



The Orchards on Foothill Rental Application

The waiting list for 1-bedroom units with Project-Based Section 8 rental assistance opens on December 3, 2018. **Applications must be received by December 10, 2018.** A lottery will be conducted for all applications received by the deadline. Only the top 200 applications pulled from the lottery will be placed on the waiting list for consideration. **Applications must be submitted in person or by mail to 2719 Foothill Blvd., Attn: Manager's Office, Oakland, CA 94601.**

Eligibility

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

- Age 55 or over



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 (please print)	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	

Contact Information

Current Address:				
	Unit #	City	State	Zip
Mailing Address: (if different)				
	Unit #	City	State	Zip
Phone 1:	Phone 2:	Email:		

Alternate Contact Person

Examples may include case worker, relative, friend, etc.

Name:	Relationship:	Agency:		
Address:				
	Unit #	City	State	Zip
Phone :	Email:	Fax:		



Household Income Information

Provide information for every household member. Attach separate sheet if you have additional sources.

Income Sources			
1	Applicant Name:	Type of Income:	Source (company/agency name):
	Address:		
	Phone:	Fax:	Gross Monthly Income: \$
2	Applicant Name:	Type of Income:	Source (company/agency name):
	Address:		
	Phone:	Fax:	Gross Monthly Income: \$
3	Applicant Name:	Type of Income:	Source (company/agency name):
	Address:		
	Phone:	Fax:	Gross Monthly Income: \$
4	Applicant Name:	Type of Income:	Source (company/agency name):
	Address:		
	Phone:	Fax:	Gross Monthly Income: \$
5	Applicant Name:	Type of Income:	Source (company/agency name):
	Address:		
	Phone:	Fax:	Gross Monthly Income: \$
6	Applicant Name:	Type of Income:	Source (company/agency name):
	Address:		
	Phone:	Fax:	Gross Monthly Income: \$

Subsidy Information	
<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

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: _____

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.

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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.