



2000, 2022, 1921 36th Ave Apartments
2000 36th Ave OFFICE
Oakland, CA 94601
P: 510.866.2168
F: 510.436.8029
TTY:711

Please Return This Page with your Application package

Application package Instructions:

The following forms are included in this packet. If you are missing any forms(s), please contact the office to request copy. Note: The Residents Selection Plan is available upon request.

- Forms and Documents to Complete and Return:
 1. **Application Cover Page** (this page)
 2. **Rental Application**
 3. **Form 92006**
 4. **Race and Ethnic Data Reporting Form**
 5. **Proof of Eligibility for Oakland Preferences** (optional, if claiming preference)
- For You to Keep:
 1. Fair Chance Access to Housing Ordinance

How to Request or Submit the Application:

In person/ by Mail:

2000 Leasing Office: 2000 36th Ave OFFICE, Oakland CA 94601 (M-F, 9:00am – 5:00pm)

Our Website: <https://unitycouncil.org/properties/>

Phone: (510) 866-2168, **Fax:** (510)436-8029, **Email:** apartments36th@unitycouncil.org

For Office Use Only

Date received / /	Time received	Received By
<p><u>Returned documents Checklist:</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Application Cover Page<input type="checkbox"/> Rental Application<input type="checkbox"/> Race and Ethnic Data Reporting Form<input type="checkbox"/> HUD Form 92006<input type="checkbox"/> Proof of Eligibility for Oakland Preferences (optional) <p>Notes:</p> <p>_____</p>		





For Office Use Only

Date Received: _____

Time Received: _____

Received by: _____

☐ **Original** ☐ **Updated** ☐ **Add-on**

If updated, use original date and time stamps.

HOH Name: _____

Use this field to link multiple applications submitted by or on behalf of additional adult household members.

HOUSING APPLICATION

FULL NAME: _____ **PHONE NUMBER:** _____

Please checkbox the property you are applying (please check all that apply)

- ☐ 2000 36th Ave Apartments
☐ 2022 36th Ave Apartments
☐ 1921 36th Ave Apartments

NOTICE: Discrimination Prohibited

The landlord will not discriminate against any applicant or resident based on race, color, religion, creed, national origin, sex (including gender identity and sexual orientation), age, familial status, disability, or any other characteristic protected by federal, state, or local law. Our housing programs are open to all eligible persons regardless of sexual orientation, gender identity, marital status, or ancestry.

Anyone who wishes to be admitted to the property or placed on the property's waiting list must complete an application. In addition to accepting applications at the property site, owners may also send and receive applications by mail. Owners will provide reasonable accommodations to persons with disabilities who, due to their disability, cannot utilize the standard application process. Alternative methods for submitting applications will be made available upon request.

The information provided in this application will be treated as confidential. Submission of this application does not guarantee lease or rental rights. The application includes information required to determine your eligibility for housing, as well as for statistical reporting purposes. If your household appears to be eligible, you will be asked to submit additional documentation to complete the processing of your application to determine eligibility. All information provided will be verified by **Casitas of Hayward (COH)**. Incomplete or falsified applications will be denied and will not be processed.

It is the policy of COH-managed properties to take reasonable steps to provide meaningful access to limited English proficient (LEP) individuals applying or residents at our apartment communities, or otherwise encountering our property's facilities, programs, and activities. The policy is to ensure that language will not prevent staff from communicating effectively with LEP residents, applicants, and others to ensure safe and orderly operations, and that limited English proficiency will not prevent applicants from participating in the application process, or residents from accessing important programs and information, understanding rules and regulations, and participating in meetings, events or activities.



MARKETING:

Please let us know how you heard of us:

☐ Newspaper Ad ☐ Drove by ☐ Resident Referral ☐ Web Site ☐ Other: _____

TRANSLATION AND ORAL INTERPRETATION:

Do you need translation service? ☐ Yes ☐ No

Preferred Language: _____

APPLICANT INFORMATION:

Please provide the following information for all persons that will live in the household. ALL AREAS MUST BE COMPLETED IN ITS ENTIRETY

APPLICANT INFORMATION	<u>Applicant 1</u>	<u>Applicant 2</u>
Full Name (First, Middle, Last):		
Social Security Number (SSN):		
Date of Birth:		
Mailing Address:		
City, State, Zip Code:		
Phone:		
Marital Status (circle one):	Single, Separated, Married, Divorced, Widowed	Single, Separated, Married, Divorced, Widowed
Unit Size Needed:		
Student (Yes or No):		
Gender*		
Applicant Race* (circle one):	American Indian/Alaska Native, Asian African American/Black, Native Hawaiian/Other Pacific Islander, White Other: _	American Indian/Alaska Native, Asian African American/Black, Native Hawaiian/Other Pacific Islander, White Other: _
Ethnicity* (circle one):	Hispanic/Latino or Non-Hispanic/Latino	Hispanic/Latino or Non-Hispanic/Latino

Student -enrolled as a Full time or Part time student at an institute of higher education? – Answer “Yes” or “No”

* This information is requested by the apartment owner in order to assure the Federal Government, acting through federal, State and local agencies, of compliance with Federal Laws prohibiting discrimination against resident applicants. **You are not required to furnish this information, but are encouraged to do so.** This information will not be used in evaluating your application or to discriminate against you in any way.

Gender – Answer one of the following indicating - “M”– Male, “F”– Female, “O” – Other, or “ND” – Not Disclosed.

X _____
I decline to provide my race and ethnicity data

X _____
I decline to provide my Race and Ethnicity data



GENERAL INFORMATION:

Please complete all field below. Answer fully or enter N/A if not applicable.

Applicant 1

Applicant 2

☐ Yes ☐ No

☐ Yes ☐ No

Will this apartment be your sole place of residency?

☐ Yes ☐ No

☐ Yes ☐ No

Are you a student enrolled in an institute of higher education?

☐ Yes ☐ No

☐ Yes ☐ No

Do you anticipate a change in household composition (i.e., addition of adult household member, household member moving out, birth or adoption of child, etc.) in the next twelve months? If yes, explain:

☐ Yes ☐ No

☐ Yes ☐ No

Have you or any household member disposed of, sold, donated, or gifted any assets (including cash) for less than fair market value during the last two (2) years? If yes, explain:

☐ Yes ☐ No

☐ Yes ☐ No

Have you or anyone in your household's behavior, from abuse or pattern of abuse of alcohol, interfered with the health, safety, and right to peaceful enjoyment by other residents?

☐ Yes ☐ No

☐ Yes ☐ No

Has your tenancy or housing assistance ever been terminated due to fraud, unpaid rent, or recertification issues?

☐ Yes ☐ No

☐ Yes ☐ No

Have you been evicted from Federally Assisted Housing in the last 3 years for drug-related criminal activity?

☐ Yes ☐ No

☐ Yes ☐ No

Have you or anyone in your household subject to lifetime sex offender registration in any state?

☐ Yes ☐ No

☐ Yes ☐ No

Have you been involuntarily displaced by Government Action or Natural Disaster?

☐ Yes ☐ No

☐ Yes ☐ No

Do you have an **existing** Section 8 voucher?

☐ Yes ☐ No

☐ Yes ☐ No

Do you have any pets? (Exclude Service Animals, Assistance and Emotional Support Animal)

☐ Yes ☐ No

☐ Yes ☐ No

Do you or any member of your household own real estate (Home, Land, etc.)? If yes, estimated value _____

EMPLOYMENT STATUS:

Please answer each question if you are currently employed or were employed within the past 12 months. Enter N/A for fields that do not apply. If unemployed over a year or have never worked, enter "N/A" in ALL fields.

EMPLOYMENT STATUS QUESTIONNAIRE	Applicant 1	Applicant 2
Are you currently employed? (Yes/No) If yes, list employer:		
What is your occupation?		
Current wage and frequency (e.g., \$2,000/month):		
If unemployed within last year , enter last day worked. Otherwise enter "N/A":		
Did you receive layoff notice? (Yes/No)		
Are you receiving unemployment benefits? (Yes/No)		
If unemployed, have you received any employment income in the past 12 months? (Yes/No) If yes, list source(s):		

Income/Cash Benefits: Please enter *estimated GROSS monthly* income for *all sources below*. Please round amounts to the nearest dollar. For income that does not apply, enter zero (0). Do not use N/A in this section.

Income Source	Applicant 1	Applicant 2
Alimony	\$ _____	\$ _____
Business/Self-Employment (net)	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Employment Wages	\$ _____	\$ _____
Pension Income	\$ _____	\$ _____
Recurring Assistance from Others	\$ _____	\$ _____
Retirement Income	\$ _____	\$ _____
School Financial Assistance	\$ _____	\$ _____
Social Security Benefits (SSA)	\$ _____	\$ _____
Supplemental Security (SSI)	\$ _____	\$ _____
TANF/AFDC/Monetary Public Assistance	\$ _____	\$ _____
Unearned Income for Members Under 18	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____
Veterans Benefits	\$ _____	\$ _____
Other (Specify): _____	\$ _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____	\$ _____



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Assets: Each household member, including minors, must be listed, and any assets they hold must be disclosed. **Do not** include the value of personal automobiles or household furnishings. **Do not** list retirement and pension accounts such as IRAs, 401(k)s, CalPERS, or similar accounts unless distributions are currently being received. Assets held in retirement accounts that are not accessible without penalty should also be excluded.

Note: If none, indicate "N/A"

Asset Source	Applicant 1	Applicant 2
Checking Account(s)	\$ _____	\$ _____
Saving Account(s)	\$ _____	\$ _____
EBT/ Debit	\$ _____	\$ _____
Certificate(s) of Deposit	\$ _____	\$ _____
Paypal/Venmo/Etc	\$ _____	\$ _____
Crypto	\$ _____	\$ _____
Money Market	\$ _____	\$ _____
Trust (revocable and irrevocable);	\$ _____	\$ _____
Cash on Hand	\$ _____	\$ _____
Stocks	\$ _____	\$ _____
Life Insurance Policies with cash out option	\$ _____	\$ _____
Other (Specify): _____	\$ _____	\$ _____
Other (Specify): _____	\$ _____	\$ _____
Do you or any member of your household own real estate (Home, Land, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, estimated value:	\$ _____	\$ _____
TOTAL ASSET	\$ _____	\$ _____

Household Composition: In the table below, list the additional household members who will reside in the household not already listed on page 1 or on an additional application. **Include total number of household members in field at bottom of table to include members who may be listed on an additional application. Please also include any "unborn" children.**

*Sex – Answer one of the following indicating - "M"– Male, "F"– Female, "O" – Other, or "ND" – Not Disclosed.

HOUSEHOLD COMPOSITION							
Name (First/Last)	*Gender	Birth date	Do you have full custody?	If not, list % of custody	** Last 4 SSN	*Race	*Ethnicity
a.							
b.							
c.							
d.							
Total # of HH Members							
Include Members on page one							



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Household Member #: a. _____, b. _____,
c. _____, d. _____.

*** I decline to provide my Gender, Race and Ethnicity data (Each Household Member has the option to sign above if they're declining to provide this information.)**

**** Applicants and tenants must disclose SSNs for all household members and provide verification of the complete and accurate SSN assigned to them.**

Accessible Needs (Optional):

Are you or another household member visually or mobility impaired?

☐ Yes ☐ No ☐ Decline to State

Do you or a household member require a special accommodation in your unit or need accessible features in the unit?

☐ Yes ☐ No

If yes, select applicable accessibility needs below:

	<u>Accommodation</u>
	Wheelchair Accessible
	Walker/Cane Accessible
	Other Mobility Impairment Accessible
	Other Vision Impairment Accessible
	Other Hearing Impairment Accessible
	Other Permanent Disability Accessible
	Accessible Parking Space
	Live-in Attendant

If live-in attendant is needed, please give name of attendant & ordering physician:

Name of Live-in Attendant

Name and Phone Number of Physician

Emergency Contact (Optional): Please list the name and phone number of the person we should contact if we cannot reach you in the event of an emergency.

First/Last Name

Phone Number

Residential History:



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Please provide consecutive residential history for the past two (2) years. This includes the addresses for family/friends you reside with, whether or not you pay rent, current/previous landlords & homeless shelters.

RESIDENTIAL HISTORY		
	<u>Applicant 1</u>	<u>Applicant 2</u>
Name of CURRENT Housing Provider OR Property:		
List affiliation (circle one):	<u>Family/ Friend/ Landlord/ Owned/Shelter</u>	<u>Family/ Friend/ Landlord/ Owned/Shelter</u>
Address of Provider:		
Address of Applicant (if different):		
Provider/Property Phone Number:		
Dates of Occupancy: (mm/yy – mm/yy)		
Monthly Rent (if any)		
Reason for moving?		
	<u>Applicant 1</u>	<u>Applicant 2</u>
Name of PREVIOUS Housing Provider OR Property:		
List affiliation (circle one):	Family/ Friend/ Landlord/ Owned/Shelter	Family/ Friend/ Landlord/ Owned/Shelter
Address of Provider:		
Address of Applicant (<i>if different</i>):		
Provider/Property Phone Number:		
Dates of Occupancy: (mm/yy – mm/yy)		
Monthly Rent (if any)		
Reason for moving?		

Please list all states and *counties* where you have resided in:

Applicant 1:

State: _____ State: _____ State: _____ State: _____

County: _____ County: _____ County: _____ County: _____



Applicant 2:

State: _____ State: _____ State: _____ State: _____

County: _____ County: _____ County: _____ County: _____

POLICY STATEMENT & CERTIFICATION

Any general information included as part of an individual household member's records will be made accessible between departments. Other information not routinely in a household's records may be shared between professional staff on a need-to-know basis at the discretion of the department or site head staff person. Information, which involves criminal acts, including use of physical force, offenses against other persons, child abuse and neglect, etc., will be automatically reported to appropriate authorities as required by law.

I/We am/are applying for housing and state that all information provided herein is true, accurate, and complete to the best of my knowledge and belief. Application includes pages 1 through 10 of this application. The information obtained will be used for management purposes only and will be held in confidence.

Acknowledgment of being informed of the above

All adult (18+) household members must sign, date and initials below:

Signature of Applicant

Date

Signature of Applicant

Date

ACKNOWLEDGEMENT

Any changes to your income, assets, household composition or student status from the date you signed your application up to your move in date, must be reported to Casitas of Hayward. Failure to do so could result in denial of your move in. If after move in we discover that changes were not reported, Casitas of Hayward may be required to take steps that could result in eviction.

Initials

Initials

PENALTIES FOR MISUSING THIS CONSENT

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be



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*appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8) **. 6/29/2007*

APPLICATION CLARIFICATION NOTES

This section is to be used only to clarify items listed on the application itself.

Item:

Item:

Item:

Item:

The landlord will not discriminate against any applicant or resident based on race, color, religion, creed, national origin, sex (including gender identity and sexual orientation), age, familial status, disability, or any other characteristic protected by federal, state, or local law.



NOTICE OF RIGHT TO REASONABLE ACCOMMODATION OR MODIFICATION

If you have a disability and as a result of your disability you need:

- A change in the rules or policies or how we do things that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site,
- A change or repair in your apartment or a special type of apartment that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site,
- A change or repair to some other part of the housing site that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site.

If you can show that you have a disability, and if your request is reasonable (***does not pose “an undue financial or administrative burden”**), we will try to make the changes you request.

We will give you an answer in 10 working days unless there is a need for verification of the request. In that case, the response time is 15 working days, unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out a **REASONABLE ACCOMMODATION/MODIFICATION REQUEST FORM**, or if you want to give us your request in some other way, we will help you. You can obtain a Reasonable Accommodation/Modification Request Form at the property office, or by contacting the leasing office directly:

Leasing Office Location: 2000 36th Avenue OFFICE, Oakland CA 94601

P: (510) 866-2168

F: (510) 436-8029

Email: apartments36th@unitycouncil.org

NOTE: All information you provide will be kept confidential and be used only to help you have an equal opportunity to use and enjoy your housing and the common areas.

*** This legal phrase means if it is not too expensive and too difficult to arrange.**



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

**Race and Ethnic Data
Reporting Form****U.S. Department of Housing
and Urban Development**
Office of HousingOMB Approval No. 2502-0204
(Exp. 03/31/2014)

Name of Property **Project No.** **Address of Property**

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member****Date** (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



Housing and Community Development Department
250 Frank H. Ogawa Plaza, Suite 6301, Oakland, CA 94612

NOTICE TO APPLICANTS AND TENANTS:

OAKLAND LAW PROHIBITS RENTAL DISCRIMINATION BASED ON CRIMINAL HISTORY

*Ronald V. Dellums and Simarashe Sherry Fair Chance Access
to Housing Ordinance No. 13581 C.M.S. (O.M.C. 8.25)*

IT IS UNLAWFUL FOR LANDLORDS TO DO ANY OF THE FOLLOWING WITH REGARD TO CURRENT OR PROSPECTIVE TENANTS:

- Inquire about criminal history
- Indicate that persons with criminal backgrounds will not be considered for housing
- Refuse to rent or terminate a tenancy based on criminal history
- Require disclosure or authorization for release of criminal history
- Demand higher security deposit or rental amount based on criminal history
- Refuse to allow the addition of an immediate family member based on the family member's criminal history
- Disqualify tenants from rental assistance programs such as Section 8 based on criminal history (subject to certain exceptions below)
- Take any other negative action against applicants/tenants based on criminal history

EXCEPTIONS:

LIFETIME SEX OFFENDERS: In some circumstances, landlords may check the state registry of lifetime sex offenders. Prior to doing so, a landlord must first:

- 1) Include a statement in the rental application informing applicants of the sex offender screening requirement;
- 2) Have already determined that an applicant meets all other rental criteria;
- 3) Provided the applicant with a conditional rental agreement;
- 4) Informed the applicant in advance of checking the sex offender registry; and
- 5) Either obtain written consent from the applicant or give the applicant an opportunity to withdraw their application prior to conducting a search.

PUBLIC HOUSING: Public housing providers (i.e. Oakland Housing Authority) may be legally required to exclude the following persons from public housing and/or find such persons ineligible for Housing Choice Voucher Programs (Section 8):

- Persons subject to lifetime sex offender registration (42 U.S.C. Sec. 13663(a))
- Persons convicted of manufacturing methamphetamine on federally-assisted housing property (24 C.F.R. Sec. 982.553)

Prior to conducting any required criminal history search, landlords must inform applicants in advance and give applicants an opportunity to withdraw their application.



SMALL PRIVATE RENTALS: The prohibition against consideration of criminal history does not apply to the following living situations:

- Single-family homes, duplexes, and triplexes where the owner occupies one of the units as a principal residence
- Units occupied by existing tenant(s) seeking to sublet or add/replace roommates

WRITTEN NOTICE AND OPPORTUNITY TO RESPOND REQUIRED

If a landlord takes any action against an applicant or tenant based on criminal history (such as refusing to offer a lease, refusing to add a family member, etc.), the landlord is required to provide the applicant/tenant with written notice and an opportunity to respond.

Notice must include:

- The reasons for denial or other action
- Instructions on how to file a complaint with the City
- A list of local legal services
- A copy of the criminal history report, background check, or other information received that is the basis of the decision

Tenant/applicant must be given opportunity to:

- Respond to the information
- Present any rebutting or mitigating information, such as evidence that the information is incorrect, was remedied, or otherwise should not be used to deny the applicant housing

IF YOU BELIEVE A LANDLORD HAS VIOLATED THE LAW BY INQUIRING ABOUT, REFUSING TO RENT TO, OR OTHERWISE DISCRIMINATING AGAINST YOU ON THE BASIS OF CRIMINAL HISTORY:

- 1) You may submit a complaint to the City by filling out the attached form and sending, along with documentation, to:

City of Oakland
Housing Resource Center
250 Frank Ogawa Plaza, Suite 6313
Oakland, CA 94612

Complaint forms may be emailed to: housingassistance@oaklandca.gov
For more information call: Housing Resource Center at: 510.238.6182 or visit
<https://www.oaklandca.gov/resources/fair-chance-access-to-housing-ordinance>

- 2) Attached is a list of legal services and other resources that may be available to assist you



Housing and Community Development Department
250 Frank H. Ogawa Plaza, Suite 6301, Oakland, CA 94612

OAKLAND LAW PROHIBITS RENTAL DISCRIMINATION BASED ON CRIMINAL HISTORY

Ronald V. Dellums and Simarashe Sherry Fair Chance Access to Housing Ordinance

Housing Violators Subject to Administrative Action

Violations by a housing provider of specific provisions of the Fair Chance Access to Housing Ordinance No. 13581 C.M.S. (O.M.C. 8.25) may be subject to an administrative citation.

The City of Oakland may issue a citation for any violation of the Fair Chance Access to Housing Ordinance, including but not limited to the following:

- Inquire about criminal history
- Indicate that persons with criminal backgrounds will not be considered for housing
- Refuse to rent or terminate a tenancy based on criminal history
- Require disclosure or authorization for release of criminal history
- Demand higher security deposit or rental amount based on criminal history
- Refuse to allow the addition of an immediate family member based on the family member's criminal history
- Disqualify tenants from rental assistance programs such as Section 8 based on criminal history (subject to certain exceptions)
- Take any other negative action against applicants/tenants based on criminal history

If you believe there has been a violation, you may submit a request for the City of Oakland or its authorized agent to investigate possible violations. Complete a written complaint on the attached Declaration Form and mail or email to:

City of Oakland
Housing and Community Development Department
250 Frank Ogawa Plaza, Suite 6301
Oakland, CA 94612
email: housingassistance@oaklandca.gov

For information call 510. 238.6182 or visit
<https://www.oaklandca.gov/resources/fair-chance-access-to-housing-ordinance>



Housing and Community Development Department
250 Frank H. Ogawa Plaza, Suite 6301, Oakland, CA 94612

***Ronald V. Dellums and Simarashé Sherry Fair Chance Access to Housing
Ordinance NO. 13581 C.M.S. (O.M.C. 8.25)***

Declaration of Housing Applicant or Tenant

Full Name _____ Phone # _____

Address _____ City _____ Zip Code _____

1. Housing Provider:

Name, full address and phone number of the housing provider (if known)

Address of relevant property

2. Alleged Violation Options (check all that are applicable):

- | | |
|---|--|
| <input type="checkbox"/> Asked about criminal history | <input type="checkbox"/> Not considered |
| <input type="checkbox"/> Refused to rent/terminated | <input type="checkbox"/> Required disclosure/authorization |
| <input type="checkbox"/> Rent/deposit increased | <input type="checkbox"/> Refused family member |
| <input type="checkbox"/> Disqualified rental assistance | <input type="checkbox"/> Other _____ |

3. This Declaration informs the City of Oakland about what I think is a violation of the Fair Chance Ordinance. (Please be as complete and accurate as possible. Attach extra sheets if necessary.)

4. The foregoing is true and correct to the best of my knowledge.

Signature

Date

☐ Check here if you are submitting documents (e.g., a copy of the advertisement or the rental application) with this Declaration. (Submitting documents that tend to support your allegations is optional but encouraged insofar as they would assist with this investigation.)

If you want to request a copy of this information in Chinese/ Spanish please contact: housingassistance@oaklandca.gov/510.238.6182
如果您想要求此文件的中文版本, 請聯絡: [電郵housingassistance@oaklandca.gov](mailto:housingassistance@oaklandca.gov)/電話 510.238.6182

Si desea solicitar una copia de esta información en español, póngase en contacto con: housingassistance@oaklandca.gov/510.238.6182



Housing and Community Development Department
250 Frank H. Ogawa Plaza, Suite 6301, Oakland, CA 94612

Local Organizations Providing Assistance to Tenants

Causa Justa :: Just Cause

Main office: 3344 International Blvd., Oakland, CA 94601

Housing Clinic location: 1419 34th Ave #203 Oakland, CA 94601

(NOTE: drop-in hours temporarily suspended as of 6/7/19)

Tenant Hotline: 510-836-2687, General: 510-763-5877

Email: info@cjjc.org

Website: <https://cjjc.org>

A nonprofit organization dedicated to defending and advancing the rights of California tenants for safe, decent, and affordable housing.

Centro Legal de la Raza

3022 International Blvd., Suite 410, Oakland, CA 94601

Office hours: Mon-Thurs 9:00 am-12:00pm, 1:00-5:00; Fri 9:00am-12:00pm

Phone: 510-437-1554

Email: info@centrolegal.org

Website: <https://centrolegal.org>

Drop in Clinics:

- Every Tuesday, 9:00 AM
Centro Legal, 3022 International Blvd. Suite 410, Oakland, CA 94601
- Every 2nd Thursday, 9 – 11 am
Eastmont Library, 7200 Bancroft Ave #211, Oakland, CA 94605
- Every 3rd Thursday, 10 am – 12 noon
West Oakland Library, 1801 Adeline St, Oakland, CA 94607

Centro Legal is a legal services agency protecting and advancing the rights of low-income, immigrant communities through bilingual legal representation, education, and advocacy, know-your-rights education and youth development.

East Bay Community Law Center

1950 University Ave., Ste 200, and 2921 Adeline St, Berkeley, CA 94703

Phone: 510-548-4040

Hours: Monday-Friday 9:00am-5:00pm

Email: info@ebclc.org

Website: <https://ebclc.org>

Counseling and assistance in filing legal paperwork (for low-income tenants only). Free community workshops for low-income tenants who have disputes with their property owners.

If you want to request a copy of this information in Chinese/ Spanish please contact: housingassistance@oaklandca.gov/510.238.6182
如果您想要求此文件的中文版本, 請聯絡: [電郵housingassistance@oaklandca.gov](mailto:housingassistance@oaklandca.gov)/電話 510.238.6182

Si desea solicitar una copia de esta información en español, póngase en contacto con: housingassistance@oaklandca.gov/510.238.6182



Housing and Community Development Department
250 Frank H. Ogawa Plaza, Suite 6301, Oakland, CA 94612

Eviction Defense Center

350 Frank Ogawa Plaza, Suite 703, Oakland, CA 94612

Phone: 510-452-4541

Website: <https://www.evictiondefensecenteroakland.org>

Hotline: 510-693-2775 (accepts text messages & after hours)

Hours: Mon/Tues/Thurs 9:00am-5:00pm

Wed/Fri 9:00am-4:00pm; Closed 12:00-2:00pm Daily

Nonprofit provides low-cost legal services to tenants facing eviction in Alameda County and the city of Richmond. All services are offered on a sliding scale basis.

Oakland Tenants Union

P.O. Box 10573, Oakland, CA 94601

Phone: 510-704-5276 (leave a voicemail)

Email: help@oaklandtenantsunion.org Website: <https://oakandtenantsunion.org>

Drop-in hours: 1st and 3rd Sunday 3-5pm, Oakland Public Library, Main Branch

A *volunteer* referral and resource organization of housing activists dedicated to protecting tenants' rights and interests. *Volunteers* may not be able to return your call right away.

Tenants Together

474 Valencia St #156, San Francisco, CA 94103 (no drop-in services)

Tenants' Rights Hotline: 888-495-8020

Email: info@tenantstogether.org

Website: www.tenantstogether.org

A nonprofit organization dedicated to defending and advancing the rights of California tenants for safe, decent, and affordable housing.

Bay Area Legal Aid-Alameda County Office

1735 Telegraph Ave, Oakland, CA 94612 (No walk-ins)

Phone: 510-663-4744 | Legal Advice Line: 800-551-5554

Tenants' Rights Legal Advice Line: 888-382-3405

M, Th, F: 9:30-12:30; T & W: 1:00-4:00pm

Website: <http://baylegal.org>

Provides legal assistance regardless of a client's location, language or disability. Tenants may receive assistance with: evictions, housing discrimination, disputes, unsafe or unhealthy housing conditions, lock-outs and utility shut-offs, and tenants of foreclosed properties.



Housing and Community Development Department
250 Frank H. Ogawa Plaza, Suite 6301, Oakland, CA 94612

Alameda County Social Services Agency

Housing and Homeless Services

Website: https://alamedasocialservices.org/public/services/housing_and_homeless/housing_and_homeless.cfm

Alameda County SSA provides cash aid or housing voucher assistance to families and single adults who are homeless or at-risk of becoming homeless in the county.

For emergency shelter, contact Eden Information and Referrals: 510-537-2552.

Season of Sharing

Phone: 510-272-3700

Website:

https://www.alamedasocialservices.org/public/services/community/season_of_sharing.cfm

The SOS program is a private fund providing one-time crisis based assistance for housing and critical family needs to Alameda County residents. Grants are based not only for criteria being met but also on merit and the greatest need. Assistance is not guaranteed. For more information, call the automated pre-screening phone number or visit the program website.

Local Organizations Providing Assistance to Seniors

Berkeley East Bay Gray Panthers

Phone: 510-842-6224

Website: <https://www.facebook.com/berkeleygraypanthers/>

Email: graypanthersberk@aol.com

The Gray Panthers are involved in progressive education politics, social justice, civil rights for the homeless, housing affordability, climate change, the environment and against war.

Legal Assistance for Seniors

333 Hegenberger Rd, Suite 850, Oakland, CA 94621

Phone: 510-832-3040

Hours: Monday-Friday 9:00am-5:00pm (call for an appointment)

Website: <https://www.lashicap.org>

Email: las@lashicap.org



Housing and Community Development Department
250 Frank H. Ogawa Plaza, Suite 6301, Oakland, CA 94612

Local Organizations Providing Assistance to Property Owners and Tenants

SEEDS Community Resolution Center

2530 San Pablo Ave, Suite A, Berkeley, CA 94702

Phone: 510-548-2377

Fax: 510-548-4051

Website: www.seedscrc.org

Email: casedeveloper@seedscrc.org

Hours: Monday-Thursday 9:00am-5:00pm

Provides mediation, facilitation and training. Can schedule a mediation session within 10 to 14 business days after all parties involved go through an intake process by phone. \$75 per party involved, per mediation session (sliding scale available; no one is turned away for lack of funds).

Housing and Economic Rights Advocates (HERA)

1814 Franklin St, Suite 1040, Oakland, CA 94612

Mailing Address: P.O. Box 29435, Oakland, CA 94604

Phone: 510-271-8443 (No drop-ins)

Fax: 510-868-4521

Drop-in hours for landlords: Tuesdays and Thursdays 9:30am- 1:00pm at RAP

Website: <http://www.heraca.org>

Email: inquiries@heraca.org

Promotes affordable and fair credit access, asset building and preservation. Fights abusive mortgage servicing, problems with homeowner associations, foreclosure, escrow and other homeowner problem, predatory lending of all kinds, and discrimination in financial services and consumer transactions. Provides financial counseling to individuals and community education workshops. Trains service providers and other professionals. Translates clients' experiences and needs into policy work. Collaborates with many different partners across the state and country and creates positive solutions for vulnerable residents.



2000, 2022, 1921 36th Ave Apartments
2000 36th Ave OFFICE
Oakland, CA 94601
P: 510.866.2168
F: 510.436.8029
TTY:711

Oakland Preferences

For Claiming Preferences

Claiming a preference on your housing application is optional. Preferences may qualify you for a higher ranking in the lottery.

All documents must show the correct name and current address. All documents other than a lease must show a date within **45 days** of your lottery application.

Wait List Preferences Are Given to:

1. Displaced Residents of Oakland
2. Oakland residents
3. Oakland workers

***If acceptable proof is not provided with the application, applicants will not be eligible for the Oakland Preferences regardless of the location of residency or employment.**

Displaced Residents of Oakland:

You'll need one of the following documents:

- Documentation of government displacement or displacement as a result of a presidentially declared disaster.
- Copies of local government condemnation or displacement notices or government notices indicating that you are eligible for disaster relief benefits.
- A letter (on appropriate letterhead) from a government organization confirming that you are being displaced by government action or a presidentially declared disaster.

Oakland Residents:

You'll need one of the following most recent documents showing the address where you live in Oakland:

- Utility Bill Statements (Phone, Cable, Water, Internet etc.,)
- Paystub (listing home address)
- Public benefits record (e.g. SSI/SSP, MediCal, GA, Unemployment Insurance, CalFresh)
- School record
- Letter documenting homelessness

Oakland Workers:

You'll need one of the following **most recent** documents showing the address where you work in Oakland:

- Paystub with employer address
- Letter from employer
- Tax Return or W2 Form



2000, 2022, 1921 36th Ave Apartments is Professionally Managed by
Casitas of Hayward – The Unity Council
1900 Fruitvale Ave, Suite 2A, Oakland, CA 94601
P: 510-535-6900 ■ F: 510-534-7771 ■ www.unitycouncil.org

