

APPLICATION COVER

WAITLIST INFO:

- **Accepting Applications** for the Tax Credit Waiting List
- **Section 8 Waiting List is Closed; we do accept Housing Authority Voucher Holders**

APPLICATION SUBMISSIONS:

- Where to submit applications (we DO NOT charge or collect application processing fees):
 1. Property Office and/or Mailing Address: Westlake West
275 28th Street
Oakland, CA 94611
 2. Secure Online Upload: <https://www.cchnc.org/locations/westlake-christian-terrace-west/>
 3. Doorway Housing Portal: <https://housingbayarea.mtc.ca.gov>

ELIGIBILITY FOR SELECTION:

- The following priorities and preferences are given at this property:
 - Applicants displaced by government action or a presidentially declared disaster.
- Age Requirements:
 - Head of Household must be at least 18 years of age or older or legally emancipated
 - Head of Household, Spouse, or Co-Head must be 62 or over
- All other eligibility requirements specific to the property's funding regulators can be found in the Resident Selection Criteria/Tenant Selection Plan or in the Full Marketing Plan.

OCCUPANCY STANDARDS:

- We have a general policy of at least 1 person per bedroom and no more than 2 persons per bedroom:

Unit Size	Min	Max
1 Bed	1	2

INCOME AND RENTS:

	# of Persons	Income Limit	Minimum Income	1 Bedroom Unit Rent
• Income Minimums – Two times the monthly rent.	1	\$51,800	\$28,800	\$1,200
• Income Limits – 50% CTCAC	2	\$59,200	\$28,800	

SCREENING STANDARDS:

- Credit Screening – We do not screen for credit or collection records.
- Rental History Screening – We verify 2 years residential history.
- Criminal Screening – This property is subject to City of Oakland's Fair Chance Access to Housing Ordinance – see attached Notice to Applicants and Tenants.
- Smoking – All household members must be willing to abide by our Smoke Free Policy.



Our quality, affordable housing properties in caring communities do not discriminate on the basis of race, color, religion, sex, disability, familial status, national origin, marital status, ancestry, source of income, age, medical condition (cancer/genetic characteristics), creed, Acquired Immune Deficiency Syndrome (AIDS), or AIDS related conditions (ARC), sexual orientation, gender, gender identity, gender expression, genetic information, citizenship, immigration status, primary language spoken, any arbitrary basis or any other basis protected by federal, state, or local law.

THIS IS A **REQUIRED FORM** FOR EACH POTENTIAL FAMILY TO BE CONSIDERED FOR HOUSING

Property Name: _____ Property Address: _____ City/State/Zip: _____ Phone Number: _____	FOR OFFICE USE ONLY: Date Received: _____ Time Received: _____ Received By: _____
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APPLICATION GUIDANCE

This application must be filled out in English (translated versions available upon request and in accordance with our Language Access Plan for Limited English Persons) and in **blue ink**. All sections must be completed in entirety, if a section or area does not apply, please list "N/A"

SECTION A – HOW DID YOU HEAR ABOUT US

<input type="checkbox"/> Property Signage <input type="checkbox"/> Newspaper, where: _____ <input type="checkbox"/> Radio Station, list: _____	<input type="checkbox"/> TV Station, list: _____ <input type="checkbox"/> Brochure/Flyer <input type="checkbox"/> Other, list: _____
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SECTION B – HEAD OF HOUSEHOLD (HOH) INFORMATION

Please complete all information pertaining to yourself, the Head of Household (HOH)

1a Name and Address	1b Personal Information
First Name _____ MI _____ Last Name _____ Phone Number, Phone Type (Home, Mobile, etc.) _____ Current Mailing Address, Apt, City, State & Zip _____ Address where you are living (if different from above) _____	Social Security Number _____ Date of Birth _____ Gender <input type="checkbox"/> M-Male <input type="checkbox"/> F-Female <input type="checkbox"/> O-Other _____ Ethnicity <input type="checkbox"/> H-Hispanic <input type="checkbox"/> NH-Not Hispanic <input type="checkbox"/> D-Decline to Report Race <input type="checkbox"/> W-White <input type="checkbox"/> B-Black/African. Am. <input type="checkbox"/> AI-American Indian/Alaska Native <input type="checkbox"/> A-Asian <input type="checkbox"/> P-Pacific Islander <input type="checkbox"/> O-Other <input type="checkbox"/> D-Decline to Report Student <input type="checkbox"/> F-Full Time <input type="checkbox"/> P-Part-Time <input type="checkbox"/> N/A Marital Status <input type="checkbox"/> S-Single <input type="checkbox"/> M-Married <input type="checkbox"/> D-Divorced <input type="checkbox"/> O-Other _____
1c Additional Contact Information	
a _____ Name, Relationship, Phone Number b _____ Name, Relationship, Phone Number	
1d Language(s) spoken at home? _____	Do you Need an interpreter? <input type="checkbox"/> YES <input type="checkbox"/> NO



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SECTION C – OTHER HOUSEHOLD MEMBERS (do not include HOH)

Please list all other individuals who will live you. For their Gender, Race, Ethnicity, Student Status, Marital Status, use letters from section B-2 (HOH Personal Information).

#	Full Name	Relation to HOH	Date of Birth	Social Security Number	Gender	Ethnicity	Race	Student	Marital
2									
3									
4									
5									

Is there a personal Care Attendant who will be residing in the unit? ☐ No ☐ Yes, If yes, complete below

L		Live-In							
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Proof of need for Live-In Attendant required during eligibility certification via Reasonable Accommodation Process. The Live-In Aide must show proof of identification card, social security number, and a background verification check will be processed.

Do you anticipate a change in household composition within the next twelve (12) Months? ☐ No ☐ Yes

If Yes, please explain:

SECTION D – DISABILITY STATUS (If Applicable)

It is not necessary to give us details about your disability unless you are requesting an accommodation or requesting a unit with features designed for disabled persons.

a	Do you or any member listed in Section C claim a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	b	Do you or any member require a specifically designed unit/location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c	Do you or any member require a wheelchair-accessible unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	d	Do you or any member require a visual/hearing equipped unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e	Do you have a service or assistance animal or companion animal?				<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any above, please explain:

SECTION J – ADDITIONAL INFORMATION

Please provide a response to all questions below related to preferences and screening.

a	Do you claim any preference? If yes, please explain:	<input type="checkbox"/> YES <input type="checkbox"/> NO
b	Are you or anyone in your household subject to a Nationwide or State lifetime Sexual Offender's Registration? If Yes, where:	<input type="checkbox"/> YES <input type="checkbox"/> NO
c	Does any member claim military or veteran status? If Yes, who?	<input type="checkbox"/> YES <input type="checkbox"/> NO



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SECTION G – HOUSEHOLD INCOME

Please list ALL INCOME information for the household (all members); you may estimate; indicate gross income before any deductions or garnishments occur.

a	Does anyone in your household receive any income from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If Yes, complete the section below. If No, draw line through this section.		
I	Type of Work _____	Hours/Week _____	Pay Rate/Hour _____ Monthly Pay _____
II	Type of Work _____	Hours/Week _____	Pay Rate/Hour _____ Monthly Pay _____
III	Type of Work _____	Hours/Week _____	Pay Rate/Hour _____ Monthly Pay _____
IV	Type of Work _____	Hours/Week _____	Pay Rate/Hour _____ Monthly Pay _____
b	Provide amount per month of un-earned/financial assistance income for ENTIRE family. If your family has no income from the source lists, please put zero or "N/A"		
	Social Security _____ /month	Unemployment _____ /month	AFDC _____ /month
	SSI/SDI _____ /month	General Assistance _____ /month	Other Assistance _____ /month
	Other _____ /month Please describe: _____		
c	Select the TOTAL ANNUAL HOUSEHOLD INCOME (estimated from all sources) by checking one of the boxes next to the available ranges below.		
	<input type="checkbox"/> Zero Income	<input type="checkbox"/> \$0 - \$5,000	<input type="checkbox"/> \$5,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$20,000
	<input type="checkbox"/> \$20,001 - \$30,000	<input type="checkbox"/> \$30,001 - \$40,000	<input type="checkbox"/> \$40,001 - \$50,000 <input type="checkbox"/> Over \$50,000

SECTION H – HOUSEHOLD ASSETS

Please list ALL ASSET information for the household (all members); you may estimate.

a	Does anyone in your household own/maintain an asset/asset account? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If Yes, complete the section below. If No, draw line through this section.		
I	Description of Asset #1: _____	Member Number _____	
II	Description of Asset #2: _____	Member Number _____	
III	Description of Asset #3: _____	Member Number _____	
IV	Description of Asset #4: _____	Member Number _____	
V	Description of Asset #5: _____	Member Number _____	
b	Select the TOTAL HOUSEHOLD ASSETS (estimated from all sources) by checking one of the boxes next to the available ranges below.		
c	Do you or any member of your household own any other asset?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Current Value _____ Member Number _____



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SECTION K – APPLICATION CERTIFICATION

By signing below, each adult household member (18+) certifies the following statements.

a	If my/our application is approved and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, we will maintain no other place of residence, and there are no other persons for whom we have or expect to have responsibility for providing housing.																
b	I/we understand the information collected on the Application for housing is to determine my/our eligibility for residency.																
c	I/we authorize the owner, its agents and employees to make any and all legal inquiries to verify information either directly or through information exchanged now or later with rental, or credit screening services, or law enforcement or other public agencies, and to contact previous or current landlords or other sources for credit and/or verification information which may be released by appropriate federal, state, local agencies, or private persons to the management																
d	I/we authorize the owner, its agents, and employees to obtain one or more consumer reports as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.																
e	I/we understand, pursuant to San Francisco Police Code Article 49 "Fair Chance Ordinance" if I am considered housing eligible, I authorize the owner, its agents and employees to obtain information about my/our criminal background to see if there is any disqualifying criminal history, which may affect me/us from moving onto the property, in compliance with the Resident Selection Criterion.																
f	I further understand that the owner has not inquired or required me to provide anything about my prior arrest or conviction record and has provided me with a copy of any Fair Chance Ordinance Notice - notice is supplement to this Application for Housing.																
g	I/we certify the statements made in this application are true and complete to the best of my/our knowledge and belief.																
h	I/we understand that false statements/information will deem me/us ineligible, or terminate the rental agreement.																
i	I/we understand we must provide written notification of any changes to the information on this form.																
j	I/we understand that we will be placed on a waiting list(s) based on our household size and in accordance with the resident selection criteria/tenant selection plan. For example, 1-person household will be placed on a studio and one-bedroom waitlist or 2 persons on the one- and two-bedroom waitlists.																
k	I/we further agree that this application does not constitute any oral and/or written commitment on the part of the Owner or Management Agent.																
l	I/we understand that any questions or inquiries regarding applicant treatment relative to Section 504 of the Rehabilitation Act of 1973 should be addressed by mail to the CC 504 Coordinator; 1855 Olympic Boulevard, Suite 300; Walnut Creek, CA 94596-5019; (510) 632 – 6712; TTY via 711 National Relay.																
m	<p>Signatures below certify all information submitted is true & accurate to the best of knowledge</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; height: 20px;"></td> <td style="width: 15%; border-bottom: 1px solid black; height: 20px;"></td> <td style="width: 33%; border-bottom: 1px solid black; height: 20px;"></td> <td style="width: 15%; border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td>Signature of Head of Household</td> <td>Date (mm/dd/yy)</td> <td>Signature of Applicant #3</td> <td>Date (mm/dd/yy)</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td>Signature of Co-Head or Spouse</td> <td>Date (mm/dd/yy)</td> <td>Signature of Applicant #4</td> <td>Date (mm/dd/yy)</td> </tr> </table>					Signature of Head of Household	Date (mm/dd/yy)	Signature of Applicant #3	Date (mm/dd/yy)					Signature of Co-Head or Spouse	Date (mm/dd/yy)	Signature of Applicant #4	Date (mm/dd/yy)
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Signature of Co-Head or Spouse	Date (mm/dd/yy)	Signature of Applicant #4	Date (mm/dd/yy)														

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).



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SUPPLEMENTS TO APPLICATION

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.

Signature of Applicant	Date
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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.
Form HUD- 92006 (05/09)

APPLICATION FOR HOUSING NOTICES – APPLICANT TO KEEP

NOTICE: Right to Receive Free Interpreter Services

Please notify Owner/Management Agent if you need language assistance.

It is the policy of CCH Managed buildings to take reasonable steps to provide meaningful access to Limited English Proficient (LEP) individuals. The policy is to ensure that language will not prevent staff from communicating effectively with LEP individuals and to ensure safe and orderly operations, programs, meetings, events or activities and understanding of rules, regulations and information.

الحق في الحصول على خدمات مترجم شفوي مجاني – إشعار
الرجاء إبلاغ مدبر المبنى إذا كنت بحاجة إلى مساعدة لغوية

通告 – 有權獲得免費的翻譯服務
如果你需要語言協助請通知大廈經理

주의 사항 – 마우스 오른쪽 단추로 무료 통역 서비스를 받을 수
당신은 언어의 도움이 필요하면 건물 관리자를 알려 주시기 바랍니다.

ВНИМАНИЕ - Право на получение бесплатно услуги переводчика
Пожалуйста, сообщите управдом, если вы нуждаетесь в помощи языка.

AVISO - Derecho a recibir servicios gratis de interpretación
Por favor notifique a gerente del edificio si usted necesita ayuda con el idioma.

PAUNAWA - Kanan upang Tumanggap ng Libreng interpreter Serbisyo
Mangyaring i-notify gusali manager kung kailangan mo ng tulong wika.

THÔNG BÁO - Ngay để nhận miễn phí dịch vụ thông dịch
Xin vui lòng thông báo cho người quản lý tòa nhà nếu bạn cần hỗ trợ ngôn ngữ.

NOTICE: 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 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 - is not too expensive and too difficult to arrange) we will try to make the changes you request.

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.

SECTION 504 EQUAL ACCESS STATEMENT – APPLICANT TO KEEP

For mobility-impaired persons, this document is kept in the Management office at:

_____; _____, **CA** _____. Documents may be examined from Monday through Friday between 9:00 AM to 5:00 PM. You must phone to plan examination of this document. Please call (____) _____ - _____ and **TDD** users may dial (____) _____ - _____.

For vision-impaired persons, a staff person will be provided to assist a vision-impaired person in reviewing this document. Assistance may include: describing the contents of the document, reading the document or sections of the document, or providing such other assistance as may be needed to permit the contents of the document to be communicated to the person with vision impairments.

For hearing-impaired persons, assistance will be provided in reviewing this document. Assistant may include provision of a qualified interpreter at a time convenient to both the Property and the individual with disability. Please call TTY 711 National Relay to schedule an appointment.

Assistance to ensure equal access to this document will be provided in a confidential manner and setting. The individual with disabilities is responsible for providing his/her own transportation to and from the location where this document is kept.

If an individual with disabilities is involved, all hearings or meetings required by this document will be conducted at an accessible location with appropriate assistance provided.

POLICY OF NON-DISCRIMINATION ON THE BASIS OF HANDICAPPED STATUS

Management does not discriminate on the basis of disabled status in the admission or access to housing, services, or treatment or employment in, its federally assisted programs or activities.

The Section 504 Coordinator who has been designated to coordinate compliance with the non-discrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8, dated June 2, 1988).

**Section 504 Coordinator
1855 Olympic Boulevard; #300
Walnut Creek, CA 94596
Phone (510) 632-6712
TTY 711**