

## **PROJECT DESCRIPTION**

**Oakland Point, L.P.** (the “Project”) is a 31-unit affordable scattered site development with a management office located at 1448 – 10<sup>th</sup> Street in Oakland. The scattered-site development includes 6 studio units, 2 one-bedroom units, 15 two-bedroom units, 3 three-bedroom units and 5 four-bedroom units. Three of the units are ADA-accessible units for persons with physical disabilities, with an additional two (2) units for persons with audio/visual impairments. The property offers a computer lab available to residents,, on-site management and maintenance, and a part-time resident service coordinator.

Oakland Point is affordable permanent rental housing for families and individuals. 15 units are subsidized through HUD’s Project Based Section 8 (PBS8) Program administered by the Oakland Housing Authority (OHA). The project is managed by East Bay Asian Local Development Corporation (EBALDC) and financed through the California Department of Housing and Community Development, the California Tax Credit Allocation Committee (CTCAC) and the City of Oakland Redevelopment Agency. All units are subject to the rent restrictions and program regulations set forth by the Oakland Housing Authority, City of Oakland and California Department of Housing and Community Development and CTCAC.

## **ELIGIBILITY**

In order to be eligible for housing at Oakland Point, applicants must follow the application process outlined below, as well as qualify under management criteria, Oakland Housing Authority (“OHA”) and other applicable regulatory agencies’ requirements. Management applies the same screening criteria to all applicants. Eligibility qualifications include the following:

1. The household income must not exceed the applicable Area Median Income (AMI), depending on the income restriction for the unit.
2. Household must be appropriately sized for the unit (see Occupancy Standards, p. 2). Oakland Housing Authority occupancy standards will be applied to all units receiving Section 8 subsidies.
3. The unit must be the household’s only residence; tenants cannot receive assistance for two units at the same time.
4. All adult members of the household must sign an *Authorization for Release of Information* form prior to receiving assistance and annually thereafter.
5. All adult members must sign individual verification forms authorizing management to verify family income and other applicable eligibility factors.
6. (For OHA eligibility): Only US citizens or eligible noncitizens may receive assistance under the Section 8 program. At least one family member must be a citizen, national, or noncitizen with eligible immigration status. All family members, regardless of age, must declare their citizenship or immigration status and must submit evidence of citizenship or eligible immigration status.
7. (For OHA eligibility): Applicants must disclose social security numbers for all family members and provide proof of the numbers. If no social security number has been assigned to a particular family member, the applicant must sign a certification stating

that no social security number has been assigned. For individuals who have applied for legalization under the Immigration and Reform Control Act of 1986 and have not been granted temporary lawful resident status, acceptable documentation is a letter from the Department of Homeland Security indicating social security numbers have been assigned. An applicant may not become a participant in the program unless the applicant submits the required social security number documentation to the Oakland Housing Authority. The applicant must provide social security documentation within 60 days from the date on which the applicant certified that the documentation was not available.

All information reported by the household is subject to verification. All applicant files will be reviewed for compliance with tax credit and other applicable regulations, in addition to receiving approval from the Oakland Housing Authority, before a unit is offered or a lease is signed.

**WARNING:** To obtain or to attempt to obtain housing assistance by knowingly giving inaccurate or misleading information or knowingly withholding important information during the application process is a criminal offense under federal law. Such acts will be a basis for denying housing assistance or terminating tenancy.

**Maximum Annual Household Income Levels**

ALAMEDA AND CONTRA COSTA COUNTIES – AMI LEVELS (ANNUAL)									
Number of People		1	2	3	4	5	6	7	8
Area Median Income (AMI)	30 %	\$19,650	\$22,440	\$25,260	\$28,050	\$30,300	\$32,550	\$34,800	\$37,050
	35 %	\$22,925	\$26,180	\$29,470	\$32,725	\$35,350	\$37,975	\$40,600	\$43,225
	40 %	\$26,200	\$29,920	\$33,680	\$37,400	\$40,400	\$43,400	\$46,400	\$49,400
	45 %	\$29,475	\$33,660	\$37,890	\$42,075	\$45,450	\$48,825	\$52,200	\$55,575
	50 %	\$32,750	\$37,400	\$42,100	\$46,750	\$50,500	\$54,250	\$58,000	\$61,750
	55 %	\$36,025	\$41,140	\$46,310	\$51,425	\$55,550	\$59,675	\$63,800	\$67,925
	60 %	\$39,300	\$44,880	\$50,520	\$56,100	\$60,600	\$65,100	\$69,600	\$74,100

*Note: The dollar amounts listed above are as of 12/2013; these figures may change annually.*

**OCCUPANCY STANDARDS**

NUMBER OF BEDROOMS IN UNIT	MINIMUM NUMBER OF PEOPLE REQUIRED	MAXIMUM NUMBER OF PEOPLE ALLOWED
1	1	3
2	2	5
3	4	7
4	6	9

*Exceptions will be considered on a case-by-case basis.*



Oakland Housing Authority occupancy standards will be applied to all units receiving Section 8 subsidies.

## **RESIDENT SELECTION CRITERIA**

EBALDC will evaluate the individual circumstances of each applicant, will consider alternative forms of verification and additional information submitted by the applicant, and will provide reasonable accommodations when requested, if verified and necessary. If you think you might not meet the selection standards, and the reason relates to a disability, then you are encouraged to submit a Request for Reasonable Accommodation (see p. 11 of Application). If there are circumstances that no longer apply that you would like to be considered during review of your application, submit a Request for Consideration form (see p. 12 of Application).

### **Oakland Point, L.P. maintains a preference for the following:**

1. Former residents of Oakland Point who vacated a proposed Project Based unit, and secondly to current residents of Oakland Point.
2. Displacement as a result of the City of Oakland's public projects or code enforcement activities.
3. Households who consist of a current Oakland resident and/or consist of a person who is an Oakland worker or is active in an education or job training program in Oakland.

### **Rejection and Appeal Process**

Applicants will be rejected for any of the following:

1. Conviction of drug-related criminal activity for the production or manufacture of methamphetamine on the premises of federally assisted housing.
2. Lifetime registration under a state sex offender registration program.
3. Eviction from federally-assisted housing in the past 5 years for drug-related criminal activity.
4. If any household member is currently engaged in illegal use of a drug or EBALDC has reasonable cause to believe that a household member's illegal drug use, alcohol use or pattern of drug or alcohol abuse may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents.
5. Eligibility income that exceeds the maximum allowed by program regulations.
6. Family composition that does not meet the established occupancy standards.
7. The household does not meet HUD student eligibility requirements.
8. Applicant is unable or unwilling to disclose information necessary to establish eligibility.

Applicants may be rejected for any of the following:

1. Failure to present all members of the applicant's household at the full family interview (or some other time acceptable to Management).

2. Blatant disrespect, disruptive or antisocial behavior toward the management staff, the Development, or other applicants/residents exhibited by an applicant or family member any time prior to move-in (or a demonstrable history of such behavior).
3. A negative unlawful detainer report indicating failure to meet financial obligations or eviction within the past two (2) years.
4. A negative landlord recommendation, encompassing failure to comply with the lease, poor payment history, failure to maintain the unit in a healthy, safe and sanitary condition, crimes of violence to persons, destruction or theft of property, sales of narcotics, eviction for cause or other criminal acts which would adversely affect the health, safety, or welfare of other tenants.
5. Falsification of any information on the application.
6. History of engaging in violent or drug-related criminal activity, or other criminal activity that may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents or community.
7. Submission of more than one application per household.
8. Other good cause.

Written notice will be sent advising applicants of their final eligibility status. All applicants will be advised that they may appeal the decision on their application and be given a deadline in which to do so. The notice will include their right to request reasonable accommodation for a disability. Residents rejected due to information obtained from the credit/background check will be notified per the requirements of the Fair Credit Reporting Act.

If an applicant is rejected by Oakland Point, then a denial letter specifying the reason(s) for the denial will be mailed. The applicant has 14 calendar days from the date of the letter to submit an appeal to EBALDC. Any requests for a review of the decision must be written and must be accompanied by supporting documentation and/or information not previously submitted and which refutes the stated reason(s) for the rejection. If the applicant does not respond or provide new evidence within 14 calendar days, the file will be permanently closed.

### **Additional Screening for Project-Based Section 8**

Once an applicant is accepted by EBALDC, the prospective resident will be screened for eligibility for Project-Based Section 8 by OHA. OHA will perform an additional qualification process to ensure the applicant is in good standing with the Housing Authority, meets criminal background check requirements and meets immigration status and Social Security number requirements.

### **REASONABLE ACCOMMODATION**

All applicants have the right to request reasonable accommodation, and reasonable accommodation for persons with disabilities will be provided at all stages of the application, interview, selection, and residency process. The same screening criteria applies to everyone; however, EBALDC is obligated to offer qualified applicants with disabilities additional

consideration if it will enable an otherwise eligible applicant with a disability an equal opportunity and access to the housing program.

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 lease process. Requests will be reviewed in accordance with state and federal laws.

### **ACCESSIBILITY**

People with disabilities requiring accessible features will receive priority for accessible units. Wherever possible, EBALDC will offer an accessible unit to an eligible individual whose disability requires the accessibility features of the particular unit; when offering an accessible rental unit to applicants without disabilities; such applicants will be required to agree to move to a non-accessible unit when one becomes available or when the accessible unit is needed by a disabled household.

### **PRIVACY POLICY**

It is EBALDC's policy to guard the privacy of all applicants and to ensure the protection of records. Neither EBALDC, nor its agents or employees, shall disclose any person's information contained in its records to any individual or agency unless that person gives EBALDC written consent to do so. Any information obtained regarding a disability or disability status will be kept strictly confidential unless the applicant/resident gives EBALDC written consent to disclose such information. This Privacy Policy in no way limits EBALDC's ability to collect information needed to determine your household's eligibility, compute rent, or determine suitability for tenancy.

### **FAIR HOUSING**

EBALDC is an equal opportunity housing provider. Oakland Point, L.P. 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), 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, any arbitrary basis, or any other status protected by federal, state or local law.

Oakland Point, L.P. 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 the Project 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.

## **APPLICATION PROCESS**

### **Before you begin the application, please note the following:**

- You are encouraged to submit a Request for Reasonable Accommodation or Request for Consideration form with your application (see pp. 11 & 12. of Application), if appropriate. All requests for reasonable accommodation will be considered.
- Persons with disabilities are encouraged to apply for housing at this project. All requests for reasonable accommodations will be considered.
- All households must meet certain income restrictions.
- All households must meet program requirements for specific units.
- All adult\* household members must attend an interview with management to sign required forms and submit documentation. (\*"Adult" is anyone 18 years and over or emancipated minors.)

### **The process for Project Based Section 8 (PBS8) 4BD units will generally will follow these steps:**

1. You turn in a completed application (one application per household) by the deadline.
2. Your completed application is placed on the waiting list in the order it was received.
3. Preference will be given to applicants following the stated criteria on page 3.
4. If contacted, your household interviews with management (when a unit vacancy is available or anticipated in near future) and provides more information.
5. Management verifies information on your application and gathers documents necessary to determine eligibility:
  - a. If your household qualifies, you are referred to Oakland Housing Authority for further processing,
  - b. If your household is denied, you may appeal the decision.
6. Vacant units are offered by a "First qualified, First offered" basis.
7. It is the responsibility of the applicant to provide up-to-date contact information to Oakland Point, L.P. management staff. **All updates must be provided in writing.**

## **DEADLINE / SUBMISSION**

The Oakland Point, L.P. Project-Based Section 8 (PBS8) 4BD waiting list application period is open until further notice.

### **Return completed applications via:**

***Mail:*** Oakland Point, L.P., 1448 – 10<sup>th</sup> Street, Oakland, CA 94607 ***or***

***In person:*** Monday, Wednesday, Friday, between 10:00am - 4:00pm at Oakland Point, L.P., 1448 – 10<sup>th</sup> Street, Oakland, CA 94607

No faxed or emailed applications.

For additional information, call the Management Office (510) 891-0310.



EAST BAY ASIAN  
LOCAL DEVELOPMENT  
CORPORATION

FOR OFFICE USE ONLY	
Added to WL on _____	
WL Priority	<input type="checkbox"/> None <input type="checkbox"/> _____
Section 8 Voucher?	Yes <input type="checkbox"/> _____ BD
Rejected by: _____	
because:	<input type="checkbox"/> Incomplete <input type="checkbox"/> HH Size
	<input type="checkbox"/> Income too High <input type="checkbox"/> FT Student
	<input type="checkbox"/> _____
Denial Letter sent: _____	

**OAKLAND POINT, L.P.**  
1448 10th Street, Oakland, CA 94607

**4-BEDROOM PROJECT-BASED SECTION 8 (PBS8) RENTAL HOUSING APPLICATION**

AT

**OAKLAND POINT, L.P.**

**DEADLINE TO APPLY: 4-BEDROOM PBS8 WAITING LIST IS OPEN UNTIL FURTHER NOTICE**

- Please read the *entire* Rental Housing Application Package before completing this application.
- Complete the entire application, in clear, easy-to-read writing; **incomplete applications or those we are not able to read will be denied.**
- Answer every question honestly; **the information you provide will be checked for its accuracy.** Your application will be denied if you knowingly provide false information.

**For what size PBS8 unit at Oakland Point, L.P. are you applying\*?**

**FOUR BEDROOM (4 BD)** – *ELIGIBLE HOUSEHOLDS CONSISTS OF 6-9 PEOPLE*

*\*Refer to Occupancy Standards and Summary of Properties in the Rental Housing Application Package for restrictions.*



If anyone in your household would benefit from certain features of an **accessible unit**, then you may indicate a request for such a unit here:

*Checking this box does not limit you only to accessible units, if you believe that you can use a non-accessible unit with reasonable or no modifications or accommodations. (Documentation of disability and verification of need for an accessible unit may be required if applying for an accessible unit.)*

**CONTACT INFORMATION**

HEAD OF HOUSEHOLD: _____						
	FIRST NAME	MIDDLE INITIAL	LAST NAME			
	MAILING ADDRESS: _____					
	STREET ADDRESS	APT.	CITY	STATE	ZIP CODE	
	HOME PHONE: (____) _____		CELL PHONE: (____) _____		WORK PHONE: (____) _____	
E-MAIL: _____			BEST WAY TO CONTACT YOU: _____			





**MEMBERS OF HOUSEHOLD**

List all household members who will be living in the apartment at least half (50%) of the time.

FULL LEGAL NAME (First Name, Middle, Last Name)	RELATIONSHIP (to head of household: ex.: spouse, niece, friend)	BIRTH DATE (month/day/year)	SOC. SECURITY NO. (Last 4 digits only; full number will be required at interview)
1.	HEAD OF HOUSEHOLD	___/___/___	XXX-XX-____
2.		___/___/___	XXX-XX-____
3.		___/___/___	XXX-XX-____
4.		___/___/___	XXX-XX-____
5.		___/___/___	XXX-XX-____
6.		___/___/___	XXX-XX-____
7.		___/___/___	XXX-XX-____

ATTACH ADDITIONAL PAGE IF MORE HOUSEHOLD MEMBERS NEED TO BE LISTED.

A. Do you plan to have anyone living with you in the future who is not listed above? (All additions to household must be approved.)  No  Yes: (WHO, WHEN, WHY?) \_\_\_\_\_

Persons with an eviction or criminal record are not automatically denied. If your criminal record or poor rental history was due to disability, and there are changed circumstances, then you are encouraged to submit a Request for Reasonable Accommodation along with this application. If due to changed circumstances, additional consideration may be requested on the Request for Consideration form.

B. Has anyone in your household been involved in eviction or unlawful detainer action? (You may explain this in the **Request for Consideration** form.)  
 No  Yes: (WHO?) \_\_\_\_\_ (YEAR?) \_\_\_\_\_ (ADDRESS:) \_\_\_\_\_  
 (WHY?)  Non-payment of rent  Other: \_\_\_\_\_  
 (RESULTS):  Moved  Evicted  Case Dismissed  Stipulation  Other \_\_\_\_\_

**STUDENT STATUS**

Identify all household members (adults and minors) who attended school/classes in the past year, currently are students, or plan to attend school in the upcoming year. (**Definition of Student:** Anyone who attends classes or receives training at a community college, vocational school with a diploma or certificate program, technical school, university, or kindergarten through 12<sup>th</sup> grade.)

Check here if no one in the household is enrolled in classes, and no one has been a student in the past year or plans to be in the next year.

Name of Person	Choose (circle) 1 of the 3 options:			Part-Time or Full-Time Student?	Name of School	Receiving Financial Aid?
	Is not now, but was in <b>past</b> year	Is a student <b>now</b>	Is not now, but will in <b>future</b>			
	Past /	Now /	Future	PT / FT		Y / N
	Past /	Now /	Future	PT / FT		Y / N
	Past /	Now /	Future	PT / FT		Y / N





**RESIDENCE / RENTAL HISTORY**

- A. Is your household being displaced due to code enforcement or other actions by the City you live in?  
 No  Yes: (EXPLAIN) \_\_\_\_\_
- B. Have you or anyone in your household been or is currently an Oakland Point, L.P. resident?  
 No  Yes: (APPROXIMATELY WHEN?) \_\_\_\_\_
- C. Does anyone in your household *currently* own a house or other real estate property?  
 No  Yes: (EXPLAIN) \_\_\_\_\_
- D. Has anyone owned a house or other real estate property *in the past 2 years*?  
 No  Yes: (EXPLAIN) \_\_\_\_\_
- E. Does anyone in your household possess a current Section 8 voucher or is eligible for housing payment assistance from a similar agency?  
 No  Yes: (WHICH HOUSING AUTHORITY/AGENCY, APPROVED BEDROOM SIZE) \_\_\_\_\_
- F. 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 EMPLOYMENT/TRAINING, WHERE?) \_\_\_\_\_

**LIST THE PLACE(S) THAT EACH ADULT HAS LIVED IN THE PAST TWO (2) YEARS.**

(An adult is anyone 18 years of age or older, or an emancipated minor.) See additional page if necessary.

HEAD OF HOUSEHOLD	WHERE YOU LIVE NOW	PREVIOUS RESIDENCE
ADDRESS	_____	_____
WHICH BEST DESCRIBES YOUR SITUATION?	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with friend/relative <input type="checkbox"/> In Program/Facility/Homeless <input type="checkbox"/> Other _____	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with friend/relative <input type="checkbox"/> In Program/Facility/Homeless <input type="checkbox"/> Other _____
RENT/MORTGAGE/AMOUNT YOU PAY	\$ _____ / MONTH	\$ _____ / MONTH
# OF PEOPLE IN UNIT		
# OF BEDROOMS		
WHEN DID YOU LIVE HERE?	___/___/___ TO ___/___/___	___/___/___ TO ___/___/___
ON THE LEASE?	YES / NO	YES / NO
PROGRAM / LANDLORD'S NAME		
PROGRAM / LANDLORD'S ADDRESS		
PROGRAM/LANDLORD'S PHONE / FAX		
REASON(S) FOR MOVING		

**CONTINUED: PLACE(S) THAT HEAD OF HOUSEHOLD HAS LIVED IN THE PAST TWO (2) YEARS.**

*(An adult is anyone 18 years of age or older, or an emancipated minor.) Attach additional pages if necessary.*

HEAD OF HOUSEHOLD	PREVIOUS RESIDENCE	PREVIOUS RESIDENCE
ADDRESS	_____ _____ _____	_____ _____ _____
WHICH BEST DESCRIBES YOUR SITUATION?	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with friend/relative <input type="checkbox"/> In Program/Facility/Homeless <input type="checkbox"/> Other _____	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with friend/relative <input type="checkbox"/> In Program/Facility/Homeless <input type="checkbox"/> Other _____
RENT/MORTGAGE/ AMOUNT YOU PAY	\$ _____ / MONTH	\$ _____ / MONTH
# OF PEOPLE IN UNIT		
# OF BEDROOMS		
WHEN DID YOU LIVE HERE?	__/__/__ TO __/__/__	__/__/__ TO __/__/__
ON THE LEASE?	YES / NO	YES / NO
PROGRAM / LANDLORD'S NAME		
PROGRAM / LANDLORD'S ADDRESS		
PROGRAM/LANDLORD'S PHONE / FAX		
REASON(S) FOR MOVING		

**Check here if details for 2<sup>nd</sup> Adult Household Member are the same as head of household details above:**  See additional page if necessary.

2 <sup>ND</sup> ADULT HOUSEHOLD MEMBER	WHERE YOU LIVE NOW	PREVIOUS RESIDENCE
ADDRESS	<hr/> <hr/>	<hr/> <hr/>
WHICH BEST DESCRIBES YOUR SITUATION?	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with friend/relative <input type="checkbox"/> In Program/Facility/Homeless <input type="checkbox"/> Other _____	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with friend/relative <input type="checkbox"/> In Program/Facility/Homeless <input type="checkbox"/> Other _____
RENT/MORTGAGE/ AMOUNT YOU PAY	\$ _____ / MONTH	\$ _____ / MONTH
# OF PEOPLE IN UNIT		
# OF BEDROOMS		
WHEN DID YOU LIVE HERE?	__/__/__ TO __/__/__	__/__/__ TO __/__/__
ON THE LEASE?	YES / NO	YES / NO
PROGRAM / LANDLORD'S NAME		
PROGRAM / LANDLORD'S ADDRESS		
PROGRAM/LANDLORD'S PHONE / FAX		
REASON(S) FOR MOVING		

**Check here if details for 2<sup>nd</sup> Adult Household Member are the same as head of household:**

2 <sup>ND</sup> ADULT HOUSEHOLD MEMBER	PREVIOUS RESIDENCE	PREVIOUS RESIDENCE
ADDRESS	_____	_____
WHICH BEST DESCRIBES YOUR SITUATION?	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with friend/relative <input type="checkbox"/> In Program/Facility/Homeless <input type="checkbox"/> Other _____	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with friend/relative <input type="checkbox"/> In Program/Facility/Homeless <input type="checkbox"/> Other _____
RENT/MORTGAGE/AMOUNT YOU PAY	\$ _____ / MONTH	\$ _____ / MONTH
# OF PEOPLE IN UNIT		
# OF BEDROOMS		
WHEN DID YOU LIVE HERE?	___/___/___ TO ___/___/___	___/___/___ TO ___/___/___
ON THE LEASE?	YES / NO	YES / NO
PROGRAM / LANDLORD'S NAME		
PROGRAM / LANDLORD'S ADDRESS		
PROGRAM/LANDLORD'S PHONE / FAX		
REASON(S) FOR MOVING		

**IF MORE SPACE IS NEEDED FOR ADDITIONAL ADULTS, ATTACH ADDITIONAL PAGES AND CHECK HERE .**

**INCOME**

A. Each month, how much money does the entire household receive? \$

B. EMPLOYMENT -  Check here if no adults currently are working.

*For any adults currently working, complete the following:*

HOUSEHOLD MEMBER NAME: _____	JOB TITLE _____	EMPLOYMENT START DATE: _____
EMPLOYER: _____		MONTHLY GROSS INCOME: \$ _____

HOUSEHOLD MEMBER NAME: _____	JOB TITLE _____	EMPLOYMENT START DATE: _____
EMPLOYER: _____		MONTHLY GROSS INCOME: \$ _____



**SELF-EMPLOYMENT**

*For any adults self-employed or independent contractors, complete the following:*

HOUSEHOLD MEMBER NAME:	TYPE OF WORK:	EMPLOYMENT START DATE:
_____	_____	_____
DID YOU FILE TAX RETURNS LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO		NET INCOME/MONTH: \$ _____

**IF MORE SPACE IS NEEDED FOR ADDITIONAL JOBS, ATTACH ADDITIONAL PAGES AND CHECK HERE .**

**C. OTHER INCOME/MONTHLY/WEEKLY BENEFITS/PAYMENTS -  Check here if no one receives any other income/benefits/payments.**

*If any adults or minors receive any of the following benefits, fill in amount and identify who receives the benefits.*

<i>GROSS AMOUNT PER MONTH / WHO RECEIVES?</i>	<i>GROSS AMOUNT PER MONTH / WHO RECEIVES?</i>
SOCIAL SECURITY \$ _____	VETERANS BENEFITS \$ _____
SSI \$ _____	PENSION / RETIREMENT BENEFITS \$ _____
CASH / MONETARY GIFTS \$ _____	CHILD / SPOUSAL SUPPORT \$ _____
UNEMPLOYMENT \$ _____	DISABILITY / WORKER'S COMP. \$ _____
CALWORKS/GA \$ _____	SETTLEMENT PAYMENTS \$ _____
OTHER: _____ \$ _____	OTHER: _____ \$ _____

**D. IN-KIND/NON-CASH BENEFITS -  Check here if no one receives any in-kind benefits/payments.**

*You may have other benefits that help to meet your monthly expenses. If any adults or minors receive any of the following benefits, identify who receives the benefits:*

<i>WHO RECEIVES?</i>	<i>WHO RECEIVES?</i>
SNAP/FOOD STAMPS _____	TANF/CALWORKS CHILD CARE _____
MEDICAID/MEDICARE _____	TANF/CALWORKS TRANSPORTATION _____
SCHIP _____	OTHER TANF/CALWORKS SERVICES _____
VA MEDICAL SERVICES _____	OTHER: _____

**E. ZERO INCOME**

*Does any adult in the household claim to receive no income, from any source?*

No  YES: (WHO?) \_\_\_\_\_

**ASSETS**

**A. List all accounts and assets held by any household member (including minors).**

*Examples: checking or savings account, certificate of deposits, 401K funds accessible to you, whole life insurance, stocks, real estate, more than \$300 cash, etc.*

<input type="checkbox"/> Check here if no one has any assets.	HOUSEHOLD MEMBER	ACCOUNT TYPE	JOINT?	BANK	BALANCE
			Y / N		\$
			Y / N		\$
			Y / N		\$

**IF MORE SPACE IS NEEDED FOR ADDITIONAL ASSETS, ATTACH ADDITIONAL PAGES AND CHECK HERE .**

**B. In the last two years, have you sold or given away or transferred to someone else any item of value for less than the item's fair market value?**

No  YES: ITEM: \_\_\_\_\_ DATE: \_\_\_\_\_ FAIR MARKET VALUE: \$ \_\_\_\_\_ AMOUNT RECEIVED: \$ \_\_\_\_\_

If we cannot contact you, then we may contact this person, **only** for the purpose of relaying a message to you; no details of your application will be discussed.



**ALTERNATE CONTACT PERSON**

FULL NAME: \_\_\_\_\_ RELATIONSHIP TO YOU: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_ OTHER: ( ) \_\_\_\_\_

**CERTIFICATION**

***Under penalty of perjury***, I certify that the information supplied on this application is true and complete to the best of my knowledge. I understand that information will be verified by third parties and that this application could be denied due to false information. I understand that a final decision on eligibility cannot be made until **all** information is verified.

I have read and understand the attached Application Package information.

I understand that completion of this application does not guarantee I/we will become tenants at any property managed by EBALDC.

I authorize EBALDC to verify my information to determine if I am eligible and suitable to become a tenant. I authorize any tenant verification service, credit agency, or other verification service chosen by EBALDC to obtain verification of assets, income, credit history, criminal background, employment, past residency information, and references as needed to determine if I am eligible and suitable to become a tenant. I authorize EBALDC to disclose tenancy information to my previous or subsequent (actual and prospective) landlords and property management companies. I agree to provide additional information upon request.

I understand that it is my responsibility to update the property manager with any changes in the information on how to contact me.

_____	_____
SIGNATURE OF HEAD OF HOUSEHOLD	DATE
_____	_____
SIGNATURE OF 2ND ADULT HOUSEHOLD MEMBER	DATE
_____	_____
SIGNATURE OF 3RD ADULT HOUSEHOLD MEMBER	DATE
_____	_____
SIGNATURE OF 4TH ADULT HOUSEHOLD MEMBER	DATE

EBALDC is an equal opportunity housing provider. Oakland Point, L.P. 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), 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, any arbitrary basis, or any other status protected by federal, state or local law.

Oakland Point, L.P. 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 the Project 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.*

(This survey is for data collection purposes only. **Response is not required.**)

**How did you hear about this property?**

- CURRENT RESIDENT    EBALDC WEBSITE    SIGN OUTSIDE    CRAIGSLIST    GOSECTION8  
 2-1-1    HOUSING AUTHORITY    ORGANIZATION: \_\_\_\_\_    OTHER \_\_\_\_\_

DEMOGRAPHIC DATA REPORTING FORM

**There is no penalty for persons who do not complete the form.** The information is requested for data collection / reporting purposes only and has no effect on your application. Completion is voluntary.

	Head of Household	Other Household Member:	Other Household Member:	Other Household Member:	Other Household Member:
<b><u>Ethnic Categories*</u></b>	<b>Select (✓) One</b>	<b>Select (✓) One</b>	<b>Select (✓) One</b>	<b>Select (✓) One</b>	<b>Select (✓) One</b>
Hispanic or Latino					
Not-Hispanic or Latino					
<b><u>Racial Categories*</u></b>	<b>Select (✓) One or More</b>	<b>Select (✓) One or More</b>	<b>Select (✓) One or More</b>	<b>Select (✓) One or More</b>	<b>Select (✓) One or More</b>
American Indian or Alaska Native					
Asian					
Black or African American					
Native Hawaiian or Other Pacific Islander					
White					
<b>What is the gender of the Head of Household?</b>	<input type="checkbox"/> MALE		<input type="checkbox"/> FEMALE		
<b>Does any household member have a disability?</b>	<input type="checkbox"/> YES		<input type="checkbox"/> NO		

You should check one of the two ethnicity categories:

- Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino.”
- Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

You may mark one or more of the racial categories:

- American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American.** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



**OPTIONAL CONTACT INFORMATION**

You may name a family member, friend, case manager, or social, health, advocacy, or other organization that may be able to help in resolving any issues that might arise during the application process or when you are a tenant.

**You may update, remove, or change the information you provide on this form at any time.**

You are not required to name an additional contact person or organization, but if you do, please provide the name, information on how to contact the person, and under what circumstances EBALDC is authorized to contact them.

The information provided on this form is confidential and will not be disclosed to anyone except as permitted by you or applicable law.

<b>Your Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone:</b>	<b>Cell Phone:</b>

<b>Name of Additional Contact Person or Organization:</b>	
<b>Mailing Address:</b>	
<b>Telephone:</b>	<b>Cell Phone:</b>

<b>E-Mail Address (if applicable):</b>
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<b>Relationship to You:</b>
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<p><b>Reason(s) when we will contact this person or organization:</b></p> <p><input type="checkbox"/> Only to relay messages to you</p> <p><input type="checkbox"/> To assist with your application process</p> <p><input type="checkbox"/> Emergency</p> <p><input type="checkbox"/> When unable to contact you</p> <p><input type="checkbox"/> Termination of your rental assistance</p> <p><input type="checkbox"/> Eviction from unit</p>	<p><input type="checkbox"/> Late payment of rent</p> <p><input type="checkbox"/> To assist with recertification process</p> <p><input type="checkbox"/> Change in lease terms</p> <p><input type="checkbox"/> Change in house rules</p> <p><input type="checkbox"/> Other: _____</p>
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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**REQUEST FOR REASONABLE ACCOMMODATION OR MODIFICATION  
IN THE APPLICATION PROCESS**

Head of Household: \_\_\_\_\_

1. The following household member is an individual with a disability as defined by California fair housing laws [(a) has a physical or mental impairment or medical condition that limits one or more life activities; or (b) has a record of having such an impairment; or (c) is regarded as having such an impairment]: *Name:* \_\_\_\_\_

2. As a result of this disability, I am requesting the following reasonable accommodation or modification for my household (please check one or more boxes below).

- A change in the Eligibility Screening Criteria, as it relates to:*
  - Rental history
  - Criminal history
  - Other

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Other. Please specify below:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Attach additional pages if necessary.*

3. I/We need this reasonable accommodation or modification so that I/we can:

\_\_\_\_\_

\_\_\_\_\_

4. You may verify that I (or the person named in #1 above) have a disability and a disability-related need for the requested accommodation or modification by contacting:

Name and Title	Agency/Clinic/Facility	
Address	Telephone	Fax

*I give you permission to contact the above individual for sole purposes of verifying that I have (or a household member has) a disability and a disability-related need for the reasonable accommodation or modification requested above. I understand that the information you obtain will be kept confidential and used solely to determine if I meet the California definition of disability and that the accommodation or modification is related to and needed because of my disability.*

Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**REQUEST FOR CONSIDERATION OF MITIGATING CIRCUMSTANCES  
IN THE APPLICATION PROCESS**

Head of Household: \_\_\_\_\_

Use this form to explain any mitigating circumstances related to your application, rental history or criminal history that you want us to consider when we review your application for housing. **Mitigating circumstances** are conditions or occurrences that partially explain a negative situation, or make it more understandable. If there are potentially negative items on your application that you believe are no longer applicable to your current or future circumstances, then you may offer an explanation or clarification below. Please note that we may require verification of your statement, or ask for additional evidence that you can meet the requirements of tenancy, despite your past. Also note that your application may still be denied; if denied, you will receive notice of the denial that explains the reason(s) for denial, and your right to appeal the decision.

*I would like to clarify my*  Rental history  Criminal history  Other

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Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_