Le Mirador Senior Apartments

1191 Coleman Road, San Jose, CA 95120
TEL: (408) 268-9310 FAX: (408) 268-9313
lemirador@caremgt.com

APPLICATION PROCESS

Offers are made on a "first-qualified, first-offered" basis.

Each adult applicant (18 and older) will be required to complete a ***Rental Application, Authorization to Release Information, Consumer Report Disclosure and Authorization, Application Qualification Criteria*** and a ***Tenant Income Certification Questionnaire*** accompanied by the following documentation **(if applicable)** before the household will be considered: ***Please bring ORIGINAL documents and copies will be made at time of interview.**

1. Valid (cannot be expired) photo identification for each adult applicant (i.e., CA I.D., Driver's License, Passport/Visa, etc.) - **Required**
2. Social Security Card/ITIN letter for each household member - **Required**
3. Complete copy of most recent Tax Returns, including all 1099's and/or W-2 forms- **Required if employed in previous tax year.** IRS confirmed extension letter is accepted if taxes have not yet been filed.
4. Proof of Social Security / retirement benefits (Award Letter within 90 days)- **Required if receiving benefits**
5. Three **(3) months** of the most recent paycheck stubs (consecutive) for all current places of employment- **Required if currently employed.** This is a program requirement. If length of employment has not allowed for 3 months' worth of paystubs to be received, we will not be able to process the application until a minimum of 90 days' worth of paystubs have been received.
6. Proof of Public Assistance (i.e., TANF, General Assistance, etc.)- **Required if receiving benefits**
7. Self-employment information including Business License, Profit and Loss statements (3 most recent months with all backup documentation), Schedule C from Tax Return for last 3 years or complete duration of self-employment if less than 3 years. – **Required if self employed**
8. Six **(6) months** of recent Bank Statements for each open account (all pages)- **Required if household has a bank account or pre-paid card.**
9. Proof of property ownership and/or rental income (must provide statement of Fair Market Value estimate provided by Realtor)- **Required if applicable**
10. Three **(3) months** most recent statements for all other investment accounts (i.e., 401K, stocks, IRA, etc.)- **Required if applicable**
11. Proof of Student status (class schedule and financial aid information)- **Required if applicable**
12. Copy of Section 8 Voucher or current contract- **Required if applicable**
13. Proof of any other sources of income and/or assets- **Required if income/asset is not already listed above**
14. Court Order Child/Spousal Support Documents and/or Custody Agreement- **Required if applicable**
15. 6 Month proof of Rental Payments - Required (Rental Ledger, processed checks or money orders. Cash payments will require bank statements to show proof of rent withdrawals
16. Life Insurance Policy Statement

*** Additional documentation may be required based on the information provided with the application(s)**

In addition, each adult applicant will be required to sign income and asset verification documents based on the information provided with the application. Information given will be verified via a third-party source as proof of income eligibility. **PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.**

A non-refundable processing fee* (Cashier's Check or Money Order ONLY) *is required to accompany each application as follows:

Each applicant 18 years of age and older- $50.00 Application Fee

LE MIRADOR SENIOR APARTMENTS (55+)

Application Qualification Criteria
(Low Income Housing Tax Credit Program)

Le Mirador offers affordable one (1) bedroom apartment homes for seniors age 55 and older.[1] Our Community is governed by the Low-Income Housing Tax Credit Program (LIHTC) and Company Policies to determine eligibility. **Application approval is based upon total annual gross income for the entire household, including income from all assets.**

MAXIMUM INCOME GUIDELINES 2026

**** Income limits and Rents are subject to change without notice.***

	Very Low Rate	Low Rate
One Person	$71,950	$86,280
Two Persons	$82,200	$98,640

MININMUM INCOME REQUIREMENT *:
Gross income must be at least 1.5 X the applicable rental rate. For applicants with government rent subsidy, such as Section 8 Housing Choice Vouchers, only the tenant's portion of rent will be counted for purpose of meeting the minimum income requirements.

AFFORDABLE RENTAL RATES

**** Income limits and Rents are subject to change without notice subject to applicable program requirements.***
Tenant portion of rent shall not exceed the maximum allowed by LIHTC or other programs.

	Very Low Rate	Low Rate
1 BEDROOM	$1,868	$2,253

Although your household may qualify for more than one of the above rental rates, **we have only a limited number of units available for each income level.** ***Offers will be made based on availability.*** **Le Mirador** reserves the right to reclassify your tenancy as a low or very low unit as necessary to ensure the property remains in compliance with all Program Requirements. If the reclassification results in a change in the rent you will pay, you will receive notice of the anticipated change as required by applicable law.

APPLICATION FEE:
A non-refundable application fee (in a **Cashier's Check or Money Order ONLY**) is required to accompany each application as follows:

Each Adult Applicant (18 and over) $50.00 Application Fee

For applicants with government rent subsidies, such as Section 8 Housing Choice Vouchers, who opt out of the credit history report, the application fee will be $34.00

RESIDENT SELECTION CRITERIA:

1. **CREDIT HISTORY:**
   All applicants over the age of 18 must complete a rental application and pay a non-refundable application fee. Applicant(s) must have a favorable credit history, or they may be disqualified. A favorable credit history includes, but is not limited to no negative, slow payments, delinquent accounts, judgments, repossessions, or non-discharged bankruptcy filings. Unpaid or delinquent medical bills will not be considered when evaluating your credit. Unpaid Federal and/or State Liens are considered unfavorable credit. A verified Unlawful Detainer

[1] Qualified permanent residents and permitted health care residents as defined by California Civil Code Section 51.3 are also allowed.

Le Mirador Senior Apartments
1191 Coleman Road, San Jose, CA 95120
Phone: (408) 268-9310 | Fax: (408) 268-9313
Equal Opportunity Housing Provider

judgment or the providing of false information may also disqualify applicant(s). Lack of credit, however, does not constitute negative or bad credit.

If you are a recipient of a government rent subsidy, you have the option, at your discretion, to provide lawful, verifiable alternative evidence of your reasonable ability to pay your portion of the rent in lieu of us running a credit check. If you wish to select this alternative, you must notify us when you submit your application. In this case, you will be required to provide us with verifiable evidence supporting your availability to pay your portion of the rent, which may include but is not limited to, government benefit payments, wage records, bank statements or tax returns. We will accept other proof of verifiable legal income. We will provide you with reasonable time to provide the alternative evidence and we will reasonably consider the alternative evidence provided by you, in lieu of your credit history, in determining whether to approve your application for rental.

2. **RENTAL HISTORY:**
Applicant(s) must have a positive rental history of at least five years. It must be verifiable, with references that include verification of timely rent payments, compliance with rules and regulations and no evidence of any evictions. References from relatives are not acceptable. Lack of a rental history does not necessarily mean a negative rental history.

3. **BEHAVIOR & CONDUCT:**
A history of violence or drug or alcohol abuse or other potentially disruptive behavior as evidenced by either (1) a record of conviction for crimes against a person or property or involving the illegal use or sale of controlled substances; or (2) by documented statements concerning current illegal use or sale of controlled substances, will disqualify an applicant. Incidents more than (5) years old will be considered on a case-by-case basis before selection/rejection decision is made. Mitigating factors considered for incidents over five years old will include the severity and frequency of the offense, the length of time since the offense occurred, and the record of the applicant since the time of the offense.

4. **HOUSEKEEPING & CARE OF PROPERTY:**
Applicant(s) must have positive references in regard to ability and willingness to maintain the apartment in a clean and sanitary manner and refrain from damaging the unit.

5. **INCOME & ASSET DETERMINATION:**
To verify all aspects of the eligibility process, third party verifications will be obtained from related sources. Length of employment and/or stability may be a factor. **Gross income for the household must be at least 1.5 X the applicable rent. For the purpose of Application Qualification Criteria, only the tenant's portion of the rent will be considered for households with government rent subsidies.**

6. **OCCUPANCY STANDARDS:**
Under/over utilization is not permitted and the following occupancy standards will apply.

	MINIMUM NO. OCCUPANTS	MAXIMUM NO. OCCUPANTS
1 BEDROOM	1	2

BASIC QUALIFICATIONS:

1. The total household income must be within the current income guidelines.
2. Family composition must meet occupancy standards set by management (over-crowding or under-utilization is not permitted).
3. Once the screening process has been completed and initial eligibility is determined, you will receive a "Denial of Application" or a "Wait List Application Acceptance" letter.
4. Placement on the Wait List is based on the date and time the application is returned to the rental office.
5. It is the applicant's responsibility to inform management of any changes to the household (i.e., address, household size etc.) in order to remain on the Wait List. Failure to contact the rental office will result in your household being removed from the Wait List.

6. Once the credit screening process has been completed and initial eligibility is determined, you will receive a "Denial of Application" or you will be contacted for initial acceptance and further processing.

OFFER TO LEASE:
If applying for immediate availability, once you have gathered the necessary documentation for income and asset determination you will need to contact our office to make an appointment for an interview to begin the application process. If there is no immediate availability, when your name is among the top five (5) on the Wait List, you will receive a letter requesting that you contact the rental office to make an appointment to process your application. All members of the household must be present (including minors) at the time of the interview and any subsequent move-in. Failure to present all adult members of the household at the interview, or some other time acceptable to Management, prior to completion of the initial certification may result in the household being disqualified.

An applicant is permitted to decline an offer to lease only once, after the second decline your name will be removed from the Wait List.

AGREEMENT TO HOLD:
Once an offer is made and accepted the household will be required to complete an "Agreement to Hold" and pay the applicable security deposit. If there are any changes to the household occupants, income, or assets prior to move in, Management will not permit occupancy until the changes are documented and verified. The maximum amount of time a vacant apartment will be held is two (2) weeks.

SECURITY DEPOSIT:
All Security Deposits must be paid in the form of a Cashier's Check or Money Order. The Security Deposit amount is equal to the sum of one (1) month total rent charged.

I/WE HAVE READ AND AGREE TO ABIDE BY THE ABOVE CRITERIA:

Signature Date	Signature Date
Signature Date	Signature Date
Management Signature	Date

Le Mirador Senior Apartments
1191 Coleman Road, San Jose, CA 95120
Phone: (408) 268-9310 | Fax: (408) 268-9313
Equal Opportunity Housing Provider

CALIFORNIA REAL ESTATE
MANAGEMENT CORPORATION

LE MIRADOR SENIOR APARTMENTS
RENTAL APPLICATION

Apartment Size Desired: ☐ 1Bedroom

List all household members to occupy the apartment (including yourself). Use full legal name.

Member #	Relationship to Head of Household	Name First, Middle Initial, Last	Social Security Number	DOB (mm/dd/yyyy)	M/F
Member #1					
Member #2					

Current Address: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

YES ☐ NO ☐ 1. Is there anyone living with you now who won't be living with you at this property?
Name and Relationship: _____
Explanation: _____

YES ☐ NO ☐ 2. Do you expect any additions to the household within the next twelve months?
Name and Relationship: _____
Explanation: _____

YES ☐ NO ☐ 3. Do you have full custody of your children?
Explanation: _____

YES ☐ NO ☐ 4. Does your household have or anticipate having any pets other than those used as service animals?
Explanation: _____

YES ☐ NO ☐ 5. Have you or any one else named on this application filed for bankruptcy?
Explanation: _____

YES ☐ NO ☐ 6. Have you or any one else named on this application been convicted of a felony?
Explanation: _____

YES ☐ NO ☐ 7. Have you or any one else named on this application been convicted for dealing or manufacturing illegal drugs? Explanation: _____

YES ☐ NO ☐ 8. Have you or any one else named on this application been convicted of property damage?
Explanation: _____

YES ☐ NO ☐ 9. Have you or anyone else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?
Explanation: _____

YES ☐ NO ☐ 10. Will any adult household member require a live-in care attendant to live independently? If yes, list below:
Name of Attendant: _____ Relationship (if any): _____

YES ☐ NO ☐ 11. Do you or anyone in your household require a barrier free unit?
Household Member: _____
Explain: _____

YES ☐ NO ☐ 12. Do you or anyone in your household require any special features/accommodations in the unit?
Household Member: _____
Explain: _____

YES ☐ NO ☐ 13. Will your household be receiving Section 8 or any other rental assistance? If yes, list below:
Name of Agency: _____

Contact Person: _____ Contact Phone Number: _____

DO NOT USE WHITEOUT

Landlord History: List the past 5 years of housing references. *(If additional space is needed use the back of this page.)*

OWN ☐ RENT ☐	Landlord's Name/Address/Phone	Your Address	FROM (Move-In)	TO (Move-Out)
AMOUNT PAID: $ _____	Name: _____ Address: _____ _____ _____ Phone: _____	Your Address: _____ _____ _____ _____ Subsidized Rent (voucher)? Yes _____ No _____		
OWN ☐ RENT ☐	Landlord's Name/Address/Phone	Your Address	FROM (Move-In)	TO (Move-Out)
AMOUNT PAID: $ _____	Name: _____ Address: _____ _____ _____ Phone: _____	Your Address: _____ _____ _____ _____ Subsidized Rent (voucher)? Yes _____ No _____		
OWN ☐ RENT ☐	Landlord's Name/Address/Phone	Your Address	FROM (Move-In)	TO (Move-Out)
AMOUNT PAID: $ _____	Name: _____ Address: _____ _____ _____ Phone: _____	Your Address: _____ _____ _____ _____ Subsidized Rent (voucher)? Yes _____ No _____		

References: List a personal reference other than a relative:

Name: _____ Relationship: _____

Address: _____

Phone: _____ Years Known: _____

Name: _____ Relationship: _____

Address: _____

Phone: _____ Years Known: _____

Vehicle Identification: List vehicle information for all vehicles that are owned or operated by any household member:

	Make/Model/Year	Tag/License Plate#	State Issued
Vehicle #1			
Vehicle #2			

Emergency Contact: List someone in the area that is not already on the application:

Name: _____ Phone Number: _____

Address: _____

Relationship: _____ Years Known: _____

DO NOT USE WHITEOUT

Income Information

List income for anyone 18 or older (unless legally emancipated). You must also list all unearned income such as a grant or benefits for all household members including minors. Include income anticipated for the next 12 months.

Do YOU or ANYONE in your household have:

Yes ☐ No ☐ 14. Employment wages or salaries? (Include overtime tips, bonuses, commissions & payments received in cash.)

Household Member # (From Page 1)	Name of Company	Phone #	Amount (per month)
			$
Company Address:			
City:	State:		Zip Code:
Household Member # (From Page 1)	Name of Company	Phone #	Amount (per month)
			$
Company Address:			
City:	State:		Zip Code:
Household Member # (From Page 1)	Name of Company	Phone #	Amount (per month)
			$
Company Address:			
City:	State:		Zip Code:

Yes ☐ No ☐ 15. Self-employment? (Include overtime tips, bonuses, commissions & payments received in cash.)

Household Member # (From Page 1)	Type of Business	Phone #	Amount (per month)
			$
Household Member # (From Page 1)	Type of Business	Phone #	Amount (per month)
			$

Yes ☐ No ☐ 16. Regular pay as a member of the Armed Forces

Household Member # (From Page 1)	Base Name and Branch	Phone #	Amount (per month)
			$

Yes ☐ No ☐ 17. Unemployment benefits or workers' compensation?

Household Member # (From Page 1)	Contact Person	Phone #	Amount (per month)
			$

Yes ☐ No ☐ 18. CALWORKS, General Relief, TANF, etc.

Household Member # (From Page 1)	Contact Person	Phone #	Amount (per month)
			$

DO NOT USE WHITEOUT

Yes ☐ No ☐ 19. (a) Child Support or Alimony?

Household Member # (From Page 1)	Payer	Phone #	Amount (per month)
			$
			$

(b) Is the support received from: (check all that apply)

Child Support Enforcement Agency — Name of Agency: _____

Court of Law — Name of Court: _____

Directly from the individual — Name of Person: _____

Other — Explain: _____

YES ☐ NO ☐ (c) If money is not actually received, are you taking legal action? (*Explain*)

YES ☐ NO ☐ 20. Social Security, SSI or any other payments from the Social Security Administration?

Household Member # (From Page 1)	SSA Office	Phone #	Amount (per month)
			$
			$

Yes ☐ No ☐ 21. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

Household Member # (From Page 1)	Source of Benefit	Phone #	Amount (per month)
			$
			$
			$

Yes ☐ No ☐ 22. Regular payments from a severance package?

Household Member # (From Page 1)	Source of Benefit	Phone #	Amount (per month)
			$

Yes ☐ No ☐ 23. Regular payments from any type of settlement? *(For example, insurance, etc.)*

Household Member # (From Page 1)	Source of Benefit	Phone #	Amount (per month)
			$

Yes ☐ No ☐ 24. Regular gifts or payments from anyone outside of the household? *(Includes anyone supplementing your income or paying your bills.)*

Household Member # (From Page 1)	Source of Benefit	Phone #	Amount (per month)
			$
			$

Yes ☐ No ☐ 25. Educational grants, scholarships, or other student benefits?

Household Member # (From Page 1)	Source of Benefit	Phone #	Amount (per month)
			$

Yes ☐ No ☐ 26. Regular payments from lottery winnings or inheritances?

Household Member # (From Page 1)	Source of Benefit	Phone #	Amount (per month)
			$

DO NOT USE WHITEOUT

Yes No 27. Regular payments from rental property or other types of real estate transactions?
☐ ☐

Household Member # (From Page 1)	Source of Benefit	Phone #	Amount (per month)
			$
			$

Yes No 28. Any other income sources or types listed?
☐ ☐

Household Member # (From Page 1)	Source of Benefit	Phone #	Amount (per month)
			$
			$

Yes No 29. Do you or any other household member expect any changes to your income in the next 12 months?
☐ ☐
Explain: _____

Asset Information
Must list all assets held and the income derive from all household members including minors.
Do YOU or does ANYONE in your household have:

Yes No 30. Checking or Savings?
☐ ☐

Household Member # (From Page 1)	Bank or Institution	Account Number	Amount
			$
			$
			$
			$
			$

Yes No 31. CDs, Money Market Accounts or Treasury Bills?
☐ ☐

Household Member # (From Page 1)	Bank or Institution	Account Number	Amount
			$
			$

Yes No 32. Stocks, bonds, or securities?
☐ ☐

Household Member # (From Page 1)	Bank or Institution	Account Number	Amount
			$
			$
			$
			$

Yes No 33. Trust funds?
☐ ☐

Household Member # (From Page 1)	Bank or Institution	Account Number	Amount
			$
			$

Yes No 34. Pensions, IRA's Keogh other retirement accounts?
☐ ☐

Household Member # (From Page 1)	Bank or Institution	Account Number	Amount
			$
			$
			$

DO NOT USE WHITEOUT

Yes ☐ No ☐ 35. Do you have a safe deposit box?

Household Member # (From Page 1)	Bank or Institution	Contents	Cash Value
			$

Yes ☐ No ☐ 36. Personal property held as an investment?
(Includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. Does not include your personal belongings such as your car, furniture or clothing.)

Household Member # (From Page 1)	Type of Property	Account Number	Amount
			$
			$

Yes ☐ No ☐ 37. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?
(Includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)

Household Member # (From Page 1)	Source of Benefit	Account Number	Amount
			$
			$

Yes ☐ No ☐ 38. Cash on hand **over $500.00**?

Household Member # (From Page 1)	Source of Benefit	Account Number	Amount
			$
			$

Yes ☐ No ☐ 39. Have you or any other household members disposed of or given away any asset(s) for less than fair market value within the last two years?

Household Member: _____ Amount: _____

Explain: _____

Yes ☐ No ☐ 40. Are you or any other adult household members currently a full-time student or expect to be one in the next twelve months? If yes, list below:

Household Member:

_____

Explain: _____

Signature Clause:

I understand that management is relying on this information to prove my household's eligibility for the Low-Income Housing Tax Credit Housing Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge.

I consent to release the information necessary to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize and consent to have management verify the information contained in this application. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Program requirements.

ALL ADULT household members must sign below:

Signature :_____ Date : _____

Signature :_____ Date: _____

Management : _____ Date:_____

If you require assistance in submitting your application, please call (408) 268-9310

EQUAL HOUSING OPPORTUNITY

DO NOT USE WHITEOUT