



# LUELLA FULLER HOME



## RENTAL HOUSING APPLICATION

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

Luella Fuller Home 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 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 -

_____/_____/_____	_____:_____ AM / PM	_____
DATE RECEIVED	TIME RECEIVED	RECEIVED BY (STAFF NAME)



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### THIS IS A NON-SMOKING COMMUNITY

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

Do you own a car?  Yes  No Would you require a parking space?  Yes  No

### REGIONAL CENTER OF THE EAST BAY (RCEB) INFORMATION:

1. Are you a client of RCEB?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Independent Living Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Supported Living Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Support Living Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### PREFERENCE INFORMATION

1. Are you interested in shared housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you been diagnosed with a developmental disability?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Are you currently a full-time student or plan to be in the next year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. The household's <u>combined annual income from all sources</u> is:	\$ <input type="text"/>	

Do you have any family members or friends who currently work at this property?  
 Yes  No; If Yes, list the name of the employee: \_\_\_\_\_

Do you have a Section 8 Voucher or Certificate?  Yes  No; If Yes, expiration date: \_\_\_\_

Are you currently receiving a Section 8 subsidy?  Yes  No

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



# LUELLA FULLER HOME



## 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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## EXPENSES

Do you pay for a care attendant or for any equipment which enables you to work?  
 Yes  No; If Yes, describe expenses: \_\_\_\_\_

How much do you pay for Medicare? \$ \_\_\_\_\_ Other medical insurance? \_\_\_\_\_

Do you have any outstanding medical bills on which you are making payments?  
 Yes  No; If Yes, how much per month? \$ \_\_\_\_\_

Do you expect to have any un-reimbursed medical expenses during the next 12 months?  
 Yes  No; If Yes, what is the expected amount of medical expenses? \$ \_\_\_\_\_

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

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

_____	_____	_____	\$ _____
ASSET TYPE	FINANCIAL INSTITUTION	NAME ON ACCOUNT	CURRENT VALUE
_____	_____	_____	\$ _____
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_____	_____	_____	\$ _____
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_____	_____	_____	\$ _____
ASSET TYPE	FINANCIAL INSTITUTION	NAME ON ACCOUNT	CURRENT VALUE
_____	_____	_____	\$ _____
ASSET TYPE	FINANCIAL INSTITUTION	NAME ON ACCOUNT	CURRENT VALUE
<b>TOTAL VALUE OF ALL ASSETS:</b>			\$ _____

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



# LUELLA FULLER HOME



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

**YES**, I 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
<b>TOTAL MONTHLY INCOME:</b>			\$ _____

**NO**, I 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.:

\_\_\_\_\_

## 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



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## 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 Luella Fuller Home. 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.

_____ SIGNATURE	_____ DATE
_____ PRINT NAME	

## PROPERTY MANAGENT AGENT (HCEB staff only)

_____ SIGNATURE	_____ DATE
_____ PRINT NAME	