



Homes Now in the Community Rental Application

The waiting list for 1 and 2-bedroom units at Homes Now in the Community opens on **March 4, 2026**. This application must be returned by mail to **1212 Center St. Oakland, CA 94607**. Applications returned by mail must be received by **5:00 PM on March 18, 2026**. A lottery will be conducted for all applications received by the deadline.

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		<i>List below all 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	
3.			<input type="checkbox"/> Male <input type="checkbox"/> Female	
4.			<input type="checkbox"/> Male <input type="checkbox"/> Female	
5.			<input type="checkbox"/> Male <input type="checkbox"/> Female	

Contact Information

Current Address: _____ Unit # _____ City _____ State _____ Zip _____

Mailing Address: _____ Unit # _____ City _____ State _____ Zip _____
(if different)

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

Homes Now in the Community Information

8. Are you applying for a 1-bedroom unit? Please note that 1-bedroom units are limited to households with 1 to 3 members.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you applying for a 2-bedroom unit? Please note that 2-bedroom units are limited to households with 2 to 5 members. Persons with disabilities needing a 2-bedroom unit may request a reasonable accommodation to this policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: If you apply to a unit size that your household does not qualify for, your application will be processed for the appropriate unit size.

10. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. 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: <ul style="list-style-type: none"> a. Is attributable to a mental or physical impairment or combination of mental and physical impairments; b. Is manifested before the person attains age 22; c. Is likely to continue indefinitely; d. Results in substantial functional limitation in three or more of the following areas of major life activity: <ul style="list-style-type: none"> (1) Self-care, (2) Receptive and expressive language, (3) Learning, (4) Mobility, (5) Self-direction, (6) Capacity for independent living, and (7) Economic self-sufficiency, and 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. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are you a person whose sole impairment is alcoholism or drug addiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Provider Information

If **yes** to any question # 10 - 13 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: _____

Applicant 4: Name: _____
 Signature: _____
 Date: _____

Applicant 5: 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.



NOTICE TO APPLICANTS AND TENANTS: OAKLAND LAW PROHIBITS RENTAL DISCRIMINATION BASED ON CRIMINAL HISTORY

*Ronald V. Dellums and Simarashe Sherry Fair Chance Access
to Housing Ordinance No. 13581 C.M.S. (O.M.C. 8.25)*

IT IS UNLAWFUL FOR LANDLORDS TO DO ANY OF THE FOLLOWING WITH REGARD TO CURRENT OR PROSPECTIVE TENANTS:

- Inquire about criminal history
- Indicate that persons with criminal backgrounds will not be considered for housing
- Refuse to rent or terminate a tenancy based on criminal history
- Require disclosure or authorization for release of criminal history
- Demand higher security deposit or rental amount based on criminal history
- Refuse to allow the addition of an immediate family member based on the family member's criminal history
- Disqualify tenants from rental assistance programs such as Section 8 based on criminal history (subject to certain exceptions below)
- Take any other negative action against applicants/tenants based on criminal history

EXCEPTIONS:

LIFETIME SEX OFFENDERS: In some circumstances, landlords may check the state registry of lifetime sex offenders. Prior to doing so, a landlord must first:

- 1) Include a statement in the rental application informing applicants of the sex offender screening requirement;
- 2) Have already determined that an applicant meets all other rental criteria;
- 3) Provided the applicant with a conditional rental agreement;
- 4) Informed the applicant in advance of checking the sex offender registry; and
- 5) Either obtain written consent from the applicant or give the applicant an opportunity to withdraw their application prior to conducting a search.

PUBLIC HOUSING: Public housing providers (i.e. Oakland Housing Authority) may be legally required to exclude the following persons from public housing and/or find such persons ineligible for Housing Choice Voucher Programs (Section 8):

- Persons subject to lifetime sex offender registration (42 U.S.C. Sec. 13663(a))
- Persons convicted of manufacturing methamphetamine on federally-assisted housing property (24 C.F.R. Sec. 982.553)

Prior to conducting any required criminal history search, landlords must inform applicants in advance and give applicants an opportunity to withdraw their application.



SMALL PRIVATE RENTALS: The prohibition against consideration of criminal history does not apply to the following living situations:

- Single-family homes, duplexes, and triplexes where the owner occupies one of the units as a principal residence
- Units occupied by existing tenant(s) seeking to sublet or add/replace roommates

WRITTEN NOTICE AND OPPORTUNITY TO RESPOND REQUIRED

If a landlord takes any action against an applicant or tenant based on criminal history (such as refusing to offer a lease, refusing to add a family member, etc.), the landlord is required to provide the applicant/tenant with written notice and an opportunity to respond.

Notice must include:

- The reasons for denial or other action
- Instructions on how to file a complaint with the City
- A list of local legal services
- A copy of the criminal history report, background check, or other information received that is the basis of the decision

Tenant/applicant must be given opportunity to:

- Respond to the information
- Present any rebutting or mitigating information, such as evidence that the information is incorrect, was remedied, or otherwise should not be used to deny the applicant housing

IF YOU BELIEVE A LANDLORD HAS VIOLATED THE LAW BY INQUIRING ABOUT, REFUSING TO RENT TO, OR OTHERWISE DISCRIMINATING AGAINST YOU ON THE BASIS OF CRIMINAL HISTORY:

- 1) You may submit a complaint to the City by filling out the attached form and sending, along with documentation, to:

City of Oakland
Housing Resource Center
250 Frank Ogawa Plaza, Suite 6313
Oakland, CA 94612

Complaint forms may be emailed to: housingassistance@oaklandca.gov
For more information call: Housing Resource Center at: 510.238.6182 or visit <https://www.oaklandca.gov/resources/fair-chance-access-to-housing-ordinance>

- 2) Attached is a list of legal services and other resources that may be available to assist you



Housing and Community Development Department
250 Frank H. Ogawa Plaza, Suite 6301, Oakland, CA 94612

OAKLAND LAW PROHIBITS RENTAL DISCRIMINATION BASED ON CRIMINAL HISTORY

Ronald V. Dellums and Simarashe Sherry Fair Chance Access to Housing Ordinance

Housing Violators Subject to Administrative Action

Violations by a housing provider of specific provisions of the Fair Chance Access to Housing Ordinance No. 13581 C.M.S. (O.M.C. 8.25) may be subject to an administrative citation.

The City of Oakland may issue a citation for any violation of the Fair Chance Access to Housing Ordinance, including but not limited to the following:

- Inquire about criminal history
- Indicate that persons with criminal backgrounds will not be considered for housing
- Refuse to rent or terminate a tenancy based on criminal history
- Require disclosure or authorization for release of criminal history
- Demand higher security deposit or rental amount based on criminal history
- Refuse to allow the addition of an immediate family member based on the family member's criminal history
- Disqualify tenants from rental assistance programs such as Section 8 based on criminal history (subject to certain exceptions)
- Take any other negative action against applicants/tenants based on criminal history

If you believe there has been a violation, you may submit a request for the City of Oakland or its authorized agent to investigate possible violations. Complete a written complaint on the attached Declaration Form and mail or email to:

City of Oakland
Housing and Community Development Department
250 Frank Ogawa Plaza, Suite 6301
Oakland, CA 94612
email: housingassistance@oaklandca.gov

For information call 510. 238.6182 or visit
<https://www.oaklandca.gov/resources/fair-chance-access-to-housing-ordinance>

If you want to request a copy of this information in Chinese/ Spanish please contact: housingassistance@oaklandca.gov/510.238.6182

如果您想要求此文件的中文版本, 請聯絡: 電郵housingassistance@oaklandca.gov/電話 510.238.6182

Si desea solicitar una copia de esta información en español, póngase en contacto con: housingassistance@oaklandca.gov/510.238.6182



Ronald V. Dellums and Simarashé Sherry Fair Chance Access to Housing Ordinance NO. 13581 C.M.S. (O.M.C. 8.25)

Declaration of Housing Applicant or Tenant

Full Name _____ Phone # _____

Address _____ City _____ Zip Code _____

1. Housing Provider:

Name, full address and phone number of the housing provider (if known)

Address of relevant property

2. Alleged Violation Options (check all that are applicable):

- Asking about criminal history, Not considered, Refused to rent/terminated, Required disclosure/authorization, Rent/deposit increased, Refused family member, Disqualified rental assistance, Other

3. This Declaration informs the City of Oakland about what I think is a violation of the Fair Chance Ordinance. (Please be as complete and accurate as possible. Attach extra sheets if necessary.)

4. The foregoing is true and correct to the best of my knowledge.

Signature

Date

Check here if you are submitting documents (e.g., a copy of the advertisement or the rental application) with this Declaration. (Submitting documents that tend to support your allegations is optional but encouraged insofar as they would assist with this investigation.)



Housing and Community Development Department
250 Frank H. Ogawa Plaza, Suite 6301, Oakland, CA 94612

Local Organizations Providing Assistance to Tenants

Causa Justa :: Just Cause

Main office: 3344 International Blvd., Oakland, CA 94601

Housing Clinic location: 1419 34th Ave #203 Oakland, CA 94601

(NOTE: drop-in hours temporarily suspended as of 6/7/19)

Tenant Hotline: 510-836-2687, General: 510-763-5877

Email: info@cjjc.org

Website: <https://cjjc.org>

A nonprofit organization dedicated to defending and advancing the rights of California tenants for safe, decent, and affordable housing.

Centro Legal de la Raza

3022 International Blvd., Suite 410, Oakland, CA 94601

Office hours: Mon-Thurs 9:00 am-12:00pm, 1:00-5:00; Fri 9:00am-12:00pm

Phone: 510-437-1554

Email: info@centrolegal.org

Website: <https://centrolegal.org>

Drop in Clinics:

- Every Tuesday, 9:00 AM
Centro Legal, 3022 International Blvd. Suite 410, Oakland, CA 94601
- Every 2nd Thursday, 9 – 11 am
Eastmont Library, 7200 Bancroft Ave #211, Oakland, CA 94605
- Every 3rd Thursday, 10 am – 12 noon
West Oakland Library, 1801 Adeline St, Oakland, CA 94607

Centro Legal is a legal services agency protecting and advancing the rights of low-income, immigrant communities through bilingual legal representation, education, and advocacy, know-your-rights education and youth development.

East Bay Community Law Center

1950 University Ave., Ste 200, and 2921 Adeline St, Berkeley, CA 94703

Phone: 510-548-4040

Hours: Monday-Friday 9:00am-5:00pm

Email: info@ebclc.org

Website: <https://ebclc.org>

Counseling and assistance in filing legal paperwork (for low-income tenants only). Free community workshops for low-income tenants who have disputes with their property owners.

If you want to request a copy of this information in Chinese/ Spanish please contact: housingassistance@oaklandca.gov/510.238.6182

如果您想要求此文件的中文版本, 請聯絡: 電郵housingassistance@oaklandca.gov/電話 510.238.6182

Si desea solicitar una copia de esta información en español, póngase en contacto con: housingassistance@oaklandca.gov/510.238.6182



Housing and Community Development Department
250 Frank H. Ogawa Plaza, Suite 6301, Oakland, CA 94612

Eviction Defense Center

350 Frank Ogawa Plaza, Suite 703, Oakland, CA 94612

Phone: 510-452-4541 Website: <https://www.evictiondefensecenteroakland.org>

Hotline: 510-693-2775 (accepts text messages & after hours)

Hours: Mon/Tues/Thurs 9:00am-5:00pm

Wed/Fri 9:00am-4:00pm; Closed 12:00-2:00pm Daily

Nonprofit provides low-cost legal services to tenants facing eviction in Alameda County and the city of Richmond. All services are offered on a sliding scale basis.

Oakland Tenants Union

P.O. Box 10573, Oakland, CA 94601

Phone: 510-704-5276 (leave a voicemail)

Email: help@oaklandtenantsunion.org Website: <https://oakandtenantsunion.org>

Drop-in hours: 1st and 3rd Sunday 3-5pm, Oakland Public Library, Main Branch

A *volunteer* referral and resource organization of housing activists dedicated to protecting tenants' rights and interests. *Volunteers* may not be able to return your call right away.

Tenants Together

474 Valencia St #156, San Francisco, CA 94103 (no drop-in services)

Tenants' Rights Hotline: 888-495-8020

Email: info@tenantstogether.org Website: www.tenantstogether.org

A nonprofit organization dedicated to defending and advancing the rights of California tenants for safe, decent, and affordable housing.

Bay Area Legal Aid-Alameda County Office

1735 Telegraph Ave, Oakland, CA 94612 (No walk-ins)

Phone: 510-663-4744 | Legal Advice Line: 800-551-5554

Tenants' Rights Legal Advice Line: 888-382-3405

M, Th, F: 9:30-12:30; T & W: 1:00-4:00pm

Website: <http://baylegal.org>

Provides legal assistance regardless of a client's location, language or disability Tenants may receive assistance with: evictions, housing discrimination, disputes, unsafe or unhealthy housing conditions, lock-outs and utility shut-offs, and tenants of foreclosed properties.

If you want to request a copy of this information in Chinese/ Spanish please contact: housingassistance@oaklandca.gov/510.238.6182

如果您想要求此文件的中文版本, 請聯絡: 電郵housingassistance@oaklandca.gov/電話 510.238.6182

Si desea solicitar una copia de esta información en español, póngase en contacto con: housingassistance@oaklandca.gov/510.238.6182



Housing and Community Development Department
250 Frank H. Ogawa Plaza, Suite 6301, Oakland, CA 94612

Alameda County Social Services Agency

Housing and Homeless Services

Website: https://alamedasocialservices.org/public/services/housing_and_homeless/housing_and_homeless.cfm

Alameda County SSA provides cash aid or housing voucher assistance to families and single adults who are homeless or at-risk of becoming homeless in the county.

For emergency shelter, contact Eden Information and Referrals: 510-537-2552.

Season of Sharing

Phone: 510-272-3700

Website:

https://www.alamedasocialservices.org/public/services/community/season_of_sharing.cfm

The SOS program is a private fund providing one-time crisis based assistance for housing and critical family needs to Alameda County residents. Grants are based not only for criteria being met but also on merit and the greatest need. Assistance is not guaranteed. For more information, call the automated pre-screening phone number or visit the program website.

Local Organizations Providing Assistance to Seniors

Berkeley East Bay Gray Panthers

Phone: 510-842-6224

Website: <https://www.facebook.com/berkeleygraypanthers/>

Email: graypanthersberk@aol.com

The Gray Panthers are involved in progressive education politics, social justice, civil rights for the homeless, housing affordability, climate change, the environment and against war.

Legal Assistance for Seniors

333 Hegenberger Rd, Suite 850, Oakland, CA 94621

Phone: 510-832-3040

Hours: Monday-Friday 9:00am-5:00pm (call for an appointment)

Website: <https://www.lashicap.org>

Email: las@lashicap.org



Housing and Community Development Department
250 Frank H. Ogawa Plaza, Suite 6301, Oakland, CA 94612

Local Organizations Providing Assistance to Property Owners and Tenants

SEEDS Community Resolution Center

2530 San Pablo Ave, Suite A, Berkeley, CA 94702

Phone: 510-548-2377

Fax: 510-548-4051

Website: www.seedscrc.org

Email: casedeveloper@seedscrc.org

Hours: Monday-Thursday 9:00am-5:00pm

Provides mediation, facilitation and training. Can schedule a mediation session within 10 to 14 business days after all parties involved go through an intake process by phone. \$75 per party involved, per mediation session (sliding scale available; no one is turned away for lack of funds).

Housing and Economic Rights Advocates (HERA)

1814 Franklin St, Suite 1040, Oakland, CA 94612

Mailing Address: P.O. Box 29435, Oakland, CA 94604

Phone: 510-271-8443 (No drop-ins)

Fax: 510-868-4521

Drop-in hours for landlords: Tuesdays and Thursdays 9:30am- 1:00pm at RAP

Website: <http://www.heraca.org>

Email: inquiries@heraca.org

Promotes affordable and fair credit access, asset building and preservation. Fights abusive mortgage servicing, problems with homeowner associations, foreclosure, escrow and other homeowner problem, predatory lending of all kinds, and discrimination in financial services and consumer transactions. Provides financial counseling to individuals and community education workshops. Trains service providers and other professionals. Translates clients' experiences and needs into policy work. Collaborates with many different partners across the state and country and creates positive solutions for vulnerable residents.