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 involving crime that would endanger people or property including but not limited to murder, sexual assault, arson, etc. – **No time limit**
   B) Drug convictions including drug manufacturing/sales within the last five years.
   C) 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.
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.

<table>
<thead>
<tr>
<th>HOUSEHOLD MEMBERS</th>
<th>SOCIAL SECURITY #</th>
<th>AGE</th>
<th>BIRTHDATE</th>
<th>SEX</th>
<th>FULL TIME STUDENT</th>
<th>RELATIONSHIP TO APPLICANT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Self</td>
</tr>
</tbody>
</table>

CURRENT ADDRESS (PLEASE INCLUDE STREET/ APT. #/ CITY & STATE)

<table>
<thead>
<tr>
<th>CURRENT ADDRESS</th>
<th>NAME OF APARTMENT COMPLEX &amp; ADDRESS WHERE RESIDING:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF LANDLORD:</th>
<th>LANDLORD TELEPHONE #</th>
<th>LIVED HERE FROM:</th>
</tr>
</thead>
<tbody>
<tr>
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<td>______<strong><strong>/</strong></strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CURRENT LANDLORD’S ADDRESS:</th>
<th>MONTHLY RENT:$</th>
<th>REASON FOR LEAVING:</th>
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</table>

1) Are you being, or have you ever been evicted for any reason? ☐ Yes ☐ No. If yes, please explain:____________________________________________________

2) Have you ever been convicted of a felony? ☐ Yes ☐ No. If yes, please explain:__________________________________________________________

3) Do you expect any additions to the household within the next twelve- (12) months due to adoption, unborn child, etc.? Name & Relationship: _________________________ Explanation: _________________________

4) Will your household be receiving Section 8 Rental Assistance at time of move-in? ☐ Yes ☐ No Name of Agency: _________________________ Contact Person Name: _________________________

5) 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

<table>
<thead>
<tr>
<th>PREVIOUS ADDRESS:</th>
<th>STREET: ____________________________</th>
<th>CITY: ____________________________</th>
<th>STATE: ____________________________</th>
<th>ZIP: ___________</th>
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<tbody>
<tr>
<td>NAME OF LANDLORD:</td>
<td>LANDLORD’S TELEPHONE NUMBER:</td>
<td>LIVED HERE FROM:</td>
<td>/ / TO / / / /</td>
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<tr>
<td>ADDRESS OF LANDLORD:</td>
<td>STREET: ____________________________</td>
<td>CITY: ____________________________</td>
<td>STATE: ____________________________</td>
<td>ZIP: ___________</td>
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<tr>
<td>MONTHLY RENT: $_________</td>
<td>REASON FOR LEAVING: ____________________________</td>
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<th>CITY: ____________________________</th>
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<td>LANDLORD’S TELEPHONE NUMBER:</td>
<td>LIVED HERE FROM:</td>
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<td>ADDRESS OF LANDLORD:</td>
<td>STREET: ____________________________</td>
<td>CITY: ____________________________</td>
<td>STATE: ____________________________</td>
<td>ZIP: ___________</td>
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<tr>
<td>MONTHLY RENT: $_________</td>
<td>REASON FOR LEAVING: ____________________________</td>
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### PREVIOUS LANDLORD

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<th>PREVIOUS ADDRESS:</th>
<th>STREET: ____________________________</th>
<th>CITY: ____________________________</th>
<th>STATE: ____________________________</th>
<th>ZIP: ___________</th>
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<td>LANDLORD’S TELEPHONE NUMBER:</td>
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<tr>
<td>ADDRESS OF LANDLORD:</td>
<td>STREET: ____________________________</td>
<td>CITY: ____________________________</td>
<td>STATE: ____________________________</td>
<td>ZIP: ___________</td>
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<tr>
<td>MONTHLY RENT: $_________</td>
<td>REASON FOR LEAVING: ____________________________</td>
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</tbody>
</table>

### VEHICLES

<table>
<thead>
<tr>
<th>Make</th>
<th>Year</th>
<th>Color</th>
<th>License Plate #</th>
<th>Expiration</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Source</th>
<th>Yes</th>
<th>No</th>
<th>Annual Amount Received</th>
<th>Household Member’s Name</th>
<th>Source of Income Name/Address/Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
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<tr>
<td>Employment</td>
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<tr>
<td>Employment</td>
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<tr>
<td>Child Support</td>
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<tr>
<td>Alimony</td>
<td></td>
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</tr>
<tr>
<td>Monetary Gifts</td>
<td></td>
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<tr>
<td>Pension/Retirement</td>
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<tr>
<td>Social Security</td>
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<tr>
<td>Social Security</td>
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<tr>
<td>SSI (Supplemental)</td>
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<tr>
<td>Unemployment</td>
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<tr>
<td>Veterans Benefits</td>
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<tr>
<td>Welfare</td>
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<tr>
<td>AFDC</td>
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<tr>
<td>Workers Compensation</td>
<td></td>
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<tr>
<td>Student Financial Aid –private or public excluding loans</td>
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<tr>
<td>Other Income</td>
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</tbody>
</table>

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.

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

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.
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: ____________________
Co-Applicant: ________________________________ Date: ____________________
Co-Applicant: ________________________________ Date: ____________________
Co-Applicant: ________________________________ Date: ____________________
Co-Applicant: ________________________________ Date: ____________________
Co-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

ORGINAL IS RETAINED BY THE REQUESTING ORGANIZATION.

Organization requesting release of information:

Eden Housing Management Inc.

Purpose:
Eden Housing Management Inc. may use this authorization and the
information obtained with it, to administer and enforce program rules and
policies.

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-named agencies.

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.

I authorize only Eden Housing Management Inc. to obtain information on
wages or unemployment compensation from State Employment Security
Agencies.

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:

1) Resident Manager/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

Information Covered - Inquires may be made about:
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

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.

Individuals Or Organization That May Release Information
Any individual or organization including any government
organization may be asked to release information. For example,
information may be requested from:

Bank and Other Financial Institutions
Courts
Law Enforcement Agencies
Credit Bureaus
Employers, Past and Present
Landlords
Providers of:
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

Conditions
I agree that photocopies of this authorization may be used for the
purposes stated above.

If I do not sign this authorization, I also understand that my
housing assistance may be denied or terminated.

Print Name of the Head of Household (1), Signature of Head of
Household and Date:

(1) 

(X)  Date:

Print Name of Spouse or other Adult Member in Household (2),
Signature of Spouse or Adult Member of Household and Date:

(2)

(X)  Date:

Print Name of Spouse or other Adult Member in Household (3),
Signature of Spouse or Adult Member of Household and Date:

(3)

(X)  Date:

Print Name of Spouse or other Adult Member in Household (4),
Signature of Spouse or Adult Member of Household and Date:

(4)

(X)  Date: