



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

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. Application fees are \$ 46.00 per each household member 18 years of age and older. The maximum charge per household is \$138.00.

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:

Bedroom	Household Minimum	Household Maximum
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.*



VIOLENCE AGAINST WOMEN ACT OF 2013

The Violence Against Women Act (“VAWA”) protects victims against eviction or denial of housing based on domestic violence, dating violence, sexual assault and stalking. In 2013, Congress expanded VAWA’s housing protections by covering additional federal housing programs, including the Low-Income Housing Tax Credit program (“LIHTC”). VAWA offers the following protections:

1. An applicant’s or program participant's status as a victim of domestic violence, dating violence, sexual assault and stalking is not a basis for denial of admission, if the applicant otherwise qualifies for admission.
2. This must support or assist victims of domestic violence, dating violence, sexual assault, and stalking. It must protect victims, as well as members of their family, from being denied housing or from losing their HUD assisted housing.
3. An incident or incidents of actual or threatened domestic violence, dating violence, sexual assault and stalking will not be construed as serious or repeated violations of the lease or other "good cause" for terminating the assistance, tenancy, or occupancy rights of a victim of abuse.
4. Criminal activity directly related to domestic violence, dating violence, sexual assault, and stalking, engaged in by a member of a tenant's household or any guest or other person under the tenant’s control, shall not be cause for termination of assistance, tenancy, or occupancy rights of the victim of the criminal acts.
5. Assistance may be terminated or a lease "bifurcated" in order to remove an offending household member from the home. Whether or not the individual is a signatory to the lease and lawful tenant, if he/she engages in a criminal act of physical violence against family members or others, he/she stands to be evicted, removed, or have his/her occupancy rights terminated. The action is taken while allowing the victim, who is a tenant or a lawful occupant, to remain.
6. The provisions protecting victims of domestic violence, dating violence, sexual assault and stalking engaged in by a member of the household, may not be construed to limit Deanza Gardens, when notified, from honoring various court orders issued to either protect the victim or address the distribution of property in case a family breaks up.
7. The authority to evict or terminate assistance is not limited with respect to a victim that commits unrelated criminal activity. Furthermore, if Deanza Gardens can show an actual and imminent threat to other tenants or those employed at or providing service to the property if an unlawful tenant's residency is not terminated, then evicting a victim is an option, the VAWA notwithstanding. Ultimately, Deanza Gardens will not subject victims to more demanding standards than other tenants.

The VAWA protections shall not supersede any provision of any federal, state, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, and stalking. The laws offering greater protection are applied in instances of domestic violence, dating violence, sexual assault, and stalking.



Application for Housing DeAnza Gardens

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

EAH Property Management Use Only		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:	
		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

1st Request:2nd Request:**A. GENERAL INFORMATION: HEAD OF HOUSEHOLD**CO-HEAD Check if N/A ☐

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.

HEAD OF HOUSEHOLD	CO-HEAD/Other (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 st Previous Address: Check if N/A <input type="checkbox"/>	
HEAD OF HOUSEHOLD	CO-HEAD/Other (If different from HEAD) Check if N/A <input type="checkbox"/>
Name	Name
1 st Previous Address	1 st 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 nd Previous Address: Check if N/A <input type="checkbox"/>	
HEAD OF HOUSEHOLD	CO-HEAD/Other(If different from HEAD) Check if N/A <input type="checkbox"/>
Name	Name
2 nd Previous Address	2 nd 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 YES 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"/>			
The following information is optional:			
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 <input type="checkbox"/> NO <input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/> 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



[Deanza Gardens Apartments]¹

Notice of Occupancy Rights under the Violence Against Women Act²

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.³ The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **[insert name of program or rental assistance]** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

If you otherwise qualify for assistance under **[insert name of program or rental assistance]**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

¹ The notice uses HP for housing provider but the housing provider should insert its name where HP is used. HUD’s program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights.

² Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

³ Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

If you are receiving assistance under **[insert name of program or rental assistance]**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **[insert name of program or rental assistance]** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

HP can, but is not required to, ask you to provide documentation to “certify” that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

Confidentiality

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to

additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **[insert contact information for any intermediary, if applicable]** or **[insert HUD field office]**.

For Additional Information

You may view a copy of HUD's final VAWA rule at **[insert Federal Register link]**.

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **[insert name of program or rental assistance contact information able to answer questions on VAWA]**.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact **[Insert contact information for relevant local organizations]**.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact **[Insert contact information for relevant organizations]**

Victims of stalking seeking help may contact **[Insert contact information for relevant organizations]**.

Attachment: Certification form HUD-5382 **[form approved for this program to be included]**

DeAnza Garden Move-In Qualification Sheet Effective 5-15-2021

Unit Type & Area Median Income (AMI) Designation	Minimum Income (2.5 times of 12 mo.max rent)	Maximum Income (Most Restrictive of HCD or CTCAC)	Rent (less utilities)
1-BR 30% AMI	\$20,850	\$28,770 (1 Persons) \$32,880 (2 Persons) \$36,990 (3 Persons)	\$695
2-BR 30% AMI	\$24,690	\$41,100 (4 Persons) \$44,400 (5 Persons)	\$823
3-BR 30% AMI	\$28,260	\$47,700 (6 Persons) \$50,970 (7 Persons)	\$942
4-BR 30% AMI	\$31,110	\$54,270 (8 Persons) \$57,540 (9 Persons)	\$1,037
1-BR 40% AMI	\$28,560	\$38,360 (1 Person) \$43,840 (2 Persons) \$49,320 (3 Persons)	\$952
2-BR 40% AMI	\$33,960	\$54,800 (4 Persons) \$59,200 (5 Persons)	\$1,132
3-BR 40% AMI	\$38,970	\$63,600 (6 Persons) \$67,960 (7 Persons)	\$1,299
4-BR 40% AMI	\$43,050	\$72,360 (8 Persons) \$76,720 (9 Persons)	\$1,435
1-BR 50% AMI	\$36,270	\$47,950 (1 Person) \$54,800 (2 Persons) \$61,650 (3 Persons)	\$1,209
2-BR 50% AMI	\$43,200	\$68,500 (4 Persons) \$74,000 (5 Persons)	\$1,440
3-BR 50% AMI	\$49,650	\$79,500 (6 Persons) \$84,950 (7 Persons)	\$1,655
4-BR 50% AMI	\$54,960	\$90,450 (8 Persons) \$95,900 (9 Persons)	\$1,832
1-BR 60% AMI	\$43,980	\$57,540 (1 Person) \$65,760 (2 Persons) \$73,980 (3 Persons)	\$1,466
2-BR 60% AMI	\$52,440	\$82,200 (4 Persons) \$88,800 (5 Persons)	\$1,748
3-BR 60% AMI	\$60,330	\$95,400 (6 Persons) \$101,940 (7 Persons)	\$2,011
4-BR 60% AMI	\$66,900	\$108,540 (8 Persons) \$115,080 (9 Persons)	\$2,230

DE ANZA GARDENS

Normal Applications		Importance
Ability to Pay Rent		
Minimum monthly gross income-to-rent ratio = 2.5		Extremely
<small>Assets may not contribute to the qualifying income</small>		
Monthly minimum net income (after rent and debt obligations) should exceed a fixed amount: \$800.00		Extremely
Credit History		
Maximum percentage of past due negative accounts: number of derogatory accounts: 25.0%		Moderately
Maximum balance of unpaid collections (includes past due accounts): \$1,000.00		Moderately
Bankruptcy permitted: More than 3 years ago		Very
Residency History		
No landlord tenant court records or unpaid landlord collections: Any number ever		Pass/Fail
Criminal History: Felony Convictions		
Total Considered Felony Convictions	No more than 2	Pass/Fail
Alcohol	No more than 2 ever	Pass/Fail
Bad Check	None ever	Pass/Fail
Criminal - Other	None ever	Pass/Fail
Drug - Manufacturing/Distribution	None ever	Pass/Fail
Drug - Meth Manufacturing	None ever	Pass/Fail
Drug-Use	None ever	Pass/Fail
Fraud	None ever	Pass/Fail
Government Obstruction	None ever	Pass/Fail
Kidnapping	None ever	Pass/Fail
Motor Vehicle	No more than 2 ever	Pass/Fail

Property - Destruction Related	None ever	Pass/Fail
Property - Other	None ever	Pass/Fail
Property - Theft Related	None ever	Pass/Fail
Prostitution	None in the last 10 years	Pass/Fail
Sex Offense - Coerced	None ever	Pass/Fail
Sex Offense - Willful	None ever	Pass/Fail
Society - Other	None ever	Pass/Fail
Violent- Fatal	None ever	Pass/Fail
Violent- Non-Fatal	None ever	Pass/Fail
Weapons	None ever	Pass/Fail
Drug - Marijuana Use	-	Not Considered
License	-	Not Considered
Wildlife	-	Not Considered
<i>Criminal History: Misdemeanor Convictions</i>		
Total Considered Misdemeanor Convictions	No more than 2	Pass/Fail
Bad Check	No more than 1 ever	Pass/Fail
Criminal - Other	No more than 1 ever	Pass/Fail
Drug - Manufacturing/Distribution	No more than 1 ever	Pass/Fail
Drug - Meth Manufacturing	No more than 1 ever	Pass/Fail
Drug-Use	No more than 1 ever	Pass/Fail
Fraud	No more than 1 ever	Pass/Fail
Government Obstruction	No more than 1 ever	Pass/Fail
Kidnapping	No more than 1 ever	Pass/Fail
Property - Destruction Related	No more than 1 ever	Pass/Fail
Property - Other	No more than 1 ever	Pass/Fail

Property - Theft Related	No more than 1 ever	Pass/Fail
Prostitution	No more than 1 ever	Pass/Fail
Sex Offense - Coerced	No more than 1 ever	Pass/Fail
Sex Offense- Willful	No more than 1 ever	Pass/Fail
Society - Other	No more than 1 ever	Pass/Fail
Violent- Fatal	No more than 1 ever	Pass/Fail
Violent - Non-Fatal	No more than 1 ever	Pass/Fail
Weapons	No more than 1 ever	Pass/Fail
Alcohol	-	Not Considered
Drug - Marijuana Use	-	Not Considered
License	-	Not Considered
Motor Vehicle	-	Not Considered
Wildlife	-	Not Considered

The credit decision settings above are configured by the property manager. Based on these settings and other credit data, On-Site Manager, Inc. will calculate a score between 0 and 10 for the application. This score describes the degree to which the applicant meets the criteria. The meaning of the scores is described below:

Score	Recommendation	Explanation
0.0-4.9	Decline	Fails to meet the credit decision settings above.
5.0-6.9	Maybe	Fails to meet the credit decision settings above.
7.0-10.0	Accept	Meets or exceeds credit decision settings above.
Please Note: Guarantors must qualify unconditionally (a score of 7.0 or higher).		