



COTTONWOOD PLACE APARTMENTS HOUSING ELIGIBILITY CERTIFICATION FORM



Overview: Cottonwood Place is a brand new affordable senior development for persons 62 years and older in the City of Fremont. The development contains 89 one bedroom units and 8 two bedrooms. The one bedroom average square footage is 612 and the two bedroom average square footage is 927. It is also a 100% non smoking building. 10 units are designated for MHSA-eligible seniors and 24 units are designed for frail seniors. Eden Housing Management, Inc. will manage the property. Many of the units, including the MHSA units, at the property are subsidized so that tenants pay 30% of their income toward rent.

To be eligible for the one of the 10 MHSA apartments, one must be homeless or at-risk of homelessness **AND** have a history of SERIOUS MENTAL HEALTH ISSUE.

Instructions: Please read the entire form first. Complete this two-page form for **Cottonwood Place** MHSA eligibility certification and provide the appropriate documentation to verify that you meet the eligibility criteria. Check all of the boxes below that apply to you.

CHECK THE BOX IF TRUE:	
	I AM AGE 62YEARS OLD OR OLDER.
	I AM HOMELESS OR AT-RISK OF HOMELESSNESS. COMPLETE 2 ND PAGE.
	I HAVE A SERIOUS MENTAL HEALTH ISSUE.
	I AM ENROLLED IN A FULL SERVICE PARTNERSHIP (FSP).

This form and the supporting documents should be mailed or faxed to Alameda County Behavioral Health Care Services-Housing Services Office, 2000 Embarcadero Cove, STE 400 – Box 55, Oakland, CA 94606. Fax: (510) 567-8147.

Please contact staff at (510) 777-2112 or everyonehome@acbhc.org with questions. The EDEN HOUSING official deadline for Cottonwood Place is October 11, 2011. The application packet and complete information for Cottonwood Place can be printed from the following website:

www.edenhousing.org

Print Name of Applicant (qualifying individual): _____

Date Application Completed: _____ Date of Birth (Month/Date/ Year): _____

Social Security # (for search of BHCS records ONLY): _____

Current Contact Address, City, Zip Code (if applicable): _____

Current Contact Phone Number (if applicable): _____

CONSENT TO RELEASE OR OBTAIN INFORMATION

I understand that to be certified for a MHSA Housing Unit, I **must verify that I have a serious mental health issue as defined by California law AND I must be currently homeless or at-risk of homelessness**. I hereby give my permission to BHCS Housing Services Office staff to verify my eligibility through their records. I also give the providers listed below my permission to disclose information to BHCS in order to verify my eligibility. **Please provide specific provider names and contact information:**

Print Name of Provider (s): _____

Contact Information: _____

Authorized Signature of Applicant: _____

Date Signed: _____



COTTONWOOD PLACE APARTMENTS HOUSING ELIGIBILITY CERTIFICATION FORM



Verification of Serious Mental Health Issues or Full Service Partnership (FSP) Enrollment: The applicant must provide records that document their eligibility for MHSA Housing. Documentation must include information that clearly states the applicant meets the definition of a serious mental illness (as defined in California Welfare and Institutions Code Section 5600.3 (b)(1)). Copies of these codes are included in this application packet. By completing and signing this application, the applicant authorizes BHCS to contact a specific provider or search BHCS records for verification of a serious mental health issue. NOTE: The BHCS ACCESS unit at 1-800-491-9099 provides behavioral health service referral information.

Homelessness/At-Risk Verification: Where do you currently sleep? Check the **ONE** box that applies to you AND attach the **required documentation** for the box you checked.

Check ONE	CURRENT HOUSING	Type of documentation required
	Place not meant for sleeping: a vehicle, an abandoned building, bus-train/subway station/airport or anywhere outside.	Written, signed, and dated statement obtained from a third party regarding the applicant's whereabouts. If unable to obtain this verification, the applicant may prepare a short written statement about their previous living place and have the applicant sign and date the statement.
	Emergency shelter	Written, signed, and dated referral/verification from the shelter verifying current housing.
	Transitional housing for homeless persons/ Transitional Residential Treatment Program	Written, signed, and dated statement from the program staff indicating that the individual has been a resident there AND the referring agency's written, signed, and dated verification as to the individual's homeless status when he/she entered their program.
	Institution or treatment facility (<u>for less than 90 days, on the streets or in a shelter prior to that</u>)	Written, signed, and dated verification from the facility's staff that the applicant has been residing in the institution for less than 90 days; and information on the applicant's living situation prior to entrance into the facility.
	"I'm going to be homeless." Imminently at-risk of losing primary nighttime residence.	Written, signed, and dated verification of current housing situation, lack of subsequent residence, and lack of resources to obtain permanent housing from a third-party. Self-verification with appropriate supporting documentation is also acceptable. Documentation must show: Housing will be lost within 14 days of the application AND no subsequent residence has been identified; AND the individual or family lacks the resources or support networks needed to obtain other permanent housing.
	Persons fleeing domestic violence	Written, signed, and dated verification from the participant or a third party that describes the current situation and that the applicant has no other residence and lacks the resources or support networks to obtain other permanent housing.
	Enrolled in a Full Service Partnership (FSP) program and receiving housing assistance through this program	Written, signed, and dated verification from the FSP provider agency.

PLEASE INCLUDE DOCUMENTATION FOR THE BOX THAT YOU CHECKED.

EDEN HOUSING DEADLINE FOR APPLICATIONS IS OCTOBER 11, 2011. FOR MORE INFORMATION, PLEASE GO TO WWW.EDENHOUSING.ORG.



**EDEN HOUSING MANAGEMENT, INC.
RESIDENT SELECTION POLICY
FOR COTTONWOOD PLACE**

All applicants for housing will be screened according to the criteria set forth in this Resident Selection Policy. Management will hire a contractor to complete a credit check and criminal background check and register sex offender report on all applicants and 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. Peralta Senior has a preference for applicants who live and/or work in Fremont, CA.

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- Bedroom	1	3
2-Bedroom	2	5

- ◆ At least one of the applicants must be 62 or older
- ◆ Meet program eligibility requirements for the property to which they have applied;
- ◆ Proven ability to meet financial obligations, especially rent paying: An applicant receives monthly income in an amount equal to **two and a half times the rent** of the apartment he/she is interested in renting. (Some exceptions apply, this does not apply to HUD/ or HA Vouchers Subsidized Properties);
- ◆ No negative landlord references. 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 unlawful detainees (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 balance due a prior landlord;

(510) 582-1460 fax: (510) 582-6523 • 22645 Grand Street Hayward, California 94541 • 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.

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Resident Selection Policy

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- ◆ Positive Credit History. The Property Manager will compare 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 and a denial letter will be sent to the applicant;
- ◆ No household member involved in drug-related criminal activity;
- ◆ No household member convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises.
- ◆ No household member currently engaged in use of an illegal substance. 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;
- ◆ Any 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;
- ◆ Household member whose abuse or pattern of abuse of alcohol interferes with the health, safety, or peaceful enjoyment of the premises by other residents will not be approved for residency;
- ◆ Any 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;
- ◆ Any 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 will not be approved for residency;
- ◆ Any applicant who misrepresents of any information related to eligibility, allowance, household composition or rent will be denied for residency.

While other qualifications may apply, the above mentioned has been established to reflect a short version of the 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 _____

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Additional Requirements for Frail units

Frail Definition

- a. Definition of the frail: "Those who by reason of problems associated with health, economics, housing and family/personal supports, find it difficult to cope with the vicissitudes of life in a satisfactory manner. Some are functionally impaired and, as a consequence, are dependent physically on others for regular assistance in the performance of essential activities associated with normal maintenance of life."
- b. Criteria for frailty: A person with any of the following would be considered frail:
 - i. **Need for assistance with three or more Activities of Daily Living (ADLs).** ADLs are a well-recognized measure of frailty and include self-care functions necessary for coping with life in a satisfactory manner: bathing, dressing, grooming, eating, transferring (i.e., getting in and out of bed and chairs, walking, going outdoors, using toilet), and housing management activities (housework, grocery shopping, laundry, going to medical appointments). Applicant must still be able to comply with the terms of his/her lease and the rules for the property, including but not limited to, maintaining the unit in a healthy, safe and sanitary condition. This requirement can be met, where necessary, by utilizing assistance from a caregiver or service provider.
 - ii. **Dementia or complex medical conditions.** It is possible for a frail person to have no or few ADL limitations, where the frailty stems from dementia or complex medical conditions that require assistance in their management. Examples of complex medical conditions are congestive heart failure, chronic lung disease, diabetes with complications, chronic kidney disease or renal failure.
- c. The application includes a section where applicants may indicate whether they are frail. If an applicant indicates that they are frail, information is requested to establish that frailty criteria are met: need for assistance with three or more Activities of Daily Living (ADLs) or presence of a diagnosis of dementia or other medical problems.

If an applicant provides evidence that he/she is enrolled in a Program of All Inclusive Care for the Elderly (PACE) program, the applicant will be deemed frail. If not, the applicant must provide a health care provider's opinion that the applicant meets at least one of the two frail criteria.

Applicant signature _____ Date _____

Co-Applicant signature _____ Date _____

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Additional Requirements for MHSA units

In order to be eligible for a MHSA-funded housing, a household MUST MEET ALL of the eligibility criteria listed below at the time a unit becomes available. Eligibility does not guarantee acceptance into an MHSA-funded unit. Acceptance into housing is a determination ultimately made by the owner of the housing.

Eligibility Criteria #1:

The household must contain an adult or older adult with a serious mental illness as defined in California Welfare and Institutions Code Section 5600.3 (b) (1)

OR

A child or adolescent with severe emotional disorders as defined in Welfare and Institutions Code 5600.3 (a)(1)

See attached code sections.

Eligibility Criteria #2:

“Homeless” OR “At-Risk of Homelessness” as defined by the California Department of Mental Health (DMH)/California Housing Finance Agency (CalHFA) MHSA Housing Program Application.

MHSA Housing Program - “Homeless” and “At Risk of Homelessness” Definitions:

- “Homeless” means living on the streets, or lacking a fixed, regular, and adequate night-time residence. (This includes shelters, motels and living situations in which the individual has no tenant rights).
- Individuals who are “at risk of homelessness” include:
 - ❖ Transition-age youth [16-25 years old] (as defined in Welfare and Institutions Code Section 5847(c), and in Title 9, California Code of Regulations, Section 3200.80) exiting the child welfare or juvenile justice systems.
 - ❖ Individuals discharged from institutional settings including:
 - Hospitals, including acute psychiatric hospitals, psychiatric health facilities (PHF), skilled nursing facilities (SNF) with a certified special treatment program for the mentally disordered (STP), and mental health rehabilitation centers (MHRC)
 - Crisis and transitional residential settings
 - ❖ Individuals released from local city or county jails.
 - ❖ Individuals temporarily placed in Residential Care Facilities upon discharge from one of the institutional settings cited above.
 - ❖ Individuals who have been assessed and are receiving services funded through Alameda County Behavioral Health Care Services (BHCS) and who have been deemed to be at imminent risk of homelessness, as certified by the BHCS Director or their designee.

NOTE: BHCS may create a more specific definitions of the above terms as part of their local certification efforts.

Eligibility Criteria #3:

Certified as eligible for MHSA services in Alameda County by BHCS or its designee(s). Certification will be coordinated by the BHCS Housing Services Office.

For more information about how to obtain MHSA certification, please visit:
www.acbhcs.org/housing or contact (510) 777-2112 or send an e-mail message to everyonehome@acbhc.org.

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Welfare and Institutions Code Section 5600.3 (b) (1)

For the purposes of this part "serious mental disorder" means a mental disorder which is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time. Serious mental disorders include, but are not limited to, schizophrenia, as well as major affective disorders or other severely disabling mental disorders. This section shall not be construed to exclude persons with a serious mental disorder and a diagnosis of substance abuse, developmental disability, or other physical or mental disorder.

Members of this target population shall meet all of the following criteria:

- (A) The person has a mental disorder as identified in the most recent edition of the diagnostic and Statistical Manual of Mental Disorders, other than a substance use disorder or developmental disorder or acquired traumatic brain injury pursuant to subdivision (a) of Section 4354 unless that person also has a serious mental disorder as defined in paragraph (2).
- (B)
 - (i) As a result of the mental disorder the person has substantial functional impairments or symptoms, or a psychiatric history demonstrating that without treatment there is an imminent risk of decompensation to having substantial impairments or symptoms.
 - (ii) For the purposes of this part, "functional impairment" means being substantially impaired as the result of a mental disorder in independent living, social relationships, vocational skills, or physical condition.
- (C) As a result of a mental functional impairment and circumstances the person is likely to become so disabled as to require public assistance, services, or entitlements.

For the purpose of organizing outreach and treatment options, to the extent resources are available, this target population includes, but is not limited to, persons who are any of the following:

- (A) Homeless persons who are mentally ill.
- (B) Persons evaluated by appropriately licensed persons as requiring care in acute treatment facilities including state hospitals, acute inpatient facilities, institutes for mental disease, and crisis residential programs.
- (C) Persons arrested or convicted of crimes.
- (D) Persons who require acute treatment as a result of a first episode of mental illness with psychotic features.

California veterans in need of mental health services who are not eligible for care by the United States Department of Veterans Affairs or other federal health care provider and who meet the existing eligibility requirements of this section, shall be provided services to the extent resources are available. Counties shall refer a veteran to the county veterans service officer, if any, to determine the veteran's eligibility for, and the availability of, mental health services provided by the United States Department of Veterans Affairs or other federal health care provider.

Welfare and Institutions Code 5600.3 (a)(1)

For the purposes of this part, "seriously emotionally disturbed children or adolescents" means minors under the age of 18 years who have a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms.

Members of this target population shall meet one or more of the following criteria:

- (A) As a result of the mental disorder the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur:
 - (i) The child is at risk of removal from home or has already been removed from the home.
 - (ii) The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment.
- (B) The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.
- (C) The child meets special education eligibility requirements under Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code.

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Cottonwood Place

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 (510) 582-1460 and TDD users may dial 1(800) 735- 2929.

For vision impaired persons –Cottonwood Place 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 – Cottonwood Place 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.

10 units at Cottonwood Place are designated for MHSA-eligible seniors and 24 units are designed for frail seniors. If you believe you qualify for these units, please complete the Special Unit Requirements Questionnaire on page 8.

APPLICATION FOR
OCCUPANCY

APPLICANT



Cottonwood Place

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 _____
 E-mail Address: _____
 Do you live and/or work in Fremont,
 CA? Yes No

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PART II. HOUSEHOLD MEMBER INFORMATION

HOUSEHOLD MEMBER

First Name _____ Middle Initial _____ Last Name _____
 Relationship to Applicant _____ Date of Birth _____
 Social Security #: _____ Now living with Applicant? Yes No

HOUSEHOLD MEMBER

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

HOUSEHOLD MEMBER

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

HOUSEHOLD MEMBER

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**

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 _____

PART IV. HOUSING REFERENCES**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 noIs 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:

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

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 household 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 your family/household have a condition that requires:

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

Please identify below if you believe you meet the eligibility criteria for MHSA or frail elderly designated unit.

Frail unit* MSHA unit**

* Individuals applying for Frail units must demonstrate need for assistance with three or more Activities of Daily Living, Dementia or complex medical conditions, or enrollment in a Program of All Inclusive Care for the Elderly (PACE) program

** Individuals applying for MHSA units must obtain certification of MHSA-eligibility from the Alameda County Behavioral Health Care Services Housing Services Office prior to being considered for move-in to these designated units. Certification of eligibility can be obtained at any time during the application process and must be obtained prior to lease signing. For more information about how to obtain MHSA certification, please visit: www.acbhcs.org/housing or contact (510) 777-2112 or send an e-mail message to everyonehome@acbhcs.org.

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. Applicant will be required to provide written verification at the interview.

~ Continued on Next Page ~

6. What is the name of the healthcare provider or social services agency to be contacted to verify your need for the features or qualification for the unit 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