




# Hookston Senior Apartments Rental Application

The waiting list for 1- and 2-bedroom units at Hookston Senior Apartments opens on April 1, 2026. This application must be returned by mail to 80 W. Hookston Road, ATTN: Manager, Pleasant Hill, CA 94523. Applications must be received by the manager's office by 5:00 PM on April 15, 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, all members of the household must meet the following requirement:

- Age 62 or over. Note: Reasonable accommodations can be requested for live-in aides of any age.

If you do not meet the above requirement, 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<br>(please print) | Date of Birth | Social Security Number | Male/<br>Female  | Relationship to<br>Head of Household |
|------------------------|---------------|------------------------|--|--------------------------------------|
| 1.                     |               |                        | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | Head of Household                    |
| 2.                     |               |                        | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |                                      |
| 3.                     |               |                        | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |                                      |
| 4.                     |               |                        | <input type="checkbox"/> Male<br><input type="checkbox"/> Female |                                      |
| 5.                     |               |                        | <input type="checkbox"/> Male<br><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:            | <b>Gross Monthly Income:</b><br>\$ |
| 2              | Applicant Name: | Type of Income: | Source (company/agency name):      |
|                | Address:        |                 |                                    |
|                | Phone:          | Fax:            | <b>Gross Monthly Income:</b><br>\$ |
| 3              | Applicant Name: | Type of Income: | Source (company/agency name):      |
|                | Address:        |                 |                                    |
|                | Phone:          | Fax:            | <b>Gross Monthly Income:</b><br>\$ |
| 4              | Applicant Name: | Type of Income: | Source (company/agency name):      |
|                | Address:        |                 |                                    |
|                | Phone:          | Fax:            | <b>Gross Monthly Income:</b><br>\$ |
| 5              | Applicant Name: | Type of Income: | Source (company/agency name):      |
|                | Address:        |                 |                                    |
|                | Phone:          | Fax:            | <b>Gross Monthly Income:</b><br>\$ |
| 6              | Applicant Name: | Type of Income: | Source (company/agency name):      |
|                | Address:        |                 |                                    |
|                | Phone:          | Fax:            | <b>Gross Monthly Income:</b><br>\$ |

| Subsidy Information  |  |
|--|--|
| <p><b>Do you have a current, transferable Section 8 voucher or other similar subsidy?</b><br/>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:<br>\$ |
| 2      | Applicant Name:  |       |                        |
|        | Account Type:  | Bank: | Account #:             |
|        | If this is a joint account, please list other account holders: |       | Current Balance:<br>\$ |
| 3      | Applicant Name:  |       |                        |
|        | Account Type:  | Bank: | Account #:             |
|        | If this is a joint account, please list other account holders: |       | Current Balance:<br>\$ |
| 4      | Applicant Name:  |       |                        |
|        | Account Type:  | Bank: | Account #:             |
|        | If this is a joint account, please list other account holders: |       | Current Balance:<br>\$ |
| 5      | Applicant Name:  |       |                        |
|        | Account Type:  | Bank: | Account #:             |
|        | If this is a joint account, please list other account holders: |       | Current Balance:<br>\$ |
| 6      | Applicant Name:  |       |                        |
|        | Account Type:  | Bank: | Account #:             |
|        | If this is a joint account, please list other account holders: |       | Current Balance:<br>\$ |

# 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:<br>\$ | <input type="checkbox"/> Rent <input type="checkbox"/> In program/shelter<br><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:<br>\$ | <input type="checkbox"/> Rent <input type="checkbox"/> In program/shelter<br><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:<br>\$ | <input type="checkbox"/> Rent <input type="checkbox"/> In program/shelter<br><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><b>1. Do you expect changes to your household size within the next 12 months?</b><br/>If yes, please explain:</p>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p><b>2. Is anyone in your household separated, but not divorced?</b><br/>If yes, please list names:</p>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p><b>3. Are any adult household members full-time students or planning to become full-time students within the next twelve months?</b><br/>If yes, please list names:</p> <p>_____ <input type="checkbox"/> Part-time      <input type="checkbox"/> Full-time<br/>         _____ <input type="checkbox"/> Part-time      <input type="checkbox"/> Full-time<br/>         _____ <input type="checkbox"/> Part-time      <input type="checkbox"/> Full-time</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p><b>4. Do you or anyone else in your household have any pets?</b><br/>If yes, please describe what type and how many:</p>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p><b>5. Are you being displaced from your home by a result of a government action or a presidentially declared disaster?</b><br/>If yes, please explain:</p>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## Hookston Senior Apartments Information

|   |  |
|---|--|
| <b>6. Are you applying for a 1-bedroom unit?</b><br>Please note that 1-bedroom units are limited to households with 1 to 3 members.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>7. Are you applying for a 2-bedroom unit?</b><br>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.*

# 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](http://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: \_\_\_\_\_

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