



Kenneth Henry Court Rental Application

The waiting list for 1 bedroom, 2 bedroom, and 3 bedroom units at Kenneth Henry Court opens on April 15, 2026. This application must be returned by mail to 6475 Foothill Blvd, ATTN: Manager, Oakland, CA 94605. Applications must be received by the manager's office by 5:00 PM on April 29, 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.

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

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	
6.			<input type="checkbox"/> Male <input type="checkbox"/> Female	
7.			<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

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

Attach separate sheet if you have had additional residences.

Current	Applicant Name:				
	Current Address:				
	Move-in Date:	Move-out Date:	Monthly Rent: \$	<input type="checkbox"/> Rent <input type="checkbox"/> Own	<input type="checkbox"/> In program/shelter <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"/> Own	<input type="checkbox"/> In program/shelter <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"/> Own	<input type="checkbox"/> In program/shelter <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 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

Kenneth Henry Court Information

6. 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
7. 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
8. Are you applying for a 3-bedroom unit? Please note that 3-bedroom units are limited to households with 4 to 7 members. Persons with disabilities needing a 3-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.

As required by the City of Oakland, the following questions will determine preference eligibility.

9. Does any household member live in Oakland, CA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does any household member work in Oakland, CA?	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. Has any household member been displaced by City of Oakland Code Enforcement activities, or a City of Oakland-sponsored development project? Name of Household Member: _____ Address displaced from: _____ Date of displacement: _____ Reason for displacement: <ul style="list-style-type: none"> <input type="checkbox"/> Due to City of Oakland code enforcement (Example: Building was condemned due to fire, earthquake, habitability issues, etc.) <input type="checkbox"/> Due to a City-sponsored or City-assisted development project (Example: Building was demolished and replaced by a new affordable housing apartment complex, etc.) <input type="checkbox"/> Due to a no-fault eviction (Example: Evicted because the owned wanted to move in, etc.) <input type="checkbox"/> Other: _____ 	<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: (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 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 info@sahahomes.org ایمیل تماس بگیرید.
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 .



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



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

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):

- Asked 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.