Section 504 Equal Access Statement

For mobility impaired persons – this document is kept in the office at Eden Housing Management, Inc. This document may be examined from Monday through Friday between the hours of **9:00 AM** and **12:00 Noon**, **1:00 PM** and **5:00 PM**. You must phone to make arrangements to examine this document. Please call (510) 582-1460 and TDD users may dial 1(800) 735-2929.

For vision impaired persons – **EDENVALE** 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 – **Edenvale** 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.
PART I. APPLICANT/CO-APPLICANT INFORMATION

APPLICATION FOR OCCUPANCY

APPLICANT

First Name  ________________  Middle Initial  ____  Last Name  ____________________
Present Address  ____________________________________________________________
City / State / Zip  ____________________________________________________________
Mailing Address (if different from above)  _______________________________________
City / State / Zip  ____________________________________________________________
Telephone: Home  (  )  Work  (  )  Social Security #:  ____________________________  Date of Birth  ________________
E-mail Address:  _____________________________________________________________

Do you live and/or work in San Leandro, CA?  ☐  Yes  ☐  No

INSTRUCTIONS

CO-APPLICANT INFORMATION

First Name  ________________  Middle Initial  ____  Last Name  ____________________
Present Address  ____________________________________________________________
City / State / Zip  ____________________________________________________________
Mailing Address (if different from above)  _______________________________________
City / State / Zip  ____________________________________________________________
Telephone: Home  (  )  Work  (  )  Social Security #:  ____________________________  Date of Birth  ________________
Relationship to Applicant  ___________________________________________________
E-mail Address:  _____________________________________________________________

PART II. HOUSEHOLD MEMBER INFORMATION

HOUSEHOLDER MEMBER

First Name  ________________  Middle Initial  ____  Last Name  ____________________
Relationship to Applicant  ___________________________________________________
Social Security #:  ____________________  Now living with Applicant  ☐  Yes  ☐  No

HOUSEHOLDER MEMBER

First Name  ________________  Middle Initial  ____  Last Name  ____________________
Relationship to Applicant  ___________________________________________________
Social Security #:  ____________________  Now living with Applicant  ☐  Yes  ☐  No

HOUSEHOLDER MEMBER

First Name  ________________  Middle Initial  ____  Last Name  ____________________
Relationship to Applicant  ___________________________________________________
Social Security #:  ____________________  Now living with Applicant  ☐  Yes  ☐  No

HOUSEHOLDER MEMBER

First Name  ________________  Middle Initial  ____  Last Name  ____________________
Relationship to Applicant  ___________________________________________________
Social Security #:  ____________________  Now living with Applicant  ☐  Yes  ☐  No

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 status.
### Part III. Income Information

**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).

**Applicant:**

<table>
<thead>
<tr>
<th>Employment Income:</th>
<th>Job Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name</td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td>City Zip</td>
</tr>
<tr>
<td>Contact Person</td>
<td>Telephone</td>
</tr>
<tr>
<td>Gross Monthly Earnings $</td>
<td></td>
</tr>
<tr>
<td>Pay Rate $</td>
<td>Based on: <img src="hourly" alt="hourly" /> <img src="weekly" alt="weekly" /> <img src="monthly" alt="monthly" /> <img src="yearly" alt="yearly" /></td>
</tr>
<tr>
<td>Hours worked per week (if not 40)</td>
<td>Weeks worked/year (if not 52)</td>
</tr>
</tbody>
</table>

**Other Income:**

- Claim No. (if applicable)
- Agency
- Mailing Address
- Contact Person
- Telephone (   )
- Amount $ | Income Period: ![weekly](weekly) ![monthly](monthly) ![yearly](yearly) |
- Name of Institution
- Mailing Address
- City Zip
- Account Number (if applicable)
- Description of Asset: | Value $ |
| Name of Institution |
| Mailing Address |
| City Zip |
| Account Number (if applicable) |

**Co-Applicant:**

<table>
<thead>
<tr>
<th>Employment Income:</th>
<th>Job Title:</th>
</tr>
</thead>
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<tr>
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**Other Income:**

- Claim No. (if applicable)
- Agency
- Mailing Address
- Contact Person
- Telephone (   )
- Amount $ | Income Period: ![weekly](weekly) ![monthly](monthly) ![yearly](yearly) |
- Name of Institution
- Mailing Address
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- Account Number (if applicable)

**Household Member:**

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</tr>
</thead>
<tbody>
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<tr>
<td>Hours worked per week (if not 40)</td>
<td>Weeks worked/year (if not 52)</td>
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</table>

**Other Income:**

- Claim No. (if applicable)
- Agency
- Mailing Address
- Contact Person
- Telephone (   )
- Amount $ | Income Period: ![weekly](weekly) ![monthly](monthly) ![yearly](yearly) |
### INCOME INFORMATION

**PART III. INCOME INFORMATION (Continued)**

<table>
<thead>
<tr>
<th>DESCRIPTION OF ASSET</th>
<th>Value $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Institution</td>
<td></td>
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<tr>
<td>Mailing Address</td>
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<tr>
<td>Account Number (if applicable)</td>
<td></td>
</tr>
</tbody>
</table>

**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:**

<table>
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<tr>
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<tr>
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<td></td>
</tr>
</tbody>
</table>

**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:**

**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  

**Co-Applicant:**

**Current Residence:**

- Monthly Rent $  
- Move-In Date  
- Landlord Name  
- Landlord Mailing Address  
- City  
- State  
- Zip  
- Telephone (       )  

- Is rent subsidized?  
  - [ ] yes  
  - [ ] no  

- If yes, what’s the program name?  

- Is landlord a relative?  
  - [ ] yes  
  - [ ] no  

**Previous Address:**

- Apt#  
- City  
- State  
- Zip  
- Monthly Rent $  
- Move-In Date  
- Landlord Name  
- Landlord Mailing Address  
- City  
- State  
- Zip  
- Telephone (       )  

- Is rent subsidized?  
  - [ ] yes  
  - [ ] no  

- Is landlord a relative?  
  - [ ] yes  
  - [ ] no  

**USE ADDITIONAL SHEETS IF NECESSARY.**
### CO-APPLICANT:

<table>
<thead>
<tr>
<th>Current Residence:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Rent</td>
<td>$</td>
</tr>
<tr>
<td>Move-In Date</td>
<td></td>
</tr>
<tr>
<td>Landlord Name</td>
<td></td>
</tr>
<tr>
<td>Landlord Mailing Address</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone ( )</th>
</tr>
</thead>
</table>

Is rent subsidized? [ ] Yes [ ] No
If yes, what’s the program name?
Is landlord a relative? [ ] Yes [ ] No

### Previous Address:

<table>
<thead>
<tr>
<th>Apt#</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Move-In Date</th>
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<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone ( )</th>
</tr>
</thead>
</table>

Is rent subsidized? [ ] Yes [ ] No
Is landlord a relative? [ ] Yes [ ] No

### PRIOR EVICTION

**You will be required to sign the proper authorizations for verification of income, assets, credit, criminal and prior landlord history. A credit check and check of court records on evictions will be completed as part of this application. Failure to disclose information for any person listed on this application may result in the disqualification of this application.**

Initial Here: 

**Applicant** [ ] Yes [ ] No
If yes, when? [ ]
Why? [ ]

**Co-Applicant** [ ] Yes [ ] No
If yes, when? [ ]
Why? [ ]

**Household Member** [ ] Yes [ ] No
If yes, when? [ ]
Why? [ ]

**Household Member** [ ] Yes [ ] No
If yes, when? [ ]
Why? [ ]

### PART V. ADDITIONAL INFORMATION

**How did you find out about this property?**

Are you an employee of Eden Housing? [ ] Yes [ ] No
If yes, list position and location of employment: [ ]

Are you a relative of an Eden Housing employee? [ ] Yes [ ] No
If yes, what is your relative’s name? [ ]

Is there a care attendant who will be residing in the unit? [ ] Yes [ ] No
If yes, please provide name: [ ]

Have you or any other household member disposed of any assets within the last 2 years for less than fair market value? [ ] Yes [ ] No

Have you or any household member been arrested or convicted for drunk and disorderly behavior? [ ] Yes [ ] No
If yes, please explain: [ ]
PART V. ADDITIONAL INFORMATION (Continued)

Do you or any other household member currently use any illegal drug or other illegal controlled substance?  
☐ yes  ☐ no  If yes, please explain:

Are you currently or have you ever used a controlled substance without benefit of a prescription?  
☐ yes  ☐ no  If yes, please explain:

Have you successfully completed an approved supervised drug rehabilitation program?  
☐ yes  ☐ no  If yes, please explain:

Have you or any household member ever been arrested?  
☐ yes  ☐ no  
Have the conditions that led to your arrest changed?  
☐ yes  ☐ no  If yes, please explain:

If you were previously denied housing because of a household member’s criminal activity and you claim that your household is no longer involved in criminal activity, please be prepared to provide proof of this at your interview.

Are you or any household member required to register as a sex offender in any state?  
☐ yes  ☐ no  
If yes, list state and county of registration:

List all states and counties in which you and all adult household members have lived since the age of 18:

USE ADDITIONAL SHEETS IF NECESSARY.

PART VII. CERTIFICATION

1. If my/our application is approved and move-in occurs, we certify that only those persons listed in this application will occupy the apartment; that we will maintain no other place of residence, and that there are no other persons for whom we have or expect to have responsibility for providing housing.

2. I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner, its agents and employees to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental, or credit screening services, or law enforcement or other public agencies, and to contract previous or current landlords or other sources for credit and/or verification information which may be released by appropriate federal, state, local agencies, or private persons to the management.

3. I/we authorize the owner, its agents and employees to obtain one or more consumer reports as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

4. I/we authorize the owner, its agents and employees to obtain information about my/our background to see if there is any criminal history, including arrests or convictions which may affect me/us from moving onto the property, in compliance with our tenant selection criterion.

5. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.

6. I/we understand that false statements or information will deem me/us ineligible, or if move in has occurred terminate the rental agreement.

7. I/we understand we must provide written notification of any changes to the information on this form.

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

Applicant signature __________________________ Date ____________

Co-Applicant signature __________________________ Date ____________

OPTIONAL INFORMATION

Eden Housing Management, Inc. requests your cooperation in reporting the ethnicity of residents in order for management to determine if this project is meeting its goals to serve all ethnic groups. This information is strictly voluntary on your part. Please check the one category which best describes your race/ethnicity.

☐ Alaskan Native/American Indian  ☐ Pacific Islander/Asian
☐ African American  ☐ Hispanic
☐ White  ☐ Other (please specify): __________________________
Notice to All Applicants

Options for Applicants with Disabilities or Handicaps

This property is owned by Eden Housing. We provide low rent housing to individuals and families. We are not permitted to discriminate against applicants on the basis of their race, color, religion, sex, age, national origin, familial status, disability or handicap. In addition, we have a legal obligation to provide “reasonable accommodation” to applicants if they or any family members have a disability or handicap. Compliance actions may include reasonable accommodation as well as structural modifications to the unit or premises.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the program. Examples of reasonable accommodation and structural modification include:

- Making alterations to a unit so it could be used by a family member with a wheelchair;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Making large type documents or a reader available to a vision impaired applicant during the application process;
- Permitting an outside agency to assist an applicant with a disability to meet the property’s screening criteria.

An applicant that has a family member with a disability must still be able to meet the essential obligations of tenancy. They must be able to pay rent, care for their apartments, report required information to the owner, avoid disturbing neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your household have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, that is your right.

Explained by: 

Eden Housing Signature

Date

Received by: 

Applicant/Resident Signature

Date

Co-Applicant/Resident Signature

Date
SPECIAL UNIT REQUIREMENTS QUESTIONNAIRE

This questionnaire is to be used with every person who applies for housing at Eden Housing properties. It is used to determine whether an applicant 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.

_________________________________________  Date
Applicant’s Signature  
_________________________________________  Date
Co-Applicant’s Signature

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
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   ________________________________  Date  ______________________________
   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