



**ALAMEDA COUNTY MENTAL HEALTH SERVICES ACT (MHSA)  
HOUSING PROGRAM ELIGIBILITY CERTIFICATION FORM  
MERRITT CROSSING APARTMENTS**



**Overview:** Operated and developed by Affordable Housing Associates, Merritt Crossing Apartments is a new affordable housing community in downtown Oakland with 70 units of studio, 1 and 2 bedrooms for Seniors age 55 and older. This building is expected to be ready for occupancy around May 31, 2012.

There 5 apartments reserved for Mental Health Services Act (MHSA) eligible households. MHSA units are designated for households or individuals that are currently homeless **and** have at least one individual who has a serious mental health issue that qualifies under MHSA. To be eligible for the one of the 5 MHSA apartments, one must be homeless **AND** have a history of a SERIOUS MENTAL HEALTH ISSUE. Applicants who participate in a Full Service Partnership qualify for residency and are encouraged to apply for this important housing opportunity.

PLEASE COMPLETE THE FOLLOWING FORM TO OBTAIN BHCS CERTIFICATION FOR MHSA HOUSING AT MERRITT CROSSING.

**Instructions:** Please read the **entire** form first. Complete this two-page form for **Merritt Crossing** MHSA eligibility certification and provide the appropriate documentation to verify that you meet the eligibility criteria. Check all of the boxes below that apply to you.

CHECK THE BOX IF TRUE:	
<input type="checkbox"/>	I AM AGE 55 YEARS OLD OR OLDER.
<input type="checkbox"/>	I AM HOMELESS . COMPLETE 2 <sup>ND</sup> PAGE.
<input type="checkbox"/>	I HAVE A SERIOUS MENTAL HEALTH ISSUE.
<input type="checkbox"/>	I AM ENROLLED IN A FULL SERVICE PARTNERSHIP (FSP).

This form and the supporting documents should be mailed or faxed to Alameda County Behavioral Health Care Services-Housing Services Office, 2000 Embarcadero Cove, STE 400 – Box 55, Oakland, CA 94606. Fax: (510) 567-8147.

Please contact staff at (510) 777-2112 or [everyonehome@acbhcs.org](mailto:everyonehome@acbhcs.org) with questions. *The application deadline for Merritt Crossing is Friday, January 6, 2012.* The application packet and complete information for Merritt Crossing Apartments can be printed from the following website:

<http://www.merrittcrossingapts.com/>

Print Name of Applicant (qualifying individual): \_\_\_\_\_

Date Application Completed: \_\_\_\_\_ Date of Birth (Month/Date/ Year): \_\_\_\_\_

Social Security # (for search of BHCS records ONLY): \_\_\_\_\_

Current Contact Address, City, Zip Code (if applicable): \_\_\_\_\_

\_\_\_\_\_

Current Contact Phone Number (if applicable): \_\_\_\_\_

**CONSENT TO RELEASE OR OBTAIN INFORMATION**

I understand that to be certified for a MHSA Housing Unit, I must verify that I have a serious mental health issue as defined by California law **AND** I must be currently homeless or at-risk of homelessness. I hereby give my permission to BHCS Housing Services Office staff to verify my eligibility through their records. I also give the providers listed below my permission to disclose information to BHCS in order to verify my eligibility. **Please provide specific provider names and contact information:**

Print Name of Provider (s): \_\_\_\_\_

Contact Information: \_\_\_\_\_

\_\_\_\_\_

**Authorized Signature of Applicant:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_



**ALAMEDA COUNTY MENTAL HEALTH SERVICES ACT (MHSA)  
HOUSING PROGRAM ELIGIBILITY CERTIFICATION FORM  
MERRITT CROSSING APARTMENTS**



**Homelessness Verification:** Where do you currently sleep? Check the **ONE** box that applies to you **AND** attach the **required documentation** for the box you checked.

Check ONE	CURRENT HOUSING	TYPE OF DOCUMENTATION REQUIRED
	Place not meant for sleeping: a vehicle, an abandoned building, bus-train/subway station/airport or anywhere outside.	Written, signed, and dated statement obtained from a third party regarding the applicant's whereabouts. If unable to obtain this verification, the applicant may prepare a short written statement about their previous living place and have the applicant sign and date the statement.
	Emergency shelter	Written, signed, and dated referral/verification from the shelter verifying current housing.
	Transitional housing for homeless persons/ Transitional Residential Treatment Program	Written, signed, and dated statement from the program staff indicating that the individual has been a resident there <u>AND</u> the referring agency's written, signed, and dated verification as to the individual's homeless status when he/she entered their program.
	Enrolled in a Full Service Partnership (FSP) program and receiving housing assistance through this program	Written, signed, and dated verification from the FSP provider agency.

**PLEASE INCLUDE THE REQUIRED DOCUMENTATION FOR THE BOX THAT YOU CHECKED.**

**MERRITT CROSSING APARTMENTS APPLICATION CHECKLIST:**

- COMPLETE THE MERRITT CROSSING APARTMENTS APPLICATION BY FRIDAY, JANUARY 6, 2012.
- COMPLETE MHSA HOUSING PROGRAM ELIGIBILITY CERTIFICATION FORM.
- INCLUDE SERIOUS MENTAL ILLNESS DOCUMENTATION.
- INCLUDE CURRENT HOUSING DOCUMENTATION.
- FAX MHSA APPLICATION TO (510) 567-8147 OR MAIL TO:

**HOUSING SERVICES OFFICE, MERRITT CROSSING APARTMENTS  
2000 EMBARCADERO COVE, STE. 400, BOX 55  
OAKLAND, CA 94606**



# Merritt Crossing Senior Apartments

PLEASE READ CAREFULLY

Dear Applicant,

Thank you for your interest in becoming a resident of Merritt Crossing Apartments. This brand new affordable housing community located in downtown Oakland has 70 units with Studio, 1 and 2 bedrooms for **Seniors 55 and older**. The building is expected to be ready for occupancy around May 31<sup>st</sup>, 2012.

Affordable rents are income restricted in accordance with the Low-Income Housing Tax Credit (LIHTC) program, the Section 8 Project-based (PBS8) Voucher program and other Regulatory Agreements.

**Before you begin this process, there are some important things you should know.**

- Applications must be postmarked no later than **January 6<sup>th</sup> 2012**. They should be mailed to Merritt Crossing Apartments, P.O Box 629 Oakland, CA 94604.
- Federal regulations require that Merritt Crossing Apartments annually certify each household's income and assets. Management must also regularly inspect apartments to ensure that they are suitable for occupancy.
- After completed applications are received, they will be evaluated. **Only COMPLETE applications will be processed.** Please do not use white out on the application.
- If your application is incomplete, you are over-income, or you are otherwise unqualified, your application will be denied. You will get a **written notice** and instructions on the appeal process. Persons with an eviction or criminal record are not automatically denied. If your criminal record or poor rental history was due to a disability (as defined by the Federal Civil Rights Laws on page 3 of the application) then you are encouraged to submit a **Request for Reasonable Consideration form found on page 8** of the rental application.
- It is your responsibility to **tell us in writing** if your address and telephone number changes after you apply. If you do not, you will be taken off the list.

Please feel free to call us at **510.306.1605** if you have any questions or need help with filling out the application.

Please mail your signed application to:

**Merritt Crossing Apartments  
P.O.BOX 629  
Oakland, CA 94604**

Persons with Disabilities are encouraged to apply and may be entitled to reasonable accommodations. Attached is a list of frequently asked questions, and our resident selection criteria.

We look forward to serving your housing needs.





# Merritt Crossing Senior Apartments

PLEASE READ CAREFULLY

## Frequently Asked Questions

### How will applicants be selected?

Applications received by the cut-off date of January 6, 2012 will be entered in a random lottery selection process. This means that the order in which applications are turned in to us **will not** influence their ranking, and every application turned in before the deadline will have an equal chance of being considered. All application received after January 6, 2012 will be placed on a waiting list after the lottery in the order they are received.

### How will I find out my status?

We will contact you in writing or by phone to inform you of your status as soon as we have an update for you. It may take us up to 2-months after the application deadline to process applications and contact you.

### How much is the rent?

Rent ranges between \$485 to \$1,038. More than half the units are will have project based Section 8 vouchers and rent will be based on income.

### How many people can live together in one apartment?

Below is a table that gives the occupancy standard.

\*Persons with disabilities may be entitled to reasonable accommodations that supersede this guideline.

Unit Size	Minimum Number of Persons in Household	Maximum Number of Persons in households
Studio	1	3
1-bedroom	1	3
2-bedroom	2	5

### What is the Income required to qualify for Merritt Crossing Apartments?

Household Size	Maximum Income
One person	\$32,350
Two persons	\$36,950
Three Persons	\$41,550
Four Persons	\$46,150
Five Persons	\$49,850

Unit Size	Minimum Income
Studio	\$11,640
1-bedroom	\$12,456
2-bedroom	\$14,952

\* As of 5/2011. Income limits are subject to change. There is no minimum income requirement for Project Based Section 8 units.





# Merritt Crossing Senior Apartments

PLEASE READ CAREFULLY

## **How many units are assisted by the Project Based Section 8 program (PBS8) and how is eligibility determined?**

Fifty (50) units are assisted by the PBS8 program. The Oakland Housing Authority (OHA) will perform its qualification process and notify AHA property management of the applicant's eligibility. The OHA also will notify the applicant, who will be required to fill out relevant paperwork and attend a Section 8 briefing. Assuming that the applicant passes the OHA's screening process, property staff will notify him/her that s/he qualifies for a Section 8 Project-based Voucher assisted unit.

## **How many units are reserved for special needs and what are the qualifications?**

**There are a total of Thirty-Five (35) units set reserved for "Homeless" households.** Homeless applicants must meet one of the three criteria below:

- 1- An individual who lacks a fixed, regular, and adequate nighttime residence: (A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and Transitional Housing for the mentally ill); An institution that provides a temporary residence for individuals intended to be institutionalized; A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings)
- 2- Moving from an emergency shelter
- 3- Moving from Transitional Housing

## **There are a total of 5 units set reserved for MHSA eligible households:**

MHSA units are designated for Households that are homeless that have at least one individual impacted by a serious mental health issue that qualify under the Mental Health Services Act with the Alameda County Behavioral Health Care Services (BHCS). To qualify for these units, individuals must obtain a certification from BHCS Housing Services office. A certification form can be obtained at the following website: [www.acbhcs.org/housing](http://www.acbhcs.org/housing) or by calling BHCS at (510)777-2157.

## **There are a total of 3 units set reserved for HOPWA eligible households:**

HOPWA units are designated for Households living with HIV/AIDS or related illnesses

**Are pets allowed?** Pets are allowed at the Merritt Crossing Apartments. Only one pet per household. The pet must weigh less than 30 pounds. Service animals are not considered pets. No aggressive or threatening animals are allowed. AHA staff will determine if a specific pet or breed is allowed.

**Is there parking?** There is limited parking at the Merritt Crossing Apartments.

## **I need a place to stay as soon as possible. Is there any way that I can be placed immediately?**

Affordable Housing Associates does not have any emergency housing facilities. For emergency housing referrals we recommend that you call Eden I & R's 3-digit phone number, **2-1-1**. If you are outside Alameda County, the phone number is 888-886-9660. 2-1-1 operates 24 hours a day, 7 days a week with multi-lingual capabilities.





# Merritt Crossing Senior Apartments

PLEASE READ CAREFULLY

## Applicant Selection Criteria

1. **Credit/Eviction History:** Lack of credit history does not mean negative or bad credit. Poor credit history due to circumstances out of an applicant's control will be reviewed on a case-by-case basis by management. AHA will consider situations where credit has been damaged due to a disability, medical debt, or other special circumstances. Applicants will be made aware of their right to reasonable accommodation in cases where disability status is a contributing factor to poor credit or evictions. A clearly negative history is not acceptable. Slow payments, evictions, delinquent accounts, judgments, charge-offs, repossessions or bankruptcy may disqualify an applicant.
2. **Rental History/References:** If the applicant has rented housing previously, Management will contact current and prior landlords and or other places of residence in the past five years requesting information about the applicant's ability and willingness to abide by the lease agreement and refrain from behavior that jeopardizes the safety and security of the housing community and neighbors. Questions to former and current landlords will be objective in nature (e.g., asking about rent payment timeliness, lease violations, citations for disturbing behavior, violations of house rules, and evictions) and consistently asked of all applicants' references.
3. **Verification of Homeless Status:** all applicants must provide, or assist AHA to obtain, third party verification of homelessness and or disability from a qualified professional or agency or licensed professional with authority to determine homelessness and or disability.
4. **Verification of MHSA Eligibility:** MHSA units are set aside for people with serious mental health problems that are homeless. In order to qualify for these units, applicants must be certified as eligible by the Alameda County Behavioral Health Care Services Housing Services Office (HSO). A certification form can be obtained from: [www.acbhcs.org/housing](http://www.acbhcs.org/housing) or by calling BHCS at (510)777-2157.
5. **Project Based Section 8 units:** Applicants must meet the Oakland Housing Authority's eligibility requirements including criminal background check in order to be qualified for a Project- based Section 8 unit.
6. **Preference Status:** Preference for housing will be given to applicants living or working in the City of Oakland.
7. **Student Status:** As a tax credit housing program, Affordable Housing Associates cannot provide housing for households that are composed entirely of full-time students unless they meet one of the following exceptions because a member is:
  - a. Receiving assistance under Title IV of the Social Security Act (AFDC/ TANF/ CalWorks)
  - b. Enrolled in a job training program receiving assistance through the Job Training Participations Act (JTPA) or other similar program
  - c. Married and filing a joint tax return
  - d. A single parent with a dependant child or children that are not dependents of another individual
  - e. A student who currently resides or who has formerly resided in foster care.





# Merritt Crossing Senior Apartments

## RENTAL APPLICATION

We are committed to making our housing and services accessible to people with disabilities. If you have a disability and/or need assistance in completing this application please contact AHA at **510-306-1605**. **Application DEADLINE JANUARY 6th, 2012**. Please mail applications to P. O. Box 629 Oakland, CA 94604.

*Please read the entire application and print in ink and do not use whiteout. In order for us to process your application, make sure each line is filled out completely.*

### List all members who will be part of the household.

	First Name, Middle Initial, Last Name	Relationship to Head of Household	Social Security Number	Birth Date
1		Head of Household		
2				
3				
4				
5				

Current/Mailing Address \_\_\_\_\_ Apt. \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Best way to contact you \_\_\_\_\_

### Alternate Contact Info (Optional)

You may wish to provide contact person(s) who can relay messages to you and /or discuss your application if we cannot contact you.

Relationship to Applicant: \_\_\_\_\_

Alternate Address: \_\_\_\_\_

Alternate Telephone number: \_\_\_\_\_ Ext: \_\_\_\_\_ Alternate Cell: \_\_\_\_\_

Alternate Email Address: \_\_\_\_\_

1. Does any member of the household have a Section-8 voucher / Housing Choice Voucher, Shelter Plus Care Voucher or other housing payment assistance from a similar agency?  Yes  No



**IMPORTANT:** WE CANNOT PROCESS YOUR APPLICATION UNLESS EACH LINE IS FILLED OUT COMPLETELY. DO NOT LEAVE BLANK LINES

2. Do you expect additional household members within the next twelve (12) months?  Yes  No

If yes, list name(s) and relationship to head of household: \_\_\_\_\_

3. Merritt Crossing Apartments has 5 units reserved for applicants that qualify under the Mental Health Services Act (**MHSA**). MHSA units are designated for Households that are homeless that have at least one individual impacted by a serious mental health issue that qualify under the Mental Health Services Act with the Alameda County Behavioral Health Care Services (BHCS). To qualify for these units, individuals must obtain a certification from BHCS Housing Services office. A certification form can be obtained at the following website: [www.acbhcs.org/housing](http://www.acbhcs.org/housing) or by calling BHCS at (510) 777-2157.

**Would you be eligible for one of these units?**

Yes (Verification may be requested)

No

4. Merritt Crossing Apartments have 35 units set reserved for “Homeless” households—**would you qualify for one of these units?**

Yes (Verification may be requested)

No

Homeless applicants must meet at least **one** of the criteria below. (Check all that apply).

Homelessness

Lacks fixed, regular and adequate nighttime residence

Has a nighttime residence that is a publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill)

Has a nighttime residence that is an institution that provides a temporary residence for individuals intended to be hospitalized

Has a nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings

Other (please explain): \_\_\_\_\_

5. Merritt Crossing Apartments have 3 units reserved for applicants living with HIV/AIDS—**would you qualify for one of these units?**

Yes (Verification may be requested)

No

6. Does any member of the household require special accommodations?  Yes  No

If yes, please explain: \_\_\_\_\_



**IMPORTANT:** WE CANNOT PROCESS YOUR APPLICATION UNLESS EACH LINE IS FILLED OUT COMPLETELY. DO NOT LEAVE BLANK LINES

7. Merritt Crossing Apartments is an equal opportunity housing provider and welcomes families and individuals with or without disabilities as defined by the federal civil rights law below.

**In Federal Civil Rights laws the definition of disability includes,** “A person with a physical or mental impairment which substantially limits one or more major life activities, a record of such an impairment; or being regarded as having such an impairment...”

“...physical or mental impairment includes: (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular, reproductive, digestive; genito-urinary ; hemic and lymphatic; skin, and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

“...The term ‘physical or mental impairment’ includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairment, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism.”

**If you qualify for one of these units, please take the opportunity to tell us more about your situation by filling out the request for consideration form on page 8.**

8. All units at Merritt Crossing Apartments are accessible for physically disabled applicants however; some units are built out to be more accessible. Please check Yes if you can use the following features:

(Verification may be requested)

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| Audio and visual impairment features          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Hand-held shower and bath tub seat            | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Wheelchair clearance under bath/kitchen sinks | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

9. Is anyone over 18 in the household a **full-time** student? Definition of a Student: Anyone who attends classes or received training at a university, community college, vocational school with a diploma or certificate programs or technical school.

Yes     No

Name(s): \_\_\_\_\_

### Evictions and Criminal History

Persons with an eviction or criminal record could be automatically denied unless they submit a Request for consideration form to help us determine their eligibility. See page 8 for Request of consideration form.

10. Has any member of the household ever been evicted for cause?     Yes     No

Please list date(s) and cause: \_\_\_\_\_

If yes, please complete request for consideration form.



**IMPORTANT:** WE CANNOT PROCESS YOUR APPLICATION UNLESS EACH LINE IS FILLED OUT COMPLETELY. DO NOT LEAVE BLANK LINES

11. Has any member of the household ever been convicted of a felony?  Yes  No  
 If yes, what year, what was the nature of the crime, which household member(s)? \_\_\_\_\_

If yes, please complete request for consideration form.

12. Has any member of the household filed for bankruptcy within the last seven (7) years?  
 Yes  No  
 If yes, which member(s)? \_\_\_\_\_ Year filed: \_\_\_\_\_

13. Do you have any pets?  
 Yes  No If yes, please list: \_\_\_\_\_

**List tenancy history.** Lack of tenancy history does not disqualify you. .

Tenancy History	Current Address	Previous Address	Previous Address
Street Address			
City			
State & Zip			
Which best describes your situation?	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with friends/relative <input type="checkbox"/> In Program/Facility/Shelter/Homeless Other	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with friends/relative <input type="checkbox"/> In Program/Facility/Shelter/Homeless Other	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with friends/relative <input type="checkbox"/> In Program/Facility/Shelter/Homeless Other
Rent or Own?			
Rent Amount	\$	\$	\$
Program/Landlord Name			
Program/Landlord Street Address			
Landlord City, State, & Zip			
Landlord Phone	( )	( )	( )
How long? (month/year)	From: To:	From: To:	From: To:
Is/was the landlord a relative?	YES NO	YES NO	YES NO



**IMPORTANT:** WE CANNOT PROCESS YOUR APPLICATION UNLESS EACH LINE IS FILLED OUT COMPLETELY. DO NOT LEAVE BLANK LINES

14. Do you own a car?  Yes  No

List Driver's License/Identification numbers for all adults and all household vehicles:

Name	CA Driver License/ Identification #	Car Make/Model	License Plate #	Color	Year

15. How did you hear about Affordable Housing Associates?

- Craigslist     
  Housing Authority Listing     
  Sign/Banner     
  Newspaper  
 Social Services Agency (which one?) \_\_\_\_\_  
 Behavioral Health Care Services     
  211     
  Word of mouth  
 Other Website (which one?) \_\_\_\_\_     
  Other \_\_\_\_\_

**Household Income and Asset Information**

**Income for Head of Household. List income in gross annual totals (before taxes or deductions).**

Type of Income	Name of Source	Annual Amount
		\$

**Income for Household Member #2. List income in gross annual totals (before taxes or deductions)**

Type of Income	Name of Source	Annual Amount
		\$

**Income for Household Member #3. List income in gross annual totals (before taxes or deductions)**

Type of Income	Name of Source	Annual Amount
		\$

**Assets for Head of Household. Do not include automobiles or furniture. If you do not have any assets, write "none" in the spaces provided below**

Asset Information	Name of Source	Account Number	Value
Checking Account #1			\$
Savings/CD Account #1			
Other Asset			



**IMPORTANT:** WE CANNOT PROCESS YOUR APPLICATION UNLESS EACH LINE IS FILLED OUT COMPLETELY. DO NOT LEAVE BLANK LINES

**Assets for Household Member #2.**

Asset Information	Name of Source	Account Number	Value
Checking Account #1			\$
Savings/CD Account #1			
Other Asset			
<b>Totals</b>			<b>\$</b>

**Assets for Household Member # 3.**

Asset Information	Name of Source	Account Number	Value
Checking Account #1			\$
Savings/CD Account #1			
Other Asset			
<b>Totals</b>			<b>\$</b>

**List additional household members' income and assets on a separate sheet of paper.**

**Certification**

By signing my/ our name(s), I/We certify, under penalty or perjury, that the above information given is true and correct and understand that my/our application, lease or rental agreement may be terminated if I/we have made any misrepresentation in this application.

I/We authorize my/our consent to have management verify the information contained in this application for the purposes of proving my eligibility for occupancy which includes and is not limited to the verification of income, assets, credit history, criminal background, tenancy history, and references. It is understood that I/we will not have access to any information provided by current or previous landlords regarding tenancy history.

I/we have and will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process.

I/we understand that my occupancy is contingent on meeting management's resident selection criteria and the affordable housing guidelines. Poor credit history or prior tenancy disputes due to extenuating circumstances will be reviewed on a case-by-case basis by management. Lack of credit history is not considered poor credit history. I understand that if my name comes up for housing, Affordable Housing Associates will obtain a report of my/our credit from a credit-reporting agency.

**ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_



**IMPORTANT:** WE CANNOT PROCESS YOUR APPLICATION UNLESS EACH LINE IS FILLED OUT COMPLETELY. DO NOT LEAVE BLANK LINES

**Optional Information**

We request your cooperation in reporting on the race/ethnicity of the applicants and residents in order for management to determine if this project is meeting its goals to serve all racial/ethnic groups. This information is strictly voluntary on your part, and your answers will not affect your eligibility for housing.

Please fill out **both** boxes.

<p><b>1. Race (Please check all that apply):</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> American Indian/Alaska Native</li><li><input type="checkbox"/> Asian</li><li><input type="checkbox"/> Black/African American</li><li><input type="checkbox"/> Native Hawaiian/ Pacific Islander</li><li><input type="checkbox"/> White</li></ul>	<p><b>2. Ethnicity (Please choose one):</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Hispanic</li><li><input type="checkbox"/> Non-Hispanic</li></ul>
--	---

OR

I prefer not to disclose this information.

Affordable Housing Associates is a private, non-profit housing developer that promotes equal housing opportunities and does not discriminate based on race, color, religion, sex, national origin, familial status, disability, marital status, sexual orientation, age, ancestry, medical condition, source of income, gender identification, experience of homelessness or any other arbitrary basis.

All requests for reasonable accommodations will be considered.



