

CANNERY PLACE

RESIDENT SELECTION CRITERIA

I. PRIORITIES FOR PROCESSING

- A. Each application will be stamped numerically, dated, and processed according to their ranking order, income eligibility, unit size, and preferences. If no units are available, applications will be placed on the waiting list in this same order.
- B. As vacancies occur, applicants who appear to be eligible will be notified by mail of a pre-screening interview date and time. All new applications will be added to the waiting list and processed as needed to fill the units.
- C. Credit report fee is **\$25** per each applicant over 18 years of age. Only Money Orders or Cashier's Checks will be accepted. (NO cash or personal checks.)

II. OCCUPANCY STANDARDS

A. Units will be occupied in accordance with the following standards:

<u>UNIT SIZE</u>	<u>MINIMUM</u>	<u>MAXIMUM</u>
1 Bedroom	1	3
2 Bedroom	2	5

- C. 1. Every household member on the application will be counted when determining unit size.
- 2. The head of household must be 18 years of age or older, unless he or she is an emancipated minor.
- 3. Personal care attendants may occupy a separate bedroom.
- 4. When a medical hardship is verified to the satisfaction of the managing agent, couples or persons of the same sex who would generally share sleeping quarters may occupy separate bedrooms.

D. Income Limits

<u>Income Level</u>	<u>One Person</u>	<u>Two Person</u>	<u>Three Person</u>	<u>Four Person</u>	<u>Five Person</u>
60% AMI Income	\$49,560	\$56,580	\$63,660	\$70,740	\$76,380
50% AMI Income	\$41,300	\$47,150	\$53,050	\$58,950	\$63,650
30% AMI Income	\$24,780	\$28,290	\$31,830	\$35,370	\$38,190

III. VERIFICATION PROCESS

- A. Financial
 - 1. All income will be verified in writing from the income source on appropriate project income verification forms.
 - 2. All assets, including bank accounts, will be verified.
 - 3. Resident's income cannot exceed the area median income as published annually by the U.S. Department of Housing and Urban Development.
 - 4. Applicants with Section 8 Certificates and Vouchers will be accepted.

of rent receipts must be verified. For eligibility purposes only, in-kind sources like food stamps, Medical, etc., will be counted in determining percentage of household income used for rent. Section 8 applicants are presumed to pass the 45% rule.

6. Third party income verification will be required from all sources, including but not limited to:
 - a. Employment
 - b. Savings and checking
 - c. Pension
 - d. Disability
 - e. Asset verified, property, home, stocks, bonds, IRA, etc.
 - f. Government assistance, A.F.D.C., food stamps, etc.
 - g. Social security
7. A credit reference and criminal background check will be required for all household members 18 years and older.
8. Income calculations are based on the applicant's anticipated annual gross income for the following 12 months. Annual gross income includes income from any and all assets and sources.
9. A previous rental history of two years is required.
10. Applicant's credit history, and prior and current landlord references, will be reviewed and considered in the selection process.

IV. GENERAL

- A. All applicants will be interviewed by the Property Manager or other representative of management.
- B. No pets will be allowed except those agreed to in writing by management, i.e., one small caged bird or a small fish aquarium. A "Seeing Eye" dog or a dog for the deaf is not considered a pet.
- C. The applicant is responsible for completing the application accurately. Misrepresentation of information is grounds for disqualification or termination of occupancy. If an application is rejected, the applicant will be informed in writing and given the procedure required for an appeal. A unit will not be held during an appeal process.

V. REJECTED APPLICATIONS

- A. Applicants may be rejected for any of the following:
 1. Blatant disrespect, disruptive or anti-social behavior toward management, the property or other residents exhibited by an applicant or family member any time prior to move-in (or a demonstrable history of such behavior);
 2. A negative landlord or other reference, including but not limited to failure to comply with the lease, poor payment history, poor housekeeping habits, failing to respect others peaceful enjoyment, or eviction for cause;
 3. Failure to present all members of the family at the full family interview (or some other time acceptable to management) prior to completion of Initial Certification;
 4. A negative credit report (as defined previously, see "Financial");

5. Rent exceeding 45% of household's monthly income as calculated by management;
6. Falsification of any information on the application;
7. Family composition not appropriate for available bedroom size;
8. Failure to update waiting list application within specified time after notification;
9. Other good cause, including, but not limited to, failure to meet any of the selection criteria in this document.
10. A criminal history that includes any felony conviction for: physical/sexual abuse, sale or distribution or use of controlled substances, robbery, burglary, and any act of violence that could affect the health, safety, or welfare of other residents.

VI. FAIR HOUSING

- A. The project will comply with all Federal, State or local fair housing and civil rights laws and with all equal housing opportunity requirements.
- B. The project will comply with the affirmative fair housing requirements.

VII. EVALUATION OF APPLICANT'S CREDIT REPORT

- A. Reasons for rejection (all adult household members must meet same standards):

Within the last three years:

- (1) A single unmet credit problem in excess of \$500.
(Medical expenses and student loans are exempt from this standard.)
- (2) Total unmet credit problems in excess of \$1,500.
- (3) A bankruptcy.
- (4) A State or Federal tax lien in excess of \$500.
- (5) A total of ten (10) unmet credit problems of any value.
- (6) Prior evictions or unlawful detainer.

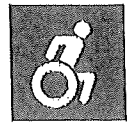
- B. Reasons mitigating rejection:

- (1) Eviction / bad credit - if applicant can prove that he/she moved from the unit and spouse was evicted later; court settlement stipulated spouse was responsible for all debts, etc.
- (2) If applicant provides proof of a payment plan for past due collections.





DO NOT DUPLICATE
ONE APPLICATION PER HOUSEHOLD ONLY
Cannery Place Apartments
601 Cannery Avenue
Sacramento, Ca 95811



APPLICATION FOR ADMISSION

Cannery Place Apartments 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 relation condition.

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

I SPEAK: (Arabic) ; (Cantonese) 广东话 ; (Mandarin) 国语 ; (Korean) 언어 ; (Russian) Русский ; (Spanish) Español ; (Tagalog) Tagalog ; (Vietnamese) Tiếng Việt

TDD Telephone device for the deaf only (415) 345-4470 <SF REGION ONLY> or California Relay Service (711).

Please fill in all blanks. Incomplete applications will not be processed.

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 (including Head of Household) who will be living in the residence.

RELATIONSHIP TO HEAD OF HOUSEHOLD	LAST NAME	FIRST NAME	BIRTH-DATE (MM/DD/YYYY)	SOC. SEC. ###-##-####
1. HOH (Self)	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

DO YOU OWN A CAR? _____ WOULD YOU REQUIRE A PARKING SPACE? _____

THIS IS A NON-SMOKING COMMUNITY.

Effective 10/1/2014, smoking is prohibited on all common areas, including but not limited to parking garage, resident terraces and unit patios. Smoking is allowed inside designated units only.

CURRENT HOUSING STATUS

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

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: _____

Do you have any family members or friends who currently work at this property and/or with John Stewart Company, the Management Agent? ____ YES ____ NO.

If "YES", name of employee, property/corporate office/region: _____

Do you have a section 8 voucher or certificate? ____ Yes ____ No Expiration Date: _____

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

1. **CURRENT LANDLORD:** _____

PHONE #: _____ FAX #: _____

WHAT IS YOUR CURRENT RENT? _____

LANDLORD'S ADDRESS: _____

DATE OF MOVE-IN: _____

YOUR ADDRESS/APT. #: _____

2. **PREVIOUS LANDLORD:** _____

PHONE #: _____ FAX #: _____

RENT AMOUNT: \$ _____

LANDLORD'S ADDRESS: _____

DATE OF MOVE-IN: _____ DATE OF MOVE-OUT: _____

YOUR ADDRESS/APT. #: _____

INCOME INFORMATION

Does any 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
1.	<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we am/are self-employed. (List nature of self-employment and Family Member below) _____ \$ _____
2.	<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we have a job/have been offered employment and receive/will receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the business and/or companies that pay you: <u>Name of Employer</u> <u>Name of Family Member</u> 1) _____ \$ _____ 2) _____ \$ _____ 3) _____ \$ _____
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me. \$ _____
4.	<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we receive unemployment benefits. <u>Name of Family Member</u> 1) _____ \$ _____ 2) _____ \$ _____
5.	<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income. <u>Name of Family Member</u> 1) _____ \$ _____ 2) _____ \$ _____
6.	<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we receive periodic Social Security payments. <u>Name of Family Member</u> 1) _____ \$ _____ 2) _____ \$ _____
7.	<input type="checkbox"/> YES <input type="checkbox"/> NO	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.). \$ _____
8.	<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we receive Supplemental Security Income (SSI). <u>Name of Family Member</u> 1) _____ \$ _____ 2) _____ \$ _____
9.	<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we receive disability, EDD paid family leave, EDD disability insurance, or death benefits other than Social Security. <u>Name of Family Member</u> 1) _____ \$ _____ 2) _____ \$ _____
10.	<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we receive Public Assistance Income (examples: TANF, CalWorks, CAPI, AFDC, GA/GR) * Do not include CalFresh, SNAP, Food Stamps \$ _____
11.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	I/we am entitled to receive child support payment (<i>court ordered or parental agreement</i>) \$ _____ I/we am currently receiving child support payments. \$ _____
12.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	I/we receive alimony/spousal support payments (<i>court ordered or divorce agreement</i>) \$ _____ I/we am currently receiving alimony/spousal support payments. \$ _____

Income Source			Monthly Gross Income
13.	<input type="checkbox"/> YES <input type="checkbox"/> 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) _____	\$ _____ \$ _____
14.	<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we receive income from real or personal property. _____	\$ _____
15.	<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we receive student financial aid (public or private, not including student loans) Subtract cost of tuition from aid received.. <i>*For households receiving Section 8 assistance only</i> <u>Name of Family Member</u> 1) _____ 2) _____	\$ _____ \$ _____

TOTAL HOUSEHOLD MONTHLY INCOME	\$ _____
TOTAL HOUSEHOLD ANNUAL INCOME (Total Monthly Income x 12)	\$ _____

16.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Are any of the above noted income sources (including Social Security, wages, unemployment, public assistance, disability, etc.), currently being received as a Debit Visa, MC, or similar payment card(s)/account(s)? If YES, list <u>income source(s)</u> and <u>Name of Family Member</u> 1) _____ 2) _____	List Income Source _____ _____
17.	<input type="checkbox"/> YES <input type="checkbox"/> NO	I/We anticipate receiving or have applied for any income source(s) that will begin in the next 12 months. If YES, list <u>income source(s)</u> and <u>Name of Family Member</u> 1) _____ 2) _____	List income Source _____ _____

ASSET INFORMATION

Asset Source			Interest Rate	Cash Value
18.	<input type="checkbox"/> YES <input type="checkbox"/> 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) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
19.	<input type="checkbox"/> YES <input type="checkbox"/> 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) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
20.	<input type="checkbox"/> YES <input type="checkbox"/> NO	I / We have an EBT, Direct Express Card, Cash Card, Debit Visa, Debit MasterCard, or similar payment card(s) or account(s). (Including or associated with any income source like Social Security wages, Unemployment, Public Assistance, Disability, Etc...) If yes, list <u>source(s)</u> of income being received/type of account(s) If YES, list <u>source(s)</u> and <u>Name of Family Member</u> 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
21.	<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we have available funds held in a payment service account, such as Venmo, PayPal, Skill, etc. If YES, list <u>source(s)</u> and <u>Name of Family Member</u> 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____

Asset Source			Interest Rate	Cash Value
22.	<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we have a revocable trust(s). If YES, list <u>bank(s)</u> and <u>Name of Family Member</u> 1) _____ _____	_____ %	\$ _____
23.	<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we own real estate. If YES, <u>provide description</u> : _____	_____ %	\$ _____
24.	<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we own crypto currency such as Bitcoin, Litecoin, Ethereum, etc. If YES, list <u>type</u> : and <u>Name of Family Member</u> 1) _____ 2) _____	Average Change over a 3 month-period: _____% _____%	\$ _____ \$ _____
25.	<input type="checkbox"/> YES <input type="checkbox"/> 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) _____	Rate of return or 3-month average: _____% _____%	\$ _____ \$ _____
26.	<input type="checkbox"/> YES <input type="checkbox"/> 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) _____	_____% _____%	\$ _____ \$ _____
27.	<input type="checkbox"/> YES <input type="checkbox"/> 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) _____	_____% _____%	\$ _____ \$ _____
28.	<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we have a whole life insurance policy with a cash/surrender value. If YES, list <u>sources/bank names</u> and <u>Name of Family Member</u> 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
29.	<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we have cash on hand.		\$ _____
30.	<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we have disposed of assets (i.e. gave away money/assets) for less than fair market value in the past 2 years. If yes, list <u>items</u> and <u>date disposed</u> 1) _____ 2) _____		\$ _____ \$ _____
31.	<input type="checkbox"/> YES <input type="checkbox"/> 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) _____	_____% _____%	\$ _____ \$ _____

Student Status

32.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the household consist of persons who are all <u>full-time</u> students (Examples: College/University, trade school, etc.)?
33.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Does your household anticipate becoming a full-time student household in the next 12 months?

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 CERTIFICATIONS

1. I/we certify that if selected to move into this project, the unit I/we occupy will be my/our primary residence.
2. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
3. I/we understand that false statements or information are punishable under federal law and cause for immediate denial of housing.
4. I/we understand we must provide written notification of any changes to the information on this form, especially address and telephone number.
5. 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.
6. I/we agree to allow management to perform a consumer credit check and criminal background check on all adult household members. (I/we may request copies of these documents.) This will be required prior to an application being processed.
7. 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 ____ Flyer ____ Word of mouth

____ Other (please state) _____

Thank you.



Cannery Place Apartments
GROUNDS FOR DENIAL OF RENTAL APPLICATION



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

We welcome your application to rent an apartment at Cannery Place Apartments. It is the responsibility of each applicant to provide any and all information required to determine eligibility. The following lists the reasons why we might deny your application:

1) **Credit**

- (a) A single unmet credit problem in excess of \$500.
 - (b) Total unmet credit problems (including governmental tax liens) in excess of \$1,500.
 - (c) A bankruptcy.
 - (d) A state or Federal tax lien in excess of \$500.
 - (e) A total of 10 unmet credit obligations of any value.
 - (f) Prior eviction or unlawful detainer.
- An exception for extraordinary medical and/or student loan expenses may be permitted.

2) **Rental History**

- (a) A judgment against an applicant obtained by the current or previous landlord.
- (b) An unmet obligation owed to a previous landlord.
- (c) The applicant must have made timely payments of the last two year's rental payments.
- (d) Negative landlord reference

3) **Personal History**

- (a) A history of violence or abuse (physical or verbal), in which the applicant was determined to be the antagonist.
- (b) Current abuse of alcohol or use of illegal drugs. Use shall constitute abuse for illegal drugs (unless required by doctor's verification).

4) **Criminal Background Check & Personal History**

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. Generally, public records of this sort are only available for the past seven (7) years. However, if information becomes known during the screening process regarding criminal activity that happened before the past seven-year period which could impact the Applicant household's eligibility to live at the property, the Management Agent reserves the right to consider this information as well. Serious 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, manufacture or sale of narcotics or other illegal substances, illegal weapons possession, any form of assault, breaking and entering, burglary or drug related criminal offenses. The nature, severity and recency of such felony offenses and/or ongoing criminal activity will be considered when reviewing the Applicant and only those potentially impacting the health, safety, security or right to peaceful enjoyment of the property of and by other residents, visitors or employees will be considered. 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.
- 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.
- 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 seven 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.

5) **Full Time Student Status**

Units comprised of full-time students do not qualify to reside in tax credit properties. However, there are exceptions as outlined by the IRS under IRC §42(i)(3)(D) that include:

- (a) Receiving assistance under Title IV of the Social Security Act (AFDC, TANF);
- (b) Enrolled in a job training program receiving assistance under the Work Force Investment Act (WIA), (formerly the Job Training Partnership Act) or under another similar federal, state, or local laws;



Cannery Place Apartments
GROUNDS FOR DENIAL OF RENTAL APPLICATION



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

- (c) Single parents with minor children, all of whom are full-time students, and such parents and children are not dependents of another individual (children in household can be claimed as dependents on either parent's tax return).
 - (d) All members of household are married and have filed a joint tax return or are entitled to file a joint tax return.
- 6) **Annual Income/Occupancy standard/other program regulations**
- (a) Annual Income (including assets) not within the established restrictions of the property.
 - (b) Household size must meet the established occupancy standard for the property.
 - (c) Applicant must meet all program regulated eligibility.
- 7) **Documentation**
- Each potential occupant must provide all documentation required by the selection process. If an applicant does not show up for an interview, or 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 two 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 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.)
- 8) **Offer of an Apartment**
- Applicants will be offered only one apartment. Declining the 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.
- 9) **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.
- 10) **Appeal**
- Applicants who are not accepted will have 14 days to appeal. During the hearing mitigating circumstances will be considered. Persons with a disability have the right to request reasonable accommodations to participate in the hearing process. 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 Signature #1: _____ **Date:** _____

Applicant Signature #2: _____ **Date:** _____

Applicant Signature #3: _____ **Date:** _____

Applicant Signature #4: _____ **Date:** _____

Applicant Signature #5: _____ **Date:** _____

NOTE: Any change to this document must be approved by the Regional Vice President in writing. This document must be attached to all applications.



GRIEVANCE PROCEDURE



If an Applicant or a Resident feels any representative of management has acted in a discriminatory manner with respect to lease requirements, disability status, accommodation request, application processing, management policies, etc., which has adversely affected the rights of the complainant, the first step should always be informal discussion of the incident between the complainant and management. Day-to-day contact and honest communication between the manager and the residents or applicants are the most successful way to avoid misunderstandings and develop mutual respect. If this fails to resolve the grievance, the following steps should be taken:

1. Informal Grievance Review

The goal of the informal review is to settle the problem without the need for a formal review. If the resident or applicant has a complaint and requests a review, they will have an informal review with the Property Manager or Regional Manager of The John Stewart Company.

- The resident or applicant must personally present their grievance, either orally or in writing, to The John Stewart Company management office at 1796 Tribute Road Suite 200, Sacramento, CA 95815, phone #916-561-0323 so that management may discuss the grievance with them informally. While they can present their grievance orally, it is better to state the grievance in writing. The grievance may be simply stated, but must specify both the specific ground(s) for the grievance and the action or relief sought.
- The resident or applicant must present their grievance within a reasonable time, not to exceed ten (10) working days following the incident or action upon which the grievance or dispute is based.
- Once requested, an informal review will be held between the resident or applicant and management within five (5) working days following management's receipt of the request.
- Management will prepare a written, dated, and signed summary of the discussion and its response to the grievance within a reasonable time, not to exceed fourteen (14) working days. Management will mail or deliver one copy to the resident or applicant and keep one in its file. Management's answer shall specify 1) the name of the review participants, 2) the date of the review, 3) the nature of the grievance, 4) Management's decision on the grievance (and the specific reasons for Management's decision), 5) the resident or applicant's right to request a formal review, and 6) the procedure to request such a formal review (if the resident or applicant is not satisfied with the Management's decision).

2. Formal Grievance Review

If the resident or applicant is dissatisfied with management's decision after the informal review, they can request a formal review. The formal review will be heard by a Vice President/504 Coordinator or Senior Vice President of The John Stewart Company.

- If the resident or applicant desires a formal review, they may submit a written request to formalreview.sac@jsco.net within five (5) working days after receiving management's written summary of the informal review. If the resident or applicant does not have access to e-mail, then the information may be delivered to the property or the John Stewart Company Regional Office at:

The John Stewart Company
1796 Tribute Rd Ste 200
Sacramento CA 95815
Attention: Regional Vice President

- As with the informal review, the resident or applicant must state the nature of their complaint or grievance, the reasons why they disagree with Management’s decision resulting from the informal review, and the action or relief they seek.
- The assigned John Stewart Company officer will review the information provided by the resident or applicant and the management staff and make a written determination with ten (10) working days, which shall be final.
- At any time, the resident or applicant has the right to file a complaint with HUD’s Office of Fair Housing and Equal Opportunity.

San Francisco Regional Office of FHEO
 U.S. Department of Housing and Urban Development
 One Sansome Street, Suite 1200
 San Francisco, California 94104
 (800) 347-3739, TTY (415) 436-6594

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

 Signature

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To be attached to all applications and resident files.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-567-8688.
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552 b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act. c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and Insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group P.O. Box 53570 Houston, TX 77052 b. Federal Reserve Consumer Help Center P.O. Box, 1200 Minneapolis, MN 55480 c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Assistant General Counsel for Office of Aviation Protection Department of Transportation 1200 New Jersey Avenue SE Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street SW Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Division Regional Office
6. Small Business Investment Companies	Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street SW, Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street NE Washington, DC 20549
8. Institutions that are members of the Farm Credit System	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357

_____ I certify I read and understand the Summary Of Your Rights Under The Fair Credit Reporting Act