

RENTAL HOUSING and WAITLIST APPLICATION

TRI-VALLEY REACH – SHARED HOUSING

RETURN TO: info@trivalleyreach.org

or mail: Tri-Valley REACH P.O. Box 5564 Pleasanton, CA 94566

*Please notify 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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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? <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"/> OTHER (describe living situation): _____		<input type="checkbox"/> FAMILY HOME
<input type="checkbox"/> APARTMENT		
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
LANDLORD'S RELATIONSHIP TO YOU	
NUMBER OF YEARS KNOWN	

_____ APPLICANT NAME	_____ PROPERTY
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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
_____ 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
			\$
			\$
			\$
			\$
			\$
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.
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 (REACH STAFF)

_____	_____
SIGNATURE	DATE
