

APPLICATION PACKAGE
Garfield Park Village
An affordable apartment community for seniors

Thank you for your interest in Garfield Park Village. This packet contains information about the community and its admission process. Admissions are processed in accordance with our Resident Selection Criteria.

APPLICATION PACKET INSTRUCTIONS - PLEASE READ CAREFULLY!

General Requirements:

- Households must be capable of meeting all landlord/lease obligations and program requirements.
- Head of Household/Co-Head or Spouse must be at least 62 years of age.
- Household Members must be willing to abide by the community's Smoke Free Policy.
- Households applying for CCH's affordable units must have a minimum monthly income of two times the monthly rent.
- Households must not exceed the following Income Limits for this area. They are:

60% AMI Income Limits Effective 04/01/2024

One Person: Maximum: \$76,080 Minimum: \$43,008

Two Persons: Maximum: \$86,940 Minimum: \$43,008

All applicants must meet selection requirements and return a completed application package. Applications will be accepted and processed in the order of the date/time received.

If you are a person with disabilities and need an accommodation to participate in the application process, please contact us at (831) 423-3411.

Garfield Park Village, 721 Bay Street, Santa Cruz, CA 95060



Garfield Park Village is an Equal Housing Opportunity provider. We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, our federally assisted programs and activities. Brandon Flannery, the 504 Coordinator, has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988) and can be reached by mail at Christian Church Homes, 1855 Olympic Blvd, Suite 300, Walnut Creek, CA 94596, or by calling 510-632-6712, TTY- 711.



**GENERAL ELIGIBILITY
APPLICATION FOR HOUSING (WL)**



THIS IS A **REQUIRED FORM** FOR EACH FAMILY TO BE CONSIDERED FOR A HOUSING UNIT

REQUIRED APPLICATION NOTICES – APPLICANT TO KEEP

NOTICE: Right to Receive Free Interpreter Services

Please notify Owner/Management Agent if you need language assistance.

It is the policy of CCH Managed buildings to take reasonable steps to provide meaningful access to Limited English Proficient (LEP) individuals.

The policy is to ensure that language will not prevent staff from communicating effectively with LEP individuals and to ensure safe and orderly operations, programs, meetings, events or activities and understanding of rules, regulations and information.

الحق في الحصول على خدمات مترجم شفوي مجاناً - إشعار
الرجاء إبلاغ مربي المبنى إذا كنت بحاجة إلى مساعدة لغوية

通告 - 有權獲得免費的翻譯服務

如果你需要語言協助請通知大廈經理

주의 사항 - 마우스 오른쪽 단추로 무료 통역 서비스를 받을 수
당신은 언어의 도움이 필요하면 건물 관리자를 알려 주시기 바랍니다.

ВНИМАНИЕ - Право на получение бесплатно услуги переводчика
Пожалуйста, сообщите управдом, если вы нуждаетесь в помощи языка.

AVISO - Derecho a recibir servicios gratis de interpretación
Por favor notifique a gerente del edificio si usted necesita ayuda con el idioma

PAUNAWA - Kanan upang Tumanggap ng Libreng interpreter Serbisyo
Mangyaring i-notify gusali manager kung kailangan mo ng tulong wika.

THÔNG BÁO - Ngay để nhận miễn phí dịch vụ thông dịch
Xin vui lòng thông báo cho người quản lý tòa nhà nếu bạn cần hỗ trợ ngôn ngữ



GENERAL ELIGIBILITY
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REQUIRED APPLICATION NOTICES – APPLICANT TO KEEP

**NOTICE: -Right to Reasonable Accommodation/Modification
If you have a disability and as a result of your disability you need...**

- A change in the rules or policies or how we do things that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site,
- A change or repair in your apartment or a special type of apartment that would give equal opportunity to use and enjoy the housing and facilities at tis housing development or take part in programs on site.
- A change or repair to some other part of the housing site that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site.

If you can show that you have a disability and if your request is reasonable (does not pose an undue financial or administrative burden - is not too expensive and too difficult to arrange) we will try to make the changes you request.

NOTE: All information you provide will be kept confidential and be used only to help you have an equal opportunity to use and enjoy your housing and the common areas.



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SECTION 504 EQUAL ACCESS STATEMENT – APPLICANT TO KEEP

For mobility-impaired persons, this document is kept in the Management office at:

721 Bay Street ; Santa Cruz, CA , 95060 .

Documents may be examined from Monday through Friday between 9:00 AM to 5:00 PM. You must phone to plan examination of this document.

Please call (831) 423 - 3411 and **TDD** users may dial () - 711.

For vision-impaired persons, a staff person will be provided 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 hearing-impaired persons, assistance will be provided in reviewing this document. Assistant may include provision of a qualified interpreter at a time convenient to both the Property and the individual with disability. Please call TTY 711 National Relay to schedule an appointment.

Assistance to ensure equal access to this document will be provided in a confidential manner and setting. The individual



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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.

**POLICY OF NON-DISCRIMINATION ON THE BASIS OF
HANDICAPPED STATUS**

Management does not discriminate on the basis of disabled status in the admission or access to housing, services, or treatment or employment in, its federally assisted programs or activities.

The Section 504 Coordinator who has been designated to coordinate compliance with the non-discrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8, dated June 2, 1988).

**Section 504 Coordinator
1855 Olympic Boulevard; #200
Walnut Creek, CA 94596
Phone (510) 632-6712
TTY 711**



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COMPLETED BY MANAGEMENT

Property Name _____
 Property Address _____
 City/State/Zip _____
 Phone Number _____

FOR OFFICE USE ONLY
 Date Received _____
 Time Received _____
 Received By _____

APPLICATION GUIDANCE

This English version must be filled out (translated versions available upon request and in accordance with our Language Access Plan for Limited English Persons) and in **blue ink**. All sections must be completed in entirety, if a section or area does not apply, please list "N/A".

HOW DID YOU HEAR ABOUT US

Property Signage Newspaper, where: _____
 Brochure/Flyer Other, list: _____

SECTION A – HEAD OF HOUSEHOLD (HOH) INFORMATION

Please complete all information pertaining to the Head of Household (HOH)

1 Name and Contact

First Name _____ MI _____
 Last Name _____
 Street Address _____
 City, State, Zip _____

Phone #1 _____ Home
 /Type _____ Mobile
 Work
 Phone #2 _____ Home
 /Type _____ Mobile
 Work

3 Language(s) spoken at home: _____

2 Personal Information

Social Security Number (SSN) _____
 Date of Birth _____

Gender M-Male F-Female
 O-Other _____

Marital Status S-Single M-Married
 D-Divorced
 Other _____

Student Status F-Full-Time
 P-Part-Time
 Not Applicable

Do you need an interpreter Yes No



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SECTION B – OTHER HOUSEHOLD MEMBERS

Please list all other individuals who will live with you and for Gender, Marital Status, and Student Status, use letters from Section A-2 (HOH Personal Information)

	# 2	# 3	# 4	# 5
Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full Name				
Relation to HOH				
SSN				
DOB				
Gender				
Marital Status				
Student Status				

Is there a personal Care Attendant/Live-In Aide who will be residing in the unit? If yes, please complete the below section

- Yes
 No

First Name _____ MI _____ Social Security
Last Name _____ Number (SSN) _____
Street Address _____ Date of Birth _____

Proof of need for Live-In Attendant required during eligibility certification via Reasonable Accommodation Process. The Live-In Aide must show proof of identification card, social security number, and a background verification check will be processed

Do you anticipate a change in household composition within the next twelve (12) months? If yes, please explain

Yes
 No



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SECTION C – HOUSING SUBSIDIES

Please provide information regarding your current or previous history with rental subsidies.

- 1 Are you currently residing in a housing unit with a rental subsidy?
 No Yes, where: _____
- 2 Does your household receive any rental assistance? No Yes
 If Yes, what type: _____ If Section 8, check one:
 Section 8 Project Based Assistance
 Other: _____ Tenant Voucher (exp: _____)
- 3 Were you or any member of your household receiving subsidy AND 62 or older as of January 31, 2010 and DO NOT have a social security number? No Yes, who: _____
- 4 Has your tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent, or failure to comply with re-certification procedures?
 No Yes, list when and why: _____

SECTION D – DISABILITY STATUS (IF APPLICABLE)

It is not necessary to give us details about your disability unless you are requesting an accommodation or requesting a unit with features designed for disabled person.

- 1 Do you or any member listed in this application claim a disability? Yes No
- 2 Do you or any member require a wheelchair-accessible unit or specifically designed unit/location? Yes No
- 3 Do you or any member listed in this application require a visual/hearing equipped unit? Yes No
- 4 Do you or any member listed in this application have a service, assistance, or companion animal? Yes No

If you answered yes to any question above, please explain:



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SECTION E – HOUSING HISTORY

Starting with current residences, please list prior housing of all members listed in this application, for the last two (2) years. (can copy page for more space)

1 Landlord/ Shelter Name _____ Monthly Rent _____

Landlord a relative? Yes No Address of Housing Unit _____

Landlord Address (if different) _____

Fax or Email: _____ Phone #: _____

2 Landlord/ Shelter Name _____ Monthly Rent _____

Landlord a relative? Yes No Address of Housing Unit _____

Landlord Address (if different) _____

Fax or Email: _____ Phone #: _____

3 Landlord/ Shelter Name _____ Monthly Rent _____

Landlord a relative? Yes No Address of Housing Unit _____

Landlord Address (if different) _____

Fax or Email: _____ Phone #: _____



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SECTION F – HOUSEHOLD INCOME

Please list all income information for the members listed in this application; you may estimate; indicate gross income before any deductions or garnishments occur. (can copy page for more space)

- 1** Does anyone in your household receive any income from employment/earned wages? No, draw line through sections 2 & 3 below, then go to 4 Yes, complete sections 2 & 3

2 Company Name _____ Member # _____
 Job Title _____ Street Address _____
 Contact _____ City, State, Zip _____
 Title _____ Phone Number _____
 Hours/Week _____ Pay Rate/Hour _____ Weeks/Year _____
 Monthly Income _____ Yearly Income _____

3 Company Name _____ Member # _____
 Job Title _____ Street Address _____
 Contact _____ City, State, Zip _____
 Title _____ Phone Number _____
 Hours/Week _____ Pay Rate/Hour _____ Weeks/Year _____
 Monthly Income _____ Yearly Income _____

4 Provide amount per month of un-earned/financial assistance income for ENTIRE family. If your family has no income from the source listed below, please put zero or "N/A"

Social Security _____ /month	Unemployment _____ /month
SSI/SDI _____ /month	General Assist _____ /month
AFDC _____ /month	Other Assist _____ /month
Pension _____ /month	Gift Support _____ /month

Other, please describe: _____ /month

- 5** Select the TOTAL ANNUAL HOUSEHOLD INCOME (estimated from all sources by checking one box in the below ranges.)
- Zero Income \$0 - \$20,000 \$20,001 - \$30,000
 \$30,001 - \$40,000 \$40,001 - \$50,000 Over \$50,000



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SECTION G – HOUSEHOLD ASSETS

Please list all assets information for the members listed in this application; you may estimate. (can copy page for more space)

- 1 Does anyone in your household own/maintain an asset/account? No, draw line through sections 2 - 5 below, then go to 6 Yes, complete sections 2 - 5

- 2 Describe Asset #1 _____ Member # _____
 Account Number _____ Current Value _____
 Street Address _____ Monthly Income _____
 City, State, & Zip _____ Joint or Single _____
- 3 Describe Asset #2 _____ Member # _____
 Account Number _____ Current Value _____
 Street Address _____ Monthly Income _____
 City, State, & Zip _____ Joint or Single _____
- 4 Describe Asset #3 _____ Member # _____
 Account Number _____ Current Value _____
 Street Address _____ Monthly Income _____
 City, State, & Zip _____ Joint or Single _____
- 5 Describe Asset #4 _____ Member # _____
 Account Number _____ Current Value _____
 Street Address _____ Monthly Income _____
 City, State, & Zip _____ Joint or Single _____
- 6 Does any member own real estate? (home, land, etc.) Yes No Current Value _____ Member Number _____
- 7 Does any member own a collection? (held as investment) Yes No Current Value _____ Member Number _____
- 8 Select the TOTAL ANNUAL HOUSEHOLD ASSETS (estimated from all sources by checking one box in the below ranges.
 Below \$50,000 \$50,001 - \$100,000 Over - \$100,000

SECTION H – HOUSEHOLD EXPENSES

Please list all applicable expenses for the members listed in this application; you may estimate.

- 1 Does the Head, Spouse, or Co-Head that is either age 62 or older or disabled claim unreimbursed medical expenses? Yes No
- 2 Does the Head, Spouse, or Co-Head anticipate expenses for the care of children under the age 13 (including foster children)? Yes No
- 3 If you answered yes to 1 or 2, please complete below.
If not, draw a line through this section
- 4 Provide amount per month of anticipated expenses. If your family has no expenses from the source listed, please put zero or "N/A"
Caregiver _____ /month Prescriptions _____ /month
Child/Dep. Care _____ /month Medical Equip _____ /month
Other, please describe: _____ /month

SECTION I – ADDITIONAL QUESTIONS

Please provide a response to all questions below.

- 1 Is anyone in your household being displaced from their home by result of a government/presidential disaster? Yes No
If Yes, please explain: _____
- 2 Is anyone in your household homeless/displaced or about to become homeless/displaced? Yes No
- 3 Do you have or believe you qualify for a state or local preference? If Yes, what preference: _____ Yes No
- 4 Has anyone in your household been evicted from Federally Assisted Housing for drug-related criminal activity? Yes No
- 5 Does any member claim military or veteran status? Yes No
If Yes, who: _____



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APPLICATION CERTIFICATION & SIGNATURES

By signing this section below, each adult (18+) household member listed in this application certifies the following statements.

- 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, we will maintain no other place of residence, and there are no other persons for whom we have or expect to have responsibility for providing housing.
- 2** I/we understand the information collected on the Application for housing is to determine my/our eligibility for residency.
- 3** I/we authorize the owner, its agents and employees to make any and all legal inquiries to verify 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 contact 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
- 4** 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.
- 5** I/we understand, pursuant to any federal, state, or local "Fair Chance Ordinance, if I am considered housing eligible, I authorize the owner, its agents, and employees to obtain information about my/our criminal background to see if there is any disqualifying criminal history, which may affect me/us from moving onto the property, in compliance with the Resident Selection Criterion.
- 6** I/we understand that any owner inquiry about any prior arrest or conviction record will not be used and/or verified until all other housing eligibility has been approved pursuant to any federal, state, or local notice of such "Fair Chance Ordinance" or rules - notices are supplemental to this Application for Housing.



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- 7** I/we certify the statements made in this application are true and complete to the best of my/our knowledge and belief.
- 8** I/we understand that false statements/information will deem me/us ineligible or terminate the rental agreement.
- 9** I/we understand we must provide written notification of any changes to the information on this form.
- 10** I/we understand that we will be placed on a waiting list(s) based on our household size and in accordance with the resident selection criteria/tenant selection plan. For example, 1-person household will be placed on a studio and one-bedroom waitlist or 2 persons on the one- and two-bedroom waitlists.
- 11** I/we further agree that this application does not constitute any oral and/or written commitment on the part of the Owner or Management Agent.
- 12** I/we understand that any questions or inquiries regarding applicant treatment relative to Section 504 of the Rehabilitation Act of 1973 should be addressed by mail to the CCH 504 Coordinator; 1855 Olympic Boulevard, Suite 200; Walnut Creek, CA 94596-5019; (510) 632 – 6712; TTY via 711 National Relay.

All adult (18+) household members must sign and date:

<i>Signature #1 (HOH)</i>	<i>Date</i>	<i>Signature #2</i>	<i>Date</i>
<i>Signature #3</i>	<i>Date</i>	<i>Signature #4</i>	<i>Date</i>
<i>Signature #5</i>	<i>Date</i>	<i>Signature #LIA</i>	<i>Date</i>

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the ****Social Security Act at 208 (a) (6), (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



GENERAL ELIGIBILITY

MANAGEMENT REQUIRED DESIGNATIONS



COMMUNICATIONS/LANGUAGE, RENT REPORTING, & DEMOGRAPHICS

THIS IS A CCH REQUIRED FORM FOR EACH ADULT HOUSEHOLD MEMBER AND OPTIONAL FOR ALL OTHERS

Household Name: _____ Unit #: _____
 Property Name: _____ City: _____

SECTION A – EFFECTIVE COMMUNICATION

We want to provide EFFECTIVE COMMUNICATION to all our clients. Our business language is English; therefore, all written communications are in English; however, each household and individual member, including persons with disabilities and persons who do not speak English “very well” or “not at all,” may select additional alternate method(s), see below. The purpose of this form is to collect and record communication preferences to help us serve you better. **Check below to record how you would like to get communications from us.**

HOUSEHOLD MEMBER LISTED ABOVE’S COMMUNICATIONS

- POST ON DOOR & I **DO NOT** NEED WRITTEN MATERIALS IN A DIFFERENT FORMAT
 I **DO** NEED WRITTEN MATERIALS IN A DIFFERENT FORMAT

FORMATS:



LARGE PRINT (This is 18-point font.)



SPOKEN (WRITTEN MATERIALS READ ALOUD BY MANAGEMENT IN PERSON OR OVER THE PHONE.)



BRAILLE (WRITTEN TEXT IS PROVIDED IN BRAILLE

WHEN AVAILABLE)



VIA E-MAIL (EXCLUDES LEGAL NOTICES): _____



OTHER LANGUAGE (WRITTEN TEXT PROVIDED IN OTHER LANGUAGE & ENGLISH – SEE LANGUAGES SECTION)



US POSTAL MAIL (UNIT ADDRESS)

US POSTAL MAIL (OTHER ADDRESS)



GENERAL ELIGIBILITY

MANAGEMENT REQUIRED DESIGNATIONS



COMMUNICATIONS/LANGUAGE, RENT REPORTING, & DEMOGRAPHICS

THIS IS A CCH **REQUIRED FORM** FOR EACH ADULT HOUSEHOLD MEMBER AND **OPTIONAL** FOR ALL OTHERS

LANGUAGES:

- I speak and read English and **DO NOT** need help communicating.
- I speak English and **I DO** need help filling out paperwork.
- I do not speak or read English and **NEED** communications in:
 - Arabic Cantonese Korean Laotian Mandarin
 - Russian Spanish Tagalog Vietnamese
 - Other: _____

SECTION B – TENANT RENT REPORTING INFORMATION

Per California Civil Code Section 1954.06, Owner/Agents that own or operate an assisted housing development with more than 15 dwelling units or owns more than one assisted housing development regardless of each development’s unit count, is a Real Estate Trust, Corporation, or Limited Liability Company. Electing to report rental payments is **OPTIONAL** for Tenants and if elected, **ALL PAYMENTS**, whether timely, late, or missed will be reported. The Consumer Reporting Agency CCDC will report to: Experian; Tenants may submit their written election of reporting to:

**1855 OLYMPIC BLVD; SUITE 300
WALNUT CREEK, CA 94596**

Tenants may opt into rent reporting at any time; however, Tenants who elect to have rent reported and then elect to stop reporting, are prohibited from electing rent reporting again for at least 6 months. Tenants may complete **THIS FORM** when electing to have rent payments reported **AND** when electing to stop rent reporting. Tenants **MUST** sign and date this form for each election. Tenants who elect to have rent reported: 1) Does not forfeit any rights under Sections 1941 to 1942; 2) Tenant deductions from rent authorized by those sections does not constitute a late rental payment; 3) Tenant deductions do not relieve Owner/Agent from reporting nor the obligation to maintain unit habitability.



GENERAL ELIGIBILITY

MANAGEMENT REQUIRED DESIGNATIONS



COMMUNICATIONS/LANGUAGE, RENT REPORTING, & DEMOGRAPHICS

THIS IS A CCH REQUIRED FORM FOR EACH ADULT HOUSEHOLD MEMBER AND OPTIONAL FOR ALL OTHERS

SECTION E – EXTENDED DEMOGRAPHICS

COMPLETED BY APPLICANT/TENANT

PLEASE NOTE: CCH collects information on race, ethnicity, sexual orientation, and gender identity of the participants and tenants of the housing programs and projects managed. The information collected help us to ensure that we are addressing the needs of diverse communities. In addition, the information helps us to meet the reporting requirements of federal, state, and local funders. Please be assured that we will protect your personally identifiable information (PII) from loss, theft, misuse, and unauthorized access and disclosure. PII includes your name, address birthdate, race and ethnicity, gender, sexual orientation/identity, and household size and income. Also, PII is never included in reports, public documents, or public websites. You are not required to complete all contents of this form.

a What is your gender?

(Please check the ONE that best describes your current gender identity)

I DECLINE TO PROVIDE

Female

Male

Genderqueer/Gender Non-Binary

Trans Female Trans Male Not Listed: _____

b How do you describe your sexual orientation or sexual identity?

(Please check ONE)

I DECLINE TO PROVIDE

Bisexual

Questioning/Unsure

Straight/Heterosexual

Gay/Lesbian/Same-Gender Loving Not Listed: _____



GENERAL ELIGIBILITY

MANAGEMENT REQUIRED DESIGNATIONS



COMMUNICATIONS/LANGUAGE, RENT REPORTING, & DEMOGRAPHICS

THIS IS A CCH REQUIRED FORM FOR EACH ADULT HOUSEHOLD MEMBER AND OPTIONAL FOR ALL OTHERS

COMPLETED BY APPLICANT/TENANT

c Which best describes your race/ethnicity?

(Please check ALL boxes that apply)

PLEASE NOTE: The categories were developed with community input, recognizing that race and ethnicity categories are dynamic concepts, the meanings of which change based on the way individuals, communities and institutions identify themselves and others.

I DECLINE TO PROVIDE

ASIAN:

- Chinese – Origins in any of the original peoples of China
- Filipino – Origins in any of the original peoples of the Philippines
- Japanese – Origins in any of the original peoples of Japan
- Korean – Origins in any of the original peoples of North/South Korea
- Mongolian – Origins in any of the original peoples of Mongolia
- Central Asian – Origins in any of the original peoples of Kazakhstan, Kyrgystan, Tajikistan, Turkmenistan, or Uzbekistan
- South Asian – Origins in any of the original peoples of Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, or Sri Lanka
- Southeast Asian – Origins in any of the original peoples of Brunei, Burma, Cambodia, Indonesia, Laos, Malaysia, Singapore, Thailand, or Vietnam
- Other Asian: _____



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BLACK:

- African – Origins in any of the black racial groups of Africa and from Africa
- African American – Origins in any of the original peoples of the Philippines
- Caribbean, Central American, South American, or Mexican – Origins in any of the black racial groups of African and generally the descendants of the enslaved black people in the Caribbean, Central America, South America, or Mexico
- Other Black: _____

INDIGENOUS:

- American Indian/Native American – Specific Group: _____
Origins in any of the original peoples of North America
- Indigenous from Mexico, Caribbean, Central American, or South America - Specific Group: _____
- Other Indigenous: _____

LATINO:

- Caribbean – Origins in the Caribbean
- Central American – Origins in Central American
- Mexican – Origins in Mexico
- South American – Origins in South America
- Other Latino: _____



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MIDDLE EASTERN/WEST ASIAN OR NORTH AFRICAN:

- North African – Origins in any of the original peoples of Algeria, Egypt, Libya, Morocco, or Tunisia
- West Asian – Origins in any of the original peoples of Armenia, Azerbaijan, Bahrain, Cyprus, Georgia, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Palestine, Qatar, Saudi Arabia, Syria, Turkey, United Arab Emirates, or Yemen
- Middle Eastern or North African: _____

PACIFIC ISLANDER:

- Chamorro – Origins in any of the original peoples of the Mariana Islands, Including Guam
- Native Hawaiian – Origins in any of the original peoples of the Hawaiian Islands
- Samoan – Origins in any of the original peoples of Samoa
- Other Pacific Islander: _____

WHITE:

- European – Origins in any of the original peoples of Europe
- Other White: _____



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d What is your Veteran Status?

(Please check the ONE that best describes your current status)

- I DECLINE TO PROVIDE I AM NOT A PROTECTED VETERAN
- Disabled Veteran
- Recently Separated Veteran/Separation Date: _____/_____
- Active Wartime or Campaign Badge Veteran: a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- Armed Forces Service Medal Veteran: a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209. 3 CFR, 1996 Comp., p. 159)