

RENTAL HOUSING and WAITLIST APPLICATION

TRI-VALLEY REACH – SHARED HOUSING

RETURN TO: HCEB, 410 7th Street, Suite 203, Oakland, CA 94607

APPLICANT INFORMATION

FIRST NAME		MIDDLE NAME	LAST NAME
DATE OF BIRTH (MM/DD/YYYY)		SOCIAL SECURITY NUMBER (XXX – XX – XXXX)	GENDER
STREET ADDRESS (where you receive mail)			APT. NUMBER
CITY		STATE	ZIP CODE
HOME PHONE NUMBER		CELL PHONE NUMBER	

ALTERNATE CONTACT (case manager, ILS/SLS worker, family member, etc.)

FULL NAME	PHONE NUMBER
RELATIONSHIP TO YOU	AGENCY NAME (if applicable)

PREFERENCE INFORMATION

1. Have you been diagnosed with a developmental disability?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Are you currently a full-time student or plan to be in the next year?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. How many people in your household? Please circle one:	1 2 3 4+
4. The household's <u>combined annual income from all sources</u> is:	\$ <input type="text"/>

APPLICANT CERTIFICATIONS

<input type="checkbox"/> I certify that the statements made in this application are true to the best of my knowledge and belief.	
<input type="checkbox"/> I understand that false statements or information are punishable under federal law and cause for immediate denial of housing.	
<input type="checkbox"/> I understand that I must provide written notification of any changes to the information on this form, especially address and telephone number.	
<input type="checkbox"/> I agree to allow the landlord to perform a consumer credit check and criminal background check including sex offender registry on all adult household members.	
<input type="checkbox"/> I understand that the above information is being collected to determine eligibility for housing at Locomotive Lane. I authorize the owner to verify all information provided on this application and to contact previous or current landlords, employers, or other sources for credit and verification information which may be released by appropriate federal, state, local agencies, or private persons to the landlord or agent.	
APPLICANT SIGNATURE	DATE

- FOR OFFICE USE ONLY -

DATE RECEIVED	TIME RECEIVED	RECEIVED BY (STAFF NAME)
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EVICTON HISTORY

a. Have you or any household members ever been evicted for fraud, non-payment of rent, or failure to comply with lease provisions? NO YES

b. If 'YES,' please provide details and dates for each instance: _____

CRIMINAL HISTORY

a. Have you or any household members ever been convicted of a felony? NO YES

b. If 'YES,' please provide details and dates for each instance: _____

CURRENT HOUSING

YOUR CURRENT ADDRESS (where you sleep at night)

APT. NUMBER

CITY

STATE

ZIP CODE

GROUP HOME

EMERGENCY SHELTER

HOTEL

FAMILY HOME

APARTMENT

OTHER (describe living situation): _____

DATE YOU MOVED IN

DATE YOU MUST LEAVE BY (if any)

MONTHLY RENT YOU PAY (if any)

ARE YOU REQUIRED TO GIVE YOUR LANDLORD THIRTY (30) DAYS NOTICE BEFORE MOVING OUT? YES NO

REASON(S) FOR SEEKING NEW HOUSING: _____

CURRENT LANDLORD (or someone who can verify the information above)

CURRENT LANDLORD NAME

PHONE NUMBER

LANDLORD'S ADDRESS

APT. NUMBER

CITY

STATE

ZIP CODE

LANDLORD'S RELATIONSHIP TO YOU

NUMBER OF YEARS KNOWN

PREVIOUS HOUSING

YOUR PREVIOUS ADDRESS		APT. NUMBER
CITY	STATE	ZIP CODE
<input type="checkbox"/> GROUP HOME	<input type="checkbox"/> EMERGENCY SHELTER	<input type="checkbox"/> HOTEL
		<input type="checkbox"/> FAMILY HOME
<input type="checkbox"/> OTHER (describe living situation): _____		<input type="checkbox"/> APARTMENT
MONTHLY RENT	DATE OF MOVE-IN	DATE OF MOVE-OUT
REASON(S) FOR MOVING OUT: _____		

PREVIOUS LANDLORD (or someone who can verify the information above)

CURRENT LANDLORD NAME	PHONE NUMBER
LANDLORD'S ADDRESS	APT. NUMBER
CITY	STATE
	ZIP CODE
LANDLORD'S RELATIONSHIP TO YOU	NUMBER OF YEARS KNOWN

HOUSEHOLD ASSETS (bank accounts, trusts, real estate, etc.)

YES, I/we have assets and have provided the information below:

_____	_____	_____	\$ _____
ASSET TYPE	FINANCIAL INSTITUTION	NAME ON ACCOUNT	CURRENT VALUE
_____	_____	_____	\$ _____
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_____	_____	_____	\$ _____
ASSET TYPE	FINANCIAL INSTITUTION	NAME ON ACCOUNT	CURRENT VALUE
_____	_____	_____	\$ _____
ASSET TYPE	FINANCIAL INSTITUTION	NAME ON ACCOUNT	CURRENT VALUE
_____	_____	_____	\$ _____
ASSET TYPE	FINANCIAL INSTITUTION	NAME ON ACCOUNT	CURRENT VALUE
TOTAL VALUE OF ALL ASSETS:			\$ _____

NO, I/we do not have ANY assets at this time.

HOUSEHOLD INCOME (wages, SS/SSI, food stamps, cash from family, etc.)

YES, I/we have income and have provided the information below:

_____	_____	_____	\$ _____
TYPE OF INCOME	SOURCE OF INCOME	NAME OF RECIPIENT	MONTHLY AMOUNT
_____	_____	_____	\$ _____
TYPE OF INCOME	SOURCE OF INCOME	NAME OF RECIPIENT	MONTHLY AMOUNT
_____	_____	_____	\$ _____
TYPE OF INCOME	SOURCE OF INCOME	NAME OF RECIPIENT	MONTHLY AMOUNT
_____	_____	_____	\$ _____
TYPE OF INCOME	SOURCE OF INCOME	NAME OF RECIPIENT	MONTHLY AMOUNT
_____	_____	_____	\$ _____
TYPE OF INCOME	SOURCE OF INCOME	NAME OF RECIPIENT	MONTHLY AMOUNT
TOTAL MONTHLY INCOME:			\$ _____

NO, I/we do not have ANY income at this time.

REQUIRED: If you checked 'NO' above, please describe the resources available to your household for covering basic necessities, such as food, clothing, medications, etc.:

PERSONAL REFERENCE #1 (provide at least two (2) references for each adult household member)

REFERENCE NAME	PHONE NUMBER	
STREET ADDRESS	APT. NUMBER	
CITY	STATE	ZIP CODE
RELATIONSHIP TO YOU	NUMBER OF YEARS KNOWN	

PERSONAL REFERENCE #2

REFERENCE NAME	PHONE NUMBER	
STREET ADDRESS	APT. NUMBER	
CITY	STATE	ZIP CODE
RELATIONSHIP TO YOU	NUMBER OF YEARS KNOWN	
TITLE /PROFESSION	COMPANY/AGENCY	

APPLICANT CERTIFICATIONS

1. I/we, the undersigned, certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
2. I/we, the undersigned, understand that false statements or information are punishable under federal law and cause for immediate denial of housing.
3. I/we, the undersigned, understand we must provide written notification of any changes to the information on this form, especially address and telephone number.
4. I/we, the undersigned, agree to allow the landlord to perform a consumer credit check and criminal background check including sex offender registry on all adult household members.
5. I/we, the undersigned, understand that the above information is being collected to determine eligibility for housing with REACH. I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords, employers, or other sources for credit and verification information which may be released by appropriate federal, state, local agencies, or private persons to the landlord or agent.

HEAD OF HOUSEHOLD

_____	_____
SIGNATURE	DATE

PRINT NAME	

PROPERTY MANAGENT AGENT (HCEB staff only)

_____	_____
SIGNATURE	DATE
