

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)

REGIONAL CENTER OF THE EAST BAY (RCEB) INFORMATION:

1. Are you a client of RCEB?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. Do you receive Support Services?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3. Independent Living Services?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4. Supported Living Services?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

SECTION 8 VOUCHER:

1. Have you been approved for a Section 8 Housing Voucher?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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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 for Tri-Valley REACH. 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 -

_____/_____/_____	_____:_____:_____ AM / PM	_____
DATE RECEIVED	TIME RECEIVED	RECEIVED BY (STAFF NAME)

_____	_____
APPLICANT NAME	PROPERTY

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 _____

_____	_____
APPLICANT NAME	PROPERTY

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"/> APARTMENT	
<input type="checkbox"/> OTHER (describe living situation): _____		
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 _____	

APPLICANT NAME _____	PROPERTY _____
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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
			\$
			\$
			\$
			\$
			\$
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
			\$
			\$
			\$
			\$
			\$
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.:

_____	_____
APPLICANT NAME	PROPERTY

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 NAME	PROPERTY

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 for Tri-Valley 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 MANAGEMENT AGENT (HCEB staff only)

_____	_____
SIGNATURE	DATE
