



DO NOT DUPLICATE
ONE APPLICATION PER HOUSEHOLD ONLY
The Grove Apartments
1919 Fruitdale Ave, San Jose, CA 95128
APPLICATION FOR ADMISSION



The Grove 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) عربي ; (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 (DELETE IF NOT APPLICABLE).

Effective 11/30/2023, smoking is prohibited on the property, including but not limited to all units and common areas.

CURRENT HOUSING STATUS

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

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) _____	(use adjusted net income for self-employment only) \$ _____
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	I/we am entitled to receive child support payment (<i>court ordered or parental agreement</i>)	\$ _____
	<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we am currently receiving child support payments.	\$ _____
12.	<input type="checkbox"/> YES <input type="checkbox"/> NO	I/we receive alimony/spousal support payments (<i>court ordered or divorce agreement</i>)	\$ _____
	<input type="checkbox"/> YES <input type="checkbox"/> NO	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 sources(s) 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.

NOTIFICATION of INVESTIGATIVE CONSUMER REPORT PURSUANT TO CALIFORNIA CIVIL CODE 1786

John Stewart Company (the Company), as prospective landlord or property manager for the landlord, intends to seek and obtain information about you from a consumer reporting agency and/or an investigative consumer reporting agency for the purposes of qualifying you for a rental dwelling unit. As such, you can expect to be the subject of a “consumer report,” “consumer credit report,” and/or an “investigative consumer report” obtained for tenant screening purposes. Investigative consumer reports may include information about your character, general reputation, personal characteristics and/or mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency (“ICRA”), the Company may investigate the information contained in your rental application and other background information about you, including but not limited to obtaining a criminal history, verifying references, employment history, social security number, educational history or status, licensure, and certifications, driving history, and other information about you, and interviewing people who are knowledgeable about you. The results of this consumer report may be used as a factor in determining your qualifications for the dwelling unit. The investigative consumer reporting agency preparing the report is: National Tenant Network (NTN); PO Box 6245; Concord, CA 94524; 1.800.800.5602; www.ntnonline.com

The Company agrees to provide you with a copy of a consumer report when required to do so under California law.

Under the California Civil Code 1786.10 you are entitled to find out from an ICRA what is in the ICRA’s file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file. You should inform the ICRA if you are unemployed, receiving public assistance, or have reason to believe fraud has occurred in regard to your personal information.
- By requesting a copy be sent to a specified addressee by certified mail. ICRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRAs.
- A summary of all information contained in the ICRA’s file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.

“Proper Identification” includes documents such as a valid government issued license or ID, social security number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person’s presence.

**Notification of Consumer Credit Report / Investigative Consumer Report
Consent and Authorization for
Background Screening and Verification**

I, the undersigned, hereby authorize, John Stewart Company (JSCo) as prospective landlord or property manager for the landlord, to seek and obtain any information pertinent to my income, credit history, tenancy history, employment history, and/or criminal history.

I understand this process may include the making of a Consumer Credit Report (*as identified under California Civil Code 1785.3(c)*) and/or an Investigative Consumer Report (*as identified under California Civil Code 1786.2(c)*), the contents of which may include information about my character, general reputation, personal characteristics and/or mode of living. The investigative consumer reporting agency preparing the report is:

National Tenant Network (NTN); PO Box 6245; Concord, CA 94524; 1.800.800.5602; www.ntnonline.com

For purposes of obtaining and/or verifying information contained in my application and pertinent to my qualification as a tenant of a JSCo managed property, this report may contain information obtained from national credit bureaus (Experian, TransUnion, Equifax), court records, files and/or repositories, department of justice (DOJ), department of corrections (DOC), department of motor vehicles (DMV), current and/or previous employer(s), current and/or previous landlord(s), business and/or personal references, or any other source necessary to verify the information I have provided on my application.

Further, I expressly consent to the release of any and all information requested of any creditors, credit reporting agencies, landlords, employers, public and/or criminal agencies subsequently contacted by JSCo/ **National Tenant Network (NTN)** for purposes of obtaining and/or verifying said information, and hereby hold the landlord, property manager for the landlord, **National Tenant Network (NTN)**, and any responding parties harmless of liability for the seeking and providing of any such information contained in or pertinent to my application.

I understand I have the right to receive a free copy of the investigative consumer report prepared in accordance with my submitted application and I will receive a copy of the consumer investigative report.
Please send my copy to the following recipient at the following address:

Further, by signing below, I acknowledge receipt of the NOTIFICATION of INVESTIGATIVE CONSUMER REPORT.

_____ Legal Name of Applicant	Signature of Applicant	_____
_____ DOB of Applicant	SS# of Applicant	_____
_____ Street Address	City / ST / Zip	_____
_____ Phone Number	Date	_____

Notice to Consumers:
Summary of Consumer Rights Under
California Civil Code 1785.15
Provided by National Tenant Network

- You have a right to obtain a copy of your credit file from a consumer credit reporting agency. You may be charged a reasonable fee not exceeding eight dollars (\$8.00). There is no fee, however, if you have been turned down for credit, employment, insurance, or a rental dwelling because of information in your credit report within the preceding 60 days. The consumer credit reporting agency must provide someone to help you interpret the information in your credit file.
- You have a right to dispute inaccurate information by contacting the consumer credit reporting agency directly. However, neither you nor any credit repair company or credit service organization has the right to have accurate, current, and verifiable information removed from your credit report. Under the Federal Fair Credit Reporting Act, the consumer credit reporting agency must remove accurate, negative information from your report only if it is over seven years old. Bankruptcy information can be reported for 10 years.

If you have notified a consumer credit reporting agency in writing that you dispute the accuracy of information in your file, the consumer credit reporting agency must then, within 30 business days, reinvestigate and modify or remove inaccurate information. The consumer credit reporting agency may not charge a fee for this service. Any pertinent information and copies of all documents you have concerning an error should be given to the consumer credit reporting agency. If reinvestigation does not resolve the dispute to your satisfaction, you may send a brief statement to the consumer credit reporting agency to keep in your file, explaining why you think the record is inaccurate. The consumer credit reporting agency must include your statement about disputed information in a report it issues about you.

- You have a right to receive a record of all inquiries relating to a credit transaction initiated within 12 months preceding your request. This record shall include the recipients of any consumer credit report.
- You may request in writing that the information contained in your file not be provided to a third party for marketing purposes.
- You have a right to place a "security alert" in your credit report, which will warn anyone who receives information in your credit report that your identity may have been used without your consent. Recipients of your credit report are required to take reasonable steps, including contacting you at the telephone number you may provide with your security alert, to verify your identity prior to lending money, extending credit, or completing the purchase, lease, or rental of goods or services. The security alert may prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that taking advantage of this right may delay or interfere with the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or cellular phone or other new account, including an extension of credit at point of sale. If you place a security alert on your credit report, you have a right to obtain a free copy of your credit report at the time the 90-day security alert period expires. A security alert may be requested by calling the following toll-free telephone number: Experian (888)397-3742; TransUnion (800)916-8800; Equifax (800)685-1111
- You have a right to place a "security freeze" on your credit report, which will prohibit a consumer credit reporting agency from releasing any information in your credit report without your express authorization. A security freeze must be requested in writing by mail. 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 cellular phone or other new account, including an extension of credit at point of sale. When you place a security freeze on your credit report, you will be provided a personal identification number or password to use if you choose to remove the freeze on your credit report or authorize the release of your credit report for a specific party or period of time after the freeze is in place. To provide that authorization you must contact the consumer credit reporting agency and provide all of the following:

1. The personal identification number or password.
2. Proper identification to verify your identity.
3. The proper information regarding the third party who is to receive the credit report or the period of time for which the report shall be available to users of the credit report.

A consumer credit reporting agency must authorize the release of your credit report no later than three (3) business days after receiving the above information. A security freeze does not apply when you have an existing account and a copy of your report is requested by your existing creditor or its agents or affiliates for certain types of account review, collection, fraud control, or similar activities.

If you are actively seeking credit, you should understand that the procedures involved in lifting a security freeze may slow your application for credit. You should plan ahead and lift a freeze, either completely if you are shopping around, or specifically for a certain creditor, before applying for new credit. A consumer credit reporting agency may not charge a fee to a consumer for placing or removing a security freeze if the consumer is a victim of identity theft and submits a copy of a valid police report or valid Department of Motor Vehicle investigative report. A person 65 years of age or older with proper identification may be charged a fee of no more than \$5 for placing, lifting, or removing a security freeze. All other consumers may be charged a fee of no more than \$10 for each of these steps.

- You have a right to bring civil action against anyone, including a consumer credit reporting agency, who improperly obtains access to a file, knowingly or willfully misuses file data, or fails to correct inaccurate file data.

If you are a victim of identity theft and provide to a consumer credit reporting agency a copy of a valid police report or a valid investigative report made by a Department of Motor Vehicles investigator with peace officer status describing your circumstances, the following shall apply:

- (1) You have a right to have any information you list on the report as allegedly fraudulent promptly blocked so that the information cannot be reported. The information will be unblocked only if:
 - a. the information you provide is a material misrepresentation of the facts;
 - b. you agree that the information is blocked in error; or
 - c. you knowingly obtained possession of goods, services, or moneys as result of the blocked transactions. If blocked information is unblocked, you will be promptly notified.
- (2) You have a right to receive, free of charge and upon request, one copy of your credit report each month for up to 12 consecutive months.

You must place a “security freeze” with each consumer reporting agency to which you seek to prevent access. To request a security freeze from the major credit bureaus you may contact:

Experian 800.290.5195	PO Box 9554 Allen, TX 75013
TransUnion 888.909.8872	PO Box 6790 Fullerton, CA 92834
Equifax 800.685.1111	PO Box 105788 Atlanta, GA 30348

****If mailing your request for a credit freeze, requests must be sent by certified mail****

Notice to Consumers:
Summary of Consumer Rights Under
California Civil Code 1786.22
Provided by National Tenant Network

The Investigative Consumer Reporting Agencies Act (ICRA) is designed to promote accuracy, fairness and privacy of information in the files of every “consumer reporting agency” (CRA). You will find the complete text of the ICRA at <https://leginfo.legislature.ca.gov>. The ICRA gives you specific rights as outlined below. You may have additional rights under federal law. Contact your state or local consumer protection agency or your state Attorney General’s Office to learn those rights.

An investigative consumer reporting agency hereinafter referred to as “Agency” will supply files and information that you have a right to inspect during normal business hours and upon reasonable notice.

All files the Agency maintains on you will be made available for your visual inspection as follows:

- In person, if you appear in person and furnish proper identification. A copy of the file will also be available to you for a fee not to exceed the actual cost of copying.
- By certified mail, if you make a written request, with proper identification, for copies to be sent to a specified addressee. However, agencies complying with a request for such a mailing will not be liable for disclosures to third parties caused by mishandling of mail after it leaves the Agency.
- A summary of all information contained in your file and required to be provided to you under California Civil Code will be provided by telephone, if you have made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.

“Proper identification” includes documents such as a valid driver’s license, social security number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the Agency require additional information concerning your employment and personal or family history in order to verify your identity.

- The Agency will provide trained personnel to explain any information furnished to you pursuant to California Civil Code 1786.10.
- The Agency will provide a written explanation of any coded information contained in your file. This written explanation shall be distributed whenever a file is provided to you for visual inspection.
- One other person of your choice may accompany you when you come to inspect your file. This person must furnish reasonable identification. The Agency may require you to furnish a written statement granting permission to the Agency to discuss your file in your companion’s presence.

You may have additional rights under Federal law. For more information, contact your state or local consumer protection agency or your state Attorney General’s office.

Notice to Consumers:
Summary of Consumer Rights Under
the Fair Credit Reporting Act
Provided by National Tenant Network

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness and privacy of information in the files of every consumer reporting agency (CRA). 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). The FCRA gives you specific rights as outlined below. For more information, including information about additional rights, visit www.consumerfinance.gov/learnmore or write to the Consumer Financial Protection Bureau; 177 G Street, NW; Washington, DC 20552. You may have additional rights under state law. Contact your state or local consumer protection agency or your state Attorney General's Office to learn those rights.

- **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, tenancy or employment—or takes 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 a 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 consumer report;
 - you are a victim of identity theft and placed 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 sixty (60) days.

You must request your disclosure within sixty (60) days of receiving notice of adverse action. In addition, all consumers are entitled to one (1) free disclosure every twelve (12) months upon request from each national credit bureau and from nationwide specialty consumer reporting agencies. For additional information see www.consumerfinance.gov/learnmore.

- **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 a 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 incomplete, inaccurate, or unverifiable information.** Incomplete, inaccurate, or unverifiable information must be removed or corrected, usually within thirty (30) days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **You have a right to add a Consumer Statement to append your file.** If the investigation does not resolve your dispute, you may add a statement to append your file. Your statement may relate to a specific case or explain circumstances related to the adverse information contained in your file (i.e. divorce, job loss, etc.). Be concise; Consumer Relations may assist you to edit your statement to 100 words in order to provide a clear summary of your statement. If a statement has been added, you may request that anyone who has recently received your report (within two (2) years for employment and six (6) months for housing) be notified of the change.
- **You have a right to request a description of the procedure(s) used in the reinvestigation process.** Upon your written request, the consumer reporting agency must provide you with a description of the procedure(s) used to determine the accuracy and completeness of the information, including the business name and address of any furnisher of information contacted in connection with such information, and the telephone number of the furnisher, if reasonably available.
- **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 (7) years old, or bankruptcies that are more than ten (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 list these offers are based on. You may opt-out with the nationwide credit bureaus at (800) 567-8688.
- **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’s office.

Several different federal agencies may enforce the FCRA

For questions or concerns regarding your federal rights, contact:

TYPE OF BUSINESS	CONTACT
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission Consumer Response Center—FCRA Washington, DC 20580 877.382.4357
National banks, federal branches/agencies of foreign banks <i>(word "National" or initials "N.A." appear in or after the banks name)</i>	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 800.613.6743
Federal Reserve System member banks <i>(except national banks, and federal branches/agencies of foreign banks)</i>	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202.452.3693
Savings associations and federally chartered savings banks <i>(word "Federal" or initials "F.S.B" appear in institution's name)</i>	Office of Thrift Suspension Consumer Complaints Washington, DC 20552 808.842.6229
Federal credit unions <i>(words "Federal Credit Union" appear in institution's name)</i>	National Credit Union Administration 1775 Duke Street Alexandria, VA 22315 703.519.4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue; Suite #1000 Kansas, City, MO 64108-2638 877.275.3342
Air, surface or rail common carries regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202.366.1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator—GIPSA Washington, DC 20250 202.720.7051



APPLICANT/TENANT SCREENING



THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: _____ FROM: The Grove Apartments
 _____ 1919 Fruitdale Avenue
 _____ San Jose, CA 95128
 _____ Email: thegroveleasing@jsco.net
 _____ Phone: 408-295-1155

PLEASE RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE.

SUBJECT: Verification of Information Supplied by an Applicant for Housing Assistance

Name: _____
 Address: _____
 Unit #: _____

The individual named directly above is an applicant/tenant of the federal Housing Tax Credit Program (Internal Revenue Service) and/or a federally subsidized housing unit (U.S. Department of Housing and Urban Development, "HUD"). **The applicant/tenant has consented to this release of information as shown below:**

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Applicant/Tenant Signature: _____ **Date:** _____

NOTE TO APPLICANT/TENANT: (You don't have to sign if it's not clear who will provide the information or who will receive the information.)

THIS SECTION TO BE COMPLETED BY ADDRESSEE ONLY

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**"

INFORMATION BEING REQUESTED

() Current Landlord () Previous Landlord () Other: _____
 Date of applicant's tenancy: _____ From: _____ To: _____

1. RENT PAYMENT

Is (was) applicant current with rent? () Yes. () No.
 Has (had) he/she ever been late? () Yes. () No.
 How late? _____ How often? _____

2. CARING FOR UNIT

Does (did) the applicant keep the unit clean? () Yes. () No.
 Has (had) the applicant damage the unit? () Yes. () No.
 Describe: _____
 How expensive? \$ _____ How often? _____
 Has (had) this applicant paid for the damage? () Yes. () No.
 Will you (did you) keep any security deposit? () Yes. () No.
 Is this unit Section 8 subsidized with full kitchen? () Yes. () No.

3. GENERAL

- A. Does (did) the applicant permit persons other than those on the lease to live in the unit?
Describe: _____
- B. Has (had) the applicant or family members damaged or vandalized the common areas?
Describe: _____
- C. Does (did) the applicant created any physical hazards to the project or residents?
Describe: _____
- D. Does the applicant interfere with the rights and quiet enjoyment of other tenants?
Describe: _____
- E. Has (had) the applicant given you any false information?
Describe: _____
- F. Would you re-admit this applicant? () Yes. () No.
If not, why not? _____

 Name & Title of Person Supplying the Information (PRINT) Firm/Organization

 Signature Date Phone # Fax # E-mail



Lawrence E. Stone
Santa Clara County Assessor

Exemptions Unit
 West Tasman Campus
 130 W Tasman Drive
 San Jose, CA 95134
 Ph: (408) 299-6460
 exemptions@asr.sccgov.org
 www.sccassessor.org

**LOWER INCOME HOUSEHOLDS
 FAMILY HOUSEHOLD INCOME REPORTING
 WORKSHEET (140% AMI)**

Section 214(g) of the California Revenue and Taxation Code provides that property owned by nonprofit organizations or eligible limited liability companies providing housing for lower income households can qualify for the Welfare Exemption from property taxes for those units whose family household income does not exceed the limits stated herein. Pursuant to section 214(g)(2)(A)(iii) or (iv), for property that is eligible for and receives low-income housing tax credits pursuant to Internal Revenue Code Section 42 or owner of property that is a community land trust (CLT) and whose property is leased to a lower income household, subject to a contract that complies with the requirements of Section 402.1, units shall continue to qualify for exemption if the occupants were lower income households when they first moved into the unit, but whose income has subsequently increased to no more than 140 percent of area median income (AMI) ("over-income" tenants).

Promptly complete, sign and return this statement to the manager of the organization that provides the housing so the organization will have time to complete the form that must be filed with the County Assessor to claim property tax exemption on qualifying units in the property.

Section 1. ADDRESS OR UNIT NUMBER (No P.O. Box Numbers)

Section 2. Actual Tenant Income 2025-26 Tax Year

NAME(S) OF OCCUPANTS	Number of Persons in Family Household	Lower Income Limit	140% AMI Limit
	1	\$102,300	\$180,600
	2	\$116,900	\$206,430
	3	\$131,500	\$232,190
	4	\$146,100	\$258,020
	5	\$157,800	\$278,670
	6	\$169,500	\$299,320
	7	\$181,200	\$319,970
	8	\$192,900	\$340,620

Section 3.

Check the applicable box to indicate which income limit applies to your household income for the 20_____ calendar year, based on the number of persons in your household:

- Does not exceed lower income limit
- Exceeds lower income limit, but not greater than 140% of AMI
- Exceeds 140% AMI limit

Section 4.

- Number of persons in family household _____. This number should match the number of persons listed in Section 2 above.
- I certify (or declare) under penalty of perjury under the laws of the State of California that the family household income for the prior calendar year did not exceed \$ _____ . (Enter the amount of the applicable income limit shown for the number of persons in family *household*.)

SIGNATURE _____ PRINT NAME _____ DATE _____

NOTE TO MANAGER: RETAIN THIS FORM FOR YOUR RECORDS

