

Eleanor Roosevelt Circle

5th Street & Cantrill, Davis, CA 95618

C/O The John Stewart Company

1455 Response Road, Suite 140, Sacramento, CA 95815

Leasing Line: (888) 707-5538

www.community.coop/davis

IF YOU NEED ASSISTANCE FILLING OUT THIS APPLICATION PLEASE CALL US AT 888-707-5538

APPLICATION PROCESS:

The application process for tenancy will include the following steps:

- (a) **Tenant Application:** Prospective tenant submits an application packet, including required verification, by the stated deadline. The packet will include: application form, sample verification forms, and a specific time and date by which all applications must be submitted in order to be eligible for the lottery drawing. Applicants will indicate in their application the manner in which they wish to be contacted, following the drawing.
- (b) **Lottery Drawing:** All applications submitted by the due date will be entered into a lottery drawing. This drawing will rank the pool of applicants. All applicants will be notified as to their ranking in the pool after the drawing. Based on their lottery ranking, each applicant will be placed on a waiting list for each type of unit that they are eligible for. For example, a disabled household, whose income is under 25% of the area median income, may be placed on the list for the 21 supportive housing units, and also on the list for the non-supportive housing very low-income units, and the list for the low-income units, if they request to be considered for those units. After the lottery drawing due date, applications will still be accepted, but will be assigned a ranking number based on the date and time that the application was received.
- (c) **Screen for Eligibility:** Initially each of the top ranking applicants will be screened for meeting the basic eligibility criteria for each of the waiting lists that they are on. If an applicant does not meet the eligibility criteria for a particular waiting list, then they will be notified in writing with an explanation of why the application was deemed ineligible for that particular waiting list. Failure to meet the eligibility criteria for a particular waiting list does not automatically result in disqualification for the other waiting lists. Denials based on failure to meet the eligibility are subject to review under the Eleanor Roosevelt Circle Grievance Procedure.

Screening will be undertaken by the Property Manager who will be responsible for accepting applications, verifying completeness of each application, verifying income eligibility, and reviewing credit history, landlord references and criminal background checks. The Property Manager will be responsible for reviewing application submittals as well as third party verification documents related to establishment of each supportive housing tenant's qualifying disability.

- (d) **Applicant Interviews:** Interviews will be conducted with each applicant household at the on-site management office with both property management and the primary service provider. The purpose of the applicant interviews is to review the original application and ensure that the eligibility criteria have been met and that the applicant is able and willing to meet the requirements of tenancy. If eligibility requirements are met, and a tenant is selected for housing, then the specific terms of tenancy are reviewed at this time. If for any reason an application is denied during this

interview process, the applicant will be informed of the reason for ineligibility in writing and provided with the information about the appeal process. A unit will not be held during an appeal process.

- (e) **Commitment Meeting:** A final meeting will be conducted at the Eleanor Roosevelt Circle site with the ERC staff and each prospective tenant household. The Property Manager will review the lease agreement and addendums with the applicant, at which time the applicant will sign their lease and pay at least 50% of their security deposit. The Service Coordinator will review what services are available on site at Eleanor Roosevelt Circle, as well as in the neighborhood and larger community. A tentative move-in date will be set.

REASONABLE ACCOMODATION:

At the time of application, the owner will inform applicants of their rights to a reasonable accommodation. In addition, the property manager will make efforts to ensure that the screening process is accessible to all applicants. If you have a need for accommodation such as hearing impaired, please contact (888) 707-5538.

The project will have a policy of making physical modifications when necessary to allow persons with disabilities equal access to the housing. All of the units have been designed to meet the accessibility needs of a physically disabled individual, including, adequate door widths, turning clearances and roll-in showers. Initially three of the units will fully be built-out; blocking is installed in the walls of all units to facilitate installation of equipments in units as needed. Two elevators provide access to all of the units in the three story buildings. Additional reasonable physical accommodations will be made on a case by case basis to meet the needs of disabled individuals.

NON-DISCRIMINATION POLICY:

The project will comply with affirmative fair housing requirements as outlined in any applicable administrative guideline or law.

All applicants shall be screened in accordance with all federal, state, and local fair housing and civil rights laws and with all equal housing opportunity requirements. Federal law forbids discrimination based on race, religion, sex, handicap, familial status, or national origin. Administrative procedures further prohibit discrimination based on certain classes of membership or sexual orientation.



ONE APPLICATION PER HOUSEHOLD ONLY

APPLICATION FOR ADMISSION

EQUAL HOUSING OPPORTUNITY

Eleanor Roosevelt Circle will comply with the provisions of any federal, state or local law prohibiting discrimination in housing on the basis of race, color, creed, ancestry, national origin, sex, sexual orientation, familial status, source of income, age, disability, AIDS, or AIDS relation condition.

Please notify the business office if you need auxiliary aids such as large type face, information by audio tape, computer disk, Braille and/or in a language other than English. Best efforts will be made to accommodate such requests.

TDD Telephone device for the deaf only (415) 345-4470 or California Relay Service (phone number)

APPLICANT NAME: _____

DATE OF BIRTH: ____/____/____ **SOCIAL SECURITY #:** ____ - ____ - ____

CURRENT ADDRESS: _____ **APT. #:** ____

CITY, STATE, ZIP CODE: _____

PREVIOUS ADDRESS: _____ **APT. #:** ____

CITY, STATE, ZIP CODE: _____

PHONE #: (____) ____ - ____ **CELL #:** (____) ____ - ____

WORK #: (____) ____ - ____ **FAX #:** (____) ____ - ____

OTHER#: (____) ____ - ____

PLEASE INDICATE 2 PEOPLE WHO GENERALLY KNOW HOW TO CONTACT YOU:

1. NAME: _____ **2. NAME:** _____

ADDRESS: _____ **ADDRESS:** _____

PHONE #: (____) ____ - ____ **PHONE #:** (____) ____ - ____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

LIST ALL HOUSEHOLD MEMBERS WHO WILL BE LIVING IN THE RESIDENCE.

GIVE THE RELATIONSHIP OF EACH FAMILY MEMBER TO THE HEAD OF HOUSEHOLD.

LAST NAME	FIRST NAME	RELATIONSHIP	BIRTHDATE	SOC. SEC. #
		<i>HEAD OF HOUSE</i>		

DO YOU OWN A CAR? **Yes or No** WOULD YOU REQUIRE A PARKING SPACE? _____

CURRENT HOUSING STATUS

HOW MANY PEOPLE LIVE IN YOUR HOME NOW? ____ HOW MANY BEDROOMS DO YOU HAVE? ____

HAVE YOU OR ANYONE YOU PLAN TO HAVE LIVING WITH YOU HAD YOUR RESIDENCY/TENANCY TERMINATED FOR FRAUD, NON-PAYMENT OF RENT OR FAILURE TO COMPLY WITH LEASE PROVISIONS? **YES OR NO**

IF YES, PLEASE EXPLAIN _____

DO YOU PLAN TO HAVE ANYONE LIVING WITH YOU IN THE FUTURE WHO IS NOT LISTED ABOVE?

YES OR NO

IF YES, PLEASE EXPLAIN: _____

HAVE YOU OR ANYONE YOU PLAN TO HAVE LIVING WITH YOU BEEN CONVICTED OF A FELONY?

YES OR NO

IF YES, PLEASE LIST THE DISPOSITION BEHIND EACH INCIDENT INVOLVING ALL MEMBERS OF THE PROPOSED HOUSEHOLD: _____

DO YOU HAVE A SECTION 8 VOUCHER OR CERTIFICATE? **YES OR NO** EXPIRY DATE: ____/____/____

IF YOU ARE THE HEAD OR CO-HEAD, ARE YOU APPLYING AS A FULL TIME STUDENT? **YES OR NO**

IF YOU ANSWERED YES, HOW LONG HAVE YOU LIVED INDEPENDENT OF YOUR PARENTS/GUARDIANS? ____ **MONTHS OR YEARS** (CIRCLE ONE).

DO YOUR PARENTS/GUARDIANS CLAIM YOU AS A DEPENDENT? **YES OR NO**

CURRENT AND PREVIOUS HOUSING INFORMATION:

1. CURRENT LANDLORD: _____

PHONE #: (____) _____ - _____ FAX #: (____) _____ - _____

LANDLORD'S ADDRESS: _____

WHAT IS YOUR CURRENT RENT? \$ _____ DATE OF MOVE-IN: ____/____/____

2. PREVIOUS LANDLORD: _____

PHONE #: (____) _____ - _____ FAX #: (____) _____ - _____

LANDLORD'S ADDRESS: _____

YOUR ADDRESS/APT. #: _____

RENT: \$ _____ DATE OF MOVE-IN: ____/____/____ DATE OF MOVE-OUT: : ____/____/____

DO YOU HAVE A CURRENT LEASE: Y _____ N _____

IF YES, WHEN DOES YOUR LEASE EXPIRE?: Month: _____ Year: _____

HOW MUCH NOTICE DO YOU NEED TO GIVE TO MOVE: _____

SOME LANDLORDS WILL CONSIDER ADJUSTING THE LEASE FOR SENIORS MOVING INTO
ELEANOR ROOSEVELT CIRCLE. WOULD YOU LIKE US TO CONTACT YOUR CURRENT PROPERTY
MANAGER TO ASK THEM ABOUT GETTING OUT OF YOUR PRESENT LEASE ON YOUR BEHALF?

YES: _____ NO: _____

INCOME INFORMATION		MONTHLY GROSS INCOME
DOES ANY ADULT FAMILY MEMBER NOW RECEIVE OR EXPECT TO RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES? FOR EACH "YES" ANSWER, PROVIDE THE DETAILS IN THE CHART BELOW		
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we am self-employed. (List nature of self employment and Family Member) _____ (use <u>net</u> income from business)	\$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we 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: <u>Name of Employer /Family Member</u> 1) _____ 2) _____ 3) _____	\$ _____ \$ _____ \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we receive unemployment benefits.	\$ _____ \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____ \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we receive periodic social security payments. <u>Family Member</u> 1) _____ 2) _____	\$ _____ \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we receive Supplemental Security Income (SSI). <u>Family Member</u> 1) _____ 2) _____	\$ _____ \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we receive disability or death benefits other than Social Security. <u>Family Member</u> 1) _____ 2) _____	\$ _____ \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we receive Public Assistance Income (examples: TANF, AFDC)	\$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we am entitled to receive child support payments.	\$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we am currently receiving child support payments.	\$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we receive alimony/spousal support payments	\$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we receive periodic payments from trusts, annuities, inheritance, Retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources and <u>Family Member</u> 1) _____ 2) _____	\$ _____ \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we receive income from real or personal property. (use <u>net earned income</u>)	\$ _____
TOTAL HOUSEHOLD MONTHLY INCOME		\$ _____
TOTAL HOUSEHOLD ANNUAL INCOME (TOTAL MONTHLY INCOME X 12)		\$ _____

	ASSET INFORMATION	INTEREST RATE	CASH VALUE
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we have a checking account(s). If yes, list bank(s) and Family Member 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we have a savings account(s) If yes, list bank(s) and Family Member 1) _____ 2) _____ 3) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we have a revocable trust(s), If yes, list bank(s) 1) _____ 2) _____	_____%	\$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we own real estate. If yes, provide description: _____		\$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names and Family Member 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) and Family Member(s): 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we have a whole life insurance policy. If yes, how many? _____		\$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we have cash on hand.		\$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we 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: 1) _____ 2) _____		\$ _____ \$ _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we have income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

PLEASE CONSIDER COMPLETING THIS OPTIONAL SECTION:

Do you require special unit design features for mobility impairment? Yes_____ No_____

Do you require special unit design features for visual impairment? Yes_____ No_____

Do you require special unit design features for hearing impairment? Yes_____ No_____

SPECIAL NEEDS QUESTIONNAIRE SECTION:

The disabled adult must be a person 62 years of age or older who is either:

(a) a person with a mental disorder which would render him or her eligible to participate in programs of rehabilitation or social services conducted by or on behalf of the Yolo County Department of Alcohol Drug, and Mental Health Services, or

Yes_____ No_____

(b) a person disabled by chronic substance abuse which would render him or her eligible to participate in programs of rehabilitation or social services conducted by or on behalf of the Yolo County Department of Alcohol, Drug and Mental Health Services, or

Yes_____ No_____

(c) a person with a long-term chronic health condition that qualifies them for: eligibility under either of two Medicaid Waiver programs (the Multipurpose Senior Services Program or the Assisted Living Waiver Pilot Program), or eligibility for twenty or more personal care hours per week under the In-Home Supportive Services Programs (IHSS), or eligibility for services under the Program of All Inclusive Care for the Elderly (PACE).

Yes_____ No_____

APPLICANT CERTIFICATIONS

1. I/we certify that if selected to move into this project, the unit I/we occupy will be my/our primary residence.
2. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
3. I/we understand that false statements or information are punishable under federal law and cause for immediate denial of housing.
4. I/we understand we must provide written notification of any changes to the information on this form, especially address and telephone number.
5. I/we understand that the above information is being collected to determine my/our eligibility for an apartment. I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords, employers, or other sources for credit and verification information which may be released by appropriate federal, state, local agencies, or private persons to the owner/management.
6. I/we agree to allow management to perform a consumer credit check and criminal background check including sex offender registry on all adult household members. This will be required prior to an application being processed.
7. Housing is subject to availability.

HEAD OF HOUSEHOLD (PLEASE PRINT): _____

SIGNATURE OF HEAD: _____ DATE: _____

SIGNATURE ADULT APPLICANT #2: _____ DATE: _____

*How did you hear about our apartment community?

___Newspaper ___Flier ___Word of mouth
___Other (please state) _____

Thank you

NOTE: Any changes to this document must be approved in writing by the Regional Vice President.

OCCUPANCY STANDARDS:

The 59 one bedroom units must have a minimum household size of one person and a maximum household size of three people.

SCREENING PROCESS FOR ELIGIBILITY:

All applicants will be fully screened before being selected for tenancy. The screening includes the following:

- (a) Completed application form – the applicant must complete the required application form and provide requested authorizations for release of confidential information needed to establish eligibility.
- (b) Verified income eligibility – each individual shall provide income and asset verification to determine if the household meets the income limits.
- (c) Verification of disability – for the supportive housing units, the applicant must provide requested authorizations for release of confidential information from third party agencies responsible for determination of eligibility for specific disability programs and benefits, or supply satisfactory documentation from the appropriate third party agency.
- (d) Landlord reference (if available) and credit history – If there are significant negative landlord references and/or credit history, and a reasonable accommodation can be made to address this previous history, then the applicant may still be deemed eligible.
- (e) Criminal background checks – this information will be verified by conducting a criminal record check through a criminal verification agency. If an applicant has engaged in criminal activity that might adversely affect the health, safety or welfare of tenants of Eleanor Roosevelt Circle, then the individual may be deemed ineligible. If a reasonable accommodation can be made to address this previous history, then the applicant may still be deemed eligible. Examples of criminal activity that may affect eligibility include, but are not limited to, convictions for homicide, child abuse/domestic violence, and drug trafficking.

I/we have read the above information and acknowledge the screening process for eligibility required for tenancy at Eleanor Roosevelt Circle. I/we agree to allow management to perform a consumer credit check and criminal background including sex offender registry on all adult household members. This will be required prior to an application being processed.

HEAD OF HOUSEHOLD (PLEASE PRINT): _____

SIGNATURE OF HEAD: _____ DATE: _____

SIGNATURE ADULT APPLICANT #2: _____ DATE: _____