

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 |

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. |
| <div style="display: flex; justify-content: space-between;"> APPLICANT SIGNATURE _____ DATE _____ </div> |

- FOR OFFICE USE ONLY -

| | | |
|------------------------------------|------------------------------|---|
| _____/_____/_____ DATE RECEIVED | _____:_____ TIME RECEIVED | _____ AM / PM 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 _____ |
| <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 _____ | |

APPLICANT NAME _____

PROPERTY _____

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 |
| _____ | _____ | _____ | \$ _____ |
| 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 |
| _____ | _____ | _____ | \$ _____ |
| 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.:

| | |
|----------------|----------|
| _____ | _____ |
| 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 at Locomotive Lane. 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