

AFFORDABLE HOUSING OPPORTUNITY SENIORS AGE 55 AND OLDER

Project Based Section
8 Voucher Waitlist
Opening for:

LION CREEK SENIOR
6710 Lion Way, Oakland, Ca
Anticipated move-ins July, 2014



LION CREEK SENIOR - PHASE V

127 Total Units
2 Studios
119 One Bedrooms
6 Two Bedrooms

Applications will be ranked by lottery; this is not a first come, first served process. To be included in the lottery, your application must be received by May 7, 2014. If we do not receive a sufficient pool of applications as a part of the lottery then we will accept new applications on a first come first serve basis.

Applications available for pick-up at:

885 69th Avenue, Suite 102
Oakland, CA 94621
and/or

Oakland Housing Authority- Main Office
1805 Harrison St and 1619 Harrison St
Monday - Friday 9 a.m. - 5 p.m.

Completed applications may be mailed or delivered in person to the first address noted above. Mailed applications must be postmarked by May 7, 2014 to be included in the lottery.

Applications will be accepted between the dates of:

April 23, 2014 to May 7, 2014

and will only be accepted at the following address:

885 69th Avenue, Suite 102
Oakland, CA 94621

Eligibility for Lion Creek Senior is determined by age, household size and income. Maximum income limits apply. There are no minimum income requirements for these units. Tenant portion of rent is based on total household income and selected applicants must qualify for Section 8 Program admission.



Telephone device for the hearing-impaired is TTY: (877) 735-2929. If you have a disability that prohibits you from fully participating in this process please call (510) 878-9120.
Equal Housing Opportunity. Non Discrimination on the Basis of Disability.

Application For Occupancy



6888 Lion Way Oakland, CA 94621
"A Smoke Free Community"

For office use only

Date received _____

Application # _____

Preference Code: _____ Assigned W/L: _____

This information is to be filled out by the head of the household. Please complete all sections and have all applicants age 18 and older sign the last page. Thank you.

Ver. 4-21-14

Name: LAST

FIRST

M.I.

Street Address/Apt #:

City, State:

Zip Code:

Home Phone:

Work Phone:

Email Address:

Please check what size units you would want to be considered for:

Studio Three Bedrooms
 One Bedrooms Four Bedrooms
 Two Bedrooms Five Bedrooms

Please indicate if you are requesting a unit with special accommodations for any member of your household due to a mobility, visual, or hearing disability.

Please check what housing program(s) you would like to be considered for:

NOTE: Waiting lists may be closed at any time the waiting period is expected to exceed 24 months and closed waiting lists will be posted at the management and leasing office.

LIHTC (Tax Credit Program)
 Public Housing Project Based Section 8 Voucher (All Ages)
 Project Based Section 8 Voucher (Senior 55+)

Do you currently have a Section 8 voucher? Yes No

Is your rent presently being subsidized through Section 8? Yes No

Please check the size of your **PRESENT RESIDENCE**:

Studio Three Bedrooms Other: Please specify
 One Bedroom Four Bedrooms
 Two Bedrooms Five Bedrooms

Housing Status

Name & Address of Present Landlord:

City, State:

Zip Code:

Name & Address of Managing Agent:

City, State:

Zip Code:

Landlord Telephone Number:

Managing Agent Telephone Number:

Is the apartment lease in your name?

Yes No

Are you sharing your apartment?

Yes No

Do you pay your own rent?

Yes No

If not, who does?

Is your landlord a relative?

Yes No

Monthly rent: \$

Does your rent include utilities?

Yes No

Average monthly utility expenses:

\$

How much do you contribute to the monthly rent? \$
(If you do not contribute anything, write "0")

How long have you lived at this address?

_____ years _____ months

Reasons for wanting to move?

If you have lived at your current address less than three years, what was your previous address?

Previous Landlord Telephone Number:

Previous Landlord / Managing Agent Name:

Reason for moving:

Telephone Number:

Previous Rent per month:

Household Information

List all persons who will occupy the apartment, including yourself and persons anticipated to join the household (e.g., unborn child/children of expectant household members, children to be adopted, etc)

Full Name:	Relationship to Head of Household	Sex	Birth date	SS# (Last 4 Digits)	Drivers License Number - State
1.	Head of Household				
2.					
3.					
4.					
5.					
6.					
7.					

Income from Employment

List all current full- and/or part-time employment income for all household members. (Include self-employment gross earnings and net taxable income.) See below for non-employment sources of income.

Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings Before Any Payroll Deductions and Taxes
1.				Hours worked per week _____ Hourly rate _____ \$ _____ Per _____
2.				Hours worked per week _____ Hourly rate _____ \$ _____ Per _____
3.				Hours worked per week _____ Hourly rate _____ \$ _____ Per _____
4.				Hours worked per week _____ Hourly rate _____ \$ _____ Per _____

Income from Other Sources

(Examples: List all Social Security, S.S.I., AFDC/TANF, pension, disability compensation, Armed Forces regular and special pay, unemployment compensation, alimony, child support, annuities, dividends, income from rental property, recurring monetary contributions, interest income, babysitting, care-taking, scholarships, and/or grants etc., ALSO ANY OTHER SOURCE OF INCOME NOT PREVIOUSLY LISTED)

Full Name	Type of Income	Amount
1.		\$ _____ Per _____
2.		\$ _____ Per _____
3.		\$ _____ Per _____

Assets

Complete each category as applicable.

Checking Account

Name of Bank:

Address:

Account Number:

Balance/Date:

\$ _____ / as of

Checking Account #2

Name of Bank

Address:

Account Number:

Balance/Date:

\$ _____ / as of

Money Market Account

Name of Bank

Address:

Account Number:

Balance/Date:

\$ _____ / as of

Stocks and Bonds Value:

\$ _____

Do you own any real estate?

Yes No

Have you ever owned any real estate?

Yes No

Has any adult family member sold, given away, or otherwise disposed of any assets during the past two years?

Yes No

Do you receive any income (either earned and/or unearned) in the form of a prepaid debit card? Yes No

Passbook/Savings Account

Name of Bank:

Address:

Account Number:

Balance/Date:

\$ _____ / as of

401K / Other Retirement Account

Name of Bank

Address:

Account Number:

Balance/Date:

\$ _____ / as of

Certificate of Deposit

Name of Bank

Address:

Account Number:

Balance/Date:

\$ _____ / as of

Savings Bond/s Value:

\$ _____

If yes, what is the current value?

If yes, when? When sold? For how much?

If yes, list each asset and the amount received for each asset.

Balance/Date: \$ _____ / as of

Child Care & Medical Expenses

Complete each question as applicable

Do you pay for child care expenses for any household member under the age of 13?

Yes No

Names of children requiring child care:

Estimate monthly child care costs: \$ _____ per _____

If yes, list name, address, and telephone number of child care provider:

If you are 62 or older or disabled, do you anticipate any medical and/or health related expenses for the next 12 months that are not reimbursed by any medical plan/insurance?

Yes No

Amount of monthly Medicare premium? \$ _____

If yes, please indicate the estimated yearly amount: \$ _____

Amount of other medical insurance: \$ _____ per _____

Student Status

List all persons who are students. Indicate whether enrollment is full time or part time.

Full Name of student

Name and address of School

Phone

Period of Enrollment

1.

Full Time
Part Time

Full Name of student

Name and address of School

Phone

Period of Enrollment

2.

Full Time
Part Time

Full Name of student

Name and address of School

Phone

Period of Enrollment

3.

Full Time
Part Time

General Questionnaire

Do you presently reside in a development where your rent is based upon your income? Yes No If yes, explain: _____

How did you hear about our development?

Why are you applying to our development?

Were you or any member of your household ever convicted of a felony?

Explain circumstances briefly:

Yes No If yes, when? _____

Have you or any member of your household ever been evicted?

Explain circumstances briefly:

Yes No If yes, when? _____

If yes, was the eviction from federally assisted housing for drug-related criminal activity? Yes No

Has anyone in your household been convicted of violating any drug-related laws?

Explain circumstances briefly:

Yes No If yes, when? _____

Is anyone in your household currently engaged in the use of illegal drugs?

If yes, explain circumstances briefly:

Yes No

Is anyone in your household engaged in a pattern of alcohol abuse that could interfere with others' health, safety and right to peaceful enjoyment?

Yes No

If yes, explain circumstances briefly:

Is any member of your household subject to a state sex offender lifetime registration requirement? Yes No

Preferences

Please check "Yes" if you have been displaced by government action or a presidentially declared disaster: Yes No

Has your household been displaced by the previous development, Coliseum Gardens ? Yes No

Do you live in the City of Oakland, Ca or Is any adult household member currently employed in the City of Oakland, Ca? Yes No

Is any adult household member age 62 years or older/or disabled? Yes No

Is at least one household member 55 years or older and all other members classified as a "qualified permanent resident" (see definition below) Yes No

Is any adult household member a U.S. Veteran or active member of the Military? Yes No

"Qualified permanent resident" means a person who meets both of the following requirements: (1) Was residing with the qualifying resident or senior citizen prior to the death, hospitalization, or other prolonged absence of, or the dissolution of marriage with, the qualifying resident or senior citizen. (2) Was 45 years of age or older, or was a spouse, cohabitant, or person providing primary physical or economic support to the qualifying resident or senior citizen.

If you believe that you qualify for any of the above preferences, please enclose verification and return it with your housing application. Any preferences claimed will need to be verified and validated before the household receives the benefit of preferential placement on the waiting list.

I acknowledge that a criminal background check of all adult household members will be part of the application process and I authorize that check.

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

_____ Signature of Head of Household	_____ Date
_____ Signature of Applicant over the age of 18	_____ Date
_____ Signature of Applicant over the age of 18	_____ Date
_____ Signature of Applicant over the age of 18	_____ Date

WARNING: MISLEADING WILLFUL FALSE STATEMENTS, MISREPRESENTATIONS, OR INCOMPLETE INFORMATION IN THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION.

Demographic Data

The following information is required to determine program utilization and for statistical purposes only. This information will not affect the processing of this application.

Gender: Male Female

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race:

American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Attention

Please do not submit more than one application per household or copies of an application.

The filing of this application in no way guarantees you an apartment.

Positively no large appliances, or waterbeds are permitted without the owner's prior written approval and signed agreement.

We do not insure your personal property; we encourage you to purchase renter's insurance for your personal belongings.

Lion Creek Crossings is a Smoke Free Community. No smoking within 25' of any buildings.

EQUAL HOUSING OPPORTUNITY

Lion Creek Crossings does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities. A senior executive 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). You may address your request for review or reconsideration to: Senior Vice President, Related Management Company, LP, 423 W. 55th St, 9th Fl. NY, NY 10019, (212) 319-1200, NY TTY 1-800-662-1220.

