

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: _____
 _____ (____) _____

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: \$ _____

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: _____

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 FOR OCCUPANCY IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I FURTHER 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 OAK PARK APARTMENTS.

I UNDERSTAND THAT THE COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ME ANY TENANCY AT OAK PARK APARTMENTS.

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO UPDATE OAK PARK APARTMENTS 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
_____ SIGNATURE OF 5TH 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
<input type="checkbox"/> ASIAN	
<input type="checkbox"/> NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER	<input type="checkbox"/> HISPANIC ORIGIN
<input type="checkbox"/> WHITE	
<input type="checkbox"/> BLACK / AFRICAN AMERICAN	<input type="checkbox"/> NON-HISPANIC ORIGIN
<input type="checkbox"/> AMERICAN INDIAN / ALASKA NATIVE	
<input type="checkbox"/> OTHER _____	

HOW DID YOU HEAR ABOUT THIS PROPERTY?

CURRENT RESIDENT OHA EBALDC FRIEND SIGN OUTSIDE
 OTHER _____