



# Redwood Hill Townhomes Rental Application

Applications accepted for new two-bedroom and three-bedroom units. Applications postmarked by September 7, 2018, and received by September 14, 2018, will be entered into the lottery to fill units that are anticipated to open in January 2019, and to place on our waiting list. Submit applications by mail to SAHA, P.O. BOX 3289, BERKELEY, CA 94703. See flyer for additional information. Only one application per household. Lottery will be conducted for the top 230 applications received. Duplicate applications will not be entered into the lottery.

Applicants				
<i>List below <u>all</u> persons who will be living with you, including Live-In Aides.</i>				
Name <i>(please print)</i>	Date of Birth	Social Security Number <i>(if applicable)</i>	Male/ Female	Relationship to Head of Household
1.			<input type="checkbox"/> Male <input type="checkbox"/> Female	Head of Household
2.			<input type="checkbox"/> Male <input type="checkbox"/> Female	
3.			<input type="checkbox"/> Male <input type="checkbox"/> Female	
4.			<input type="checkbox"/> Male <input type="checkbox"/> Female	
5.			<input type="checkbox"/> Male <input type="checkbox"/> Female	
6.			<input type="checkbox"/> Male <input type="checkbox"/> Female	
7.			<input type="checkbox"/> Male <input type="checkbox"/> Female	

Contact Information				
Current Address:				
	Unit #	City	State	Zip
Mailing Address: <i>(if different)</i>				
	Unit #	City	State	Zip
Phone 1:	Phone 2:	Email:		

Alternate Contact Person		
<i>Examples may include case worker, relative, friend, etc.</i>		
Name:	Relationship:	Agency:
Address:		
	Unit #	City State Zip
Phone :	Email:	Fax:

# Household Income Information

Provide information for every household member. Attach separate sheet if you have additional sources.

Income Sources			
1	Applicant Name:	Type of Income:	Source (company/agency name):
	Address:		
	Phone:	Fax:	<b>Gross Monthly Income:</b> \$
2	Applicant Name:	Type of Income:	Source (company/agency name):
	Address:		
	Phone:	Fax:	<b>Gross Monthly Income:</b> \$
3	Applicant Name:	Type of Income:	Source (company/agency name):
	Address:		
	Phone:	Fax:	<b>Gross Monthly Income:</b> \$
4	Applicant Name:	Type of Income:	Source (company/agency name):
	Address:		
	Phone:	Fax:	<b>Gross Monthly Income:</b> \$
5	Applicant Name:	Type of Income:	Source (company/agency name):
	Address:		
	Phone:	Fax:	<b>Gross Monthly Income:</b> \$
6	Applicant Name:	Type of Income:	Source (company/agency name):
	Address:		
	Phone:	Fax:	<b>Gross Monthly Income:</b> \$

Subsidy Information	
<p><b>Do you have a current, transferable Section 8 voucher or other similar subsidy?</b> If yes, what agency provides rent subsidy?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

# Household Asset Information

Provide information for every household member. Attach separate sheet if you have additional sources.

Assets			
1	Applicant Name:		
	Account Type:	Bank:	Account #:
	If this is a joint account, please list other account holders:		Current Balance: \$
2	Applicant Name:		
	Account Type:	Bank:	Account #:
	If this is a joint account, please list other account holders:		Current Balance: \$
3	Applicant Name:		
	Account Type:	Bank:	Account #:
	If this is a joint account, please list other account holders:		Current Balance: \$
4	Applicant Name:		
	Account Type:	Bank:	Account #:
	If this is a joint account, please list other account holders:		Current Balance: \$
5	Applicant Name:		
	Account Type:	Bank:	Account #:
	If this is a joint account, please list other account holders:		Current Balance: \$
6	Applicant Name:		
	Account Type:	Bank:	Account #:
	If this is a joint account, please list other account holders:		Current Balance: \$

# Residential History

Starting with your current residence, please include the following information for the past **two years** for **all household members**.

Lack of residential history does not necessarily disqualify you (*verification may be required*).

Residential History		<i>Attach separate sheet if you have had additional residences.</i>			
Current	Applicant Name:				
	Current Address:				
	Move-in Date:	Move-out Date:	Monthly Rent: \$	<input type="checkbox"/> Rent <input type="checkbox"/> In program/shelter <input type="checkbox"/> Own <input type="checkbox"/> With family/friends	
	Current Landlord Name:	Current Landlord Address:			
	Current Landlord Phone:			Current Landlord Fax:	
Previous	Applicant Name:				
	Previous Address:				
	Move-in Date:	Move-out Date:	Monthly Rent: \$	<input type="checkbox"/> Rent <input type="checkbox"/> In program/shelter <input type="checkbox"/> Own <input type="checkbox"/> With family/friends	
	Previous Landlord Name:	Previous Landlord Address:			
	Previous Landlord Phone:			Previous Landlord Fax:	
Previous	Applicant Name:				
	Previous Address:				
	Move-in Date:	Move-out Date:	Monthly Rent: \$	<input type="checkbox"/> Rent <input type="checkbox"/> In program/shelter <input type="checkbox"/> Own <input type="checkbox"/> With family/friends	
	Previous Landlord Name:	Previous Landlord Address:			
	Previous Landlord Phone:			Previous Landlord Fax:	
If you do not have two years of residential history, please explain why below.					

## Household Information

<p><b>1. Do you expect changes to your household size within the next 12 months?</b> If yes, please explain:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>2. Is anyone in your household separated, but not divorced?</b> If yes, please list names:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>3. Are any adult household members full-time students or planning to become full-time students within the next twelve months?</b> If yes, please list names:</p> <p>_____ <input type="checkbox"/> Part-time      <input type="checkbox"/> Full-time          _____ <input type="checkbox"/> Part-time      <input type="checkbox"/> Full-time          _____ <input type="checkbox"/> Part-time      <input type="checkbox"/> Full-time          _____ <input type="checkbox"/> Part-time      <input type="checkbox"/> Full-time</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>4. Do you or anyone else in your household have any pets?</b> If yes, please describe what type and how many:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>5. Are you or any household member required to register as a lifetime sex offender in any state?</b> If yes, list state of registration:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>6. Are you being displaced from your home by a result of a government action or a presidentially declared disaster?</b> If yes, please explain:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>7. Have you or any household member lived in another state other than in your current state?</b> If yes, please list states:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Redwood Hill Townhomes Information

<p><b>8. Do you reside in Oakland?</b> If yes, please list names of applicants living in Oakland:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<p><b>9. Do you work in Oakland?</b> If yes, please list names of applicants working in Oakland:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<p><b>10. Have you been displaced by the City of Oakland or Redevelopment Agency project?</b> If yes, please list names of applicants displaced :</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<p><b>11. Redwood Townhomes has some units reserved for households who are chronically homeless – would you qualify for one of these units?</b></p> <p>If <b>yes</b>, please provide the name of a shelter or social service agency who will verify this:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td colspan="2" style="padding: 5px;">Provider Name:</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Address:</td> </tr> <tr> <td style="padding: 5px;">Phone:</td> <td style="padding: 5px;">Fax:</td> </tr> </table>	Provider Name:		Address:		Phone:	Fax:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provider Name:							
Address:							
Phone:	Fax:						
<p><b>12. Redwood Townhomes has some units reserved for households who are survivors of domestic violence – would you qualify for one of these units?</b></p> <p>If <b>yes</b>, please provide the name of a shelter or social service agency who will verify this:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td colspan="2" style="padding: 5px;">Provider Name:</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Address:</td> </tr> <tr> <td style="padding: 5px;">Phone:</td> <td style="padding: 5px;">Fax:</td> </tr> </table>	Provider Name:		Address:		Phone:	Fax:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provider Name:							
Address:							
Phone:	Fax:						

# Additional Information

## Reasonable Accommodations

**1. Will you or any of your family members require a live-in aide to assist you?**

- Yes      If yes, please explain:  
 No

**2. Do you, or does any member of your family have a condition that requires: (check all that apply)**

- Unit for mobility impairment       Unit for hearing impaired  
 Unit on first floor       Unit for vision impaired

**3. Are there other reasonable accommodations that you require to provide you equal access to housing?**

## Supplemental Information

**1. How did you find out about this property?**

**2. Do you own a vehicle?**

- Yes. How many? \_\_\_\_\_  
 No

**3. Do you require translation or oral interpretation?**

- Yes. Which language? \_\_\_\_\_  
 No

**4. If there are any circumstances that may impact your qualification for housing, please use this space to provide additional information for consideration.**

## Optional Information

### Ethnic Categories

Please check **one** only:

Hispanic or Latino

**Not** Hispanic or Latino

### Racial Categories

Please check **all that apply**:

White

Black/African American

American Indian/Alaska Native

Asian

Asian India

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian

Native Hawaiian or Other Pacific Islander

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander

Other (Please Specify): \_\_\_\_\_



# Certification

1. I/we understand that it is the responsibility of each applicant to provide any and all information required to determine eligibility.
2. I/we understand that if an applicant fails to meet the eligibility requirements of the Resident Selection Criteria, a written notice of denial stating the reason for denial will be mailed to applicant. An applicant has 14 days to request an appeal.
3. I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner, its agents and employees to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental, or law enforcement or other public agencies, and to contact previous or current landlords or other sources for credit and/or verification information which may be released by appropriate federal, state, local agencies, or private persons to the management.
4. I/we authorize the owner, its agents and employees to obtain information about my/our background to see if there is any criminal history, including arrests or convictions which may prohibit me/us from moving onto the property, in compliance with our Resident Selection Criteria.
5. I/we understand I/we must provide written notification to management of any changes to the information on this form.
6. If my/our application is approved and move-in occurs, I/we certify that only those persons listed in this application will occupy the apartment, that I/we will maintain no other place of residence, and that there are no other persons for whom I/we have or expect to have responsibility for providing housing.
7. I/we understand that an applicant with a disability has a right to request a reasonable accommodation. All requests will be evaluated and a decision will be made based on the reasonable nature of the request.
8. I/we certify that the foregoing information is true, complete, and correct. I/we understand that false statements or omissions are grounds for disqualification, eviction, and/or prosecution under the full extent of California law.

**[Signatures to follow on next page]**

# Signature

Please ensure that your application is complete and that all adult applicants have signed and dated below.

Head of Household: Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant 2: Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant 3: Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant 4: Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_