



**SAN TOMAS GARDENS**  
825 S. SAN TOMAS AQUINO RD., CAMPBELL, CA 95008  
TEL: (408) 374-8741

TTY: (711) VCO/HCO TO VOICE:  
ENGLISH (800) 855-7100  
SPANISH: (800) 855-7200

**General Information & Application Instructions**

Thank you for your application to rent an apartment at **SAN TOMAS GARDENS**. A subsidized rental housing development. HUD Preferences and occupancy rules for residency will apply. As you go through the application process, please note that you bear the responsibility of providing any and all information required to determined eligibility.

This document is not intended to take the place of the Tenant Selection Plan. Please reference the Tenant Selection Plan for details on the information below. The Tenant Selection Plan will be available for review at your request and will be furnished at the time of a housing interview.

**Application:**

A completed housing application must be submitted within the waiting list opening period to be considered for housing. Please keep the following information in mind:

- **The application is to be filled-out in blue or black ink only.**
- **Incomplete application will be rejected.**
- **Do NOT use white-out. If you make a mistake on the form, cross-it out with one line, write the correct information next to it and place your initials by the correction.**

**Application Period:**

Applications will be available at the management office and on the web as follow:

- Online at [www.charitieshousing.org](http://www.charitieshousing.org): Starting July 22, 2016
- At the rental office: Starting July 25, 2016 through August 8, 2016.

**Rental Office Address**

**San Tomas Gardens Leasing Office**, 825 S. San Tomas Aquino Rd., Campbell, CA 95008  
Office hours: Monday through Friday from 9am- 4pm.

***Applications will be accepted starting July 25, 2016 and not a day earlier!!***

**All completed applications must be returned in person or via U.S. Mail to the management office by August 8, 2016.** If sending by U.S. Mail, the application must be postmarked by August 8, 2016. San Tomas Gardens is not responsible for lost or delayed mail. All applications postmarked after August 8, 2016 will not be accepted. In person applications will not be accepted after August 8, 2016. **Faxed or emailed applications will not be accepted.**

**Documents to Submit with your Application:**

- Completed application form with signatures from each adult applicant
- Signed copy of Application Screening Criteria must be returned (This document will be attached to the application packet)
- HUD Form 92006

**Occupancy Standards:**

<b><u>Bedroom Size</u></b>	<b><u>Minimum Occupancy</u></b>	<b><u>Maximum Occupancy</u></b>
3 Bedroom	4 persons	7 persons
4 Bedroom	5 persons	9 persons

**Waiting List:** No more than 100 applications will be accepted for each unit size or through August 8, 2016 whichever comes first. Once the limit has been reached or the date has been met, the Waiting List will be closed and a notice closing the list will be posted on the entry door of the rental office. It is important that everyone has an equal opportunity to submit an application, and therefore, no one will be given advance notice of when the property will open the Waiting List.

**All applicants on the Waiting List are required to check in with the Onsite Manager every 180 days (or sooner if there is a change of address or telephone number). An applicant's failure to check in with the management may result in their name being removed from the Waiting List.**



Charities Housing

**SAN TOMAS GARDENS – RENTAL APPLICATION**  
PLEASE RETURN THIS APPLICATION IN PERSON OR MAIL TO:  
825 s. San Tomas Aquino Rd., Campbell, CA 95008  
MONDAYS THROUGH FRIDAYS 9:00 A.M - 4:00 P.M



TTY/VCO/HCO 711 to Voice:  
English 800.855.7100  
Spanish 800.855.7200

**Note: Use blue or black ink only. Do NOT use white-out. Cross mistakes with one line, initial and write corrected information next to it.**

I/ We understand that **this property has a non-smoking policy but Charities Housing cannot guarantee a smoke free environment** ☐ Yes ☐ No  
What is your preferred size of unit? Choose only one: ☐ 3 bed (4-7 persons) ☐ 4 bed (5-9 persons)

**APPLICANT**

**APPLICANT HOUSEHOLD INFORMATION – List below all of the people you expect to live in your household at Move-in**

Full Name	Relationship to Head of Household (HOH)	Gender Male Female Leave blank if wish not to report	Citizenship Citizen Immigrant/Refugee Green Card Visa Holder	Date of Birth	Social Security Number	Student of Higher Education Yes or No
	HOH					

\_\_\_\_ Yes \_\_\_\_ No Are you expecting any future additions to your family due to pregnancy adoption, foster child(ren), 50% custody of child(ren) or other family composition? If yes, explain: \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No Do you have a child away at school who will live at your residence during school recesses?

**RENTAL HISTORY - List 2 years of residential history below**

**State your current living situation:** \_\_\_\_ Own my Home \_\_\_\_ Live with friend/family \_\_\_\_ Renting \_\_\_\_ Lacking nighttime Residence

Your Current Address	
Landlord/Contact Name	
Landlord's Phone #	
From/To Dates	
Reason for Leaving	

Your Previous Address	
Landlord/Contact Name	
Landlord's Phone #	
From/To Dates	
Reason for Leaving	

\_\_\_\_ Yes \_\_\_\_ No Does every household member listed above currently live at the same address? If not, provide HH member current address \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No Have you or any member of your household ever been evicted from rental housing? If Yes, describe: \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No Do you or any member of your household owe money to HUD, an apartment community, or previous landlord? If yes, list Name/Address/amount: \_\_\_\_\_

**TOTAL HOUSEHOLD INCOME**

List all money earned or received by each member of your household below (Gross amount).

Family Member Name	Employment (Monthly Income)	Public Assistance (Monthly)	Child Support (Monthly)	SS/SSI/Pension (Monthly)	Unemployment (Weekly)	Other
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$

\_\_\_\_Yes \_\_\_\_No Does anyone regularly give you cash or help you financially in any way? If yes, explain\_\_\_\_\_

\_\_\_\_Yes \_\_\_\_No Does anyone regularly pay some of your bills such as utilities, rent, phone, electric/gas? If yes, explain\_\_\_\_\_

**ASSET INFORMATION**

Below list all assets for each household member. Assets such as Checking, Savings, CDs/Stocks/Bonds, Retirement Funds, Debit Card, Cash/Deposit box, 401K, Life Insurance, etc. Please provide information below.

Family Member	Bank Name	Account Type	Account Number	Value
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

\_\_\_\_Yes \_\_\_\_No Do you or any household member own any real estate or mobile home? If yes, describe\_\_\_\_\_

\_\_\_\_Yes \_\_\_\_No Have you sold or disposed of any assets in the last two years? If yes, describe\_\_\_\_\_

\_\_\_\_Yes \_\_\_\_No Has any member of your household been convicted of a misdemeanor, felony, illegal manufacture or distribution of a controlled substance including marijuana? If yes, explain\_\_\_\_\_

\_\_\_\_Yes \_\_\_\_No Are you or any member of your household subject to a state lifetime sex offender registry? If yes, which family member and what states? \_\_\_\_\_

**VEHICLES**

Make/Model \_\_\_\_\_Year \_\_\_\_\_Color \_\_\_\_\_Tag # \_\_\_\_\_State \_\_\_\_\_

Vehicle Register to \_\_\_\_\_

Make/Model \_\_\_\_\_Year \_\_\_\_\_Color \_\_\_\_\_Tag # \_\_\_\_\_State \_\_\_\_\_

Vehicle Register to \_\_\_\_\_

**ADDITIONAL CONTACT INFORMATION**, in case management is unable to reach you

Person to Notify: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_

Person to Notify: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_

**FOR MARKETING PURPOSES**, Please let us know how you heard of us:

\_\_\_\_ Newspaper Ad \_\_\_\_ Drove by \_\_\_\_ Resident Referral \_\_\_\_ Word of Mouth \_\_\_\_ Website \_\_\_\_ Other: \_\_\_\_\_

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**Note: All household members 18 and older must sign this application.**

By signing this application, I certify the accuracy of the information captured herein. I authorize management to contact my present/prior landlords for information regarding my tenancy, and to access records pertaining to me which may be on file with credit bureau authorities. I authorize a criminal background check and check of the state/national sex offender for all adult family members. I understand that all information I have listed is subject to verification and that a final decision on eligibility cannot be made until all verification are complete. I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy in, and/or, for the purpose of securing a lower rent in, a subsidized housing unit, and that the penalty for knowingly providing false information is up to five years in prison and/or \$10,000 fine upon conviction.

I hereby do swear and attest that all of the information herein about me is true and correct.

Print Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

**Applications are recorded according to the date/time of receipt. Incomplete applications will be rejected.**



### **Application Screening Criteria**

Thank you for your application to rent an apartment at **SAN TOMAS GARDENS**. As you go through the application process, please note that you bear the responsibility of providing any and all information required to determine eligibility.

This document is not intended to take the place of the Tenant Selection Plan. Please reference the Tenant Selection Plan for details on the information below. The Tenant Selection Plan will be available for review at your request and will be furnished at the time of a housing interview.

**This document outlines the criteria each applicant is expected to meet before moving to the compliance housing interview process. The information below is obtained via a credit and background check as well as landlord and other references.**

#### **Review of Applications** (Please see Tenant Selection Plan for additional detail).

**All applicants begin with 100 points. Passing is 70 points or higher. Points are deducted as follows:**

Current collection accounts:	less than 3 years old: subtract 10 points
Old collection accounts:	more than 3 years old: subtract 5 points
Late payments:	subtract 5 points
Public records - unpaid debt	subtract 5 points
Unrated accounts:	subtract 2.5 points
Negative trade accounts:	subtract 5 points
Charge off or Profit & Loss	subtract 5 points
Tax Liens	subtract 5 points

An exception may be made for unpaid medical expenses and/or student loan debt if all other credit accounts have been paid as agreed. Exceptions may only be approved by the Property Supervisor.

**Unlawful Detainer Report:** An Unlawful Detainer Report (U.D.) will be processed through the U.D. Registry, Inc. An applicant will be disqualified if they have been evicted from any prior residence, for any reason.

**Landlord References:** The purpose of verifying landlord references is to determine if the applicant has demonstrated an ability to pay rent on time and to meet the requirements of tenancy. **In order for a landlord reference to be acceptable, the tenancy must have been for duration of at least twelve (12) months, and the landlord must have an “arm’s length” relationship with the applicant.** Household members and/or personal friends are not an acceptable landlord reference. An exception may be allowed for an applicant who has been paying market value rent for the past year or more, and can substantiate it with canceled checks, or other acceptable documentation. Current landlord references will be checked. In cases where the applicant has lived at their current address for less than one (1) year, prior landlord references may also be checked. A negative landlord reference, by itself, is grounds for denial.

**Criminal Background Investigation:** A criminal background investigation and State/National Sex



Offender checks will be performed by a third party agency on each applicant. As criminal background checks will be done for all counties you have resided in as reported on the credit report. Applicants will be disqualified for tenancy if they have been convicted, in the last 7 years, of any of the following:

- |                         |                         |
|-------------------------|-------------------------|
| i. Any felony           | viii. Molestation       |
| ii. Assault and Battery | ix. Spousal Abuse       |
| iii. Resisting Arrest   | x. Fraud                |
| iv. Weapons Possession  | xi. Computer Crimes     |
| v. Theft                | xii. Child Endangerment |

Additional Reasons for Rejection. Additionally, applicants may be rejected due to:

1. Previous Eviction from Assisted Housing for Drug-Related Criminal Activity. Any household containing a member(s) that has been evicted from federally assisted housing for drug-related criminal activity, unless that person has successfully completed an approved, supervised drug rehabilitation program or the circumstances leading to the eviction no longer exist (household member has moved out).
2. Illegal Use of Drugs. A household in which any member is currently engaged in illegal use of drugs or for which the owner has reasonable cause to believe that a member's illegal use or pattern of use of a drug may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents.
3. State Lifetime Sex Offender Registration Requirement. Any household member who is subject to a state sex offender lifetime registration requirement. In order to implement this federal screening requirement, management will request the head of household to list all states in which all family members have resided. The applicant/tenant file will contain written proof that this screening has been completed. Registered sex offenders will not be admitted.

If the processes described above reveal an applicant's household includes an individual subject to State lifetime sex offender registration, the Property will offer the family the opportunity to remove the ineligible family member from the household. If the family is unwilling to remove that individual from the household, the Property will deny admission to the family. Prior to denying admission, the applicant will be notified of the right to dispute the accuracy and relevance of the criminal background check information.

4. Reasonable Cause for Health and Safety Concern. Any household member, if there is reasonable cause to believe that a member's behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents.

**Employment / Income:** Employment and/or other income, including non-earned income must be verified by a third party to ensure that the applicants' household income falls within the income guidelines listed above.

**Special needs:** Any disabilities requiring reasonable accommodation must be documented. If it is determined that the applicant does not qualify for the requested accommodation, the applicant's



name will be returned to their original place on the Waiting List.

**Disclosure of Social Security Numbers:** Applicants are asked to disclose SSN or Tax ID Number in order to make an eligibility determination. The head of household/spouse/co-head are asked to bring SSN/ITIN for all household members at least six years of age and older to the initial interview. If no SSN/ITIN has been assigned to a particular household member less than 6 years of age, the applicant must sign a certification stating that no SSN or ITIN has been assigned.

**Verification of Immigration Status:** Assistance in subsidized housing is restricted to US Citizens and nationals; and Non-citizens who have eligible immigration status as defined in HUD Manual 4350.3 REV 1 Par 3-12, All household members, regardless of age, must declare citizenship or eligible immigration status. Non-citizens (except those age 62 and older), must sign a Verification Consent Form and submit documentation of their status or sign a declaration that they do not claim to have eligible status. Non-citizens age 62 or older must sign a declaration of eligible immigration status and provide a proof of age document. U.S. Citizens must sign a declaration of citizenship. A mixed household—a household with one or more ineligible household members and one or more eligible household members—may receive prorated assistance, continued assistance, or a temporary deferral of termination of assistance.

:

**Other Reasons for declining an applicant:**

- a) Management reserves the right of disqualify applicants if needed to ensure agreeable and pleasant surroundings for all residents. An applicant can be disqualified if they display, or have displayed, behaviors that contravene or would contravene the rules and regulations of the property.
- b) No pets are allowed. This policy does not apply to service and / or support animals. A form is available from the leasing office for a reasonable accommodation for a service and/or support animal.
- c) An applicant must complete/provide and return all the paperwork requested within the stated deadlines or will be automatically passed over for the next applicant in chronological order, unless the Property Supervisor gives the applicant an authorization in writing for more time. The applicant passed over will remain the next household in chronological order until they provide the information. After 10 calendar days from the initial request, this application will be considered denied unless a written extension has been given by the Property Supervisor.
- d) During construction and lottery application period, applicants are required to stay away from the construction site. Applicants who enter the construction site may have their application denied.

**Exceptions:**

- a) All exceptions to these policies and procedures must be approved by the Property Supervisor, in writing, in order to be honored. If any errors are made by the Onsite Manager administering these policies and procedures, the applicant's file will be submitted to the Property Supervisor for clarification and final determination.
- b) The Onsite Manager will submit all requests for exceptions to the Property Supervisor, by facsimile, and a return response will be within seven (7) business days.
- c) Any written response from the Property Supervisor may be copied for the applicant.



Sam Tomas Gardens  
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- d) The most commonly approved exceptions are listed below:
- Any household or person with a bankruptcy.
  - No credit may not be declared bad credit. If a household pays all bills in cash, and can demonstrate this fact, then no credit, may be classified as good credit.
- e) Additional exceptions will be made as regulatory agreements may require.

I have read and understand the information provided above.

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

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

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

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

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

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

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

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

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

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

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

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



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.

<b>Applicant Name:</b>			
<b>Mailing Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact:</b> (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____         </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
<b>Commitment of Housing Authority or Owner:</b> 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.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> 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.