A Property Managed by
ACCEPTING APPLICATIONS

For 1 & 2 BEDROOM APARTMENTS

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

or

WOODSIDE COURT
555 Alaska Ave, Fairfield Ca 94533
707-426.0169 ph.
707-426.0538 fax

Monday thru Friday 10:00 a.m. – 4:00 p.m.

Rent
1 Bedroom $867/$1072
2 Bedrooms $1072/$1345

- 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

Maximum and minimum income and occupancy limits apply
2018 Approved Maximum Income Limits for Solano 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>$36,540</td>
<td>$41,760</td>
<td>$46,980</td>
<td>$52,200</td>
<td>$56,400</td>
<td>$60,600</td>
<td>$64,740</td>
</tr>
</tbody>
</table>

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AN AFFORDABLE HOUSING PROPERTY MANAGEMENT ORGANIZATION

EDEN HOUSING MANAGEMENT, INC.
RESIDENT SELECTION POLICY

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

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

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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 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.

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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
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) 359-4870 and TDD users may dial 1(800) 735-2929.

For vision impaired persons

WOODSIDE COURT 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 – WOODSIDE COURT APARTMENTS

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.
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

PART II. HOUSEHOLD MEMBER INFORMATION

HOUSEHOLDER MEMBER
First Name ___________________ Middle Initial _____ Last Name ___________________
Relationship to Applicant __________________________________ Date of Birth ______
Social Security #: ___________________ Now living with Applicant ☐ Yes ☐ No

HOUSEHOLDER MEMBER
First Name ___________________ Middle Initial _____ Last Name ___________________
Relationship to Applicant __________________________________ Date of Birth ______
Social Security #: ___________________ Now living with Applicant ☐ Yes ☐ No

HOUSEHOLDER MEMBER
First Name ___________________ Middle Initial _____ Last Name ___________________
Relationship to Applicant __________________________________ Date of Birth ______
Social Security #: ___________________ Now living with Applicant ☐ Yes ☐ No

HOUSEHOLDER 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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Company Name
Mailing Address
Contact Person
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
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)

CO-APPLICANT:
EMPLOYMENT INCOME: Job Title: ____________________________
Company Name ____________________________
Mailing Address ____________________________
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)

HOUSEHOLD MEMBER:
Name: ____________________________
EMPLOYMENT INCOME: Job Title: ____________________________
Company Name ____________________________
Mailing Address ____________________________
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)
### PART IV. HOUSING REFERENCES

**APPLICANT:**

**Current Residence:**

- Monthly Rent: $_____  
- Move-In Date:  
- Landlord Name:  
- Landlord Mailing Address:  
- City:  
- State:  
- Zip:  
- Telephone: ( )  
- Is rent subsidized?  
- If yes, what’s the program name:  
- Is landlord a relative?  

**Previous Address:**

- Applicant  
- Co-Applicant  
- Apt#:  
- City:  
- State:  
- Zip:  
- Monthly Rent: $_____  
- Move-In Date:  
- Landlord Name:  
- Landlord Mailing Address:  
- City:  
- State:  
- Zip:  
- Telephone: ( )  
- Is rent subsidized?  
- If yes, what’s the program name:  
- Is landlord a relative?  

**Previous Address:**

- Apt#:  
- City:  
- State:  
- Zip:  
- Monthly Rent: $_____  
- Move-In Date:  
- Landlord Name:  
- Landlord Mailing Address:  
- City:  
- State:  
- Zip:  
- Telephone: ( )  
- Is rent subsidized?  
- If yes, what’s the program name:  
- Is landlord a relative?  

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: ____________________________
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?
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:  

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USE ADDITIONAL SHEETS IF NECESSARY.

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CERTIFICATION  

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  ___________________________

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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.
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
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 _______________________________________
   Signature of Physician/Social Services Agency ___________________________ Date __________
   Address of Physician/Social Services Agency _______________________________________
   Phone Number of Physician/Social Service Agency ___________________________

Applicant’s Signature ___________________________ Date __________