



FREMONT HOTEL- OAKLAND RENTAL HOUSING APPLICATION

RETURN TO: HCEB, 1204 Preservation Park Way, Suite 200, Oakland, CA 94612

Fremont Hotel will comply with the regulations 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-related condition.

Please notify the HCEB office if you need application assistance such as large type face, computer disk, Braille or a language other than English.

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	

APPLICANT CERTIFICATIONS

<input type="checkbox"/> I certify that the statements made in this application are true to the best of my knowledge and belief.	
<input type="checkbox"/> I understand that false statements or information are punishable under federal law and cause for immediate denial of housing.	
<input type="checkbox"/> I understand that I must provide written notification of any changes to the information on this form, especially address and telephone number.	
<input type="checkbox"/> I understand that the above information is being collected to determine eligibility for housing at 524 8 th Street, Oakland, CA. 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	TIME RECEIVED	RECEIVED BY (STAFF NAME)
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FREMONT HOTEL- OAKLAND



THIS IS A NON-SMOKING COMMUNITY

Smoking is prohibited on the property, including but not limited to all units and common areas

PREFERENCE INFORMATION

Do you currently work or live in the city of Oakland? ☐ YES ☐ NO

How many people will be living in the household? Please circle one: 1 2 3 4+

Household income is restricted to 60% AMI and below. The household's combined annual income from all sources is: \$

HOUSEHOLD MEMBER #2 (list adult members first, and then minors)

FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER (XXX - XX - XXXX)	GENDER
RELATIONSHIP TO HEAD OF HOUSEHOLD	NUMBER OF YEARS KNOWN	
DIAGNOSED WITH A DEVELOPMENTAL DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	LIVE-IN CARETAKER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CURRENTLY LIVING WITH YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO	FULL-TIME STUDENT OR PLAN TO BE THIS YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	

HOUSEHOLD MEMBER #3

FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER (XXX - XX - XXXX)	GENDER
RELATIONSHIP TO HEAD OF HOUSEHOLD	NUMBER OF YEARS KNOWN	
DIAGNOSED WITH A DEVELOPMENTAL DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	LIVE-IN CARETAKER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CURRENTLY LIVING WITH YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO	FULL-TIME STUDENT OR PLAN TO BE THIS YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	

HOUSEHOLD MEMBER #4

FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER (XXX - XX - XXXX)	GENDER
RELATIONSHIP TO HEAD OF HOUSEHOLD	NUMBER OF YEARS KNOWN	
DIAGNOSED WITH A DEVELOPMENTAL DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	LIVE-IN CARETAKER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CURRENTLY LIVING WITH YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO	FULL-TIME STUDENT OR PLAN TO BE THIS YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	



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Do you plan to have anyone living with you in the future who is not listed above?

☐ Yes ☐ No

Do you have full custody of the child(ren) listed above? ☐ Yes ☐ No

Explanation of custody arrangements _____

EVICTIION HISTORY

a. Have you or any household members ever been evicted for fraud, non-payment of rent, or failure to comply with lease provisions? ☐ NO ☐ YES

b. If 'YES,' please provide details and dates for each instance: _____

Do you have any family members or friends who currently work at this property or for HCEB?

☐ Yes ☐ No; If Yes, list the name of the employee: _____

Are you or anyone you plan to have living with you currently receiving a Section 8 subsidy? ☐ Yes ☐ No; if yes, what is the expiration date? _____

Do your parents or a guardian claim you as a dependent? ☐ Yes ☐ No



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CURRENT HOUSING

YOUR CURRENT ADDRESS (where you sleep at night)				APT. NUMBER	
CITY		STATE		ZIP CODE	
<input type="checkbox"/> GROUP HOME	<input type="checkbox"/> EMERGENCY SHELTER	<input type="checkbox"/> HOTEL	<input type="checkbox"/> FAMILY HOME	<input type="checkbox"/> APARTMENT	
<input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO					
REASON(S) FOR SEEKING NEW HOUSING: _____					

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		STATE		ZIP CODE	
<input type="checkbox"/> GROUP HOME	<input type="checkbox"/> EMERGENCY SHELTER	<input type="checkbox"/> HOTEL	<input type="checkbox"/> FAMILY HOME	<input type="checkbox"/> APARTMENT	
<input type="checkbox"/> OTHER (describe living situation): _____					
MONTHLY RENT		DATE OF MOVE-IN		DATE OF MOVE-OUT	
REASON(S) FOR MOVING OUT: _____					



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

☐ **YES**, I/we have assets and have provided the information below:

ASSET TYPE	FINANCIAL INSTITUTION	NAME ON ACCOUNT	\$ CURRENT VALUE
ASSET TYPE	FINANCIAL INSTITUTION	NAME ON ACCOUNT	\$ CURRENT VALUE
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ASSET TYPE	FINANCIAL INSTITUTION	NAME ON ACCOUNT	\$ CURRENT VALUE
TOTAL VALUE OF ALL ASSETS:			\$

☐ **NO**, I/we do not have ANY assets at this time.

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

☐ **YES**, I/we have income and have provided the information below:

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:			\$

☐ **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.:



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PERSONAL REFERENCE

REFERENCE NAME		PHONE NUMBER
STREET ADDRESS		APT. NUMBER
CITY	STATE	ZIP CODE
RELATIONSHIP TO YOU		NUMBER OF YEARS KNOWN
TITLE /PROFESSION		COMPANY/AGENCY

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, 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, understand that the above information is being collected to determine eligibility for housing at Fremont Hotel - Oakland. 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.



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HEAD OF HOUSEHOLD

SIGNATURE _____	DATE _____
PRINT NAME _____	

ADULT MEMBER #2

SIGNATURE _____	DATE _____
PRINT NAME _____	

ADULT MEMBER #3

SIGNATURE _____	DATE _____
PRINT NAME _____	

ADULT MEMBER #4

SIGNATURE _____	DATE _____
PRINT NAME _____	

PROPERTY MANAGENT AGENT (HCEB staff only)

SIGNATURE _____	DATE _____
PRINT NAME _____	