

Napa Valley Community Housing

Waitlist Application Checklist

Thank you for your interest in Napa Valley Community Housing rental housing. For your convenience we've summarized below the items you must bring when you submit your waitlist application. Applications cannot be accepted until all items, applicable to your household, are present. This means that every form must be completed in full and required documents provided. Thank you!

- Completed and Signed Waitlist Application.
- Completed Tenant Income Certification Questionnaire, one per household.
- Grounds for Denial, signed by all adult household members.
- Completed and signed Race and Ethnicity forms, one per household.
- Most recent Pay Check Stub for all applicants' who are working or receiving unemployment.
- State or National photo ID for each adult household member.
- Current Social Security, SDI or SSI award letter, if anyone in the household is receiving benefits
- Current EDD or other benefit letter, if anyone in the household is receiving Unemployment, Disability or Workers Compensation.
- Current Passport to Services letter, if receiving public assistance (TANF, food stamps, etc.)
- Copy of custody agreement if you do not have full custody of any of the children who will be part of your household.

After reviewing your *NVCH Rents & Income Limits by Property* chart, I wish to have my name placed on the Waiting List for the following property or properties: (actual placement depends on availability)

- | | |
|--|---|
| <input type="checkbox"/> Magnolia Park Townhomes, Napa | <input type="checkbox"/> Schoolhouse Court Family Homes, Napa |
| <input type="checkbox"/> Mayacamas Village, Napa | <input type="checkbox"/> Villa de Adobe, Napa |
| <input type="checkbox"/> Mount Avenue Cottages, Yountville | <input type="checkbox"/> Vista del Valle, St. Helena |
| <input type="checkbox"/> The Courtyard at Oran Court, Napa | <input type="checkbox"/> WhistleStop Townhomes, Napa |
| <input type="checkbox"/> Pecan Court Apartments, Napa | <input type="checkbox"/> Yount Street Apartments, Yountville |

NOTE: Those who wish to be placed on Wait Lists for *Napa Park Homes*, 790 Lincoln Ave., or *Silverado Creek*, 3550 Villa Lane, must complete separate applications for those properties and submit them to the management office at the addresses listed.

Signature: _____ Date: _____



EQUAL OPPORTUNITY HOUSING
Napa Valley Community Housing
Five Financial Plaza, Suite 200
Napa, CA 94558

Date Received: _____

Date Received: _____

Napa Valley Community Housing
Five Financial Plaza, Suite 200
Napa, CA 94558
(707) 253-6140



Equal Opportunity Housing

APPLICATION FOR RENTAL HOUSING WAITLIST

Please list the names of all persons who will occupy the rental unit:

FULL NAME	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NUMBER	SEX (M / F)	DISABLED?
	Head of Household				

Current Mailing Address: _____

Phone Numbers: Home () _____ Work () _____

Message () _____

Contact/Interpreter Name: _____

Phone: _____

INCOME

(Include Wages, public assistance, social security, pensions, self-employment, child support, alimony, etc.)

Household Member	Occupation or Type Income	Name & Address of Employer or Benefit Provider	Phone Number	Monthly Salary

ASSETS

(Include checking, savings, stocks, bonds, IRA's, 401K's, real estate, art collections, etc.)

Name & Address of Financial Institution that holds this Asset	Account Number	Current Value or Balance	Type of Asset (Stock, Bonds, Real Estate, Savings Checking Acct.)

LANDLORD REFERENCES

(The last five years of tenancy)

Landlord/Manager or Mortgage Company Name and Address	Phone Number	Address of Home or Rental Unit	Amount of Rent/Mortgage	Move-In/Move Out Dates

EMERGENCY CONTACT NAME AND PHONE NUMBER:

Name: _____ Phone: _____

HOUSEHOLD VEHICLES:

Name of Driver and CA Driver I.D. #	Car (Make/Model)	License Plate #	Color	Year

Please answer the following questions by circling either “yes” or “no”:

- ◆ Does anyone in this household need a unit with special features intended for persons with disabilities? (No applicant, who is otherwise qualified, will be denied housing solely by reason of his or her disability.) Yes No
- ◆ Do you own real estate? Yes No
- ◆ Do you have pets? Yes No
- ◆ Have you ever applied to live here before? Yes No
- ◆ Have you ever filed for bankruptcy? Yes No
- ◆ Have you ever been evicted from tenancy? Yes No
- ◆ Have you or has anyone in your household ever been convicted of a felony? Yes No
- ◆ Do you have a section 8 voucher? Yes No
- ◆ Will you require the services of a live-in care attendant? Yes No
- ◆ Do you anticipate any changes in your household size in the next twelve months? Yes No
- ◆ Do you anticipate any changes in your household income in the next twelve months? Yes No
- ◆ Do you share custody of any of the children listed on this application? Yes No
If so, will they live with you in this apartment at least 50% of the time? Yes No
- ◆ Is anyone in your household currently employed as a farmworker, or is anyone in your household a retired or disabled farmworker? (Magnolia Park applicants only) Yes No

If you answered yes to any of the above questions, please give details:

What unit sizes would you accept if they were offered to you? (circle all that apply):

STUDIO	1 BR	2 BR	3 BR	4 BR
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I/We certify the above information to be true and correct to the best of my/our knowledge. I/We authorize verification of our assets, income, credit history, criminal history, and rental history. I/We understand that falsification of information found before or after acceptance to this property includes penalties that will result in cancellation of my/our application, also to include eviction and/or loss of assistance, if applicable.

Head of Household Date: _____

Co-Head of Household Date: _____

Other Adult Household Member Date: _____

Other Adult Household Member Date: _____

Other Adult Household Member Date: _____

<p>Please tell us how you heard about this housing opportunity? (i.e., newspaper, friend, case manager, etc)</p> <p>_____</p>

Applicant Please Note: Completion of this form does not guarantee you housing.
Please see tenant selection criteria for further details.

Interviewed By: _____ Date: _____

Residency is open to all qualified, eligible persons without regard to race, color, religion, national origin, age, disability, sex, familial status, ancestry, or sexual orientation.



NVCH IS AN EQUAL OPPORTUNITY HOUSING PROVIDER

TENANT INCOME CERTIFICATION QUESTIONNAIRE

NAME: _____

TELEPHONE NUMBER:

() _____

Initial Certification

BIN # _____

Re-certification

Other

Unit # _____

INCOME INFORMATION

YES NO

MONTHLY GROSS INCOME

<input type="checkbox"/>	<input type="checkbox"/>	I am self employed. (List nature of self employment) _____	(use net income from business) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. List the businesses and/or companies that pay you: <div style="text-align: center;"> <p><u>Name of Employer</u></p> <p>1) _____ \$ _____</p> <p>2) _____ \$ _____</p> <p>3) _____ \$ _____</p> </div>	
<input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic social security payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	The household receives unearned income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI).	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, AFDC)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments.	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I am currently receiving child support payments.	\$ _____
		If yes, from how many persons do you receive support? _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I am currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony/spousal support payments	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings.	\$ _____
		If yes, list sources:	\$ _____
		1) _____	
		2) _____	
<input type="checkbox"/>	<input type="checkbox"/>	I receive income from real or personal property.	(use net earned income) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Student financial aid (public or private, not including student loans) Subtract cost of tuition from Aid received	\$ _____

ASSET INFORMATION

YES	NO		INTEREST RATE	CASH VALUE
<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s) If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s) If yes, list bank(s) 1) _____	_____%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I own real estate. If yes, provide description: _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have a whole life insurance policy. If yes, how many policies _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have cash on hand.		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____

STUDENT STATUS

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of all persons who are <u>full-time</u> students (Examples: College/University, trade school, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of all persons who have been a <u>full-time</u> student in the previous 5 months?
<input type="checkbox"/>	<input type="checkbox"/>	Does your household anticipate becoming an <u>all full-time</u> student household in the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	If you answered yes to any of the previous three questions are you:
<input type="checkbox"/>	<input type="checkbox"/>	• Receiving assistance under Title IV of the Social Security Act (AFDC/TANF/Cal Works - not SSA/SSI)
<input type="checkbox"/>	<input type="checkbox"/>	• Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program
<input type="checkbox"/>	<input type="checkbox"/>	• Married and filing (or are entitled to file) a joint tax return
<input type="checkbox"/>	<input type="checkbox"/>	• Single parent with a dependant child or children and neither you nor your child(ren) are dependent of another individual
<input type="checkbox"/>	<input type="checkbox"/>	• Previously enrolled in the Foster Care program (age 18-24)

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT _____

SIGNATURE OF APPLICANT/TENANT _____

DATE _____

WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE) _____

DATE _____

Napa Valley Community Housing

Five Financial Plaza, Ste. 200
Napa, CA 94558

GROUNDS FOR DENIAL OF RENTAL APPLICATION

We welcome your application for tenancy at our rental properties. It is the responsibility of each applicant to provide any and all information required to determine eligibility. The following grounds have been determined to be causes for denial of rental housing applications:

1) CREDIT REPORT

- a. A single unmet credit problem* in excess of \$2,000.
- b. Total unmet credit problems in excess of \$8,000.
- c. A bankruptcy within the last three years.
- d. A state or federal tax lien in excess of \$2,000.
- e. A total of fifteen (15) or more unmet credit problems of any value.

*A credit problem is a past due account and/or accounts placed for collection, profit & loss (accounts written off), and/or repossessions that appear on your credit report.

Extenuating Circumstances: When looking at credit reports, we exclude debt attributed to family medical emergencies, financial difficulties arising from a household member being called into military service, or debt accumulated as the direct result of acts of domestic violence against the applicant household. Foreclosure may be overlooked if prior credit history is acceptable.

2) RENTAL HISTORY

Any of the following incidents occurring *during the last five years* will disqualify an applicant:

- a. A prior eviction or unlawful detainer filed against the applicant household.
- b. A municipal/small claims court judgement against the applicant obtained by a current or previous landlord.
- c. Termination for cause from any governmental assisted housing program.

Any of the following incidents occurring *during the last three years* will disqualify an applicant:

- a. A past or current landlord reporting two or more incidences of late or unpaid rent during a one-year period.
- b. A negative landlord reference showing three or more violations of the rental agreement or house rules during a one-year period.

Note: If an applicant has no prior rental history, we will request a minimum of two additional personal references from individuals such as teachers, pastors, or other individuals not related to the applicant. We would prefer that these references be in writing, however, they may also be submitted orally. Names, addresses and phone numbers of oral references must be submitted in advance so that our staff can initiate the contact.

3) PERSONAL HISTORY

Any of the following evidenced during the last five (5) years will disqualify an applicant:

- a. An unresolved history of substance abuse, or other unmet personal support needs. Note: Persons *currently* in recovery from substance abuse problems must have been sober and drug free for a minimum period of the last thirteen months and be involved in an ongoing and verifiable program of treatment and support.
- b. A criminal report documenting arrests, felony convictions or preponderance of substantial evidence of physical/sexual abuse, sale or distribution of controlled substances, or any acts of violence that could threaten the health, safety or right to peaceful enjoyment of the property by other residents *or* the health and safety of the owner, employees, contractors, subcontractors or agents of the owner.
- c. Blatant disrespect, disruptive or anti-social behavior toward the Managing Agent, the Development or other residents exhibited by the applicant household member at any time prior to move-in.

4) ANNUAL INCOME

- a. Annual Income of the applicant household is either below the *minimum* income limits or above *maximum* limits established for the property.

5) FULL TIME STUDENT HOUSEHOLDS

Households made up entirely of full-time students or households that plan to become full-time student households in the next twelve months cannot qualify for our low-income housing units unless they meet certain exceptions. These require that at least one household member:

- 1) Be receiving assistance under Title IV of the Social Security Act (AFDC/TANF); or
- 2) Be enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program; or
- 3) Be married and filing a joint tax return; or
- 4) Be a single parent with a dependant child or children.

6) DOCUMENTATION

If any member of the applicant household fails to provide, at minimum, the following original documents, the household's application will be disqualified. We may also need to ask for additional documents in order to determine whether a household is qualified.

- a. Valid State or national photo ID for all household members, 18 years of age or older.
- b. Valid Social Security or Tax Payer Id Number for all working adults.
- c. Two letters of reference or the name, address and phone number of two persons who would be willing to provide an oral reference for the applicant household. These references must be persons who have known the applicant(s) for at least two years and must not be related to the applicant(s) in any way.
- d. Proof of income, including three months of current paycheck stubs or equivalent official proof of income from any other sources (includes proof of benefits from SSI, AFDC, Child Support, Self employment, etc.) for all household members.
- e. Copies of the most recent statement for bank accounts and any other asset accounts 401(k), IRA, stock, mutual fund, etc.) belonging to each household members.
- f. Copies of current car registration for all cars owned by members of the household.

7) OTHER CRITERIA THAT WILL DISQUALIFY THE APPLICATION

- a. Failure to present all family members of the applicant's household at the full family interview (or some other time acceptable to the Manager).
- b. Falsification or deliberate omission of any information needed to process your application and qualify you for housing.
- c. Family size that does not conform to the stated minimum and maximum sizes for the available units.
- d. Applicant is ineligible to occupy a unit at the property by definition in the applicable agency rulebook. For example, at a property designated for "seniors," applicants must meet the definition of "senior."
- e. Marginally acceptable scores in two of the three major Grounds for Denial categories. For example:

Credit Report--over \$5,000 in credit problems or 12 items of any value or a bankruptcy more than three years old but less than five;

Rental History--reports by one or more landlords that indicate periodic rental agreement violation (less than 2x/yr.) or late rent (1-2 x/yr.), but no evictions noted;

Personal History--a well documented pattern of criminal history established over the past 5-10 years that would suggest the possibility of a threat to the health and safety of our residents or their right to quiet enjoyment of the property, but no felony convictions on record during the last five years.

I HAVE READ AND UNDERSTAND THE FOREGOING GROUNDS FOR DENIAL AND FIND THEM TO BE REASONABLE CRITERIA FOR REJECTION OF MY RENTAL APPLICATION. I DECLARE, UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE ATTACHED HOUSING AND INCOME STATEMENTS ARE TRUE AND CORRECT.

Applicant # 1

Date

Applicant #2

Date

Applicant #3

Date

Applicant #4

Date

EQUAL HOUSING OPPORTUNITY

Race and Ethnic Data Reporting Form

Napa Valley Community Housing
 5 Financial Plaza, Suite 200
 Napa, CA 94558

Name of Property & Address (if applicable) or Agency _____ Date _____

Data Collection for: Wait List Applicant Tenant Applicant

Please list All Members of your Household with Head of Household as #1):

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |
| | 9. _____ |

Ethnic Categories*	Select one Ethnic Category For <u>Each</u> Household Member above								
	#1	2	3	4	5	6	7	8	9
Hispanic or Latino									
Not-Hispanic or Latino									
Racial Categories*	Select All Races that Apply For Each Household Member								
American Indian or Alaska Native									
Asian									
Black or African American									
Native Hawaiian or Other Pacific Islander									
White									
American Indian or Alaska Native <i>and</i> White									
Asian <i>and</i> White									
Black or African American <i>and</i> White									
American Indian or Alaska Native <i>and</i> Black or African American									
*Other multiple race combinations greater than 1%. Write description here: _____									
Other Categories	Add Information for Each Household Member								
Gender ("M" or "F")									
Age									
Disability ("Yes" or "No" for all over 5 yrs. of age)									

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

There is no penalty for persons who do not complete the form. Initial here if you choose not to disclose race and ethnicity information for your household. If you choose not to disclose, head of household ONLY should sign and date below. Otherwise every adult must sign:

 Head of Household Signature

 Adult Co-Tenant Signature

 Adult Co-Tenant Signature

 Adult Co-Tenant Signature

 Adult Co-Tenant Signature

 Adult Co-Tenant Signature

 Adult Co-Tenant Signature

 Adult Co-Tenant Signature

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 placed in the household's file.

A. 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.

B. 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.
6. **Other combinations** of the five above, specifically Asian and White; Black or African American and White; American Indian or Alaska Native and Black or African American.
7. **Other multiple race combinations** greater than 1%. The applicant writes a description in the space provided.