



Newark Gardens I Rental Application

The waiting list for 1-bedroom units at Newark Gardens I opens on February 25, 2026. This application must be returned by mail to 35300 Cedar Blvd, ATTN: Manager, Newark, CA 94560. Applications must be received by the manager's office by 5:00 PM on March 18, 2026. A lottery will be conducted for all applications received by the deadline. Only one application per household. Duplicate applications will not be entered into the lottery.

Eligibility

To apply, the Head of Household must meet one of the following:

Age 62 or over

OR

Age 18 or over and have a disability (see definition on page 6)



If you do not meet one of the above requirements, STOP here. We are unable to accept your application.

Applicants

List below all persons who will be living with you, including Live-In Aides.

| Name (please print) | 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 | |
| 3. | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |

Contact Information

| | | | | |
|------------------------------------|----------|--------|-------|-----|
| Current Address: | | | | |
| | Unit # | City | State | Zip |
| Mailing Address: (if different) | | | | |
| | Unit # | City | State | Zip |
| Phone 1: | Phone 2: | Email: | | |

Alternate Contact Person

Examples may include case worker, relative, friend, etc.

| | | |
|----------|---------------|---------|
| 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 |

Newark Gardens I Information

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|--|--|
| <p>8. Do you have a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes your ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>9. Are you a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001 (8)), i.e., a person with a severe chronic disability that:</p> <p style="margin-left: 20px;">a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;</p> <p style="margin-left: 20px;">b. Is manifested before the person attains age 22;</p> <p style="margin-left: 20px;">c. Is likely to continue indefinitely;</p> <p style="margin-left: 20px;">d. Results in substantial functional limitation in three or more of the following areas of major life activity:</p> <p style="margin-left: 40px;">(1) Self-care,</p> <p style="margin-left: 40px;">(2) Receptive and expressive language,</p> <p style="margin-left: 40px;">(3) Learning,</p> <p style="margin-left: 40px;">(4) Mobility,</p> <p style="margin-left: 40px;">(5) Self-direction,</p> <p style="margin-left: 40px;">(6) Capacity for independent living, and</p> <p style="margin-left: 40px;">(7) Economic self-sufficiency, and</p> <p style="margin-left: 20px;">e. Reflects the person’s need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>10. Are you a person with a chronic mental illness, i.e., you have a severe and persistent mental or emotional impairment that seriously limits your ability to live independently, and whose impairment could be improved by more suitable housing conditions?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>11. Are you a person whose sole impairment is alcoholism or drug addiction?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>12. Do you meet HUD’s definition of homeless, which is defined as lacking a fixed, regular, and adequate nighttime residence, or fleeing domestic violence, dating violence, sexual assault, or stalking, have no other residence, and lack the resources and support to obtain permanent housing?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Provider Information

If **yes** to any question # 8 – 11 above, please provide the following information for a health care professional who will verify this:

| | |
|----------------|------|
| Provider Name: | |
| Address: | |
| Phone: | Fax: |

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: (check all that apply)

- Unit for mobility impairment Unit for hearing impaired
 Unit on ground floor Unit for vision impaired
 None of the above

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

- Yes If yes, please explain:
 No

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:

- Not of Hispanic, Latino/a, or Spanish Origin
- Hispanic, Latino/a, or Spanish Origin (select sub-category as well)
 - Puerto Rican
 - Cuban
 - Mexican, Mexican American, Chicano/a
 - Another Hispanic, Latino/a or Spanish origin
- Declined to Report

Racial Categories

Please check **all that apply**:

- White
- Black/African American
- American Indian/Alaska Native
- Asian (select subcategory as well)
 - Asian India
 - Chinese
 - Filipino
 - Japanese
 - Korean
 - Vietnamese
 - Other Asian
- Native Hawaiian or Other Pacific Islander (select subcategory as well)
 - Native Hawaiian
 - Guamanian or Chamorro
 - Samoan
 - Other Pacific Islander
- Other (Please Specify): _____
- Declined to Report

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 tenant screening agencies, investigative consumer reporting agencies, law enforcement, or other public agencies, and to contact previous or current landlords or other sources for verification information which may be released by appropriate federal, state, local agencies, or private persons to the management. Information and reports obtained may include my rental housing and eviction (unlawful detainer) history, character, general reputation, personal characteristics, and mode of living, for the purposes of determining my eligibility for rental housing.
4. 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 convictions which may prohibit me/us from moving on to the property, where allowed by applicable law as stated in our Resident Selection Criteria.
5. I/we understand I/we must provide written notification to management of any changes to the information on this form.
6. 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.
7. 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.
8. 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.

By checking this box, I indicate that I want to receive a copy of any investigative consumer report obtained by SAHA.

SAHA obtains investigative consumer reports from the following agency: NTN, Address: PO Box 6245, Concord, CA 94524; Phone: 925-688-1000/Toll-free: 800-800-5602; Website: www.ntnonline.com. I understand that NTN is required, during normal business hours, on reasonable notice, and upon presentation of proper identification, to make available to me the files and information contained in any report that it prepared on my account. I am entitled to visually inspect the files in person or by mail, or I may obtain a summary over the telephone. NTN is also required to provide trained staff to explain any information in my file and, if I choose to visually inspect my file, to provide a written explanation of any coded information therein. Upon my request and in compliance with established procedures, NTN must also allow me to be accompanied by one other person during my inspection.

[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: _____

Applicant 3: Name: _____

Signature: _____

Date: _____

Disclosure of Social Security Number

Applicants must disclose and provide verification of the complete and accurate SSN assigned to each household member. Failure to disclose and provide documentation and verification of SSNs will result in an applicant not being admitted.

The regulation at 24 CFR 5.216 now requires assistance applicants and tenants, excluding tenants age 62 years and older as of January 31, 2010, whose initial determination of eligibility was begun prior to January 31, 2010, and those individuals who do not contend eligible immigrations status, to disclose and provide verification of the completed and accurate SSN assigned to them.

Applicants currently on or applying to the Waiting List do not need to disclose or provide verification of a SSN for all non-exempt household members at the time of application and for placement on the Waiting List. However, applicants must disclose and provide verification of a SSN for all non-exempt household members before they can be housed.

If all non-exempt household members have not disclosed and or provided verification of their SSNs at the time a unit becomes available, the next eligible applicant must be offered the available unit. The applicant who has not disclosed and or provided verification of SSNs for all non-exempt household members has 90 days from the date they are first offered an available unit to disclose and or verify the SSNs. During the 90 day period, the applicant may, at its discretion, retain its place on the Waiting List. After 90 days, if the applicant is unable to disclose and or verify the SSNs of all non-exempt household members, the applicant should be determined ineligible and removed from the Waiting List.

For child/ren under the age of six without a SSN, the household is given 90 days in which to provide documentation of a SSN for the child. An additional 90-day period will be granted if the failure to provide documentations of a SSN is due to circumstances that are outside the control of the tenant.

Applicants must provide documentation of SSN's. Adequate documentation means a social security card issued by the Social Security Administration (SSA) or other acceptable evidence of the SSN as outlined in the HUD Handbook 4350.3 REV-1 Occupancy Requirements of Subsidized Multifamily Housing Programs.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

| | |
|--|--|
| Applicant Name: | |
| Mailing Address: | |
| Telephone No: | Cell Phone No: |
| Name of Additional Contact Person or Organization: | |
| Address: | |
| Telephone No: | Cell Phone No: |
| E-Mail Address (if applicable): | |
| Relationship to Applicant: | |
| Reason for Contact: (Check all that apply) | |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms |
| <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules |
| <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Late payment of rent | |
| Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you. | |
| Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law. | |
| Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. | |

Check this box if you choose not to provide the contact information.

| | |
|-------------------------------|-------------|
| | |
| Signature of Applicant | Date |

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

| | |
|--------------------|---|
| English: | This is an important document. If you require interpretation, please call (510) 647-0700 or e-mail info@sahahomes.org . |
| Arabic: | هذا هو وثيقة هامة. إذا كنت بحاجة إلى ترجمة فورية ، فيرجى الاتصال بـ info@sahahomes.org أو إرسال بريد إلكتروني إلى (510) 647-0700. |
| Chinese: | 這是一份重要的文件。如果您需要口譯，請致電 (510) 647-0700 或發送電子郵件至 info@sahahomes.org 。 |
| Farsi: | این یک سند مهم است. در صورت نیاز به تفسیر ، لطفاً با (510) 647-0700 یا تماس بگیرید info@sahahomes.org ایمیل. |
| Korean: | 이것은 중요한 문서입니다. 통역이 필요한 경우 (510) 647-0700으로 전화하거나 info@sahahomes.org 로 이메일을 보내주십시오. |
| Spanish: | Este es un documento importante. Si usted requiere interpretación, por favor llame al (510) 647-0700 o envíe un correo electrónico a info@sahahomes.org |
| Tagalog: | Ito ay isang mahalagang dokumento. Kung nangangailangan ka ng interpretasyon, mangyaring tawagan ang (510) 647-0700 o e-mail info@sahahomes.org . |
| Russian: | Это важный документ. Если вам требуется устный перевод, позвоните по телефону (510) 647-0700 или по электронной почте info@sahahomes.org . |
| Vietnamese: | Đây là một tài liệu quan trọng. Nếu bạn yêu cầu thông dịch, vui lòng gọi (510) 647-0700 hoặc e-mail info@sahahomes.org . |