

MHSA Housing Certification Application

Section 1. Applicant Information	FOR OFFICE USE ONLY
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Last Name	First Name	Date Received ____/____/____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date ____/____/____ Initials _____	
()	/ /	/ /	/ /
Phone Number/Message Number	Date of Birth	Social Security Number	Date
Mailing Address (Address Where Mail Can Be Received)		City	Zip Code

Section 2. MHSA Eligibility Criteria (check all that apply)

Adult or older adult with a serious mental illness (as defined in Welfare and Institutions Code 5600.3)

Current mental health service provider: _____

Section 3. Homeless or At Risk of Homelessness Status (check all that apply)
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Length of most recent episode of homelessness: _____

<input type="checkbox"/> Living in an overcrowded setting in which you do not hold a lease
<input type="checkbox"/> Living on the streets
<input type="checkbox"/> Living in substandard housing subject to an official notice to vacate
<input type="checkbox"/> Living in an emergency shelter or in transitional housing
<input type="checkbox"/> Living in motels, hotels, trailer parks or camp grounds
<input type="checkbox"/> Living in an institutional setting (e.g. jail, juvenile hall/camp, psychiatric hospital or Institute of Mental Disease) and will be homeless upon release
<input type="checkbox"/> Victim of domestic violence who is unable to obtain housing
<input type="checkbox"/> TAY exiting child welfare/juvenile justice system
<input type="checkbox"/> Lacking a fixed, regular and adequate nighttime residence
<input type="checkbox"/> Other (please explain): _____
<input type="checkbox"/> Temporarily living in a residential care facility
<input type="checkbox"/> Facing eviction and unable to identify a new residence

Section 4. Income

Sources (check all that apply): <input type="checkbox"/> SSI <input type="checkbox"/> VA <input type="checkbox"/> Unemployment <input type="checkbox"/> SSDI <input type="checkbox"/> Social Security <input type="checkbox"/> None <input type="checkbox"/> SDI <input type="checkbox"/> CalWORKs <input type="checkbox"/> Other (list below): _____ <input type="checkbox"/> GA/GR <input type="checkbox"/> Wages/salary _____	Benefit Establishment Status (if applicable): Type of benefit: _____ Date Application Submitted ____/____/____ ___ Pending ___ Denied ___ Appealed Type of benefit: _____ Date Application Submitted ____/____/____ ___ Pending ___ Denied ___ Appealed
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Section 5. Household Size

(attach additional page if necessary)

1 person 2 people 3 people 4 people Other _____

If more than one person is checked above, complete the following:

Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Date of Birth:	Date of Birth:	Date of Birth:
Age:	Age:	Age:

This confidential information is provided to you in accordance with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Codes, Civil Codes and Health Insurance Portability and Accountability Act (HIPAA) Privacy Standards. Duplication of this information for further disclosure is prohibited without the prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law.

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Applicant Signature	Date	Signature of Representative (if any), Relationship to Applicant	Date
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El Dorado County Health & Human Services Agency
Authorization to Use/Disclose Protected Health Information

Person/Organization Authorized to <u>PROVIDE</u> Information:		
El Dorado County Health & Human Services Agency, Mental Health Division		
768 Pleasant Valley Rd., Suite 201 Diamond Springs, CA 95619		
(530) 621-6226	FAX:	
Person/Organization Authorized to <u>RECEIVE</u> Information:		
Name: Cambridge Real Estate Services		
P.O. Box 2968	Portland, OR	97208
Address	City, State	Zip Code
Phone: (503) 450-0230	FAX:	
Patient/Client Information:		
, / /		
Last Name	First Name	Birth Date
Address	City, State	Zip Code
Information to be Disclosed/Used:		
<input type="checkbox"/> Medical Information	<input type="checkbox"/> HIV Test Information	
<input type="checkbox"/> General Health Information	<input type="checkbox"/> Alcohol/Drug Information	
<input type="checkbox"/> Mental Health Information		
<input type="checkbox"/> Other—specify, include any dates:		



El Dorado County Health & Human Services Agency

Authorization to Use/Disclose Protected Health Information

The purpose of this authorization to Use/Disclose Protected Health Information:

[Check all that apply]

- | | |
|--|---|
| <input type="checkbox"/> To coordinate care | <input type="checkbox"/> To coordinate treatment planning |
| <input type="checkbox"/> Requested by client | |
| <input type="checkbox"/> Other: | |

This authorization is valid for one year, or until _____
Date

I, the undersigned, understand:

- I sign this authorization voluntarily and El Dorado County may not condition treatment, payment, enrollment or eligibility for benefits of services based on this authorization.
- I may revoke this authorization in writing unless the disclosure has already been made or the disclosure is permitted or required by law.
- My revocation of this authorization must be in writing, signed by me or on my behalf and delivered to the following address:

**768 Pleasant Valley Rd., Suite 201
Diamond Springs, CA 95619**
- Re-disclosure of protected health information is prohibited without specific written consent from the person to whom the information pertains or as otherwise permitted by law.
- Information disclosed pursuant to this authorization may be disclosed by the recipient and no longer be protected by State or Federal Law.
- I have the right to receive a copy of this authorization.

Signature: _____ **Date:** _____

Print Name: _____

Relationship to client: SELF _____



The Aspens at South Lake

Now Offering Mental Health Services
Act (MHSA) Apartments

Eligibility for MHSA

Six (6) Units Available for households meeting the following criteria:

- Homeless or at-risk of homelessness
- Diagnosed with a serious mental illness (adult) or seriously emotionally disturbed (child) as defined by the MHSA and eligible and willing to receive services through County Mental Health
- Certified by El Dorado County Mental Health as MHSA Eligible

FEATURING THESE AMENITIES

Spacious Floor Plans
Abundant Closet Space
Expansive Patios & Decks
Dishwasher
Gas Stoves
Frost-Free Refrigerator
Gas or Electric Range

On-Site Community Center
On-Site Resource Center
On-Site Laundry Facilities
Beautifully Landscaped Setting
Convenient to Shopping
Close to Public Transportation
Covered Bike Storage

Supportive Services provided by County

MAXIMUM HOUSEHOLD INCOME LIMITS

Number of Occupants	Maximum Annual Income
1	\$23,350
2	\$28,950
3	\$32,550
4	\$36,150
5	\$39,050
6	\$41,950
7	\$44,850
8	\$47,750

ANTICIPATED AFFORDABLE RENTAL RATES

Number of Bedrooms	Monthly Rent
1	\$713 *
2	\$856*
3	\$989*

**Lower Rents May Be Available, depending on eligibility*

Refundable Security Deposits will be based on information obtained during the screening process. Deposits will not exceed one month's rent. All applications will be taken on a first come, first-served basis. Application fees are payable by check or money order. Applicants will be screened, with a non-refundable fee of \$40, on the basis of meeting income qualifications, previous rental, criminal and credit history. Minimum occupancy standards may apply.



FOR INFORMATION CONTACT:

MHSA Program at El Dorado County
768 Pleasant Valley Road, Suite 201
Diamond Springs, CA 95619
530.621.6226

www.edcgov.us/MentalHealth/MHSA.aspx

PROFESSIONALLY MANAGED BY:

CAMBRIDGE
real estate services



TAX CREDIT SECTION 42 CRITERIA FOR RESIDENCY RESIDENT SCREENING AND SELECTION PROCESS



CAMBRIDGE
real estate services

Thank you for applying to live at our community. This criteria is provided to you to define the process we use to select our residents. Cambridge Real Estate Services is an Equal Housing Opportunity provider, and seeks to process all applicants in a fair and consistent manner.

OCCUPANCY POLICY

1. Occupancy is based on the number of bedrooms in a unit. A bedroom is defined as a habitable space within the premises that is used primarily for sleeping, with at least one window and a closet space for clothing.
2. Two persons are allowed per bedroom plus one additional occupant will be allowed for the apartment.
3. In addition to maximum occupancy guidelines, certain communities which have received funding from the HOME program may require minimum occupancy of 1 person for a one bedroom; 2 persons for a two bedroom; 4 persons for a three bedroom; and, 6 persons for a four bedroom apartment. Exceptions may be granted based on demonstrated need and following approval by government agencies and/or their designated program compliance administrators. Contact the site manager for further information regarding program restrictions and exceptions.
4. In order to provide housing to the greatest number of qualified individuals and comply with state and federal regulations, Cambridge Real Estate Services reserves the right to follow HUD, Rural Development and Tax Credit program guidelines designed to encourage the optimal utilization of housing. This may require that Cambridge declines applications in cases where the minimum number of occupants is less than one individual per bedroom for the apartment selected. This condition shall apply throughout the entire term of tenancy and may, if violated, require that the tenant vacate the premises following the legally required procedures for termination or, if all other conditions of residency continue to be met, relocate within the community (upon re-screening) to the next available apartment of appropriate size upon written notification from the landlord.

APPLICATION PROCESS

Steps to become a resident.

1. Select your apartment.
2. Complete the LIHTC Rental Application (one for each adult), Certification of Tenant Eligibility, and Section 42 Certification. Note: Inaccurate or falsified information will be grounds for denial.
3. Pay your non-refundable screening charge of \$_____. The screening charge is the cost of ordering a resident screening report. Screening entails verification that individual applicants meet the requirements listed below.
4. Be prepared to wait 5-7 business days for the application verification process to be completed. More time must be allowed if the information proves difficult to verify. All verification forms including but not limited to Income Verifications, Employment Verifications and Asset Verification must be completed by qualified third parties before your application will be approved.
5. If the application is approved and you accept the available unit, you will be required to: 1) sign a minimum 6 month lease in which you will agree to abide by all the rules and regulations; and 2) pay your security deposit and pro-rated rent for the month. (After the 25th of the month, the following month's rent will be required as well.)
6. If the application is approved and you decide not to rent or the application is denied you will forfeit your \$_____ non-refundable screening charge.
7. You are encouraged to read the lease agreement at the time of application. If you require assistance in completing the application, please contact the Manager.

GENERAL REQUIREMENTS

1. Positive identification with a picture will be required for each adult applicant. (photocopy may be kept on file)
2. A complete and accurate Rental Application listing your current and at least one previous rental reference with phone numbers will be required (incomplete applications will be returned to the applicant).
3. Each legal applicant will be required to qualify individually. Any legal applicant who fully meets the criteria for this property may be admitted regardless of the qualification status of any co-applicants.
4. Applicants must be eighteen years of age or older, married, emancipated, or under the age of 18 and (a and/or b):
 - a) pregnant and expecting the birth of a child who will be living in the primary applicant's physical custody;
 - b) the parent of a child or children living in the physical custody of the person.
5. Household consisting solely of full time students may not qualify. Consult Manager for exceptions.
6. Except for the birth, adoption or custody of a minor dependent, there shall be no changes in the household composition within the first six months of residency.

INCOME REQUIREMENTS

1. Monthly household income should be at least 2.5 times the stated monthly rent.
2. Some form of verifiable income will be required for applicants. (Verifiable income may mean, but is not limited to: bank accounts, alimony/child support, trust accounts, social security, unemployment, insurance benefits, AFDC, grants/loans, retirement funds) If you are unemployed and have no other source of income, either a security deposit which equates to twice the monthly rental amount or at least six months of living expenses on hand will be required. "Living expenses" will be defined as the minimum required household income as specified in the rental criteria.
3. Self employed applicants will be required to show proof of income through copies of the previous year's tax returns.
4. If monthly household income does not meet 2.5 times the stated monthly rent, a security deposit equal to a full month's rent or qualified roommate may be required. If monthly income falls \$500 or more below 2.5 times the states monthly rent, then either a security deposit equal to twice the monthly rental amount or at least six months of living expenses on hand will be required. If you are an applicant that holds a current Section 8 voucher, your monthly household income will not be considered a factor in determining a required security deposit amount. All sections in the additional screening criteria will apply to applicants holding current Section 8 vouchers when determining the required security deposit amount.
5. You will be denied if your source of income cannot be verified.

RENTAL REQUIREMENTS

1. One year of positive verifiable rental history from a third party reference will be required within the past two years from the date of application.
2. Rental history demonstrating residency, but not third party rental history, will require a security deposit equal to a full month's rent.
3. A security deposit equal to one full month's rent for first time renters will be required when rental history does not meet the stated third party rental criteria, but residency can be verified with parents, student housing or military housing.
4. Home ownership will be verified through the county tax assessor's office. Home ownership negotiated through a land sales contract must be verified through the contract holder.
5. Five years of eviction free rental history will be required.

6. Three 72-hour notices (or 144-hour notices) within a period of one year will result in a security deposit equal to 1 months rent. Four or more 72 hour notices (or 144-hour notices) within a period of one year will result in denial.
7. Three or more NSF checks within a period of one year will result in denial.
8. Rental history reflecting damage and/or past due rent will require a security deposit equal to a full month's rent (when the debt is settled).
9. Rental history reflecting unpaid damage and/or past due rent will be denied.
10. Rental history demonstrating documented noise or disturbance complaints caused or contributed to by applicant, will be denied when the former manager would not re-rent.

CREDIT REQUIREMENTS

1. A credit report will be obtained.
2. Outstanding bad debt (i.e. slow pay, collections, bankruptcies, repossessions, liens, judgement & wage garnishment programs not medically related) being reported on the credit bureau which is more than \$2,500 will require a deposit equal to a full month's rent.
3. Fifteen or more collections on the credit bureau will result in denial.
4. Discharged bankruptcy listed on the credit report will result in a security deposit equal to a full month's rent to be required. Bankruptcy with subsequent outstanding bad debt (as defined in #2) will result in denial.
5. Delinquent or past due mortgage payments without subsequent bad credit (as defined in #2, #3, and #4), will result in a security deposit equal to two full month's rent to be required.

CRIMINAL CONVICTION CRITERIA

1. Upon receipt of the rental application and screening charge, landlord will conduct a search of public records to determine whether the applicant or any proposed tenant has been convicted of, or pled guilty to or no-contest to, any crime.
 - a) A conviction, guilty plea or no-contest plea for any felony ever involving serious injury, kidnapping, death, arson, rape, sex crimes and/or child sex crimes, extensive property damage or drug-related offenses (sale, manufacture, delivery or possession with intent to sell) class A/felony burglary or class A/felony robbery shall be grounds for denial of the rental application.
 - b) A conviction, guilty plea or no-contest plea for any other felony (other than listed above) where the date of disposition, release or parole occurred within the last seven (7) years shall be grounds for denial of the rental application.
 - c) A conviction, guilty plea or no-contest plea for any misdemeanor or gross misdemeanor involving assault, intimidation, sex related, drug related (sale, manufacture, delivery or possession with intent to sell) property damage, weapons charges, obscenity and related violations where the date of disposition, release or parole occurred within the last seven (7) years shall be grounds for denial of the rental application.
 - d) A conviction, guilty plea or no-contest plea, for any B or C misdemeanor in the above categories, or those involving criminal trespass I, theft, dishonesty, prostitution, where the date of disposition, release, or parole have occurred within the last five (5) years shall be grounds for denial of the rental application.
2. Pending charges for any of the above (a, b, c, or d) will result in a suspension of the application process until the charges are resolved. Upon resolution, if an appropriate apartment is still available, the processing of the application will be completed. No apartment will be held awaiting resolution of pending charges.
3. Denials resulting from certain misdemeanor convictions at times may be overturned by following the rejection policy outlined below.

DISABLED ACCESSIBILITY

1. Cambridge Real Estate Services allows existing premises to be modified at the full and complete expense of the disabled person, if the disabled person agrees to restore the premises at their own expense to the pre-modified condition. Cambridge Real Estate Services requires:
 - The applicant to seek the landlord's written approval before making modifications.
 - Reasonable assurance (in writing) that the work will be performed in a workmanlike manner.
 - Reasonable details regarding the extent of the work to be done.
 - Names of qualified contractors that will be used.
 - Appropriate building permits and the required licenses must be made available for inspection by the landlord.
 - Cambridge's policy regarding payment for modifications is subject to adjustment for properties constructed with direct Federal or State Subsidies including HOME funds. You will be notified by management prior to move in if this property has federal or State Subsidies, including HOME funds.

REJECTION POLICY

You have the right to dispute the accuracy of any information provided to the landlord by a screening service or credit reporting agency. If your application is rejected due to unfavorable information received during the screening process you may:

1. Contact the screening company that supplied the information to discuss your application. The screening company that processed your application is Background Investigations. Their name and the reference number for your file will be printed on the acceptance or denial letter.
Background Investigations, 27600 SW 95th Avenue, Suite 100, Wilsonville, OR 97070
2. Contact the credit reporting agency to identify who is reporting unfavorable information.
3. Correct any incorrect information through the credit reporting agent as per their policy.
4. Request the credit reporting agency to submit a corrected credit check to the appropriate screening company.
5. Upon receipt of the corrected and satisfactory information, your application will be evaluated again for the next available apartment.

Be advised:

- Incomplete, inaccurate or falsified information will be grounds for denial.
- Any applicant that is a current illegal drug user or addicted to a controlled substance or has been convicted by any court of competent jurisdiction of the illegal manufacture or distribution of a controlled substance shall be denied.
- Any individual whose tenancy may constitute a direct threat to the health or safety of an individual, or whose tenancy would result in physical damage to the property of others will be denied.
- Applications and background screenings will be valid for a 60 day period from the date of submission. If the applicant(s) fails to execute a rental agreement within the stated 60 day period, an updated application/background screening will need to be obtained with costs paid by the applicant.
- The Criteria for Residency applies throughout the duration of tenancy. Management reserves the right to update records to confirm continued eligibility for housing.

If your application has been denied and you feel that you qualify as a resident under the criteria set out above, you should do the following:

Write to: Equal Housing Opportunity Manager
Cambridge Real Estate Services
PO Box 2968, Portland, OR 97208

In the letter explain the reasons you believe your application should be approved and request a review of your file. Within seven working days of receipt of your letter, your application file will be reviewed and you will be notified of the outcome of the review. Please be aware that an apartment cannot be held during the appeal process.

AFFORDABLE HOUSING APPLICATION

CAMBRIDGE
real estate services

PLEASE FILL OUT THIS APPLICATION COMPLETELY. ALL BLANKS MUST BE FILLED IN BEFORE THE APPLICATION WILL BE CONSIDERED COMPLETE AND CAN BE PROCESSED FOR ELIGIBILITY. IF THE BLANK DOES NOT APPLY TO YOUR SITUATION PUT N/A IN THE BLANK.



ID Verified

MANAGER USE ONLY	
DATE RECEIVED	_____
TIME RECEIVED	_____
MANAGER INITIAL	_____

PROJECT CODE/PROPERTY NAME			UNIT #
HEAD OF HOUSEHOLD (Last, First, Middle Initial)	DRIVER'S LICENSE #	PHONE #	EMAIL
CURRENT STREET ADDRESS	CITY	STATE	ZIP
HOW LONG AT CURRENT ADDRESS?	ARE YOU PRESENTLY RENTING?	MONTHLY RENT	REASON FOR MOVING
CURRENT LANDLORD NAME		CURRENT LANDLORD PHONE NUMBER	
CURRENT LANDLORD ADDRESS	CITY	STATE	ZIP
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP
HOW LONG AT PREVIOUS ADDRESS?	PLEASE LIST ALL COUNTIES YOU HAVE RESIDED IN THE PREVIOUS 7 YEARS		
PREVIOUS LANDLORD NAME		PREVIOUS LANDLORD PHONE NUMBER	
PREVIOUS LANDLORD ADDRESS	CITY	STATE	ZIP
If you did not live at your current or previous residence for at least two (2) years, please complete the following information:			
OTHER PREVIOUS STREET ADDRESS	CITY	STATE	ZIP
HOW LONG AT OTHER PREVIOUS ADDRESS?	OTHER PREVIOUS LANDLORD NAME		
OTHER PREVIOUS LANDLORD ADDRESS	CITY	STATE	ZIP
LIST ALL PERSONS WHO WISH TO RESIDE IN YOUR UNIT: Please print full name – last, first, middle initial. Include unborn children, if applicable.			
APPLICANT'S FULL NAME (Last, First, Middle Initial)		STUDENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE #	BIRTH DATE	
Is this person a legal dependant of the Head of Household? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you declare that all members of the household are legal U.S. citizens, including holding registered alien status? <input type="checkbox"/> YES <input type="checkbox"/> NO		
SPOUSE (Last, First, Middle Initial)		STUDENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE #	BIRTH DATE	
Is this person a legal dependant of the Head of Household? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you declare that all members of the household are legal U.S. citizens, including holding registered alien status? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME (Last, First, Middle Initial)		STUDENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE #	BIRTH DATE	
Is this person a legal dependant of the Head of Household? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you declare that all members of the household are legal U.S. citizens, including holding registered alien status? <input type="checkbox"/> YES <input type="checkbox"/> NO		

NAME (Last, First, Middle Initial)		STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE #	BIRTH DATE
Is this person a legal dependant of the Head of Household? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you declare that all members of the household are legal U.S. citizens, including holding registered alien status? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME (Last, First, Middle Initial)		STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE #	BIRTH DATE
Is this person a legal dependant of the Head of Household? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you declare that all members of the household are legal U.S. citizens, including holding registered alien status? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME (Last, First, Middle Initial)		STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE #	BIRTH DATE
Is this person a legal dependant of the Head of Household? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you declare that all members of the household are legal U.S. citizens, including holding registered alien status? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES ANYONE IN HOUSEHOLD REQUEST A SPECIAL HANDICAP ACCESSIBLE UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SPECIFY UNIT TYPE REQUIRED		
HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN A FULL TIME STUDENT AT ANY TIME DURING THIS CALENDAR YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE THERE ANY HOUSEHOLD MEMBERS OVER THE AGE OF 17 THAT ARE PART-TIME/FULL-TIME STUDENTS? (HUD PROPERTIES ONLY) <input type="checkbox"/> YES <input type="checkbox"/> NO		
SOURCES OF INCOME: List all income sources.		
This includes, but is not limited to, full and/or part-time employment, all income from Welfare Agencies, Social Security, Pensions, SSI, Disability, Armed Forces Reserves, Unemployment Compensation, Child Care, Alimony, Child Support, Student Grants, Income from sale of property, Interest on Assets, Dividends, Annuities, and Regular Contributions from people not residing with you. Income earned by members temporarily absent from the household must be included. Furthermore, household income must include income received by members 18 years of age or older; include pro-rata income for those members of the household anticipated to reach 18 years of age during the upcoming 12 month period.		
FAMILY MEMBER NAME (Last, First, Middle Initial)		
EMPLOYER, AGENCY, BANK, ETC. WHO ARE SOURCES OF INCOME TO YOU - LIST NAME AND ADDRESS OF SOURCES		
ANNUAL GROSS INCOME		
FAMILY MEMBER NAME (Last, First, Middle Initial)		
EMPLOYER, AGENCY, BANK, ETC. WHO ARE SOURCES OF INCOME TO YOU - LIST NAME AND ADDRESS OF SOURCES		
ANNUAL GROSS INCOME		
FAMILY MEMBER NAME (Last, First, Middle Initial)		
EMPLOYER, AGENCY, BANK, ETC. WHO ARE SOURCES OF INCOME TO YOU - LIST NAME AND ADDRESS OF SOURCES		
ANNUAL GROSS INCOME		
FAMILY MEMBER NAME (Last, First, Middle Initial)		
EMPLOYER, AGENCY, BANK, ETC. WHO ARE SOURCES OF INCOME TO YOU - LIST NAME AND ADDRESS OF SOURCES		
ANNUAL GROSS INCOME		

ASSETS

BANK				ACCOUNT #			
STOCKS/BONDS <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	CHECKING <input type="checkbox"/>	TRUST <input type="checkbox"/>	IRA / 401K <input type="checkbox"/>	CD <input type="checkbox"/>	MONEY MARKET <input type="checkbox"/>	BALANCE
BANK				ACCOUNT #			
STOCKS/BONDS <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	CHECKING <input type="checkbox"/>	TRUST <input type="checkbox"/>	IRA / 401K <input type="checkbox"/>	CD <input type="checkbox"/>	MONEY MARKET <input type="checkbox"/>	BALANCE
BANK				ACCOUNT #			
STOCKS/BONDS <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	CHECKING <input type="checkbox"/>	TRUST <input type="checkbox"/>	IRA / 401K <input type="checkbox"/>	CD <input type="checkbox"/>	MONEY MARKET <input type="checkbox"/>	BALANCE
LIFE INSURANCE POLICY NUMBER					FACE VALUE		
REAL PROPERTY: DO YOU OWN ANY PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YES, TYPE OF PROPERTY			
LOCATION OF REAL PROPERTY					APPX. MKT. VALUE		
HAVE YOU SOLD/DISPOSED OF ANY PROPERTY/ASSETS IN THE LAST 2 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF YES, TYPE OF PROPERTY/ASSETS					DATE SOLD/DISPOSED OF		
DO YOU HAVE ANY OTHER ASSETS NOT LISTED ABOVE (EXCLUDING) HOUSEHOLD GOODS? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF YES, WHAT?							

PERSONAL REFERENCES: (2 PERSONS NOT RELATED OR LIVING WITH YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR)

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

AUTOMOBILES

MAKE/MODEL	YEAR	LICENSE #
MAKE/MODEL	YEAR	LICENSE #

WHO SHOULD BE CONTACTED IN CASE OF EMERGENCY? NAME
ADDRESS
PHONE #

HOW DID YOU FIND OUT ABOUT OUR BUILDING? NEWSPAPER DRIVE BY RENTAL MAGAZINE ACQUAINTANCE OTHER _____

WHEN DO YOU DESIRE TO OCCUPY THE APARTMENT?

DO YOU INTEND TO HAVE AN ANIMAL AT THIS RESIDENCE? YES NO IF YES, WHAT KIND?

FOR USDA RURAL DEVELOPMENT HOUSEHOLDS THAT MEET THE DEFINITION OF ELDERLY/DISABLED:

DO YOU WISH TO CLAIM A \$400 DEDUCTION FROM YOUR HOUSEHOLD INCOME BASED ON AN "ELDERLY HOUSEHOLD" STATUS, WHERE THE TENANT OR CO-TENANT IS 62 OR OLDER, HANDICAPPED, OR DISABLED? YES NO

DO YOU HAVE A LETTER OF PRIORITY ISSUED BY USDA-RURAL DEVELOPMENT DUE TO DISPLACEMENT FROM ANOTHER PROPERTY? YES NO

ARE YOU CURRENTLY A USER OF AN ILLEGAL CONTROLLED SUBSTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF A DRUG VIOLATION (USE, ATTEMPTED USE, POSSESSION, MANUFACTURE, SALE OR DISTRIBUTION)? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN EVICTED FROM A RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU SUCCESSFULLY COMPLETED A CONTROLLED SUBSTANCE ABUSE RECOVERY PROGRAM OR PRESENTLY ENROLLED IN SUCH A PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU BEEN CONVICTED, PLED GUILTY OR PLED NO CONTEST TO ANY CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT CRIME(S), WHEN, AND WHERE?
WILL THIS APARTMENT SERVE AS THIS HOUSEHOLD'S PRIMARY RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO

The undersigned authorize Cambridge Real Estate Services or any screening service to contact my present and previous landlords, my credit references and employers (as listed above) and any credit reporting agency. It is understood and agreed that the sum paid at the time of application will be used as follows: A screening fee will be retained by the landlord as payment for the cost of application screening. Applicant screening entails the checking of your credit, income and other criteria for residency. As part of the application process, Landlord may obtain an Investigative Consumer Report which may include information of your character, general reputation, personal characteristics and mode of living. You have a right to request a written summary of your rights under the Federal Fair Credit Act as well as a complete and accurate disclosure of the nature and scope of the investigation requested. The request should be made to the Landlord or the credit reporting firm listed on the Criteria for Residency. You have the right to dispute the accuracy of any information provided to the landlord by the screening service or credit reporting agency. The name and address of the screening company can be obtained from either the Criteria for Residency form or the manager. Applicant's copy of this application shall be the receipt for the screening fee. If this application is approved, applicants will have 72 hours from the time of notification to return to execute a Rental Agreement and to pay the amount required as a security deposit, as determined by the application screening process. If applicants fail to execute a rental agreement and to pay the security deposit referenced above, they will be deemed to have refused the unit and the next application for the unit will be processed. Landlord shall have no liability to applicant until such time as a rental agreement is signed by both parties. I/We understand that giving incomplete or false information is grounds for rejection of this application. If any information supplied on this application is later found to be false, this will be grounds for termination of tenancy. Applicant acknowledges receipt of a copy of the Criteria for Residency. The information contained in this application is true and complete. By signing below, and through the process of applying for housing, I/we do hereby certify that the apartment applied for shall serve as our primary residence.

Applications and background screening will be valid for a 90 day period from the date of screening report. If the applicant(s) fails to execute a rental agreement within the states 90 day period, an updated application/background screening will need to be obtained with costs paid by the applicant.

By signing this application you consent to the release of wage matching data to RHS and the borrower.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

Agent's Signature _____ Date _____

**The Federal Government has asked managing agents to track this information.
Answering these questions is on a voluntary basis.**

SEX: MALE FEMALE

ETHNICITY: HISPANIC OR LATINO (OF ANY RACE) NOT HISPANIC OR LATINO

RACE: AMERICAN INDIAN/ALASKA NATIVE
 ASIAN
 BLACK OR AFRICAN AMERICAN
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 WHITE

The information regarding race, ethnicity and sex designations solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).

This institution is an equal opportunity provider, and employer.

If you are applying for residency under the HOME Program: This application and your occupancy of the premises are governed by the Regulations of the State of California, Department of Housing and Community Development, HOME Investment Partnerships Program (HOME Program), Title 25 of the California Code of Regulations, Section 9200, et. Seq. and the Federal Final Rule 24 CFR Part 92 (Rule).

CAMBRIDGE

real estate services

MOVE-IN REQUIREMENT SUMMARY

We are focused on providing you with the most efficient and highest quality service possible during the complex process of approving your application for housing.

This community shall be operated in accordance with certain local, state and federal guidelines which establish income eligibility guidelines. The information contained in this summary will help you prepare for certain compliance-related aspects of the application screening process.

In order to approve your application for housing, we will need the following documents. All documents received must be legible and verifiable.

- 1) If you are presently employed, we will require three months (or 6-8 for HUD properties) of **CONSECUTIVE** pay stubs indicating your wages earned, hours worked and certain deductions. Pay stubs must be current within the past 90 days. If you hold more than one job, pay stubs will be required for all jobs.
- 2) If currently unemployed and receiving unemployment benefits, please bring in current statement of benefits.
- 3) Bank contact information for all bank accounts must be provided. If applying for a unit with HOME funding, you are also required to provide six (6) months of consecutive bank statements for all checking accounts and the most current bank statement for all savings accounts. Please defer to the management staff to understand if the unit you are applying for has HOME funding.
- 4) If applicable, a divorce decree and/or documentation regarding child support or alimony received or to which you are entitled.
- 5) Federal Tax Return for most recent one year; second year may be requested. (If applicable)
- 6) For self-employed applicants, we will require your business profit and loss statement (IRS Form Schedule C) as well as your most recent Federal Tax Return.
- 7) Current documentation (within the last 90 days) of any 401k, IRA, stocks, or pension funds you hold.
- 8) If applicable, a copy of the benefit award letter documenting Social Security, Supplemental Social Security, Pension or Military Benefits paid to all members of your household.

Additional information may be required depending on your individual circumstances. We will notify each applicant on a case by case basis of additional documentation needed and/or forms required for signature. Such a notification will follow within one to three business days of your completed application reaching the on-site manager.

The items noted above will be requested from you only after your background screening has been approved. Please do not forward this information to the on-site manager with your application for housing. Instead, please gather and hold this information until you are notified by the on-site manager that your application for housing has received preliminary approval.



In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).

This institution is an equal opportunity provider, and employer.

TENANT INCOME CERTIFICATION QUESTIONNAIRE

TO BE COMPLETED BY EACH ADULT APPLICANT.

NAME: _____

Telephone Number _____

Initial Certification

BIN # _____

Re-certification

Unit # _____

Other

Most Recent Federal Income Tax Return Attached

INCOME INFORMATION		MONTHLY GROSS INCOME
	YES NO	
1.	<input type="checkbox"/> <input type="checkbox"/>	I am self employed. (List nature of self employment)
	If yes, use C266 XX	(use net income from business) \$ _____
2.	<input type="checkbox"/> <input type="checkbox"/>	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. List the businesses and/or companies that pay you: Name of Employer:
	CA & OR If yes, use TCOR003c ID If yes, use TCID003c ID	a) _____ \$ _____ b) _____ \$ _____ c) _____ \$ _____
3.	<input type="checkbox"/> <input type="checkbox"/>	I receive cash contributions -- including but not limited to gifts, recurring financial assistance both monetary and non-monetary, or assistance in meeting my financial obligations for expenses such as rent, utilities, car payments, fuel, insurance or the payment of accumulated debts, on an on-going basis from persons not living with me.
	If yes, use C304 XX	\$ _____
4.	<input type="checkbox"/> <input type="checkbox"/>	I receive unemployment benefits.
	If yes, use C304 XX	\$ _____
5.	<input type="checkbox"/> <input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.
	If yes, use C304 XX	\$ _____
6.	<input type="checkbox"/> <input type="checkbox"/>	I receive periodic social security payments.
	If yes, use C302 XX	\$ _____
7.	<input type="checkbox"/> <input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).
	If yes, use C304 XX	\$ _____
8.	<input type="checkbox"/> <input type="checkbox"/>	I receive Supplemental Security Income (SSI).
	If yes, use C302 XX	\$ _____
9.	<input type="checkbox"/> <input type="checkbox"/>	I receive disability or death benefits other than Social Security.
	If yes, use C304 XX	\$ _____
10.	<input type="checkbox"/> <input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, AFDC)(example: Social Security, Trust Fund disbursements, etc.).
	If yes, use C304 XX	\$ _____
11.	<input type="checkbox"/> <input type="checkbox"/>	I am entitled to receive child support payments.
	If yes, use C385 CA & C386 CA	\$ _____
	<input type="checkbox"/> <input type="checkbox"/>	I am currently receiving child support payments.
	If yes use C385 CA & C386 CA	\$ _____
	<input type="checkbox"/> <input type="checkbox"/>	If yes, from how many persons do you receive support? _____
	If yes, use C385 CA & C386 CA	I am currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____
	If no to all, use C385XX	
12.	<input type="checkbox"/> <input type="checkbox"/>	I receive alimony/spousal support payments.
	If yes, use C300 XX	\$ _____
13.	<input type="checkbox"/> <input type="checkbox"/>	I receive periodic payments from: trusts; annuities; inheritance; retirement funds or pensions; insurance policies; lottery winnings; or other accounts receivable, including debts I am owed from persons not living with me: If yes, list sources:
	If yes, use C304 XX	a) _____ \$ _____ b) _____ \$ _____
14.	<input type="checkbox"/> <input type="checkbox"/>	I receive income from real or personal property.
	If yes, use C304 XX	(use net earned income) \$ _____
15.	<input type="checkbox"/> <input type="checkbox"/>	Student financial aid (public or private, not including student loans) Subtract cost of tuition from Aid received
	If yes, use C429 XX	\$ _____

ASSET INFORMATION		INTEREST RATE	CASH VALUE
	YES NO		
16.	<input type="checkbox"/> <input type="checkbox"/>	I have a checking account(s) (6 month average daily balance must be verified). If yes, list bank(s):	6 month average
	If yes, use C301 XX	a) _____ % \$ _____	
	If no, use C341 XX	b) _____ % \$ _____	
17.	<input type="checkbox"/> <input type="checkbox"/>	I have a savings account(s) (Current balance must be verified). If yes, list bank(s):	current value
	If yes, use C301 XX	a) _____ % \$ _____	
	If no, use C341 XX	b) _____ % \$ _____	

18. <input type="checkbox"/> <input type="checkbox"/>	I have a revocable trust(s). If yes, list bank(s):		
If yes, use C301 XX	a) _____	_____%	\$ _____
19. <input type="checkbox"/> <input type="checkbox"/>	I own real estate. If yes, provide description:		
If yes, use C305 XX	_____	_____%	\$ _____
20. <input type="checkbox"/> <input type="checkbox"/>	I own stocks, bonds or Treasury Bills If yes, list sources/bank names:		
If yes, use C305 XX	a) _____	_____%	\$ _____
	b) _____	_____%	\$ _____
	c) _____	_____%	\$ _____
21. <input type="checkbox"/> <input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names:		
If yes, use C301 XX	a) _____	_____%	\$ _____
	b) _____	_____%	\$ _____
	c) _____	_____%	\$ _____
22. <input type="checkbox"/> <input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s):		
If yes, use C301 XX	a) _____	_____%	\$ _____
	b) _____	_____%	\$ _____
23. <input type="checkbox"/> <input type="checkbox"/>	I have a whole life insurance policy. If yes, how many policies _____		\$ _____
If yes, use C301 XX			
24. <input type="checkbox"/> <input type="checkbox"/>	I have cash on hand.		\$ _____
25. <input type="checkbox"/> <input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed:		
	a) _____		\$ _____
	b) _____		\$ _____
26. <input type="checkbox"/> <input type="checkbox"/>	I have income from assets or sources other than those listed above. If yes, list type below		
If yes, use C301 XX	a) _____		\$ _____
	b) _____		\$ _____
27. <input type="checkbox"/> <input type="checkbox"/>	Based on my answers above, I believe I have assets with a combined value of less than \$5,000. By initialing the 'yes' box, I agree to complete the "Under \$5,000 Asset Certification Form".		
If yes, use TCOR006c XX			

STUDENT STATUS

YES NO

28. <input type="checkbox"/> <input type="checkbox"/>	Does the household consist of all persons who are full-time students (Examples: College/University, (trade school, etc.)?)
<input type="checkbox"/> <input type="checkbox"/>	Does the household consist of all persons who have been a full-time student in the previous 5 months?
<input type="checkbox"/> <input type="checkbox"/>	Does your household anticipate becoming an all full-time student household in the next 12 months?

- If you answered yes to any of the previous three questions are you:
- Receiving assistance under Title IV of the Social Security Act (AFDC/TANF/Cal Works - **not** SSA/SSI)
 - Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program
 - Married and filing (or are entitled to file) a joint tax return
 - Single parent with a dependant child or children and neither you nor your child(ren) are dependent of another individual
 - Previously enrolled in the Foster Care program (age 18-24)

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE

WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE)

DATE