



PRE-APPLICATION UPDATE FORM - EBALDC 2017 ANNUAL MARKETING LIST

Head of Household Name _____ Reference # _____

Contact Number _____

COMPLETE ONLY THE SECTION(S) NEEDING AN UPDATE THEN SIGN & DATE ON PAGE 3

PROPERTY SELECTION UPDATE

ADD REMOVE

- Property selection list with checkboxes: AVALON SENIOR HOUSING, EFFIE'S HOUSE, FRANK G. MAR COMMUNITY HOUSING, GIANT ROAD APARTMENTS, HISMEN HIN-NU TERRACE, HUGH TAYLOR HOUSE, LILLIE MAE JONES PLAZA, MADRONE HOTEL

ADD REMOVE

- Property selection list with checkboxes: MARCUS GARVEY COMMONS, OAK PARK APARTMENTS, OAKLAND POINT LP, PROSPERITY PLACE, SAN PABLO HOTEL, SEVEN DIRECTIONS APARTMENTS, SLIM JENKINS COURT, SWAN'S MARKET APARTMENTS

DISABILITY ACCESSIBILITY UPDATE

My household requests the following unit features (select all that apply): MOBILITY VISUAL HEARING

APPLICANT CONTACT INFORMATION UPDATE

Head of Household _____ FIRST NAME MIDDLE INITIAL LAST NAME BIRTH DATE

Mailing Address: _____ STREET ADDRESS APT. CITY STATE ZIP CODE

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ Email: _____

PREFERRED LANGUAGE: ENGLISH CHINESE-CANTONESE CHINESE-MANDARIN SPANISH VIETNAMESE OTHER

HOUSEHOLD INFORMATION UPDATE

Update to the monthly gross income of the entire household, including minors \$ _____ /month

Does anyone in your household possess a current Section 8 housing voucher or a similar subsidy? No Yes - Bedroom Size Indicated on Section 8 Voucher: _____ BD

Update to Members of Household* (attach additional pages if necessary):

Remove _____ /_____/_____
FIRST NAME MIDDLE INITIAL LAST NAME BIRTH DATE

Add _____ /_____/_____
FIRST NAME MIDDLE INITIAL LAST NAME BIRTH DATE

*When updating your household size; your bedroom size may need to be adjusted too.

Update to Bedroom Size Preferences

Your household must be appropriately sized for the unit per EBALDC policy or per the most restrictive funder’s policy. EBALDC’s occupancy policy is as follows:

NUMBER OF BEDROOMS IN UNIT	MINIMUM NUMBER OF PEOPLE REQUIRED	MAXIMUM NUMBER OF PEOPLE ALLOWED
SINGLE ROOM (SRO)	1	1
0 (STUDIO)	1	2
1	1	3
2	2	5
3	3	7
4	4	9

Primary Bedroom Size (REQUIRED)*

SRO Studio (OBD) 1 BD 2 BD 3 BD 4 BD

Secondary Bedroom Size (OPTIONAL)

SRO Studio (OBD) 1 BD 2 BD 3 BD 4 BD

*If no selection is made or you select a bedroom size that does not match the above occupancy standards, EBALDC staff will assign the primary and/or secondary bedroom size per the household composition & occupancy standards.

VOLUNTARY INFORMATION UPDATE

- 1. Is your household being displaced due to code enforcement or other actions by the city you live in? No Yes
City? _____
- 2. Is your household being displaced from your home by a result of a government action or a presidentially declared disaster? No Yes
Where? _____
- 3. Are you or anyone in your household had to flee or attempting to flee a domestic violence situation? No Yes
- 4. Has anyone in your household been diagnosed with HIV/AIDS? No Yes
- 5. Does anyone in the household have a mental illness and/or serious emotional disturbance? No Yes
- 6. Does anyone in your household have a developmental disability? No Yes
- 7. Are you or any member of your household currently homeless or at risk of homelessness? No Yes
- 8. Are you or anyone in your household a current Oakland resident or employed or in a job training/education program in the City of Oakland? No Yes
- 9. Are you or anyone in your household either a)Active military or b) Served in the active military, navel, or air service and were discharged or released from such service under conditions “other than dishonorable”? No Yes



Request for Reasonable Accommodation or Modification in the Tenant Selection and Application Process

If you or any member of your household requires a Reasonable Accommodation for any part of the application or housing process, please indicate what your request is in the space provided. *All requests for Reasonable Accommodation will be considered.*

Due to a Reasonable Accommodation my household requires an extra bedroom (verification will be requested upon leasing). The bedroom size needed is (check one)*:

1 BEDROOM 2 BEDROOMS 3 BEDROOMS 4BEDROOMS

* If completed, your household will be considered only for this bedroom size

ALTERNATE CONTACT INFORMATION UPDATE

Reason(s) when you are authorizing EBALDC staff to contact this person or organization on your behalf:

- To assist with your application process and discuss your application process with EBALDC staff
- When unable to contact you to leave a message

Alternate Contact (First, Middle, Last) _____

Mailing Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ Email: _____

CERTIFICATION

I certify under penalty of perjury that the information supplied on this pre-application update form is true and complete to the best of my knowledge. I understand that information will be verified by third parties and that this pre-application could be denied due to false information. I understand that at the leasing I will be required to complete a full application and that a final decision on eligibility cannot be made until all information is verified.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

