A Property Managed by
ACCEPTING APPLICATIONS

For 1, 2 & 3 BEDROOM APARTMENTS

Applications Available at:
www.edenhousing.org or jmedicus@edenhousing.org

or

Foss Creek Court
40 W. Grant St., Healdsburg, CA 95448
707-433-0367 ph.
707-433-8516 fax

Monday, Thursday, Friday 10:00 a.m. – 4:00 p.m.

Rent
1 Bedroom $466/$835/$1019
2 Bedrooms $553/$995/$1216
3 Bedrooms $636/$1146/$1402

Applications will be date and time stamped upon receipt and placed on the
Waiting List.

Annual Household income must be below the income limits listed below

Pets are not permitted.

Maximum and minimum income and occupancy limits apply

2018 Approved Maximum Income Limits for Sonoma County

<table>
<thead>
<tr>
<th>Household Size</th>
<th>1 Person</th>
<th>2 Person</th>
<th>3 Person</th>
<th>4 Person</th>
<th>5 Person</th>
<th>6 Person</th>
<th>7 Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>60% AMI</td>
<td>$41,280</td>
<td>$47,160</td>
<td>$53,040</td>
<td>$58,920</td>
<td>$63,660</td>
<td>$68,400</td>
<td>$73,080</td>
</tr>
<tr>
<td>50% AMI</td>
<td>$34,400</td>
<td>$39,300</td>
<td>$44,200</td>
<td>$49,100</td>
<td>$53,050</td>
<td>$57,000</td>
<td>$60,900</td>
</tr>
<tr>
<td>30% AMI</td>
<td>$20,640</td>
<td>$23,580</td>
<td>$26,520</td>
<td>$29,460</td>
<td>$31,830</td>
<td>$34,200</td>
<td>$36,540</td>
</tr>
</tbody>
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(707)433-0367 • fax: (707) 433-8516 • 40 W. Grant St., Healdsburg, California 95448 •
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, disability, ancestry, medical condition, physical handicap, veteran status, sexual orientation, AIDS, AIDS related
condition (ARC), mental disability, or any other arbitrary basis.
TDD/TTY 1-800-735-2922
A Property Managed by
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 judgments 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 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:

<table>
<thead>
<tr>
<th>Bedroom Size</th>
<th>Minimum Persons</th>
<th>Maximum Persons</th>
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<tbody>
<tr>
<td>1 – Bedroom</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>2 – Bedroom</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>3 – Bedroom</td>
<td>3</td>
<td>7</td>
</tr>
</tbody>
</table>

- 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 VA 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;
- Repossessions within the past two years, excluding voluntary repossessions;
- Unpaid utility bills (Electric, Gas, Water/Sewer and Garbage);
- Unpaid balance due a prior landlord;

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TDD/TTY 1-800-735-2922
Resident Selection Policy
Page Two of Two

♦ 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.

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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TDD/TTY 1-800-735-2922
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 10:00 AM and 12:00 Noon and 1:00 PM and 4:00 PM. You must phone to make arrangements to examine this document. Please call (707) 433-9367 and TDD users may dial (800) 735-2929.

For vision impaired persons

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

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.
### Application for Occupancy

#### Applicant

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<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
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<th>Social Security #</th>
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- **Male** [ ]  **Female** [ ]

#### Co-Applicant Information

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<th>Relationship to Applicant</th>
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- **Male** [ ]  **Female** [ ]

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### 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:**
- **Telephone:**
- **Amount:** $

**Description of Asset:**
- **Name of Institution:**
- **Mailing Address:**
- **City:**
- **Zip:**
- **Account Number (if applicable):**
- **Value:** $

### 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:**
- **Telephone:**
- **Amount:** $

**Description of Asset:**
- **Name of Institution:**
- **Mailing Address:**
- **City:**
- **Zip:**
- **Account Number (if applicable):**
- **Value:** $

### 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:**
- **Telephone:**
- **Amount:** $

**Description of Asset:**
- **Name of Institution:**
- **Mailing Address:**
- **City:**
- **Zip:**
- **Account Number (if applicable):**
- **Value:** $

---

*Notes:*
- **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 care, food stamps, or other forms of capital investment. Do not include automobiles or furniture. If you have no assets, write "none" in the space.
- **Assets:** Include checking and saving accounts, equity in real property, stocks, bonds, and other forms of capital investment.
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 ☐ no ___________________________
Is landlord a relative? ☐ yes ☐ no ___________________________

USE ADDITIONAL SHEETS IF NECESSARY.
## PART IV. HOUSING REFERENCES (Continued)

### CO-APPLICANT:

<table>
<thead>
<tr>
<th>Current Residence:</th>
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</tbody>
</table>

**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 on this application may result in the disqualification of this application.**

**Initial Here:**

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Co-Applicant</th>
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**PRIOR EVICTION**

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</table>

Have you or anyone in your household ever been evicted from any residence for any reason, has your residency/henacy 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?

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**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 caretaker 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:

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Page 5 of 8
**PART VII. 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:

---

**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 1681(a)(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 criteria.

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**

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.

- Asian
- 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 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 (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

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. 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?
   Name of Physician/Social Services Agency
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   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 ____________