

# ALTA HOUSING PRESENTS

## CALIFORNIA PARK APARTMENTS

2301 Park Boulevard, Palo Alto

**45 Affordable Family Units Administered by the Tax Credit Program**

- ✓ Easy access to public transportation (near Caltrain station and Stanford shuttle)
- ✓ One 1-bedroom wheelchair accessible unit, two- & three-bedroom units
- ✓ Picnic tables and barbecue area with grills
- ✓ Conveniently located near California Avenue
- ✓ Quiet, residential area
- ✓ Park-like setting
- ✓ Play structure
- ✓ On-site parking
- ✓ Bike lockers for each resident
- ✓ Laundry room
- ✓ Excellent Palo Alto schools
- ✓ Within walking distance of Peers Park



Preference will be given to applicants who live or work in the City of Palo Alto\*  
See Resident Selection Criteria for additional details regarding the qualification process

### WAITING LIST OPEN

#### Rental Rates and Income Limits

1 Bedroom -- \$2,181    2 Bedroom -- \$2,606    3 Bedroom -- \$2,997

| # In Family | Max Income | # In Family | Max Income |
|-------------|------------|-------------|------------|
| 1           | \$93,660   | 5           | \$144,480  |
| 2           | \$107,040  | 6           | \$155,160  |
| 3           | \$120,420  | 7           | \$165,840  |
| 4           | \$133,740  |             |            |

Applications are available at:  
California Park Apartments  
2301 Park Blvd., Palo Alto  
Tel: (650) 321-2730 Fax: (650) 321-2938

Equal Housing Opportunity



**RENTAL HOUSING WAITING LIST APPLICATION**

Property Applying For \_\_\_\_\_  
Applicant's name \_\_\_\_\_  
Residence address \_\_\_\_\_  
Mailing address \_\_\_\_\_  
Email Address \_\_\_\_\_  
Telephone Numbers daytime: \_\_\_\_\_ evening: \_\_\_\_\_

Size of unit being applied for (please note household size limits):

- SRO (1 Person)  Studio (1-2 Persons)  1BR (1-3 Persons)  2 BR (2-5 Persons)  
 3BR (3-7 Persons)

**FAMILY COMPOSITION (Please attach a separate sheet for additional household members.)** List yourself as the applicant and first family member. Use a separate line for each member.

| # | Name | Relationship   | Social Security # | Birth Date | Age | Sex |
|---|------|----------------|-------------------|------------|-----|-----|
| 1 |      | Head of Family |                   |            |     |     |
| 2 |      |                |                   |            |     |     |
| 3 |      |                |                   |            |     |     |
| 4 |      |                |                   |            |     |     |
| 5 |      |                |                   |            |     |     |
| 6 |      |                |                   |            |     |     |
| 7 |      |                |                   |            |     |     |

**Please check all of the following statements that apply to your household:**

- At least one member of the household works in the City of Palo Alto at the following work site: \_\_\_\_\_  
 The household has a member who uses a wheelchair.  
 This household is comprised of a single, disabled person.  
 There is a pet in the household. (Describe) \_\_\_\_\_

**HOUSEHOLD GROSS INCOME (all household members 18 or over)**

| # | Name                                       | Annual Gross Income |
|---|--|---------------------|
|   |  |                     |
|   |  |                     |
|   |  |                     |
|   | <b>TOTAL ANNUAL GROSS HOUSEHOLD INCOME</b> |                     |

**Applicant's Certification**

I certify that all the information in this application is true and complete to the best of my knowledge.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_



If hearing impaired call 800-735-2929.  
Alta Housing and its affiliates does not discriminate against any person because of race, color, religion, sex, disability, familial status, or nation origin.





**ALTA  
HOUSING**

Sobrato Center for Nonprofits  
3460 W. Bayshore Rd. Ste. 104  
Palo Alto, CA 94303

Tel. 650 321 9709  
Fax. 650 321 4341

W: [altahousing.org](http://altahousing.org)  
E: [info@altahousing.org](mailto:info@altahousing.org)

## RESIDENT SELECTION CRITERIA (Non-Subsidized Property)

**FAIR HOUSING** — PAHC Management & Services Corporation (PAHC MSC) will not discriminate against any person or persons on any basis prohibited by law, including, but not limited to race, color, religion, national origin, ancestry, sex, disability, source of income, sexual orientation, age or familial status.

**INCOME ELIGIBILITY** — Maximum income limits are determined by the Regulatory Agreement. In general maximum gross household income, upon initial occupancy, may not exceed 60% of the area median income ("Low"), as published annually by HUD. See property information for property specific income limits. In order to establish an applicant's ability to pay rent, while some exceptions may apply, minimum income limits are determined by PAHC and set at 2.5 times the rent of the unit for which the prospective resident is being considered.

**FULL-TIME STUDENT RULE - TAX CREDIT PROGRAM** - Full-time students are ineligible unless one of the following exceptions apply:

- ◆ Married and filing a joint tax return
- ◆ Single parent with dependent children
- ◆ Currently receiving AFDC
- ◆ Household not entirely comprised of full-time students
- ◆ Currently undergoing a job training program like the JTPA

**LOCAL PREFERENCE** — Potential residents who live or work in the City of Palo Alto or have been notified that they have been hired to work at a work site in the City of Palo Alto have a preference for available units. To qualify, one must live at a specific address (a post office box is not considered), or at least one adult household member must work a minimum of twenty hours per week, within the city of Palo Alto. Academic and residential areas of Stanford University are not in the City of Palo Alto.

**HOUSEHOLD SIZE** — Household size may not exceed two per bedroom plus one. Certain reasonable criteria may apply to avoid over-crowding and underutilization of units.

**ACCESSIBLE UNITS** - Applicants requiring a unit accessible to or adaptable for persons with mobility impairments will have first priority when that unit becomes available.

**FAVORABLE CREDIT RATING** - A credit report that indicates any adult member of the household has one or more of the following within the last two years is grounds for denial:

- ◆ Bankruptcy Charge-Off Repossession Judgment Collection in excess of \$5000 Account over 120 days past due

**CRIMINAL REPORT** — Criminal background and sex offender checks may be conducted. A household will be denied admission if: 1) any household member has been evicted from a Federally-assisted housing project for drug-related criminal activity, within the past three years 2) any household member is currently engaging in the use of illegal drugs; 3) there is reasonable cause to believe that a household member's abuse or pattern of abuse of alcohol or illegal drugs may interfere with the health, safety, or right to peaceful enjoyment of the premises of other residents; 4) any household member is subject to lifetime registration requirement under a State sex offender registration program. Admission may be prohibited for 1) drug-related criminal activity, including, but not limited to possession, usage, distribution, transport, sale, manufacture, or storage of illegal drugs and/or drug paraphernalia, or conviction for violating any State or Federal laws relating to illegal drugs and/or drug paraphernalia; 2) violent criminal activity; 3) other criminal activity that would threaten the health, safety, or peaceful enjoyment of the premises by other residents; 4) other criminal activity that would threaten the health and safety of the owner and employee, contractor, or agent who is involved in the housing operation.

**FAVORABLE REFERENCES** - A positive prior landlord reference indicating ability to care for the property and pay rent on time, as well as the ability to peacefully live in relation to other residents is required. Eviction history and references for the past three years will be checked.

**ADDITIONAL REQUIREMENTS** - A prospective resident must indicate willingness to comply with all lease requirements, house rules and unit inspections. Income eligibility is verified annually, and residents must report changes to income, assets and/or household composition when they occur. A household may no longer qualify for tenancy if income exceeds 140% of the maximum eligible percentage of median income upon entry or the Low-Income level established by the Department of Housing and Urban Development (HUD) and incorporated by the California Revenue and Taxation Code Section 214 for the property tax "welfare" exemption, whichever is greater. The resident may be given 90 days to vacate the unit or rent may be increased to the maximum allowable under the program.

**APPLICATION PROCESS** - Applicants must complete an application form and submit it directly to the property management office on site. Incomplete applications will not be placed on the waiting list. All adult household members must sign the application. Completed applications will be reviewed for eligibility. Completed applications will be date & time stamped upon receipt.

**INTERVIEW REQUIREMENTS** - The Site Manager will schedule an interview with all adult applicants on the application. At this time, all verification forms are to be completed, credit checked, and income and assets verified.

**DENIAL AND APPEAL PROCEDURES** - If an applicant fails to meet the eligibility requirements of the Resident Selection Criteria, a written notice of denial stating the reason for denial will be mailed to applicant along with a copy of the Grievance & Appeal Procedure. An applicant has 14 days to request an appeal.

**BUILDING STORIES THAT MATTER**





**ALTA HOUSING**

California Park Apartments  
% 2301 Park Blvd  
Palo Alto, CA 94306

Tel. 650 321 2730  
Fax. 650 321 2938

Altahousing.org

**SUPPLEMENTAL AND OPTIONAL CONTACT INFORMATION HOUSING APPLICANTS/TENANTS**

**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.

|   |
|---|
| <b>Applicant/Tenant Name:</b>   |
| <b>Mailing Address:</b>   |
| <b>Telephone No:</b> <span style="float: right;"><b>Cell Phone No:</b></span>   |
| <b>Name of Additional Contact Person or Organization:</b>   |
| <b>Address:</b>   |
| <b>Telephone No:</b> <span style="float: right;"><b>Cell Phone No:</b></span>   |
| <b>E-Mail Address (if applicable):</b>  |
| <b>Relationship to Applicant:</b>   |
| <b>Reason for Contact:</b> (Check all that apply)<br><input type="checkbox"/> Emergency <span style="margin-left: 200px;"><input type="checkbox"/> Assist with Recertification Process</span><br><input type="checkbox"/> Unable to contact you <span style="margin-left: 150px;"><input type="checkbox"/> Change in lease terms</span><br><input type="checkbox"/> Termination of rental assistance <span style="margin-left: 150px;"><input type="checkbox"/> Change in house rules</span><br><input type="checkbox"/> Eviction from unit <span style="margin-left: 150px;"><input type="checkbox"/> Other: _____</span><br><input type="checkbox"/> Late payment of rent |
| <b>Commitment of 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.   |

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

|  |  |
|--|--|
|  |  |
|--|--|

**Signature of Applicant**

**Date**

**BUILDING STORIES THAT MATTER**

*If hearing impaired call 800-735-2929. PAHC Management & Services does not discriminate against any person because of race, color, religion, sex, sexual orientation, disability, familial status, or national origin.*





## 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 should check as many as apply to you,

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

form HUD-27061-H (9/2003)

