



# affordable living

*in Pacifica, California*

At eaves Pacifica 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.

HOUSEHOLDS MUST BE WITHIN THE INCOME LEVELS BELOW TO QUALIFY

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

## 50% PROGRAM

### ONE-BEDROOM: \$1,277 PER MONTH

1 person household \$ 30,648 - \$ 48,450

2 person household \$ 30,648 - \$ 55,350

3 person household \$ 30,648 - \$ 62,250

### TWO-BEDROOM: \$1,437 PER MONTH

2 person household \$ 34,488 - \$ 55,350

3 person household \$ 34,488 - \$ 62,250

4 person household \$ 34,488 - \$ 69,150

5 person household \$ 34,488 - \$ 74,700

**Waitlist is currently open. Please fill out the attached pre-application and submit via email.**



Call Today!

650.355.2010

[www.eavesPacifica.com](http://www.eavesPacifica.com)

265 Gateway Drive

Pacifica, CA 94066

[eavesPacifica@eavesbyavalon.com](mailto:eavesPacifica@eavesbyavalon.com)

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



## eaves Pacifica 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%)**

**\*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				

**6. Household Income-** what is the income received and assets held by each member of your

INTERNAL USE ONLY:

Received Date: \_\_\_\_\_ Received By: \_\_\_\_\_

**Complete**   
**Incomplete**

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

9. Do you live in the City of Pacifica\*? (circle one): **Yes** **No**

Please call 650-355-2010 or email [eavesPacifica@eavesbyavalon.com](mailto:eavesPacifica@eavesbyavalon.com) with any questions or requests for additional; applications or consent forms.

**\*Verification will be required prior to move in**

**Return Form to directly to community or email:** 265 Gateway Dr. Pacifica, CA 94044 - [eavesPacifica@eavesbyavalon.com](mailto:eavesPacifica@eavesbyavalon.com)

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Received Date: \_\_\_\_\_ Received By: \_\_\_\_\_

**Complete**   
**Incomplete**