VINEYARD RENTAL APPLICATION

In order to qualify for Vineyard, the applicant must meet the following criteria:

- Must be referred through either Alameda County's Coordinated Entry System / HomeStretch, the Livermore Housing Authority or the Veterans' Administration
- Must be 18 years or older or an emancipated youth
- Maximum income of \$33,600/annum or \$2,800/month or single individual (30% area median income)

(Income limits are effective May 2025, and annually adjusted by the U.S. Department of Housing and Urban Development.)

Questions on: Coordinated Entry / HomeStretch? Contact 510-371-0447

Rental Application? Contact 510-832-1382 x122

Livermore Housing Authority? Contact 925-222-CARE Veterans' Administration? Contact 925-373-4700



APPLICATION CONTACT INFORMATION

Applicant	
Name:	
Street	
Address:	
City, State, Zip	
Telephone #(s)	
Email:	
Alternate	
Contact	
Person:	
Alternate	
Contact Phone	
and Email:	

APPLICATION



Submit completed application to:

Email: <u>hcebapplications@hceb.org</u>

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

Applicant Name:

First

Middle

Last

Applicant Information

Housing History

- 1. Most Recent Housing Status: ____ Unhoused; ____ Housed
 - a. If Unhoused, where? ____ Streets; ____ Shelter; ____ Transitional
 Housing Program; ____ Institutional Setting; ____ Other: _____
- 2. If Unhoused, where (city / neighborhood / program / facility)?
- Have you had prior residency/tenancy terminated for fraud, non-payment of rent or failure to comply with lease provisions? _____ Yes ____ No
 If yes, please provide details (this will not disqualify you from housing at Vineyard):
- 4. If applicable, please provide your rental history:

	a.	Most Recent Landlord (Name):
		Landlord Phone #:
		Your Address:
		Landlord's address:
		Rent Amount:
		Date of move-in: Date of Move-out:
	b.	Prior Landlord (Name): Landlord Phone #:
		Your Address:
		Landlord's address:
		Rent Amount:
		Date of move-in: Date of Move-out:
5.	Reference	S
	Name:	
	Address:	
	Phone #:	

Name:	
Address: _	
Phone #:	

Income Information

6. 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)	
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		SS/SSI:
		Pension:
		Wages:
Yes	No	
		Public Assistance:
		Assistance from Family Members/Friends:
		Other regular or recurring income:

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

- Do you require a special unit design features for mobility impairment? ____Yes ____Yes
- Do you require special design features for visual impairment?
 Yes ____ No
- Do you require special design features for hearing impairment?
 Yes ____ No

Applicant Certifications

- 1. I certify, that if selected to move into Vineyard, the apartment 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 contact information and income sources and amounts.
- 5. I understand the above information is being collected to determine my eligibility for an apartment at Vineyard. I authorize the owner or their agent to verify all information provided in 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 owner/management.
- 6. Housing is subject to availability.

Signature of Applicant: ______

Applicant (Please Print Name): _____