



# EDEN LODGE APARTMENTS

*A property managed by Eden Housing Management, Inc.*

## NOW ACCEPTING APPLICATIONS

**\*\*\*Applications Available until 200 applications have been received\*\*\***

*Applications can be obtained at:*

**EDEN LODGE APARTMENTS  
400 SPRINGLAKE DRIVE, SAN LEANDOR CA 94578  
PH. 510 352-7008**

**Monday - Friday 10:00 a.m. - 12:00 noon  
1:00 p.m. - 4:00 p.m.**

**Or Online at [edenhousing.org](http://edenhousing.org)**



***1 Bedroom @ 30 % of Annual Income  
Mandatory Meal Program***

**COMPLETED APPLICATIONS MUST BE RETURNED IN PERSON TO:**

**EDEN LODGE APARTMENTS  
400 SPRINGLAKE DRIVE  
SAN LEANDRO CA 94578**

*All applications will be placed on the waiting list by date and time received*

**Maximum income and occupancy limits apply**

MAXIMUM INCOME LIMITS PER PERSONS IN HOUSEHOLD			
#IN HOUSEHOLD	1	2	3
50% AMI	\$32,750	\$37,400	42,100



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.

TDD/TYY 1-800-735-2922





## EDEN LODGE APARTMENTS

### EDEN HOUSING MANAGEMENT, INC. RESIDENT SELECTION POLICY

All applicants for housing will be screened according to the criteria set forth in this Resident Selection Policy. Management will hire a contractor to run a credit check and criminal background check and register sex offender report on all applicants and it 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.

*The following information will render the application unacceptable:*

- ◆ Household annual income must not exceed OR be below 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>
0 - Studio	1	2
1 - Bedroom	1	3
2 - Bedroom	2	5

- ◆ Program eligibility determines whether applicants are eligible to reside in the specific property to which they have applied;
- ◆ Past performance in meeting financial obligations, especially rent paying: An applicant receives monthly income less than the amount equal to two and one-half times the rent of the apartment he/she is interested in renting. (While some exclusions apply, this does not apply to HUD/ or HA Vouchers Subsidized Properties);
- ◆ 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.
- ◆ A negative landlord reference from a former landlord;
- ◆ Unlawful detainers (Evictions);
- ◆ Unpaid judgments, collections, and liens exceeding \$5,000 excluding student loans and medical bills;
- ◆ Bankruptcies filed within the last twelve months;

## Resident Selection Policy

### Page Two of Two

- ◆ Repossessions within the past two years, excluding voluntary repossessions;
- ◆ Unpaid utility bills (Electric, Gas, Water/Sewer and Garbage);
- ◆ Unpaid balance due a prior landlord;
- ◆ Head of Household MUST be at least 62 years of age or older;
  
- ◆ The Property Manager will double check 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/crossed out from the Waiting List and a denial letter will be sent to the applicant;
- ◆ A household member involved in drug-related criminal activity;
- ◆ A household member convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing will not be approved for residency under any circumstances;
- ◆ A household member currently engaged in use of a drug or 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;
- ◆ A 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;
- ◆ A household member's abuse or pattern of abuse of alcohol that interferes with the health, safety, or peaceful enjoyment of the premises by other residents;
- ◆ A 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;
- ◆
- ◆ EHMI requires a household to exclude an offending 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;
- ◆ An applicant's misrepresentation of any information related to eligibility, allowance, household composition or rent.

Ph: (510) 352 7008 • Fax: (510) 352 3329 • 400 Springlake Drive, San Leandro, California 94578 • [www.edenhousing.org](http://www.edenhousing.org)



AN AFFORDABLE HOUSING PROPERTY MANAGEMENT ORGANIZATION



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TDD/TTY 1-800-735-2922

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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TDD/TTY 1-800-735-2922

**EDEN HOUSING MANAGEMENT, INC.  
EDEN LODGE APARTMENTS**

**Section 504 Equal Access Statement**

For mobility impaired persons – this document is kept in the office at 400 Springlake Drive, San Leandro, CA 94578. This document may be examined from Monday through Friday between the hours of 10:00 AM TO 12:00 Noon and 1:00 P.M. and 4:00 PM. You must phone to make arrangements to examine this document. Please call (510) 352 7008 and TDD users may dial 1-800-735-2929.

For vision impaired persons – Eden Lodge Apartments 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 – Eden Housing Management, Inc. 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.



**EDEN HOUSING MANAGEMENT, INC.**

**APPLICANT AUTHORIZATION AND CONSENT  
FOR RELEASE OF INFORMATION**

Prospective Property: Eden Lodge Apartments

BY SIGNATURE BELOW I AUTHORIZE THE PREPARATION OF AN INVESTIGATION REPORT FOR THE THIS PURPOSE, I AUTHORIZE AND UNDERSTAND THAT INVESTIGATIVE BACKGROUND INQUIRES ARE TO BE MADE ON MYSELF INCLUDING CONSUMER CREDIT, EVICTION, CRIMINAL, SEX OFFENDER REGISTRATION AND OTHER REPORTS. FURTHER, I UNDERSTAND THAT YOU WILL BE REQUESTING INFORMATION FROM VARIOUS FEDERAL, STATE AND OTHER AGENCIES WHICH MAINTAIN RECORDS CONCERNING MY PAST ACTIVITIES RELATING TO MY DRIVING, CREDIT, CRIMINAL, CIVIL, TENANCY AND OTHER EXPERIENCES. I RELEASE ALL OF THE ABOVE, INCLUDING NATIONAL CREDIT REPORTING AND ITS AGENTS TO THE FULL EXTENT PERMITTED BY LAW FROM ANY CLAIMS, DAMAGES, LOSSES, LIABILITIES AND EXPENSES ARISING FROM THE RETREIVAL AND REPORTING OF INFORMATION. ALL REPORTS WILL BE KEPT CONFIDENTIAL.

ACCORDING TO THE FEDERAL FAIR CREDIT REPORTING ACT, I AM ENTITLED TO KNOW IF I WAS DENIED BASED ON THE INFORMATION OBTAINED AND TO RECEIVE UPON WRITTEN REQUEST TO NATIONAL CREDIT REPORTING A DISCLOSURE OF THE PUBLIC INFORMATION AND THE NATURE AND SCOPE OF THE INVESTIGATIVE REPORT.

I, THE UNDERSIGNED APPLICANT, DO HEREBY CERTIFY THAT THE INFORMATION PROVIDED BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ANY COPY OF THIS DOCUMENT IS AS VALID AS THE ORIGINAL. FALSIFYING INFORMATION COULD RESULT IN DENIAL OF TENANCY.

Print Name: \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ \*Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address: \_\_\_\_\_

City / State/ Zip: \_\_\_\_\_

Driver License # \_\_\_\_\_ State: \_\_\_\_\_

Have you been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you lost Tenancy Due to Drug Use in the Last 3 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you attended a Rehabilitation Program in the last 3 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, What Program? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* DATE OF BIRTH IS BEING REQUESTED IN ORDER TO OBTAIN ACCURATE RETREIVAL OF RECORDS



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Print Name: \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ \*Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address: \_\_\_\_\_

City / State/ Zip: \_\_\_\_\_

Driver License # \_\_\_\_\_ State: \_\_\_\_\_

Have you been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you lost Tenancy Due to Drug Use in the Last 3 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you attended a Rehabilitation Program in the last 3 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, What Program? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* DATE OF BIRTH IS BEING REQUESTED IN ORDER TO OBTAIN ACCURATE RETREIVAL OF RECORDS

**APPLICATION FOR OCCUPANCY**



Eden Lodge Apartments

**INSTRUCTIONS**

Bedroom Size:  
1 Bedroom

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**PART I. APPLICANT/CO-APPLICANT INFORMATION**

**APPLICANT**

First and Middle Initial \_\_\_\_\_ Last \_\_\_\_\_  
Present Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_ City/Zip \_\_\_\_\_  
Telephone: Home ( ) \_\_\_\_\_ work ( ) \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Email: \_\_\_\_\_  
Email: \_\_\_\_\_

**CO-APPLICANT**

First and Middle Initial \_\_\_\_\_ Last \_\_\_\_\_  
Present Address \_\_\_\_\_ Apt # \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_ City/Zip \_\_\_\_\_  
Telephone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_

**PART II. HOUSEHOLD MEMBER INFORMATION**

**HOUSEHOLD MEMBER**

First and Middle Initial \_\_\_\_\_ Last \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Now living with applicant? yes no

**HOUSEHOLD MEMBER**

First and Middle Initial \_\_\_\_\_ Last \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Now living with applicant? yes no

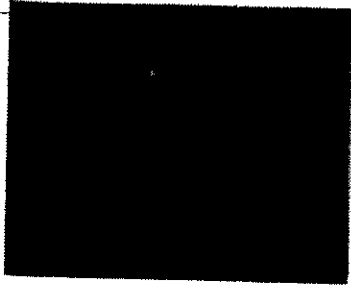
**HOUSEHOLD MEMBER**

First and Middle Initial \_\_\_\_\_ Last \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Now living with applicant? yes no

**HOUSEHOLD MEMBER**

First and Middle Initial \_\_\_\_\_ Last \_\_\_\_\_





Relationship to Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security #: \_\_\_\_\_ Now living with applicant? yes no

**HOUSEHOLD MEMBER**

First and Middle Initial \_\_\_\_\_ Last \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security #: \_\_\_\_\_ Now living with applicant? yes no

**HOUSEHOLD MEMBER**

First and Middle Initial \_\_\_\_\_ Last \_\_\_\_\_

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, workers' 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 savings 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 \_\_\_\_\_ City/Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Amount \$ \_\_\_\_\_ Income period: weekly monthly yearly

### DESCRIPTION OF ASSET:

Name of Institution \_\_\_\_\_ Value \$ \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
Account Number (if applicable) \_\_\_\_\_

### DESCRIPTION OF ASSET:

Name of Institution \_\_\_\_\_ Value \$ \_\_\_\_\_  
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:

Name of Institution \_\_\_\_\_ Value \$ \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
Account Number (if applicable) \_\_\_\_\_

### DESCRIPTION OF ASSET:

Name of Institution \_\_\_\_\_ Value \$ \_\_\_\_\_  
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 years for applicant and co-applicant. Failure to show complete information for the past five years may be grounds for disqualification of this application.

\_\_\_\_\_ initial here

**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, program name \_\_\_\_\_

Is landlord a relative?  yes  no

Previous address \_\_\_\_\_ Apt. # \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Monthly Rent \$ \_\_\_\_\_ Move-In Date \_\_\_\_\_

Landlord Name \_\_\_\_\_

Landlord Mailing Address \_\_\_\_\_



**HOUSING REFERENCES**

City/State/Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Is rent subsidized?  yes  no If yes, 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, program name \_\_\_\_\_  
Is landlord a relative?  yes  no  
**USE ADDITIONAL SHEETS IF NECESSARY.**

**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, 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, 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, program name \_\_\_\_\_  
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*

**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 of rent, failure to comply with re-certification procedures, or any type of criminal activity?

- Applicant: yes no  
If yes, when? \_\_\_\_\_ Why? \_\_\_\_\_

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

- 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? If yes, please explain: \_\_\_\_\_



Do you, or any other household member currently use any illegal drug or other illegal controlled substance? If yes, please explain:

Are you currently or have you ever used a controlled substance without benefit of a prescription? If yes, please explain:

Have you successfully completed an approved supervised drug rehabilitation program? If yes, please explain:

Have you or any household member ever been arrested? If yes, for what reason and when:

Were you convicted? yes no. Have the conditions that led to your arrest changed?

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CERTIFICATION

USE ADDITIONAL SHEETS IF NECESSARY.

### 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 contact 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.

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

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

## OPTIONAL INFORMATION

### PART III. 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 family that has a 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 their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family 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: \_\_\_\_\_

\_\_\_\_\_  
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 families that actually need the features.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ *I choose not to complete this form.*

Applicant's Signature: \_\_\_\_\_

-OR-

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

\_\_\_\_\_ A barrier-free apartment      \_\_\_\_\_ Unit for hearing impaired  
\_\_\_\_\_ Unit for vision impaired      \_\_\_\_\_ Unit of first floor

2. Will you or any of your family 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 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?

Signature \_\_\_\_\_ Address \_\_\_\_\_

Phone number \_\_\_\_\_

Rev 02/03



**EDEN LODGE APARTMENTS**  
**A Property Managed by Eden Housing Management, Inc.**

**REASONABLE ACCOMMODATION/MODIFICATION  
NEED(S) QUESTIONNAIRE**

*(Please note that completing this questionnaire is completely voluntary.)*

**The purpose of this Questionnaire:** This questionnaire is to be administered to every applicant at Eden Lodge Apartments after eligibility is determined and to tenants at recertification to assist applicants and tenants in obtaining access to the type of housing they need to have an equal opportunity to enjoy their housing. Any information provided to **Eden Housing Management, Inc.** on this form will be used solely for this purpose and will be kept completely confidential. If, for example, you indicate that you need accessible features of a unit or live-in aide as a direct result of your disability, **Eden Housing Management, Inc.** will need to verify this information from a reliable source.

Applicant Name: \_\_\_\_\_ Lottery #: \_\_\_\_\_

I Choose Not to Complete this Form.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Person Administering the Form: \_\_\_\_\_

Signature of Person Administering this Form: \_\_\_\_\_ Date: \_\_\_\_\_

Eden Housing will consider making physical changes to your apartment or common areas, or will consider making changes to policies, practices, rules or activities if the changes are necessary because of your disability. The types of accommodations that Eden Housing has made include:

- Adding a ramp where there are stairs;
- Widening doors inside a unit;
- Permitting rent to be paid by mail rather than in person.

1. Do you, or does any member of your family, need a change in the physical portion of your unit or the common areas, or in the policies, practices, rules or activities of the property for a reason that is directly related to your or your family member's disability?

If you do, please tell us what type of accommodation you need and how it is related to your disability:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If you are not the person who needs the accommodation, please tell us the name of the family member who needs the features identified above?

\_\_\_\_\_

3. Eden Housing needs a letter from a health/mental health professional confirming that you have (or your family member has a disability and that because of your disability, this accommodation is necessary. We will not be able to begin work on your accommodation until we receive this letter. If you would like us to obtain this verification from your health provider, please provide his or her contact information below (the health provider may include HMO, mental health clinician, clinic personnel, nurse practitioner, etc.):

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

If you would like us to request the information, please also sign the **REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION** form.

**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No 2502-0204  
(Exp. 03/31/2014)

**EDEN LODGE APTS.**

400 SPRINGLAKE DR., SAN LEANDRO CA 94578

Name of Property <b>EHMI</b>	Project No.	Address of Property <b>HUD-SECTION 8</b>
Name of Owner/Managing Agent	Type of Assistance or Program Title:	

Name of Head of Household	Name of Household Member
---------------------------	--------------------------

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self-certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

**Exhibit 3-5: Declaration Format**

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_

(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

**DECLARATION**

I, \_\_\_\_\_ hereby declare, under

penalty of perjury, that I am \_\_\_\_\_  
(print or type first name, middle initial, last name):

\_\_\_\_\_ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

**NOTE:** If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Format (\* Exhibit 3-6 \*).

AND

b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - (a) "Admitted as Refugee Pursuant to section 207";
  - (b) "Section 208" or "Asylum";
  - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - (a) A final court decision granting asylum (but only if no appeal is taken);
  - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an

DHS district director granting asylum (if application was filed before October 1, 1990);

- (c) A court decision granting withholding or deportation; or
- (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature \_\_\_\_\_

\_\_\_\_\_ Date

Check here if adult signed for a child: \_\_\_\_\_



**REQUEST FOR EXTENSION**

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

Check if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing. **Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	
<input type="checkbox"/> Check this box if you choose not to provide the contact information.	

<b>Signature of Applicant</b>	<b>Date</b>
-------------------------------	-------------

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions