

F. Has anyone in your household been involved in eviction/unlawful detainer proceedings? YES NO
 If yes, please provide the following information:
 WHO WAS INVOLVED: _____ COUNTY: _____
 YEAR OF PROCEEDINGS: _____ REASON FOR PROCEEDINGS: _____
 RESULTS: _____

RESIDENCE HISTORY

PLEASE LIST THE PLACES OF RESIDENCE FOR ALL ADULT HOUSEHOLD MEMBERS FOR THE PAST 5 YEARS

HEAD OF HOUSEHOLD					CHECK HERE IF OWN HOME: <input type="checkbox"/>
CURRENT ADDRESS: _____					
STREET	APT	CITY	STATE	ZIP CODE	
HOW LONG HAVE YOU LIVED HERE?		MONTHLY RENT:	REASON FOR LEAVING: _____		
_____ TO _____ NOW		\$ _____			
LANDLORD'S NAME: _____		PHONE: _____	ADDRESS: _____		
		() _____			
PREVIOUS ADDRESS: _____					
STREET	APT	CITY	STATE	ZIP CODE	
HOW LONG DID YOU LIVE THERE?		MONTHLY RENT:	REASON FOR LEAVING: _____		
_____ TO _____		\$ _____			
LANDLORD'S NAME: _____		PHONE: _____	ADDRESS: _____		
		() _____			
OTHER HOUSEHOLD MEMBER					
NAME: _____					CHECK HERE IF OWN HOME: <input type="checkbox"/>
CURRENT ADDRESS: _____					
STREET	APT	CITY	STATE	ZIP CODE	
HOW LONG HAVE YOU LIVED HERE?		MONTHLY RENT:	REASON FOR LEAVING: _____		
_____ TO _____ NOW		\$ _____			
LANDLORD'S NAME: _____		PHONE: _____	ADDRESS: _____		
		() _____			
PREVIOUS ADDRESS: _____					
STREET	APT	CITY	STATE	ZIP CODE	
HOW LONG DID YOU LIVE THERE?		MONTHLY RENT:	REASON FOR LEAVING: _____		
_____ TO _____		\$ _____			
LANDLORD'S NAME: _____		PHONE: _____	ADDRESS: _____		
		() _____			

If more space is needed, attach additional pages.

SOURCES OF INCOME

What is your household's monthly gross (before taxes) income from ALL sources? \$ _____

A. EMPLOYMENT

HOUSEHOLD MEMBER NAME: _____	JOB TITLE: _____	DATE EMPLOYED: _____ TO <u>Now</u>
EMPLOYER: _____	GROSS SALARY/MONTH: \$ _____	

B. OTHER INCOME/ASSISTANCE

GROSS AMOUNT PER MONTH	WHO?	GROSS AMOUNT PER MONTH	WHO?
SOCIAL SECURITY / S.S.I. \$ _____	_____	VETERAN'S BENEFITS \$ _____	_____
MONETARY GIFTS \$ _____	_____	PENSION / RETIREMENT BENEFITS \$ _____	_____
ALIMONY / SPOUSAL SUPPORT \$ _____	_____	SCHOOL GRANTS / SCHOLARSHIPS \$ _____	_____
UNEMPLOYMENT \$ _____	_____	DISABILITY \$ _____	_____
WORKER'S COMP. \$ _____	_____	GENERAL ASSISTANCE \$ _____	_____
A.F.D.C. / CALWORKS \$ _____	_____	OTHER \$ _____	_____
CHILD SUPPORT \$ _____	_____	OTHER \$ _____	_____

C. ACCOUNTS/ASSETS/INCOME FROM ASSETS

(EXAMPLES: CHECKING OR SAVINGS ACCOUNT, CDs, 401K, STOCKS)

HOUSEHOLD MEMBER	ACCOUNT TYPE	BALANCE	HOUSEHOLD MEMBER	ACCOUNT TYPE	BALANCE

D. OTHER INCOME SOURCES _____

Have you sold, given away, or transferred any assets of value (car, home, etc.) in the last two years for less than fair market value? YES NO

ITEM: _____ DATE DISPOSED: _____ FAIR MARKET VALUE: \$ _____ AMOUNT RECEIVED: \$ _____

Do you own a vehicle? YES NO

MAKE: _____ MODEL: _____ YEAR: _____ LICENSE: _____

EMERGENCY CONTACT PERSON

FULL NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE: () _____ CELL PHONE: () _____ OTHER PHONE: () _____

ENDORSEMENT

UNDER PENALTY OF PERJURY, I CERTIFY THAT THE INFORMATION SUPPLIED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THIS APPLICATION COULD BE DENIED DUE TO FALSE INFORMATION. I UNDERSTAND THAT A FINAL DECISION ON ELIGIBILITY CANNOT BE MADE UNTIL ALL VERIFICATIONS ARE RECEIVED.

I AUTHORIZE EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION (EBALDC) AND ANY TENANT VERIFICATION SERVICE, CREDIT AGENCY, OR OTHER VERIFICATION SERVICE CHOSEN BY EBALDC TO OBTAIN VERIFICATION OF ASSETS, INCOME, CREDIT HISTORY, CRIMINAL BACKGROUND, EMPLOYMENT, AND REFERENCES AS NECESSARY TO DETERMINE ELIGIBILITY AND TO HELP VERIFY MY SUITABILITY AS A RESIDENT AT AVALON SENIOR HOUSING.

I UNDERSTAND THAT THE COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ME ANY TENANCY AT AVALON SENIOR HOUSING. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO UPDATE AVALON SENIOR HOUSING STAFF WITH ANY CHANGES IN CONTACT INFORMATION.

_____ SIGNATURE OF HEAD OF HOUSEHOLD	_____ DATE
_____ SIGNATURE OF 2ND ADULT HOUSEHOLD MEMBER	_____ DATE
_____ SIGNATURE OF 3RD ADULT HOUSEHOLD MEMBER	_____ DATE

Indicate here if you are attaching additional pages to your application: YES, SEE ATTACHED

East Bay Asian Local Development Corporation is an equal opportunity housing provider to all, regardless of race, color, national origin, ancestry, sex, marital status, physical or mental disability, familial status, source of income, religious or political affiliation, sexual orientation, medical condition, or participation in or eligibility for a housing assistance program. All requests for reasonable accommodations will be considered.



IN ORDER TO HELP US ASSESS AFFIRMATIVE FAIR HOUSING EFFECTIVENESS, PLEASE INDICATE YOUR RACE / ETHNICITY
(THIS SURVEY IS FOR DATA COLLECTION PURPOSES ONLY. RESPONSE IS NOT REQUIRED):

RACE

- ASIAN
- NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER
- WHITE
- BLACK / AFRICAN AMERICAN
- AMERICAN INDIAN / ALASKA NATIVE
- OTHER _____

ETHNICITY

- HISPANIC ORIGIN
- NON-HISPANIC ORIGIN

HOW DID YOU HEAR ABOUT THIS PROPERTY?

- CURRENT RESIDENT
- OHA
- EBALDC
- FRIEND
- SIGN OUTSIDE
- OTHER _____