Fremont Oak Gardens
Rental Application

The waiting list for 1-bedroom units at Fremont Oak Gardens opens on July 22, 2026. **Applications must be returned by mail to 2681 Driscoll Road, ATTN: Manager, Fremont, CA 94539.** Applications must be received by the manager's office by 5:00 PM on **September 16, 2026**. All applications received by the deadline will be added to the waiting list on a first come, first served basis. Applications received by mail or dropped off will be timestamped when received.

Eligibility

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

- ☐ Age 55 or over
- ☐ To apply, additional household member(s) of the household must meet the following:
  - Age 45 or over ***OR must be*** a Spouse, Caretaker, or Child or Grandchild with disability
- ☐ At least one senior adult in the household, defined as age 55 and over, is **deaf**.

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

Applicants

List below <u>all</u> 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.			□ Male □ Female	Head of Household
2.			□ Male □ Female	
3.			□ Male □ 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

Do you have a current, transferable Section 8 voucher or other similar subsidy? If yes, what agency is your subsidy through?	☐ Yes ☐ 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 *Attach separate sheet if you have had additional residences.*

Current	Applicant Name:			
	Current Address:			
	Move-in Date:	Move-out Date:	Monthly Rent: $	☐ Rent ☐ In program/shelter ☐ Own ☐ 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: $	☐ Rent ☐ In program/shelter ☐ Own ☐ 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: $	☐ Rent ☐ In program/shelter ☐ Own ☐ 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

1. Do you expect changes to your household size within the next 12 months? If yes, please explain:	☐ Yes ☐ No
2. Is anyone in your household separated, but not divorced? If yes, please list names:	☐ Yes ☐ No
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: _____ ☐ Part-time ☐ Full-time _____ ☐ Part-time ☐ Full-time _____ ☐ Part-time ☐ Full-time	☐ Yes ☐ No
4. Do you or anyone else in your household have any pets? If yes, please describe what type and how many:	☐ Yes ☐ No
5. Are you being displaced from your home by a result of a government action or a presidentially declared disaster? If yes, please explain:	☐ Yes ☐ No
6. Have you or any household member lived in another state other than in your current state? If yes, please list states:	☐ Yes ☐ No

Fremont Oak Gardens Information

7. All units are set aside for households that include at least one senior adult, defined as age 55 and over, who is deaf—would you qualify for this set aside? Deaf is defined as any adult who is deaf, or who has been diagnosed by a medical doctor as deaf, which is anyone who cannot understand speech (with or without hearing aids, or other devices) using sound alone (i.e. no visual clue, such as lip reading, Sign language, speech reading, and reading and writing) or who has a hearing loss greater than 90 decibels, has little or no functional hearing, and depends on visual rather than auditory communication. If **yes**, please provide the following information for a physician or qualified health care professional who will verify this:	☐ Yes ☐ No

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: _____

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 (510) 647-0700 أو إرسال بريد إلكتروني إلى info@sahahomes.org.
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 ایمیل info@sahahomes.org تماس بگیرید.
Korean:	이것은 중요한 문서입니다. 통역이 필요한 경우 (510) 647-0700으로 전화하거나 info@sahahomes.org로 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.