

# RENTAL HOUSING APPLICATION

## LINCOLN OAKS APARTMENTS

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

### 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 worker, family member, etc.)

|                     |                             |
|---------------------|-----------------------------|
| FULL NAME           | PHONE NUMBER                |
| RELATIONSHIP TO YOU | AGENCY NAME (if applicable) |

### PREFERENCE INFORMATION

|  |                                    |                                    |   |    |
|--|------------------------------------|------------------------------------|---|----|
| 1. What size apartment are you interested in?                            | <input type="checkbox"/> 1-bedroom | <input type="checkbox"/> 2-bedroom |   |    |
| 2. Have you been diagnosed with a developmental disability?              | <input type="checkbox"/> YES       | <input type="checkbox"/> NO        |   |    |
| 3. Do you currently work or live in the city of Fremont?                 | <input type="checkbox"/> YES       | <input type="checkbox"/> NO        |   |    |
| 4. Are you currently a full-time student or plan to be in the next year? | <input type="checkbox"/> YES       | <input type="checkbox"/> NO        |   |    |
| 5. How many people will be living in the household? Please circle one:   | 1                                  | 2                                  | 3 | 4+ |
| 6. The household's combined annual income from all sources is:           | \$ <input type="text"/>            |                                    |   |    |

### 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 40852 Lincoln St. 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 _____ AM / PM | RECEIVED BY (STAFF NAME) _____ |
|---------------------|-----------------------------|--------------------------------|

**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 |           |

**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: _____                                   |  |                                |                                      |                                    |
| _____   |  |                                |                                      |                                    |

**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:

|                                   |                       |                 |               |
|-----------------------------------|-----------------------|-----------------|---------------|
| _____                             | _____                 | _____           | \$            |
| 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 |
| <b>TOTAL VALUE OF ALL ASSETS:</b> |                       |                 | \$            |

**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 |
| <b>TOTAL MONTHLY INCOME:</b> |                  |                   | \$             |

**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.:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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        |          |

**PERSONAL REFERENCE #3**

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

**PERSONAL REFERENCE #4**

|                     |                       |          |
|---------------------|-----------------------|----------|
| 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, 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 |       |

**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