



RENTAL HOUSING APPLICATION PACKAGE

Thank you for your interest in applying to live at one of EBALDC's properties. This application package will help you understand the process of becoming a resident in one of EBALDC's buildings. Please read this application package carefully because it can help you go through this process more quickly. The steps to qualify and become an EBALDC resident generally follow this order:

1. You turn in a completed application;
2. Your application is pre-screened;
 - If your application is denied, you may appeal;
 - If your application passes the screening, your name is put on the waiting list(s);
3. Over time, your name reaches the top of the list and you are contacted when a unit is soon to be vacant;
4. Your household interviews with management and provides more information;
5. Management verifies information on your application and gathers documents necessary to determine eligibility;
 - If your household qualifies, you are offered housing;
 - If your household is denied, you may appeal the decision.

Before you begin the application, please note the following:

- You are encouraged to submit a Request for Reasonable Accommodation or Request for Consideration form with your application (see pp. 9 & 10 of Application), if appropriate.
- Persons with disabilities are encouraged to apply.
- All households must meet certain income restrictions.
- Nearly all of EBALDC units have fixed rent amounts.
- All adult* household members must attend an interview with management to sign required forms and submit documentation. (*"Adult" is anyone 18 years and over or emancipated minors.)
- Age restrictions apply to senior housing (*see Restrictions under Summary of Properties, pp. 7-9*).
- Remember to update EBALDC if your contact information, household income or household members change. **Failure to do so may result in your removal from the waiting list.**
- EBALDC provides affordable housing; EBALDC does **not** provide emergency shelter or transitional housing. If we are unable to meet your housing needs, then we recommend calling 2-1-1 for referrals to other housing sources. (2-1-1 is a referral source to community agencies and can assist in identifying a range of social services.)

You can find more information about EBALDC, our properties, and the application process on our website: <http://www.ebaldc.org> (click the Properties link). If you have questions about a specific property, or would like to schedule a tour of the building, then contact the Property Manager (*see Summary of Properties, pp. 7-9*).

Submit applications and updates of your information to:

**EBALDC
c/o Waiting List
310 8th Street, Suite 200
Oakland, CA 94607**





WAITING LIST

A waiting list of applicants for each property is kept; vacancies are filled with applicants from this list. You may apply to more than one property, if interested and when that property's waiting list is open. If your application appears to meet the initial screening standards, then it will be added to the list in the order it was received (unless one of the exceptions listed below applies). The wait ranges from a few weeks to more than a year and varies by property and unit size/type.

Because of the number of persons we serve, we cannot send you a confirmation that you have been placed on the waiting list, nor can we provide callers with their place or number on the list. However, you may call (510) 287-5353 x357 six to eight (6-8) weeks after you have turned in the application to verify that the application was received. If your application is not placed on *any* property's list for which you applied, then you will be mailed a letter that lists the reason(s) and explains how to appeal the decision.

You will not be added to the waiting list if:

- The required fields on the application, including signatures by all adult household members, are not complete;
- Your household size does not meet minimum or maximum standards for occupancy; or,
- Your reported household income is outside the acceptable range for the unit you are applying.

You will be removed from all properties' waiting list if:

- Your household refuses to complete the interview process three (3) times;
- You qualify and your household refuses an offer of an apartment or fails to attend the lease signing;
- You do not respond to a letter of interest or other correspondence in the specified time period; or
- You move into an EBALDC property, unless you request to remain on other properties' waiting list.

It is your responsibility to contact EBALDC whenever your phone or address changes, and when your household significantly changes (for example, if someone is added to your household, or your income changes). You **must** respond to any letters asking whether you wish to remain on the waiting list.

The following situations, which require appropriate documentation, will move an application to the top of the waiting list, regardless of when it was received:

1. Eligible transfers by current EBALDC residents within the same property have priority on that property's waiting list;
2. Applicants displaced by city code enforcement (Oakland, Emeryville, San Pablo) or redevelopment actions;
3. Current EBALDC residents with reasonable accommodation requests that cannot be met at the property they are living at will be considered for other properties' vacancies*;
4. For ADA-accessible units, priority will be given to applicants with disabilities requiring accessible features; and
5. Current EBALDC residents experiencing domestic violence situations.

**Current EBALDC residents relocating to a different property will be required to complete all necessary paperwork and complete the eligibility process again.*





QUALIFICATION PROCESS – GENERAL OVERVIEW

When your name reaches the top of a property’s waiting list, you will be contacted to schedule an interview by property staff. At the time of the interview, all adult members of your household must be present. You will be asked to bring the following to the interview:

- **Employment:** the last 3 months of pay stubs
- **Self-employment:** the last 3 years of tax returns, including Schedule C
- **SSI/SSA:** a current award letter showing how much income is received per month
- **Other fixed income:** a current award letter showing how much income is received per pay period
- **Assets:** Name of bank or financial institution, current balance, and interest rate for each account (account number(s) may be required)
- **Non-Cash Benefits:** current proof of other benefits you receive that help with monthly expenses (examples include food stamps, CalWorks childcare), if your income is below the minimum required
- **Contact information** - including name, address, phone number, and fax number - for the following:
 - Current sources of income,
 - Landlords covering the last 3 years (if homeless, shelters/agencies that can verify homelessness; if you owned a house now foreclosed, then you must bring Notice of Trustee’s Sale),
 - School or university where adult household member(s) have attended during the current calendar year
 - *Note that the majority of EBALDC units have restrictions on households with only full-time students. Contact the site or call (510) 287-5353 x357 for additional information.*

At the interview all adult household members must complete appropriate forms and sign releases for information needed to determine the eligibility of the household. EBALDC requires third party verification in most cases, and must contact external agencies to verify income, assets, and/or student status.

A credit report, an unlawful detainer (eviction history) report, and a criminal record search will be ordered for each adult applicant. **All adult applicants must pay a background check fee when they attend the initial interview.**

Your current and previous landlords – covering three (3) years – will be contacted for information about your history of meeting lease requirements, payment records, destruction of property or interference with the rights of others, and unhealthy or unsanitary conditions. Absence of rental history will not automatically disqualify you; however, EBALDC may request alternative means of verifying prior residence or lack of residence, as well as require additional references.

Some units require additional verification with the Housing Authority or other agencies. Please contact the property manager with any questions (see pp. 7-9 for property contact information).

The certification process, from interview until notice of approval/denial, will last at least five (5) days and could take a few weeks, depending on your household and the other agencies to be contacted for information.

If your household is approved for housing, upon lease signing, you must pay for:

1. A refundable security deposit equal to one month of rent;
2. The prorated amount of first month’s rent; and
3. If applicable, additional refundable deposits (for parking garage remote, for example).





RESIDENT SELECTION CRITERIA

As an EveryOne Home partner, EBALDC will evaluate the individual circumstances of each applicant, will consider alternative forms of verification and additional information submitted by the applicant, and will provide reasonable accommodations when requested, if verified and necessary. If you think you might not meet the selection standards, and the reason relates to a disability, then you are encouraged to submit a Request for Reasonable Accommodation (see p. 9 of Application) along with this application. If there are circumstances that no longer apply that you would like to be considered during review of your application, submit a Request for Consideration form (see p. 10 of Application).

The following are grounds for possible denial of any rental application:

1. Verified household income is more than the maximum allowed by program regulations (see p. 6 for Maximum Income Limits).
2. Income is below EBALDC's minimum income requirements* (see pp. 7-9 for monthly rents):
 - a) Minimum income of twice the monthly rent usually is required;
 - b) 1.6 times the rent is required for fixed incomes;

**Minimum requirement does not apply if household receives Section 8 or similar assistance.*
This requirement may be waived on a case-by-case basis, such as with evidence of recent history of paying same or higher rent with same income.
3. Household does not meet the Occupancy Standards (see p. 6).
4. The household does not meet specific program requirements (such as full-time student status).
5. Failure to disclose information or provide documents needed to establish eligibility.
6. Failure to attend scheduled interview(s).
7. Blatant disrespectful, disruptive or antisocial behavior toward the management staff, the property, or other applicants/residents.
8. A negative unlawful detainer report indicating repeated failure to meet financial obligations in past tenant history, or an eviction within the last two (2) years.
9. A negative landlord recommendation, such as failure to comply with the lease, poor payment history, poor housekeeping habits, failure to live peacefully with others, destruction or theft of property, sales of narcotics, eviction for cause, or other acts that might threaten the health, safety, or welfare of other residents.
10. Falsification of any information on the application, or intentional omission of significant information.
11. Felony convictions within the last seven (7) years for violent or drug-related criminal activity, or other criminal activity that may threaten the health, safety, or right to peaceful enjoyment of the property by other residents or community.
12. Any household member is subject to lifetime sex offender registration requirements.

If your application is rejected, then a denial letter specifying the reason(s) for the denial will be mailed.

This letter will include instructions on how to appeal the decision on your application. The notice will include your right to request reasonable accommodation for a disability. You will have 14 days from the date of the letter to submit a written response and supporting documents to EBALDC, Attn: Compliance Manager, or to request a meeting. If you do not respond within 14 days, the file will be permanently closed. Applicants rejected due to information obtained from the credit / background check will be notified per the requirements of the Fair Credit Reporting Act.

***I have a bad credit history; can I still apply?***

Yes, although we may request explanations for recent negative items that appear on your report. Also, if you are applying to a property that requires you to pay your own electricity and/or gas bill, and your report includes a debt owed to the utility company (PG&E), then you may be required to clear the debt and provide proof that you will be able to open an account for service at the property.

Will my application automatically be denied if I have a criminal record?

Individual circumstances are considered on a case-by-case basis. Many factors will be evaluated, including how many years have passed, the nature of the crime, and your history since the conviction(s). In most cases, only felony convictions within the past 7 years will be reviewed, although a history of repeated convictions for misdemeanor crimes involving violence (or other threat to health or safety), manufacture or sale of illegal drugs, or property damage will be questioned and may be grounds for denial. If your record with the criminal justice system was due to a disability, then you are encouraged to submit a Request for Reasonable Accommodation with this application. If your history was due to circumstances that no longer apply, then you are encouraged to offer evidence of a change in circumstances on the Request for Consideration form.

REASONABLE ACCOMMODATION OR MODIFICATION

All applicants have the right to request reasonable accommodation, and reasonable accommodation (which includes adjustments to the application of rules, policies, practices, services, and structural alterations) for persons with disabilities will be provided at all stages of the application, interview, selection, and residency process. The same screening criteria applies to everyone; however, EBALDC is obligated to offer qualified applicants with disabilities additional consideration if it will enable an otherwise eligible applicant with a disability an equal opportunity and access to the housing program.

EBALDC is not required to make an accommodation or physical modification if it would be an undue financial or administrative burden or if it requires a fundamental change the nature of the housing program. If the disability is not obvious, EBALDC requires third party verification of the disability and need for accommodation. EBALDC will make all efforts to comply with a requested accommodation, and if EBALDC finds that the accommodation requested is not reasonable, EBALDC will make all efforts to find an accommodation that is both effective and reasonable.

Questions or requests for assistance regarding any aspect of the application process may be directed to the Property Manager at the property (see pp. 7-9 for property contact information) and/or the Compliance & Administrative Manager at (510) 287-5353.

PRIVACY POLICY

It is EBALDC's policy to guard the privacy of all applicants and to ensure the protection of records. Neither EBALDC, nor its agents or employees, shall disclose any person's information contained in its records to any individual or agency unless that person gives EBALDC written consent to do so. Any information obtained regarding a disability or disability status will be treated in a confidential manner. This Privacy Policy in no way limits EBALDC's ability to collect information needed to determine your household's eligibility, compute rent, or determine suitability for tenancy.

EQUAL HOUSING OPPORTUNITY

EBALDC 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, experience of homelessness, status as a survivor of domestic violence, or other arbitrary basis.





MAXIMUM INCOME LIMITS

Your annual household income must be below the appropriate income limit, according to household size and the designated restriction for the apartment. (For example, if your household has four people and you are applying for an apartment that is 50% AMI, then your combined yearly income from all sources must be less than \$46,150.) Each property may have several different unit types and applicable Area Median Income (AMI) units.

ALAMEDA AND CONTRA COSTA COUNTIES – AMI LEVELS (ANNUAL)									
Number of People		1	2	3	4	5	6	7	8
Area Median Income (AMI)	30 %	\$19,410	\$22,170	\$24,930	\$27,690	\$29,910	\$32,130	\$34,350	\$36,570
	35 %	\$22,645	\$25,865	\$29,085	\$32,305	\$34,895	\$37,485	\$40,075	\$42,665
	40 %	\$25,880	\$29,560	\$33,240	\$36,920	\$39,880	\$42,840	\$45,800	\$48,760
	45 %	\$29,115	\$33,255	\$37,395	\$41,535	\$44,865	\$48,195	\$51,525	\$54,855
	50 %	\$32,350	\$36,950	\$41,550	\$46,150	\$49,850	\$53,550	\$57,250	\$60,950
	55 %	\$35,585	\$40,645	\$45,705	\$50,765	\$54,835	\$58,905	\$62,975	\$67,045
	60 %	\$38,820	\$44,340	\$49,860	\$55,380	\$59,820	\$64,260	\$68,700	\$73,140

Note: The dollar amounts listed above are as of 07/2011; these figures may change annually.

OCCUPANCY STANDARDS

NUMBER OF BEDROOMS IN UNIT	MINIMUM NUMBER OF PEOPLE REQUIRED	MAXIMUM NUMBER OF PEOPLE ALLOWED
SINGLE ROOM (SRO)	1	1
0 (STUDIO)	1	2
1	1	3
2	2	5
3	4	7
4	6	9

Exceptions will be considered on a case-by-case basis.





SUMMARY OF EBALDC PROPERTIES

Not all properties listed below have open waiting lists. See www.ebaldc.org or call the property to determine if their waiting list is open. The tables on the right side of the page list current rents for each unit size/income level. See table on p. 10 for details about amenities, accessibility, utilities, and services.

Note: Information subject to change.

DOWNTOWN OAKLAND/CHINATOWN:

Property Name: Frank G. Mar Apartments

Address: 283 13th Street, Oakland
Phone: (510) 287-5348
Transportation: 12th Street/City Center BART, Lake Merritt BART, AC Transit
1, 14, 18, 20, 40, 88, Highways 880 & 980
Total Number of Units: 119

# Bedrooms	Current Rents	
	50% AMI	60% AMI
1		\$792
2	\$798	\$1000
3	\$969	\$1122
4	\$1053	

Property Name: Madrone Hotel

Address: 477 8th Street, Oakland
Phone: (510) 287-5346
Transportation: 12th Street/City Center BART, AC Transit, Highways 880 & 980
Total Number of Units: 32
Note: Single Room Occupancy (SRO) residential building.

# Bedrooms	Current Rents
	50% AMI
SRO	\$361-\$419

Property Name: San Pablo Hotel

Address: 1955 San Pablo Avenue, Oakland
Phone: (510) 238-1500
Transportation: 19th Street BART, AC Transit 63 & 72M, Highways 880 & 980, Greyhound
Total Number of Units: 144 (34 with private bathrooms, 110 share bathroom)
Restrictions: **Head of household must be 55+ years old**
Note: Single Room Occupancy (SRO) residential building.

# Bedrooms	Current Rents
	50% AMI
SRO (shared bath)	\$410-\$460
SRO (private bath)	\$472-\$492

Property Name: Swan's Market Apartments

Address: 918 Clay Street, Oakland
Phone: (510) 834-3671
Transportation: 12th Street/City Center BART, AC Transit, Highways 880 & 980
Total Number of Units: 18 (four units are reserved for HOPWA program)

# Bed-rooms	Current Rents
	60% AMI
1	\$816
2	\$1045

WEST OAKLAND:

Property Name: Marcus Garvey Commons

Address: 721 A Wood Street, Oakland
Phone: (510) 832-1684
Transportation: West Oakland BART, AC Transit 26, Highway 880
Total Number of Units: 22

# Bed-rooms	Current Rents		
	35% AMI	50% AMI	60% AMI
1	\$492		\$735
2	\$561		\$900
3	\$680	\$800	\$995
4		\$1060	





WEST OAKLAND (continued):

Property Name: Oakland Point L.P.
Address: 1448 10th Street, Oakland
Phone: (510) 891-0310
Transportation: West Oakland BART, AC Transit 26, Highway 880
Total Number of Units: 31 (units located at several locations)

# Bed-rooms	Current Rents		
	35% AMI	40% AMI	50% AMI
0	\$493	\$510	\$518
1	\$540		\$650
2		\$750	\$888
3		\$818	\$924
4	\$830	\$912	\$1150

Property Name: Slim Jenkins Court
Address: 700 Willow Street, Oakland
Phone: (510) 451-5042
Transportation: West Oakland BART, AC Transit 26, Highway 880
Total Number of Units: 32

# Bedrooms	Current Rents	
	50% AMI	
2	\$900	
2	Project-Based Section 8	

EAST OAKLAND

Property Name: Effie's House
Address: 829 E. 19th Street, Oakland
Phone: (510) 208-5056
Transportation: AC Transit 62, 14, & 40
Total Number of Units: 21

# Bedrooms	Current Rents	
	50% AMI	60% AMI
0	\$625	\$665
1	Project-Based Section 8	

Property Name: Hismen Hin-Nu Terrace
Address: 2555 International Blvd., Oakland
Phone: (510) 261-3626
Transportation: Fruitvale BART, AC Transit 1/1R, Highway 880
Total Number of Units: 92

# Bedrooms	Current Rents	
	50% AMI	60% AMI
1	\$574	\$656
2		\$927
3	\$731	\$1055
4		\$1160

Property Name: Hugh Taylor House
Address: 1935 Seminary Avenue, Oakland
Phone: (510) 562-2464
Transportation: AC Transit 1/1R, 45, Highway 580
Total Number of Units: 43 (20 SRO units, 5 1-bedrooms are Mod Rehab Section 8 units)

# Bedrooms	Current Rents	
	50% AMI	
SRO (shared bath)	\$440	
0 (Studio)	\$479	
1	Mod-Rehab Section 8	

Property Name: Oak Park Apartments
Address: 2618 E. 16th Street, Oakland
Phone: (510) 261-8756
Transportation: AC Transit 1/1R, 40, Highway 880
Total Number of Units: 35

# Bed-rooms	Current Rents (additional income levels at this property not listed below)			
	40% SMI	45% AMI	50% AMI	55% AMI
1	\$502	\$710	\$750	
2		\$846		\$900
3	\$695	\$908	\$1100	\$1240
4	\$770		\$865	





EAST OAKLAND (continued):

Property Name: Seven Directions Apartments
Address: 2946 International Blvd., Oakland
Phone: (510) 533-8048
Transportation: Fruitvale BART, AC Transit 1/1R, Highway 880
Total Number of Units: 36 (18 2- & 3-bedrooms are Project-Based Section 8)

# Bed-rooms	Current Rents <i>(additional income levels at this property not listed below)</i>			
	30% AMI	50% AMI	55% AMI	60% AMI
0	\$423			
1		\$773	\$800	
2	\$540	\$945	\$1024	\$1121
3	\$632		\$1180	\$1292
4		\$1210		

EMERYVILLE:

Property Name: Avalon Senior Housing
Address: 3850 San Pablo Avenue, Emeryville
Phone: (510) 923-0211
Transportation: MacArthur BART, AC Transit 57, 63 & 72, Highways 24 & 580
Total Number of Units: 67
Restrictions: All residents must be 62+ years old

# Bed-rooms	Current Rents		
	32% AMI	37% AMI	42% AMI
0	\$474	\$557	\$640
1	\$516	\$601	\$687
2	\$615	\$716	\$818

CITY OF SAN PABLO:

Property Name: Giant Road Apartments
Address: 907 Lake Street, San Pablo
Phone: (510) 236-6128
Transportation: AC Transit 71, Highway 80
Total Number of Units: 86 (12 supportive housing units, 21 Project-Based Section 8 units)

# Bed-rooms	Current Rents		
	30% AMI	50% AMI	60% AMI
1	\$398	\$749	\$791
2	\$439	\$830	\$921
3	\$501	\$944	\$1173

RICHMOND:

Property Name: Lillie Mae Jones Plaza Apartments
Address: 120 MacDonald Ave., Richmond
Phone: (510) 232-4101
Transportation: Richmond BART, AC Transit 72, Highway 580
Total Number of Units: 26

# Bedrooms	Current Rents
	2
4	Project-Based Section 8



EBALDC PROPERTY FEATURES

Property	Water	Garbage	Pest Control	Electricity	Cooking	Heating	ADA Accessible*	Elevator(s)	Parking (limited)	Coin Laundry	Refrigerator	Stove/Oven	Dishwasher	Garbage Disposal	Patio/Balcony	Community Room	Courtyard/Garden	Computer Lab	Resident Services	Birds & Fish	Dogs/Cats	Other Amenities	Notes	
Avalon Senior Housing	P	P	P	T	T	T	Y	Y	Y	Y	Y	Y	N	N	Y*	Y	Y	N	N	Y	N	Monthly free food bags, Bingo/movie/game nights		
Effie's House	P	P	P	T	T	P	Y	Y	N	Y	Y	Y	N	N	Y*	Y	Y	N	N	Y	N			
Frank G. Mar Apartments	P	P	P	T	T	T	Y	Y	Y	Y	Y	Y	Y*	Y	Y	Y	Y	N	N	Y	N	Skylights in some units	*No dishwashers in 1-bd units	
Giant Road Apartments	T	P	P	T	T	T	Y	N	Y	Y	Y	Y	Y*	Y	Y*	Y	Y	Y	Y	Y	Y	Playground; High speed Internet access; Childcare on-site	*Dishwasher in 3-bd only; Tenant pays hot water heating	
Hismen Hin-Nu Terrace	P	P	P	T	T	T	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Playground; Childcare on-site		
Hugh Taylor House	P	P	P	P	P	P	Y	n/a	Y	Y	Y	Y*	N	N	Y^	Y	Y	Y	Y	Y	N	Furnished (dresser); Community kitchen	*Some units have stovetop only/no oven; ^Shared Patios; Single rooms share shower	
Lillie Mae Jones Plaza	T	P	P	T	T	T	Y	Y	Y	Y	Y	Y	N	Y	Y*	Y	Y	Y	Y	Y	N	Free Internet	*Some units have patio/balconies.	
Madrone Hotel	P	P	P	T	T	T	N	N	N	Y	Y*	N	N	N	N	Y	N	N	N	Y	N	Furnished (bed, dresser), Community kitchen	*Small refrigerator, sink provided; Microwave/hotplate allowed; Shared bathroom/shower per floor	
Marcus Garvey Commons	T	P	P	T	T	T	Y	N	Y	Y	Y	Y	N	N	Y	Y	Y	N	N	Y	N	BBQ area	Tenant pays hot water heating	
Oak Park Apartments	P	P	P	T	P	P	Y	N	Y	Y	Y	Y	N	Y	N	Y	Y	Y	Y	Y	N	Playground, basketball court		
Oakland Point L.P.	P	P	P	T	T	T	N	N	N	N	Y	Y	N	N	Y*	Y	Y	Y	Y	Y	N		Tenant pays hot water heating; Townhouses, duplex up to sixplex	
San Pablo Hotel	P	P	P	P	P	P	Y	Y	N	Y	Y*	Y*	N	N	N	Y	Y	N	Y	Y	N	Furnished (bed, dresser, lamp, microwave, table/chair); Center for Elder Independence on-site	*Small Refrigerator, sink & stovetop only/No oven	
Seven Directions Apartments	P	P	P	T	T	T	Y	Y	Y	Y	Y	Y	Y*	Y	Y	Y	Y	N	Y	Y	N	Free Internet; Native American Health Center on-site	*Dishwasher in some units	
Slim Jenkins Court	P	P	P	T	T	T	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	N			
Swan's Market Apartments	P	P	P	T	T	T	Y	Y	Y*	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	N		*Parking fee \$100/month	
	Who pays for utilities?						*Select units ADA accessible						*Not all units											
	P=Property, T=Tenant																							



EAST BAY ASIAN
LOCAL DEVELOPMENT
CORPORATION

FOR OFFICE USE ONLY	
Added to WL on _____	
WL Priority	<input type="checkbox"/> None <input type="checkbox"/> _____
Section 8 Voucher?	Yes <input type="checkbox"/> _____ BD
Rejected by: _____	
because:	<input type="checkbox"/> Incomplete <input type="checkbox"/> HH Size
	<input type="checkbox"/> Income too High <input type="checkbox"/> FT Student
	<input type="checkbox"/> _____
Denial Letter sent: _____	



THE SAN
PABLO

1955 San Pablo Ave.
Oakland, CA 94612

APPLICATION FOR RENTAL HOUSING

AT

THE SAN PABLO HOTEL

San Pablo Hotel is a senior residential community with 144 Single Room Occupancy (SRO) units (mostly shared baths; hotplate and microwave in each unit) for persons aged 55 years and older.

- Please read the *entire* Rental Housing Application Package before completing this application.
- Complete the entire application, in clear, easy-to-read writing; **incomplete applications or those we are not able to read will be denied.**
- Answer every question honestly; **the information you provide will be checked for its accuracy.** Your application will be denied if you knowingly provide false information.
- **HOUSEHOLDS MAY NOT CONTAIN MORE THAN ONE (1) HOUSEHOLD MEMBER. HOUSEHOLDS APPLYING WITH MORE THAN 1 MEMBER WILL BE DENIED.**

For what size unit at the San Pablo Hotel are you applying*? (Check all that apply)

- SINGLE ROOM OCCUPANCY (SRO) WITH SHARED BATHROOM
 SINGLE ROOM OCCUPANCY (SRO) WITH PRIVATE BATHROOM

**Refer to Occupancy Standards and Summary of Properties in the Rental Housing Application Package for restrictions.*



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 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 half (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.

A. Do you plan to have anyone living with you in the future who is not listed above? (All additions to household must be approved.) No YES: (WHO, WHEN, WHY?) _____

B. Is anyone in your household married, but separated or with spouse not living in household? No YES: (WHO?) _____

Persons with an eviction or criminal record are not automatically denied. 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 due to changed circumstances, additional consideration may be requested on the Request for Consideration form.

C. Has anyone in your household been involved in eviction or unlawful detainer action? (You may explain this in the **Request for Consideration** form.)

No YES: (WHO?) _____ (YEAR?) _____ (ADDRESS:) _____
 (WHY?) Non-payment of rent Other: _____
 (RESULTS): Moved Evicted Case Dismissed Stipulation Other _____

D. Is anyone in your household requesting a reasonable accommodation? No YES: (WHO?) _____
 (Submit a **Request for Reasonable Accommodation** form with this application.)

STUDENT STATUS

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.)

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.

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			
	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 you live in?
 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. Is anyone in your household currently on a Section 8 voucher or similar subsidy waiting list?
 No Yes: (WHICH HOUSING AUTHORITY/AGENCY) _____
- F. When would you be ready to move? _____

LIST THE PLACE(S) THAT EACH ADULT HAS LIVED IN THE PAST THREE (3) YEARS.

(An adult is anyone 18 years of age or older, or an emancipated minor.)

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/Homeless <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/Homeless <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/Homeless <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
PROGRAM / LANDLORD'S NAME			
PROGRAM / LANDLORD'S ADDRESS			
PROGRAM/LANDLORD'S PHONE / FAX			
REASON(S) FOR MOVING			

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

2 ND ADULT HOUSEHOLD MEMBER	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/Homeless <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/Homeless <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/Homeless <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
PROGRAM / LANDLORD'S NAME			
PROGRAM / LANDLORD'S ADDRESS			
PROGRAM/LANDLORD' S PHONE / FAX			
REASON(S) FOR MOVING			

IF MORE SPACE IS NEEDED FOR ADDITIONAL ADULTS, ATTACH ADDITIONAL PAGES AND CHECK HERE .

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 TITLE _____	EMPLOYMENT START DATE: _____
EMPLOYER: _____		MONTHLY GROSS INCOME: \$ _____

HOUSEHOLD MEMBER NAME: _____	JOB TITLE _____	EMPLOYMENT START DATE: _____
EMPLOYER: _____		MONTHLY GROSS INCOME: \$ _____



SELF-EMPLOYMENT

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

HOUSEHOLD MEMBER NAME: _____	TYPE OF WORK: _____	EMPLOYMENT START DATE: _____
DID YOU FILE TAX RETURNS LAST YEAR? <input type="checkbox"/> Yes <input type="checkbox"/> No		NET INCOME/MONTH: \$ _____

IF MORE SPACE IS NEEDED FOR ADDITIONAL JOBS, ATTACH ADDITIONAL PAGES AND CHECK HERE .

C. 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.

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

D. IN-KIND/NON-CASH BENEFITS – Check here if no one receives any in-kind benefits/payments. You may have other benefits that help to meet your monthly expenses. If any adults or minors receive any of the following benefits, identify who receives the benefits:

<i>WHO RECEIVES?</i>	<i>WHO RECEIVES?</i>
SNAP/FOOD STAMPS _____	TANF/CALWORKS CHILD CARE _____
MEDICAID/MEDICARE _____	TANF/CALWORKS TRANSPORTATION _____
SCHIP _____	OTHER TANF/CALWORKS SERVICES _____
VA MEDICAL SERVICES _____	OTHER: _____

E. ZERO INCOME

Does any adult in the household claim to receive no income, from any source?
 No Yes: (WHO?) _____

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.

<input type="checkbox"/> Check here if no one has any assets.	HOUSEHOLD MEMBER	ACCOUNT TYPE	JOINT?	BANK	BALANCE
			Y / N		\$
			Y / N		\$
			Y / N		\$

IF MORE SPACE IS NEEDED FOR ADDITIONAL ASSETS, ATTACH ADDITIONAL PAGES AND CHECK HERE .

B. In the last two years, have you sold or given away or transferred to someone else any item of value for less than the item's 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 understand that a final decision on eligibility cannot be made until **all** information is verified.

I have read and understand the attached Application Package information.

I understand that completion of this application does not guarantee I/we will become tenants at any property managed by EBALDC.

I authorize EBALDC to verify my information to determine if I am eligible and suitable to become a tenant. I authorize 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 needed to determine if I am eligible and suitable to become a tenant.

I understand that it is my responsibility to update the property manager with any changes in the information on how to contact me.

_____ 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

East Bay Asian Local Development Corporation (EBALDC) 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, experience of homelessness, status as a survivor of domestic violence, or other arbitrary basis. All requests for reasonable accommodations will be considered. Persons with disabilities are encouraged to apply.



(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.

OPTIONAL CONTACT INFORMATION

You may name a family member, friend, case manager, or social, health, advocacy, or other organization that may be able to help in resolving any issues that might arise during the application process or when you are a tenant.

You may update, remove, or change the information you provide on this form at any time.

You are not required to name an additional contact person or organization, but if you do, please provide the name, information on how to contact the person, and when to contact them.

The information provided on this form is confidential and will not be disclosed to anyone except as permitted by you or applicable law.

Your Name:	
Mailing Address:	
Telephone:	Cell Phone:

Name of Additional Contact Person or Organization:	
Mailing Address:	
Telephone:	
Cell Phone:	
E-Mail Address (if applicable):	
Relationship to You:	
Reason(s) when we will contact this person or organization: <input type="checkbox"/> Only to relay messages to you <input type="checkbox"/> To assist with your application process <input type="checkbox"/> Emergency <input type="checkbox"/> When unable to contact you <input type="checkbox"/> Termination of your rental assistance <input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Late payment of rent <input type="checkbox"/> To assist with recertification process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____

Signature of Applicant

Date



**REQUEST FOR REASONABLE ACCOMMODATION OR MODIFICATION
IN THE APPLICATION PROCESS**

Head of Household: _____

1. The following household member is an individual with a disability as defined by federal and state fair housing laws [(a) has a physical or mental impairment that substantially limits one or more life activities; or (b) has a record of having such an impairment; or (c) is regarded as having such an impairment]: *Name:* _____

2. As a result of this disability, I am requesting the following reasonable accommodation or modification for my household (please check one or more boxes below).

- A change in the Eligibility Screening Criteria, as it relates to:*
 - Rental history
 - Criminal history
 - Other

Other. Please specify below:

Attach additional pages if necessary.

3. I/We need this reasonable accommodation so that I/we can:

4. You may verify that I (or the person named in #1 above) have a disability and the need for this request by contacting:

Name and Title	Agency/Clinic/Facility	
Address	Telephone	Fax

I give you permission to contact the above individual for purposes of verifying that I have (or a household member has) a disability and a need for the reasonable accommodation or modification requested above. I understand that the information you obtain will be kept confidential and used solely to determine if you will grant the accommodation or modification.

Printed Name: _____

Phone: _____

Signed: _____

Date: _____



