Middle, Last)	GENDER	RELATIONSHIP	SOCIAL SECURITY/ ALIEN REG. #	GOVT ISSUED PHOTO ID #	BIRTH DATE (MM/DD/YYYY)	FULL TIME STUDENT (Y/N)	VETERAN
		Head of Household					

Applicant Day Time Phone: _____ Applicant Evening Phone: _____

