

Application for Housing ART ARK APTS.

STREET SAN LOSE CA 0E112 • TELEDUONE (409)

1058 S 5TH STREET• SAN JOSE, CA 95112 • TELEPHONE (408) 286-8010

EAH Property Management Use Only			APPLI	CATION APPROVED:	Yes 🗆 No 🗆
BEDROOM SIZE		TIME OF APPLICATION:		COM	IMENTS
BARRIER FREE (H/C) UNIT REQUESTED?	YES 🗆 NO 🗆	DATE OF APPLICATION:			
		APPLICATION RECEIVED BY:			
APPLICATION #:		LOTTERY #:			

Please complete the following application and return it to the Property. All Items must be complete in order to determine your eligibility. If an item does not apply to you, please check N/A next to the question. EAH does not discriminate on the basis of race, color, sex, age, religion, origin, family or marital status, disability, or sexual orientation.

Number of bedrooms requested 1st Request: 2nd Request: Check if N/A Α. **GENERAL INFORMATION: HEAD OF HOUSEHOLD CO-HEAD** Name: Name: Home phone: Home phone: **Cell Phone Cell Phone** Work Phone: Work Phone: Email: Email:

B. HOUSEHOLD COMPOSITION

List all persons, including yourself, who will be living in the apartment. List the head of household first. Do not include minors who will reside in the unit less than 50% of the time.

		Name	Relationship	DOB	Age	Full Time	Social			
		First/Last	To HEAD	mm/dd/yy		Student Y/N (K-12/College)	Security/TIN (only Last four) 5555			
1.			HEAD							
2.			CO-HEAD/Spouse							
3.										
4.										
5.										
6.										
7.										
8.										
9.										
1.	YES NO	Do you expect any additions t	o the household within the nex	t 12 months? If	yes, please	explain giving na	me and relationship:			
2.	YES NO N/A	Do you have primary physical above?	Do you have primary physical custody of all minors (50% or more of the time) listed under the Household Composition above?							
3.	YES NO	Are there any absent household members that are not listed under the Household Composition above? If yes, please explain giving name and relationship?								
4.		Do you have any pets that wil	l reside with you if eligible? If y	es, please Descr	ibe:					
	YES NO	Will you or anyone in your ho	usehold require a live-in care at	tendant?						





5	5 Name of Live-in Care Attendant:					Relationship if any:						
	C. VEHICLE INFORMATION Check if N/A											
Цо	usehold Member		CA Driver ID	Car Make/Model	Lic	ense Plate	Color	Year				
по		rivanie	CA Driver ID			ense Plate	COIOF	fedi				
	D. HOUSING F	REFEREN	CES Please com	plete all areas below.	Please p	provide the last	2 consecutive years	of housing history.				
HE	AD OF HOUSEHO	lD			CO-HE	AD/Other (If dif	ferent from HEAD) Checl	k if N/A				
Nai	me				Name							
Cur	rrent Address				Curren	t Address						
City	y/State/Zip Code				City/St	ate/Zip Code						
	Own 🗌 Rent 🗌	Other			0w	n 🗌 Rent 🗌 Ot	ther					
Am	ount Paid Monthly	/			Amour	nt Paid Monthly						
Ler	igth of time Lived t	here			Length	of time Lived th	ere					
Fro					From	to						
Na	me of Landlord:				Name of Landlord:							
Ade	dress of Landlord:				Address of Landlord:							
City	y/State/Zip Code o	f Landlord	1:		City/State/Zip Code of Landlord:							
Pho	one Number of Lan	dlord			Phone Number of Landlord							
Ad	ditional informat	tion if red	quired:									
			1 st	Previous Address: Ch	neck if N	/A 🗌						
HE	AD OF HOUSEHO	OLD			CO-HEAD/Other (If different from HEAD) Check if N/A							
Na	me				Name							
1 st	Previous Address	s			1 st Previous Address							
City	y/State/Zip Code				City/State/Zip Code							
	Own 🗌 Rent 🗌 🕻	Other			0wn Rent Other							
	ount Paid Monthly					nt Paid Monthly						
Length of time Lived there From to			Length of time Lived there									
	m to me of Landlord:				From Name	to of Landlord:						
Ade	dress of Landlord:				Address of Landlord:							
City	y/State/Zip Code o	f Landlord	1:		City/State/Zip Code of Landlord:							
Phone Number of Landlord:				Phone Number of Landlord:								





Additional information if required:

	2 nd Previous Address: Check if N/A						
HEA	AD OF HOUSEHO	LD	CO-HEAD/Other (If different from HEAD) Check if N/A				
Nam	e		Name				
2 nd P	revious Address		2 nd Previous Address				
City/	State/Zip Code		City/State/Zip Code				
	Dwn 🗌 Rent 🗌 O	ther	Own Rent Other				
Amo	unt Paid Monthly		Amount Paid Monthly				
Leng	th of time Lived th	ere	Length of time Lived there				
From			From to				
Nam	e of Landlord:		Name of Landlord:				
Addı	ess of Landlord:		Address of Landlord:				
City/	State/Zip Code of	Landlord:	City/State/Zip Code of Landlord:				
Phor	ne Number of Land	llord:	Phone Number of Landlord:				
1.	YES No	Do you require an accessible unit? (Design Feature	es for persons with disabilities). If yes, please explain:				
2.	YES No	Do you have a Section 8 Voucher through the Hou	ising Authority? If yes where?				
		Section 9 Voucher number					
3.	YES No	Section 8 Voucher number Have you ever been evicted in the past 5 years? If					
3.		have you ever been evicted in the past 5 years? In	yes, please explain.				
4.	YES No	Have you willfully or intentionally ever refused to	pay rent?				
	E. STUDENT STA	NTUS					
1.	YES No	Does the household consist of all persons wi	no are <u>full-time</u> students (Examples: K-12, College/University, trade				
		school, etc.)?					
2.	YES No	Does the household consist of all persons whether the household constraint	no have been a <u>full-time</u> student in the previous 5 months?				
3.	YES No		n all full-time student household in the next 12 months?				
If yo	ou answered YES	to any of the previous three questions are you	J:				
4.	YES No	Receiving assistance under Title IV of the Soc	ial Security Act (AFDC/TANF/Cal Works - not SSA/SSI)?				
5.	YES No	Enrolled in a job training program receiving a	assistance through the Job Training Participation Act (JTPA) or other				
		similar program?					
6.	YES No	Married and filing (or are entitled to file) a jo					
7.	YES No	Single parent with a dependent child or child individual?	ren and neither you nor your child(ren) are dependent of another				
8.	YES No	Previously enrolled in the Foster Care progra	m (age 18-24)?				





Revision Date: 10/25/2016

If any member of this ho	usehold is a part	t-time	or full-time stude	ent (College, Trade, etc.)) List Name	and Address of S	School Attending
Family Member Name	Name of Sc	hool A	ttending	Address of School			Current Grade
F. DEMOGRAPHIC IN	FORMATION						
Are you or any member of		ld a Ve	teran? YFS				
The following informatio			120				
HEAD: Highest level of Educ			Some High Sc	hool High School Gra	duate	College	Graduate School
Profession/Job Title				blic Transportation to get		If Yes, what type	
· · · · · · · · · · · · · · · · · · ·			YES NO N				Ferry Other
Co-HEAD: Highest level of E	ducation complet	ed?	□Some High Sch	iool High School Grad	duate	College	Graduate School
Profession/Job Title				blic Transportation to get	to work?	If Yes, what type	
							Ferry other
How did you hear about the	e property? Lo	ocal Pap	er 🔄 🛛 Housing A	Authority 🗌 🛛 Internet 🗌	Referra	l C	Other
G. INCOME							
Employment Check if N/	A 🗌						
Please provide the follow				household member.			
Family Member	Gross Monthly		ess/Source Name		Contact Na	me	
First Name	Amount		ess/Source Addres	SS		none Number	
		City/S	State/ZIP code		Contact Fa	x Number	
1.							
2.							
3.							
4.							
5.							
6.							
		1			1		





Other Sources of Income Check if N/A

List all money earned or received by everyone living in your household. This includes money received from the categories listed below and from Disability Payments Or Death Benefits, Workers Compensation, Annuities, Periodic Payments From Insurance Policies and Other Sources Including Periodic Lottery

Payments. LIST GROSS A		CEIVED DE							
Household Member First Name	SOC SEC & SSI	VA BNFTS	PENSION/ RETIRE	SELF EMPLOY (Use monthly NET Income)	ALIMONY OR CHILD SUPP.	AFDC/ TANF	RECURRING GIFTS	UNEMP. BNFTS.	OTHER
1.									
2.									
3.									
4.									
5.									
6.									
	re any changes	expected in i	ncome within	the next 12 m	onths? If yes,	please list fan	nily member ar	nd explain:	
H. ASSETS									
YES NO Have you	ever filed Bank	ruptcy?							
Checking and/or Savings		1							
Family Member First Nar	me	Account	Туре	Bai	nk/Financial	Institution I	Names		Total Balance
1.									
2.									
3.									
4.									
5.									
6.									

Other Assets/Accounts

Please list any of the following assets that apply to you: TRUST, MONEY MARKET FUND, STOCKS, BONDS, TREASURY BONDS, TREASURY BILLS, CERTIFICATE OF DEPOSIT, IRA OR KEOGH, RETIREMENT, 401K/PENSION FUNDS, INHERITANCE, LOTTERY WINNINGS, INSURANCE SETTLEMENTS, CAPITAL GAINS, CAPITAL INVESTMENTS, OR PERSONAL PROPERTY HELD AS AN INVESTMENT. ALSO INCLUDE ALL ASSETS THAT MAY BE HELD JOINTLY WITH ANOTHER PERSON.

Family Member First Name	Asset/Account Type	Bank/Financial Institution Names	Total Balance
1.			
2.			
3.			
4.			
5.			
6.			





I. REAL ESTATE / DISPOSED OF ASSETS

YES NO Does anyone own real property? (Includes land, houses, real estate, in the USA or any other country) If "Yes" answer the questions below:							
Family member name	Estimated ca	ash value	Rental income	Property ac	ldress/City/State		
	of real pro	operty	if any				
YES NO Have you sold any Real Estate OR disposed of a answer the questions below:	iny assets for le	ss than FMV	in the last two yea	rs? (e.g. cash, property	, bank accounts) If "Yes"		
Family member name	Type of	Marke	t Value when	Date of	Cash Value Disposed		
	Asset	D	isposed:	transaction:	for:		

J. CRIMINAL BACKGROUND

1.	YES NO	Has tenancy ever been terminated for fraud, non-payment of rent, or failure to cooperate with recertification procedures?						
2.		Have YOU or ANY MEMBER of your household ever been convicted of a felony within the past seven (7) years?						
3.		Have YOU or ANY MEMBER of your household ever been convicted of engaging in acts of violence or threats of violence, within the past seven (7) years?						
4.		Have YOU or ANY MEMBER of your household ever been convicted of engaging in the illegal manufacture, sale, distribution, use, or possession of an illegal drug or controlled substance within the past (7) years?						
IF y	IF you answered "YES" to any questions listed above in the Criminal Background Section of this application, Please provide an							
exp	planation below	Include the date, circumstances, and nature of the offenses:						

Use this space if needed for answering questions if you have ran out of space in that section. (enter the section letter and number of the question)

Section	Number	Answer	, ,





K. CERTIFICATION AND RELEASE OF INFORMATION

I/we understand that I/we must pay a security deposit prior to occupancy. I/we certify that the housing I/we occupy will be my/our only residence. I/We understand that eligibility for housing will be based on applicable sections of the EAH Inc. Residents Selection Criteria. I/We understand that this application in no way ensures occupancy and that my/our application can be denied based on, but not limited to, poor credit or landlord references, police records indicating unacceptable or criminal behavior. All information supplied here or elsewhere will be used to determine my household's eligibility for housing.

I further understand that providing any false, fraudulent, misleading, or incomplete information can cause a delay in processing and may be grounds for denial of tenancy; or in the event that I become a resident, or I am an existing resident, would be considered a material breach of my rental agreement and can be used as grounds to immediately terminate my tenancy. Any "yes" response on the criminal activity questionnaire section of this application may lead to the denial of my application.

I declare that all information and answers supplied during the application process by me, or on my behalf, including but not limited to, the answers to the above-noted questions, are true and correct. I understand that falsification of information found before or after acceptance of this property includes penalties that will result in cancellation of my application, also to include eviction, loss of assistance, if applicable. WARNING!: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

I/We do hereby authorize EAH Inc., and its staff to obtain information or materials deemed necessary to determine my/our eligibility for housing. I authorize verification of assets, income, credit history, rental history and references. I consent to allow owner/agent to disclose any information obtained to previous, current, or subsequent owner/agents, law enforcement, and any others owner/agent deems appropriate, including contacting agencies, offices, groups, organizations, that may provide information that could substantiate or verify information given in this application.

Head Of Household:			
	Printed Name	Signature	Date
Spouse/Co-Head:			
	Printed Name	Signature	Date
Other Adult:			
	Printed Name	Signature	Date
Other Adult:			
	Printed Name	Signature	Date
Management:			
-	Signature	E	Date





PART IX. SUPPLEMENTAL INFORMATION FORM

The California Tax Credit Allocation Committee (CTCAC) requests the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties. Although the CTCAC would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please check the box at the bottom of the page and initial.

Enter both Ethnicity and Race codes for each household member (see below for codes).

	TENANT DEMOGRAPHIC PROFILE											
HH			Middle									
Mbr #	Last Name	First Name	Initial	Race	Ethnicity	Disabled						
1												
2												
3												
4												
5												
6												
7												

The Following Race Codes should be used:

- 1 White A person having origins in any of the original people of Europe, the Middle East or North Africa.
- 2 Black/African American A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" apply to this category.
- 3 American Indian/Alaska Native A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 4 Asian A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent:

4a – Asian India	4e – Korean
4b - Chinese	4f-Vietnamese
4c - Filipino	4g-Other Asian
4d – Japanese	

5 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands:

5a – Native Hawaiian	5c – Samoan
5b – Guamanian or Chamorro	5d – Other Pacific Islander

6 – Other

7 – Did not respond. (Please initial below)

Note: Multiple racial categories may be indicated as such: 31 – American Indian/Alaska Native & White, 41 – Asian & White, etc.

The Following Ethnicity Codes should be used:

- 1 Hispanic A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as "Latino" or "Spanish Origin" apply to this category.
- 2 Not Hispanic A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

3 – Did not respond. (Please initial below)

Disability Status:

1-Yes

- If any member of the household is disabled according to Fair Housing Act definition for handicap (disability):
- A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used, please see 24 CFR 100.201, available at http://fairhousing.com/legal-research/hud-regulations/24-cfr-100201-definitions.
- "Handicap" does not include current, illegal use of or addiction to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is a transgender.

2 - No

3 - Did not respond (Please initial below)

Resident/Applicant: I do not wish to furnish information regarding ethnicity, race and other household composition.

(Initials)

(HH#) 1. 2. 3. 4. 5. 6. 7.