



A Property Managed by Eden Housing Management, Inc.  
Almond Terrace Apartments  
1976 N. Union Road  
Manteca, CA 95337  
(209)824-9150

## SENIOR HOUSING – 62 OR OLDER

Thank you for your interest in Eden Housing's Senior Community.

### ALMOND TERRACE WAITING LIST OPEN

Applications Available online at:

Direct link:

<https://www.on-site.com/apply/property/197724>

or

scan the QR code below



<b>1 bedroom unit</b>	<b>Maximum income for 1 person \$25,900.00</b>
	<b>Maximum income for 2 person \$29,600.00</b>

*For additional information, please call 209-824-9150  
Or email us at: [Almondterrace@edenhousing.org](mailto:Almondterrace@edenhousing.org)*



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 basis.

TDD/TYY 1-800-735-2922





# ALMOND TERRACE APARTMENTS

## Section 504 Equal Access Statement

For mobility impaired persons – this document is kept in the office at Eden Housing Management, Inc. This document may be examined from Monday through Friday between the hours of 9:00 AM and 12:00 Noon and 1:00 PM and 5:00 PM. You must phone to make arrangements to examine this document. Please call (209) 824-9150 and TDD users may dial 1(800) 735-2929.

For vision impaired persons – ALMOND TERRACE 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 – ALMOND TERRACE APARTMENTS 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.



# ALMOND TERRACE 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 judgment's 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.

### Applicants Must Meet the Following Criteria:

- ◆ Household annual income must not exceed 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:

<u>Bedroom Size</u>	<u>Minimum Persons</u>	<u>Maximum Persons</u>
1 – Bedrooms	1	3

- ◆ 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.
- ◆ No Negative landlord reference's from a former landlord;
- ◆ No Unlawful detainers (Evictions);
- ◆ No Unpaid judgments, collections, and liens exceeding \$5,000 excluding student loans and medical bills;
- ◆ No Bankruptcies filed within the last twelve months;
- ◆ No Repossessions within the past two years, excluding voluntary repossessions;
- ◆ No Unpaid utility bills (Electric, Gas, Water/Sewer and Garbage);
- ◆ No Unpaid balances due to a prior landlord;
- ◆ No household member may be involved in drug-related criminal activity;
- ◆ Head of Household MUST be at least 62 years of age or older;
- ◆ 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 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;

**Resident Selection Policy**  
**Page Two of Two**

- ◆ 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 will not be approved for residency;
- ◆ 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 will not be approved for residency.

While other qualifications apply, the above mentioned has been established to reflect a short version of Eden Housing Management Inc. Resident Selection Policy. Eden Housing Management Inc. may conduct additional verifications to determine the eligibility of the entire household.

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** \_\_\_\_\_  
**Other Adult signature** \_\_\_\_\_ **Date** \_\_\_\_\_

• (209) 824-9150 • Fax: (209) 824-9154 • 1976 N. Union Road, Manteca, California 95336 •  
[www.edenhousing.org](http://www.edenhousing.org)

AN AFFORDABLE HOUSING PROPERTY MANAGEMENT ORGANIZATION

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 basis. TDD/TTY 1-800-735-2922



**APPLICATION FOR OCCUPANCY**

**APPLICANT**



First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
 Present Address \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_  
 Mailing Address (if different from above) \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_  
 Telephone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Male  Female

**INSTRUCTIONS**

**CO-APPLICANT INFORMATION**

**Select Bedroom Size:**

√ 1 Bedroom ONLY

*Time & Date Application Received (time stamp):*

\_\_\_\_\_

*Lott./App. #:* \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
 Present Address \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_  
 Mailing Address (if different from above) \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_  
 Telephone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Relationship to Applicant \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Male  Female

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**PART II. HOUSEHOLD MEMBER INFORMATION**

**HOUSEHOLD MEMBER**  Male  Female  
 First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
 Relationship to Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Now living with Applicant  Yes  No

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**HOUSEHOLD MEMBER**  Male  Female  
 First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
 Relationship to Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Now living with Applicant  Yes  No

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**HOUSEHOLD MEMBER**  Male  Female  
 First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
 Relationship to Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Now living with Applicant  Yes  No

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**HOUSEHOLD MEMBER**  Male  Female  
 First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
 Relationship to Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Now living with Applicant  Yes  No

**PART III. INCOME INFORMATION**

**INCOME INFORMATION**

*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, worker's compensation, regular gifts or support from family and/or 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 saving 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.*

**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 \_\_\_\_\_  
 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

**INCOME INFORMATION**

**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) \_\_\_\_\_

**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) \_\_\_\_\_

USE ADDITIONAL SHEETS IF NECESSARY.

**HOUSING REFERENCES**

**PART IV. HOUSING REFERENCES**

List current and previous landlords for the last five (5) years for all household members 18 years and older. Failure to show complete information for the past five (5) years may be grounds for disqualification of this application.

Initial Here:

Applicant Co-Applicant

**APPLICANT:**

**Current Residence:**

Monthly Rent \$ \_\_\_\_\_ Move-In Date \_\_\_\_\_  
 Landlord Name \_\_\_\_\_  
 Landlord Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 Is rent subsidized?  yes  no If yes, what's the 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, what's the 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  
 Is landlord a relative?  yes  no

**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, what's the 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  
 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  
 Is landlord a relative?  yes  no

USE ADDITIONAL SHEETS IF NECESSARY.

**PRIOR EVICTION**

**PART V. 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

Have you or anyone in your household ever been evicted from any residence for any reason, has your residency/tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non-payment or rent, failure to comply with re-certification procedures, or any type of criminal activity?

Applicant:  yes  no  
 If yes, when? \_\_\_\_\_ Why? \_\_\_\_\_  
 Co-Applicant:  yes  no  
 If yes, when? \_\_\_\_\_ Why? \_\_\_\_\_



of this application.  
 Failure to disclose  
 information for any person  
 listed on this application  
 may result in the  
 disqualification of this  
 application.  
 Initial Here:

Household Member: yes no  
 If yes, when? \_\_\_\_\_ Why? \_\_\_\_\_  
 Household Member: yes no  
 If yes, when? \_\_\_\_\_ Why? \_\_\_\_\_  
 Household Member: yes no  
 If yes, when? \_\_\_\_\_ Why? \_\_\_\_\_

Applicant            Co-Applicant           

**PART VI. 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 care attendant 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?  
yes no  
 If yes, please explain: \_\_\_\_\_

Do you or any other household member currently use any illegal drug or other illegal controlled substance? yes no If yes, please explain: \_\_\_\_\_

Are you currently or have you ever used a controlled substance without benefit of a prescription?  
yes no If yes, please explain: \_\_\_\_\_

Have you successfully completed an approved supervised drug rehabilitation program?  
yes no If yes, please explain: \_\_\_\_\_

Have you or any household member ever been arrested or convicted of any crime? yes no  
 Have the conditions that led to your arrest or conviction changed? If yes, please explain:  
yes no

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:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**USE ADDITIONAL SHEETS IF NECESSARY.**

**PART VII. CERTIFICATION**

**Certification:**  
**All household members 18 years and older must sign and date 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 contact 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.
8. I/we understand the project will acknowledge this application by mail.

<b>Applicant signature</b>	_____	<b>Date</b>	_____
<b>Co-Applicant signature</b>	_____	<b>Date</b>	_____
<b>Household Member</b>	_____	<b>Date</b>	_____
<b>Household Member</b>	_____	<b>Date</b>	_____
<b>Household Member</b>	_____	<b>Date</b>	_____
<b>Household Member</b>	_____	<b>Date</b>	_____
<b>Household Member</b>	_____	<b>Date</b>	_____

**USE ADDITIONAL SHEETS IF NECESSARY.**

**OPTIONAL INFORMATION**

**PART VIII. 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. Adults should include Race & Ethnicity Information for all persons under the age of 18 years old.

**Ethnicity:**

Next to the appropriate Ethnicity, please write how many persons in your household that Ethnicity applies to:

\_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ Not-Hispanic or Latino

**Race:**

Next to the appropriate Race, please write how many persons in your household that Race applies to. You may select more than one Race for each household member:

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ White

\_\_\_\_\_ Asian

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Other (please specify): \_\_\_\_\_

If you or any household member chooses not to complete this information, please check the box below and indicate which household member will not be providing the information. The use of this information is strictly for identifying whether or not this project is meeting its goals to serve all ethnic groups.

I choose to not complete this form

\_\_\_\_\_ (Household Member Name)

I choose to not complete this form

\_\_\_\_\_ (Household Member Name)

I choose to not complete this form

\_\_\_\_\_ (Household Member Name)

I choose to not complete this form

\_\_\_\_\_ (Household Member Name)

I choose to not complete this form

\_\_\_\_\_ (Household Member Name)

I choose to not complete this form

\_\_\_\_\_ (Household Member Name)

I choose to not complete this form

\_\_\_\_\_ (Household Member Name)

**Acknowledgment of all Household Members:**

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

**THIS SECTION WAS INTENTIONALLY LEFT BLANK**

## 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 that has a family 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 neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your household 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.

<b>Explained by:</b>	_____	_____
	Eden Housing Signature	Date
<b>Received by:</b>	_____	_____
	Applicant/Resident Signature	Date
	_____	_____
	Co-Applicant/Resident Signature	Date
	_____	_____
	Applicant/Resident Signature	Date
	_____	_____
	Applicant/Resident Signature	Date
	_____	_____
	Applicant/Resident Signature	Date

THIS SECTION WAS INTENTIONALLY LEFT BLANK

## 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 (are given to) families that actually need the features.

*Please read both boxes below. Complete and sign ONE of the two boxes.*

### BOX 1:

Applicant Name: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

*I choose to not complete this form.*

\_\_\_\_\_  
**Applicant's Signature** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Applicant's Signature** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant/Resident Signature** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant/Resident Signature** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant/Resident Signature** \_\_\_\_\_  
**Date**

**OR**

### BOX 2:

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

- A barrier-free unit                       Unit for hearing impaired  
 Unit for vision impaired                 Unit on first floor

2. Will you or any of your family/household 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/household 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?

\_\_\_\_\_  
Name of Physician/Social Services Agency

\_\_\_\_\_  
Signature of Physician/Social Services Agency                      \_\_\_\_\_  
Date

\_\_\_\_\_  
Address of Physician/Social Services Agency

\_\_\_\_\_  
Phone Number of Physician/Social Service Agency

\_\_\_\_\_  
**Applicant's Signature** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Applicant's Signature** \_\_\_\_\_  
**Date**

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 1360f) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.