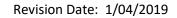


## **Application for Housing**

3001 PEACUCK COURT SANTA CLARA, CA 95051								· '		
Pe	acock Comi	nons Prop	erty Mana	gement	APPLICATION APPROVED: Yes □ No □					
Us	e Only									
BED	ROOM SIZE		TIME OF APPLI	CATION:				(	COMMENTS	
BAR	RRIER FREE (H/C)	YES □NO □	DATE OF APPLI	CATION:						
UNI	T REQUESTED?									
		APPLICATION RECEIVED BY:								
APP	LICATION #:		LOTTERY #:							
	se complete the fol									
	item does not appl			•			scrimin	ate on the basis	of race, color,	sex, gender
	tity, age, religion, o		arital status, disak	ility, or sexual					and =	
Nur	nber of bedrooms	requested			1**	Reques	t:		2 <sup>nd</sup> Request:	
	A. GENERAL INI	ORMATION:	HEAD OF HOL	ISEHOLD					CO-HEAD	Check if N/A
Nam	ne:				Name:					
	ne phone:				Home pho					
	Phone				Cell Phone					
	k Phone:				Work Pho	ne:				
Ema		CONTROCITION			Email:					
		COMPOSITION				6.1				
	all persons, includin less than 50% of th		ill be living in the	apartment. Lis	st the head	of house	enola fi	rst. Do not inclu	de minors who	will reside in the
	Nar	ne	Relationship	DOB	Age	(	Gender	- Enter	Full Time	Social
	First/	Last	To HEAD	mm/dd/yy		"Male" <u>or</u> "Female" <u>or</u>		Female" <u>or</u>	Student	Security/TIN*
						"Choo	se <u>not</u>	to respond"	Y/N	(last four only)
									(K-12/College)	5555
1.			HEAD							
2.			CO-							
			HEAD/Spouse							
3.										
4.										
5.										
6.										
7.										
8.										
9.										
	* For those appli	cants without a	Social Security I	Number, do y	ou quality	tor one	e of the	e three allowa	ble exception	s?
	VEC NO 2	محمد واطنحنادا	-:+:		ماندنا مدالم					
	YES NO 1		-citizen member	– not conten	aing eilgic	ne immi	gratior	i status.		
	Household members name:									
	YES NO 2) Members that were 62 years old as of January 31, 2010 and whose initial determination of eligibility began									
	before January 31, 2010.									
			embers name:							
	YES NO	3) Members un	der the age of 6	eligible for a 9	90-dav ext	ension t	to prov	ide their SSN.	if added to th	e household
	ـــــــــــــــــــــــــــــــــــــ	within the las	_	U	,					
			nembers name:							
1.	Limited English P	roficiency (LEP)	Requirement: V	Vhat is the prin	nary langua	age spok	en in th	e household?		





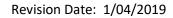




2.	YES NO	Do you expect any additions to the household within the next 12 months? If yes, please explain giving name and relationship:							
3.	YES NO N/A	Do you have primary physical custody of all minors (50% or more of the time) listed under the Household Composition above? If no, please explain:							
4.	YES NO	Are there any absent household members that are not listed under the Household Composition above? If yes, please explain giving name and relationship?							
5.	YES NO	Do you have any pets that	Do you have any pets that will reside with you if eligible? If yes, please Describe:						
6.	YES NO	Will you or anyone in your	household require a	live-in care attendant?					
		Name of Live-in Care Atten	dant:	Relationship if any:					
		FORMATION Check if N/A							
Ho	isehold Member	Name CA Driver ID	Car Make/Mod	el License Plate	Color	Year			
	D. HOUSING								
1 / 1	IDLORD REFEREN	ICE Please complete al	Largas bolow, Pla	ase provide the last 2 con	secutive years of hou	sing history			
		-	i aleas below. Fle		-				
	D OF HOUSEHO	עו		, ,	CO-HEAD/Other (If different from HEAD) Check if N/A				
Nan	ne			Name					
Cur	ent Address			Current Address					
City	/Zip Code			City/Zip Code					
	Own 🔲 Rent 🔲 O	ther		Own Rent C					
Amo	ount Paid Monthly			Amount Paid Monthly	<i>'</i>				
Len	gth of time Lived th	nere		Length of time Lived t	here				
Fron				From to					
Nan	ne of Landlord:			Name of Landlord:					
Add	ress of Landlord:			Address of Landlord:	Address of Landlord:				
City	Zip Code of Landl	ord:		City/Zip Code of Land	lord:				
Pho	Phone Number of Landlord Phone Number of Landlord								
Add	litional informati	ion if required:							
	1st Previous Address: Check if N/A   PLEASE PROVIDE INFORMATION IS CURRENT LANDLORD REFERENCE IS LESS THAN 2 YEARS								



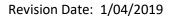






HEAD OF HOUSEHOLD	CO-HEAD/Other (If different from HEAD) Check if N/A			
Name	Name			
1 <sup>st</sup> Previous Address	1 <sup>st</sup> Previous Address			
City/Zip Code	City/Zip Code			
Own Rent Other	Own Rent Other			
Amount Paid Monthly	Amount Paid Monthly			
Leady of the Donald bare	Locath of the Decidation			
Length of time Lived there From to	Length of time Lived there From to			
Name of Landlord:	Name of Landlord:			
City/Zip Code of Landlord:	City/Zip Code of Landlord:			
Phone Number of Landlord:	Phone Number of Landlord:			
Additional information if required:				
2 <sup>nd</sup> Previous Address: Chec	k if N/A 🗌			
HEAD OF HOUSEHOLD	CO-HEAD/Other (If different from HEAD) Check if N/A			
Name	Name			
2 <sup>nd</sup> Previous Address	2 <sup>nd</sup> Previous Address			
City/Zip Code	City/Zip Code			
Own Rent Other	Own Rent Other			
Amount Paid Monthly	Amount Paid Monthly			
Length of time Lived there	Length of time Lived there			
From to	From to Name of Landlord:			
Name of Landlord:	Name of Landlord:			
Name of Landlord:	Name of Landlord:			
City/Zip Code of Landlord:	City/Zip Code of Landlord:			
Phone Number of Landlord:	Phone Number of Landlord:			
1. YES NO Do you require an accessible unit? (Design Feature	es for persons with disabilities). If yes, please explain:			
2. YES NO Do you have a Section 8 Voucher through the Hou	sing Authority? If yes where?			
Section 8 Voucher number				
3. YES NO Have you ever been evicted in the past 5 years? If	yes, please explain:			
4. YES NO Have you willfully or intentionally ever refused to	pay rent?			



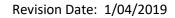




Citizenship (For project-based Section 8 properties ONLY):						
1. YES NO Are you a U.S. Citizen?						
2. YES NO If no, are you a Non-Citizen with eligible immigration status?						
E. DEMOGRAPHIC INFORMATION						
Are you or any member of your househo	old a U.S. military Veteran?	YES NO				
	•	<u> </u>				
The following information is optional:						
HEAD: Highest level of Education completed		High School Graduate	College Graduate School			
Profession/Job Title	YES NO N/A	ransportation to get to work?	If Yes, what type? check one:  ☐BART ☐Bus ☐Ferry ☐other			
Co-HEAD: Highest level of Education complete		☐High School Graduate	College Graduate School			
Profession/Job Title	-	ransportation to get to work?	If Yes, what type? check one:			
	YES NO N/A		BART Bus Ferry other			
How did you hear about the property?	ocal Paper 🗌   Housing Autho	ority 🔃   Internet 🗌   Referra	ol Other			
The information regarding race and ethn						
Inc. complies with the Federal laws prohi						
furnish this information, but are encoura	ged to do so. This information	n will not be used in evaluating	your application or to discriminate			
against you in anyway.		I <b>-</b>				
Household Member Name	Ethnicity:	Race (check one or more)	ovice o O American Indian / Aleskan Netice			
1.	☐ Hispanic or Latino☐ Non-Hispanic or Latino		erican American Indian/Alaskan Native iino Japanese Korean Vietnamese			
	Decline to respond		an Guamanian or Chamorro			
	Samoan Other Pacific Islander Other					
		Decline to respond				
2.	Hispanic or Latino		erican American Indian/Alaskan Native			
	☐ Non-Hispanic or Latino☐ Decline to respond		ino   Japanese   Korean   Vietnamese  an   Guamanian or Chamorro			
	Decline to respond	Samoan Other Pacific Islande				
		Decline to respond	se.			
3.	Hispanic or Latino		erican American Indian/Alaskan Native			
	Non-Hispanic or Latino		ino   Japanese   Korean   Vietnamese			
	Decline to respond	Samoan Other Pacific Islande	an Guamanian or Chamorro			
		Decline to respond	otilei			
4.	Hispanic or Latino		erican American Indian/Alaskan Native			
	Non-Hispanic or Latino		inoJapaneseKoreanVietnamese			
	Decline to respond		an Guamanian or Chamorro			
		Samoan Other Pacific Islande Decline to respond	er 🔲 Other			
5.	Hispanic or Latino		erican American Indian/Alaskan Native			
	Non-Hispanic or Latino	Asian India Chinese Filip	ino 🔲 Japanese 🔲 Korean 🔲 Vietnamese			
	Decline to respond		an Guamanian or Chamorro			
		Samoan Other Pacific Islande Decline to respond	er [_] Other			
6.	Hispanic or Latino		erican American Indian/Alaskan Native			
0.	Non-Hispanic or Latino		ino  Japanese  Korean  Vietnamese			
	Decline to respond	Other Asian  Native Hawaii	an 🔲 Guamanian or Chamorro 🔲			
		Samoan Other Pacific Islande	er 🗌 Other			
_	Discours on Latina	Decline to respond	ovices American Indias / Alaskas Nation			
7.	☐ Hispanic or Latino☐ Non-Hispanic or Latino		erican American Indian/Alaskan Native iino Japanese Korean Vietnamese			
	Decline to respond		an			
		Samoan Other Pacific Islande				
		Decline to respond				









9.		Hispanic or Latino Non-Hispanic or Latino Decline to respond  Hispanic or Latino Non-Hispanic or Latino Decline to respond	Asian India Chi Other Asian N Samoan Other P Decline to respor White Black or Asian India Chi Other Asian N	r African American		
F. INCOME						
Employment Check if N/	Α 🗌					
Please provide the follow	ving employmen	t information for each hous	ehold member.			
Family Member First Name	Gross Monthly Amount	Business/Source Name Business/Source Address City/State/ZIP code		Contact Name Contact Phone Number Contact Fax Number		
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						







10									
Other Sources of Income (	Check if N/A								
List all money earned or re Payments Or Death Benefi Payments. LIST GROSS	its, Workers Co	ompensation	, Annuities, P						
Household Member SOC SEC First Name & SSI*		VA BNFTS	PENSION/ RETIRE**	SELF EMPLOY (Use monthly NET Income)	ALIMONY OR CHILD SUPP.	AFDC/ TANF	RECURRING GIFTS	UNEMP. BNFTS.	OTHER
1.									
2.									
3.									
4.									
5.									
6.									
YES NO Are the	re any change	s expected in	income with	in the next 12	! months? If ye	es, please list	t family member	and explain:	
YES NO Do you	or any househ	nold member	receive Dual	Entitlement b	enefits? If ye	s, please pro	vide the Benefit	Claim Numbe	r:
YES NO ** Do y account	-	sehold meml	ber receive re	tirement ben	efits as period	ic payments	? If so, from wha	t type of retir	ement
F. ASSETS									
	u ever filed Ba								
Checking and/or Saving					1 /=: : 1		•		
Family Member First Na 1.	ame	Accoun	ттуре	ва	nk/Financial	Institution	Names	10	tal Balance
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									



11. 12.





Othor	Accete	/Accounts

Please list any of the following assets that apply to you: TRUST, MONEY MARKET FUND, STOCKS, BONDS, TREASURY BONDS, TREASURY BILLS, CERTIFICATE OF DEPOSIT, IRA OR KEOGH, RETIREMENT, 401K/PENSION FUNDS, INHERITANCE, LOTTERY WINNINGS, INSURANCE SETTLEMENTS, CAPITAL GAINS, CAPITAL INVESTMENTS, OR PERSONAL PROPERTY HELD AS AN INVESTMENT.

ALSO INCLUDE ALL ASSETS THAT MAY BE HELD JOINTLY WITH ANOTHER PERSON.								
Family Member Fire	st Name Ass	set/Account		Bank/F	inancial Instituti	on Names		Total Balance
		Type						
1.								
2.								
3.								
4.								
5.								
6.								
G. REAL ESTA	TE /DISPOSED OF ASSE	TS						
	anyone own real propert		id. houses, real	estate, in th	LISA or any other co	ountry) If "Yes" an	swer the que	stions below:
	ily member name		Estimated Cas		Rental Income		ty Address/C	
i aiii	ny member name	'	Of Real Pro		If Any	Порсі	ty Addicas, C	ity/State
				<u> </u>	,			
VEC NO U	D	00 45	f		F-1- 841-43/-1-	- (FB () () to the least		, , ,
	you sold any Real Estate ( answer the questions be		Tany assets T	or less thai	i Fair Market Valu	e (Fiviv) in the last	two years?	(e.g. casn, property,
bank accounts) ii fes	Family Member Name				Market Value Whe	n Disposadi	Cach	Value Disposed
	railing Wielinder Wallie	•		Market Value When Disposed: Cash			For:	
								101.
	OFC .							
H. ALLOWAN				2 16	l			
1. YES NO	Do you pay any out-of	-	•	-	•			\$
2. YES NO	Is there any household				Il time student?			
Family Member Na	me	Name of Sch	ool Attending Address of School			100l		
3. YES NO	Are you covered by an	v medical in	surance? If v	es how m	ich are vour mor	thly premiums?		\$
J. 125	Medi-Cal	Medi		Medi-		dicare	Medi-Cal	Medicare
4. YES NO								iviedicare
4. YES NO Do you or any member have any prescription drug expenses not covered by insurance? If yes, how much do you anticipate paying out of pocket per month?					\$			
5. YES NO							7	
<b>3.</b>   1266_		you have any anticipated medical expenses that are NOT covered by insurance?  yes, how much per month?					\$	
6. YES NO	Do you anticipate any		l vision or h	earing-air	expenses in the	coming year tha	nt are not	<u> </u>
J.	covered by insurance?	-		_	•			\$
7. YES NO	If you or your co-head	•				•		Υ
	the cost of a care atte	•		•	•			
	by HUD? (If yes proof of	-			• •	•		
	per month?	. actual expell	Jos are requir	-u, <b>y</b> -u,		a arreio.pute out	o. pooner	\$
	: : <b>00</b>							т







## I. CRIMINAL BACKGROUND

	I. CKIIVIINAL	BACKGROUND							
1.	YES NO	Have YOU or ANY MEMBER of your household been convicted of any fraud in a federally assisted housing program or							
	V55	been requested to repay for misrepresenting information for such housing program?							
2.	YES NO	Has assistance/subsidy/tenancy ever been terminated for fraud, non-payment of rent, or failure to cooperate with recertification procedures?							
3.	YES NO	Have YOU or ANY MEMBER of your household ever been convicted of a felony within in the past seven (7) years?							
4.	YES NO	Have YOU or ANY MEMBER of your household ever been convicted of engaging in acts of violence or threats of							
		violence, including, but not limited to, unlawful activity involving weapons or ammunition within the past (7) years?							
5.	YES NO	Have YOU or ANY MEMBER of your household ever been convicted of engaging in the illegal manufacture, sale, distribution, use, or possession of an illegal drug or controlled substance within the past (7) years?							
6.	YES_NO_	Have YOU or ANY MEMBER of your household ever been convicted of a criminal offense involving sexual misconduct?							
7.	YES NO	Are YOU or ANY MEMBER of your household subject to a lifetime sex offender registration requirement in ANY state? (Please note you will be giving the opportunity to remove the ineligible household member. If you refuse to remove the ineligible household member, the application must be denied)							
8.	Please list <b>all</b>	states where <b>all household members</b> have ever lived.							
		ES" to any questions listed above in the Criminal Background Section of this application, Please provide an explanation							
		LS" to any questions listed above in the Criminal Background Section of this application, Please provide an explanation date, circumstances, and nature of the offenses:							
belov	w. Include the								
belov	w. Include the	date, circumstances, and nature of the offenses:							
belov Use t	w. Include the	date, circumstances, and nature of the offenses:							
belov Use t	w. Include the	date, circumstances, and nature of the offenses:							
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belov Use t	w. Include the	date, circumstances, and nature of the offenses:							







## J. CERTIFICATION AND RELEASE OF INFORMATION

I/We hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand that I/we must pay a security deposit prior to occupancy. I/we certify that the housing I/we occupy will be my/our only residence. I/We understand that eligibility for housing will be based on applicable sections of the HUD 4350.3 Occupancy Handbook and Peacock Commons LLC. Residents Selection Criteria. I/We understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to, poor credit or landlord references, police records indicating unacceptable or criminal behavior. All information supplied here or elsewhere will be used to determine my household's eligibility for housing.

I further understand that providing any false, fraudulent, misleading, or incomplete information can cause a delay in processing and may be grounds for denial of tenancy; or in the event that I become a resident, or I am an existing resident, would be considered a material breach of my rental agreement and can be used as grounds to immediately terminate my tenancy. Any "yes" response on the criminal activity questionnaire section of this application may lead to rejection of my application.

I declare that all information and answers supplied during the application process by me, or on my behalf, including but not limited to, the answers to the above-noted questions, are true and correct. I understand that falsification of information found before or after acceptance of this property includes penalties that will result in cancellation of your application, also to include eviction, loss of assistance, if applicable. If this is a HUD subsidized property, the additional fines are imposed: fines of \$10,000.00 and five years imprisonment. WARNING!: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

## K. RELEASE OF INFORMATION

I/We do hereby authorize EAH Inc., and its staff to obtain information or materials deemed necessary to determine my/our eligibility for housing. I authorize verification of assets, income, credit history, rental history and references. I consent to allow owner/agent to disclose any information obtained to previous, current, or subsequent owner/agents, law enforcement, and any others owner/agent deems appropriate, including contacting agencies, offices, groups, organizations, that may provide information that could substantiate or verify information given in this application; for example landlords, local police departments, welfare agencies, or senior services agencies.

Head Of Household:			
	Printed Name	Signature	Date
Spouse/Co-Head:			_
	Printed Name	Signature	Date
Other Adult:			
	Printed Name	Signature	Date
Other Adult:			
	Printed Name	Signature	Date
Other Adult:			
	Printed Name	Signature	Date
Management:			
	Signature		Date



