WASHINGTON CREEK APARTMENTS

EDEN HOUSING MANAGEMENT, INC.
RESIDENT SELECTION POLICY

All applicants for housing will be screened according to the criteria set forth in this Resident Selection Policy. Management will hire a contractor to run a credit check and criminal background check and register sex offender report on all applicants and it will check court records for evictions or judgements against the applicant. The purpose of these checks is to obtain information on the applicant’s past history of meeting financial obligations and future ability to make timely rent payments and to determine if the applicant has a criminal history which makes him/her unacceptable to live at an Eden Housing Property. The Resident Selection Policy is established to comply with the Federal and State Laws and/or Eden Housing Management, Inc Policy.

The following information will render the application unacceptable:

♦ Household annual income must not exceed OR be below the program income limits of the property the household is applying for;

♦ In accordance with the following guideline, the household composition must be appropriate for the apartment size in which the household is applying:

<table>
<thead>
<tr>
<th>Bedroom Size</th>
<th>Minimum Persons</th>
<th>Maximum Persons</th>
</tr>
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<tbody>
<tr>
<td>2 - Bedroom</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>3 - Bedrooms</td>
<td>3</td>
<td>7</td>
</tr>
</tbody>
</table>

♦ Program eligibility determines whether applicants are eligible to reside in the specific property to which they have applied;

♦ Past performance in meeting financial obligations, especially rent paying: An applicant receives monthly income less than the amount equal to two and one-half times the rent of the apartment he/she is interested in renting. (While some exclusions apply, this does not apply to HUD/ or HA Vouchers Subsidized Properties);

♦ Current and prior landlords will be contacted to determine rent paying history, disturbance of neighbors, destruction of property or housekeeping habits which would pose a threat to other residents.

♦ A negative landlord reference from a former landlord;

♦ Unlawful detainers (Evictions);

♦ Unpaid judgments, collections, and liens exceeding $5,000 excluding student loans and medical bills;

♦ Bankruptcies filed within the last twelve months;

♦ Repossessions within the past two years, excluding voluntary repossessions;

♦ Unpaid utility bills (Electric, Gas, Water/Sewer and Garbage);

♦ Unpaid balance due a prior landlord;

♦ Head of Household MUST be at least ______ years of age or older;
Resident Selection Policy
Page Two of Two

- The Property Manager will double check the Credit History with the landlord references and application to ensure that the applicant reported all addresses where he/she has lived and any other information that should be the same. If the information is not the same, the Property Manager will ask the applicant about the discrepancies. If there is no acceptable explanation and it is clear that the applicant falsified information on the application, the applicant will be rejected/crossed out from the Waiting List and a denial letter will be sent to the applicant;

- A household member involved in drug-related criminal activity;

- A household member convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing will not be approved for residency under any circumstances;

- A household member currently engaged in use of a drug or if the owner has reasonable cause to believe that a household member’s illegal use of a drug or pattern of illegal use may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents will not be approved for residency;

- A household member who is subject to lifetime registration requirement under a State Sex Offender Registration Program will not be admitted under any circumstances. The Property Manager will check the names of all adults applying for housing through the sex offender registry in each state where each adult has lived;

- A household member’s abuse or pattern of abuse of alcohol that interferes with the health, safety, or peaceful enjoyment of the premises by other residents;

- A household member who has been involved in drug related criminal activity or violent criminal activity or other criminal and ongoing criminal activity that is current or an indication of repeated criminal behavior will not be approved for residency;

- EHMI requires a household to exclude an offending household member that has committed acts that would result in denial of admission to the housing program or to continue to reside in the assisted units;

- An applicant’s misrepresentation of any information related to eligibility, allowance, household composition or rent.

Being eligible, however, is not an entitlement to housing. Every applicant must meet the Resident Selection Policy. This policy is used to demonstrate the applicant’s suitability as a resident using verified information on past behavior to document the applicant’s ability, either alone or with assistance, to comply with essential Lease provisions and any other rules governing tenancy.

Applicant signature ______________________________ Date ____________________

Co-Applicant signature __________________________ Date ____________________
EDEN HOUSING MANAGEMENT, INC.

APPLICANT AUTHORIZATION AND CONSENT
FOR RELEASE OF INFORMATION

Prospective Property: Washington Creek Apartments

BY SIGNATURE BELOW I AUTHORIZE THE PREPARATION OF AN INVESTIGATION REPORT FOR THE
THIS PURPOSE, I AUTHORIZE AND UNDERSTAND THAT INVESTIGATIVE BACKGROUND INQUIRIES
ARE TO BE MADE ON MYSELF INCLUDING CONSUMER CREDIT, EVICTION, CRIMINAL, SEX
OFFENDER REGISTRATION AND OTHER REPORTS. FURTHER, I UNDERSTAND THAT YOU WILL BE
REQUESTING INFORMATION FROM VARIOUS FEDERAL, STATE AND OTHER AGENCIES WHICH
MAINTAIN RECORDS CONCERNING MY PAST ACTIVITIES RELATING TO MY DRIVING, CREDIT,
CRIMINAL, CIVIL, TENANCY AND OTHER EXPERIENCES. I RELEASE ALL OF THE ABOVE, INCLUDING
NATIONAL CREDIT REPORTING AND ITS AGENTS TO THE FULL EXTENT PERMITTED BY LAW FROM
ANY CLAIMS, DAMAGES, LOSSES, LIABILITIES AND EXPENSES ARISING FROM THE RETREIVAL AND
REPORTING OF INFORMATION. ALL REPORTS WILL BE KEPT CONFIDENTIAL.

ACCORDING TO THE FEDERAL FAIR CREDIT REPORTING ACT, I AM ENTITLED TO KNOW IF I WAS
DENIED BASED ON THE INFORMATION OBTAINED AND TO RECEIVE UPON WRITTEN REQUEST TO
NATIONAL CREDIT REPORTING A DISCLOSURE OF THE PUBLIC INFORMATION AND THE NATURE
AND SCOPE OF THE INVESTIGATIVE REPORT.

I, THE UNDERSIGNED APPLICANT, DO HEREBY CERTIFY THAT THE INFORMATION PROVIDED BY ME
IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ANY COPY OF THIS DOCUMENT IS AS
VALID AS THE ORIGINAL. FALSIFYING INFORMATION COULD RESULT IN DENIAL OF TENANCY.

Print Name: __________________________

Soc. Sec. # _______ - _______ *Date of Birth _____ / _____ / _____

Current Address: ____________________________________________________________

City / State/ Zip: __________________________

Driver License # __________________________ State: __________________________

Have you been convicted of a felony? ____ Yes ____ No

Have you lost Tenancy Due to Drug Use in the Last 3 years? ____ Yes ____ No

Have you attended a Rehabilitation Program in the last 3 years? ____ Yes ____ No

If Yes, What Program? __________________________________________________________

Signature ______________________________________ Date ________________

*DATE OF BIRTH IS BEING REQUESTED IN ORDER TO OBTAIN ACCURATE RETRIEVAL OF RECORDS

All household members 18 years and older will be required to complete a separate
Applicant Authorization and Consent of Release of Information Form.

*Additional Forms Available upon Request*
For mobility impaired persons -- this document is kept in the office at 1300 Kentwood Lane San Leandro, CA 94578. This document may be examined from Monday through Friday between the hours of **10:00 AM TO 12:00 Noon and 1:00 P.M. and 4:00 PM.** You must phone to make arrangements to examine this document. Please call **(510)582-1460** and TDD users may dial 1-800-735-2929.

For vision impaired persons -- **(Washington Creek Apartments)** will provide a staff person to assist a vision impaired person in reviewing this document. Assistance may include: describing the contents of the document, reading the document or sections of the document, or providing such other assistance as may be needed to permit the contents of the document to be communicated to the person with vision impairments.

For the hearing impaired -- **Eden Housing Management, Inc.** will provide assistance to hearing impaired persons in reviewing this document. Assistance may include provision of a qualified interpreter at a time convenient to both the Property and the individual with handicaps. Please call the TDD number 1-800-735-2929 for our number and to schedule an appointment.

Assistance to insure equal access to this document will be provided in a confidential manner and setting. The individual with disabilities is responsible for providing his/her own transportation to and from the location where this document is kept.

If an individual with disabilities is involved, all hearings or meetings required by this document will be conducted at an accessible location with appropriate assistance provided.
PART I. APPLICANT/CO-APPLICANT INFORMATION

APPLICANT

First and Middle Initial __________________________ Last __________________________
Present Address __________________________ Apt. # __________________________
City/State/Zip __________________________
Mailing Address (if different) __________________________ City/Zip __________________________
Telephone: Home ( ) __________________________ Work ( ) __________________________
Social Security #: __________________________ Date of Birth __________________________
Email: __________________________

Email: __________________________

CO APPLICANT

First and Middle Initial __________________________ Last __________________________
Present Address __________________________ Apt # __________________________
City/State/Zip __________________________
Mailing Address (if different) __________________________ City/Zip __________________________
Telephone: Home ( ) __________________________ Work ( ) __________________________
Social Security #: __________________________ Date of Birth __________________________
Relationship to Applicant __________________________

PART II. HOUSEHOLD MEMBER INFORMATION

HOUSEHOLD MEMBER

First and Middle Initial __________________________ Last __________________________
Relationship to Applicant __________________________ Date of Birth __________________________
Social Security #: __________________________ Now living with applicant? ☐ yes ☐ no

HOUSEHOLD MEMBER

First and Middle Initial __________________________ Last __________________________
Relationship to Applicant __________________________ Date of Birth __________________________
Social Security #: __________________________ Now living with applicant? ☐ yes ☐ no

HOUSEHOLD MEMBER

First and Middle Initial __________________________ Last __________________________
Relationship to Applicant __________________________ Date of Birth __________________________
Social Security #: __________________________ Now living with applicant? ☐ yes ☐ no

HOUSEHOLD MEMBER

First and Middle Initial __________________________ Last __________________________
Relationship to Applicant __________________________ Date of Birth __________________________
Social Security #: __________________________ Now living with applicant? ☐ yes ☐ no

HOUSEHOLD MEMBER

First and Middle Initial __________________________ Last __________________________
Relationship to Applicant __________________________ Date of Birth __________________________
Social Security #: __________________________ Now living with applicant? ☐ yes ☐ no

Eden Housing Management, Inc. does not discriminate based on race, color, creed, religion, sex, national origin, age, familial status, handicap, ancestry, medical condition, physical handicap, veteran status, sexual orientation, AIDS, AIDS related condition (ARC), mental disability, or any other arbitrary status.
HOUSING INCOME

> Identify all income for all household members 18 years and older. This information will be used to verify household income.

EMPLOYMENT INCOME:
List the complete name and address of employer, job title and gross earnings (before taxes).

OTHER INCOME:
This can include social security, disability, AFDC, alimony, and child support, pensions, interest and dividends, unemployment benefits, workers' compensation, regular gifts or support from family and friends, or any other household income. Do not list income received for foster child care and food stamps. Complete disclosure of all household income is required, regardless of source. Failure to disclose complete information may disqualify your application.

ASSETS:
Assets include checking and savings accounts, equity in real property, stocks, bonds and other forms of capital investment. Do not include automobiles or furniture. If you have no assets, write "none" in the space.

PART III. INCOME INFORMATION

APPLICANT:

EMPLOYMENT INCOME: Job Title________________________
Company Name________________________________________
Mailing Address____________________________________City/Zip________
Contact Person_________________________Telephone (____)
Gross Monthly Earnings $________________________
Pay Rate $__________ Based on: hourly weekly monthly yearly
Hours worked per week (if not 40) __________ Weeks worked/year (if not 52)________

OTHER INCOME: Source________________________
Claim No. (if applicable)________________________
Agency________________________________________
Mailing Address____________________________________City/Zip________
Contact Person_________________________Telephone (____)
Amount $________________________ Income period: weekly monthly yearly
DESCRIPTION OF ASSET: __________________________________Value $________
Name of Institution________________________________________
Mailing Address____________________________________City/Zip________
Account Number (if applicable)________________________
DESCRIPTION OF ASSET: __________________________________Value $________
Name of Institution________________________________________
Mailing Address____________________________________City/Zip________
Account Number (if applicable)________________________

CO-APPLICANT:

EMPLOYMENT INCOME: Job Title________________________
Company Name________________________________________
Mailing Address____________________________________City/Zip________
Contact Person_________________________Telephone (____)
Gross Monthly Earnings $________________________
Pay Rate $__________ Based on: hourly weekly monthly yearly
Hours worked per week (if not 40) __________ Weeks worked/year (if not 52)________

OTHER INCOME: Source________________________
Claim No. (if applicable)________________________
Agency________________________________________
Mailing Address____________________________________City/Zip________
Contact Person_________________________Telephone (____)
Amount $________________________ Income period: weekly monthly yearly
DESCRIPTION OF ASSET: __________________________________Value $________
Name of Institution________________________________________
Mailing Address____________________________________City/Zip________
Account Number (if applicable)________________________
DESCRIPTION OF ASSET: __________________________________Value $________
Name of Institution________________________________________
Mailing Address____________________________________City/Zip________
Account Number (if applicable)________________________

HOUSEHOLD MEMBER: NAME________________________

EMPLOYMENT INCOME: Job Title________________________
Company Name________________________________________
Mailing Address____________________________________City/Zip________
Contact Person_________________________Telephone (____)
Gross Monthly Earnings $________________________
Pay Rate $__________ Based on: hourly weekly monthly yearly
Hours worked per week (if not 40) __________ Weeks worked/year (if not 52)________

OTHER INCOME: Source________________________
Claim No. (if applicable)________________________
Agency________________________________________
Mailing Address____________________________________City/Zip________
Contact Person_________________________Telephone (____)
Amount $________________________ Income period: weekly monthly yearly
DESCRIPTION OF ASSET: __________________________________Value $________
Name of Institution________________________________________
Mailing Address____________________________________City/Zip________
Account Number (if applicable)________________________
DESCRIPTION OF ASSET: __________________________________Value $________
Name of Institution________________________________________
Mailing Address____________________________________City/Zip________
Account Number (if applicable)________________________

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PART III. INCOME INFORMATION (Continued)

DESCRIPTION OF ASSET: ___________________________ Value $__________
Name of Institution ____________________________________________
Mailing Address ___________________________ City/Zip ____________
Account Number (if applicable) ____________________________

DESCRIPTION OF ASSET: ___________________________ Value $__________
Name of Institution ____________________________________________
Mailing Address ___________________________ City/Zip ____________
Account Number (if applicable) ____________________________

HOUSEHOLD MEMBER: NAME ___________________________
EMPLOYMENT INCOME: Job Title ___________________________
Company Name ___________________________________________
Mailing Address ___________________________ City/Zip ____________
Contact Person ___________________________ Telephone ( ) ______
Gross Monthly Earnings $__________
Pay Rate $__________ Based on: hourly weekly monthly yearly
Hours worked per week (if not 40) __________ Weeks worked/year (if not 52) __________
OTHER INCOME: Source ________________________________________
Claim No. (if applicable) __________________________
Agency ________________________________________
Mailing Address ___________________________ City/Zip ____________
Contact Person ___________________________ Telephone ( ) ______
Amount $__________ Income period: weekly monthly yearly
DESCRIPTION OF ASSET: ___________________________ Value $__________
Name of Institution ____________________________________________
Mailing Address ___________________________ City/Zip ____________
Account Number (if applicable) ____________________________
DESCRIPTION OF ASSET: ___________________________ Value $__________
Name of Institution ____________________________________________
Mailing Address ___________________________ City/Zip ____________
Account Number (if applicable) ____________________________

PART IV. HOUSING REFERENCES

APPLICANT: Current Residence — Move-In Date __________
Monthly Rent $__________
Landlord Name __________________________
Landlord Mailing Address __________________________
City/State/Zip ___________ Telephone ( ) ______
Is rent subsidized? ‘yes” ‘no” If yes, program name __________________________
Is landlord a relative? ‘yes” ‘no”

Previous address ___________________________ Apt. # ______
City/State/Zip __________
Monthly Rent $__________ Move-In Date __________
Landlord Name __________________________
Landlord Mailing Address __________________________
City/State/Zip ___________ Telephone ( ) ______
Is rent subsidized? ‘yes” ‘no” If yes, program name __________________________
Is landlord a relative? ‘yes” ‘no”

Previous address ___________________________ Apt. # ______
City/State/Zip __________
Monthly Rent $__________ Move-In Date __________
Landlord Name __________________________
Landlord Mailing Address __________________________
City/State/Zip ___________ Telephone ( ) ______
Is rent subsidized? ‘yes” ‘no” If yes, program name __________________________
Is landlord a relative? ‘yes” ‘no”

USE ADDITIONAL SHEETS IF NECESSARY.
CO-APPLICANT: Current Residence

Monthly Rent $_________________________ Move-In Date_________________________
Landlord Name_________________________
Landlord Mailing Address_________________________
City/State/Zip_________________________, Telephone (________)
Is rent subsidized?  yes  no  If yes, program name_________________________
Is landlord a relative?  yes  no

Previous address_________________________ Apt. #________
City/State/Zip_________________________
Monthly Rent $_________________________ Move-In Date_________________________
Landlord Name_________________________
Landlord Mailing Address_________________________
City/State/Zip_________________________, Telephone (________)
Is rent subsidized?  yes  no  If yes, program name_________________________
Is landlord a relative?  yes  no

USE ADDITIONAL SHEETS IF NECESSARY.

PRIOR EVICTION

You will be required to sign the proper authorizations for verification of income, assets, credit, criminal and prior landlord history. A credit check and check of court records on evictions will be completed as part of this application. Failure to disclose information for any person listed on this application may result in the disqualification of this application.

_________________________ initial here

PART V. ADDITIONAL INFORMATION

How did you find out about this property?

Are you an employee of Eden Housing?  yes  no
If yes, list position and location of employment_________________________

Are you a relative of an Eden Housing employee?  yes  no
If yes, what is your relative's name_________________________

Is there a caretaker who will be residing in the unit?  yes  no
If yes, please provide name_________________________

Have you or any other household member disposed of any assets within the last 2 years for less than fair market value?  yes  no

Have you or any household member been arrested or convicted for drunk and disorderly behavior?  If yes, please explain_________________________

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Do you, or any other household member currently use any illegal drug or other illegal controlled substance? If yes, please explain:

Where you displaced by government action or presidially declared disaster?

yes  no

Are you currently or have you ever used a controlled substance without benefit of a prescription? If yes, please explain:

Have you successfully completed an approved supervised drug rehabilitation program? If yes, please explain:

Have you or any household member ever been arrested? If yes, for what reason and when:

Were you convicted? yes  no. Have the conditions that led to your arrest changed?

If you were previously denied housing because of a household member's criminal activity and you claim that your household is no longer involved in criminal activity, please be prepared to provide proof of this at your interview.

Are you or any household member required to register as a sex offender in any state?

yes  no. If yes, list state and county of registration:

List all states and counties in which you and all adult household members have lived since the age of 18:

CERTIFICATION

PART VII. CERTIFICATION

1. If my/our application is approved and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, that we will maintain no other place of residence, and that there are no other persons for whom we have or expect to have responsibility for providing housing.

2. I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner, its agents and employees to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental, or credit screening services, or law enforcement or other public agencies, and to contract previous or current landlords or other sources for credit and/or verification information which may be released by appropriate federal, state, local agencies, or private persons to the management.

3. I/we authorize the owner, its agents and employees to obtain one or more consumer reports as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

4. I/we authorize the owner, its agents and employees to obtain information about my/our background to see if there is any criminal history, including arrests or convictions which may affect me/us from moving onto the property. In compliance with our tenant selection criterion.

5. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.

6. I/we understand that false statements or information will deem me/us ineligible, or if move in has occurred terminate the rental agreement.

7. I/we understand we must provide written notification of any changes to the information on this form.

I/we understand the project will acknowledge this application by mail.

Applicant signature_________________________________ Date________________

Co-Applicant signature_________________________ Date________________

OPTIONAL INFORMATION

Eden Housing Management, Inc. requests your cooperation in reporting the ethnicity of residents in order for management to determine if this project is meeting its goals to serve all ethnic groups. This information is strictly voluntary on your part. Please check the one category which best describes your race/ethnicity:

________ Alaskan Native/American Indian  Pacific Islander/Asian

________ African American  Hispanic  White

________ Other (please specify)___________________________
Notice to All Applicants:

Options for Applicants with Disabilities or Handicaps

This property is owned by Eden Housing. We provide low rent housing to individuals and families. We are not permitted to discriminate against applicants on the basis of their race, color, religion, sex, age, national origin, familial status, disability or handicap. In addition, we have a legal obligation to provide “reasonable accommodation” to applicants if they or any family members have a disability or handicap. Compliance actions may include reasonable accommodation as well as structural modifications to the unit or premises.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the program. Examples of reasonable accommodation and structural modification include:

- Making alterations to a unit so it could be used by a family member with a wheelchair;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Making large type documents or a reader available to a vision impaired applicant during the application process;
- Permitting an outside agency to assist an applicant with a disability to meet the property’s screening criteria.

An applicant family that has a member with a disability must still be able to meet the essential obligations of tenancy. They must be able to pay rent, care for their apartments, report required information to the owner, avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, that is your right.

Explained by: __________________________ Date:___________________
Eden Housing Signature

Received by: __________________________ Date:___________________
Applicant/Resident Signature

________________________ Date:___________________
Applicant/Resident Signature
SPECIAL UNIT REQUIREMENTS QUESTIONNAIRE

This questionnaire is to be used with every person who applies for housing at Eden Housing properties. It is used to determine whether an applicant family 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 families that actually need the features.

Applicant Name: ______________________ Date: ______________________

_____ I choose not to complete this form.

Applicant’s Signature: _____________________________________________

-OR-

1. Do you, or does any member of your family have a condition that requires:

_____ A barrier-free apartment  _____ Unit for hearing impaired
_____ Unit for vision impaired  _____ Unit of first floor

2. Will you or any of your family members require a live-in aide to assist you? _____ Yes

_____ No

If yes, please explain: ____________________________________________

____________________________________________________________________

____________________________________________________________________

3. If you checked any of the above-listed categories of units, please explain exactly what you need to accommodate your situation:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

4. What is the name of the family member who needs the features identified above?

____________________________________________________________________

____________________________________________________________________

5. What is the name of the physician or social services agency to be contacted to verify your need for the features you have identified above?

Signature__________________________ Address__________________________

Phone number________________________
REASONABLE ACCOMMODATION/MODIFICATION NEED(S) QUESTIONNAIRE

(Please note that completing this questionnaire is completely voluntary.)

The purpose of this Questionnaire: This questionnaire is to be administered to every applicant at Washington Creek Apartments after eligibility is determined and to tenants at recertification to assist applicants and tenants in obtaining access to the type of housing they need to have an equal opportunity to enjoy their housing. Any information provided to Eden Housing Management, Inc. on this form will be used solely for this purpose and will be kept completely confidential. If, for example, you indicate that you need accessible features of a unit or live-in aide as a direct result of your disability, Eden Housing Management, Inc. will need to verify this information from a reliable source.

Applicant Name: ____________________________ Lottery #: __________

☐ I Choose Not to Complete this Form.

Applicant’s Signature: ___________________________________ Date: __________

Name of Person Administering the Form: _______________________________________

Signature of Person Administering this Form: _______________________________ Date: __________

Eden Housing will consider making physical changes to your apartment or common areas, or will consider making changes to policies, practices, rules or activities if the changes are necessary because of your disability. The types of accommodations that Eden Housing has made include:

- Adding a ramp where there are stairs;
- Widening doors inside a unit;
- Permitting rent to be paid by mail rather than in person.

1. Do you, or does any member of your family, need a change in the physical portion of your unit or the common areas, or in the policies, practices, rules or activities of the property for a reason that is directly related to your or your family member’s disability?

If you do, please tell us what type of accommodation you need and how it is related to your disability:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If you are not the person who needs the accommodation, please tell us the name of the family member who needs the features identified above?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. Eden Housing needs a letter from a health/mental health professional confirming that you have (or your family member has) a disability and that because of your disability, this accommodation is necessary. We will not be able to begin work on your accommodation until we receive this letter. If you would like us to obtain this verification from your health provider, please provide his or her contact information below (the health provider may include HMO, mental health clinician, clinic personnel, nurse practitioner, etc.):

Name: __________________________________________

Title: __________________________________________

Address: _______________________________________

Phone: ____________________________

If you would like us to request the information, please also sign the REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION form.