

# RENTAL HOUSING APPLICATION

## INCLIN OAKS APARTMENTS

RETURN TO: HCEB, 1440 Broadway, Suite 700, Oakland, CA 94612

### APPLICANT INFORMATION

_____		
FIRSTNAME	MIDDLE NAME	LASTNAME
_____		
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:	\$ _____			

### 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 agree to allow the landlord to perform a consumer credit check and criminal background check including sex offender registry on all adult household members.	
<input type="checkbox"/> I understand that the above information is being collected to determine eligibility for housing at 759 Linnea Ave. 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)

APPLICANT NAME _____	PROPERTY _____
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**HO USEHOLD MEMBER #2** (list adult members first, and then minors)

FIRSTNAME _____	MIDDLE NAME _____	LASTNAME _____
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

**HO USEHOLD MEMBER #3**

FIRSTNAME _____	MIDDLE NAME _____	LASTNAME _____
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

**HO USEHOLD MEMBER #4**

FIRSTNAME _____	MIDDLE NAME _____	LASTNAME _____
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

**EVICT ION HISTO RY**

a. Have you or any household members ever been evicted for fraud, non-payment of rent, or failure to comply with lease provisions? <input type="checkbox"/> NO <input type="checkbox"/> YES
b. If 'YES,' please provide details and dates for each instance: _____ _____ _____

**CRIMINAL HISTO RY**

a. Have you or any household members ever been convicted of a felony? <input type="checkbox"/> NO <input type="checkbox"/> YES
b. If 'YES,' please provide details and dates for each instance: _____ _____ _____

APPLICANT NAME _____	PROPERTY _____
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**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

APPLICANT NAME _____	PROPERTY _____
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**HO USEHOLD 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

**TOTAL VALUE OF ALL ASSETS:** \$ \_\_\_\_\_

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

**HO USEHOLD 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

**TOTAL MONTHLY INCOME:** \$ \_\_\_\_\_

**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.:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPLICANT NAME	PROPERTY
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**PERSO NAL 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

**PERSO NAL 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

**PERSO NAL 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

**PERSO NAL 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 NAME	PROPERTY

**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, agree to allow the landlord to perform a consumer credit check and criminal background check including sex offender registry on all adult household members.
5. 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
_____	
PRINTNAME	

**ADULT MEMBER # 2**

_____	_____
SIGNATURE	DATE
_____	
PRINTNAME	

**ADULT MEMBER # 3**

_____	_____
SIGNATURE	DATE
_____	
PRINTNAME	

**ADULT MEMBER # 4**

_____	_____
SIGNATURE	DATE
_____	
PRINTNAME	

**PROPERTY MANAGEMENT AGENT (HC EB staff only)**

_____	_____
SIGNATURE	DATE
_____	
PRINTNAME	