Office Hours:

Monday-Friday 9:00am to 5:00pm (951) 303-3822



Leasing Office: 44157 Margarita Rd. Temecula, CA 92592

Waitlist Opening – New Opportunities! Application Period: October 23 – November 3, 2017

Thank you for your interest in Madera Vista Phase II and III, a 70-unit community in Temecula. This quality affordable housing has been developed by BRIDGE Housing Corporation, one of California's largest not-for-profit developers, in conjunction with the City of Temecula. Madera Vista Phase II and Phase III share the same application and waitlist.

These attractive one, two, and three bedroom apartments include all electric kitchens with refrigerators included and wall-to-wall carpeting. The residential community offers two swimming pools, a spa, a club room with a kitchen, a garden and barbeque area, a children's play area and on site professional management. Some units at Madera Vista will be designated for non-smoking households.

Applications will be processed from the Madera Vista Phase II and III waiting list in order of application date. Applications received by 5PM on November 3, 2017 will be added to the waitlist. Only one application will be accepted per household; additional applications will be denied.

To apply, please return a completed application signed by each adult applicant (18 and older).

You can submit your documents ① in person, or ② by mail:

① Drop off your application:

Madera Vista Phase II & III Leasing Office: 44157 Margarita Rd. Temecula, CA 92592

② Mail in your application:

Madera Vista Phase II & III Attn: Management Office 44157 Margarita Rd. Temecula, CA 92592

Note: Application deadline is November 3, 2017 at 5PM. Applications received by 5PM on November 3, 2017 will be added to the waiting list.

Of the 30 new units 3 are built out for handicapped accessibility and 2 for hearing impaired applicants. There are 7 units with Project Based Section 8 subsidy that will be filled with referrals from the Housing Authority of the County of Riverside. For more information about how to register with the housing authority, please visit the website: https://harivco.org/.

One reason we are able to offer these apartments at affordable rents is because Madera Vista Phase II and III is funded in part by a federally regulated government program called the Low Income Housing Tax Credit Program (LIHTC). This regulated government program, as well as other sources used to build the property, requires management to screen all applicants carefully. All potential residents must qualify based on projected annual income (including all assets), household size, credit and rental history, and criminal background screening. The LIHTC program also has restrictions related to full-time students, which require us to determine a student's eligibility on a quarterly or semester basis. This screening and verification process is applied equally to every applicant who applies for the affordable apartments.

All forms must be fully completed in order to be processed for an apartment. Apartments are offered on a "first qualified, first offered" basis. We suggest you work closely with your leasing associate to complete the application process as quickly as possible, and we welcome any comments you may have regarding the process.



Madera Vista - Phase II & III Rents & Income Requirements

1 Bedroom Apartments (1 to 3 people)				
Rent:	\$691			
6 Apartments				
Minimum Income:*	\$22,411			
Maximum Income:				
1 person	\$27,120			
2 people	\$30,960			
3 people	\$34,860			

2 Bedroom Apartments (2 to 5 people)					
Rent:	\$640				
1 Apartment					
Minimum Income:*	\$20,757				
Maximum Income:					
2 people	\$23,220				
3 people	\$26,145				
4 people	\$29,025				
5 people	\$31,365				
Rent:	\$687 - \$715				
10 Apartments					
Minimum Income:*	\$22,281				
Maximum Income:					
2 people	\$25,800				
3 people	\$29,050				
4 people	\$32,250				
5 people	\$34,850				
Rent:	\$831 - \$866				
18 Apartments					
Minimum Income:*	\$26,951				
Maximum Income:					
2 people	\$30,960				
3 people	\$34,860				
4 people	\$38,700				
5 people	\$41,820				

3 Bedroom Apartme	nts (3 to 7 people)
Rent:	\$471
2 Apartments	
Minimum Income:*	\$15,276
Maximum Income:	
3 people	\$17,430
4 people	\$19,350
5 people	\$20,910
6 people	\$22,470
7 people	\$24,000
Rent:	\$733
1 Apartment	\$733
•	
Minimum Income:*	\$23,773
Maximum Income:	
3 people	\$26,145
4 people	\$29,025
5 people	\$31,365
6 people	\$33,705
7 people	\$36,000
Rent:	\$820
8 Apartments	
Minimum Income:*	\$26,595
Maximum Income:	Ÿ 2 0,333
3 people	\$29,050
4 people	\$32,250
5 people	\$34,850
6 people	\$37,450
7 people	\$40,000
110	,,
Rent:	\$930 - \$994
17 Apartments	
Minimum Income:*	\$30,162
Maximum Income:	
3 people	\$34,860
4 people	\$38,700
5 people	\$41,820
6 people	\$44,940
7 people	\$48,000

Effective: 08/17/2017

The above rents include trash & water services. All other utilities and services including electricity, telephone & cable are the responsibility of the resident. Rents and income ranges are subject to change without notice.

EQUAL HOUSING OPPORTUNITY

^{*} There is no minimum income requirement for Section 8 applicants.

APPLICATION PROCESS

After completing the pre-application, please return it to the property in order to be placed on the waitlist. After we review this information, when an apartment becomes available and if you qualify to move to the next stage of processing, the following steps will guide you on your way to your new residency. Please remember, apartments will be offered on a First-Qualified, First-Offered basis.

Next Step

You will be notified when an apartment becomes available and it is your turn to be processed. At this time, you will need to pay a \$25 processing fee for each adult 18 or older.

Meeting Your Leasing Associate for Document Review - We are Here to Help You

Once we have initially reviewed your full application, and if you appear to qualify for the next stage of processing, a leasing associate will schedule an appointment with you to go through the additional paperwork required and confirm the information supplied on your application. Credit checks, criminal background screening, landlord references, and income and asset verifications will be required for all applicants. At your scheduled appointment, please come prepared with all requested supporting documents as outlined in the Application Steps page. This meeting will also give you an opportunity to ask any questions you may have about the application process and the property. This interview normally takes approximately 45 minutes. All persons who will be living in the apartment, irrespective of their age, must participate in this interview. Your patience and cooperation is appreciated.

Apartment Offer

When all documents have been received, verified and approved, qualified applicants will be invited back to view the apartment that has been selected for them. Remember that you will only receive one offer of an apartment. All offers will be confirmed in writing. If you decline that apartment, you will be considered to have withdrawn your application. Future residents are not able to choose a floor plan or location.

12 Month Lease Term

Leases will be for a minimum term of one year

Pets

This is a pet-free community. For more information, please speak to your leasing associate at your interview regarding our pet policy.

Parking

There are a limited number of resident spaces. Parking is restricted to cars owned by resident(s). All cars must be registered in the name of the resident; and resident(s) must provide proof of current auto insurance and must provide a valid driver's license. All cars must be for personal use only, be in working order, and be maintained in a safe condition at all times. Vehicles not in compliance will be towed at the owner's expense. No exceptions. Accessible spaces are available, but cannot be assigned.



Madera Vista Phase II & III - Application Steps

Thank you for your interest in this property. Please review the steps below to understand what you need to submit for each phase of the process.

To be placed on the waitlist:

1. Submit a full application including all required signatures for each adult applicant 18 and older.

When an apartment becomes available we will contact you if it is your turn to be processed.

To be processed for an available apartment once you receive notification:

- Submit a non-refundable application fee of \$25 for each adult applicant 18 and older payable to Madera Vista Phase II (cashiers' check or money order only; sorry no personal checks or cash).
- 2. Schedule an interview with a leasing associate.

After we receive the above items, if your application passes our initial screening, you will proceed to the interview stage of processing.

At the time of your interview you will need to provide the following items:

- 1. A copy of a Social Security Card for each applicant
- 2. A copy of a State or National Picture ID (i.e. driver's license, passport, etc.) (adult applicants 18 and older)
- 3. A copy of a Birth Certificate or other document showing date of birth (minors only)
- 4. A copy of the two most recent statements for all bank accounts, mutual funds, IRA's, 401(k)'s, or stock accounts owned by any household member.
- 5. A copy of an unofficial school transcript for the past twelve months (for students 18 and older)
- 6. Supporting documents for all income sources, as defined below:
 - **Employment:** Copies of last three months consecutive pay stubs or equivalent proof of other income for all household members who are 18 and older.
 - Self-Employment: Copy of last year's IRS Tax Return including Schedule C and list of current or most recent clients for all household members who are 18 and older.
 - SSI or SSA/Disability: Copy of latest award letter showing current monthly benefit for all household members regardless of age.
 - Unemployment: Printout of Statement or copy of last letter showing current monthly benefit for all household members who are 18 and older.
 - **Financial Assistance:** This is regular gifts or payments from anyone outside of the household (includes anyone paying your bills) for any household member regardless of age. The payer would need to provide a bank/asset statement showing funds equaling ten times the annual assistance.
 - GA/AFDC/TANF: Copy of latest Notice of Action letter for all household members who are 18 and older.
 - Child Support/Alimony: Current notice from D.A. Office, a court order or a letter from the provider with copies of last two checks for all household members regardless of age.
 - Other: If any household member has regular pay as a member of the Armed Forces; severance
 payments; settlements; lottery winnings or inheritances; death benefits or life insurance dividends;
 trust benefits; or any other source of income not listed, please provide documentation to support the
 source of income.

We appreciate your application and look forward to working with you.



APPLICATION FOR RESIDENCY

Fill in all blanks. Incomplete applications will not be processed.

There is a \$25 non-refundable time of interviewnot at time	processing fee (Cashier's Checo of application.	ck or Money Orde	r only) fo	or each ap	plicant over 18 due at
Lead Applicant Name	Mailing Address	Street			Apt #
Co-Applicant	City		State		Zip
Home Phone	Contact/Interpreter Nam	е	Contact	/Interprete	er Phone
()			()	
Work Phone	Preferred Apartment Siz	e (circle one)	Total N	umber of F	People in Household
()	1BR 2 BR 3	BBR			
Where did you hear about us?	-				
·	ho will be living in the ap	nartment		Relat	tionship
Name	Social Security No.	Date of Birth	M/F	-	plicant #1
1.	,				SELF
2.					
3.					
4.					
5.					
6.					
7.					
Please answer the follow	wing questions:				
Household Size Do you expect any changes	s to your household size within th	ne next 12 months?	?	Yes or	No (circle one)
Explain: Name, Relationship	o, etc.				
Section 8 Rental Assistance Do you possess a current S	ection 8 voucher or certificate?			Yes or	No (circle one)
Is it transferable?				Yes or	No (circle one)
	nd address of your County or Cit				,

Address:

Name:

Phone: ()

APPLICATION FOR RESIDENCY

Evictions Have you or anyone in you	r household ever beer	n evicted?		Yes	or	No	(circle one)
Explain:							
Bankruptcy Have you or anyone in you	r household ever filed	for bankruptcy?		Yes	or	No	(circle one)
Explain:							
Custody Do you have full custody of	your child(ren) listed	above?		Yes	or	No	(circle one)
Explanation of custody arra	ingements:						
Child Support or Alimony We must count court ordered support			aken to remedy	·.			
We must also count support that is no Are you or any one in your			mony?	Yes	or	No	(circle one)
If money is not actually rec Please provide the name(s		-		Yes ne sup		No	(circle one)
Name:	Address:						
Live-In Care Attendant							
Will you or anyone in your	nousehold require a li	ve-in care attendant?		Yes	or	No	(circle one)
Pets							
Do you have a pet?				Yes	or	No	(circle one)
If Yes, how many?	Description:						
Student Information This apartment is governed by a regulier we must determine this prior to eligible. Are you or any member of the state of the sta	ility and, if such eligibility is your family (including	s granted, each subsequent year	you remain in th	he unit.			nt status. (circle one)
Name of Student	Name of School		Grade	Stude	nt Sta	tus (ciı	rcle one)
						RT TIN	
Name of Student	Name of School		Grade	Stude	PA	tus (cii RT TIN LL TIM	
Name of Student	Name of School		Grade	Stude	PA	tus (cii RT TIN LL TIM	
Name of Student	Name of School		Grade	Stude	PA	tus (cii RT TIN LL TIN	
Personal							
In case of emergency, plea	se notify:	Phone #		Relat	ionsh	nip	

APPLICATION FOR RESIDENCY

Please complete the following income information for every household member: Include all income anticipated for the next twelve (12) months.

The following are possible sources of income (use Additional Applicant Income form if necessary):

Employment, wages or salaries - include overtime, tips, bonuses, commissions, and payments received in cash

Regular gifts or payments from anyone outside of the household (includes anyone paying your bills)

Public Assistance, General Assistance/Relief or AFDC, TANF, CalWorks

Regular pay as a member of the Armed Forces Unemployment benefits or workers compensation

Stock Dividends

Social Security, SSI or any other payments from Social Security Administration

Veteran's Benefits, Pensions, retirement Benefits or Annuities

Disability, death benefits or life insurance dividends

Payments from rental properties, land contracts, or other forms of real estate

Child Support or Alimony Severance Payments

Please list:

Settlements

Financial Aid

Self-employment

Lottery Winnings or inheritances

Any other source of income not listed

Name			Drivers License/ID #
rimary Income Source	Contact Person		Dhara (
			Phone () Fax ()
ddress	City	State Zip	Amount received per year
			œ.
			\$
dditional Income Source	Contact Person		Phone ()
			,
ddress	City	Ctata 7in	Fax () Amount received per year
duress	City	State Zip	
			\$
	Total Income Per	r Year	\$
pplicant #2 - Income			
ame			Drivers License/ID #
rimary Income Source	Contact Person		
rimary Income Source	Contact Person		Phone ()
			Fax ()
	Contact Person City	State Zip	
		State Zip	Fax ()
ddress	City	State Zip	Fax () Amount received per year \$
ddress		State Zip	Fax () Amount received per year
ddress	City	State Zip	Fax () Amount received per year \$
ddress	City	State Zip State Zip	Fax () Amount received per year \$ Phone ()
Address Additional Income Source	City Contact Person		Fax () Amount received per year \$ Phone () Fax () Amount received per year
Address Additional Income Source	City Contact Person		Fax () Amount received per year \$ Phone () Fax ()

Are YOU or is ANY other ADULT member of your household claiming zero (0) income?

Name(s):

Zero Income Verification

APPLICATION FOR RESIDENCY

Please complete the following asset information for ALL household members (including minors):

Include all assets held and the corresponding balance or value of the asset. Include assets that may be held jointly with another person. An asset is defined as any lump sum amount that you hold and currently have access to.

The following are	possible sources	of assets (use	Additional A	Applicant A	Asset form in	f necessary):

Checking or savings accounts Stocks, bonds or securities

CD's, money market accounts, or treasury bills

Trust funds

Pensions, IRA's, KEOGH or other retirement accounts

Personal property as an investment

Real estate, rental property, land contracts for deeds or other real estate holdings

Any other asset not listed

Insurance Settlements

Checking or Savings Account Number	Name on the Account		Balance/\	/alue
Name of Bank	Address	City	State	Zip
Checking or Savings Account Number	Name on the Account		Balance/\	/alue
Name of Bank	Address	City	State	Zip
Other Asset (specify)	Name on the Account		Balance/\	/alue
Source	Address	City	State	Zip
Applicant #2 - Assets				
Checking or Savings Account Number	Name on the Account		Balance/\	/alue
Name of Bank	Address	City	State	Zip
Checking or Savings Account Number	Name on the Account		Balance/\	/alue
Name of Bank	Address	City	State	Zip
Other Asset (specify)	Name on the Account		Balance/\	/alue
Source	Address	City	State	Zip
Have you or any other member	of your household dispos	sed of or given av	way	
ANY asset(s) for LESS than fair				r No (circle one)
Amount: \$	Explanation:			

APPLICATION FOR RESIDENCY

Please provide names and a (Use Additional Applicant Resi			t five years	
Current Residence	Please Check One:	Own Rent		
Address of unit	City	State Zip	From	То
Landlord's name		Landlord's phone number	()	
		Landlord's fax number	()	
Landlord's complete address	City	State Zip		
Previous Residence	Please Check One:	Own Rent		
Address of unit	City	State Zip	From	То
Landlord's name		Landlord's phone number	()	
		Landlord's fax number	()	
Landlord's complete address	City	State Zip		
Previous Residence	Please Check One:	☐ Own ☐ Rent		
Address of unit	City	State Zip	From	То
Landlord's name		Landlord's phone number	()	
		Landlord's fax number	()	
Landlord's complete address	City	State Zip		
I certify that the foregoing in statements or omissions are extent of California law. Inquiries may be made to ve information to BRIDGE Prop	grounds for disqualification rify the statements herein. I a	, eviction and/or prosecu authorize the release of th	tion under the	
Applicant #1		Date		
Applicant #2		Date		
Applicant #3		Date		
Applicant #4		Date		
Applicant #5		Date		
Applicant #6		Date		
Applicant #7		Date		

While BRIDGE Property Management Company may obtain criminal history checks on potential residents, occupants, guests or contractors in the Community, BRIDGE Property Management Company has no duty to do so, and does not warrant or guarantee the personal safety of any resident, occupant, guest or other person in the Community.

APPLICATION FOR RESIDENCY

OPTIONAL INFORMATION

In order to help us assess affirmative Fair Housing effectiveness, please check the category which best describes your race and your ethnicity.

This information is strictly voluntary on your part.

Race	Choose One
American Indian or Alaska Native	
American Indian or Alaska Native and White	
American Indian or Alaska Native and Black or African American	
Black or African American	
Black or African American and White	
Asian and White	
Asian	
Native Hawaiian or Other Pacific Islander	
White	
Other:	
Decline to State	
Ethnicity	Choose One
Ethnicity	Choose One
Hispanic	
Non-Hispanic	
Decline to State	П

DO NOT WRITE OR SIGN YOUR NAME ON THIS PAGE

APPLICATION FOR RESIDENCY

Additional Applicant Income form

Please complete the following income information for every household member: Include all income anticipated for the next twelve (12) months. (Use reverse side if necessary)

Applicant # - Income				
Name			Drivers License/ID #	
Primary Income Source	Contact Person		Phone ()	
			Fax ()	
Address	City	State Zip	Amount received per year	
			\$	
Additional Income Source	Contact Person		Phone ()	
			Fax ()	
Address	City	State Zip	Amount received per year	
			\$	
	Total Income Pe	r Year	\$	
Applicant # - Income				
Name			Drivers License/ID #	
Primary Income Source	Contact Person		Phone ()	
			Fax ()	
Address	City	State Zip	Amount received per year	
			\$	
Additional Income Source	Contact Person		Phone ()	
			Fax ()	
Address	City	State Zip	Amount received per year	
			\$	
	Total Income Pe	r Year	\$	•
Applicant # - Income				
Name			Drivers License/ID #	
Primary Income Source	Contact Person		Phone ()	
			Fax ()	
Address	City	State Zip	Amount received per year	
			\$	
Additional Income Source	Contact Person		Phone ()	
			Fax ()	
Address	City	State Zip	Amount received per year	
			\$	
	Total Income Pe	r Year	\$	

APPLICATION FOR RESIDENCY

Additional Applicant Assets form

Please complete the following asset information for ALL household members (including minors):

Include all assets held and the corresponding balance or value of the asset. Include assets that may be held jointly with another person. An asset is defined as any lump sum amount that you hold and currently have access to.

Checking or Savings Account Number	Name on the Account		Balance/Value	
Name of Bank	Address	City	State Zip	
Checking or Savings Account Number	Name on the Account		Balance/Value	
Name of Bank	Address	City	State Zip	
Other Asset (specify)	Name on the Account		Balance/Value	
Source	Address	City	State Zip	
Applicant # - Assets				
Checking or Savings Account Number	Name on the Account		Balance/Value	
Name of Bank	Address	City	State Zip	
Checking or Savings Account Number	Name on the Account		Balance/Value	
Name of Bank	Address	City	State Zip	
Other Asset (specify)	Name on the Account		Balance/Value	
Source	Address	City	State Zip	
Applicant # - Assets				
Checking or Savings Account Number	Name on the Account		Balance/Value	
Name of Bank	Address	City	State Zip	
Checking or Savings Account Number	Name on the Account		Balance/Value	
Name of Bank	Address	City	State Zip	
Other Asset (specify)	Name on the Account		Balance/Value	
Source	Address	City	State Zip	

APPLICATION FOR RESIDENCY

Additional Applicant Residential History form

Please provide names and addresses of your landlords for the last five years (Use reverse side if necessary)

Residential History for Co-Applicant # (please print name):			
Current Residence	Please Check One :	Own Rent	
Address of unit rented	City	State Zip	From To
Landlord's name		Landlord's phone number	()
		Landlord's fax number	()
Landlord's complete address	City	State Zip	
Previous Residence	Please Check One :	Own Rent	
Address of unit rented	City	State Zip	From To
Landlord's name		Landlord's phone number	()
		Landlord's fax number	()
Landlord's complete address	City	State Zip	
Previous Residence	Please Check One :	☐ Own ☐ Rent	
Address of unit rented	City	State Zip	From To
Landlord's name		Landlord's phone number	()
		Landlord's fax number	()
Landlord's complete address	City	State Zip	
Previous Residence	Please Check One :	Own Rent	
Address of unit rented	City	State Zip	From To
Landlord's name		Landlord's phone number	()
		Landlord's fax number	()
Landlord's complete address	City	State Zip	

Tenant/Client Request for a Reasonable Accommodation		
The following tenant, applicant or client claims a physical or mental ir occupy our housing.	npairment that limits his or her ability to	
Name:	Date:	
As a result of the disability, this person is requesting the following Re	asonable Accommodation(s):	
☐ A change in a policy, practice or procedure: (Please specify, e.g., a ☐ A physical change in the housing unit: (Please check needed accomposite of the procedure: (Please specify, e.g., a ☐ A physical change in the housing unit: (Please check needed accomposite of the please specify, e.g., a ☐ A physical change in the housing unit: (Please specify, e.g., a ☐ A physical change in the housing unit: (Please specify, e.g., a ☐ A physical change in the housing unit: (Please specify, e.g., a ☐ A physical change in the housing unit: (Please specify, e.g., a ☐ A physical change in the housing unit: (Please check needed accomposite of physical change in the housing unit: (Please check needed accomposite of physical change in the housing unit: (Please check needed accomposite of physical change in the housing unit: (Please check needed accomposite of physical change in the housing unit: (Please check needed accomposite of physical change in the housing unit: (Please check needed accomposite of physical change in the housing unit: (Please check needed accomposite of physical change in the housing unit: (Please check needed accomposite of physical change in the housing unit: (Please check needed accomposite of physical change in the housing unit: (Please check needed accomposite of physical change in the housing unit: (Please check needed accomposite of physical change in the housing unit: (Please check needed accomposite of physical change in the housing unit: (Please check needed accomposite of physical change in the housing unit: (Please check needed accomposite of physical change in the housing unit: (Please check needed accomposite of physical change in the housing unit: (Please check needed accomposite of physical change in the housing unit: (Please check needed accomposite of physical change in the housing unit: (Please check needed accomposite of physical change in the housing unit: (Please check needed accomposite of physical change in the housing unit: (Please check needed accomposite of physical change in the	ommodation(s).) e visual impairment. e hearing impairment	
Verification of Need:		
You MAY be asked to allow us to verify the need for this accommoda be kept completely confidential and used solely to determine that the	•	
Providing the Accommodation: If we cannot provide this accommodation immediately, you will get ar you do not agree with the response, you may appeal the decision to:	•	

Notice of Right of Reasonable Accommodation

If you have a physical or mental health problem, or a disability, and as a result, you need...

- A change in the rules or policies or in how we do things that would give you an equal chance to participate in the program or use our services,
- A change in the way we communicate with you or give you information,
- A physical change to your housing unit,

You may ask for this kind of change, which is called a **Reasonable Accommodation**.

Your Request

If you can show that you have a disability or health problem that interferes with your use of our services, program, or housing, and if your request is reasonable, we will try to make the changes you request. You can ask for this change by contacting the Property Manager or a Leasing Agent. These staff can assist you in filling out a Reasonable Accommodation Request Form.

Our Response

We will give you an answer in 10 days, unless there is a problem getting the information we need, or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk with you about other ways to meet your needs. If we turn down your request, we will explain the reasons in writing and you can give us more information, if you think that will help. You may also appeal our decision and we will tell you how.

Confidentiality

All information you provide will be kept confidential and be used only to help you have an equal opportunity to enjoy our services and programs. It is illegal for us to deny you any services or retaliate against you because you made a Reasonable Accommodation Request.



Madera Vista II & III - Modified Unit Questionnaire

ADA built out units have the following modifications:

Bathroom

- · Accessible bathtub and controls with clearance for wheelchair
- Bathtub surround with grab bars
- Accessible bathroom sink and faucet
- Accessible medicine cabinet
- Grab bars at toilet

Kitchen

- Accessible range with space for wheelchair
- Accessible switch for circulating hood (stove)
- Kitchen electrical outlets and controls in proper reach range

Do you require an ADA built out unit with the above features?

• Kitchen cabinets with 34" high counter top and 30" work surface

Living room/Bedroom

- Closet rod and shelf at ADA height (48")
- Entry door and door hardware for ADA units includes lockset with levers, closer and peepholes

(All reasonable accommodations will be verified with a medical professional)			
	YES	NO	
Hearing Units have the	following modifications:		
	smoke detectors connected coted to strobe at living room		
Do you require a Hearing unit? (All reasonable accommodations will be verified with a medical professional)			
	YES	NO	



Madera Vista Phase II & III GROUNDS FOR DENIAL OF RENTAL APPLICATION

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** (student loans and medical expenses are excluded)
 - a. Total unmet credit problems (including governmental tax liens) in excess of \$2,500.
 - b. A bankruptcy (within the last three years).
 - c. A total of seven (7) unmet credit problems of any value.

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 year's rental payments.

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

- a. If any adult household member is subject to any state's sex offender lifetime registration requirement.
- b. Felony conviction
- c. An established pattern of criminal activity
- d. The manufacturing, selling or possession of any drugs or illegal substances, or established pattern of manufacturing, selling or possession of any drugs or illegal substances.
- e. Physical violence to persons or property, violent criminal activity, sexual abuse, illegal weapons possession, any form of assault, breaking and entering, burglary or drug related criminal activity, or any act that would threaten the health, safety or right to peaceful enjoyment by other residents, or employees and contractors who work with the community.

5. Annual Income/Occupancy standard/other program regulations

- a. Annual Income (including assets) not within the established restrictions for the property.
- b. Household size must meet the established occupancy standard for the property.
- c. Applicant must meet all program regulated eligibility requirements.
- **6. Documentation**: Each potential occupant must provide all documentation required by the selection process.
 - a. Not showing up for an interview,
 - b. Not providing a completed and signed application, release of information, grounds for denial, and application fee (if required).
 - c. Not providing 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.*
 - d. Not providing appropriate proof of all income sources and assets.
 - e. Not providing any other documents required to determine eligibility.

7. 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.

8. Other Eligibility Requirements

a.

I have read and understood the foregoing and find them to be reasonable reasons my rental application may be denied.

Adult Applicant # 1	Date
Adult Applicant # 2	Date
Adult Applicant # 3	Date
Adult Applicant # 4	Date





Release of Information for the purpose of determining eligibility for affordable housing

I authorize the release of any information BRIDGE Property Management Company (BPMC) may request from third parties regarding myself and all other persons included in the application for Madera Vista Phase II & III, for the purpose of determining my eligibility for affordable housing, including the following:

SIGNATURE	DATE	
NAME (Please Print)	DATE	
Criminal Background	Sex Offender Screening	
TANF Criminal Background	Any Other Income or Assets not listed Sex Offender Screening	
Aid to Families with Dependent Children (AFDC)	Educational Grants and Work Study	
Alimony	Disability	
Child Support	General Assistance	
Family Support	Workers Compensation	
Savings and Checking Accounts	Financial Assistance	
Self-Employment	Social Security Benefits	
Employment	Assets	
Apartment Rentals and Tenant History	Union Benefits	
Employer References	Pension Benefits	
Personal, Credit, Landlord and	Annuities	

Please sign one form for each adult applicant (18 years and older) Please make as many copies as necessary

EQUAL HOUSING OPPORTUNITY

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NAME (Please Print)	DATE	
Criminal Background	Sex Offender Screening	
TANF	Any Other Income or Assets not listed	
Aid to Families with Dependent Children (AFDC)	Educational Grants and Work Study	
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