



PHOENIX APARTMENTS WAITING LIST RENTAL PRE-APPLICATION

- This application is to be completed by the Head of Household. Head of Household must sign the Certification.
- **All (MANDATORY) questions must be answered. If any questions are left blank the application may be returned and not placed on Waiting List. Please write neat in blue so we may read your writing.**

If a question does not apply, please write "N/A".

APPLICANT CONTACT INFORMATION (MANDATORY)

HEAD OF HOUSEHOLD	FIRST NAME	MIDDLE INITIAL	LAST NAME		
 MAILING ADDRESS	STREET ADDRESS				
	APT.		CITY	STATE	ZIP CODE
 PHONE #'s	HOME PHONE: (_____) _____ CELL PHONE: (_____) _____ WORK PHONE: (_____) _____ <small>*AT LEAST ONE PHONE NUMBER IS REQUIRED</small>				
 @ E-Mail					

HOUSING PREFERENCE (MANDATORY)

Answers to the following may help you receive a lottery on waitlist housing "preference". Such preferences can increase your chances placement. By selecting any of the items in this Housing Preference section, you acknowledge that you are applying for related housing preferences, which will be verified by the property Manager per the detail of each preference.

<input type="checkbox"/>	Someone in my household was displaced by City of Oakland development activity in the past year?
<input type="checkbox"/>	Someone in my household lives either within the same council district as the property?
<input type="checkbox"/>	Someone in my household lives in the same city as this property?
<input type="checkbox"/>	Someone in my household works in the same city as this property?

Are you or any member of your household currently homeless or at risk of homelessness? (If so, verification will be required)

☐ YES ☐ NO

HOUSEHOLD INFORMATION (MANDATORY)

List all household members who will be living with you.

FULL LEGAL NAME (First Name, Middle, Last Name)	RELATIONSHIP (CHOOSE ONE)	BIRTH DATE (month/day/year)	RACE/ ETHNIC DATA (OPTIONAL)
1.	HEAD OF HOUSEHOLD		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian / Alaskan Native Asian (specify) <input type="checkbox"/> Vietnamese <input type="checkbox"/> Filipino <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Other Asian Native Hawaiian/Other Pacific Islander (specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Pacific Islander

2.	<input type="checkbox"/> CO-HEAD <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT <input type="checkbox"/> OTHER	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian / Alaskan Native Asian (specify) <input type="checkbox"/> Vietnamese <input type="checkbox"/> Filipino <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Other Asian Native Hawaiian/Other Pacific Islander (specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Pacific Islander
3.	<input type="checkbox"/> CO-HEAD <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT <input type="checkbox"/> OTHER	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian / Alaskan Native Asian (specify) <input type="checkbox"/> Vietnamese <input type="checkbox"/> Filipino <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Other Asian Native Hawaiian/Other Pacific Islander (specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Pacific Islander
4.	<input type="checkbox"/> CO-HEAD <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT <input type="checkbox"/> OTHER	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian / Alaskan Native Asian (specify) <input type="checkbox"/> Vietnamese <input type="checkbox"/> Filipino <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Other Asian Native Hawaiian/Other Pacific Islander (specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Pacific Islander

DISABILITY ACCESSIBILITY (OPTIONAL)

Does anyone in your household have a disability which requires a unit with accessibility features?

☐ Mobility
 ☐ Visual
 ☐ Hearing

Selecting any box does not limit you to only accessible units. Verification may be required if applying for an accessible unit. Persons with disabilities are encouraged to apply. All requests for Reasonable Accommodations will be considered

FIRST UNIT SIZE PREFERENCE (MANDATORY)

Indicate unit size preference: Occupancy Standards will apply at time of leasing. If no selection is made, EBALDC will assign the first and second size per the occupancy standards..

☐ Studio (0) bedroom
 ☐ One (1) bedroom
 ☐ Two (2) bedroom

SECOND UNIT SIZE PREFERENCE (OPTIONAL)

☐ Studio (0) bedroom
 ☐ One (1) bedroom
 ☐ Two (2) bedroom

ANNUAL INCOME (MANDATORY)



What is the ANNUAL GROSS income (including income from assets) of the entire household including minors?

\$ _____

PORTABLE VOUCHER (MANDATORY)*This is not common. Portable vouchers are commonly referred to as Housing Choice Voucher and granted by local housing authorities. This is a resident-based subsidy that follows resident upon vacating a unit.*Does anyone in your household possess a current Housing Choice Voucher or if eligible for housing payment assistance from a similar agency? ☐ YES ☐ NO

If yes, Name of HA: _____ approved bdrm size: _____

REASONABLE ACCOMMODATION/MODIFICATION (OPTIONAL)*As a result of this disability, I am requesting the following reasonable accommodation or modification for my household:***ALTERNATE CONTACT INFORMATION (OPTIONAL)***Reason(s) when you are authorizing EBALDC staff to contact this person or organization on your behalf:*☐ To assist and discuss your application process ☐ When EBALDC is unable to contact you

ALTERNATE CONTACT	FIRST NAME	MIDDLE INITIAL	LAST NAME		
 MAILING ADDRESS	STREET ADDRESS	APT.	CITY	STATE	ZIP CODE
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	<small>*AT LEAST ONE PHONE NUMBER IS REQUIRED</small>				
@ E-Mail					

PREFERRED LANGUAGE(S):☐ ENGLISH ☐ CANTONESE ☐ MANDARIN ☐ SPANISH ☐ VIETNAMESE ☐ OTHER _____**CERTIFICATION (MANDATORY)**

I certify under penalty of perjury that the information supplied on this document is true and complete to the best of my knowledge. I understand that information will be verified by third party and that this pre-application could be denied due to false information. I understand that a final decision on edibility cannot be made until all information is verified. I understand that the completion of this application does no guarantee I/we will become resident at this EBALDC property. 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, property management companies, and governing agencies. I agree to provide additional information upon request. I understand that it is my responsibility to update the EBALDC in writing with any changes in the information on how to contact me. Failure to do so may result in denial and removal.

HEAD OF HOUSEHOLD SIGNATURE_____
DATE

orientation, gender identity or expression, genetic information, having Acquired Immune Deficiency Syndrome (AIDS) or AIDS related conditions (ARC), Human Immune Deficiency viruses HIV, medical condition, height, weight, political affiliation, source of income, 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. EBALDC will only inquire about criminal backgrounds to the degree necessary to comply with Federal Law and in accordance with Fair Chance Access to Housing Ordinance as set by municipalities. Sex Offenders for Admission to Public Housing (42 U.S.C Sec. 13663 (a)) and Ineligibility of Individuals Convicted for Manufacturing Methamphetamine on Premises of Federally Assisted Housing for Admission to Public Housing and Housing Choice Voucher Program (24 C.F. R. Sec. 982.553) screenings will be conducted only after household has been pre-approved and met all initial screenings. As an EveryOne Home partner, we 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. All requests for reasonable accommodations will be considered