



# Martin Luther Tower



## Application Instructions

Date 8/18/2016

Dear Applicant(s), Thank you for your interest in applying for housing at Martin Luther Tower, a 62+ Senior Community. Please note, one qualified person in the household needs to be 62+ years old. Please do not use white out anywhere on this application. Please complete the attached application and return it to us by regular US mail or in-person at the following address: **Martin Luther Tower 1001 Franklin Street SF CA 94109**

**PH: (415) 885-1084 FX: (415) 771-2137**

<b>Affordable Studios: \$1,131-\$1,357</b>		
# Persons in Household	Minimum Income	Maximum Income
1	\$24,864 - \$30,048	\$45,250 - \$54,300

<b>Affordable 1 Bedrooms: \$1,211 - \$1,454</b>		
# Persons in Household	Minimum Income	Maximum Income
1	\$26,472 - \$32,016	\$45,250 - \$54,300
2	\$26,472 - \$32,016	\$51,700 - \$62,040

<b>Market Rate Units: Studios: \$1,600- \$1,800 1BR Units: \$2,000 - \$2,300</b>		
	Minimum Income	Maximum Income
Studios	\$38,000 - \$43,000	n/a
1 Bedrooms	\$48,000 - \$55,200	n/a

Applications will be reviewed for income eligibility. Applications that do not meet the minimum income qualifications will not be accepted. Each household may only submit one application. Applications will be date and time stamped upon receipt and will be placed on the waiting list in the order that they were received. We reserve the right to close the waitlist after it is determined that the wait will be more than five years long.

All Applicants are subject to the Resident Selection Policy including credit checks, prior landlord checks and third party income and asset verifications to determine the household's combined annual income - in accordance with the Housing Tax Credit Program. Pursuant to the San Francisco Fair Chance Ordinance, we will consider for housing qualified applicants with arrest and conviction records.

Thank you, again, for your interest in Martin Luther Tower, a John Stewart Company managed Senior community. We look forward to receiving your application!





**DO NOT DUPLICATE**  
**ONE APPLICATION PER HOUSEHOLD ONLY**  
**MARTIN LUTHER TOWER**  
**1001 Franklin Street SF, CA**  
**415-885-1084**



TIME/DATE STAMP HERE

**APPLICATION FOR ADMISSION**

MARTIN LUTHER TOWER will comply with the provisions of any federal, state or local law prohibiting discrimination in housing on the basis of race, color, creed, ancestry, national origin, sex, sexual orientation, and familial status, source of income, age, disability, AIDS, or AIDS relation condition.

Please notify the business office if you need application assistance such as large type face, information by audio tape, computer disk, Braille and/or a language other than English. Best efforts will be made to accommodate such requests.

**PRIMARY LANGUAGE:** (Arabic) عربي  ; (Cantonese) 广东话  ; (Mandarin) 国语  ; (Korean) 언어  ; (Russian) Русский  ; (Spanish) Español  ; (Tagalog) Tagalog  ; (Vietnamese) Tiếng Việt  ; Other

TDD Telephone device for the deaf only (415) 345-4470 or California Relay Service (711).

Pursuant to the San Francisco Fair Change Ordinance, we will consider for housing applicants with arrest and conviction.

As a community for Senior Citizens, MARTIN LUTHER TOWER requires one qualified person in the household to be at least 62+ years old.

**Applicant Name:** \_\_\_\_\_

**Date Of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_ **Apt. #:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Previous Address:** \_\_\_\_\_ **Apt. #:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_ **Other Work #:** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_ **Other#:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

*Indicate two people who generally know how to contact you:*

1. **Name:** \_\_\_\_\_ 2. **Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

List all household members who will be living in the residence.

	<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>BIRTH-DATE (MM/DD/YYYY)</u>	<u>SOC. SEC. #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

What is the size of the unit that you are applying for? 0-BR  1-BR  2-BR  3-BR  4-BR  5-BR

Have you or anyone you plan to have living with you been displaced by government action or a presidentially declared disaster? YES.  NO.  If YES, please explain: \_\_\_\_\_

**THIS IS A NON-SMOKING COMMUNITY**

Effective June 1<sup>st</sup>, 2010, smoking is prohibited on the property, including but not limited to all units and common areas.

**CURRENT HOUSING STATUS**

How many people live in your home now? \_\_\_\_\_ How many bedrooms do you have? \_\_\_\_\_

Do you own a car? YES.  NO.  Would you require a parking space? YES.  NO.

Have you or anyone you plan to have living with you had your residency/tenancy terminated for fraud, non-payment of rent or failure to comply with lease provisions? YES.  NO.  If YES, please explain: \_\_\_\_\_

Do you plan to have anyone living with you in the future who is not listed above? YES.  NO.   
If YES, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you have listed a child or children above, do you have full custody of your child(ren) listed above? YES.  NO.   
Explanation of custody arrangements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you or anyone you plan to have living with you been convicted of a felony? YES.  NO.   
If YES, please list the disposition behind each incident involving all members of the proposed household: \_\_\_\_\_

Are you or is anyone you plan to have living with you subject to a lifetime sex offender registration requirement in any state? YES.  NO.

Do you have any family members or friends who currently work at this property? YES.  NO.   
If YES, list the name of the employee: \_\_\_\_\_

Do you have a Section 8 voucher or certificate? YES.  NO.  If YES, Expiration Date: \_\_\_\_\_

Are you or anyone you plan to have living with you currently receiving Section 8 subsidy? YES.  NO.   
If YES, list the name and location (City, State) of the property: \_\_\_\_\_

If you are the head or co-head, are you applying as a full time student? YES.  NO.   
If you answered YES, how long have you lived independent of your parents or guardians? \_\_\_\_\_ Months/Years (CIRCLE ONE)

Do your parents or guardians claim you as a dependent? YES.  NO.

***Please list at least two (2) years of prior rental history below.***

1. Current Landlord: \_\_\_\_\_  
Landlord's Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ What is your current rent? \$ \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_  
Date of Move-In: \_\_\_\_\_  
Your Address/Apt. #: \_\_\_\_\_

2. Previous Landlord: \_\_\_\_\_  
Landlord's Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ What is your current rent? \$ \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_  
Date of Move-In: \_\_\_\_\_ Date of Move-Out: \_\_\_\_\_  
Your Previous Address/Apt. #: \_\_\_\_\_

***Please provide a complete list of all states in which any household member has resided:*** \_\_\_\_\_  
\_\_\_\_\_

**EXPENSES**

Do you pay for a care attendant or for any equipment for a handicapped family member which enables any family member to work? YES. \_\_\_\_\_ NO. \_\_\_\_\_ If YES, describe expenses: \_\_\_\_\_

How much do you pay for Medicare? \$ \_\_\_\_\_ Other medical insurance? \$ \_\_\_\_\_

Do you have any outstanding medical bills on which you are paying? YES. \_\_\_\_\_ NO. \_\_\_\_\_

Do you expect to have any un-reimbursed medical expenses during the next 12 months? YES. \_\_\_\_\_ NO. \_\_\_\_\_  
If you answered YES, what is the expected amount of medical expenses? \$ \_\_\_\_\_

**INCOME INFORMATION**

Does any adult family member now receive or expect to receive income from any of the following sources? For each "YES" answer, provide the details in the chart below:

Income Source		Monthly Gross Income
Yes ___ No ___	I/we am self-employed. (List nature of self employment and Family Member below) _____	(Use <u>net</u> income from business) \$ _____
Yes ___ No ___	I/we 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: <u>Name of Employer</u> <u>Name of Family Member</u> 1) _____ 2) _____ 3) _____	\$ _____ \$ _____ \$ _____
Yes ___ No ___	I/we receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
Yes ___ No ___	I/we receive unemployment benefits. <u>Name of Family Member</u> 1) _____ 2) _____	\$ _____ \$ _____
Yes ___ No ___	I/we receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income. <u>Name of Family Member</u> 1) _____ 2) _____	\$ _____ \$ _____
Yes ___ No ___	I/we receive periodic Social Security payments. <u>Name of Family Member</u> 1) _____ 2) _____	\$ _____ \$ _____
Yes ___ No ___	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
Yes ___ No ___	I/we receive Supplemental Security Income (SSI). <u>Name of Family Member</u> 1) _____ 2) _____	\$ _____ \$ _____
Yes ___ No ___	I/we receive disability or death benefits other than Social Security. <u>Name of Family Member</u> 1) _____ 2) _____	\$ _____ \$ _____
Yes ___ No ___	I/we receive Public Assistance Income (examples: TANF, AFDC).	\$ _____

Income Source		Monthly Gross Income
YES ___ No ___	I/we am entitled to receive child support payments.	\$ _____
YES ___ No ___	I/we am currently receiving child support payments.	\$ _____
YES ___ No ___	I/we receive alimony/spousal support payments	\$ _____
YES ___ No ___	I/we receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If YES, list <u>sources</u> and <u>Name of Family Member</u> 1) _____ 2) _____	\$ _____ \$ _____
YES ___ No ___	I/we receive income from real or personal property. _____	(Use <u>net</u> earned income) \$ _____
YES ___ No ___	I/we receive student financial aid (public or private, <u>not including student loans</u> ). <u>Name of Family Member</u> 1) _____ 2) _____	\$ _____ \$ _____
		<b>TOTAL HOUSEHOLD MONTHLY INCOME</b> \$ _____
		<b>TOTAL HOUSEHOLD ANNUAL INCOME</b> \$ _____ (Total Monthly Income x 12)

**ASSET INFORMATION**

Asset Source	Interest Rate	Cash Value
YES ___ No ___ I/we have a checking account(s). If YES, list <u>bank(s)</u> and <u>Name of Family Member</u> 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
YES ___ No ___ I/we have a savings account(s). If YES, list <u>bank(s)</u> and <u>Name of Family Member</u> 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
YES ___ No ___ I/we have a revocable trust(s). If YES, list <u>bank(s)</u> and <u>Name of Family Member</u> 1) _____	_____%	\$ _____
YES ___ No ___ I/we own real estate. If YES, <u>provide description</u> : _____	_____%	\$ _____
YES ___ No ___ I/we own stocks, bonds, or Treasury Bills. If YES, list <u>sources/bank names</u> and <u>Name of Family Member</u> 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
YES ___ No ___ I/we have Certificates of Deposit (CD) or Money Market Account(s) If YES, list <u>sources/bank names</u> and <u>Name of Family Member</u> 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
Asset Source	Interest Rate	Cash Value

Yes ___ No ___	I/we have an IRA/Lump Sum Pension/Keogh Account/401K. If YES, list <u>sources/bank names</u> and <u>Name of Family Member</u> 1) _____ % 2) _____ %	_____ %	\$ _____
Yes ___ No ___	I/we have a whole life insurance policy. If YES, how many policies _____		\$ _____
Yes ___ No ___	I/we have cash on hand.		\$ _____
Yes ___ No ___	I/we 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 <u>items</u> and <u>date disposed</u> 1) _____ \$ _____ 2) _____ \$ _____		\$ _____ \$ _____
Yes ___ No ___	I/we have income from assets or sources other than those listed above. If YES, list <u>type below</u> and <u>Name of Family Member</u> 1) _____ % 2) _____ %	_____ % _____ %	\$ _____ \$ _____

**PLEASE CONSIDER COMPLETING THIS OPTIONAL SECTION:**

Do you require special unit design features for mobility impairment? YES. \_\_\_\_\_ NO. \_\_\_\_\_

Do you require special unit design features for visual impairment? YES. \_\_\_\_\_ NO. \_\_\_\_\_

Do you require special unit design features for hearing impairment? YES. \_\_\_\_\_ NO. \_\_\_\_\_

**APPLICANT CERTIFICATION**

- I/we certify that if selected to move into this project, the unit I/we occupy will be my/our primary residence.
- I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
- I/we understand that false statements or information are punishable under federal law and cause for immediate denial of housing.
- I/we understand we must provide written notification of any changes to the information on this form, especially address and telephone number.
- I/we understand that the above information is being collected to determine my/our eligibility for an apartment. I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords, employers, or other sources for credit and verification information which may be released by appropriate federal, state, local agencies, or private persons to the owner/management.
- I/we agree to allow management to perform a consumer credit check and criminal background check including sex offender registry on all adult household members. This will be required prior to an application being processed.
- Housing is subject to availability.

HEAD OF HOUSEHOLD (PLEASE PRINT): \_\_\_\_\_

SIGNATURE OF HEAD: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE ADULT APPLICANT #2 \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE ADULT APPLICANT #3: \_\_\_\_\_ DATE: \_\_\_\_\_

How did you hear about our apartment community? Newspaper \_\_\_ Flier \_\_\_ Word of mouth \_\_\_  
Other (please state) \_\_\_\_\_

**NOTE: Any changes to this document must be approved in writing by the Regional Vice President.**

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**  
This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



**Race and Ethnic Data Reporting Form**

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

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

Name of Property	Project No.	Address of Property
Name of Owner/Managing Agent		Type of Assistance or Program Title:
Name of Head of Household	Name of Household Member	

Date (mm/dd/yyyy): \_\_\_\_\_

<i>Ethnic Categories*</i>	Select One
Hispanic or Latino	<input type="checkbox"/>
Not-Hispanic or Latino	<input type="checkbox"/>
<i>Racial Categories*</i>	One or More
American Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>
Other	<input type="checkbox"/>

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

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

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

### A. General Instructions:

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

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

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

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

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

2. **The five racial categories to choose from are defined below: You may mark one or more.**

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.

**White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



**GROUNDS FOR DENIAL OF RENTAL APPLICATION**  
*This document must be attached to all applications*

TDD # (415) 345-4470 or  
California Relay Service (711)

We welcome your application to rent an apartment at Martin Luther Tower. It is the responsibility of each applicant to provide any and all information required to determine eligibility. Any household members added at a later time and live-in-aides will be subject to the same screening criteria described below. The following lists the reasons why we might deny your application:

- 1) **Credit** (An exception for extraordinary medical and/or student loan expenses may be permitted.)
  - (a) Total unmet credit problems (including governmental tax liens) in excess of \$800
  - (b) A bankruptcy (within the last five years).
  - (c) More than three accounts currently over 90 days past due.
  - (d) More than two accounts in collection within the past five (5) years.
- 2) **Rental History**
  - (a) Eviction(s) within the past five (5) years.
  - (b) An unmet obligation owed to a previous landlord.
  - (c) The applicant must have made timely payments of the last year's rental payments.
  - (d) Negative landlord reference
- 3) **Criminal Background Check and Personal History.** In compliance with the San Francisco Police Code Article 49 Fair Chance Ordinance (FCO) of which you will be provided a copy to sign and read when you are called in for your initial move-in interview, we will not run the criminal or arrest history reports, until all other eligibility requirements in #1 and #2, above, have been met. I/we agree to allow management to perform a criminal background check including sex offender registry, only after a household meets all criteria in #1 and #2, combined. This is to comply with the San Francisco Police Code Article 49 Fair Chance Ordinance (FCO)..

A check will be made of criminal conviction records for the past seven years for all adult Applicants of the household. Reports will be obtained from local and/or state records and may also include local Police records. If the Applicant has resided in a state other than California and has a past felony conviction, a report will be required from that state or federal organization. Felony offenses and or continued and ongoing criminal activity will be grounds for rejection if such offenses involve physical violence to persons or property, domestic violence, sexual abuse, sales of narcotics, illegal weapons possession, any form of assault, breaking and entering, burglary or drug related criminal offenses. Additionally, applicants may be rejected due to:

- A history of violence or abuse (physical or verbal), in which the applicant was determined to be the antagonist.
- Any household containing a member(s) that has been evicted from federally assisted housing for drug-related criminal activity, unless that person has successfully completed an approved, supervised drug rehabilitation program or the circumstances leading to the eviction no longer exist (household member has moved out).
- A household in which any member is currently engaged in illegal use of drugs or for which the owner has reasonable cause to believe that a member's illegal use or pattern of use of a drug may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents. Use shall constitute abuse for illegal drugs (unless required by doctor's verification).
- Any household member who is subject to a state sex offender lifetime registration requirement. In order to implement this federal screening requirement, management will request the head of household to list all states they have lived in. The applicant/tenant file will contain written proof that this screening has been completed. Registered sex offenders will not be admitted. There is a new website that owners and management agents can use to search for registered sex offenders. Go to <http://www.nsopr.gov>.
- Any household member, if there is reasonable cause to believe that a member's behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents.

Consideration may be granted to Applicants with past nonviolent criminal records occurring ten or more years in the past with no further criminal record. Applicants will be provided the criminal background record and provided an opportunity to respond and to provide evidence of mitigating factors.

- 4) **Full Time Student Status**
  - (a) If you are the Head or Co-Head of the household and a full-time student, you must have lived independent of parents or guardians at the time of application for at least one year, nor can you be claimed as a dependent.



**GROUNDS FOR DENIAL OF RENTAL APPLICATION**

TDD # (415) 345-4470 or  
California Relay Service (711)

This document must be attached to all applications

- (b) No assistance shall be provided under Section 8 of the 1937 Act to any individual who is enrolled as a student at an institution of higher education, as defined under Section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002) and: is under 24 years of age; is not a veteran of the United States military; is unmarried; does not have a dependent child, and is not otherwise individually eligible, or has parents who, individually or jointly, are not eligible on the basis of income to receive assistance under Section 8 of the 1937 Act.
- (c) College students with disabilities, as such term is defined in section 3(b)(3)(E) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(3)(E)), are exempt from the restriction on providing Section 8 rental assistance to college students if the student with the disability was receiving the assistance as of November 30, 2005.

**5) Annual Income/Occupancy standard/other program regulations**

- (a) Annual Income (including assets) not within the established restrictions of the property as published annually by the U.S. Department of HUD.
- (b) Household size must meet the established occupancy standard for the property as defined in the Tenant Selection Plan which is 1 occupant in a studio and up to two occupants in a 1-bedroom.
- (c) Applicant must meet all program regulated eligibility requirements.

**6) Documentation**

Each potential occupant must provide all documentation required by the selection process. If an applicant does not show up for an interview, fails to update an application for the waiting list within the specified time when notified, and/or fails to provide at a minimum the following documentation, it is grounds for denying your application.

- (a) Completed and signed application, release of information, grounds for denial, and application fee (if required).
- (b) Landlord references covering the last five years of residency. *Please note: Applicants who have not held a rental agreement for a minimum period of twelve months within the last five years will be required to provide references from a person not related to the applicant who has known the applicant for at least five years.*
- (c) Proof of all income sources and assets, including the two most recent income payments (i.e. pay check stub, social security or other independent verifications).
- (d) Copy of most recent bank statements and/or other accounts (IRA, stocks, mutual funds, etc.)

**7) Offer of an Apartment**

Applicants will be offered only two apartments. Declining the second offer of an apartment is considered to be a withdrawal of the application by the applicant unless there are verifiable medical circumstances that prevent you from moving at the time of offer.

**8) Nondiscrimination**

In the performance of its obligations The John Stewart Company will comply with the provisions of any federal, state or local law prohibiting discrimination in housing on the basis of race, color, creed, ancestry, national origin, sex, sexual orientation, familial status, source of income, age, disability, AIDS, or AIDS related condition. If an applicant feels they have been discriminated against based on a disability, they may contact the local 504 Coordinator, Loren Sanborn, at (415) 345-4400.

**9) Appeal**

Applicants who are not accepted will have 14 days to appeal in accordance with the Grievance Procedure. During the hearing mitigating circumstances will be considered. Persons with a disability have the right to request reasonable accommodations to participate in the informal hearing process. Any meeting with the applicant to discuss the applicant's rejection will be conducted by a member of the Management Agent's staff who was not involved in the initial decision to deny admission or assistance. Prior to making a final decision to reject an applicant, the project will consider mitigating circumstances and evaluate reasonable accommodations and/or structural modifications which might make rejection unnecessary. Within 5 business days of our response or meeting we will advise the applicant in writing of the final decision on eligibility. No unit will be held during the appeal process. If the appeal is successful, applicants will be offered the next available unit of the applicable unit type.

**I HAVE READ AND UNDERSTAND THE FOREGOING AND FIND THEM TO BE REASONABLE REASONS MY RENTAL APPLICATION CAN BE DENIED. 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:** \_\_\_\_\_