



Ashby Lofts Rental Application

The waiting list for 1-bedroom, 2-bedroom, and 3-bedroom units at Ashby Lofts will open February 15, 2019. **Applications must be received by February 22, 2019.** A lottery will be conducted for all applications received by the deadline. Only the top 70 applications per bedroom size pulled from the lottery will be placed on the waiting list for consideration. **Applications must be returned in person or by mail to 2919 9th Street, Attn: Manager's Office, Berkeley, CA 94710.**

Applicants		<i>List below <u>all</u> 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	
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			<i>Examples may include case worker, relative, friend, etc.</i>		
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

Ashby Lofts 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are you applying for a 3-bedroom unit? Please note that 3-bedroom units are limited to households with 4 to 7 members.	<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.

11. Ashby Lofts has units reserved for applicants living with the following conditions—would you qualify for one of these units? Check all that apply: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> Orthopedic Disability <input type="checkbox"/> Physical Disability </div> <div style="width: 45%;"> <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Mental Disability </div> </div> <p style="margin-top: 15px;">If yes, please provide the following information for a health care professional who will verify this:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td colspan="2" style="padding: 5px;">Provider Name:</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Address:</td> </tr> <tr> <td style="width: 50%; padding: 5px;">Phone:</td> <td style="width: 50%; padding: 5px;">Fax:</td> </tr> </table>	Provider Name:		Address:		Phone:	Fax:	<input type="checkbox"/> Yes <input type="checkbox"/> 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:

- Unit for mobility impairment Unit for hearing impaired
 Unit on first floor Unit for vision impaired

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

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:

Hispanic or Latino

Not Hispanic or Latino

Racial Categories

Please check **all that apply**:

White

Black/African American

American Indian/Alaska Native

Asian

Asian India

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian

Native Hawaiian or Other Pacific Islander

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander

Other (Please Specify): _____

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 rental, or law enforcement or other public agencies, and to contact previous or current landlords or other sources for credit and/or verification information which may be released by appropriate federal, state, local agencies, or private persons to the management.
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 arrests or convictions which may prohibit me/us from moving onto the property, in compliance with 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.

[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: _____