WAITING LIST OPEN

Applications Available at the following location:

The Riverhouse
700 Alhambra Avenue
Martinez, California 94553

Monday – Friday 10:00AM – 12:00PM
1:00PM – 5:00PM

Rent Ranges:
SRO $400
Studio $473

COMPLETED APPLICATIONS MUST BE RETURNED TO:

The Riverhouse
700 Alhambra Avenue, Martinez Ca 94553

For additional info, please call 925-229-9093

Maximum and minimum income and occupancy limits apply

Approved Maximum Income Limits for Contra Costa County

<table>
<thead>
<tr>
<th># in Household</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>50% AMI</td>
<td>32750</td>
<td>37400</td>
<td>42100</td>
</tr>
<tr>
<td>60% AMI</td>
<td>39300</td>
<td>44880</td>
<td>50520</td>
</tr>
</tbody>
</table>

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 HOUSING MANAGEMENT, INC.

APPLICANT AUTHORIZATION AND CONSENT
FOR RELEASE OF INFORMATION

Prospective Property: The Riverhouse

BY SIGNATURE BELOW I AUTHORIZE THE PREPARATION OF AN INVESTIGATION REPORT FOR THE THIS PURPOSE, I AUTHORIZE AND UNDERSTAND THAT INVESTIGATIVE BACKGROUND INQUIRIES 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 RETRIEVAL 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 RETRIEVAL OF RECORDS
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 the program income limits of the property the household is applying;

♦ In accordance with the following guideline the household composition must be appropriate for the apartment in the property household is applying:

<table>
<thead>
<tr>
<th></th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>1</td>
<td>Maximum 1</td>
</tr>
<tr>
<td>Studio</td>
<td>1</td>
<td>Maximum 2</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>1</td>
<td>Maximum 3</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 HA Vouchers Subsidize Properties);

♦ Current and prior landlords will be contacted to determine rent paying history, disturbance of neighbors, destruction of property or housekeeping habits what would pose a threat to other residents. A negative landlord reference from a former landlord;

♦ Unlawful detainers (Evictions);

♦ Unpaid judgements, collections, liens and bankruptcies exceeding $3,000 excluding student loans and medical bills;

♦ Repossessions within the past two years, excluding voluntary repossessions;

♦ Unpaid utility bills (Electric, Gas, Water/Sewer and Garbage);

♦ Unpaid balance due a prior landlord;

Resident Selection Policy
Page Two of Two
♦ The Property Manager will double check the Credit History with the landlord references and application to be sure that the applicant reported all of the address 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 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/TYY 1-800-735-2922

8/04
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 __________ AM and __________ Noon and __________ PM and __________ PM. You must phone to make arrangements to examine this document. Please call ________ and TDD users may dial (800) 735-2929.

For vision impaired persons: RIVERHOUSE 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: RIVERHOUSE 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**

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: _____________________________________________________________

☐ Male ☐ Female

### 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: _____________________________________________________________

☐ Male ☐ Female

---

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---

### PART II. HOUSEHOLD MEMBER INFORMATION

**HOUSEHOLD MEMBER**

First Name ___________________ Middle Initial _____ Last Name ________________

Relationship to Applicant __________________________ Date of Birth _____________

Social Security #: __________________________ Now living with Applicant ☐ Yes ☐ No

---

**HOUSEHOLD MEMBER**

First Name ___________________ Middle Initial _____ Last Name ________________

Relationship to Applicant __________________________ Date of Birth _____________

Social Security #: __________________________ Now living with Applicant ☐ Yes ☐ No

---

**HOUSEHOLD MEMBER**

First Name ___________________ Middle Initial _____ Last Name ________________

Relationship to Applicant __________________________ Date of Birth _____________

Social Security #: __________________________ Now living with Applicant ☐ Yes ☐ No

---

**HOUSEHOLD MEMBER**

First Name ___________________ Middle Initial _____ Last Name ________________

Relationship to Applicant __________________________ Date of Birth _____________

Social Security #: __________________________ Now living with Applicant ☐ Yes ☐ No

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Page 2 of 8
## HOUSING INCOME

Identify all income for all household members 18 years and older. This information will be used to verify household income.

### EMPLOYMENT INCOME

<table>
<thead>
<tr>
<th>Applicant:</th>
<th>Employment Income:</th>
<th>Job Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name</td>
<td>Mailing Address</td>
<td>City</td>
</tr>
<tr>
<td>Contact Person</td>
<td>Telephone ( )</td>
<td></td>
</tr>
<tr>
<td>Gross Monthly Earnings $</td>
<td>Pay Rate $ Based on:</td>
<td>Hourly</td>
</tr>
<tr>
<td>Hours worked per week (if not 40)</td>
<td>Weeks worked/year (if not 52)</td>
<td></td>
</tr>
</tbody>
</table>

### 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 or friends, or any other household income. Do not list income received for foster care or 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.

### APPLICANT:

### Employment Income:

| 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:

Claim No. (if applicable)
| Agency |
| Mailing Address | Contact Person | Telephone ( ) |
| Amount $ Income Period: | Weekly | Monthly | Yearly |

### DESCRIPTION OF ASSET:

| Name of Institution | Mailing Address | City | Zip |
| Account Number (If applicable) | |

### CO-APPLICANT:

### Employment Income:

| 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:

Claim No. (if applicable)
| Agency |
| Mailing Address | Contact Person | Telephone ( ) |
| Amount $ Income Period: | Weekly | Monthly | Yearly |

### DESCRIPTION OF ASSET:

| Name of Institution | Mailing Address | City | Zip |
| Account Number (If applicable) | |

### DESCRIPTION OF ASSET:

| Name of Institution | Mailing Address | City | Zip |
| Account Number (If applicable) | |

### HOUSEHOLD MEMBER:

Name:

### Employment Income:

| 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:

Claim No. (if applicable)
| Agency |
| Mailing Address | Contact Person | Telephone ( ) |
| Amount $ Income Period: | Weekly | Monthly | Yearly |
INCOME INFORMATION

PART III. INCOME INFORMATION (Continued)

DESCRIPTION OF ASSET: __________________________ Value $ _____________
Name of Institution __________________________ City _____________ Zip _____________
Mailing Address __________________________
Account Number (if applicable) __________________________
DESCRIPTION OF ASSET: __________________________ Value $ _____________
Name of Institution __________________________ City _____________ Zip _____________
Mailing Address __________________________
Account Number (if applicable) __________________________

HOUSEHOLD MEMBER:

Name: __________________________________________

EMPLOYMENT INCOME: Job Title: __________________________
Company Name __________________________
Mailing Address __________________________ City _____________ Zip _____________
Contact Person __________________________ Telephone ( ) ______
Gross Monthly Earnings $ _____________ Based on: _____ hourly  _____ weekly  _____ monthly  _____ yearly
Pay Rate $ _____________ Weeks worked/year (if not 52) _____________
Hours worked per week (if not 40) _____________
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:

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: _______________________________________________________________________________________
City __________________________ State _____________ Zip _____________ 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: _______________________________________________________________________________________
City __________________________ State _____________ Zip _____________ Move-In Date _____________
Landlord Name __________________________________________________________
Landlord Mailing Address __________________________ City _____________ State _____________ Zip _____________ Telephone ( ) ______
Is rent subsidized? [ ] yes [ ] no _______________________________________________________________________________________
Is landlord a relative? [ ] yes [ ] no _______________________________________________________________________________________

PART IV. HOUSING REFERENCES

USE ADDITIONAL SHEETS IF NECESSARY.
### Part IV. Housing References (Continued)

<table>
<thead>
<tr>
<th>CO-APPLICANT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Residence:</strong></td>
</tr>
<tr>
<td>Monthly Rent $</td>
</tr>
<tr>
<td>Landlord Name</td>
</tr>
<tr>
<td>Landlord Mailing Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>Is rent subsidized? □yes □no</td>
</tr>
<tr>
<td>Is landlord a relative? □yes □no</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Previous Address:</th>
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<tbody>
<tr>
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<td>Monthly Rent $</td>
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<td>Landlord Mailing Address</td>
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<tr>
<td>City</td>
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<tr>
<td>Is rent subsidized? □yes □no</td>
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<td>Is landlord a relative? □yes □no</td>
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<tr>
<td>Is rent subsidized? □yes □no</td>
</tr>
<tr>
<td>Is landlord a relative? □yes □no</td>
</tr>
</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 for any person listed on this application may result in the disqualification of this application.

Applicant: □yes □no
If yes, when? ____________________________ Why? ____________________________

Co-Applicant: □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:

CERTIFICATION

USE ADDITIONAL SHEETS IF NECESSARY

PART VII. CERTIFICATION

1. If my/our application is approved and move-in occurs, we certify that only these 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, credit or background screening services, or law enforcement or other public agencies, and to contract with 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(a), 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

PART VIII. 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.

Applicant’s Signature ___________________________ Date _____________
Co-Applicant’s Signature ___________________________ Date _____________

OR

BOX 2:

1. Do you, or does any member of you 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 ________________________________________

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 _____________
The Riverhouse Hotel
ETHNICITY AND RACIAL DATA SELF-CERTIFICATION

Please complete the following information for all members of the household, including children:

1. Name:

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Mf</th>
</tr>
</thead>
</table>

2. Your Social Security Number or TRACS ID:

3. Your relationship to the Head of Household (select one):
   - □ Head of Household
   - □ Co-Head
   - □ Foster Child/Adult
   - □ Non-Member
   - □ Spouse
   - □ Dependent
   - □ Other Adult

4. Your ethnicity:
   - □ Hispanic
   - □ Not Hispanic

5. Your race (check all that apply):
   - □ American Indian or Alaskan Native
   - □ Asian
   - □ Black or African American
   - □ Native Hawaiian or Other Pacific Islander
   - □ White

   □ I do not wish to complete this form.

Signatures (Required):

Head of Household ____________________________ Date ________________

Other Adult ____________________________ Date ________________

* The U.S. Department of Housing and Urban Development requests that all members of an applicant household complete this form upon move-in. If you do not wish to complete this form for any reason, please sign the form at the bottom on the line provided and check the box provided stating that you do not wish to complete this form. Thank you.