



CALIFORNIA HOTEL PRE-APPLICATION

DEADLINE TO APPLY: POSTMARKED BY NOVEMBER 17, 2017

RETURN COMPLETED PRE-APPLICATION BY 11/17/17 AT 4:00P.M.TO:

**California Hotel
3501 San Pablo Avenue
Oakland, CA 94608
510-655-7254**

THIS PRE-APPLICATION IS FOR PROJECT BASED VOUCHER (PBV) HOUSING AT THE CALIFORNIA HOTEL.



UNIT SIZE SELECTION (MANDATORY)

What size unit are you applying for? (Choose no more than two)
Occupancy standards apply – see page 7.

0 Bedroom/Studio Unit

1 Bedroom Unit

2 Bedroom Unit

APPLICANT CONTACT INFORMATION (MANDATORY)

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: (_____) _____

E-MAIL: _____

ALTERNATE CONTACT: _____

*AT LEAST ONE PHONE NUMBER IS REQUIRED. IF YOU HAVE NO PHONE NUMBER OR EMAIL, PLEASE COMPLETE THE ALTERNATE CONTACT INFORMATION ON PAGE 3

FOR PRE-APPLICATION INSTRUCTIONS, PLEASE SEE PAGES 7-10



DISABILITY ACCESSIBILITY (OPTIONAL)



The ADA units include features that accommodate mobility impairment or visual impairment and hearing impairment. Would your household like to be considered for a unit with ADA features?

Select all that apply (optional):

MOBILITY

VISUAL

HEARING

Persons with disabilities are encouraged to apply. All requests for Reasonable Accommodations will be considered.

HOUSEHOLD INFORMATION (MANDATORY)

How many household members, including minors, will be living with you?

_____ people

What is the monthly gross income of the entire household, including minors?

\$ _____

VOLUNTARY INFORMATION (OPTIONAL)

Is your household being displaced due to code enforcement or other actions by the city you live in?

No Yes (If so, documentation will be required)

If yes, what city: _____

Are you or anyone in your household fleeing or attempting to flee a domestic violence situation?

No Yes (If so, see the attached Violence Against Women Act Addendum)

Has anyone in your household been diagnosed with HIV/AIDS?

No Yes (If so, documentation from a licensed medical professional or a medical facility will be required)

Does anyone in your household have a mental illness and/or serious emotional disturbance?

No Yes (If so, documentation from a licensed medical professional will be required)

Does anyone in the household have a developmental disability?

No Yes (If so, documentation from a licensed medical professional will be required)

Are you or any member of your household currently homeless or at risk of homelessness?

No Yes (If so, documentation will be required)

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 (If so, proof of address, income, or program enrollment will be required)

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 (If so, a DD Form 214 will be required)



Do any of the following apply?

- a. Your household is composed of two or more family members;
 No Yes (Documentation will be required.)
- b. Your household is composed of a single person age 62 or older;
 No Yes (Documentation will be required.)
- c. Your household is composed of a single person with a disability.
 No Yes (Documentation may be required.)

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:

If your household requires an extra bedroom due to a Reasonable Accommodation, please indicate which unit size is required below. Verification of need for an extra bedroom will be required upon the leasing process.

- 1 BEDROOM UNIT 3 BEDROOM UNIT
- 2 BEDROOM UNIT 4 BEDROOM UNIT

Persons with disabilities are encouraged to apply. All requests for Reasonable Accommodations will be considered.

ALTERNATE CONTACT INFORMATION


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 phone or email is required if Head of Household did not provide a phone number or email.


ALTERNATE CONTACT: _____

FIRST NAME
MIDDLE INITIAL
LAST NAME

 MAILING ADDRESS: _____

STREET ADDRESS
APT.
CITY
STATE
ZIP CODE

 HOME PHONE*: (____) _____ CELL PHONE: (____) _____ WORK PHONE: (____) _____

 E-MAIL: _____



RACE/ ETHNIC DATA REPORTING FORM (OPTIONAL)

Please complete for all members of your household who will be living with you. Choose any race/ethnicity that applies. Refer to the instruction pages for help complete the form.

FULL NAME- HEAD OF HOUSEHOLD		GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
ETHNICITY (Choose all that apply) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/ Latino			
RACE (Choose all that apply) <input type="checkbox"/> <u>ASIAN (Specify)</u> <input type="checkbox"/> <u>NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER (Specify)</u>			
<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> Asian India	<input type="checkbox"/> Chinese	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Black	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> White	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Pacific Islander
	<input type="checkbox"/> Other Asian		
FULL NAME		GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
ETHNICITY (Choose all that apply) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/ Latino			
RACE (Choose all that apply) <input type="checkbox"/> <u>ASIAN (Specify)</u> <input type="checkbox"/> <u>NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER (Specify)</u>			
<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> Asian India	<input type="checkbox"/> Chinese	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Black	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> White	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Pacific Islander
	<input type="checkbox"/> Other Asian		
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<input type="checkbox"/> Black	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro
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<input type="checkbox"/> Black	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> White	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Pacific Islander
	<input type="checkbox"/> Other Asian		



FULL NAME		GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
ETHNICITY (Choose all that apply)		<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic/ Latino
RACE (Choose all that apply)		<input type="checkbox"/> <u>ASIAN (Specify)</u>	<input type="checkbox"/> <u>NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER (Specify)</u>
<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> Asian India	<input type="checkbox"/> Chinese	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Black	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Samoan
<input type="checkbox"/> White	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Guamanian or Chamorro
	<input type="checkbox"/> Other Asian		<input type="checkbox"/> Other Pacific Islander

FULL NAME		GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
ETHNICITY (Choose all that apply)		<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic/ Latino
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<input type="checkbox"/> White	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Guamanian or Chamorro
	<input type="checkbox"/> Other Asian		<input type="checkbox"/> Other Pacific Islander

RENTAL APPLICATION SOURCE (MANDATORY)

How did you hear about this Waitlist List Opening? Only select one option.

- | | |
|---|--|
| <input type="checkbox"/> CURRENT RESIDENT | <input type="checkbox"/> 2-1-1 |
| <input type="checkbox"/> EBALDC WEBSITE | <input type="checkbox"/> HOUSING AUTHORITY |
| <input type="checkbox"/> NEWSPAPER (SPECIFY): _____ | <input type="checkbox"/> OTHER SOURCE (SPECIFY): _____ |
| <input type="checkbox"/> CRAIGSLIST | <input type="checkbox"/> OTHER ORGANIZATION (SPECIFY): _____ |
| <input type="checkbox"/> GOSECTION8 | |



CERTIFICATION (MANDATORY)

I certify under penalty of perjury that the information supplied on this pre-application 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

EBALDC is an equal opportunity housing provider. EBALDC will not discriminate against prospective residents on the basis of the fact or perception of their race, religion, creed, national origin, age, color, sex, blindness or other physical or mental disability, marital status, domestic partner status, familial status (presence of child under age 18 and pregnant women), status as a survivor of domestic violence, ancestry, actual or perceived sexual orientation, gender identity or expression, genetic information, having Acquired Immune Deficiency Syndrome (AIDS) or AIDS related conditions (ARC), HIV, medical condition, height, weight, political affiliation, source of income, experience of homelessness, any arbitrary basis, or any other status protected by federal, state or local law.

EBALDC will not discriminate against prospective residents on the basis of their receipt of, or eligibility for, housing assistance under any federal, state or local housing assistance program or on the basis that prospective residents have minor children. While EBALDC will not discriminate against those using Section 8 certificates or vouchers or other rental assistance, applicants with such rental assistance must meet all eligibility requirements.

All requests for reasonable accommodations will be considered.





(THESE INSTRUCTIONS ARE YOURS TO KEEP FOR YOUR INFORMATION)

CALIFORNIA HOTEL Paper Pre-Application Instructions

Open Period: Monday, NOVEMBER 13 through Friday, NOVEMBER 17, 2017

Completed pre-applications must be postmarked by Friday, November 17, 2017

Return Completed Pre-application by 11/17/17 at 4:00p.m. to:

**CALIFORNIA HOTEL Pre-Application
3501 San Pablo Avenue
Oakland, CA 94608**

This pre-application is for the Project-Based Voucher units (PBV units) Waitlist at California Hotel.

The pre-application will only collect the information necessary to make an initial assessment of the household eligibility and to determine the household's placement onto the wait list.

There is no fee for completing the pre-application.

Only one pre-application per person is allowed. Per EBALDC's Removal Policy, all pre-applications will be removed from the PBV Waiting List when duplicates are found.

The following mandatory information is needed to complete the pre-application:

1. **Bedroom size choice(s).**
2. **Name, date of birth and contact information for the Head of Household.**
3. **Number of household members.** A "household" is all members, including minors, with whom you intend to live.
4. **Gross monthly income amount for the entire household, including minors.**
5. **Head of Household Signature and Date**

Unit Size Selection – Page 1

You may choose up to two (2) unit type(s) for which you would like to be considered. The PBV unit types at California Hotel include studio (0), one (1) and two (2) bedroom units.

The following occupancy standards apply:

Apartment Size	Occupancy Standards
Studio	1-2 persons
1 Bedroom	1-3 persons
2 Bedroom	2-5 persons



Applicant Contact Information – Page 1

Enter the following mandatory information for the Head of Household:

1. First and Last Name and Birth Date of Head of Household
2. Mailing Address of Head of Household
3. At least one (1) phone number or email address. If you do not have a contact telephone number or email address, you will need to enter one for your alternate contact instead at the Alternate Contact page (page 3 of pre-application).

Disability Accessibility – Page 2

1. Please indicate if your household would like to be considered for an ADA accessible unit. Selecting boxes on this page is optional and you may select more than one box.

The ADA units include features that accommodate mobility impairment, visual impairment and/or hearing impairment.

Selecting an accessible feature will not, however, exclude you from consideration of non-ADA units if no ADA units are available.

Persons with disabilities are encouraged to apply. All requests for Reasonable Accommodations will be considered. Documentation of the need for the accessibility feature(s) may be required during the leasing process.

Household Information – Page 2

You will need the following information to complete this section:

1. The total number of household members you intend to live with, including minors.
2. The monthly gross income of the entire household, including minors.

If your income amount varies from month to month, enter the average monthly income over a 12 – month period. If you are selected to qualify for a unit, EBALDC will verify your income information at the time of the eligibility process.

Optional Voluntary Information (Preferences) – Pages 2-3

The questions in this section are optional and are not required for pre-application submission. However, some units require that EBALDC give a preference to applicant households who meet certain criteria. Answering these questions may prioritize a pre-applicant towards the top of the waitlist for certain units. Verification documents will be requested at the time of the eligibility/interview process.



Request for Reasonable Accommodation – Page 3

Answering this section is optional.

1. 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 Request for Reasonable Accommodation or Modification in the Tenant Selection and Application Process section.
2. If your household requires an extra bedroom due to a Reasonable Accommodation, please indicate which bedroom size is required in the check boxes provided. Verification of need for an extra bedroom will be required upon the leasing process.

Persons with disabilities are encouraged to apply. All requests for Reasonable Accommodations will be considered.

All applicants have the right to request a reasonable accommodation. Reasonable accommodations and/or modifications will be offered when feasible to all disabled persons who request accommodations and/or modifications due to verified disability and verified need for the requested accommodation/modification at any time during the application, resident selection and leasing process. Requests will be reviewed in accordance with state and federal laws.

For more information about the Reasonable Accommodation process, please contact EBALDC at (510) 287-5353.

Alternate Contact Information – Page 3

It is optional for you to enter alternate contact information unless you did not provide a phone number or email address for the Head of Household. Should you provide an alternate contact, the required fields are:

1. You must authorize EBALDC by choosing at least one option, either a) to discuss your application information with this person, or b) to deliver a message that EBALDC staff is trying to contact you, when unable to reach you.
2. The First and Last Name of the Alternate Contact, and
3. A phone number or email address for the Alternate Contact.

Optional Information – Race/Ethnic Data Reporting Form – Pages 4- 5

The questions on this page are optional and not required for pre-application submission. The information you enter into this section is used only for reporting purposes to our funders and regulatory agencies.

You may choose more than one category per household member.

How did you hear about this waiting list opening? – Page 5

Please let us know how you heard about this waiting list opening. This information helps us to better inform the community about our upcoming application openings.

Certification – Page 6

It is **mandatory** that you sign and date your pre-application.



What Happens Next

Once the pre-application period closes, EBALDC/California Hotel will:

- Identify and data enter on all eligible, completed preliminary applications.
- Submit all pre-applications identified as eligible and complete into a lottery process.
- Place pre-applicants with lottery numbers 1 to 1,000 onto the Waiting List for California Hotel PBV units.
- Notify by mail lottery numbers 1-1,000 that they have been accepted and are active on the California Hotel waiting list.
- Notify by mail all other applicants that are not on the California Hotel PBV waiting list because they submitted an ineligible, incomplete or duplicate pre-application or had a lottery number greater than 1,000.
- Notify by mail all applicants whose pre-application was received after the deadline that they were not included in the Waiting List.
- Management will contact pre-applicants on the waiting list if and when there are PBV vacancies to begin the formal application and leasing process.

Status Verification and Updating Pre-Applicant Information

EBALDC staff will not be able to give any status confirmation nor will we be able to update your pre-application information until after all pre-applications have been processed. This verification process will take approximately eight (8) weeks after the pre-application acceptance period closes. Once completed, applicants will be able to verify their pre-application status and/or submit written updates and changes to their pre-application. Pre-application updates must be submitted in writing to:

EBALDC
California Hotel PBV Waiting List Update
1825 San Pablo Ave, Suite 200
Oakland, CA 94612

For additional information and updates visit the EBALDC website at www.ebaldc.org or call California Hotel at 510-655-7254.

Thank you for your interest in applying to California Hotel.



EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION¹

Notice of Occupancy Rights under the Violence Against Women Act²

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.³ The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that the Low Income Housing Tax Credit program, HOME Investment Partnerships (HOME) program, and the Project Based Section 8 Program are in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

If you otherwise qualify for assistance under the Low Income Housing Tax Credit program, HOME Investment Partnerships (HOME) program, and the Project Based Section 8 Program you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under the Low Income Housing Tax Credit program, HOME Investment Partnerships (HOME) program, and the Project Based Section 8 Program, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under the Low Income Housing Tax Credit program, HOME Investment Partnerships (HOME) program, and the Project Based Section 8 Program solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

1 The notice used HP for housing provider but the housing provider has inserted its name where HP was used. HUD’s program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights.

2 Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

3 Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Removing the Abuser or Perpetrator from the Household

EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION chooses to remove the abuser or perpetrator, EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION must follow Federal, State, and local eviction procedures. In order to divide a lease, EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- 1) **You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- 2) **You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- 3) **You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with

imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar day period before you expressly request the transfer.

Form HUD-5380
(12/2016)

EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION's emergency transfer plan provides further information on emergency transfers, and EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION must be in writing, and EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION as documentation. It is your choice which of the following to submit if EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you

attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.

- Any other statement or evidence that EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION does not have to provide you with the protections contained in this notice.

If EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION does not have to provide you with the protections contained in this notice.

Confidentiality

EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION must not allow any individual administering assistance or other services on behalf of EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION must not enter your information into any shared database or disclose your information to any other entity or individual. EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION, however, may disclose the information provided if:

- You give written permission to EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION to release the information on a time limited basis.
- EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION or your landlord to release the information.

VAWA does not limit EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION can demonstrate the above, EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with the Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint HUD's San Francisco Regional Office located at One Sansome Street, Suite 1200, San Francisco, CA 94104 and (415) 489-6400.

For Additional Information

You may view a copy of HUD's final VAWA rule at:

<https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>.

Additionally, EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact Jill Vargas, East Bay Asian Local Development Corporation, 1825 Oakland Suite 200, Oakland, CA 94607; 510-287-5353 ext. 350.

For help regarding an **abusive relationship**, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY).

You may also contact:

Building Futures: 1395 Bancroft Ave., San Leandro, CA 94577; Main Line: 510-357-0205; Fax: 510-357-0688; 24-Hour Toll Free Crisis Line 1-866-A-WAY-OUT, 1-866-292-9688

Ruby's Place: 24-Hour Hotline: (888) 339-SAFE (7233), (510) 303-9953 Para Espano

Safe Place: Tel: 510.986.8600, Fax: 510.986.8606, 24-Hour Crisis Line: 510.536.7233

Tri-Valley Haven: Contact: 925.449.5842, or 800.884.8119

Safe At Home; Confidential Address Program: 1500 11th Street, 4th Floor Mail Room, Sacramento, CA 95814, Phone: 877-322-5227, Alt. Phone: TTY/TDD: 916-651-1304,

Website: <http://www.sos.ca.gov/safeathome>, Email: safeathome@sos.ca.gov

California Partnership to End Domestic Violence:

<http://www.cpedv.org/domesticviolenceorganizations-california>

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/ourprograms/stalking-resource-center>.

For help regarding **sexual assault**, you may contact:

Alameda County Family Justice Center: 470 - 27th Street, Oakland, CA, Phone – (510) 267-8800; Available Monday-Friday, 8:30am-5:00pm, Fax (510) 267-8809; (510) 267-8847 / 8840 Office, (510) 267-8849 Fax, (510) 290-6450 (On Call), Website: www.acfjc.org

BAWAR (Bay Area Women Against Rape): 470 27th St, Oakland, CA 94607, Phone: (510) 845-7273 (24 hour Hotline), Alternate Phone: (510) 430-1298, Fax: (510) 430-2579, Website: <http://www.bawar.org>, Email: bawar@bawar.org, 24 hour crisis line (510) 845-7273

CalCASA: 1215 K Street, Suite 1850 Esquire Plaza, Sacramento, CA 95814, Phone: (916) 446-2520, Alternate Phone: (916) 905-2272 (SMS/Text), Fax: (916) 446-8166, Website: <http://www.calcasa.org>, Email: info@calcasa.org

California Youth Crisis Hotline: (Teens and Young Adults ages 12-24 and/or any adults supporting youth), (800) 843-5200, P.O. Box 163147, Sacramento, CA 95816, Alternate Phone: (916) 340-0505, Website: <http://www.youthcrisisline.org>, Email: paul@calyouth.org

Highland Sexual Assault Response Team: (510) 534-9290 or (510) 534-9291, Highland Hospital Campus, 1411 East 31st Street, Oakland, CA 94602.

Victims of **stalking** seeking help may contact:

Bay Area Legal Aid: 1025 MacDonald Ave, Richmond, CA 94801, (925) 219-3325, Website: <http://baylegal.org>;

Alameda County Family Justice Center: 470 - 27th Street, Oakland, CA, Phone – (510) 267-8800; Available Monday-Friday, 8:30am-5:00pm, Fax (510) 267-8809; (510) 267-8847 / 8840 Office, (510) 267-8849 Fax, (510) 290-6450 (On Call), Website: www.acfjc.org

Center For Victims of Crime: <https://victimsofcrime.org/our-programs/stalkingresource-center/help-for-victims>.

Attachment: Certification form HUD-5382, *Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking and Alternate Documentation and Emergency Transfer Request for Certain Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking.*

Form HUD-5380
(12/2016)

**CERTIFICATION OF
0286
DOMESTIC VIOLENCE,
06/30/2017
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-
Exp.

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from

housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- 1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- 2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- 3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. Date the written request is received by victim: _____
2. Name of victim: _____
3. Your name (if different from victim's): _____
4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____
6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

9. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed _____ on _____ (Date)

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number