



PROSPERITY PLACE

PRE-APPLICATION UPDATE FORM

Head of Household Name _____ Reference # _____

Contact Number _____

COMPLETE ONLY THE SECTION(S) NEEDING AN UPDATE THEN SIGN & DATE ON PAGE 2

UNIT SELECTION UPDATE

ADD REMOVE

- BELOW MARKET RATE / AFFORDABLE HOUSING (NON-PBS8) UNITS
SECTION 8 PROJECT-BASED VOUCHER (PBS8) UNITS

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: _____

HOUSEHOLD INFORMATION UPDATE

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

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

Does anyone in your household possess a current Section 8 voucher or is eligible for housing payment assistance from a similar agency? No Yes - Bedroom Size Indicated on Section 8 Voucher: BD

Return to: EBALDC Prosperity Place Pre-App Update 1825 San Pablo Avenue, Suite 200 Oakland, CA 94612



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 as a result of a government action or a presidentially declared disaster? No Yes
Where? _____
3. 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
4. Are you or anyone in your household either a) Active military or b) Served In the active military, naval, 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). Therefore the bedroom size needed is (Check one):

- 1 BEDROOM 2 BEDROOMS 3 BEDROOMS

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

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

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Oakland, CA 94612**

