



Ashby Courts Apartments

1222-1228 Ashby Avenue

Berkeley, CA 94702

(510) 649-0021

The waiting list for Ashby Court Apartments will open February 17, 2017. Applications must be received by February 24, 2017. Preference will be given to households who have a Housing Choice Voucher (tenant-based section 8), Shelter Plus Care Voucher or other similar subsidy. A lottery will be conducted for all applications received by the deadline. Only the top 30 applications pulled from the lottery will be placed on the waiting list for consideration with the admissions preference applied.

Dear Applicant,

Thank you for your interest in becoming a resident of Satellite Affordable Housing Associates. Below is some important information you should know about the process before applying.

- **Applications must be submitted in person or by mail to 1719 University Avenue, Attn: Manager's Office, Berkeley, CA 94703.**
- Only complete and original applications will be accepted. Please print in ink, and please do not use white-out on the application. Instead, cross out and initial mistakes. Write "N/A" in sections that are not applicable.
- We will evaluate the individual circumstances of each application, will consider additional information submitted by the applicant, and will provide reasonable accommodations when requested, verified, and necessary. Persons with disabilities are encouraged to apply.
- If your household is over-income, or otherwise unqualified, your application will be denied. You will receive written notification and instructions on the appeal process. Persons with disabilities have the right to request reasonable accommodations to participate in the appeal process. In addition, we will consider extenuating circumstances and may make exceptions to policy as a reasonable accommodation to afford persons with disabilities equal access to our housing.
- It is your responsibility to notify management of address or telephone number changes. If we are unable to contact you, your name will be removed from the waiting list.
- It is our policy to update the waiting list annually by sending all applicants a Waiting List Update Letter and removing the names of those who are no longer interested in or no longer qualify for housing.
- If you turn down two opportunities for housing, your application will be removed from the waiting list. You may reapply for housing when the waiting list is open.
- Federal regulations require that management recertify each household's income and assets annually. Management must also regularly inspect apartments to ensure that they are suitable for occupancy.



All applicants are subject to the following Resident Selection Criteria:

Background Checks

Management will review landlord references, eviction records, unlawful detainer records, and criminal history to determine applicant suitability. No screening fees will be charged to the applicant.

Evictions and Unlawful Detainers

Applicants with an eviction or unlawful detainer judgment within the last five (5) years from the judgment date will be denied. Stipulations, dismissals, and cases without a final disposition will be excluded.

Landlord Reference Checks

Management will verify residency with current and prior landlords for the past two (2) years. We are specifically looking at payment history, incidents of damage and/or housekeeping issues, lease violations and eviction proceedings. If a negative landlord reference is received, the application will be denied. Lack of residential history does not necessarily disqualify you.

Criminal & Sex Offender Screening

Applicants with a felony conviction within five (5) years from the end of the sentence will be denied. Criminal records resulting in a misdemeanor will be excluded.

An applicant who is subject to lifetime registration requirement under a state sex offender program will be denied.

Management will deny a household if there is reasonable cause to believe that a member's behavior from abuse or pattern of abuse of alcohol and/or illegal use or pattern of illegal use of drugs may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents. Management will deny a household containing a member who was evicted from federally assisted housing for drug-related criminal activity.

Applicant Conduct

If, during the course of processing an application, it becomes evident that an applicant has falsified or otherwise misrepresented any facts about his/her current situation, history, or behavior in a manner that would affect eligibility, applicant selection criteria qualification, allowances, household composition, or rent, the application will be denied.

If an applicant or guest of an applicant exhibits blatant disrespect, or disruptive behavior towards management, the property, or other residents any time prior to move-in, the application will be denied.

2016 Minimum & Maximum Income Limits for Alameda County

Apartment Size	Minimum Income
Studio	\$19,656

*(There is no minimum income requirement for households with Section 8 assistance.
Minimum income figures are subject to change.)*

Number of People in Household	Maximum Income
1 Person	\$34,150
2 Persons	\$39,000

(Income Limits are subject to change.)

Rent Information

Apartment Size	Rent
Studio	\$819

(Rent amounts are subject to change.)

Occupancy Limits

Apartment Size	Minimum Number of People in Household	Maximum Number of People in Household
Studio	1	2

Eligibility

The head-of-household must be 18 years or older.

Admission Preferences

Preference will be given to households who have a Housing Choice Voucher (tenant-based section 8), Shelter Plus Care Voucher or other similar subsidy. All applicants will be processed in waiting list order with the above admissions preference applied.

Frequently Asked Questions

When will I be contacted after submitting my application?

You will receive a confirmation after your application is reviewed. Once your name reaches the top of the waiting list, and a unit is available, we will contact you to schedule a certification interview. It is our policy to invite multiple households to start the qualification process, and housing will be offered on a “first-qualified, first-served” basis.

What is my waiting list number?

It is not our policy to disclose to applicants their specific positions on the waiting list.

How long do I have to wait before I am contacted?

Waiting times vary, as it depends on waiting list size, and when current tenants move out.

What other properties are accepting applications?

Please visit our website at www.sahahomes.org/apply for the most up-to-date information on which properties are accepting applications.

What are the move-in costs?

The move-in costs include a security deposit and first month’s rent. The security deposit is equal to one month of rent.

Is smoking allowed in the building?

Smoking is not allowed. For more detailed information, request to see a copy of SAHA’s Agreement Regarding No Smoking Policy.

Are residents permitted to have pets?

Certain pets are allowed. Residents must apply, the animal must be approved, and there is a \$200 pet deposit. For more detailed information, request to see a copy of SAHA’s pet policy.

Is there off-street parking?

There is one off-street parking space available for each unit at this property.

What documents will I need for a certification interview?

Your household will need to bring state-issued picture identification/driver’s license for all adult household members, Social Security cards for all household members, if a social security number has been issued, Birth certificates or custody agreement for all minor household members (17 years and under), proof of income, and proof of assets.



Ashby Court Apartments Rental Application

The waiting list for Ashby Court Apartments will open February 17, 2017. Applications must be received by February 24, 2017. Preference will be given to households who have a Housing Choice Voucher (tenant-based section 8), Shelter Plus Care Voucher or other similar subsidy. A lottery will be conducted for all applications received by the deadline. Only the top 30 applications pulled from the lottery will be placed on the waiting list for consideration with the admissions preference applied.

Applicants				
<i>List below <u>all</u> persons who will be living with you, including Live-In Aides.</i>				
Name <i>(please print)</i>	Date of Birth	Social Security Number	Male/ Female	Relationship to Head of Household
1.			<input type="checkbox"/> Male <input type="checkbox"/> Female	Head of Household
2.			<input type="checkbox"/> Male <input type="checkbox"/> Female	

Contact Information				
Current Address:				
	Unit #	City	State	Zip
Mailing Address: <i>(if different)</i>				
	Unit #	City	State	Zip
Phone 1:	Phone 2:	Email:		

Alternate Contact Person		
<i>Examples may include case worker, relative, friend, etc.</i>		
Name:	Relationship:	Agency:
Address:		
	Unit #	City State Zip
Phone :	Email:	Fax:



Household Income Information

Provide information for every household member. Attach separate sheet if you have additional sources.

Income Sources			
1	Applicant Name:	Type of Income:	Source (company/agency name):
	Address:		
	Phone:	Fax:	Gross Monthly Income: \$
2	Applicant Name:	Type of Income:	Source (company/agency name):
	Address:		
	Phone:	Fax:	Gross Monthly Income: \$
3	Applicant Name:	Type of Income:	Source (company/agency name):
	Address:		
	Phone:	Fax:	Gross Monthly Income: \$
4	Applicant Name:	Type of Income:	Source (company/agency name):
	Address:		
	Phone:	Fax:	Gross Monthly Income: \$
5	Applicant Name:	Type of Income:	Source (company/agency name):
	Address:		
	Phone:	Fax:	Gross Monthly Income: \$
6	Applicant Name:	Type of Income:	Source (company/agency name):
	Address:		
	Phone:	Fax:	Gross Monthly Income: \$

Subsidy Information	
<p>Do you have a current, transferable Section 8 voucher or other similar subsidy? If yes, what agency is your subsidy through?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Household Asset Information

Provide information for every household member. Attach separate sheet if you have additional sources.

Assets			
1	Applicant Name:		
	Account Type:	Bank:	Account #:
	If this is a joint account, please list other account holders:		Current Balance: \$
2	Applicant Name:		
	Account Type:	Bank:	Account #:
	If this is a joint account, please list other account holders:		Current Balance: \$
3	Applicant Name:		
	Account Type:	Bank:	Account #:
	If this is a joint account, please list other account holders:		Current Balance: \$
4	Applicant Name:		
	Account Type:	Bank:	Account #:
	If this is a joint account, please list other account holders:		Current Balance: \$
5	Applicant Name:		
	Account Type:	Bank:	Account #:
	If this is a joint account, please list other account holders:		Current Balance: \$
6	Applicant Name:		
	Account Type:	Bank:	Account #:
	If this is a joint account, please list other account holders:		Current Balance: \$

Residential History

Starting with your current residence, please include the following information for the past **two years** for **all household members**.

Lack of residential history does not necessarily disqualify you (*verification may be required*).

Residential History	<i>Attach separate sheet if you have had additional residences.</i>			
Current	Applicant Name:			
	Current Address:			
	Move-in Date:	Move-out Date:	Monthly Rent: \$	<input type="checkbox"/> Rent <input type="checkbox"/> In program/shelter <input type="checkbox"/> Own <input type="checkbox"/> With family/friends
	Current Landlord Name:	Current Landlord Address:		
	Current Landlord Phone:		Current Landlord Fax:	
Previous	Applicant Name:			
	Previous Address:			
	Move-in Date:	Move-out Date:	Monthly Rent: \$	<input type="checkbox"/> Rent <input type="checkbox"/> In program/shelter <input type="checkbox"/> Own <input type="checkbox"/> With family/friends
	Previous Landlord Name:	Previous Landlord Address:		
	Previous Landlord Phone:		Previous Landlord Fax:	
Previous	Applicant Name:			
	Previous Address:			
	Move-in Date:	Move-out Date:	Monthly Rent: \$	<input type="checkbox"/> Rent <input type="checkbox"/> In program/shelter <input type="checkbox"/> Own <input type="checkbox"/> With family/friends
	Previous Landlord Name:	Previous Landlord Address:		
	Previous Landlord Phone:		Previous Landlord Fax:	
If you do not have two years of residential history, please explain why below.				

Household Information

<p>1. Do you expect changes to your household size within the next 12 months? If yes, please explain:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Is anyone in your household separated, but not divorced? If yes, please list names:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. Are any adult household members full-time students or planning to become full-time students within the next twelve months? If yes, please list names:</p> <p>_____ <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time _____ <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time _____ <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Do you or anyone else in your household have any pets? If yes, please describe what type and how many:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Are you or any household member required to register as a lifetime sex offender in any state? If yes, list state of registration:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Are you being displaced from your home by a result of a government action or a presidentially declared disaster? If yes, please explain:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Have you or any household member lived in another state other than in your current state? If yes, please list states:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information

Reasonable Accommodations

1. Will you or any of your family members require a live-in aide to assist you?

- Yes If yes, please explain:
 No

2. Do you, or does any member of your family have a condition that requires:

- Unit for mobility impairment Unit for hearing impaired
 Unit on first floor Unit for vision impaired

3. Are there other reasonable accommodations that you require to provide you equal access to housing?

Supplemental Information

1. How did you find out about this property?

2. Do you own a vehicle?

- Yes. How many? _____
 No

3. Do you require translation or oral interpretation?

- Yes. Which language? _____
 No

4. If there are any circumstances that may impact your qualification for housing, please use this space to provide additional information for consideration.

Optional Information

Ethnic Categories

Please check **one** only:

- Hispanic or Latino Not Hispanic or Latino

Racial Categories

Please check **all that apply**:

- | | |
|--|--|
| <input type="checkbox"/> Alaskan Native or American Indian | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> White | <input type="checkbox"/> Other (Please Specify): _____ |

Certification

1. I/we understand that it is the responsibility of each applicant to provide any and all information required to determine eligibility.
2. I/we understand that if an applicant fails to meet the eligibility requirements of the Resident Selection Criteria, a written notice of denial stating the reason for denial will be mailed to applicant. An applicant has 14 days to request an appeal.
3. I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner, its agents and employees to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental, or credit screening services, or law enforcement or other public agencies, and to contact previous or current landlords or other sources for credit and/or verification information which may be released by appropriate federal, state, local agencies, or private persons to the management.
4. I/we authorize the owner, its agents and employees to obtain one or more consumer reports as defined in the Fair Credit Reporting Act, 15 U.S. C. Section 1681a(d), seeking information on my/our creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.
5. I/we authorize the owner, its agents and employees to obtain information about my/our background to see if there is any criminal history, including arrests or convictions which may prohibit me/us from moving onto the property, in compliance with our Resident Selection Criteria.
6. I/we understand I/we must provide written notification to management of any changes to the information on this form.
7. If my/our application is approved and move-in occurs, I/we certify that only those persons listed in this application will occupy the apartment, that I/we will maintain no other place of residence, and that there are no other persons for whom I/we have or expect to have responsibility for providing housing.
8. I/we understand that an applicant with a disability has a right to request a reasonable accommodation. All requests will be evaluated and a decision will be made based on the reasonable nature of the request.
9. I/we certify that the foregoing information is true, complete, and correct. I/we understand that false statements or omissions are grounds for disqualification, eviction, and/or prosecution under the full extent of California law.

[Signatures to follow on next page]

Signature

Please ensure that your application is complete and that all adult applicants have signed and dated below.

Head of Household: Name: _____

Signature: _____

Date: _____

Applicant 2: Name: _____

Signature: _____

Date: _____

HEALTH EFFECTS OF SECONDHAND SMOKE

The Surgeon General's 2006 report on the health effects of secondhand smoke (HHS, 2006) came to the following conclusions:

- There is no risk-free level of exposure to secondhand smoke.
- Exposure to secondhand smoke, a carcinogen that contains more than 50 cancer-causing chemicals, leads to disease and premature death in nonsmoking adults and children.
- Eliminating smoking in individual units and common areas is the only way to guarantee full protection from secondhand smoke indoors. Cleaning the air with air cleaning systems cannot prevent exposure. Shared heating, ventilating, and AC systems can circulate secondhand smoke throughout a residential building.
- Exposed children are more likely to suffer sudden infant death syndrome (SIDS), acute respiratory infections, more severe asthma, and ear problems.

The Surgeon General's most recent report on the Health Consequences of Smoking (HHS, 2014) adds the following information:

- Since the first Surgeon General's report was published in 1964, 20 million Americans have died from smoking. 2.5 million of these deaths were nonsmokers who died from exposure to second hand smoke; 100,000 of those deaths were babies.
- Nearly half a million Americans die prematurely from smoking each year.
- 1 out of 3 cancer deaths is caused by smoking.
- Smoking impairs the functioning of the immune system.
- The tobacco epidemic was initiated and has been sustained by the tobacco industry, which deliberately misled the public about the risks of smoking cigarettes.

WHERE SMOKING IS PROHIBITED IN BERKELEY

Berkeley Municipal Code 12.70 prohibits smoking in the following places:

- Multi-unit housing including common areas
- Indoor and outdoor worksites with more than two employees.
- Recreational areas, such as parks, athletic fields, hiking trails, bike paths and in other outdoor venues such as stadiums and parking garages
- Within 25 feet of doorways, windows, and vents of any building open to the public and within 25 feet of bus stops and other transit stops, service areas such as at ATMs, ticket lines, and cab stands
- Within 50 feet of any building used as a health care facility, hospital, licensed child or adult-care facility or senior center
- Bingo and gaming parlors
- Inside all public transit, including taxis, while operating in Berkeley.
- Restaurants, including any outdoor seating area provided by or attached to a restaurant
- Commercial Area Sidewalks on: (1) Shattuck Avenue between Rose Street and Dwight Way; (2) Telegraph Avenue between Bancroft Way and Parker Street; (3) College Avenue between Russell Street and Webster Street; (4) Solano Avenue between The Alameda and Tulare Avenue, (5) 4th Street between Virginia Street and Addison Street; (6) Bancroft Way between College Avenue and Shattuck Avenue; (7) San Pablo Avenue between Channing Way and Parker Street; (8) Adeline Street between Fairview Street and 62nd Street; (9) Euclid Avenue between Hearst Avenue and Ridge Road; (10) Gilman Street between San Pablo Avenue and 4th Street; and (11) 10th Street between Gilman Street and Camelia Street, (12) University Avenue between Oxford Street and 4th Street, (13) Addison Street between Oxford Street and MLK Jr. Way, (14) Center Street between Oxford Street and MLK Jr. Way, (15) Allston Way between Oxford Street and MLK Jr. Way, and (16) Kittredge Street between Oxford Street and Milvia Street.

Smoke-free laws in Berkeley:

What you need to know about Berkeley's new smoking ordinance.

CITY OF BERKELEY

<http://www.ci.berkeley.ca.us/>



This is an informational brochure only. Please see Berkeley Municipal Code 12.70 for the ordinance in full.

NEW ORDINANCE

The Berkeley City Council adopted an ordinance regulating secondhand smoke in all multi-unit residences and common areas.

As of May 1st, 2014, smoking will be prohibited in 100% of multi-unit housing with two or more units (e.g. apartments, co-ops, condominiums, common interest developments, etc).

This also includes common areas such as private decks, balconies, and porches of units. The use of medical cannabis by a person for whom using medical cannabis is not a crime under California law is exempt from this law. This pamphlet provides an overview of the ordinance and compliance duties.

FILING A COMPLAINT

You may report incidences of smoking occurring inside a unit or in a common area of your building. Pre-printed forms are available at the address below or downloaded from the Smoke-free Multi-Unit Housing website:

http://www.cityofberkeley.info/Health_Human_Services/Public_Health/Smoke_Free_MUH.aspx

Mail completed forms to:
City of Berkeley, Public Health
Tobacco Prevention Program
1947 Center Street, 2nd Floor
Berkeley, CA 94702.

TIPS TO AID COMPLIANCE COMMERCIAL AND PUBLIC BUILDINGS

Owners and managers of buildings open to the public must post “No Smoking” sign(s) on their buildings, as follows:

1. Buildings open to the public, located in any commercial zone, must post a sign stating: “No Smoking in this Commercial Zone”
 2. Buildings open to the public, which are not located in one of the zones noted below, must post a sign stating: “No Smoking within 25 feet of Doorways, Operable Windows or Vents”
 3. Hospitals, health facilities (including doctor’s offices), mental health facilities, licensed childcare centers and senior centers must post a sign stating: “No Smoking within 50 feet of Doorways, Operable Windows or Vents”
- Inform your employees, customers, clients and/or office building tenants of the updated smoke-free ordinance.
 - Do not allow smoking of cigarettes, pipes, cigars, etc. anytime inside your workplace or in outdoor restricted areas.

NO SMOKING SIGNS

No smoking signs can be downloaded and printed from the Smoke-free Multi-Unit Housing website:
http://www.ci.berkeley.ca.us/Health_Human_Services/Public_Health/Smoke_Free_MUH.aspx

Printed signs are available to businesses free of charge, while supplies last. Please contact the City of Berkeley Tobacco Prevention Program to inquire about availability 510-981-5330.

TIPS TO AID COMPLIANCE MULTI-UNIT RESIDENTIAL PROPERTIES WITH 2+ UNITS

All property owners must:

- Notify all existing tenants of the new ordinance no later than March 1, 2014 and offer a **voluntary** non-smoking lease addendum
- Post “No Smoking” signage no later than May 1, 2014 in common areas consistent with the signposting requirements of Berkeley Municipal Code Section 12.70.060. Signs can be downloaded from the City’s website at: http://www.ci.berkeley.ca.us/Health_Human_Services/Public_Health/Smoke_Free_MUH.aspx
- Notify all potential tenants after May 1, 2014 about the ordinance at the time of application
- Include non-smoking provisions for all new leases initiated after May 1, 2014

CONDOMINIUMS

- Disclosure about the ordinance must be included in all condominium sales contracts after May 1, 2014

FREE SMOKING CESSATION SERVICES

- 8-session classes are available to the public for free several times a year
- Utilizes the American Lung Association’s Freedom From Smoking curriculum
- For more information or to register call/email: (510) 981-5330 or quitnow@cityofberkeley.info
- The California Smokers’ Helpline provides free phone cessation services to California smokers at: 1-800-NO-BUTTS, www.nobutts.org