

JACK CAPON VILLA
2216 LINCOLN AVENUE, ALAMEDA, CA 94501
RENTAL HOUSING PRE-APPLICATION

Return Completed Pre-Applications by September 6, 2013 5pm:
 City of Alameda Housing Authority: 701 Atlantic Avenue, Alameda, CA 94501

APPLICANT INFORMATION

_____		_____		_____	
First Name		Middle Name		Last Name	
_____		_____		_____	
Date of birth (mm/dd/yyyy)		Social Security Number (xxx-xx-xxxx)		Gender	
_____		_____		_____	
Street Address	Apt. Number	City	State	Zip Code	
_____		_____		_____	
Home Phone Number		Cell Phone Number		Email Address	
_____		_____		_____	
Who else will be living in the household? Include any potential Live-in Aid.					
Name		Relationship to Head of Household		Age	
_____		_____		_____	
_____		_____		_____	
_____		_____		_____	

ALTERNATE CONTACT (case manager, ILS staff, family member, etc.)

_____		_____	
Full Name		Phone Number	
_____		_____	
Relationship to You		Agency Name (if applicable)	
_____		_____	

REQUIREMENTS & PREFERENCE INFORMATION

Requirements

1. Does the head or co-head have a disability? YES NO

2. Is the head of household over 18 years of age or a legally emancipated minor? YES NO

3. Is the household income at or below the limits listed below? YES NO

Number of Household Members	1	2	3	4
Very Low Income Limit (\$)	31,250	35,700	40,150	44,600

Preferences

Supportive services are coordinated through HCEB and the Regional Center of the East Bay. Case management, transportation, money management, employment training and health management are some of the services offered, based on an Individual Participant Plan (IPP).

- A. Does any individual with disabilities in your household need the supportive services offered through a California Regional Center? YES NO
- B. Has your family been displaced due to natural disaster or government action? YES NO
- C. Are you a resident of the City of Alameda or employed in the City of Alameda? YES NO
- D. Has your family been terminated from the Section 8 Housing Choice Voucher Program due to over-leasing or lack of federal funding? If yes, what Housing Authority? YES NO
- E. Are you a U.S Veteran or are you the surviving spouse of a U.S. Veteran? YES NO

APPLICANT CERTIFICATIONS

- Please note that applicants will be required to provide evidence of citizenship or eligible immigration status or exercise the election not to contend to have eligible immigration status when selected for assistance, and that at least one person on the application must have citizenship or eligible immigration status to receive assistance.
- I certify that all the information given above is true and complete. I understand that pursuant to Section 1001 of Title XVII of the United State Code, any misrepresentation or willfully false statements made to a Department or Agency of the United States Government is grounds for denial or termination of assistance and punishable by fine and/or imprisonment. Any misrepresentation or willfully false statements made to the Housing Authority of the City of Alameda is grounds for denial or termination of assistance.

Applicant Signature

Date

DISABILITY VERIFICATION (Completion of this section is optional; however, disability verification will be necessary for eligibility determination.): To be completed by a physician, health professional, California Regional Center representative, service provider, or a knowledgeable professional. Check all that apply.

I certify that _____ (Applicant), meets at least one of the following criteria:

- Is a registered consumer of a California Regional Center

Regional Center Staff Name / Location: _____

- Has a developmental disability as defined by the State of California's Lanterman Developmental Disabilities Act (AB 846)*
- Is a person with a disability as defined by HUD:
- (i) Has a disability, as defined in 42 U.S.C. 423**;
 - (ii) Is determined, pursuant to HUD regulations, to have a physical, mental, or emotional impairment that:
 - (A) Is expected to be of long-continued and indefinite duration, and
 - (B) Substantially impedes his or her ability to live independently, and
 - (C) Is of such a nature that the ability to live independently could be improved by more suitable housing conditions; or
 - (iii) Has a developmental disability as defined in 42 U.S.C 6001***

Name of Knowledgeable Professional, License #, if applicable: _____

Signature: _____ Phone # _____

*A developmental disability is defined by the State of California as a disability that occurs before the age of 18, is substantially disabling for an individual, and is expected to continue indefinitely. Developmental disabilities include mental retardation, cerebral palsy, epilepsy and autism. Also included are disabling conditions closely related to mental retardation or requiring similar treatment. Persons with developmental disabilities have an entitlement to services, including services needed to allow them to live independently in the community, through the Lanterman Developmental Disabilities Services Act of 1969.

** (A) inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months; or
(B) in the case of an individual who has attained the age of 55 and is blind (within the meaning of "blindness" as defined in section 416 (i)(1) of this title), inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time.

***A severe, chronic disability of a person 5 years of age or older that

- (A) is attributable to a mental or physical impairment or combination of mental and physical impairments;
- (B) is manifested before the person attains age twenty-two;
- (C) is likely to continue indefinitely;
- (D) results in substantial functional limitations in three or more of the following areas of major life activity:
 - (i) self care; (ii) receptive and expressive language; (iii) learning; (iv) mobility; (v) self-direction; (vi) capacity for independent living; and (vii) economic self sufficiency; and
- (E) reflects the person's need for a combination and sequence of special interdisciplinary or general care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated; except that such term, when applied to infants and young children means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.