

# RENTAL HOUSING and WAITLIST APPLICATION

## TRI-VALLEY REACH – SHARED HOUSING

RETURN TO: [info@trivalleyreach.org](mailto:info@trivalleyreach.org) or mail to HCEB, 410 7<sup>th</sup> Street, Suite 203, Oakland, CA 94607

Please notify the HCEB office or REACH if you need application assistance such as large type face, computer disk, Braille, or a language other than English.

### APPLICANT INFORMATION

FIRST NAME			MIDDLE NAME			LAST NAME		
DATE OF BIRTH (MM/DD/YYYY)				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 -

DATE RECEIVED _____	TIME RECEIVED _____	AM / PM _____	SSA _____	RECEIVED BY (STAFF NAME) _____
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_____ APPLICANT NAME	_____ PROPERTY
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**EVICTION HISTORY**

a. Have you or any household members ever been evicted for fraud, non-payment of rent, or failure to comply with lease provisions? <input type="checkbox"/> NO <input type="checkbox"/> 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? <input type="checkbox"/> NO <input type="checkbox"/> 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
<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): _____		
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? <input type="checkbox"/> YES <input type="checkbox"/> 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"/> OTHER (describe living situation): _____	<input type="checkbox"/> FAMILY HOME	<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 _____	

**REGIONAL CENTER**

CASE WORKER NAME _____	PHONE NUMBER _____
CASE WORKER'S EMAIL _____	

**INDEPENDENT OR SUPPORTED LIVING SERVICES**

CURRENT SUPPORT CONTACT NAME _____	PHONE NUMBER _____
CURRENT SUPPORT CONTACT'S EMAIL _____	AGENCY NAME _____

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
			\$
			\$
			\$
			\$
			\$
<b>TOTAL VALUE OF ALL ASSETS:</b>			\$

**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
			\$
			\$
			\$
			\$
			\$
<b>TOTAL MONTHLY INCOME:</b>			\$

**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.:

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_____	_____
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.
6. I/we, the undersigned, understand that smoking is prohibited on all REACH properties. Any outdoor smoking must be compliant with HOA, city, and county regulations.

**HEAD OF HOUSEHOLD**

_____	_____
SIGNATURE	DATE
_____	
PRINT NAME	

**PROPERTY MANAGEMENT AGENT** (HCEB staff only)

_____	_____
SIGNATURE	DATE
_____	