



FOR OFFICE USE ONLY

Ref. # _____ / _____
 ADA PBV

Approved _____
 Rejected _____

Reason: Incomplete
 OI UI HS
 FT Fel UD

Letter sent: _____
 Interview: _____

APPLICATION FOR OCCUPANCY

- INFORMATION WILL BE VERIFIED FOR ACCURACY AND ELIGIBILITY PURPOSES.
- ATTACH ADDITIONAL PAGES IF MORE SPACE IS NEEDED.
- ONLY **FULLY COMPLETED** APPLICATIONS WILL BE CONSIDERED. IF AN ITEM OR SECTION DOES NOT APPLY, MARK **N/A**.

Number of bedrooms you are applying for: STUDIO ONE (1) TWO (2) THREE (3) FOUR (4)

OPTIONAL: Nine of the 2- and 3-bedroom units are intended for applicants with a disability. Of these units, 3 are fully ADA accessible, and include adjustable countertops, wheelchair accessible cabinets, and grab bars. The other 6 units are Title 24 adaptable, and accessible furnishings and adjustments can be made to the units upon request. Applicants with disabilities requiring accessible features will have priority for these units. If your household is requesting an accommodation, please check here and detail any special needs for accessible features or other accommodations (attach additional pages if necessary):

MEMBERS OF HOUSEHOLD

1. HEAD OF HOUSEHOLD LEGAL NAME : _____ SEX: MALE
FIRST NAME MIDDLE LAST NAME FEMALE

BIRTH DATE: _____ SOC. SECURITY No.: _____

MAILING ADDRESS: _____

HOME PHONE: (____) _____ WORK PHONE: (____) _____ CELL PHONE: (____) _____

E-MAIL: _____ BEST WAY TO CONTACT YOU: _____

ARE YOU CURRENTLY A FULL-TIME STUDENT OR PLAN TO BE IN NEXT 12 MONTHS? YES NO

OTHER HOUSEHOLD MEMBERS (WHO WILL BE LIVING WITH YOU IN THE UNIT)

2.	FULL LEGAL NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	BIRTH DATE/ AGE	SEX	SOCIAL SECURITY NUMBER	FULL-TIME STUDENT*
			__/__/__	M OR F	____-____-____	Y OR N
			__/__/__	M OR F	____-____-____	Y OR N
			__/__/__	M OR F	____-____-____	Y OR N
			__/__/__	M OR F	____-____-____	Y OR N
			__/__/__	M OR F	____-____-____	Y OR N
			__/__/__	M OR F	____-____-____	Y OR N

*CIRCLE "Y" FOR "YES" IF PERSON CURRENTLY IS A FULL-TIME STUDENT OR PLANS TO BE IN THE NEXT 12 MONTHS.

Do you plan to have anyone living with you in the future who is not listed above? YES NO
If Yes, who and when? _____

Is anyone in your household separated, but not divorced? Yes No



Does anyone in your household possess a current Section 8 voucher? Yes No
 If yes, please list the name of your housing authority: _____
 APPROVED BEDROOM SIZE: _____

Has anyone in your household ever been convicted of a felony? Yes No
 If yes, please provide the following information:
 WHO: _____ WHEN: _____ COUNTY: _____
 REASON FOR CONVICTION: _____

Has anyone in your household been involved in eviction/unlawful detainer proceedings? YES NO
 If yes, please provide the following information:
 WHO WAS INVOLVED: _____ COUNTY: _____
 YEAR OF PROCEEDINGS: _____ REASON FOR PROCEEDINGS: _____
 RESULTS: _____

Has anyone in your household ever had a lease terminated for fraud, non-payment of rent, or failure to cooperate with the recertification procedures? YES NO

RESIDENCE HISTORY

PLEASE LIST THE PLACES OF RESIDENCE FOR ALL ADULTS FOR THE PAST 5 YEARS

CHECK HERE IF ANYONE OWNS THE HOME S/HE CURRENTLY LIVES IN:

HEAD OF HOUSEHOLD				
CURRENT ADDRESS: _____				
STREET	APT	CITY	STATE	ZIP CODE
HOW LONG HAVE YOU LIVED HERE?	MONTHLY RENT:	REASON FOR LEAVING: _____		
_____ TO _____ NOW	\$ _____	_____		
LANDLORD'S NAME:	PHONE:	ADDRESS: _____		
_____	(____) _____	_____		
PREVIOUS ADDRESS: _____				
STREET	APT	CITY	STATE	ZIP CODE
HOW LONG DID YOU LIVE THERE?	MONTHLY RENT:	REASON FOR LEAVING: _____		
_____ TO _____	\$ _____	_____		
LANDLORD'S NAME:	PHONE:	ADDRESS: _____		
_____	(____) _____	_____		

OTHER HOUSEHOLD MEMBER				
NAME: _____				
CURRENT ADDRESS: _____				
STREET	APT	CITY	STATE	ZIP CODE
HOW LONG HAVE YOU LIVED HERE?	MONTHLY RENT:	REASON FOR LEAVING: _____		
_____ TO _____ NOW	\$ _____	_____		
LANDLORD'S NAME:	PHONE:	ADDRESS: _____		
_____	(____) _____	_____		
PREVIOUS ADDRESS: _____				
STREET	APT	CITY	STATE	ZIP CODE
HOW LONG DID YOU LIVE THERE?	MONTHLY RENT:	REASON FOR LEAVING: _____		
_____ TO _____	\$ _____	_____		
LANDLORD'S NAME:	PHONE:	ADDRESS: _____		
_____	(____) _____	_____		

OTHER HOUSEHOLD MEMBER NAME: _____

CURRENT ADDRESS: _____
STREET APT CITY STATE ZIP CODE

HOW LONG HAVE YOU LIVED HERE? MONTHLY RENT: REASON FOR LEAVING: _____
 _____ TO _____ NOW \$ _____

LANDLORD'S NAME: PHONE: ADDRESS: _____
 _____ (____) _____

PREVIOUS ADDRESS: _____
STREET APT CITY STATE ZIP CODE

HOW LONG DID YOU LIVE THERE? MONTHLY RENT: REASON FOR LEAVING: _____
 _____ TO _____ \$ _____

LANDLORD'S NAME: PHONE: ADDRESS: _____
 _____ (____) _____

If more space is needed, attach additional pages.

SOURCES OF INCOME

What is your household's monthly gross (before taxes) income from ALL sources? \$ _____

A. EMPLOYMENT

HOUSEHOLD MEMBER NAME: JOB DATE EMPLOYED: _____
 _____ TITLE: _____ TO Now

EMPLOYER: GROSS SALARY/MONTH: \$ _____

HOUSEHOLD MEMBER NAME: JOB DATE EMPLOYED: _____
 _____ TITLE: _____ TO Now

EMPLOYER: GROSS SALARY/MONTH: \$ _____

HOUSEHOLD MEMBER NAME: JOB DATE EMPLOYED: _____
 _____ TITLE: _____ TO Now

EMPLOYER: GROSS SALARY/MONTH: \$ _____

B. OTHER INCOME/ASSISTANCE

<p>GROSS AMOUNT PER MONTH / WHO RECEIVES?</p> <p>SOCIAL SECURITY / S.S.I. \$ _____</p> <p>MONETARY GIFTS \$ _____</p> <p>ALIMONY / SPOUSAL SUPPORT \$ _____</p> <p>UNEMPLOYMENT \$ _____</p> <p>WORKER'S COMP. \$ _____</p> <p>A.F.D.C. / CALWORKS \$ _____</p> <p>CHILD SUPPORT \$ _____</p>	<p>GROSS AMOUNT PER MONTH / WHO RECEIVES?</p> <p>VETERAN'S BENEFITS \$ _____</p> <p>PENSION / RETIREMENT BENEFITS \$ _____</p> <p>SCHOOL GRANTS / SCHOLARSHIPS \$ _____</p> <p>DISABILITY \$ _____</p> <p>GENERAL ASSISTANCE \$ _____</p> <p>OTHER \$ _____</p> <p>OTHER \$ _____</p>
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C. ACCOUNTS/ASSETS/INCOME FROM ASSETS

(EXAMPLES: CHECKING OR SAVINGS ACCOUNT, CDs, 401K, STOCKS)

HOUSEHOLD MEMBER	ACCOUNT TYPE	BALANCE

HOUSEHOLD MEMBER	ACCOUNT TYPE	BALANCE

IN ORDER TO HELP US ASSESS AFFIRMATIVE FAIR HOUSING EFFECTIVENESS, PLEASE INDICATE YOUR RACE / ETHNICITY
(THIS SURVEY IS FOR DATA COLLECTION PURPOSES ONLY. RESPONSE IS NOT REQUIRED):

RACE	ETHNICITY
<input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK / AFRICAN AMERICAN <input type="checkbox"/> AMERICAN INDIAN / ALASKA NATIVE <input type="checkbox"/> OTHER _____	<input type="checkbox"/> HISPANIC ORIGIN <input type="checkbox"/> NON-HISPANIC ORIGIN

HOW DID YOU HEAR ABOUT THIS PROPERTY?

- CURRENT RESIDENT
 EBALDC
 FRIEND
 SIGN OUTSIDE
 CRAIGSLIST
 OAKLAND HOUSING AUTHORITY
 NEWSPAPER AD _____
 OTHER _____