



affordable living

in Mission Viejo California

At eaves Mission Viejo we have one-, and two-bedroom apartment rentals available through the affordable housing program for qualifying future residents.

Residents at eaves are responsible for electric, phone, and cable utilities. Additional monthly fees apply for premium parking and pets. An increased security deposit will be required for households with pets.



Call Today!
866/485-5597
www.eavesMissionViejo.com

24950 Via Florecer
Mission Viejo, CA 92692
[eavesMission Viejo@eavesbyavalon.com](mailto:eavesMissionViejo@eavesbyavalon.com)

HOUSEHOLDS MUST BE WITHIN THE INCOME LEVELS BELOW TO QUALIFY

Monthly rent is based on the Area Median Income (AMI)

50% PROGRAM

ONE-BEDROOM: \$964 PER MONTH

1 person household \$23,136 - \$33,750
2 person household \$23,136 - \$38,550
3 person household \$23,136 - \$43,350

TWO-BEDROOM: \$1,084 PER MONTH

2 person household \$26,016 - \$38,550
3 person household \$26,016 - \$43,350
4 person household \$26,016 - \$48,150
5 person household \$26,016 - \$52,050

80% PROGRAM

ONE-BEDROOM: \$1,542 PER MONTH

1 person household \$37,008 - \$54,000
2 person household \$37,008 - \$61,680
3 person household \$37,008 - \$69,360

TWO-BEDROOM: \$1,734 PER MONTH

2 person household \$41,616 - \$61,680
3 person household \$41,616 - \$69,360
4 person household \$41,616 - \$77,040
5 person household \$41,616 - \$83,280

*Rents subject to change at anytime without notice. Apartments contain FHA compliant features for persons with disabilities.



eaves Mission Viejo Affordable Housing Pre-Application

Applicants with disabilities may request modifications to the rental unit and/or accommodations to our rules, policies, practices or services, if such modifications or accommodations are necessary to afford an equal opportunity to use and enjoy the premises

NAME OF PRIMARY APPLICANT: _____

PHONE: _____ **CELL:** _____ **EMAIL:** _____

CURRENT ADDRESS: _____
Street Number & Name City St Zip

1. What size apartment home(s)* are you interested in?

- One (50%) Two (50%)**
One (80%) Two (80%)

***Note: Minimum occupancy requirement one person per bedroom.**

2. Does your household need an accessible apartment? (*circle one*): **Yes No**

3. Do you have a voucher? (*circle one*) **Yes No**

If Yes, Housing Authority Name: _____

4. Do you have any special housing needs? **Yes No** If yes, please explain: _____

5. Family Composition- List all those who will occupy the apartment, including yourself:

HOUSEHOLD MEMBER NAME	Date of Birth	Age	Relationship*	Full Time Student (Y/N)
1 PRIMARY APPLICANT			Head	
2				
3				
4				
5				
6				
7				

INTERNAL USE ONLY:

Received Date: _____ Received By: _____

Complete
Incomplete

6. Household Income- what is the income received and assets held by each member of your household? Include income from employment, SSA/SSI, TANF, Child Support, Alimony, Retirement, pension, unemployment, Military Pay, and gift income.

Household Member Name	Income Type	Gross Earnings (before taxes)

7. What is your combined total gross annual household income from all sources? \$ _____

8. Household Assets- include the household assets held may each household member. Includes all Checking and Savings accounts, Money Markets, Stocks, Bonds, Life Insurance Policies.

Household Member Name	Asset Type	Cash Value

Please call 949-380-7656 or email missionviejo@eavesbyavalon.com with any questions or requests for additional; applications or consent forms.

Return Form to directly to community or email: 24950 Via Florecer, Mission Veijo, CA 92692-
missionviejo@eavesbyavalon.com

INTERNAL USE ONLY:

Received Date: _____ Received By: _____

Complete
Incomplete