



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

Head of Household Legal Name

Primary Phone

Email

Alternate Phone

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.

TRANSLATION / INTERPRETATION

Do you need language assistance? ☐ Yes ☐ No Preferred Language: _____

UNIT SIZE PREFERENCE

Indicate each unit size your household would accept. Occupancy standards and program requirements will apply at leasing.

☐ One (1) bedroom ☐ Two (2) bedroom

MARKETING

How did you hear about us?

☐ Newspaper/Ad ☐ Drove by ☐ Resident referral ☐ Website ☐ Other: _____

HOUSEHOLD INFORMATION

List all persons who will live in the unit, including minors and other household members.

Relationship examples: Head of Household, Spouse, Co-Head, Dependent, Other Adult, Foster Adult/Child, Live-in Aide, Other.

Student: Indicate whether each household member is a Full-Time (FT) student, Part-Time (PT) student, or Not Applicable (N/A).

#	Applicant Name (First, Middle, Last)	Relationship to HOH	Birth Date mm/dd/yyyy	Student?	Last 4 digits of SSN (if applicable)
1			____/____/____	☐ FT ☐ PT ☐ N/A	
2			____/____/____	☐ FT ☐ PT ☐ N/A	
3			____/____/____	☐ FT ☐ PT ☐ N/A	



#	Applicant Name (First, Middle, Last)	Relationship to HOH	Birth Date mm/dd/yyyy	Student?	Last 4 digits of SSN (if applicable)
4			____/____/____	☐ FT ☐ PT ☐ N/A	
5			____/____/____	☐ FT ☐ PT ☐ N/A	

HOUSEHOLD CONTACT INFORMATION

MAILING ADDRESS:

 Street Address Apt. City State Zip Code

(_____) _____ (_____) _____ (_____) _____
 Home Phone Cell Phone Work Phone

OPTIONAL DEMOGRAPHIC INFORMATION

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.

Name	Optional Demographic Information
	Gender: ☐ Male ☐ Female ☐ Other _____ ☐ Decline Ethnicity: ☐ Hispanic / Latino ☐ Non-Hispanic / Latino ☐ Decline Race – Check all that apply: ☐ American Indian / Alaska Native ☐ Black / African American ☐ Asian ☐ White ☐ Native Hawaiian / Other Pacific Islander ☐ Other ☐ Decline
	Gender: ☐ Male ☐ Female ☐ Other _____ ☐ Decline Ethnicity: ☐ Hispanic / Latino ☐ Non-Hispanic / Latino ☐ Decline Race – Check all that apply: ☐ American Indian / Alaska Native ☐ Black / African American ☐ Asian ☐ White ☐ Native Hawaiian / Other Pacific Islander ☐ Other ☐ Decline
	Gender: ☐ Male ☐ Female ☐ Other _____ ☐ Decline Ethnicity: ☐ Hispanic / Latino ☐ Non-Hispanic / Latino ☐ Decline Race – Check all that apply: ☐ American Indian / Alaska Native ☐ Black / African American ☐ Asian ☐ White ☐ Native Hawaiian / Other Pacific Islander ☐ Other ☐ Decline
	Gender: ☐ Male ☐ Female ☐ Other _____ ☐ Decline Ethnicity: ☐ Hispanic / Latino ☐ Non-Hispanic / Latino ☐ Decline Race – Check all that apply: ☐ American Indian / Alaska Native ☐ Black / African American ☐ Asian ☐ White ☐ Native Hawaiian / Other Pacific Islander ☐ Other ☐ Decline



	Gender: ☐ Male ☐ Female ☐ Other _____ ☐ Decline Ethnicity: ☐ Hispanic / Latino ☐ Non-Hispanic / Latino ☐ Decline Race – Check all that apply: ☐ American Indian / Alaska Native ☐ Black / African American ☐ Asian ☐ White ☐ Native Hawaiian / Other Pacific Islander ☐ Other ☐ Decline
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HOUSEHOLD COMPOSITION / CUSTODY

For a child or other household member who is not in the household full-time, provide the information below. Include an unborn child only if required by the applicable housing program and household circumstances.

Name	Full Custody?	If No, If not, list % of custody
	☐ Yes ☐ No	
	☐ Yes ☐ No	

GENERAL INFORMATION:

Response	Question
☐ Yes ☐ No	Will this apartment be the sole place of residence for all members of your household?
☐ Yes ☐ No	Does your household anticipate becoming an all full-time student household within the next 12 months?
☐ Yes ☐ No	Do you anticipate any change in household composition within the next twelve (12) months, such as the addition of an adult household member, a household member moving out, or the birth or adoption of a child? If yes, explain: _____
☐ 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	Has the behavior of you or any household member, resulting from the abuse or pattern of abuse of alcohol, interfered with the health, safety, or right to peaceful enjoyment of other residents?
☐ Yes ☐ No	Has the tenancy or housing assistance of you or any household member ever been terminated due to fraud, unpaid rent, or recertification issues?
☐ Yes ☐ No	Are you or any household member subject to a lifetime sex offender registration requirement in any state?
☐ Yes ☐ No	Do you or any household member currently have a Section 8 Housing Choice Voucher or other rental assistance? <i>Rental assistance will not be used as a basis to deny or disadvantage an applicant.</i>
☐ Yes ☐ No	Does your household have any pets? (Do not include service animals, assistance animals, or emotional support animals.)



☐ Yes ☐ No	Do you or any household member own any real estate, including a home, land, or other real property?
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EMPLOYMENT AND INCOME

Please complete this section if you are currently employed or were employed within the past 12 months. Report all current income and any income you expect or have applied for that may begin within the next 12 months. Enter "N/A" for fields that do not apply. If you have been unemployed for more than 12 months or have never worked, enter "N/A" in all fields.

Name	Employed?	Employer / Occupation	Gross Wage & Frequency	Last Day Worked if Unemployed <12 mo.	EDD?
	☐ Y ☐ N				☐ Y ☐ N
	☐ Y ☐ N				☐ Y ☐ N
	☐ Y ☐ N				☐ Y ☐ N
	☐ Y ☐ N				☐ Y ☐ N
	☐ Y ☐ N				☐ Y ☐ N

HOUSEHOLD INCOME / CASH BENEFITS

If any adult or minor household member receives any of the following benefits, please enter the amount and identify the household member who receives the benefit. Please enter estimated GROSS monthly income for all sources below. Please round amounts to the nearest dollar. Note: if none, indicate "N/A"

Income Source	Amount	Who Receives?
Employment wages	\$_____	
Business / self-employment (net)	\$_____	
Social Security (SSA)	\$_____	
Supplemental Security Income (SSI)	\$_____	
Pension / Retirement Distributions	\$_____	
Unemployment benefits / Insurance	\$_____	
Disability Insurance / Paid Family Leave	\$_____	



TANF / AFDC / cash public assistance	\$_____	
Child support	\$_____	
Alimony / spousal support	\$_____	
Recurring assistance from others	\$_____	
Veterans benefits	\$_____	
Student financial assistance	\$_____	
Unearned income for members < 18	\$_____	
Trust distributions	\$_____	
Other: _____	\$_____	
Other: _____	\$_____	
TOTAL ESTIMATED MONTHLY HOUSEHOLD INCOME	\$_____	

ASSET INFORMATION

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	Amount	Who Receives?
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 > \$250	\$_____	
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.)? If yes, estimated value:	☐ Yes ☐ No \$ _____	
TOTAL ASSET	\$ _____	

FEDERAL TAX REFUND / TAX CREDIT ASSET EXCLUSION

Did you or any member of your household receive a federal tax refund or refundable tax credit during the last 12 months? ☐ Yes ☐ No Amount: \$ _____

ACCESSIBLE NEEDS / REASONABLE ACCOMMODATION (OPTIONAL)

- Are you or another household member visually or mobility impaired?
☐ Yes ☐ No ☐ Decline to State
- Do you or another household member require a reasonable accommodation or accessible feature in the unit? Please note that a reasonable accommodation may be requested at any time.
☐ Yes ☐ No

If yes, please select the applicable accessibility needs below.

	Accommodation
☐	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 person we should contact if we are unable to reach you in the event of an emergency.

 First and Last Name

 Phone Number
RESIDENTIAL HISTORY

Provide consecutive residential history for the past two (2) years for each adult household member. Include addresses where you lived with family/friends, owned the home, stayed in a shelter, or had a landlord, whether or not rent was paid. Use additional sheets if necessary.

CURRENT RESIDENCE	
Name of CURRENT Housing Provider OR Property:	
List affiliation:	☐ Family ☐ Friend ☐ Landlord ☐ Owned ☐ Shelter
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?	
PREVIOUS RESIDENCE	
Name of PREVIOUS Housing Provider OR Property:	
List affiliation:	☐ Family ☐ Friend ☐ Landlord ☐ Owned ☐ Shelter
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?	

List all states and counties where each adult household member has resided.



Applicant Name:	State / County	State / County	State / County	State / 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 12 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 household members (18+) must sign and date below:

_____ Signature of Applicant	_____ Date	_____ Signature of Applicant	_____ Date
_____ Signature of Applicant	_____ Date	_____ Signature of Applicant	_____ Date
_____ 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.

All adult household members (18+) must initial below:

Initials: _____ Initials: _____ Initials: _____ Initials: _____ 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 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:

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.

The landlord will not discriminate against any applicant or resident based on any characteristic protected by federal, state, or local law.





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 Ave OFFICE, Oakland, CA 94601

P: (510) 866-2168 F: (510) 436-8029

Email: apartments36th@unitycouncil.org

NOTE: Information provided in connection with a reasonable accommodation/modification request will be kept confidential and used only as permitted by law to evaluate and administer the request.

