

Sierra Vista Apartments

Application Screening Criteria

Thank you for your interest in renting an apartment at Sierra Vista. 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 Criteria (TSC). Please reference the Tenant Selection Criteria for details on the selection process. **The Tenant Selection Criteria will be available for review at the rental office. A copy will be provided upon request.**

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.

APPLICATION SCREENING

For all adults in the household processing an application will include: Credit Investigation, Unlawful Detainer Report, Landlord References, Criminal Background Investigation including sex offender, Employment, Asset or Income Verification, and Verification of Special Needs(s). Charities Housing reserves the right to change the credit and criminal reporting agencies at any time.

*Special Violence Against Women's Act of 2013 (VAWA): It reflects the statutory changes made by the 2013 reauthorization and emphasizes the importance of providing housing protection and rights to victims of domestic violence, sexual assault and stalking. The definition of VAWA to include violence committed by intimate partners of victims, and by providing that tenants cannot be denied assistance because an affiliated individual of theirs is or was a victim of VAWA crimes. In service of the VAWA requirements, this property has:

- Established an Emergency Transfer plan to provide emergency transfers when requested, under the plan.
- Where a victim of VAWA has requested a lease bifurcation, has established a reasonable time to establish eligibility or to find new housing when the household has to be divided as a result of a VAWA crime.
- VAWA protections are extended to applicants. Applicants cannot be denied housing because they are a victim of a VAWA crime.
- Applicants and in place tenants are to be notified of their rights under VAWA.

Application Fee: There is an application fee per person. This fee covers the cost of the credit, unlawful detainer reports and criminal background check. The application fee entitles an applicant to a copy of their credit report. Application fees are based on actual costs incurred by the site to run credit and background reports. Please contact the rental office to inquire about the cost. The application fee is waived for certain special needs units. For more information, contact the property manager.

Applications will be rated on a score system to qualify for housing. **Credit and Tenant performance** information received during the screening process will affect the applicant score. All applicants are expected to have a passing score of 70 points out of 100 to be considered for housing. Applicants with no credit history will receive a maximum of 80 points to fairly outweigh positive and/or negative trades as would an applicant with established credit history.

A Credit Report: A credit report will be obtained to evaluate financial responsibility. Credit will be rated on a scoring point system. The following criteria will be rated:

- a. Collections
- b. late accounts,
- c. negative accounts
- d. Public records and bankruptcy filed within the last 3 years.
- e. Total negative Tax Liens over \$500 will be denied.

NOTE: Applicant utility accounts must be current to qualify for a rental unit – NO EXCEPTION

Exception may be made for extraordinary unpaid medical expenses, student loans and paid collections. Exceptions may only be approved by the Regional Manager.



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Tenant Performance: An applicant’s score may be impacted by negative tenant performance information provided to the credit reporting agency.

Rental History: 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. Two years of rental history will be verified with all applicable landlords. **The landlord must have an “arm’s length” relationship with the applicant.** A negative landlord reference, by itself, is grounds for denial.

Household/Family members and/or personal friends are not an acceptable landlord reference. Two professional character reference may be used in lieu of rental history for applicants with no prior rental history.

Unlawful Detainer Report: An Unlawful Detainer Report (U.D.) will be processed through the U.D. Registry, Inc. Applicants will be disqualified if they have any evictions filing within the last 7 years.

Criminal Background Investigation: A criminal background investigation will be obtained on each applicant. As criminal background checks are done county by county and will be ran for all counties in which the applicant lived. Applicants will be disqualified for tenancy if they have been convicted of a felony or a misdemeanor. Background reports will include information on:

- Crimes against persons, including but not limited to: homicide, assault, kidnapping, sex crimes (forcible & non-forcible), child endangerment and spousal abuse.
- Crimes against property, including but not limited to: arson, bad check, burglary/breaking and entering, forgery, embezzlement, extortion, fraud, robbery, larceny, vandalism/destruction of property and theft of motor vehicle.
- Crimes against society, including but not limited to: disorderly conduct, sale or possession of drugs/ narcotics, sex crimes, trespass of real property, weapon possession, resisting arrest and terrorism.

Sex Offender: The State’s Offender Registry will be checked. Applicants will be disqualified for tenancy if any household member is listed as register sex offenders regardless of when the incident occurred.

Other Reasons for declining an applicant:

- Management reserves the right of disqualification to ensure agreeable and pleasant surroundings for all residents. An applicant can be disqualified if they display, or have displayed, blatant disrespect, disruptive, or anti-social behavior towards property, other residents, or management at any time during this process or in the past three years.
- An applicant must complete all the forms requested in a timely manner or be automatically passed over for the next applicant in chronological order. It is in the best interest of each applicant to furnish all required documentation at their earliest convenience.

I have read and understand the information provided above. All applicant(s) ages 18 and older must execute this form:

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____





Sierra Vista Apartments

***1909 Hackett Avenue
Mountain View, CA 94043***

OCCUPANCY STANDARDS:

2 Bedroom 3 – 5 Persons
3 Bedroom 4 – 7 Persons
4 Bedroom 5 – 9 Persons

2023 – MAX INCOME TABLE APPLIES TO ALL APPLICANTS:

| Income Limits | 3 Person | 4 Person | 5 Person | 6 Person | 7 Person | 8 Person | 9 Person |
|------------------------------------|----------|----------|----------|-----------|-----------|-----------|-----------|
| 30% of Median Inc. (Extremely Low) | \$48,150 | \$53,500 | \$57,800 | \$62,100 | \$66,350 | \$70,650 | \$74,900 |
| 50% of Median Inc. (Maximum) | \$80,300 | \$89,200 | \$96,350 | \$103,500 | \$110,650 | \$117,750 | \$124,900 |

**The above limits may be revised periodically by HUD/TCAC.*



Charities Housing

SIERRA VISTA I – RENTAL APPLICATION
PLEASE RETURN THIS APPLICATION IN PERSON OR MAIL TO:
1909 Hackett Ave., Mountain View, CA 94043
TUESDAY - THURSDAY 10:00 A.M. – 4:00 P.M.



Equal Opportunity Housing

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 out 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: [] 2 bed (3-4 persons) [] 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

Table with 7 columns: Full Name, Relationship to Head of Household (HOH), Gender, Citizenship, Date of Birth, Social Security Number, Student of Higher Education Yes or No. Includes a row for 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

Please list all states where you have resided:

Table for current rental history with fields: Your Current Address, Landlord/Contact Name, Landlord's Phone #, From/To Dates, Reason for Leaving.

Table for previous rental history with fields: 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's name & 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 which state(s)? _____

VEHICLES

Make/Model _____ Year _____ Color _____ Tag # _____ State _____

Vehicle Registered to _____

Make/Model _____ Year _____ Color _____ Tag # _____ State _____

Vehicle Registered 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: _____

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

By signing this application, I certify the accuracy of the information contained 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.

Date/Time Application Received _____

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.

| | |
|--|--|
| | |
|--|--|

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.

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property **Project No.** **Address of Property**

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy): _____

| Ethnic Categories* | Select One |
|---|------------------------------|
| Hispanic or Latino | |
| Not-Hispanic or Latino | |
| Racial Categories* | Select All that Apply |
| American Indian or Alaska Native | |
| Asian | |
| Black or African American | |
| Native Hawaiian or Other Pacific Islander | |
| White | |
| Other | |

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.