



Casa Velasco  
2221 Fruitvale Ave  
Oakland, CA 94601  
P: (510) 534-6200  
F: (510) 436-8029  
TTY: 711

## Please Return This Page with your Application package

### **Application package:**

*The following forms are included in this packet. If you are missing any forms(s), please contact the office to ask for a copy of the missing form. Please note Residents Selection Plan is available upon request.*

- Following forms and documents must completed and returned to the office:
  1. Application Cover Page (this page)
  2. Rental Application
  3. HUD form 92006
  4. Race and Ethnic Data Reporting Form
  
- For you to keep:
  1. Fair Chance Access to Housing Ordinance

### **The application can be submitted in the following ways:**

**In person/ Mail:** 2221 Fruitvale Ave, Oakland, CA 94601 (M-F, 9:00am – 5:00pm)

**Phone:** 510.534.6200

**Fax:** 510.436.8029

**Email:** [casavelasco@unitycouncil.org](mailto:casavelasco@unitycouncil.org)

### **For Office Use Only**

Date received ____/____/____	Time received _____	Received By _____
<p>Returned documents:</p> <p>Application Cover Page _____</p> <p>Rental Application _____</p> <p>Race and Ethnic Data Reporting Form _____</p> <p>HUD Form 92006 _____</p> <p>Notes:</p> <p>_____</p>		

**Casa Velasco is Professionally Managed by Casitas of Hayward**

1900 Fruitvale Ave, Suite 2A, Oakland, CA 94601

P: 510-535-6900 F: 510-534-7771 [www.unitycouncil.org](http://www.unitycouncil.org)



Rental Application



<u>For Office Use Only</u>
Date Received: _____
Time Received: _____
Received by: _____
<input type="checkbox"/> Original <input type="checkbox"/> Updated <input type="checkbox"/> Add-on
<b>If updated, use original date and time stamps.</b>
HOH Name: _____
<i>Use to link multiple apps due to add'l adults</i>

**HOUSING APPLICATION**

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**NOTICE:** Discrimination Prohibited: The landlord will not discriminate based upon race, color, religion, creed, national origin, sex, age, familial status, or disability. In addition, our housing programs are open to all eligible persons regardless of sexual orientation, gender identity, marital status, and ancestry. Anyone who wishes to be admitted to the property or placed on a property’s waiting list must complete an application. In addition to providing applicants the opportunity to complete applications at the project site, owners may also send out and receive applications by mail. Owners shall accommodate persons with disabilities who, as a result of their disabilities, cannot utilize the owner’s preferred application process by providing alternative methods of taking applications.

The information you provide on this application will be treated as confidential. This application gives no lease or rental rights. It includes both information necessary for determining your eligibility for housing and information required for statistical purposes. If you and your household appear to be eligible, you will need to submit additional information to complete the processing of this application. **All information you provide will be verified by Casitas of Hayward (COH).** Incomplete and/or falsified information will cause the application to be denied and not 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?  Yes     No

Preferred Language: \_\_\_\_\_

Rental Application

**Please provide the following information for all persons that will live in the household**

**ALL AREAS MUST BE COMPLETED IN ITS ENTIRETY**

<b>APPLICANT INFORMATION</b>		
	<u>Applicant</u>	<u>Applicant</u>
Full Name (First, Middle, Last):		
Applicant SS#:		
Applicant Date of Birth:		
Unit Size Needed:		
Gender*		
Applicant Race* <b>(circle one)</b> :	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* <b>(circle one)</b> :	Hispanic/Latino or Non-Hispanic/Latino	Hispanic/Latino or Non-Hispanic/Latino

\*This information is requested by the apartment owner in order to assure the Federal Government, acting through federal, State and local agencies that 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.

X \_\_\_\_\_  
I decline to provide my race and ethnicity data

X \_\_\_\_\_  
I decline to provide my Race and Ethnicity data

**General Information:** Please complete each field below. Answer each question as completely as possible. **Enter N/A for all blank fields.**

<b>GENERAL INFORMATION</b>		
	<u>Applicant</u>	<u>Applicant</u>
Full Name (First, Middle, Last):		
Mailing Address:		
City, State, Zip:		
County:		
Home Phone:		
Work Phone:		
Alternate Phone:		
Marital Status <b>(circle one)</b> :	Single, Separated, Married, Divorced, Widowed	Single, Separated, Married, Divorced, Widowed

Rental Application

Applicant

Applicant

Yes  No

Yes  No

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

Yes  No

Yes  No

Are all household members U.S. Citizens? *(N/A for 202/202 PRAC & Tax Credit)*

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? 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? Explain: \_\_\_\_\_

Yes  No

Yes  No

Do you or any household member currently engage in the illegal use of drugs or your/their behavior from this illegal use interferes with the health, safety, and right to peaceful enjoyment of the property by other residents?

Yes  No

Yes  No

Have you been evicted in the last five (5) years from federally assisted housing for drug-related criminal activity? 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 government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent, or failure to comply with recertification procedures?

Yes  No

Yes  No

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

Yes  No

Yes  No

Will this apartment be your sole place of residency?

Yes  No

Yes  No

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

Yes  No

Yes  No

Are you a U.S. Veteran and/or in Active Duty? *(Optional)*

Yes  No

Yes  No

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

Yes  No

Yes  No

Do you have pets? (Service Animals do not need to be included)

Yes  No

Yes  No

Do you or anyone in your household currently use marijuana whether recreational or medicinal?

Rental Application

**Employment Status:** Please answer each applicable question if you are **currently employed or have been employed within the last year**. Enter **N/A** for fields that **do not apply**. If you have been **unemployed over the last year or have never worked**, enter **N/A in ALL fields**.

<b>EMPLOYMENT STATUS</b>		
	<u>Applicant</u>	<u>Applicant</u>
Are you currently employed? If yes, where?		
If employed, what is your occupation?		
If employed, list current wage and frequency:		
If unemployed <b>within last year</b> , enter last day worked. Otherwise enter N/A.		
If unemployed, did you receive layoff notice?		
Are you receiving unemployment benefits?		
If unemployed, have you received any employment income in the past 12 months? If yes, from what source(s)?		

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

<b>INCOME/CASH BENEFITS</b>		
	<u>Applicant</u>	<u>Applicant</u>
Alimony	\$ _____	\$ _____
Business/Self-Employment - <u>NET</u>	\$ _____	\$ _____
Child Support Income	\$ _____	\$ _____
Employment Wage Earnings	\$ _____	\$ _____
Pension Income	\$ _____	\$ _____
Recurring Assistance from Others	\$ _____	\$ _____
Retirement Income	\$ _____	\$ _____
School Financial Assistance	\$ _____	\$ _____
Social Security Benefits	\$ _____	\$ _____
SSI Benefits	\$ _____	\$ _____
TANF/AFDC/Monetary Public Assistance	\$ _____	\$ _____
Unearned Income for Members Under18	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____
Veterans Benefits	\$ _____	\$ _____
<b>Other</b> Income	\$ _____	\$ _____
<b>TOTAL MONTHLY INCOME</b>	\$ _____	\$ _____

Rental Application

**Assets:** List **each** household member (including minors) & indicate assets held for each member in the asset table below. **\*Type of assets to include: checking, savings, money market, house, land, stocks, bonds, certificates of deposit, retirement, pension funds, insurance policies, trusts, annuities, pay cards, prepaid debit cards, cash or other forms of capital investments.** DO NOT LIST THE VALUE OF PERSONAL AUTOMOBILES OR HOUSEHOLD FURNISHINGS. [NOTE: Each member must be listed. Enter member name in designated field followed by "None" in the Type of Asset field for those who do not have any. Otherwise, list assets held per member & value]

<b>HOUSEHOLD ASSETS</b>		
<u>Household Member's Name</u>	<u>Type of Asset*</u>	<u>Value (\$)</u>

**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.

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

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, except those who do not contend eligible immigration status, and tenants age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010, and provide verification of the complete and accurate SSN assigned to them.

Rental Application

**Accessible Needs (Optional):**

Please answer the following questions.

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

Rental Application

**Expenses (HUD-assisted units only):**

Please enter dollar amount as **estimated monthly** figure for **all applicable expenses**. For fields that do not apply, enter zero (0). Do not use N/A in this section.

EXPENSES		
	<u>Applicant</u>	<u>Applicant</u>
Caregiver/Caregiver Duties	\$ _____	\$ _____
Child Care	\$ _____	\$ _____
Companion Animal Related	\$ _____	\$ _____
Dependent Care	\$ _____	\$ _____
Disability Related Equipment	\$ _____	\$ _____
Disability Related- Other	\$ _____	\$ _____
Health Insurance Related- Other	\$ _____	\$ _____
Medical Related- Other	\$ _____	\$ _____
Medicare Premium	\$ _____	\$ _____
Other Anticipated Medical	\$ _____	\$ _____
Over-the-Counter Med. Approved by Physician	\$ _____	\$ _____
Prescription Medication	\$ _____	\$ _____
Service Animal Related	\$ _____	\$ _____
<b>TOTAL MONTHLY EXPENSE</b>	<b>\$ _____</b>	<b>\$ _____</b>

**Residential History:** Please provide consecutive residential history. This includes the addresses for family/friends you reside with, whether or not you pay rent, current/previous landlords & homeless shelters. (Please provide a minimum of 2 landlord references or 1 current landlord reference is acceptable if you resided in one location 10 years or longer)

RESIDENTIAL HISTORY		
	<u>Applicant</u>	<u>Applicant</u>
Name of CURRENT Housing Provider OR Property:		
List affiliation ( <b>circle one</b> ):	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: <b>(mm/yy – mm/yy)</b>		
Did you pay rent? If so, how much per month?		



Rental Application

Reason for moving?		
	<u>Applicant</u>	<u>Applicant</u>
Name of PREVIOUS Housing Provider OR Property:		
List affiliation ( <b>circle one</b> ):	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: <b>(mm/yy – mm/yy)</b>		
Did you pay rent? If so, how much per month?		
Reason for moving?		
	Applicant	Applicant
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 (if different):		
Provider/Property Phone Number:		
Dates of Occupancy: (mm/yy – mm/yy)		
Did you pay rent? If so, how much per month?		
Reason for moving?		

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

**Applicant 1:**

ST: \_\_\_\_\_ ST: \_\_\_\_\_ ST: \_\_\_\_\_ ST: \_\_\_\_\_  
 County: \_\_\_\_\_ County: \_\_\_\_\_ County: \_\_\_\_\_ County: \_\_\_\_\_

**Applicant 2:**

ST: \_\_\_\_\_ ST: \_\_\_\_\_ ST: \_\_\_\_\_ ST: \_\_\_\_\_  
 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 11 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:

\_\_\_\_\_  
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 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:

Item:

**Discrimination Prohibited: The landlord will not discriminate based upon race, color, religion, creed, national origin, sex, age, familial status, or disability.**





## NOTICE OF RIGHT TO REASONABLE ACCOMMODATION/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 get a REASONABLE ACCOMMODATION/MODIFICATION REQUEST FORM at the Property office or by emailing Heather Brown, Director of Property Management at [hbrown@unitycouncil.org](mailto:hbrown@unitycouncil.org) or by Fax: 510.261.4916

**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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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 Housing

OMB 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): \_\_\_\_\_

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	<b>Select All that Apply</b>
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](mailto: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](mailto:housingassistance@oaklandca.gov)

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

If you want to request a copy of this information in Chinese/ Spanish please contact: [housingassistance@oaklandca.gov](mailto: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

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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):

- Asked about criminal history, Not considered, Refused to rent/terminated, Required disclosure/authorization, Rent/deposit increased, Refused family member, Disqualified rental assistance, 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.)



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 34<sup>th</sup> 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](mailto: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](mailto: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 2<sup>nd</sup> Thursday, 9 – 11 am  
Eastmont Library, 7200 Bancroft Ave #211, Oakland, CA 94605
- Every 3<sup>rd</sup> 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](mailto: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](mailto:housingassistance@oaklandca.gov)/510.238.6182

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### 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](mailto:help@oaklandtenantsunion.org) Website: <https://oakandtenantsunion.org>

Drop-in hours: 1<sup>st</sup> and 3<sup>rd</sup> 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](mailto:info@tenantstogether.org) Website: [www.tenantstogether.org](http://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.

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### Alameda County Social Services Agency

Housing and Homeless Services

Website: [https://alamedasocialservices.org/public/services/housing\\_and\\_homeless/housing\\_and\\_homeless.cfm](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](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](mailto: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](mailto: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](http://www.seedscrc.org)

Email: [casedeveloper@seedscrc.org](mailto: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](mailto: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.