**RENTAL HOUSING and WAITLIST APPLICATION**

**LUELLA FULLER HOME – SHARED HOUSING**

RETURN TO: HCEB, 410 7th Street, Suite 203, Oakland, CA 94607

# APPLICANT INFORMATION

FIRST NAME

MIDDLE NAME

LAST NAME

DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY NUMBER (XXX – XX – XXXX)

GENDER

STREET ADDRESS (where you receive mail)

APT. NUMBER

CITY

STATE

ZIP CODE

HOME PHONE NUMBER

CELL PHONE NUMBER

**ALTERNATE CONTACT** (case manager, ILS/SLS worker, family member, etc.)

FULL NAME

PHONE NUMBER

RELATIONSHIP TO YOU

AGENCY NAME (if applicable)

# PREFERENCE INFORMATION

1. Have you been diagnosed with a developmental disability? □ YES □ NO

$

1. Are you currently a full-time student or plan to be in the next year? □ YES □ NO
2. How many people in your household? Please circle one: 1 2 3 4+
3. The household’s combined annual income from all sources is:

# APPLICANT CERTIFICATIONS

* I certify that the statements made in this application are true to the best of my knowledge and

belief.

* I understand that false statements or information are punishable under federal law and cause for immediate denial of housing.
* I understand that I must provide written notification of any changes to the information on this form, especially address and telephone number.
* I agree to allow the landlord to perform a consumer credit check and criminal background check including sex offender registry on all adult household members.
* I understand that the above information is being collected to determine eligibility for housing at Luella Fuller Home. I 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 landlord or agent.

APPLICANT SIGNATURE

DATE

**- FOR OFFICE USE ONLY -**

**/ /**

DATE RECEIVED

**:** AM / PM

TIME RECEIVED

RECEIVED BY (STAFF NAME)

**EVICTION HISTORY**

1. Have you or any household members ever been evicted for fraud, non-payment of rent, or failure to comply with lease provisions? □ NO □ YES
2. If ‘YES,’ please provide details and dates for each instance:

**CRIMINAL HISTORY**

1. Have you or any household members ever been convicted of a felony? □ NO □ YES
2. If ‘YES,’ please provide details and dates for each instance:

**CURRENT HOUSING**

YOUR CURRENT ADDRESS (where you sleep at night)

APT. NUMBER

* OTHER (describe living situation):

DATE YOU MOVED IN

DATE YOU MUST LEAVE BY (if any)

MONTHLY RENT YOU PAY (if any)

ARE YOU REQUIRED TO GIVE YOUR LANDLORD THIRTY (30) DAYS NOTICE BEFORE MOVING OUT? □ YES □ NO

REASON(S) FOR SEEKING NEW HOUSING:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CITY |  |  | STATE | ZIP CODE |
| * GROUP HOME | * EMERGENCY SHELTER | * HOTEL | * FAMILY HOME | * APARTMENT |

**CURRENT LANDLORD** (or someone who can verify the information above)

CURRENT LANDLORD NAME

PHONE NUMBER

LANDLORD’S ADDRESS

APT. NUMBER

CITY

STATE

ZIP CODE

LANDLORD’S RELATIONSHIP TO YOU

NUMBER OF YEARS KNOWN

# PREVIOUS HOUSING

YOUR PREVIOUS ADDRESS

APT. NUMBER

CITY

* GROUP HOME
* EMERGENCY SHELTER
* HOTEL

STATE

* FAMILY HOME

ZIP CODE

* APARTMENT
* OTHER (describe living situation):

MONTHLY RENT

DATE OF MOVE-IN

DATE OF MOVE-OUT

REASON(S) FOR MOVING OUT:

**PREVIOUS LANDLORD** (or someone who can verify the information above)

CURRENT LANDLORD NAME

PHONE NUMBER

LANDLORD’S ADDRESS

APT. NUMBER

CITY

STATE

ZIP CODE

LANDLORD’S RELATIONSHIP TO YOU

NUMBER OF YEARS KNOWN

**HOUSEHOLD ASSETS** (bank accounts, trusts, real estate, etc.)

* **YES**, I/we have assets and have provided the information below:
* **NO,** I/we do not have ANY assets at this time.

|  |  |  |  |
| --- | --- | --- | --- |
|  | |  | $ |
| ASSET TYPE | FINANCIAL INSTITUTION | NAME ON ACCOUNT | CURRENT VALUE |
|  |  |  | $ |
| ASSET TYPE | FINANCIAL INSTITUTION | NAME ON ACCOUNT | CURRENT VALUE |
|  |  |  | $ |
| ASSET TYPE | FINANCIAL INSTITUTION | NAME ON ACCOUNT | CURRENT VALUE |
|  |  |  | $ |
| ASSET TYPE | FINANCIAL INSTITUTION | NAME ON ACCOUNT | CURRENT VALUE |
|  |  |  | $ |
| ASSET TYPE | FINANCIAL INSTITUTION | NAME ON ACCOUNT | CURRENT VALUE |
|  |  | **TOTAL VALUE OF ALL ASSETS:** | $ |

**HOUSEHOLD INCOME** (wages, SS/SSI, food stamps, cash from family, etc.)

* **YES**, I/we have income and have provided the information below:
* **NO,** I/we do not have ANY income at this time.

**REQUIRED:** If you checked ‘NO’ above, please describe the resources available to your household for covering basic necessities, such as food, clothing, medications, etc.:

|  |  |  |  |
| --- | --- | --- | --- |
|  | |  | $ |
| TYPE OF INCOME | SOURCE OF INCOME | NAME OF RECIPIENT | MONTHLY AMOUNT |
|  |  |  | $ |
| TYPE OF INCOME | SOURCE OF INCOME | NAME OF RECIPIENT | MONTHLY AMOUNT |
|  |  |  | $ |
| TYPE OF INCOME | SOURCE OF INCOME | NAME OF RECIPIENT | MONTHLY AMOUNT |
|  |  |  | $ |
| TYPE OF INCOME | SOURCE OF INCOME | NAME OF RECIPIENT | MONTHLY AMOUNT |
|  |  |  | $ |
| TYPE OF INCOME | SOURCE OF INCOME | NAME OF RECIPIENT | MONTHLY AMOUNT |
|  |  | **TOTAL MONTHLY INCOME:** | $ |

**PERSONAL REFERENCE #1** (provide at least two (2) references for each adult household member)

REFERENCE NAME

PHONE NUMBER

STREET ADDRESS

APT. NUMBER

CITY

STATE

ZIP CODE

RELATIONSHIP TO YOU

NUMBER OF YEARS KNOWN

# PERSONAL REFERENCE #2

REFERENCE NAME

PHONE NUMBER

STREET ADDRESS

APT. NUMBER

CITY

STATE

ZIP CODE

RELATIONSHIP TO YOU

NUMBER OF YEARS KNOWN

TITLE /PROFESSION

COMPANY/AGENCY

**APPLICANT CERTIFICATIONS**

1. I/we, the undersigned, certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
2. I/we, the undersigned, understand that false statements or information are punishable under federal law and cause for immediate denial of housing.
3. I/we, the undersigned, understand we must provide written notification of any changes to the information on this form, especially address and telephone number.
4. I/we, the undersigned, agree to allow the landlord to perform a consumer credit check and criminal background check including sex offender registry on all adult household members.
5. I/we, the undersigned, understand that the above information is being collected to determine eligibility for housing at Lincoln Oaks Apartments. 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 landlord or agent.

**HEAD OF HOUSEHOLD**

SIGNATURE

DATE

PRINT NAME

**PROPERTY MANAGENT AGENT** (HCEB staff only)

SIGNATURE DATE