

RETURN TO:
310 8th STREET, #200
OAKLAND, CA 94607



EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION

APPLICATION FOR HOUSING

FOR OFFICE USE ONLY	
Ref. # _____	Added to WL on _____
	By: _____
Rejected by: _____	
because: <input type="checkbox"/> Incomplete	
<input type="checkbox"/> HH Size <input type="checkbox"/> Income too Low	
<input type="checkbox"/> Income too High	
Denial Letter sent: _____	By: _____

- Complete the entire application, in neat, legible writing; **incomplete and/or illegible applications will not be accepted or added to the waitlist.**
- Answer every question honestly; **information that you provide will be verified**, and your application will be denied for any intentional fraud.

Which property or properties are you applying for, and what size unit? <i>(Check all that apply.)</i> <i>(Refer to Occupancy Standards and Summary of Properties for restrictions.)</i>					
<input type="checkbox"/> Madrone Hotel	<input type="checkbox"/> SINGLE ROOM				
<input type="checkbox"/> Hugh Taylor House	<input type="checkbox"/> SINGLE ROOM	<input type="checkbox"/> ONE (1)			
<input type="checkbox"/> Effie's House	<input type="checkbox"/> STUDIO (0)	<input type="checkbox"/> ONE (1)			
<input type="checkbox"/> Oakland Point	<input type="checkbox"/> STUDIO (0)	<input type="checkbox"/> ONE (1)	<input type="checkbox"/> TWO (2)	<input type="checkbox"/> THREE (3)	<input type="checkbox"/> FOUR (4)
<input type="checkbox"/> Seven Directions	<input type="checkbox"/> STUDIO (0)	<input type="checkbox"/> ONE (1)	<input type="checkbox"/> TWO (2)	<input type="checkbox"/> THREE (3)	<input type="checkbox"/> FOUR (4)
<input type="checkbox"/> Hismen Hin-Nu Terrace		<input type="checkbox"/> ONE (1)	<input type="checkbox"/> TWO (2)	<input type="checkbox"/> THREE (3)	<input type="checkbox"/> FOUR (4)
<input type="checkbox"/> Oak Park Apartments		<input type="checkbox"/> ONE (1)	<input type="checkbox"/> TWO (2)	<input type="checkbox"/> THREE (3)	<input type="checkbox"/> FOUR (4)
<input type="checkbox"/> Marcus Garvey Commons		<input type="checkbox"/> ONE (1)	<input type="checkbox"/> TWO (2)	<input type="checkbox"/> THREE (3)	<input type="checkbox"/> FOUR (4)
<input type="checkbox"/> Frank G. Mar Apartments		<input type="checkbox"/> ONE (1)	<input type="checkbox"/> TWO (2)	<input type="checkbox"/> THREE (3)	<input type="checkbox"/> FOUR (4)
<input type="checkbox"/> Giant Road Apartments		<input type="checkbox"/> ONE (1)	<input type="checkbox"/> TWO (2)	<input type="checkbox"/> THREE (3)	
<input type="checkbox"/> Swan's Market Apartments		<input type="checkbox"/> ONE (1)	<input type="checkbox"/> TWO (2)		
MUST BE 62 YEARS OR OLDER:					
<input type="checkbox"/> Avalon Sr. Housing	<input type="checkbox"/> STUDIO (0)	<input type="checkbox"/> ONE (1)	<input type="checkbox"/> TWO (2)		
MUST BE 55 YEARS OR OLDER:					
<input type="checkbox"/> San Pablo Hotel	<input type="checkbox"/> SINGLE ROOM	<input type="checkbox"/> SINGLE ROOM WITH PRIVATE BATHROOM			

(Optional):

If anyone in your household has a disability that requires or would benefit from certain features of an **accessible unit**, then you may indicate a preference or request for such a unit here: **Checking this box does not limit you only to accessible units, if you believe that you can use a non-accessible unit with "reasonable" or no accommodations.** *(Documentation of disability and verification of need for an accessible unit will be required if applying for an accessible unit.)*

CONTACT INFORMATION

HEAD OF HOUSEHOLD: _____					
	FIRST NAME	MIDDLE INITIAL	LAST NAME		
	MAILING ADDRESS: _____				
	STREET ADDRESS	APT.	CITY	STATE	ZIP CODE
	HOME PHONE: (____) _____ CELL PHONE: (____) _____ WORK PHONE: (____) _____				
	E-MAIL: _____ BEST WAY TO CONTACT YOU: _____				





MEMBERS OF HOUSEHOLD

List all adults and children who will be living in the apartment at least 50% of the time.

FULL LEGAL NAME (First Name, Middle, Last Name)	RELATIONSHIP (to head of household; ex.: spouse, niece, friend)	BIRTH DATE (month/day/year)	SEX (Male / Female)	SOC. SECURITY NO. (Last 4 digits only; full number will be required at interview)
1.	HEAD OF HOUSEHOLD	__/__/__	M / F	XXX-XX-_____
2.		__/__/__	M / F	XXX-XX-_____
3.		__/__/__	M / F	XXX-XX-_____
4.		__/__/__	M / F	XXX-XX-_____
5.		__/__/__	M / F	XXX-XX-_____
6.		__/__/__	M / F	XXX-XX-_____

ATTACH ADDITIONAL PAGE IF MORE HOUSEHOLD MEMBERS NEED TO BE LISTED.

All additions to household are subject to approval.

If your criminal record or poor rental history was due to disability, then you are encouraged to submit a **Request for Reasonable Accommodation** along with this application. If your history was due to circumstances that no longer apply, additional consideration may be requested on the **Request for Consideration** form.

- A. Do you plan to have anyone living with you in the future who is not listed above?
 No YES: (WHO, WHEN, WHY?) _____
- B. Is anyone in your household married, but separated or with spouse not living in household?
 No YES: (WHO?) _____
- C. Has anyone in your household been involved in eviction/unlawful detainer action?
 No YES: (WHO?) _____ (YEAR?) _____ (ADDRESS:) _____
 (WHY?) Non-payment of rent Other: _____
 (RESULTS): Moved Evicted Case Dismissed Stipulation Other _____
- D. In the past 7 years, has anyone in your household been convicted of the following:
 domestic assault assault any violent crime (explain): _____
 robbery property damage (explain): _____
 drug possession distribution/trafficking other (explain): _____
- E. Is anyone in your household subject to lifetime registration as a sex offender?
 No YES: (WHO?) _____

STUDENT STATUS

Check here if no one in the household is enrolled in classes, and no one has been a student in the past year or plans to be in the next year.

Identify all household members (adults and minors) who attended school/classes in the past year, currently are students, or plan to attend school in the upcoming year.

Definition of Student:

Anyone who attends classes or receives training at a community college, vocational school with a diploma or certificate program, technical school, university, or kindergarten through 12th grade.

Name of Person	Choose (circle) 1 of the 3 options:			Part-Time or Full-Time Student?	Name of School	Receiving Financial Aid?
	Is not now, but was in past year	Is a student now	Is not now, but will in future (this year)			
	Past / Now / Future			PT / FT		Y / N
	Past / Now / Future			PT / FT		Y / N
	Past / Now / Future			PT / FT		Y / N
	Past / Now / Future			PT / FT		Y / N



RESIDENCE / RENTAL HISTORY

- A. Is your household being displaced due to code enforcement or other actions by the City of Oakland?
 No Yes: (EXPLAIN) _____
- B. Does anyone in your household *currently* own a house or other real estate property?
 No Yes: (EXPLAIN) _____
- C. Has anyone owned a house or other real estate property *in the past 2 years*?
 No Yes: (EXPLAIN) _____
- D. Does anyone in your household possess a current Section 8 voucher or is eligible for housing payment assistance from a similar agency?
 No Yes: (WHICH HOUSING AUTHORITY/AGENCY, APPROVED BEDROOM SIZE) _____
- E. When would you be ready to move? _____

LIST THE PLACE(S) THAT EACH ADULT HAS LIVED IN THE PAST 5 YEARS.

(Anyone 18 years of age or older, or an emancipated minor, is considered an adult.)

We must verify all adults' tenant history. If you are homeless, then alternative documentation will be required.

HEAD OF HOUSEHOLD	WHERE YOU LIVE NOW	PREVIOUS RESIDENCE	PREVIOUS RESIDENCE
ADDRESS	_____	_____	_____
WHICH BEST DESCRIBES YOUR SITUATION?	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with friend/relative <input type="checkbox"/> In Program/Facility/Shelter <input type="checkbox"/> Other _____	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with friend/ relative <input type="checkbox"/> In Program/Facility/Shelter <input type="checkbox"/> Other _____	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with friend/ relative <input type="checkbox"/> In Program/Facility/Shelter <input type="checkbox"/> Other _____
RENT/MORTGAGE/ AMOUNT YOU PAY	\$ _____ / MONTH	\$ _____ / MONTH	\$ _____ / MONTH
# OF PEOPLE IN UNIT			
# OF BEDROOMS			
WHEN DID YOU LIVE HERE?	__/__/__ TO __/__/__	__/__/__ TO __/__/__	__/__/__ TO __/__/__
ON THE LEASE?	Yes / No	Yes / No	Yes / No
LANDLORD'S NAME			
LANDLORD'S ADDRESS			
LANDLORD'S PHONE			
REASON(S) FOR MOVING			



Check here if details are the same as head of household above:

2ND ADULT HOUSEHOLD MEMBER

NAME: _____

	ADDRESS	WHERE YOU LIVE NOW	PREVIOUS RESIDENCE	PREVIOUS RESIDENCE
<p>LIST THE PLACE(S) THAT EACH ADULT HAS LIVED IN THE PAST 5 YEARS.</p> <p>(Anyone 18 years of age or older, or an emancipated minor, is considered an adult.)</p> <p>We must verify all adults' tenant history. If you are homeless, then alternative documentation will be required.</p> <p>IF MORE SPACE IS NEEDED FOR ADDITIONAL ADULTS, ATTACH ADDITIONAL RESIDENCE HISTORY PAGE.</p>				
	WHICH BEST DESCRIBES YOUR SITUATION?	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with friend/relative <input type="checkbox"/> In Program/Facility/Shelter <input type="checkbox"/> Other _____	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with friend/ relative <input type="checkbox"/> In Program/Facility/Shelter <input type="checkbox"/> Other _____	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with friend/ relative <input type="checkbox"/> In Program/Facility/Shelter <input type="checkbox"/> Other _____
	RENT/MORTGAGE/AMOUNT YOU PAY	\$ _____ / MONTH	\$ _____ / MONTH	\$ _____ / MONTH
	# OF PEOPLE IN UNIT			
	# OF BEDROOMS			
	WHEN DID YOU LIVE HERE?	___/___/___ TO ___/___/___	___/___/___ TO ___/___/___	___/___/___ TO ___/___/___
	ON THE LEASE?	YES / NO	YES / NO	YES / NO
	LANDLORD'S NAME			
	LANDLORD'S ADDRESS			
	LANDLORD'S PHONE			
REASON(S) FOR MOVING				

INCOME

A. Each month, how much money does the entire household receive? \$ _____



B. EMPLOYMENT – Check here if no adults currently are working.

For any adults currently working, complete the following:

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

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

(IF MORE SPACE IS NEEDED, THEN CONTINUE ON BACK OF THIS PAGE AND CHECK HERE .)



C. SELF-EMPLOYMENT – Check here if no adults currently are working.

For any adults self-employed or independent contractors, complete the following:

(IF MORE SPACE IS NEEDED, THEN CONTINUE ON BACK OF THIS PAGE AND CHECK HERE .)

HOUSEHOLD MEMBER NAME: _____	TYPE OF WORK: _____	DATE SELF-EMPLOYED: _____ TO <u>Now</u>
DID YOU FILE TAX RETURNS LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO		NET INCOME/MONTH: \$ _____

D. ZERO INCOME

Does any adult in the household claim to receive no income, from any source?

No YES: (WHO?) _____

E. MONTHLY/WEEKLY BENEFITS/PAYMENTS – Check here if no one receives any benefits/payments.

If any adults or minors receive any of the following benefits, fill in amount and identify who receives the benefits.

GROSS AMOUNT PER MONTH / WHO RECEIVES?	GROSS AMOUNT PER MONTH / WHO RECEIVES?
SOCIAL SECURITY \$ _____	VETERAN'S BENEFITS \$ _____
SSI \$ _____	PENSION / RETIREMENT BENEFITS \$ _____
CASH / MONETARY GIFTS \$ _____	CHILD / SPOUSAL SUPPORT \$ _____
UNEMPLOYMENT \$ _____	DISABILITY / WORKER'S COMP. \$ _____
CALWORKS/GA \$ _____	OTHER: _____ \$ _____
OTHER: _____ \$ _____	OTHER: _____ \$ _____

F. OTHER INCOME – Check here if no one receives any income not included above.

List any other income received by the household:

\$ _____ received every (circle one) Week Month Year Other _____

Source of Income: _____ Who receives? _____

ASSETS

A. List all accounts and assets held by any household member (including minors).

Examples: checking or savings account, certificate of deposits, 401K funds accessible to you, whole life insurance, stocks, real estate, more than \$300 cash, etc.



Check here if no one has any assets.

HOUSEHOLD MEMBER	ACCOUNT TYPE	JOINT?	BANK	BALANCE
		Y / N		\$
		Y / N		\$
		Y / N		\$

IF YOU HAVE MORE ASSETS/ACCOUNTS, THEN CONTINUE ON BACK OF PAGE AND CHECK HERE .

B. 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?

No YES: ITEM: _____ DATE: _____ FAIR MARKET VALUE: \$ _____ AMOUNT RECEIVED: \$ _____

If we cannot contact you, then we may contact this person, **only** for the purpose of relaying a message to you; no details of your application will be discussed.



ALTERNATE CONTACT PERSON

FULL NAME: _____ RELATIONSHIP TO YOU: _____

ADDRESS: _____

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

CERTIFICATION

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 information will be verified by third parties and that this application could be denied due to false information. I further understand that a final decision on eligibility cannot be made until **all** verifications are received.

I have read and understand the attached Application Package information.

I understand that completion of this application does not guarantee me/us tenancy at any property managed by East Bay Asian Local Development Corporation (EBALDC).

I authorize 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

I understand that it is my responsibility to update 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
_____ SIGNATURE OF 4TH 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 actual or perceived 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, participation in or eligibility for a housing assistance program, or other arbitrary basis.

All requests for reasonable accommodations will be considered.



(This survey is for data collection purposes only. **Response is not required.**)

How did you hear about this property?

- CURRENT RESIDENT
 EBALDC WEBSITE
 SIGN OUTSIDE
 CRAIGSLIST
 GOSECTION8
 2-1-1
 HOUSING AUTHORITY
 ORGANIZATION: _____
 OTHER _____

RACE / ETHNIC DATA REPORTING FORM

There is no penalty for persons who do not complete the form. The information is requested for data collection / reporting purposes only and has no effect on your application. Completion is voluntary, but much appreciated.

	Head of Household	Other Household Member:	Other Household Member:	Other Household Member:	Other Household Member:
<u>Ethnic Categories*</u>	Select (✓) One	Select (✓) One	Select (✓) One	Select (✓) One	Select (✓) One
Hispanic or Latino					
Not-Hispanic or Latino					
<u>Racial Categories*</u>	Select (✓) One or More	Select (✓) One or More	Select (✓) One or More	Select (✓) One or More	Select (✓) One or More
American Indian or Alaska Native					
Asian					
Black or African American					
Native Hawaiian or Other Pacific Islander					
White					

You should check one of the two ethnicity categories:

- Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino.”
- Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

You may mark one or more of the racial categories:

- American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American.** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.