

101 ESPERENZA, TIBURON CA 94920 TELEPHONE 415-460-1554 TDD 800-735-2929

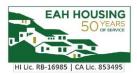
Bedroom Size Requested: 1 2 3 4

| Household Information                    |        |                   |  |          |                                    |                |                             |         |  |
|--|--------|-------------------|--|----------|------------------------------------|----------------|-----------------------------|---------|--|
| FULL LEGAL NAME<br>(First, Middle, Last) | Gender | RELATIONSHIP      | SOCIA<br>SECURI <sup>T</sup><br>ALIEN RI | TY/      | GOVERNMENT<br>ISSUED PHOTO<br>ID # | BIRTH DATE     | FULL TIME<br>STUDENT<br>Y/N | VETERAN |  |
|  |        | Head of Household |  |          |                                    |                |                             |         |  |
|  |        |                   |  |          |                                    |                |                             |         |  |
|  |        |                   |  |          |                                    |                |                             |         |  |
|  |        |                   |  |          |                                    |                |                             |         |  |
|  |        |                   |  |          |                                    |                |                             |         |  |
|  |        |                   |  |          |                                    |                |                             |         |  |
|  |        |                   |  |          |                                    |                |                             |         |  |
|  |        |                   |  |          |                                    |                |                             |         |  |
| Day Time Phone:                          |        |                   |  |          | Applicant Evening Phone:           |                |                             |         |  |
| Cell Phone:                              |        |                   |  |          | Home Phone:                        |                |                             |         |  |
| Do you have any Animals                  | ?      | # of Animals:     |  |          | <b>Description:</b>                |                |                             |         |  |
|  |        |                   |  |          | 1. Pet<br>2. Pet                   | Color<br>Color |                             |         |  |
| Vehicle Make                             |        | Vehicle Model     | L  | icense P |                                    | Color          |                             | Year    |  |
|  |        |                   |  |          |                                    |                |                             |         |  |
|  |        |                   |  |          |                                    |                |                             |         |  |
|  |        |                   |  |          |                                    |                |                             |         |  |

| Additional House      |                              |                          |   |
|-----------------------|------------------------------|--------------------------|---|
| FULL LEGAL NAME       | LIST ALL THE STATES YOU HAVE | HISPANIC/LATINO          | RACE (LIST ONE OR MORE)                         |
| (First, Middle, Last) | LIVED IN                     |                          |   |
|                       |                              | Hispanic or Latino       | American Indian or Alaska Native                |
|                       |                              |                          | Asian   |
|                       |                              | Not Hispanic or Latino   | Black or African American                       |
|                       |                              |                          | Native Hawaiian or Other Pacific Islander White |
|                       |                              |                          | white   |
|                       |                              |                          | American Indian or Alaska Native                |
|                       |                              | Hispanic or Latino       | Asian   |
|                       |                              | Not Hispanic or Latino   | Black or African American                       |
|                       |                              | Not hispanic or Latino   | Native Hawaiian or Other Pacific Islander       |
|                       |                              |                          | White   |
|                       |                              |                          |   |
|                       |                              | Hispanic or Latino       | American Indian or Alaska Native                |
|                       |                              |                          | Asian   |
|                       |                              | Not Hispanic or Latino   | Black or African American                       |
|                       |                              |                          | Native Hawaiian or Other Pacific Islander White |
|                       |                              |                          | ***************************************         |
|                       |                              | 18                       | American Indian or Alaska Native                |
|                       |                              | Hispanic or Latino       | Asian   |
|                       |                              | Not Hispanic or Latino   | Black or African American                       |
|                       |                              | Troct inspance of Latino | Native Hawaiian or Other Pacific Islander       |
|                       |                              |                          | White   |
|                       |                              |                          |   |







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Hispanic or Latino

American Indian or Alaska Native

|                                |                          |                | Not H                      | ispanic or Latino      | Bla<br>Na | ian<br>ack or African American<br>ative Hawaiian or Other Pacific Islander<br>hite     |  |
|--------------------------------|--------------------------|----------------|----------------------------|------------------------|-----------|--|--|
|                                |                          |                | Hispar                     | nic or Latino          |           | nerican Indian or Alaska Native  |  |
|                                |                          |                | Not H                      | ispanic or Latino      | Bla       | iian<br>ack or African American<br>ative Hawaiian or Other Pacific Islander<br>hite    |  |
|                                |                          |                | Hispar                     | nic or Latino          |           | nerican Indian or Alaska Native<br>ian   |  |
|                                |                          |                | Not Hispanic or Latino  Na |                        | Bl        | sian<br>lack or African American<br>lative Hawaiian or Other Pacific Islander<br>/hite |  |
|                                |                          |                | Hispar                     | nic or Latino          |           | nerican Indian or Alaska Native  |  |
|                                |                          |                | Not Hispanic or Latino Ra  |                        | Bla<br>Na | sian<br>lack or African American<br>ative Hawaiian or Other Pacific Islander<br>/hite  |  |
| Residency Infor                | mation (Past             | : Two Years)   |                            |                        |           |  |  |
| <u>CURRENT</u> FULL STREET AD  | DDRESS:                  |                |                            |                        |           | OWN, RENT OR OTHER:  |  |
| CITY:                          |                          |                |                            | STATE:                 |           | ZIP CODE:  |  |
| HOME PHONE NUMBER:             | CELL PHONE               | EMAIL ADDRESS: |                            | MOVE IN DATE:          |           | MOVE OUT DATE:   |  |
|                                | NUMBER:                  |                |                            |                        |           | CURRENT RESIDENCE  |  |
| LANDLORD NAME: PROPERTY/LANDLO |                          |                | ORD PHONE:                 |                        |           | MONTHLY RENT/MORTGAGE:   |  |
| PAST FULL STREET ADDRESS:      |                          |                |                            |                        |           | OWN, RENT OR OTHER:  |  |
| CITY:                          |                          | STATE:         |                            | ZIP CODE:              |           | Move In Date:<br>Move Out Date:  |  |
| LANDLORD NAME:                 | PROPERTY/LANDLORD PHONE: |                |                            | MONTHLY RENT/MORTGAGE: |           |  |  |

| <b>Emergency Contact Information</b>                     |                |        |           |
|--|----------------|--------|-----------|
| IN CASE OF ILLNESS, ACCIDENT, EMERGENCY, PLEASE CONTACT: |                |        |           |
| NAME:  |                |        |           |
| ADDRESS:   | CITY:          | STATE: | ZIP CODE: |
|  |                |        |           |
| PHONE NUMBER:  | EMAIL ADDRESS: |        |           |
|  |                |        |           |

Gas

Other

Electricity

| Y/N | If Yes Explain |
|-----|----------------|
|     |                |
|     |                |
|     |                |
|     | Y/N            |





**Utilities paid by** 

Heat

Approximate monthly cost of utilities paid by you (excluding phone and cable TV):

«OtherUtilitiesExplain»



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| HI Lic. RB-16985   CA Lic. 853495                               | TELEPHONE 41E 460 1EE                        |               |                               |             |               |          |  |
|---|--|---------------|-------------------------------|-------------|---------------|----------|--|
| · · · · · · · · · · · · · · · · · · ·                           | TELEPHONE 415-460-155                        | 54 100 80     | U-735-2929                    |             |               |          |  |
|   | hold willfully or intentionally ever         |               |                               |             |               |          |  |
| refused to pay rent?  | fa   |               |                               |             |               |          |  |
| Have you or any member of your felony or misdemeanor within the | - I  |               |                               |             |               |          |  |
| relony or misdemeanor within the                                | past / years?                                |               |                               |             |               |          |  |
|   |  | V/NI          |                               |             |               |          |  |
| Household Question  | ns   | Y/N           | Additional Comm               | ents        |               |          |  |
| Do you anticipate any changes in                                | household composition in the next            |               | Name of New Member:           |             |               |          |  |
| twelve months?  |  |               | Name of New Wember.           |             |               |          |  |
| Is there anyone living with you no                              | w who won't be living with you at            |               | Name of Member Leaving:       |             |               |          |  |
| this community?   |  |               | rame of member zeath          | .9.         |               |          |  |
| Are there any absent household m                                |  |               | Name of Absent Membe          | er:         |               |          |  |
| conditions would live with you (Fo                              |  |               |                               |             |               |          |  |
| military or living in another state                             | -  |               | N                             |             |               |          |  |
|   | member require a live-in caregiver           |               | Name of Caregiver:            |             |               |          |  |
| or aide?  |  |               | Recipient of Care:            |             |               |          |  |
| the time) listed under the Househo                              | ody of all minors (50% or more of            |               |                               |             |               |          |  |
| •   | old have a Section 8 Voucher through         |               | County:                       |             |               |          |  |
| the Housing Authority?  | ond have a Section 8 voucher through         |               | Section 8 Voucher Numl        | nor:        |               |          |  |
| the Housing Authority:  |  |               | Section 8 Voucner Number:     |             |               |          |  |
| Reasonable Accomp   | modations/Modificatio                        | n             |                               |             |               |          |  |
|   |  | 11            |                               |             |               |          |  |
| Do you require mobility impaired                                |  |               |                               |             |               |          |  |
| Do you require vision impaired up                               |  |               |                               |             |               |          |  |
| Do you require hearing impaired userial Features?               | ipgrades?                                    |               |                               |             |               |          |  |
| Special reatures:   | Explanation:                                 |               |                               |             |               |          |  |
| L   |  |               |                               |             |               |          |  |
| <b>Personal Reference</b>                                       |  |               |                               |             |               |          |  |
| Name  | Address                                      |               | Relationship                  | Phone       |               |          |  |
| Ivallie   | Address                                      |               | Relationship                  | Filone      |               |          |  |
|   |  |               |                               |             |               |          |  |
|   |  |               |                               |             |               |          |  |
|   |  |               |                               |             |               |          |  |
| Optional Information:   |  |               |                               |             |               |          |  |
| •   |  |               |                               | 414         | : l l-        |          |  |
|   | ation on your level of education and tra     | nsportation   | needs? If yes, please answe   | r tne quest | ions beid     | ow:      |  |
| (Head of Household) Highest leve                                | g Public Transportation to get to work?      | ,             | If Yes, what type?            |             |               |          |  |
|   | el of Education completed                    |               | ii res, what type:            |             |               |          |  |
|   | g Public Transportation to get to work?      | ,             | If Yes, what type?            |             |               |          |  |
| Are you usin  | g rubile transportation to get to work:      |               | ii res, what type:            |             |               |          |  |
|   |  |               |                               |             |               |          |  |
| Student Information   | n  |               |                               |             |               |          |  |
| Will all of the persons in the house                            | ehold be or have been full-time student      | s during fiv  | e calendar months of          | Yes         |               | No       |  |
|   | calendar year at an educational instituti    | ion (other t  | han a correspondence          |             |               |          |  |
| school) with regular faculty and st                             |  |               |                               |             |               |          |  |
| Are any full time student(s) married                            |  |               |                               |             | Vas           | Nia      |  |
| Are any full-time student(s) married                            |  | ortholab T    | nining Partnership Ast?       |             | Yes           | No       |  |
| ·   | training program receiving assistance unde   | er the Job II | anning Partnership Act?       |             | Yes           | No       |  |
| Are any full-time student(s) a TANF of                          | parent living with his/her child(ren) who is | not a Dono    | adent on another's tay return |             | Yes<br>Yes    | No<br>No |  |
| and whose children are not depende                              | <del>-</del>                                 | поса Береі    | ident on another 5 tax return | <u> </u>    | ] 163 <u></u> | INU      |  |
| and whose children are not depende                              | and or anyone other than a parent:           |               |                               |             |               |          |  |







| HI Lic. RB-16985   CA Lic. 853495    |                               | 01 ESPERENZA, TIBURON CA 94920        | - 2020        |             |        |
|--------------------------------------|-------------------------------|---------------------------------------|---------------|-------------|--------|
|                                      |                               | ONE 415-460-1554 TDD 800-735          |               |             |        |
|                                      | •                             | nd placement of a foster care progra  | am (under Par | t B or E of | Yes No |
| Title IV of the Social Security Act) | <u>?</u>                      |                                       |               |             |        |
| Student Information                  |                               | Member Name:                          |               |             |        |
| Member Name:<br>Institution:         |                               | Institution:                          |               |             |        |
| Address of School:                   |                               | Address of School:                    |               |             |        |
| Full Time Or                         | Part Time                     | Full Time                             | Or            | Part Time   |        |
|                                      |                               |                                       |               |             |        |
|                                      |                               |                                       |               |             |        |
| Income Source Qu                     | uestions                      |                                       |               | Yes         | No     |
| Do you have full-time or part-tim    | ie wages?*                    |                                       |               |             |        |
| Do you receive public assistance,    | TANF, AFDC, or food stamps    | s?*                                   |               |             |        |
| Do you receive unemployment pa       | ayments, worker's compensa    | ation, or severance packages?*        |               |             |        |
| Do you receive child support?*       |                               |                                       |               |             |        |
| Do you receive alimony, spousal s    |                               |                                       |               | <u> </u>    |        |
| Do you receive regular payments      |                               | · · · · · · · · · · · · · · · · · · · |               | <u> </u>    |        |
| Do you receive Social Security be    |                               | •                                     |               | <u> </u>    |        |
| Do you receive income from a bu      |                               | of your household?*                   |               |             |        |
| Do you receive income through a      |                               |                                       |               |             |        |
| Do you receive any regular gifts of  |                               | the household?*                       |               | <u> </u>    |        |
| Do you receive veterans or disabi    |                               |                                       |               |             |        |
| Do you receive income from finar     |                               |                                       |               |             |        |
| Do you receive military pay from     | any branch of the military?   |                                       |               |             |        |
| Do you receive any scheduled pay     | yments from investments?      |                                       |               |             |        |
| Do you receive long term medica      | ıl care insurance payments in | n excess of \$180 per day?            |               |             |        |
| Do you receive income from annu      | uities?                       |                                       |               |             |        |
| Do you expect any significant cha    | anges in income in the next 1 | 12 months?*                           |               |             |        |
| Do you receive any other income      |                               |                                       |               |             |        |
|                                      |                               |                                       |               |             |        |
|                                      |                               |                                       |               |             |        |
| Household Incom                      | ne                            |                                       |               |             |        |
| Member Name                          | In                            | come Type                             | Annu          | ıal Amount  |        |
| Member Rame                          |                               | icome Type                            | 7411110       | al Alliount |        |
|                                      |                               |                                       |               |             |        |
|                                      |                               |                                       |               |             |        |
|                                      |                               |                                       |               |             |        |
|                                      |                               |                                       |               |             |        |
|                                      |                               |                                       |               |             |        |
|                                      |                               |                                       |               |             |        |
|                                      |                               |                                       |               |             |        |
|                                      |                               |                                       |               |             |        |
|                                      |                               |                                       |               |             |        |
|                                      |                               |                                       |               |             |        |
|                                      |                               |                                       |               |             |        |
|                                      |                               |                                       |               |             |        |
|                                      |                               |                                       |               |             |        |
|                                      |                               |                                       |               |             |        |
|                                      |                               |                                       |               |             |        |
|                                      |                               |                                       |               |             |        |







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| Child Support   |                |  |  |  |  |
|---|----------------|--|--|--|--|
| Do you receive Child Support?   | Court Ordered? |  |  |  |  |
| When child support is court ordered, but not received, what attempts have been made to collect the child support? |                |  |  |  |  |

| Asset Source Questions  | Yes | No |
|---|-----|----|
| Do you have a checking, savings, or money market account?                                   |     |    |
| Do you have cash on hand, cash in a safety deposit box, or an EBT card or direct deposit    |     |    |
| debit card with a balance on it?  |     |    |
| Do you have Certificates of Deposits?   |     |    |
| Do you have any Money Market Funds?   |     |    |
| Do any members in your household have Stocks?   |     |    |
| Does anyone in your household have Bonds?   |     |    |
| Do any members in your household have a 401K Account?                                       |     |    |
| Do any members in your household have a Keogh Account?                                      |     |    |
| Does your household have any members with Trust Funds?                                      |     |    |
| Do you have real estate or capital investments?   |     |    |
| Do any members of your household have any Lump Sum Receipts?                                |     |    |
| Do any members of your household have any Capital Investments?                              |     |    |
| Do you have a whole life insurance policy, a universal life insurance policy, or annuities? |     |    |
| Do any members of your household have any Other Retirement/Pension Funds?                   |     |    |
| Do you have personal property?  |     |    |
| Do any members in your household have any other assets not previously listed?               |     |    |
| Within the last two years, have you or has anyone in your household given away assets       |     |    |
| valued over \$1,000 or sold assets for more than \$1,000 below their fair market value?     |     |    |
| Do any member of the household have an asset(s) owned jointly with a person who is          |     |    |
| NOT a member of the household?  |     |    |

| Household Asse | ts         |       |                 |                 |  |
|----------------|------------|-------|-----------------|-----------------|--|
| Member Name    | Asset Type | Value | Interest Earned | Cost to Convert |  |
|                |            |       |                 |                 |  |
|                |            |       |                 |                 |  |
|                |            |       |                 |                 |  |
|                |            |       |                 |                 |  |
|                |            |       |                 |                 |  |
|                |            |       |                 |                 |  |
|                |            |       |                 |                 |  |
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|                |            |       |                 |                 |  |
|                |            |       |                 |                 |  |
|                | _          |       |                 |                 |  |
|                | _          |       |                 |                 |  |







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### **Household Signatures**

#### **CONSUMER REPORT AGREEMENT**

I/we understand that, to determine eligibility, background inquiries may be requested. I/we understand that EAH, Inc. will use the service of an outside consumer reporting agency to obtain a "consumer report" or "investigative consumer report" about adult members of my/our household. This agency will provide a written report of its findings to EAH, Inc.

EAH, Inc. uses Screening Works ("Agency"), to perform background investigations.

Agency will utilize various sources of information to conduct a background check including but not limited to credit and criminal records. I/we have been given notice and understand that I/we have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The scope of this notice of authorization is all-encompassing allowing EAH, Inc. to obtain from any outside organization all manner of consumer reports and investigative consumer reports to the extent permitted by law. I/we may review or obtain a copy of my/our report as provided by law.

Agency may be contacted at: RentGrow, Inc., 177 Huntington Ave, Suite 1703 #74213, Boston, MA 02155, (800) 898-1351

I/we hereby agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report about the adult members of my household. This authorization in original, electronic or copy form shall be valid as of the date indicated next to my/our signature. I/we agree, authorize and consent to the release and disclosure of any and all information including but not limited to that obtained from people, references, municipal, county, state and federal agencies and courts to provide all information that is requested by EAH, Inc. and Agency.

I/we certify that all statements made by me and contained anywhere herein are true. I/we agree that a copy of this document by fax or other electronic means shall be as valid as the original.

I understand that, all reports are confidential and provided to EAH, Inc. for decisions regarding housing in strict compliance with the federal Fair Credit Reporting Act (FCRA) and the Americans with Disabilities Act (ADA), anti-discrimination and privacy laws and all other applicable federal and state laws. I understand that if there is any unsatisfactory finding directly related to the property selection criteria, I will not be allowed to reside on the property.

### NOTICE REGARDING CALIFORNIA INVESTIGATIVE CONSUMER REPORTING AGENCIES ACT

☐ Landlord does **not** intend to request an investigative consumer report regarding the Applicant.

Unless the box above is checked, pursuant to California Civil Code section 1786.16(a)(3), the Landlord intends to request an investigative consumer report in connection with the Applicant's application for housing. The investigative consumer report will be made concerning the Applicant's character, general reputation, personal characteristics, and mode of living. Among other things, the investigative consumer report may contain information concerning the Applicant's creditworthiness, any court judgments against the Applicant, and any criminal charges and/or convictions. Pursuant to California Civil Code section 1786.22, any files maintained on the Applicant by the investigative consumer reporting agency from which Landlord obtains the report shall be made available to you during normal business hours and upon reasonable notice, provided you furnish proper identification, as follows: (1) The Applicant may appear in person at the investigative consumer reporting agency below to request a copy of the Applicant's file; (2) the Applicant may make a written request for copies of the Applicant's files to be sent via certified mail to a designated addressee; or (3) the Applicant may make a written request for a summary of the file to be provided over the telephone. "Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If one of these forms of identification cannot be provided, the agency may ask for other forms of identification in accordance with California Civil Code section 1786.22(c). The investigative consumer reporting agency may charge a fee, not to exceed the actual copying costs, if the Applicant







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requests a copy of the Applicant's file. The agency is required to have personnel available to explain the Applicant's file to the Applicant, and the agency must explain to the Applicant any coded information appearing in the file. If the Applicant

chooses to appear in person, the Applicant may choose to bring another person of his/her choice with him/her, provided that the accompanying person also bring proper identification with him/her. If the Applicant brings another person with him/her, the agency may require the Applicant to sign an authorization allowing the agency to discuss the Applicant's file in the presence of that other person. The agency that will prepare the investigative consumer report on the Applicant is: Name of Agency: RentGrow, Inc. Address of Agency: 177 Huntington Ave, Suite 1703 #74213, Boston, MA 02155, (800) 898-1351 If you would like a copy of the report(s) that is/are prepared, please check the box below: ☐ I would like to receive a copy of the report(s) that is/are prepared. If the box above is checked, Landlord agrees that Landlord, or Landlord's agent, will send the Applicant a copy of the report within three (3) business days of the date the report is provided to Landlord. The copy of the report will contain the name, address, and telephone number of the agency that issued the report and how to contact the agency. If Landlord takes adverse action against Applicant, and the adverse action is based in whole or in part on the contents of the investigative consumer report, then, pursuant to California Civil Code section 1786.40(a), Landlord shall so advise Applicant and shall supply Applicant with the name and address of the agency that prepared the report on which Landlord's decision was based in whole or in part. SIGNATURE CLAUSE: I certify all information and answers to the questions are true and complete to the best of my knowledge and understand providing false information or making false statements may result in denial of my application and/or criminal penalties. All household members 18 and over must sign below: Date: Print Name: Signature: Signature: Date: **Print Name:** Print Name: Signature: Date: Date: Print Name: Signature: Date: \_\_\_\_\_ Print Name: Signature:



Signature:



Print Name:

Date: