

COMPLETE RENTAL APPLICATION

Magnolia Terrace



In order to qualify for housing at the Magnolia Terrace, the applicant must meet the following threshold criteria:

- Head of household must be 18 years+ or an emancipated minor
- Maximum income of \$55,950 / year or \$4,663/ month for a single individual and \$63,950 /year or \$5,329/month for a two-person household (50% of area median income)
- One family member must be disabled
- The household size must not exceed two people per bedroom

(The income limits are effective April 2023 and adjusted by the U.S. Department of Housing and Urban Development annually.)

Questions on Rental Application?

Contact 510-832-1382

The goal of the Property 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. An unusually high number of evictions;
7. 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;

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IN-PERSON APPLICATIONS ARE NOT ACCEPTED. Applications may be returned as follows:

- Email to hcebapplications@hceb.org
- FAX to 510-832-1743
- Mail to the address below



Housing Consortium of the East Bay
Attn: Property Management, Magnolia Terrace
1204 Preservation Park Way Suite 200 (Robinson House)
Oakland, CA 94612

Applicant Information

Please list below ALL persons who would be living in the apartment:

Lead Applicant Name: _____

First

Middle

Last

Date of Birth: _____ Social Security #: _____

Applicant Name: _____

First

Middle

Last

Date of Birth: _____ Social Security #: _____

Current Address: _____ Apt # _____

City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Fax: _____

OR

Preferred Contact Person: _____

Preferred Contact Person's Phone # _____

Household Information

1. Does a member of the household have a qualifying and verifiable developmental disability (see attached information if uncertain what a developmental disability is)?

_____ Yes _____ No If **YES**, please attach a copy of proof.

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

Do you require a special unit design features for mobility impairment? _____ Yes _____ No

Do you require special design features for visual impairment? _____ Yes _____ No

Do you require special design features for hearing impairment? _____ Yes _____ No

Does anyone in your household require any other reasonable accommodations? _____ Yes _____ No

If yes, please list and explain:

3. Are any household members entitled to receive child support or alimony?

If yes, is child support or alimony currently being received? _____ Yes _____ No

If no, is legal action being taken to remedy non-payment? _____ Yes _____ No

4. Have any household members been students in this calendar year? _____ Yes _____ No

Are any household members planning to become students in this calendar year? _____ Yes _____ No

5. Do any members of your household have any pets? _____ Yes _____ No

If yes, please describe what type and how many: _____

Housing History

1. Current Housing Status: ___ Own ___ Apartment ___ Family Home ___ Homeless ___ Group Home
 ___ Other _____
2. How many people currently live with you in your home? _____
3. How many bedrooms does your unit have? _____
4. 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 (how long ago, how many times, etc):

5. 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: _____

References

- | | |
|----------------|---------------------|
| Name: _____ | Relationship: _____ |
| Address: _____ | |
| Phone #: _____ | |
| | |
| Name: _____ | Relationship: _____ |
| Address: _____ | |
| Phone #: _____ | |
| | |
| Name: _____ | Relationship: _____ |
| Address: _____ | |

Phone #: _____

Individual Income Information

(A separate **Individual Income Information** form must be completed by each adult household member)

INCOME SOURCE(S)

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	Monthly Income: \$ _____
___	___	Pension	Monthly Income: \$ _____
___	___	Wages from: _____	Monthly Income: \$ _____
Yes	No		
___	___	Public Assistance	Monthly Income: \$ _____
___	___	Assistance from Family Members/Friends	Monthly Income: \$ _____
___	___	Other regular or re-occurring income from: _____	Monthly Income: \$ _____

ASSET(S)

Do you currently have assets in any of the following accounts?

For each **YES** answer, please provide details in the chart below:

Yes	No	(For YES , provide the bank or institution name and the balance)	
___	___	Checking Account	Bank Name: _____ Balance: \$ _____
___	___	Savings Account	Bank Name: _____ Balance: \$ _____
___	___	Other Account	Institution: _____ Balance: \$ _____
			Account Type: _____

Applicant Certification

1. I certify, that if selected to move into this property, the unit 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 unit in an apartment building. 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: _____

Date: _____

Applicant (Please Print Name): _____

Developmental Disabilities

A developmental disability is defined by the State of California as a disability that occurs before the age of 18, is substantially disabling for an individual, and is expected to continue indefinitely. Developmental disabilities include mental retardation, cerebral palsy, epilepsy and autism. Also included are disabling conditions closely related to mental retardation or requiring similar treatment. Persons with developmental disabilities have an entitlement to services, including services needed to allow them to live independently in the community, through the Lanterman Developmental Disabilities Services Act of 1969. The primary agency serving persons with developmental disabilities in Alameda and Contra Costa County is RCEB, which is one of 21 statewide Regional Centers funded by the California Department of Developmental Services to provide intake, assessment, and case management services to persons with developmental disabilities.

Information: Lanterman Developmental Disabilities Act

What is the Lanterman Development Disabilities Services Act?

The Lanterman Developmental Disabilities Services Act (Lanterman Act) is that part of California law that sets out the rights and responsibilities of persons with developmental disabilities, and creates the agencies, including regional centers, responsible for planning and coordinating services and supports for persons with developmental disabilities and their families.

Section 4501 of the Lanterman Act states: "The State of California accepts a responsibility for persons with developmental disabilities and an obligation to them which it must discharge. Affecting hundreds of thousands of children and adults directly, and having an important impact on the lives of their families, neighbors and whole communities, developmental disabilities present social, medical, economic and legal problems of extreme importance."

As a result, the Lanterman Act establishes an entitlement to services and supports for persons with developmental disabilities. This entitlement means that individuals with developmental disabilities and their families have the right to receive services and supports which will enable them to make decisions and choices about how, and with whom, they want to live their lives; achieve the highest self-sufficiency possible; and lead productive, independent and satisfying lives as part of the communities in which they live.

In addition to the entitlement to services and supports, the Lanterman Act creates the regional center as the central coordinating agency in a community network. The regional center has the mandate to ensure that the consumers for whom it is responsible receive services and supports which will assist them in living productively in their communities. The regional center may accomplish this task by securing services and supports directly, or by assisting consumers and families to locate and access services and supports from other agencies. This model of service delivery recognizes that California's network of services and supports for persons with developmental disabilities is large and complex. Therefore, the Legislature designed the service delivery system to have one central coordinating agency that consumers and families can contact regarding all of their questions and needs.

What responsibilities does the Lanterman Act designate to the Regional Center?

The Lanterman Act assigns the regional center the responsibility of providing various services and supports to consumers and their families. These include:

- Outreach activities to identify persons who may need regional center services.
- Assessment and evaluation to determine eligibility for regional center services.
- Development of an Individual Program Plan (IPP), through a person-centered planning process, which states the specific outcomes the consumer is trying to achieve, and the services and supports required to meet those outcomes.
- Service coordination. Coordination of services and supports to assist consumers in meeting the desired outcomes they have specified in their IPPs.
- Assurance of the quality and effectiveness of services and supports that are provided to the consumer.
- Development of innovative, cost-effective services and supports that are flexible, individualized and promote community integration.
- Advocacy to protect the civil, legal and service rights of regional center consumers.

In addition to the above-mentioned responsibilities, the Lanterman Act requires that the regional centers be accountable for the monies received to provide services and supports for consumers. The regional centers are required to:

- Live within their budget each year.
- Locate and/or develop innovative and cost effective ways to achieve the desired outcomes for consumers.
- Secure services from qualified service providers, and only continue those services where there is reasonable progress and agreement.
- Take into account parental responsibility for minor consumers when making a decision about the purchase of a service or support. The regional center funds only for those services and supports which are required for the consumer that are above what a parent would provide for a child without a disability.
- Pursue all possible sources of funding before spending regional center funds.
- Ensure that the regional center does not pay for services and supports which should be provided by a generic agency such as the Department of Education, Medi-Cal and Social Security.
- Ensure that community service providers provide good quality services for a fair price.

What is the Department of Developmental Services?

The Department of Developmental Services (DDS) is the department in the California Health and Welfare Agency which has the responsibility of providing statewide policy direction and leadership to ensure that persons with developmental disabilities shall have the opportunity to lead more independent, productive and satisfying lives as envisioned by the Lanterman Developmental Disabilities Services Act.

In order for the State of California to carry out many of its responsibilities to persons with developmental disabilities, the state, through DDS, contracts with regional centers to provide the service coordination necessary to obtain the services and supports best suited to each individual consumer.

What is the State Council on Developmental Disabilities?

The State Council on Developmental Disabilities is a federally mandated and funded organization charged with promoting the development of a consumer and family centered, comprehensive system of services and supports for individuals with developmental disabilities. The goals are to enable individuals to achieve independence, productivity and integration and inclusion into the community.

A key responsibility of the Council is to formulate the State Plan that establishes goals and objectives for improving and enhancing the service system in California. To ensure that local needs and priorities are being addressed, the Council funds the thirteen (13) regional Area Boards on Developmental Disabilities.