



For Office Use Only

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DO NOT DUPLICATE

**APPLICATION FOR OCCUPANCY
Casa Velasco
3430 Fothill Blvd , Oakland, CA 94601
510-534-6200 TTY/TDD #711**

Please Type or Print Clearly

	Applicant (Head of Household)	Spouse/Co-Head/Other
Name	_____	_____
Birthdate	_____	_____
S.S. #	_____	_____
	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Other

Ethnicity [Head of Household] *(Please check all that apply)* (For Statistical Purposes Only)
 Hispanic or Latino Not Hispanic or Latino

Racial Group [Head of Household] *(Please check all that apply)* (For Statistical Purposes Only)
 American Indian Asian Black or African American
 Native Hawaiian or Pacific Islander White Other _____

Household Size: How many people are in your household?

Disability Status: Do you have a disability, which requires a unit with accessibility features?..... Yes No
Accessibility Features may include: wider doorways, walk-in shower with grab bars, visual alerts and wheelchair turnaround radius in kitchen and bathroom.

Current Subsidy Status: Are you currently receiving a government housing subsidy?..... Yes..... No

Current Address

Address _____					
Street	City	County	State	Zip	
Phone _____		Email Address _____			
How long have you lived here? ___ <input type="checkbox"/> Rent <input type="checkbox"/> Own		Monthly Rent \$ _____			
Current Landlord _____			Landlord's Phone _____		
Landlord's Address _____					
Street	City	State	Zip		

Previous Address

Address _____					
Street	City	County	State	Zip	
<input type="checkbox"/> Rented <input type="checkbox"/> Owned		Dates you lived here? From: _____ to _____ Monthly Rent \$ _____			
Landlord's Name _____			Phone _____		
Landlord's Address _____					
Street	City	State	Zip		

**** Please provide landlord information for your last two places of residence, and the last three years. Additional information can be included on a separate sheet of paper.**

Current Gross Monthly Income

Social Security Monthly \$ _____
 SSI..... Monthly \$ _____
 Pension Monthly \$ _____
 Wages..... Monthly \$ _____
 Other _____ Monthly \$ _____
Total Monthly Income..... \$ _____

<u>Assets</u>	<u>Bank Name</u>	<u>Account Number</u>	<u>Amount</u>
Checking Account?	_____	_____	_____
Savings Account ?	_____	_____	_____
Other (Stocks, Bonds)	_____	_____	_____
Other (CDs IRA's	_____	_____	_____
_____ Annuities, etc.) <i>(Additional information may be attached)</i>			

1. Do you own a home? Yes No
2. Do you own an automobile?..... Yes No
3. Have you sold or given away any assets in the last two years for less than its fair market value? Yes No
4. Do you own a pet? If Yes, what is it? _____ Yes No
5. Have you ever been evicted or any household members?..... Yes No
6. Have you or any household member ever been terminated from a subsidized housing program? Yes No
7. Have you or any household member been convicted of a felony including the use, manufacture or sale of illegal drugs in the last seven years?..... Yes No
8. Are you or any household member a registered sex offender? Yes No
 If yes, list state and county of registration _____
9. Are there any household members over the age of 18 who are part-time/full-time students? Yes No
10. Have you ever applied to/lived in this community before? Yes No
11. How/where did you hear about this community? _____
12. If you are unable to communicate (written/verbal) with us in English, which language do you prefer? _____
13. Please name all the states you and your household members have lived in: _____

I/We certify that if selected to move into this community, the unit I/we occupy will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility for subsidized housing. I/We authorize the owner to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal background and verification information which may be released to appropriate federal, state, or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under federal law and may negate this application and any resulting rental agreement.

Signature: Applicant (Head of Household) _____ **Date** _____
Signature: Spouse/Co-Applicant _____ **Date** _____

Please Note: Please write to the community every six months to keep your waiting list status up to date.



Casa Velasco is an Equal Housing Opportunity provider. Casa Velasco does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. **Mirna Gonzalez has been designated to coordinate compliance with the nondiscrimination requirements contained in the** Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). She can be reached by mail at The Unity Council, 1900 Fruitvale Avenue, Ste. 2A, Oakland, CA 94601, or by calling 510-535-6900, TTY- 711.



Please return this application in person or by mail to: Casa Velasco, 2221 Fruitvale Ave, Oakland, CA 94601

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.