



EBALDC



MADRONE HOTEL

477 8th St. Oakland, CA 94607

Office Use Only

Received: _____
Application accepted? Y N
If No, reason(s) denied:
Incomplete OI UI #D #E #F
Other: _____
Letter sent: _____

APPLICATION FOR OCCUPANCY

- ONLY FULLY COMPLETED APPLICATIONS WILL BE CONSIDERED. IF AN ITEM OR SECTION DOES NOT APPLY, MARK N/A.
INFORMATION WILL BE VERIFIED FOR ACCURACY AND ELIGIBILITY PURPOSES.

Number of bedrooms you are applying for: [] SINGLE ROOM OCCUPANCY (SRO)

MEMBERS OF HOUSEHOLD

1. HEAD OF HOUSEHOLD

LEGAL NAME : _____ SEX: [] MALE [] FEMALE
FIRST NAME MIDDLE LAST NAME

BIRTH DATE: _____ SOC. SECURITY NO.: _____ DRIVER'S LIC./I.D.: _____

MAILING ADDRESS: _____

HOME PHONE: () _____ WORK PHONE: () _____ CELL PHONE: () _____

E-MAIL: _____ BEST WAY TO CONTACT YOU: _____

ARE YOU CURRENTLY A FULL-TIME STUDENT OR PLAN TO BE IN NEXT 12 MONTHS? [] YES [] NO

CO-APPLICANT (WHO WILL BE LIVING WITH YOU IN THE UNIT)

Table with 7 columns: FULL LEGAL NAME, RELATIONSHIP TO HEAD OF HOUSEHOLD, BIRTH DATE/AGE, SEX, DRIVER'S LICENSE OR I.D., SOCIAL SECURITY NUMBER, FULL-TIME STUDENT*. Row 2: 2., [], _/ _/ _, M OR F, [], - - - - - , Y OR N

*CIRCLE "Y" FOR "YES" IF PERSON CURRENTLY IS A FULL-TIME STUDENT OR PLANS TO BE IN THE NEXT 12 MONTHS.

A. Do you plan to have anyone living with you in the future who is not listed above? [] YES [] NO
If Yes, who and when? _____

B. Is anyone in your household separated, but not divorced? [] YES [] NO

C. Does anyone in your household possess a current Section 8 voucher? [] YES [] NO
If yes, please list the name of your housing authority: _____
APPROVED BEDROOM SIZE: _____

D. Has anyone in your household ever been convicted of a felony? [] YES [] NO
If yes, please provide the following information:
WHO: _____ WHEN: _____ COUNTY: _____
REASON FOR CONVICTION: _____

E. 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: _____

F. Has anyone in your household ever had a lease terminated for fraud, non-payment of rent, or failure to cooperate with the recertification procedures? [] YES [] NO



RESIDENCE HISTORY

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

HEAD OF HOUSEHOLD

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: _____

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 **Now**

EMPLOYER: _____ GROSS SALARY/MONTH: \$ _____

HOUSEHOLD MEMBER NAME: _____ JOB TITLE: _____ DATE EMPLOYED: _____ TO **Now**

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 OUR 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 MADRONE HOTEL.

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

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF 2ND 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

ETHNICITY

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

- HISPANIC ORIGIN
- NON-HISPANIC ORIGIN

HOW DID YOU HEAR ABOUT THIS PROPERTY?

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