



Cranes Landing Apartments

Section 504 Equal Access Statement

For mobility impaired persons – this document is kept in the office at Eden Housing Management, Inc. This document may be examined from Monday through Friday between the hours of 10:00 AM and 12:00 Noon and 1:00 PM and 4:00 PM. You must phone to make arrangements to examine this document. Please call (209) 400-2070 and TDD users may dial 1(800) 735- 2929.

For vision impaired persons – Cranes Landing Apartments will provide a staff person to assist a vision impaired person in reviewing this document. Assistance may include: describing the contents of the document, reading the document or sections of the document, or providing such other assistance as may be needed to permit the contents of the document to be communicated to the person with vision impairments.

For the hearing impaired - Cranes Landing Apartments will provide assistance to hearing impaired persons in reviewing this document. Assistance may include provision of a qualified interpreter at a time convenient to both the Property and the individual with handicaps. Please call the TDD number 1-800-735-2929 for our number and to schedule an appointment.

Assistance to insure equal access to this document will be provided in a confidential manner and setting. The individual with disabilities is responsible for providing his/her own transportation to and from the location where this document is kept.

If an individual with disabilities is involved, all hearings or meetings required by this document will be conducted at an accessible location with appropriate assistance provided.

• (209)-400-2070 • Fax: (209)-400-2054 • 2245 Tienda Drive, Lodi, California 95242 •

www.edenhousing.org

AN AFFORDABLE HOUSING PROPERTY MANAGEMENT ORGANIZATION

Eden Housing Management, Inc. does not discriminate based on race, color, creed, religion, sex, national origin, age, familial status, handicap, ancestry, medical condition, physical handicap, veteran status, sexual orientation, AIDS, AIDS related condition (ARC), mental disability, or any other arbitrary basis. TDD/TTY 1-800-735-2922





EDEN HOUSING MANAGEMENT, INC. RESIDENT SELECTION POLICY

Eight (8) units are designated for MHSAs households with services to be provided by San Joaquin County Behavioral Health Services (BHS) through their Full Service Partnerships (FSP).

All applicants for housing will be screened according to the criteria set forth in this Resident Selection Policy. Management will hire a contractor to run a credit check and criminal background check and register sex offender report on all applicants and it will check court records for evictions or judgment's against the applicant. The purpose of these checks is to obtain information on the applicant's past history of meeting financial obligations and future ability to make timely rent payments and to determine if the applicant has a criminal history which makes him/her unacceptable to live at an Eden Housing Property. The Resident Selection Policy is established to comply with the Federal and State Laws and/or Eden Housing Management, Inc. Policy.

Applicants Must Meet the Following Criteria:

- ◆ Household annual income must not exceed the program income limits of the property the household is applying for;
- ◆ All Household members MUST be aged 62 or older at the time of application;
- ◆ In accordance with the following guideline, the household composition must be appropriate for the apartment size in which the household is applying:

<u>Bedroom Size</u>	<u>Minimum Persons</u>	<u>Maximum Persons</u>
1 - Bedroom	1	3

- ◆ Program eligibility determines whether applicants are eligible to reside in the specific property to which they have applied;
- ◆ Demonstrate past performance in meeting financial obligations, especially rent paying: An applicant must receive a minimum **monthly income equal to two and one-half times the rent** of the apartment he/she is interested in renting. (Some exclusions apply, this may not apply to HUD/ or HA Vouchers Subsidized Properties);
- ◆ Current and prior landlords will be contacted to determine rent paying history, disturbance of neighbors, destruction of property or housekeeping habits which would pose a threat to other residents.
- ◆ No negative landlord reference's from a former landlord;
- ◆ No unlawful detainers (Evictions);
- ◆ No unpaid judgments, collections, and liens exceeding \$5,000 excluding student loans and medical bills;
- ◆ No bankruptcies filed within the last twelve months;
- ◆ No repossessions within the past two years, excluding voluntary repossessions;
- ◆ No unpaid utility bills (Electric, Gas, Water/Sewer and Garbage);
- ◆ No unpaid balances due to a prior landlord;
- ◆ No household member may be involved in drug-related criminal activity;

• (209)-400-2070 • Fax: (209)-400-2054 • 2245 Tienda Drive, Lodi, California 95242 •

www.edenhousing.org

AN AFFORDABLE HOUSING PROPERTY MANAGEMENT ORGANIZATION

Eden Housing Management, Inc. does not discriminate based on race, color, creed, religion, sex, national origin, age, familial status, handicap, ancestry, medical condition, physical handicap, veteran status, sexual orientation, AIDS, AIDS related condition (ARC), mental disability, or any other arbitrary basis. TDD/TTY 1-800-735-2922



Resident Selection Policy
Page Two of Two

- ◆ The Property Manager will double check the Credit History with the landlord references and application to ensure that the applicant reported all addresses where he/she has lived and any other information that should be the same. If the information is not the same, the Property Manager will ask the applicant about the discrepancies. If there is no acceptable explanation and it is clear that the applicant falsified information on the application, the applicant will be rejected/crossed out from the Waiting List and a denial letter will be sent to the applicant;
- ◆ A household member convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing will not be approved for residency under any circumstances;
- ◆ A household member currently engaged in use of a drug or if the owner has reasonable cause to believe that a household member's illegal use of a drug or pattern of illegal use may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents will not be approved for residency;
- ◆ A household member who is subject to lifetime registration requirement under a State Sex Offender Registration Program will not be admitted under any circumstances. A third party background check will be conducted to determine status;
- ◆ A household member's abuse or pattern of abuse of alcohol that interferes with the health, safety, or peaceful enjoyment of the premises by other residents will not be approved for residency;
- ◆ A household member who has been involved in drug related criminal activity or violent criminal activity or other criminal and ongoing criminal activity that is current or an indication of repeated criminal behavior will not be approved for residency;
- ◆ EHMI requires a household to exclude an offending household member that has committed acts that would result in denial of admission to the housing program or to continue to reside in the assisted units;
- ◆ An applicant's misrepresentation of any information related to eligibility, allowance, household composition or rent will not be approved for residency.

While other qualifications apply, the above mentioned has been established to reflect a short version of Eden Housing Management Inc. Resident Selection Policy. Eden Housing Management Inc. may conduct additional verifications to determine the eligibility of the entire household.

Being eligible, however, is not an entitlement to housing. Every applicant must meet the Resident Selection Policy. This policy is used to demonstrate the applicant's suitability as a resident using verified information on past behavior to document the applicant's ability, either alone or with assistance, to comply with essential Lease provisions and any other rules governing tenancy.

Applicant signature _____ Date _____

Co-Applicant signature _____ Date _____

Other Adult signature _____ Date _____

• (209)-400-2070 • Fax: (209)-400-2054 • 2245 Tienda Drive, Lodi, California 95242 •

www.edenhousing.org

AN AFFORDABLE HOUSING PROPERTY MANAGEMENT ORGANIZATION

Eden Housing Management, Inc. does not discriminate based on race, color, creed, religion, sex, national origin, age, familial status, handicap, ancestry, medical condition, physical handicap, veteran status, sexual orientation, AIDS, AIDS related condition (ARC), mental disability, or any other arbitrary basis. TDD/TTY 1-800-735-2922



**EDEN HOUSING MANAGEMENT, INC.
APPLICANT AUTHORIZATION AND CONSENT
FOR RELEASE OF INFORMATION**

Prospective Property: Cranes landing

BY SIGNATURE BELOW I AUTHORIZE THE PREPARATION OF AN INVESTIGATION REPORT FOR THE THIS PURPOSE, I AUTHORIZE AND UNDERSTAND THAT INVESTIGATIVE BACKGROUND INQUIRES ARE TO BE MADE ON MYSELF INCLUDING CONSUMER CREDIT, EVICTION, CRIMINAL, SEX OFFENDER REGISTRATION AND OTHER REPORTS. FURTHER, I UNDERSTAND THAT YOU WILL BE REQUESTING INFORMATION FROM VARIOUS FEDERAL, STATE AND OTHER AGENCIES WHICH MAINTAIN RECORDS CONCERNING MY PAST ACTIVITIES RELATING TO MY DRIVING, CREDIT, CRIMINAL, CIVIL, TENANCY AND OTHER EXPERIENCES. I RELEASE ALL OF THE ABOVE, INCLUDING NATIONAL CREDIT REPORTING AND ITS AGENTS TO THE FULL EXTENT PERMITTED BY LAW FROM ANY CLAIMS, DAMAGES, LOSSES, LIABILITIES AND EXPENSES ARISING FROM THE RETREIVAL AND REPORTING OF INFORMATION. ALL REPORTS WILL BE KEPT CONFIDENTIAL.

ACCORDING TO THE FEDERAL FAIR CREDIT REPORTING ACT, I AM ENTITLED TO KNOW IF I WAS DENIED BASED ON THE INFORMATION OBTAINED AND TO RECEIVE UPON WRITTEN REQUEST TO NATIONAL CREDIT REPORTING A DISCLOSURE OF THE PUBLIC INFORMATION AND THE NATURE AND SCOPE OF THE INVESTIGATIVE REPORT.

I, THE UNDERSIGNED APPLICANT, DO HEREBY CERTIFY THAT THE INFORMATION PROVIDED BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ANY COPY OF THIS DOCUMENT IS AS VALID AS THE ORIGINAL. FALSIFYING INFORMATION COULD RESULT IN DENIAL OF TENANCY.

Print Name: _____

Soc. Sec. # _____ - _____ - _____ *Date of Birth ____/____/____

Current Address: _____

City / State/ Zip: _____

Driver License # _____ State: _____

Have you been convicted of a felony? _____ Yes _____ No

Have you lost Tenancy Due to Drug Use in the Last 3 years? _____ Yes _____ No

Have you attended a Rehabilitation Program in the last 3 years? _____ Yes _____ No

If Yes, What Program? _____

Signature _____ Date _____

* DATE OF BIRTH IS BEING REQUESTED IN ORDER TO OBTAIN ACCURATE RETREIVAL OF RECORDS

**All household members 18 years and older will be required to complete a separate
Applicant Authorization and Consent of Release of Information Form.**

Additional Forms Available upon Request

APPLICATION FOR OCCUPANCY

APPLICANT



Cranes Landing Apts.
2245 Tienda Drive,
Lodi, CA 95242

First Name Middle Initial Last Name

Present Address

City / State / Zip

Mailing Address (if different from above)

City / State / Zip

Telephone: Home Work

Social Security #: Date of Birth

E-mail Address:

Male Female

INSTRUCTIONS

CO-APPLICANT INFORMATION

Select Bedroom Size:

1 Bedroom

First Name Middle Initial Last Name

Present Address

City / State Zip

Mailing Address (if different from above)

City / State / Zip

Telephone: Home Work

Social Security #: Date of Birth

Relationship to Applicant

E-mail Address:

Male Female

Time & Date Application

Received (time stamp):

Lott./App. #:

Eden Housing Management, Inc. does not discriminate based on race, color, creed, religion, sex, national origin, age, familial status, handicap, ancestry, medical condition, physical handicap, veteran status, sexual orientation, AIDS, AIDS related condition (ARC), mental disability, or any other arbitrary status.

PART II. HOUSEHOLD MEMBER INFORMATION

HOUSEHOLD MEMBER

Male Female

First Name Middle Initial Last Name

Relationship to Applicant Date of Birth

Social Security #: Now living with Applicant Yes No

HOUSEHOLD MEMBER

Male Female

First Name Middle Initial Last Name

Relationship to Applicant Date of Birth

Social Security #: Now living with Applicant Yes No

Do you have a Housing Choice Voucher? Yes No

PART III. INCOME INFORMATION

INCOME INFORMATION

Identify all income for all household members 18 years and older. This information will be used to verify household income.

EMPLOYMENT INCOME
List the complete name and address of employer, job title and gross earnings (before taxes).

OTHER INCOME
This can include social security, disability, AFDC, alimony, and child support, pensions, interest and dividends, unemployment benefits, worker's compensation, regular gifts or support from family and/or friends, or any other household income. Do not list income received for foster child care and food stamps. Complete disclosure of all household income is required, regardless of source. Failure to disclose complete information may disqualify your application.

ASSETS
Assets include checking and saving accounts, equity in real property, stocks, bonds and other forms of capital investment. Do not include automobiles or furniture. If you have no assets, write "none" in the space.

APPLICANT:

EMPLOYMENT INCOME: Job Title: _____
Company Name _____
Mailing Address _____ City _____ Zip _____
Contact Person _____ Telephone () _____
Gross Monthly Earnings \$ _____
Pay Rate \$ _____ Based on: hourly weekly monthly yearly
Hours worked per week (if not 40) _____ Weeks worked/year (if not 52) _____

OTHER INCOME: Source _____
Claim No. (if applicable) _____
Agency _____
Mailing Address _____
Contact Person _____ Telephone () _____
Amount \$ _____ Income Period: weekly monthly yearly

DESCRIPTION OF ASSET: Value \$ _____
Name of Institution _____
Mailing Address _____ City _____ Zip _____
Account Number (if applicable) _____

DESCRIPTION OF ASSET: Value \$ _____
Name of Institution _____
Mailing Address _____ City _____ Zip _____
Account Number (if applicable) _____

CO-APPLICANT:

EMPLOYMENT INCOME: Job Title: _____
Company Name _____
Mailing Address _____ Telephone () _____
Contact Person _____
Gross Monthly Earnings \$ _____
Pay Rate \$ _____ Based on: hourly weekly monthly yearly
Hours worked per week (if not 40) _____ Weeks worked/year (if not 52) _____

OTHER INCOME: Source _____
Claim No. (if applicable) _____
Agency _____
Mailing Address _____ City _____ Zip _____
Contact Person _____ Telephone () _____
Amount \$ _____ Income Period: weekly monthly yearly

DESCRIPTION OF ASSET: Value \$ _____
Name of Institution _____
Mailing Address _____ City _____ Zip _____
Account Number (if applicable) _____

DESCRIPTION OF ASSET: Value \$ _____
Name of Institution _____
Mailing Address _____ City _____ Zip _____
Account Number (if applicable) _____

Additional if needed: _____

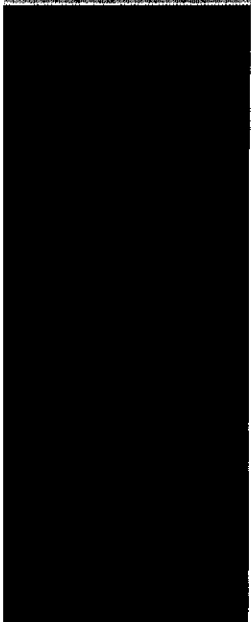
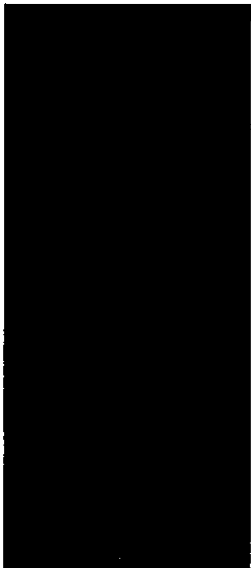
**HOUSING
REFERENCES**

PART IV. HOUSING REFERENCES

List current and previous landlords for the last five (5) years for all household members 18 years and older. Failure to show complete information for the past five (5) years may be grounds for disqualification of this application.

Initial Here:

Applicant Co-Applicant



USE ADDITIONAL SHEETS IF NECESSARY.

APPLICANT:

Current Residence:
Monthly Rent \$ _____ Move-In Date _____
Landlord Name _____
Landlord Mailing Address _____
City _____ State _____ Zip _____ Telephone () _____
Is rent subsidized? yes no If yes, what's the program name? _____
Is landlord a relative? yes no

Previous Address: _____ Apt# _____
City _____ State _____ Zip _____
Monthly Rent \$ _____ Move-In Date _____
Landlord Name _____
Landlord Mailing Address _____
City _____ State _____ Zip _____ Telephone () _____
Is rent subsidized? yes no If yes, what's the program name? _____
Is landlord a relative? yes no

Previous Address: _____ Apt# _____
City _____ State _____ Zip _____
Monthly Rent \$ _____ Move-In Date _____
Landlord Name _____
Landlord Mailing Address _____
City _____ State _____ Zip _____ Telephone () _____
Is rent subsidized? yes no
Is landlord a relative? yes no

CO-APPLICANT:

Current Residence:
Monthly Rent \$ _____ Move-In Date _____
Landlord Name _____
Landlord Mailing Address _____
City _____ State _____ Zip _____ Telephone () _____
Is rent subsidized? yes no If yes, what's the program name? _____
Is landlord a relative? yes no

Previous Address: _____ Apt# _____
City _____ State _____ Zip _____
Monthly Rent \$ _____ Move-In Date _____
Landlord Name _____
Landlord Mailing Address _____
City _____ State _____ Zip _____ Telephone () _____
Is rent subsidized? yes no
Is landlord a relative? yes no

Previous Address: _____ Apt# _____
City _____ State _____ Zip _____
Monthly Rent \$ _____ Move-In Date _____
Landlord Name _____
Landlord Mailing Address _____
City _____ State _____ Zip _____ Telephone () _____
Is rent subsidized? yes no
Is landlord a relative? yes no

PRIOR EVICTION

PRIOR EVICTION

*You will be required to sign the proper authorizations for verification of income, assets, credit, criminal and prior landlord history. A credit check and check of court records on evictions will be completed as part of this application. Failure to disclose information for any person listed on this application may result in the disqualification of this application.
Initial Here:*

Have you or anyone in your household ever been evicted from any residence for any reason, has your residency/tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent, failure to comply with re-certification procedures, or any type of criminal activity?

Applicant: yes no
 If yes, when? _____ Why? _____

Co-Applicant: yes no
 If yes, when? _____ Why? _____

Household Member: yes no
 If yes, when? _____ Why? _____

Household Member: yes no
 If yes, when? _____ Why? _____

Household Member: yes no
 If yes, when? _____ Why? _____

Applicant Co-Applicant

PART V. ADDITIONAL INFORMATION

How did you find out about this property? _____

Are you an employee of Eden Housing? yes no
 If yes, list position and location of employment: _____

Are you a relative of an Eden Housing employee? yes no
 If yes, what is your relative's name? _____

Is there a care attendant who will be residing in the unit? yes no
 If yes, please provide name: _____

Have you or any other household member disposed of any assets within the last 2 years for less than fair market value? yes no

Have you or any household member been arrested or convicted for drunk and disorderly behavior? yes no
 If yes, please explain: _____

Do you or any other household member currently use any illegal drug or other illegal controlled substance? yes no
 If yes, please explain: _____

Are you currently or have you ever used a controlled substance without benefit of a prescription? yes no
 If yes, please explain: _____

Have you successfully completed an approved supervised drug rehabilitation program? yes no
 If yes, please explain: _____

Have you or any household member ever been arrested or convicted of any crime? yes no
 Have the conditions that led to your arrest or conviction changed? If yes, please explain: yes no

If you were previously denied housing because of a household member's criminal activity and you claim that your household is no longer involved in criminal activity, please be prepared to provide proof of this at your interview.

Are you or any household member required to register as a sex offender in any state? yes no
 If yes, list state and county of registration: _____

List all states and counties in which you and all adult household members have lived since the age of 18: _____

USE ADDITIONAL SHEETS IF NECESSARY.

PART VII. CERTIFICATION

Certification:
All household members 18 years and older must sign and date Certification.

1. If my/our application is approved and move-in occurs, we certify that only those persons listed in this application will occupy the apartment; that we will maintain no other place of residence, and that there are no other persons for whom we have or expect to have responsibility for providing housing.
2. I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner, its agents and employees to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental, or credit screening services, or law enforcement or other public agencies, and to contract previous or current landlords or other sources for credit and/or verification information which may be released by appropriate federal, state, local agencies, or private persons to the management.
3. I/we authorize the owner, its agents and employees to obtain one or more consumer reports as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.
4. I/we authorize the owner, its agents and employees to obtain information about my/our background to see if there is any criminal history, including arrests or convictions which may affect me/us from moving onto the property, in compliance with our tenant selection criterion.
5. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
6. I/we understand that false statements or information will deem me/us ineligible, or if move in has occurred terminate the rental agreement.
7. I/we understand we must provide written notification of any changes to the information on this form.
8. I/we understand the project will acknowledge this application by mail.

Applicant signature	_____	Date	_____
Co-Applicant signature	_____	Date	_____
Household Member	_____	Date	_____
Household Member	_____	Date	_____

OPTIONAL INFORMATION

PART VIII. OPTIONAL INFORMATION

Eden Housing Management, Inc. requests your cooperation in reporting the ethnicity of residents in order for management to determine if this project is meeting its goals to serve all ethnic groups. This information is strictly voluntary on your part. Please check the one category which best describes your race/ethnicity. Adults should include Race & Ethnicity Information for all persons under the age of 18 years old.

Ethnicity:

Next to the appropriate Ethnicity, please write how many persons in your household that Ethnicity applies to:
 _____ Hispanic or Latino _____ Not-Hispanic or Latino

Race:

Next to the appropriate Race, please write how many persons in your household that Race applies to. You may select more than one Race for each household member:

_____ American Indian or Alaska Native _____ White
 _____ Asian _____ Native Hawaiian or Other Pacific Islander
 _____ Black or African American
 _____ Other (please specify): _____

If you or any household member chooses not to complete this information, please check the box below and indicate which household member will not be providing the information. The use of this information is strictly for identifying whether or not this project is meeting its goals to serve all ethnic groups.

- I choose to not complete this form _____ (Household Member Name)
- I choose to not complete this form _____ (Household Member Name)
- I choose to not complete this form _____ (Household Member Name)
- I choose to not complete this form _____ (Household Member Name)
- I choose to not complete this form _____ (Household Member Name)
- I choose to not complete this form _____ (Household Member Name)
- I choose to not complete this form _____ (Household Member Name)

Acknowledgment of all Household Members:

_____ (Applicant Signature)	(Date)	_____ (Applicant Signature)	(Date)
_____ (Applicant Signature)	(Date)	_____ (Applicant Signature)	(Date)
_____ (Applicant Signature)	(Date)	_____ (Applicant Signature)	(Date)

THIS SECTION WAS INTENTIONALLY LEFT BLANK

Notice to All Applicants

Options for Applicants with Disabilities or Handicaps

This property is owned by Eden Housing. We provide low rent housing to individuals and families. We are not permitted to discriminate against applicants on the basis of their race, color, religion, sex, age, national origin, familial status, disability or handicap. In addition, we have a legal obligation to provide "reasonable accommodation" to applicants if they or any family members have a disability or handicap. Compliance actions may include reasonable accommodation as well as structural modifications to the unit or premises.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the program. Examples of reasonable accommodation and structural modification include:

- Making alterations to a unit so it could be used by a family member with a wheelchair;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Making large type documents or a reader available to a vision impaired applicant during the application process;
- Permitting an outside agency to assist an applicant with a disability to meet the property's screening criteria.

An applicant that has a family member with a disability must still be able to meet the essential obligations of tenancy. They must be able to pay rent, care for their apartments, report required information to the owner, avoid disturbing neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your household have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, that is your right.

Received by:

Applicant/Resident Signature

Date

Co-Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

THIS SECTION WAS INTENTIONALLY LEFT BLANK

SPECIAL UNIT REQUIREMENTS QUESTIONNAIRE

This questionnaire is to be used with every person who applies for housing at Eden Housing properties. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to (are given to) families that actually need the features.

Please read both boxes below. Complete and sign ONE of the two boxes.

BOX 1:
Applicant Name: _____
Co-Applicant Name: _____
 I choose to not complete this form.

_____ Applicant's Signature	_____ Date
_____ Co-Applicant's Signature	_____ Date
_____ Applicant/Resident Signature	_____ Date
_____ Applicant/Resident Signature	_____ Date

OR

BOX 2:
1. Do you, or does any member of you family/household have a condition that requires:
 A barrier-free unit Unit for hearing impaired
 Unit for vision impaired Unit on first floor

2. Will you or any of your family/household members require a live-in aide to assist you?
 Yes No
If yes, please explain: _____

3. If you checked any of the above-listed categories of units, please explain exactly what you need to accommodate your situation:

4. What is the name of the family/household member who needs the features identified above?

5. What is the name of the physician or social services agency to be contacted to verify your need for the features you have identified above?
Name of Physician/Social Services Agency _____
Signature of Physician/Social Services Agency Date _____
Address of Physician/Social Services Agency _____
Phone Number of Physician/Social Service Agency _____

_____ Applicant's Signature	_____ Date
_____ Co-Applicant's Signature	_____ Date

LANGUAGE IDENTIFICATION FORM

Instructions: In order to better serve our residents and applicants, Eden Housing is gathering information on language needs. If you need communication in a language other than English, please mark the language that you read/speak.



- | | |
|--|------------------------|
| <input type="checkbox"/> Mark this box if you read or speak English. | 1. English |
| <input type="checkbox"/> Marque esta casilla si lee o habla español. | 2. Spanish |
| <input type="checkbox"/> 如果你能读中文或讲中文，请选择此框。 | 3. Simplified Chinese |
| <input type="checkbox"/> 如果你能讀中文或講中文，請選擇此框。 | 4. Traditional Chinese |
| <input type="checkbox"/> Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog. | 5. Tagalog |
| <input type="checkbox"/> Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ. | 6. Vietnamese |
| <input type="checkbox"/> 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오. | 7. Korean |
| <input type="checkbox"/> አማርኛ የሚያነቡ ወይም የሚናገሩ ከሆኑ እዚህ ሳጥን ላይ ምልክት ያድርጉ። | 8. Amharic |
| <input type="checkbox"/> ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية. | 9. Arabic |
| <input type="checkbox"/> Մտրուով ենք նշում կատարելք այս քառակուսուով, եթե խոսում կամ կարդում եք Հայերեն: | 10. Armenian |
| <input type="checkbox"/> যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন। | 11. Bengali |
| <input type="checkbox"/> គូសក្ដីប្រអប់នេះ បើអ្នកអាននិងនិយាយភាសាខ្មែរ (កម្ពុជា)។ | 12. Cambodian (Khmer) |
| <input type="checkbox"/> Motka i kakhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro. | 13. Chamorro |

<input type="checkbox"/>	Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.	14. Croatia
<input type="checkbox"/>	Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	15. Czech
<input type="checkbox"/>	Kruis dit vakje aan als u Nederlands kunt lezen of spreken.	16. Dutch
<input type="checkbox"/>	اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بزنید.	17. Farsi
<input type="checkbox"/>	Cocher ici si vous lisez ou parlez le français.	18. French
<input type="checkbox"/>	Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	19. German
<input type="checkbox"/>	Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.	20. Greek
<input type="checkbox"/>	Make kazyè sa a si ou li oswa ou pale kreyòl ayisyen.	21. Haitian Creole
<input type="checkbox"/>	תירבע ת/רבוד וא ת/ארוק ה/תא מא זי הבית נמסל שי תומישיה תוביתה לכ תא נמסל אנ	22. Hebrew
<input type="checkbox"/>	अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ।	23. Hindi
<input type="checkbox"/>	Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	24. Hmong
<input type="checkbox"/>	Jelölje meg ezt a kockát, ha megérti vagy beszél a magyar nyelvet.	25. Hungarian
<input type="checkbox"/>	Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	26. Ilocano
<input type="checkbox"/>	Marchi questa casella se legge o parla italiano.	27. Italian
<input type="checkbox"/>	日本語を読んだり、話せる場合はここに印を付けてください。	28. Japanese

<input type="checkbox"/>	ໃຫ້ໝາຍໃສ່ຂໍ້ນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ.	29. Laotian
<input type="checkbox"/>	Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	30. Polish
<input type="checkbox"/>	Assinale este quadrado se você lê ou fala português.	31. Portuguese
<input type="checkbox"/>	Însemnați această căsuță dacă citiți sau vorbiți românește.	32. Romanian
<input type="checkbox"/>	Пометьте этот квадратик, если вы читаете или говорите по-русски.	33. Russian
<input type="checkbox"/>	Обележите овај квадратик уколико читате или говорите српски језик.	34. Serbian
<input type="checkbox"/>	Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	35. Slovak
<input type="checkbox"/>	ໃຫ້ກາເລີ່ມຕົ້ນໝາຍລະໃນສ່ວນດ້ານຕ້ານທັກພາສາໄທຍ.	36. Thai
<input type="checkbox"/>	Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	37. Tongan
<input type="checkbox"/>	Türkçe okuyor veya konuşuyorsanız bu kutuyu işaretleyin.	38. Turkish
<input type="checkbox"/>	Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.	39. Ukrainian
<input type="checkbox"/>	اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	40. Urdu
<input type="checkbox"/>	באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.	41. Yiddish

Resident/Applicant Name (Please Print)

Community

Resident/Applicant Signature

Unit #

Date