EAST BAY ASIAN LOCAL DEVELOPMENT CORPORATION

BUILDING HEALTHY, VIBRANT AND SAFE NEIGHBORHOODS

MGMT Date and Time Stamp:

Sen Lake Waiting List Pre-Application

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".

Apartment Type: Eligibility is based on occupancy standards defined in the Resident Selection Criteria.

EMAIL ADDRESS(MANDATORY):

To ensure we can reach you, **applications without an email address cannot be accepted.** We recommend using your personal household email—one you check often.

Name:		Home Phone:		Cell Phone:	

Household Information

FULL LEGAL NAME (First, Middle, Last) (MANDATORY)	SEX	RELATIONSHIP	FULL SOCIAL SECURITY # (MANDATORY)	GOVERNMENT ISSUED PHOTO ID #	BIRTH DATE (MANDATORY)	FULL TIME STUDENT Y/N	DISABLED Y/N

Apartment Type: Eligibility is based on occupancy standards defined in the Resident Selection Plan. (MANDATORY)

Would you or anyone in your household benefit from an apartment with special features?

Mobility Accessible		Yes		No
Communication Accessible (Hearing) Communication		Yes		No
Accessible (Visual)		Yes		No

Household Questions (MANDATORY)	Y/N	Explain
Do you expect any additions to the household within the next twelve months?		**Name of New Member:**
Are there any absent household members who under normal conditions would live with you (For example, a spouse away in the military or living in another state or country)?		**Name of Absent Member:**
Will you or any ADULT household member require a live-in caregiver or aide?		**Name of Caregiver:**

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Student Information (MANDATORY)

Does this household contain any full-time students for any part of 5 months or more during the current and/or upcoming calendar year (months need not be consecutive?

Members of your household who are attending or plan to attend "Institutions of Higher Learning", full or part-time.

Member Name:				**Member Name:**			
Institution:				**Institution:**			
	Full Time Or		**Part Time**		**Full Time** Or		**Part Time**

Household Income (MANDATORY)

Member Name	Income Type	Annual Amount

Household Assets (MANDATORY)

Member Name	Asset Type	Value	Interest Earned	Cost to Convert

☐ This member has no address history from the required timeframe.
(If this box is checked, please provide an explanation below.)

Explanation:_____

Please provide 24 months of rental history (MANDATORY)

1.	Street Address:		
City:		State:	Zip Code:
Reason for leaving:			
Start Date *(Month/Year)*:		End Date *(Month/Year)*:	
(Check One) Rent Own Other_____			Rent per month:
Landlord Name:		Landlord Phone:	

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Is this a government subsidized development? Yes No	This is my current address

2.	Street Address:	
City:	State:	Zip Code:
Reason for leaving:		
Start Date *(Month/Year)*:	End Date *(Month/Year)*:	
(Check One) Rent Own Other_____		Rent per month:
Landlord Name:	Landlord Phone:	
Is this a government subsidized development? Yes No		This is my current address

3.	Street Address:	
City:	State:	Zip Code:
Reason for leaving:		
Start Date *(Month/Year)*:	End Date *(Month/Year)*:	
(Check One) Rent Own Other_____		Rent per month:
Landlord Name:	Landlord Phone:	
Is this a government subsidized development? Yes No		This is my current address

FIRST UNIT SIZE PREFERANCE (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 PREFERANCE (OPTIONAL)

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

REASONABLE ACCOMMODATION/MODIFICATION (OPTIONAL)

What type of rental assistance do you currently have (if any)?

☐	I have a Housing Choice Voucher (HCV) that I can use at different properties
OR	
☐	I live in a unit with Project-Based Voucher (PBV) assistance tied to that apartment
OR	
☐	I'm not currently receiving any rental assistance

Answers to the following may help you receive a waitlist housing "preference". Such preferences can increase your chances of placement. By selecting any of the items in this Housing Preferences section, you acknowledge that you are applying for related housing preferences, which will be verified by the property manager per the details of each preference. This is a general application for all EBALDC housing opportunities. Some questions may not apply to the specific property you're interested in.

☐	Someone in my new household lives in the same city as this property
☐	Someone in my new household works in the same city as this property

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☐	Someone in my new household lives or works in Alameda County
☐	Someone in my new household lives either within the same council district as the property or within a one-mile radius
☐	Someone in my new household was displaced by City of Oakland development activity in the past year
☐	Someone in my new household was displaced by Oakland code enforcement activity in the past year
☐	Someone in my new household was displaced due to eviction within the past year in Oakland
☐	My new household consists of 2 or more people
☐	I am a senior living alone
☐	I am a person with a disability living alone
☐	I or a member of my new household is a US Veteran
☐	I or a member of my household is currently Homeless
☐	or a member of my household were formerly Homeless
☐	I or a member of my household is at risk of being Homeless
☐	I or a member of household is HOPWA
☐	I or a member of household is MHSA

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
☎ PHONE #'s	HOME PHONE: (_____) _____ CELL PHONE: (____) _____ WORK PHONE: (_____) _____ *AT LEAST ONE PHONE NUMBER IS REQUIRED*				
@ E-Mail					

RACE/ETHNIC DATA (OPTIONAL)

Ethnicity: ☐ Hispanic ☐ Not Hispanic **Race:** ☐ Black ☐ White ☐ American Indian / Alaskan Native ☐ Asian ☐ Pacific Islander

Household Signatures

APPLICANT REPRESENTS ALL OF THE ABOVE STATEMENTS ARE TRUE AND CORRECT. APPLICANT AUTHORIZES CONTINUING VERIFICATION OF THE ABOVE INFORMATION, REFERENCES, CRIMINAL HISTORY AND CREDIT RECORDS AT ANYTIME INCLUDING BEFORE, DURING AND AFTER THE EXPIRATION OF THE LEASE TERM AND RELEASES FROM LIABILITY ALL PERSONS AND ENTITIES REQUESTING OR SUPPLYING INFORMATION. APPLICANT ACKNOWLEDGES THAT FALSE, INCOMPLETE OR MISLEADING INFORMATION CONSTITUTES GROUNDS FOR REJECTION OF THIS APPLICATION; DISCOVERY OF FALSE, INCOMPLETE OR MISLEADING INFORMATION THAT OCCURS AFTER OCCUPANCY WILL RESULT IN TERMINATION OF THE RIGHT OF OCCUPANCY OF ALL OCCUPANTS UNDER LEASE AND/OR FORFEITURE OF DEPOSITS AND FEES. SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO WILLFULLY FALSIFY A MATERIAL FACT OR MAKE FALSE STATEMENT IN ANY MATTER WITHIN THE JURISDICTION OF A FEDERAL AGENCY.

I, THE UNDERSIGNED APPLICANT(S), HAVE READ AND AGREE TO ALL OF THE PROVISIONS OF THIS APPLICATION AND REPRESENT AND PROMISE THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

Print Name: _____ **Signature:** _____ **Date:** _____