



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 _____ AM and _____ Noon and _____ PM and _____ 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

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 – _____ 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.

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

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

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.

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

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

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

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



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, 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.

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 _____
 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) _____

HOUSING REFERENCES

PART IV. HOUSING REFERENCES

List current and previous landlords for the last five (5) years for applicant and co-applicant. 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

USE ADDITIONAL SHEETS IF NECESSARY.

**HOUSING
REFERENCES**

PART IV. HOUSING REFERENCES (Continued)

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:

City _____ State _____ Zip _____ Apt# _____
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:

City _____ State _____ Zip _____ Apt# _____
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

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: _____

Applicant _____ ; Co-Applicant _____

PRIOR EVICTION

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? _____
Household Member: yes no
If yes, when? _____ Why? _____
Household Member: yes no
If yes, when? _____ Why? _____

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 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: _____

PART V. ADDITIONAL INFORMATION (Continued)

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? yes no
Have the conditions that led to your arrest changed? yes no If yes, please explain: _____

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.

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

Applicant signature _____ Date _____

Co-Applicant signature _____ Date _____

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.

- | | |
|--------------------------------------|------------------------------|
| _____ 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 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.

Explained by:

Eden Housing Signature

Date

Received by:

Applicant/Resident Signature

Date

Co-Applicant/Resident Signature

Date

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

OR

BOX 2:

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

- | | |
|---|--|
| <input type="checkbox"/> A barrier-free unit | <input type="checkbox"/> Unit for hearing impaired |
| <input type="checkbox"/> Unit for vision impaired | <input type="checkbox"/> 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