

INITIAL APPLICATION FOR:
Vista Point Apartments

PLEASE BE AWARE THAT THE FOLLOWING CRITERIA MAY CONSTITUTE GROUNDS FOR DENYING YOUR APPLICATION. If you feel that you may have a problem with any of the areas listed below, please call the Apartment office you are applying for.

GROUNDS FOR DENIAL:

1) Credit History: - Within the last five years:

- A) Any unmet credit problem in excess of \$500
- B) A bankruptcy
- C) A State/Federal tax lien in excess of \$500

2) Criminal Background Check –

- A) Felony conviction within the last five years.
- B) Felony conviction involving crime that would endanger people or property including but not limited to murder, sexual assault, arson, etc. – **No time limit**
- C) Drug convictions including drug manufacturing/sales within the last five years.
- D) Drug convictions for the use of drug within the past five years in which the applicant cannot verify that he/she successfully completed a drug rehabilitation program and is not a current drug user.

3) Rental History: - Within the last five years

- A) Judgment(s) and/or any unmet obligation against an applicant obtained by the current or previous landlord.
- B) Any adverse previous and/or current landlord reference.

4) Documentation/Incomplete Application:

If applicant does not provide all references and verifications required by the selection process. At a minimum, each applicant must provide:

- A) **References** covering the last three (3) residences or residence within the last five years.

PLEASE NOTE: Applicants, who have not held a rental agreement for a minimum period of twelve months within the last five years, will require references from a person not related to the applicant who has known the applicant for at least five years.

- B) **Proof of income**, including copies of **each household member's most recent tax return**, and your current **THREE** months pay check stubs, social security, and/or all other income.

5) Personal History: No history of violent, abusive and/or nuisance behavior.

6) Providing false information on the application or an incomplete application.

7) IF it is determined that the applicant will pay more than **50%** of their income towards rent, then the applicant will be denied. **UNLESS**, the applicant provides a documented/demonstrated, verifiable history of making rental payments exceeding 50% of their income.

8) Failure to meet the Program's Funding Regulations such as exceeding the income limits and any other program regulation which may apply.

Home Phone #: _____ Work Phone #: _____
 Emergency Contact Phone #: _____

Stamp Date/Time Application was received.

EDEN HOUSING MANAGEMENT INC. - VISTA POINT APARTMENTS
650 JEWEL AVE., PACIFIC GROVE, CA 93950
Office Ph: 831-655-3882

TAX CREDIT - SENIOR AND/OR MULTI-FAMILY HOUSING PROGRAM
APPLICATION FOR OCCUPANCY

Our acceptance of the initial application does not indicate eligibility or constitute an offer to rent an apartment. Final eligibility will be determined after processing a completed application packet and all offers to rent an apartment will be made in writing.

TO APPLICANTS: Please fill out this form completely. All references will be checked and if any information is found to be false or incomplete, the application will not be processed. Use additional pages if more space is needed.

HOUSEHOLD MEMBERS-List below all persons who will be living in the unit in the next 12 months.								
HOUSEHOLD MEMBERS	SOCIAL SECURITY #	AGE	BIRTHDATE	SEX	DRIVERS LICENSE/ID #	FULL TIME STUDENT		RELATIONSHIP TO APPLICANT
						Yes	No	
								Self

CURRENT ADDRESS (PLEASE INCLUDE STREET/ APT. #/ CITY & STATE)		
CURRENT ADDRESS		
NAME OF APARTMENT COMPLEX & ADDRESS WHERE RESIDING:		
NAME OF LANDLORD:	LANDLORD TELEPHONE #	LIVED HERE FROM: _____/_____/_____
CURRENT LANDLORD'S ADDRESS:		
MONTHLY RENT:\$ _____	REASON FOR LEAVING:	

- Are you being, or have you ever been evicted for any reason? Yes No. If yes, please explain: _____
- Have you ever been convicted of a felony? Yes No. If yes, Please explain: _____
- Do you expect any additions to the household within the next twelve- (12) months due to adoption, unborn child, etc.?
 Name & Relationship: _____ Explanation: _____
- Will your household be receiving Section 8 Rental Assistance at time of move-in? Yes No
 Name of Agency: _____ Contact Person Name: _____
- Has any household member's rental assistance or tenancy in a subsidized housing program ever been terminated for fraud, nonpayment of rent, or failure to cooperate with the rectification procedure? Yes No. If yes, please explain the circumstances: _____

6) Do you have full custody of your child(ren)? Yes No: If no, please explain custody arrangements:

7) As required by the California Tax Credit Allocation Committee in order to ensure we are correctly calculating household income and composition, are you married and currently separated from your spouse? Yes No

8) **Student Status:** Is a household member currently or anticipate enrolling as a part-time or full-time student? Yes No.

Name of Household Member: _____

Name of Educational Institution: _____ Address: _____

Has any household member enrolled in school as a full-time student during five out of 12 calendar months (not necessarily consecutive)? Yes No. Name of Household Member: _____

Name of Educational Institution: _____ Address: _____

9. Do you or any household member required an accessible unit? Yes No

PREVIOUS LANDLORD

PREVIOUS ADDRESS:	STREET: _____ APT:# _____	CITY: _____ S TATE: _____ ZIP: _____
NAME OF LANDLORD:	LANDLORD'S TELEPHONE NUMBER: _____	LIVED HERE FROM: _____ _____/_____/____ TO ____/____/____
ADDRESS OF LANDLORD:	STREET: _____ APT:# _____	CITY: _____ STATE: _____ ZIP: _____
MONTHLY RENT: \$ _____	REASON FOR LEAVING: _____	

PREVIOUS LANDLORD

PREVIOUS ADDRESS:	STREET: _____ APT:# _____	CITY: _____ S TATE: _____ ZIP: _____
NAME OF LANDLORD:	LANDLORD'S TELEPHONE NUMBER: _____	LIVED HERE FROM: _____ _____/_____/____ TO ____/____/____
ADDRESS OF LANDLORD:	STREET: _____ APT:# _____	CITY: _____ STATE: _____ ZIP: _____
MONTHLY RENT: \$ _____	REASON FOR LEAVING: _____	

PREVIOUS LANDLORD

PREVIOUS ADDRESS:	STREET: _____ APT:# _____	CITY: _____ S TATE: _____ ZIP: _____
NAME OF LANDLORD:	LANDLORD'S TELEPHONE NUMBER: _____	LIVED HERE FROM: _____ _____/_____/____ TO ____/____/____
ADDRESS OF LANDLORD:	STREET: _____ APT:# _____	CITY: _____ STATE: _____ ZIP: _____
MONTHLY RENT: \$ _____	REASON FOR LEAVING: _____	

VEHICLES

Make	Year	Color	License Plate #	Expiration

List any motorcycles, boats, campers, trailers, etc. belonging to any in your household.

INCOME: Does any member of this household anticipate receiving income from any of the following sources during the next 12 months? Mark every question Yes or No. Complete all of the blanks for any questions answered with Yes.

Source	Yes	No	Annual Amount Received	Household Member's Name	Source of Income Name/Address/Phone
Employment					
Employment					
Employment					
Child Support					
Alimony					
Monetary Gifts					
Pension/Retirement					
Social Security					
Social Security					
SSI (Supplemental)					
Unemployment					
Veterans Benefits					
Welfare					
AFDC					
Workers Compensation					
Student Financial Aid –private or public excluding loans					
Other Income					
Please check this box if an adult household members are currently not employed.				Name of the person(s) not employed or receiving any income	
Please check this box if an adult household member(s) does not receive income from any sources such as wages, AFDC, SSI, etc.					

INVENTORY OF ASSETS: List all of the assets owned by members of this household including minors. Complete all of the blanks for any questions answered with a Yes.

ACCOUNTS	YES	No	NAME ON ACCOUNT	ACCOUNT #	ACCOUNT VALUE	BANK/SOURCE NAME/ADDRESS /PHONE
Checking Account						
Checking Account						
Savings Account						
Money Market Acct/ Trust Acct.						
Certificate of Deposit						
Stocks or Bonds						
IRA/KEOGH/LIFE Insurance						
Other Retirement Acct						
Real Estate/Rental Property						
Other /Cash On Hand						

Have you and/or any household member dispose of any asset for more than \$1000 of its market value within the past two years? Yes No If yes, Type of asset disposed: _____ Asset Market Value:\$ _____ Asset disposed at \$ _____

Please check this box if your household does not have any assets at this time.

PERSONAL REFERENCES

NAME/ADDRESS	TELEPHONE #	RELATION
1.		
2.		
3.		

Warning: South County Housing/ Eden Housing Management Inc. reserves the right to deny or terminate assistance to applicants and/or residents in all assisted housing programs if family members engage in drug related criminal activities or in violent criminal activities. The standard of proof is a preponderance of evidence.

Section 504: South County Housing/ Eden Housing Management Inc. will make reasonable efforts to accommodate person with disabilities. If you require special accommodations, please call Eden Housing Management Inc. Management at (831) 655-3882 at least 3 days in advance in accordance with the Rehabilitation Act of 1973.

I certify that the foregoing information is true, complete, and correct. Inquiries may be made to verify the statements herein. I also understand that false statements or omissions are grounds for disqualification and/or prosecution under the full extend of California law.

Applicant: _____ Date: _____
Co-Applicant: _____ Date: _____

***IMPORTANT* All household members 18 years and over must sign and date the attached "Authorization Form" of this application.**

RACE & ETHNIC DATA REPORTING:

Owners and agents are required to offer the applicants/tenants the option to complete the Race & Ethnic Reporting form. Applicants will be given the option to complete this form when submitting their pre-application and current tenants at their annual recertification. Once this form is completed it will not need to be completed again unless a new household member is added to the household. There is no penalty for persons who do not wish to complete the form but the Owner or Agent may place a note in the applicant or tenant files stating that applicant/tenant refused to complete the form. Parents or guardians are to complete the form for children under the age of 18.

Attached is a completed form for each household member.



**AUTHORIZATION FOR THE
RELEASE OF INFORMATION**

**Eden Housing Management Inc.
U.S. Dept. of HUD, County HOME, Federal and
State Tax Credit Program, USDA Rural Development, State
HOME, County Home, State Rental Housing Construction
Program, State Family Housing Demonstration Program**

ORIGINAL IS RETAINED BY THE REQUESTING ORGANIZATION.

<p>Organization requesting release of information: Eden Housing Management Inc.</p>	<p>This form cannot be used to request a copy of a tax return. Instead, use IRS Form 4506, Request for a Copy of Tax Form.</p>
<p>Purpose: Eden Housing Management Inc. may use this authorization and the information obtained with it, to administer and enforce program rules and policies.</p> <p>Authorization: I authorize the release of any information (Including documentation and other materials) pertinent to eligibility for or participation under any program funded through the above-name agencies.</p> <p>I authorize the above named organization to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.</p> <p>I authorize only Eden Housing Management Inc. to obtain information on wages or unemployment compensation from Sate Employment Security Agencies.</p> <p>Exchange of Information: I authorize Eden Housing Management Inc. to share and receive information about me or my family, which directly applies to my eligibility for a participation in assisted housing programs. This exchange of information may be with the following people/agencies:</p> <ol style="list-style-type: none"> 1) Resident Manger/Contact Person 2) Client Services Coordinator 3) Youth Services Coordinator 4) Your Medical Physician 5) Other immediate family members not living at the development 6) Maintenance Staff <p>Information Covered - Inquires may be made about:</p> <ul style="list-style-type: none"> Child Care Expenses Credit History Criminal Activity Family Composition Employment, Income, Pensions, and Assets Federal, State, Tribal, or Local Benefits Handicapped Assistance Expense Identify and Martial Status Medical Expense Social Security Numbers Residences and Rental History 	<p>Individuals Or Organization That May Release Information</p> <p>Any individual or organization including any government organization may be asked to release information. For example, information may be requested from:</p> <ul style="list-style-type: none"> Bank and Other Financial Institutions Courts Law Enforcement Agencies Credit Bureaus Employers, Past and Present Landlords Providers of : <ul style="list-style-type: none"> Alimony Child Care Child Support Credit Handicapped Assistance Medical Care Pensions/Annuities Schools and Colleges U.S. Social Security Administration U.S. Department of Veterans Affairs Utility Companies Welfare Agencies <p>Conditions I agree that photocopies of this authorization may be used for the purposes stated above.</p> <p>If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.</p>
<p>Print Name of the Head of Household (1), Signature of Head of Household and Date: (1) (X) Date:</p>	<p>Print Name of Spouse or other Adult Member in Household (2), Signature of Spouse or Adult Member of Household and Date: (2) (X) Date:</p>
<p>Print Name of Spouse or other Adult Member in Household (3), Signature of Spouse or Adult Member of Household and Date: (3) (X) Date:</p>	<p>Print Name of Spouse or other Adult Member in Household (4), Signature of Spouse or Adult Member of Household and Date: (4) (X) Date:</p>