

ASHLAND NSP RENTAL APPLICATION

Please check property you are applying for:

- ☐ **Ashland House**
San Leandro, CA
- ☐ **Bayfair House**
San Lorenzo, CA
- ☐ **Casa Malvis**
San Leandro, CA
- ☐ **Dogwood House**
Livermore, CA
- ☐ **McLeod Apartments**
Livermore, CA

In order to qualify for Ashland NSP housing, the applicant must meet the following criteria:

- Must be certified as MHSA-eligible by Behavioral Health Care Services before applying for Housing with Housing Consortium of the East Bay
- Must be 18 years or older or an emancipated youth
- Minimum income of \$14,484/ year or \$1,207/month
- Maximum income of \$33,600 /year or \$2,800/month for a single individual (30% of area median income)

(The income limits are effective April 2024, and adjusted by the U.S. Department of Housing and Urban Development annually.)

Questions on BHCS Certification?

Contact 510-777-2112

Questions on Rental Application?

Contact 510-832-1382



The goal of Ashland NSP is to 'select in' to the home rather than to 'select out'. With this in mind, please note the following:

The following is a list of reasons an applicant *may* be denied housing for the particular unit available:

1. Failure to meet eligibility requirements for the housing program;
2. Failure to provide required documentation. Applicants who miss one or more scheduled appointments during the screening process will be denied (appointments can be re-scheduled due to documented good cause);
3. Behavior that is disruptive to the orientation or screening process. This includes threatening, abusive or violent behavior toward any employee of the Project. Serious or repeated behavior of this type may result in denial of the application.
4. Falsification of information by the applicant during the screening process;
5. History of behaviors which have impacted the applicant's ability to retain housing or would affect the applicant's ability to live in the community. Examples include history of failure to pay rent and/ or abide by the lease terms or house rules;
6. Applicants may also be denied a particular apartment unit if the household characteristics are not appropriate for the type of apartment unit available at that time.

EXAMPLE: only an accessible apartment is available and the following is true:

- a. The applicant household does not include an individual requiring the features of the apartment, and;
- b. There are either tenants in the Project or applicants who desire such apartment and who require the features of the apartment;

APPLICATION CONTACT INFORMATION
Ashland NSP

Applicant Name:

Address:

City, State, Zip

Telephone:

Email:

Alternate Contact Person:

Alternate Number:

APPLICATION Ashland NSP

DO NOT DUPLICATE

Only one application per person will be accepted



Mail completed application to:

Housing Consortium of the East Bay
Attn: Ashland NSP
1204 Preservation Park Way, Suite 200
Oakland, CA 94612

Or email it to: hcebapplications@hceb.org

APPLICATION FOR ADMISSION



Applicant Name:

First Middle Last

Date of Birth: _____ Social Security # _____

Current Address: _____ Apt # _____

City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax: _____

OR

Preferred Contact Person: _____

Preferred Contact Person's Phone # _____

Applicant Information

1. Have you obtained eligibility certification for this property from Alameda County Behavioral Health Care Services? ____ Yes ____ No

If **YES**, please attach a copy of your certification letter or authorize BHCS to send a copy of this letter to us.

If **NO**, please contact 510-777-2112 to request certification.

Housing History

2. Current Housing Status: ____ Group Home ____ Family Home ____ Own ____
Apartment ____ Homeless ____ Other _____
3. How many people live with you in your home? _____
4. How many bedrooms do you have? _____
5. Have you had your residency/tenancy terminated for fraud, non-payment of rent or failure to comply with lease provisions? ____ Yes ____ No
If yes, please provide details:

6. If applicable, please provide your rental history:

A. Current/Last Landlord (Name): _____

Landlord Phone #: _____

Your Current Address: _____

Landlord's address: _____

Rent Amount: _____

Date of move-in: _____ Date of Move-out: _____

B. Previous Landlord (Name): _____

Landlord Phone #: _____

Your Address: _____

Landlord's Address: _____

Rent Amount: _____

Date of move-in: _____ Date of Move-out: _____

7. References

Name: _____

Address: _____

Phone #: _____

Name: _____

Address: _____

Phone #: _____

Name: _____

Address: _____

Phone #: _____

Income Information

8. Do you now receive or expect to receive income from any of the following sources? For each **YES** answer, please provide details in the chart below:

Yes No (For **YES**, provide the amount, how often and from what source)

— — SS/SSI: _____

— — Pension: _____

— — Wages: _____

Yes No

— — Public Assistance: _____

— — Assistance from Family Members/Friends: _____

— — Other regular or reoccurring income: _____

Please consider completing the following **OPTIONAL** section below:

9. Do you require a special unit design features for mobility impairment?

☐ Yes ☐ No

10. Do you require special design features for visual impairment?

☐ Yes ☐ No

11. Do you require special design features for hearing impairment?

☐ Yes ☐ No

Applicant Certification

1. I certify, that if selected to move into this home, the room I occupy will be my primary residence.
2. I certify the statements contained in this application are true and complete to the best of my knowledge and belief.
3. I understand false statements or information are punishable under federal/ state/ local law and cause for immediate denial of housing.
4. I understand I must provide written notification of any changes to the information contained in this application, especially address and telephone number(s).
5. I understand the above information is being collected to determine my eligibility for a room in shared housing. I authorize the owner to verify all information provided in this application and to contact previous or current landlord's, employer's, or other sources for credit and verification information which may be released by appropriate federal, state, local agencies, or private persons to the owner/management.
6. Housing is subject to availability.

Signature of Applicant: _____

Applicant (Please Print Name): _____