

Fremont Oak Gardens

APPLICATION FOR HOUSING

For mobility impaired persons -- this document is kept in the office at Fremont Oak Gardens. This document may be examined from Monday through Friday between the hours of 8:30 AM and 5:00 PM at 2681 Driscoll Road, Fremont, CA 95439-4449. You must phone to make arrangements to examine this document. Please call (510) 490-4013 or TTY (510) 490-4019.

For vision impaired persons – Fremont Oak Gardens will provide a staff person 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 the hearing impaired – Fremont Oak Gardens will provide assistance to hearing impaired persons in reviewing this document. Assistance may include provision of a qualified interpreter at a time convenient to both the Property and the individual with handicaps. Please call the TTY number for our number and to schedule an appointment.

Assistance to insure 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.

Fremont Oak Gardens
APPLICATION FOR HOUSING

INSTRUCTIONS

Please fill out all of the spaces and leave no blanks. If the information requested does not apply to you please indicate by using N/A for Not Applicable. This will tell us that you understand the requested information and you did not unintentionally leave it blank. If you make a mistake, do not use white-out. Please cross out any errors.

Use additional sheets whenever necessary.

Fremont Oak Gardens does not discriminate based on race, color, religion, creed, sex, sexual orientation, gender identity, marital status, age, national origin or ancestry, familial status, physical or mental disability, medical condition, veteran status, AIDS, AIDS related condition (ARC), citizenship status or any other consideration protected by federal, state or local laws.

APPLICANT INFORMATION

Applicant Number 1: First & Middle Initial & Last Name:

Present Address: _____ # _____

City/State/Zip: _____

Mailing Address (if different) _____ # _____

City/State/Zip _____

Telephone: Home: (____) _____ Work: (____) _____

Social Security #: _____ Date of Birth _____

Applicant Number 2: First & Middle Initial & Last Name:

Present Address: _____ # _____

City/State/Zip: _____

Mailing Address (if different) : _____ # _____

City/State/Zip _____

Telephone: Home (____) _____ Work: (____) _____

Social Security #: _____

Date of Birth _____ Relationship to Applicant 1: _____

Applicant Number 3: First & Middle Initial & Last

Present Address: _____ # _____

City/State/Zip: _____

Mailing Address (if different) : _____ # _____

City/State/Zip _____

Telephone: Home (____) _____ Work: (____) _____

Social Security #: _____

Date of Birth _____ Relationship to Applicant 1: _____

Alternate Contact Person (optional) *The Alternate Contact Person can be a family member, interpreter, friend or case worker who we may contact with questions about the application.*

Name: _____

Relationship to Applicant(s): _____ Agency: _____

Address: _____

City/State/Zip: _____

Telephone: Phone 1: (____) _____ Phone 2: (____) _____



PART II. INCOME INFORMATION

Identify all income for all household members 18 years and older. This information will be used to verify the total household income.

EMPLOYMENT INCOME:

List the complete name and address of employer, job title and gross earnings (before taxes).

OTHER INCOME:

This can include social security, disability, public assistance, alimony, and child support, pensions, interest and dividends, unemployment benefits, workers' compensation, regular gifts or support from family and/or friends, or any other household income. Do not list income received for foster child care and food stamps. Complete disclosure of all household income is required, regardless of source.

ASSETS:

Assets include checking and savings accounts, equity in real property, stocks, bonds and other forms of capital investment. Do not include automobiles or furniture. If you have no assets, write "none" in the space.

Use additional sheets if necessary.

Applicant Number 1:

EMPLOYMENT INCOME: Job Title _____
Company Name _____
Mailing Address _____
City/State/Zip _____
Contact Person _____
Telephone: (____) _____ Fax: (____) _____
Gross Annual Income: \$ _____

OTHER INCOME: Source _____
Claim No. (if applicable) _____
Agency _____
Mailing Address _____
City/State/Zip _____
Contact Person _____
Telephone: (____) _____ Fax: (____) _____
Gross Annual Income: \$ _____

OTHER INCOME: Source _____
Claim No. (if applicable) _____
Agency _____
Mailing Address _____
City/State/Zip _____
Contact Person _____
Telephone: (____) _____ Fax: (____) _____
Gross Annual Income \$ _____

DESCRIPTION OF ASSET: _____ Cash Value/Balance \$ _____
Name of Institution _____
Mailing Address _____
City/State/Zip _____
Telephone: (____) _____ Fax: (____) _____
Account Number _____

DESCRIPTION OF ASSET: _____ Cash Value/Balance \$ _____
Name of Institution _____
Mailing Address _____
City/State/Zip _____
Telephone: (____) _____ Fax: (____) _____
Account Number _____

DESCRIPTION OF ASSET: _____ Cash Value/Balance \$ _____
Name of Institution _____
Mailing Address _____
City/State/Zip _____
Telephone: (____) _____ Fax: (____) _____
Account Number _____

Applicant Number 2:

EMPLOYMENT INCOME: Job Title _____
Company Name _____



**(Applicant Number 2
con't)**

Mailing Address _____

City/State/Zip _____

Contact Person _____

Telephone: (____) _____ Fax: (____) _____

Gross Annual Income: \$ _____

OTHER INCOME: Source _____

Claim No. (if applicable) _____

Agency _____

Mailing Address _____

City/State/Zip _____

Contact Person _____

Telephone: (____) _____ Fax: (____) _____

Gross Annual Income: \$ _____

OTHER INCOME: Source _____

Claim No. (if applicable) _____

Agency _____

Mailing Address _____

City/State/Zip _____

Contact Person _____

Telephone: (____) _____ Fax: (____) _____

Gross Annual Income: \$ _____

DESCRIPTION OF ASSET: _____ Cash Value/Balance \$ _____

Name of Institution _____

Mailing Address _____

City/State/Zip _____

Telephone: (____) _____ Fax: (____) _____

Account Number _____

DESCRIPTION OF ASSET: _____ Cash Value/Balance \$ _____

Name of Institution _____

Mailing Address _____

City/State/Zip _____

Telephone: (____) _____ Fax: (____) _____

Account Number _____

DESCRIPTION OF ASSET: _____ Cash Value/Balance \$ _____

Name of Institution _____

Mailing Address _____

City/State/Zip _____

Telephone: (____) _____ Fax: (____) _____

Account Number _____

Applicant Number 3:

EMPLOYMENT INCOME: Job Title _____

Company Name _____

Mailing Address _____

City/State/Zip _____

Contact Person _____

Telephone (____) _____ Fax: (____) _____

Gross Annual Income: \$ _____



(Applicant Number 3
con't)

OTHER INCOME: Source _____
Claim No. (if applicable) _____
Agency _____
Mailing Address _____
City/State/Zip _____
Contact Person _____
Telephone: (____) _____ Fax: (____) _____
Gross Annual Income: \$ _____

OTHER INCOME: Source _____
Claim No. (if applicable) _____
Agency _____
Mailing Address _____
City/State/Zip _____
Contact Person _____
Telephone: (____) _____ Fax: (____) _____
Gross Annual Income: \$ _____

DESCRIPTION OF ASSET: _____ Cash Value/Balance \$ _____
Name of Institution _____
Mailing Address _____
City/State/Zip _____
Telephone: (____) _____ Fax: (____) _____
Account Number _____

DESCRIPTION OF ASSET: _____ Cash Value/Balance \$ _____
Name of Institution _____
Mailing Address _____
City/State/Zip _____
Telephone: (____) _____ Fax: (____) _____
Account Number _____

DESCRIPTION OF ASSET: _____ Cash Value/Balance \$ _____
Name of Institution _____
Mailing Address _____
City/State/Zip _____
Telephone: (____) _____ Fax: (____) _____
Account Number _____

LANDLORD/HOUSING REFERENCES

List current and previous
landlords for the last
three years for applicant
number 1.

Applicant Number 1:

Current Address: _____ # _____
City/State/Zip: _____
Monthly Rent \$ _____ Move-In Date _____ Move-Out Date _____
Landlord Name _____
Landlord Mailing Address: _____
City/State/Zip: _____
Telephone: (____) _____ Fax: (____) _____
Is rent subsidized? Yes ___ No ___ If yes, name of program _____

Previous address _____ # _____
City/State/Zip _____
Monthly Rent \$ _____ Move-In Date: _____ Move-Out Date: _____

Do all applicants
share the same
rental history? If not,
please use additional
sheets as necessary
to provide the same
information.



Landlord Name _____
 Landlord Mailing Address _____
 City/State/Zip _____
 Telephone: (____) _____ Fax: (____) _____
 Is rent subsidized? Yes ___ No ___ If yes, name of program: _____
Previous address _____ # _____
 City/State/Zip _____
 Monthly Rent \$ _____ Move-In Date: _____ Move-Out Date: _____
 Landlord Name _____
 Landlord Mailing Address _____
 City/State/Zip _____
 Telephone: (____) _____ Fax: (____) _____
 Is rent subsidized? Yes ___ No ___ If yes, name of program: _____

PRIOR EVICTION

Have you or anyone in your household ever been evicted from any residence for any reason, has your residency/tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent, failure to comply with re-certification procedures, or any type of criminal activity?

- Applicant Number 1: Yes ___ No ___ If yes, when? _____
 Explain _____
- Applicant Number 2: Yes ___ No ___ If yes, when? _____
 Explain _____
- Applicant Number 3: Yes ___ No ___ If yes, when? _____
 Explain _____

ADDITIONAL INFORMATION

How did you hear about Fremont Oak Gardens? _____
 Do you have a current Section 8 Voucher? Yes ___ No ___ With which agency? _____
 Are any applicants full time students or planning to become full time students within the next 12 months? Yes ___ No ___
 Are you a relative of a Satellite Housing employee? Yes ___ No ___ If yes, what is your relative's name? _____
 Is there a care attendant who will be residing in the unit? Yes ___ No ___ If yes, please provide name: _____
 Have you or any other household members disposed of any assets within the last 2 years for less than fair market value?
 Yes ___ No ___ If yes, what was disposed and for how much? _____
 Have you or any household member been arrested or convicted for drunk and disorderly behavior? Yes ___ No ___
 If yes, please explain: _____
 Do you or any other household member currently use any illegal drug or other illegal controlled substance?
 Yes ___ No ___ If yes, please explain: _____
 Are you currently using a controlled substance without benefit of a prescription? Yes ___ No ___
 If yes, please explain: _____
 Have you or any household member ever been arrested? Yes ___ No ___
 If yes, for what reason and when: _____
 Were you convicted? Yes ___ No ___ Have the conditions that led to your arrest changed? Yes ___ No ___
 Explain: _____
 Are you or any household member required to register as a sex offender in any state? Yes ___ No ___
 If yes, list state of registration: _____
 Do you expect changes to your household size within the next 12 months? Yes ___ No ___
 Are any of the applicants disabled? Yes ___ No ___ (*A Person with Disabilities Is determined, pursuant to the Department of Housing and Urban Development definition, to have a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of such a nature that the ability to live independently could be improved by more suitable housing conditions.*) If yes, please provide the following information for a health care professional who will verify this:

Health Care Provider Name: _____
Address: _____ **City/State/Zip:** _____
Telephone: (____) _____ **Fax:** (____) _____



CERTIFICATION

1. If my/our application is approved and move-in occurs, we certify that only those persons listed in this application will occupy the apartment that we will maintain no other place of residence, and that there are no other persons for whom we have or expect to have responsibility for providing housing.
2. I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner, its agents and employees to make any and all inquiries to verify this 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 contract 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.
3. 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.
4. I/we authorize the owner, its agents and employees to obtain information about my/our background to see if there is any criminal history, including arrests or convictions which may affect me/us from moving onto the property, in compliance with the tenant selection criterion for the property.
5. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
6. I/we understand that false statements or information will deem me/us ineligible, or if move in has occurred, will terminate the rental agreement.
7. I/we understand we must provide written notification of any changes to the information on this form.

Applicant 1 signature: _____ **Date** _____

Applicant 2 signature: _____ **Date** _____

Applicant 3 signature: _____ **Date** _____

PART III. OPTIONAL INFORMATION

Fremont Oak Gardens requests your cooperation in reporting the ethnicity of applicants in order for management to determine if this project is meeting its goals to serve all ethnic groups. This information is strictly voluntary on your part. Please check the one category which best describes your race/ethnicity:

- | | |
|--|--|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Not-Hispanic or Latino |
| <input type="checkbox"/> Alaskan Native/ American Indian | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> White | <input type="checkbox"/> Other please specify: _____ |



Notice to All Applicants:

Options for Applicants with Disabilities or Handicaps

This property is managed by Satellite Housing. We provide low rent housing to individuals and families. We are not permitted to discriminate against applicants on the basis of race, color, religion, creed, sex, sexual orientation, gender identity, marital status, age, national origin or ancestry, familial status, physical or mental disability, medical condition, veteran status, AIDS, AIDS related condition (ARC), citizenship status or any other consideration protected by federal, state or local laws. In addition, we have a legal obligation to provide "reasonable accommodation" to applicants if they or any family members have a disability or handicap. Compliance actions may include reasonable accommodation as well as structural modifications to the unit or premises.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the program. Examples of reasonable accommodation and structural modification include:

- Making alterations to a unit so it could be used by a family member with a wheelchair;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Making large type documents or a reader available to a vision impaired applicant during the application process;
- Permitting an outside agency to assist an applicant with a disability to meet the property's screening criteria.

An applicant family that has a member with a disability must still be able to meet the essential obligations of tenancy. They must be able to pay rent, care for their apartments, report required information to the owner, avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, that is your right.

Explained by: _____
Satellite Housing Staff Signature

Date: _____

Received by: _____
Applicant/Resident Signature

Date: _____



SPECIAL UNIT REQUIREMENTS QUESTIONNAIRE

This questionnaire is to be used with every person who applies for housing at Fremont Oak Gardens. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

Applicant Name: _____ Date: _____

_____ *I choose not to complete this form.*

Applicant's Signature: _____

-OR-

1. Do you, or does any member of your household have a condition that requires:

_____ A barrier-free apartment _____ Unit for hearing impaired
_____ Unit for vision impaired _____ Unit on first floor

2. Will you or any of your family members require a live-in aide to assist you? _____ Yes _____ No
If yes, please explain: _____

3. If you checked any of the above-listed categories of units, please explain exactly what you need to accommodate your situation: _____

4. What is the name of the family member who needs the features identified above? _____

5. What is the name of the physician or social services agency to be contacted to verify your need for the features you have identified above? _____

Signature _____ Address _____

Phone number _____

