



**De Anza Gardens**  
205 Pueblo Ave Box D, Bay point, CA  
Telephone 925-957-7009 Fax 925-709-3127  
TDD (800) 735-2929  
[www.deanzahousing.org](http://www.deanzahousing.org)

## **TENANT SELECTION PLAN**

*DeAnza Gardens, a 180 unit affordable housing community in Bay Point, provides housing for low income individuals and families, without regard to race, color, sex, creed, religion, national origin, physical or mental disability status, familial status, age, ancestry, marital status, source of income, sexual orientation or any other arbitrary personal characteristics. DeAnza Gardens Apartments will make “reasonable accommodations” to individuals whose disability so require. Reasonable Accommodation Request forms are available upon request from management. De Anza Gardens Apartments is an Equal Opportunity Housing Facility, admitting people in accordance with local, state and federal Fair Housing laws, and in accordance with the State of California’s Tax Credit Allocation Committee program regulations.*

### **INCOME LIMITS**

To qualify for a unit, the household’s gross income may not exceed the maximum income limit per household size and may not be lower than the income minimum\* per household size. The income maximums and minimums are attached and will be posted in the DeAnza Gardens Office.

*\*If annual household income does not meet or exceed the minimum level shown for appropriate household and apartment size, but is not more than 10 percent (10%) less than the minimum, the apartment may be rented if proof is obtained indicating satisfactory and timely rental payment history for the past twelve (12) months in the amount equal to or greater than the rent charged for that unit size. Participants in the Section 8 Program need not meet the minimum income limit.*

### **APPLICATION PROCEDURES**

Applications will only be distributed when the Waiting List is open. Applications will not be distributed when the Waiting List is closed.

Applications will be available in the office during normal business hours or by requesting an application by telephone. Applications are also available on line at [DeAnzahousing.org](http://DeAnzahousing.org). Application fees are \$35.00 per each household member 18 years of age and older.

Each applicant must complete an application and be willing to submit to a credit history, rental history, and criminal background inquiry, as well as income and asset verifications. All application entries are to be made in ink or typed. Corrections or changes are to be made by lining through the original entry and entering the correct data. Such changes must be dated and initialed by the person making the change.

Signed and dated applications will be processed on a first-come, first-served basis. The application must be completed and signed by the head of household and all household members 18 years of age and older before an applicant can be placed on the waiting list. If an application is not completely answered, the date of it being fully completed will be the date that the application is considered accepted for rental purposes.

### **PREFERENCES**

Every applicant must meet the Property’s Resident Selection Plan standards for acceptance as a resident.

For units designed as accessible for persons with mobility, special needs, visual or hearing impairments, households containing at least one person with such impairment will have first priority for those units.

## **UNIT TRANSFER POLICY**

A Unit Transfer List is maintained for those residents who have been approved for transfer. Residents on the Unit Transfer List will have priority over the applicants on the Waiting List.

## **OCCUPANCY STANDARDS**

Occupancy standards are the criteria established for matching a household with the most appropriate size and type of apartment. "Two plus one" occupancy guidelines will be followed to avoid under or over utilization of the units as follows:

<b>Bedroom</b>	<b>Household Minimum</b>	<b>Household Maximum</b>
1	1	3
2	2	5
3	4	7
4	6	9

To determine the proper bedroom size for which a household may qualify, the following household members are to be included:

1. All full-time members of the household, and
2. Live-in attendants.
3. Foster children
4. Unborn children and children's in process of Adoption.

## **GROUND FOR REJECTION**

1. Total family income exceeds the applicable income limits published by HUD or does not meet the minimum income limit.
2. Household cannot pay the full security deposit at move-in.
3. Household refuses to accept the second offer of an apartment.

4. Household fails to respond to interview letters or otherwise fails to cooperate with the certification process. Failure to sign consent forms.
5. ANY adult household members fail to attend eligibility interview.
6. Household is composed entirely of full time student and does not meet the exception outlined in section 42 of the IRC
7. Applicant has failed to provide adequate verification of income or we are unable to adequately verify income and/or income sources.
8. Providing or submitting false or untrue information on your application or failure to cooperate in any way with the verification process.
9. Unit assignment will NOT be the family's sole place of residency.
10. Family members, age 6+ failed to provide proof of a social security number or refused to certify that they have never been assigned a number.

## **LANDLORD REFERENCE**

11. Negative landlord references that indicate lease violation, disturbing the peace, harassment, poor housekeeping, improper conduct or other negative references against the household.
12. Evictions reported in the last 5 years.
13. History of late payment of rent that demonstrates more than 2 late payments of rent in a six-month period for the past two years. More than 1 NSF in a one-year period.

- 14. Any evidence of illegal activity including but not limited to drugs, gang, etc.
- 15. Inappropriate household size for the unit available (see Occupancy Standards).

**CREDIT**

- 16. Less than 60% of credit lines positive (i.e., if six (6) lines of credit, only three (3) can be negative). Does not include medical bills or student loans.
- 17. Unpaid collection and grossly delinquent due to balances exceed \$800.
- 18. Filing of a bankruptcy in the past year.
- 19. Record of any uncleared or non-discharged bankruptcy
- 20. Any amount showing owed to a landlord or property management company.

**CRIMINAL**

- 21. Conviction of any adult household member of a felony.
- 22. Conviction of any household member of more than one (1) misdemeanor in the past three (3) years.

**GRIEVANCE/APPEAL PROCESS**

Failure to meet one or more of the foregoing screening criteria may be grounds for rejection, however, each application is considered as a whole and the above-factors are considered as part of a weighted formula. Should the applicants fail to meet the screening criteria, they will receive a notice in writing indicating that they have the right to appeal the decision.

This notice must indicate that the applicant has 14 days to dispute the decision.

An appeal meeting with the Property Supervisor or the Compliance staff will be held within 10 business days of receipt of the applicant’s request.

Within five days of the appeal meeting, the property will advise the applicant in writing of the final decision regarding eligibility. Apartments will not be held for those applicants in the appeal process.

**ADMINISTRATION OF WAITING LIST**

The property is required to maintain a Waiting List of all eligible applicants. Applicants must be placed on the Waiting List and selected from the Waiting List even in situations where there are vacancies and the application is processed upon receipt. This procedure is necessary to assure the complete and accurate processing of all documentation for all applicants.

The property has one Waiting List that is established and maintained in chronological order based on the date and time of receipt of the Preliminary Application. The Waiting List contains the following information for each applicant:

1. Applicant Name
2. Address and/or Contact Information
3. Phone Number (s)
4. Unit Type/Size
5. Household Composition
6. Preference/Accessibility requirements
7. Income Level
8. Date/Time of Application

Applicants must report changes in writing to any of the information immediately.

Applicants will have the opportunity to decline the first apartment offered and retain their place on the waiting list. Should the applicant decline the offer of the next available unit, they will be removed from the waiting list.

### **PURGING THE WAITING LIST**

The Waiting List will be purged periodically. Each applicant will receive a letter from the property, which will request updated information and ask about their continued interest. This letter must be returned within the specified time or their application will be removed from the Waiting List. It is the responsibility of the applicant to maintain a current address with the office in order to receive waitlist correspondence. Any correspondence returned undeliverable will result in application being removed from the waitlist.

### **OPENING/CLOSING OF WAITING LIST**

The methods of advertising used to announce opening and closing of the Waiting List is contained in our Marketing Plan.

### **AVAILABILITY OF TENANT SELECTION PLAN**

The Tenant Selection Plan shall be posted in a conspicuous and public area at the site. Changes to the Plan will be sent via U.S. mail to all persons on the active Waiting List. When the Waiting List opens, the Tenant Selection Plan will be distributed with applications and are available by request from management.

### **ANNUAL RECERTIFICATION REQUIREMENTS**

All residents must recertify annually. Proposed changes of household composition and student status must be reported to Management immediately.

### **PETS**

No pets of any description are allowed on the property. SERVICE ASSISTANCE animals are not considered pets and are not required to comply with the provisions of the Pet Policy. Service or Assistance animals are those animals specifically required to assist individuals with documented disabilities. Please notify Management if you require a Service Assistance animal.

### **EQUAL HOUSING OPPORTUNITY**

De Anza Gardens does not discriminate on the basis of disability Status in the admission or access to, or treatment or employment in, its federally-assisted programs and activities.



EAH, INC  
A NONPROFIT HOUSING CORPORATION

*Since 1968 Creating community by  
Developing, Managing and Promoting  
Quality Affordable Housing.*





## Application for Housing DeAnza Gardens

250 PUEBLO AVE BOX D BAY POINT, CA 94565 • TELEPHONE (925)957-7009

<b>EAH Property Management Use Only</b>		APPLICATION APPROVED: Yes <input type="checkbox"/> No <input type="checkbox"/>	
BEDROOM SIZE		TIME OF APPLICATION:	
BARRIER FREE (H/C) UNIT REQUESTED?	YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE OF APPLICATION:	COMMENTS
		APPLICATION RECEIVED BY:	
APPLICATION #:		LOTTERY #:	

Please complete the following application and return it to the Property. All items must be complete in order to determine your eligibility. If an item does not apply to you, please check N/A next to the question. EAH does not discriminate on the basis of race, color, sex, age, religion, origin, family or marital status, disability, or sexual orientation.

Number of bedrooms requested \_\_\_\_\_ 1<sup>st</sup> Request: \_\_\_\_\_ 2<sup>nd</sup> Request: \_\_\_\_\_

<b>A. GENERAL INFORMATION: HEAD OF HOUSEHOLD</b>		CO-HEAD Check if N/A <input type="checkbox"/>	
Name:		Name:	
Home phone:		Home phone:	
Cell Phone		Cell Phone	
Work Phone:		Work Phone:	
Email:		Email:	

**B. HOUSEHOLD COMPOSITION**

List all persons, including yourself, who will be living in the apartment. List the head of household first. Do not include minors who will reside in the unit less than 50% of the time.

	Name First/Last	Relationship To HEAD	DOB mm/dd/yy	Age	Full Time Student Y/N (K-12/College)	Social Security/TIN(only last four) 5555
1.		HEAD				
2.		CO-HEAD/Spouse				
3.						
4.						
5.						
6.						
7.						
8.						
9.						

1.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you expect any additions to the household within the next 12 months? If yes, please explain giving name and relationship:
2.	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	Do you have primary physical custody of all minors (50% or more of the time) listed under the Household Composition above?
3.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are there any absent household members that are not listed under the Household Composition above? If yes, please explain giving name and relationship?
4.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have any pets that will reside with you if eligible? If yes, please Describe:
5.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Will you or anyone in your household require a live-in care attendant?



	Name of Live-in Care Attendant:	Relationship if any:
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**C. VEHICLE INFORMATION** Check if N/A

Household Member Name	CA Driver ID	Car Make/Model	License Plate	Color	Year

**D. HOUSING REFERENCES** Please complete all areas below. Please provide the last 2 consecutive years of housing history.

<b>HEAD OF HOUSEHOLD</b>	<b>CO-HEAD/Other</b> (If different from HEAD) Check if N/A <input type="checkbox"/>
Name	Name
Current Address	Current Address
City/Zip Code	City/Zip Code
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other
Amount Paid Monthly	Amount Paid Monthly
Length of time Lived there From      to	Length of time Lived there From      to
Name of Landlord:	Name of Landlord:
Address of Landlord:	Address of Landlord:
City/Zip Code of Landlord:	City/Zip Code of Landlord:
Phone Number of Landlord	Phone Number of Landlord

Additional information if required:

1<sup>st</sup> Previous Address: Check if N/A

<b>HEAD OF HOUSEHOLD</b>	<b>CO-HEAD/Other</b> (If different from HEAD) Check if N/A <input type="checkbox"/>
Name	Name
1 <sup>st</sup> Previous Address	1 <sup>st</sup> Previous Address
City/Zip Code	City/Zip Code
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other
Amount Paid Monthly	Amount Paid Monthly
Length of time Lived there From      to	Length of time Lived there From      to
Name of Landlord:	Name of Landlord:
City/Zip Code of Landlord:	City/Zip Code of Landlord:
Phone Number of Landlord:	Phone Number of Landlord:

Additional information if required:



2 <sup>nd</sup> Previous Address: Check if N/A <input type="checkbox"/>	
<b>HEAD OF HOUSEHOLD</b>	<b>CO-HEAD/Other</b> (If different from HEAD) Check if N/A <input type="checkbox"/>
Name	Name
2 <sup>nd</sup> Previous Address	2 <sup>nd</sup> Previous Address
City/Zip Code	City/Zip Code
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other
Amount Paid Monthly	Amount Paid Monthly
Length of time Lived there From      to	Length of time Lived there From      to
Name of Landlord:	Name of Landlord:
Name of Landlord:	Name of Landlord:
City/Zip Code of Landlord:	City/Zip Code of Landlord:
Phone Number of Landlord:	Phone Number of Landlord:
1. YES <input type="checkbox"/> No <input type="checkbox"/>	Do you require an accessible unit? ( <i>Design Features for persons with disabilities</i> ). If yes, please explain:
2. YES <input type="checkbox"/> No <input type="checkbox"/>	Do you have a Section 8 Voucher through the Housing Authority? If yes where?  _____
	Section 8 Voucher number _____
3. YES <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been evicted in the past 5 years? If yes, please explain:
4. YES <input type="checkbox"/> No <input type="checkbox"/>	Have you willfully or intentionally ever refused to pay rent?

**E. STUDENT STATUS**

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



If any member of this household is a part-time or full-time student (College, Trade, etc.) List Name and Address of School Attending			
Family Member Name	Name of School Attending	Address of School	Current Grade

**F. DEMOGRAPHIC INFORMATION**

Are you or any member of your household a Veteran? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>The following information is optional:</b>			
HEAD: Highest level of Education completed?	<input type="checkbox"/> Some High School	<input type="checkbox"/> High School Graduate	<input type="checkbox"/> College <input type="checkbox"/> Graduate School
Profession/Job Title	Are you using Public Transportation to get to work? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		If Yes, what type? check one: <input type="checkbox"/> BART <input type="checkbox"/> Bus <input type="checkbox"/> Ferry <input type="checkbox"/> other
Co-HEAD: Highest level of Education completed?	<input type="checkbox"/> Some High School	<input type="checkbox"/> High School Graduate	<input type="checkbox"/> College <input type="checkbox"/> Graduate School
Profession/Job Title	Are you using Public Transportation to get to work? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		If Yes, what type? check one: <input type="checkbox"/> BART <input type="checkbox"/> Bus <input type="checkbox"/> Ferry <input type="checkbox"/> other
How did you hear about the property?	Local Paper <input type="checkbox"/>	Housing Authority <input type="checkbox"/>	Internet <input type="checkbox"/> Referral <input type="checkbox"/> Other <input type="checkbox"/>

**G. INCOME**

Employment Check if N/A <input type="checkbox"/>
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Please provide the following employment information for each household member.

Family Member First Name	Gross Monthly Amount	Business/Source Name Business/Source Address City/State/ZIP code	Contact Name Contact Phone Number Contact Fax Number
1.			
2.			
3.			
4.			
5.			





6.			
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**Other Sources of Income Check if N/A**

List all money earned or received by everyone living in your household. This includes money received from the categories listed below and from Disability Payments Or Death Benefits, Workers Compensation, Annuities, Periodic Payments From Insurance Policies and Other Sources Including Periodic Lottery Payments. **LIST GROSS AMOUNTS RECEIVED BELOW.**

Household Member First Name	SOC SEC & SSI	VA BNFTS	PENSION/ RETIRE	SELF EMPLOY (Use monthly NET Income)	ALIMONY OR CHILD SUPP.	AFDC/ TANF	RECURRING GIFTS	UNEMP. BNFTS.	OTHER
1.									
2.									
3.									
4.									
5.									
6.									

YES  NO  Are there any changes expected in income within the next 12 months? If yes, please list family member and explain:

**H. ASSETS**

YES  NO  Have you ever filed Bankruptcy?

Checking and/or Savings Account CHECK HERE IF N/A

Family Member First Name	Account Type	Bank/Financial Institution Names	Total Balance
1.			
2.			
3.			
4.			
5.			
6.			

**Other Assets/Accounts**

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

**ALSO INCLUDE ALL ASSETS THAT MAY BE HELD JOINTLY WITH ANOTHER PERSON.**



Family Member First Name	Asset/Account Type	Bank/Financial Institution Names	Total Balance
1.			
2.			
3.			
4.			
5.			
6.			

**I. REAL ESTATE /DISPOSED OF ASSETS**

**YES  NO**  Does anyone own real property?(Includes land, houses, real estate, in the USA or any other country)If **“Yes”** answer the questions below:

Family member name	Estimated cash value of real property	Rental income if any	Property address/City/State

**YES  NO**  Have you sold any Real Estate OR disposed of any assets for less than FMV in the last two years? (e.g. cash, property, bank accounts)If **“Yes”** answer the questions below:

Family member name	Type of Asset	Market Value when Disposed:	Date of transaction:	Cash Value Disposed for:

**J. CRIMINAL BACKGROUND**

1.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Has tenancy ever been terminated for fraud, non-payment of rent, or failure to cooperate with recertification procedures?
2.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have YOU or ANY MEMBER of your household ever been convicted of a felony or pled guilty or “no contest” to a felony whether or not resulting in a conviction within the past seven (7) years?
3.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have YOU or ANY MEMBER of your household ever been convicted of, pled guilty or “no contest” to, engaging in acts of violence or threats of violence, including, but not limited to, unlawful activity involving weapons or ammunition, whether or not resulting in a conviction within the past seven (7) years?
4.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have YOU or ANY MEMBER of your household ever been convicted of, pled guilty or “no contest” to, engaging in the illegal manufacture, sale, distribution, use, or possession of an illegal drug or controlled substance whether or not resulting in a conviction within the past (7) years?

**IF you answered “YES” to any questions listed above in the Criminal Background Section of this application, Please provide an explanation below. Include the date, circumstances, and nature of the offenses:**

Use this space if needed for answering questions if you have ran out of space in that section. (enter the section letter and number of the question)

Section	Number	Answer



