HOUSING AUTHORITY OF THE COUNTY OF ALAMEDA (HACA)

22941 Atherton Street • Hayward, CA 94541-6633 Fax: (510) 886-7058 Email: <u>Hacainfo@haca.net</u>



OCEAN AVENUE WAITING LIST INFORMATION



The Ocean Avenue property consists of two two-bedroom and four three-bedroom mobility accessible units located in the city of Emeryville. The property is funded through the HOME program. Tenants will be responsible for the entire rent portion and will receive a utility allowance.

Occupancy Standards: Applicants must be eligible to live in a two-bedroom or three-bedroom unit to apply. One bedroom is provided for the head of household and their spouse/significant other, if applicable, and then one bedroom for each two additional persons regardless of gender, age or relationship. Reasonable accommodations may be made for households with persons with disabilities.

Qualifications to Apply: Any family, single, elderly and/or disabled person may apply who meets the following qualifications: 1.) the Head of Household must be 18 years of age or older, or be an emancipated youth, at the time of application; 2.) at least one person listed on the application must be a U.S. citizen, eligible immigrant or Violence Against Women Act (VAWA) petitioner; 3.) no person listed on the application can be subject to a lifetime registration requirement under any of the 50 states' sex offender registration program; 4.) no person listed on the application can have been convicted of drug-related criminal activity for the production or manufacture of methamphetamine on the premises of federally-assisted housing; and 5.) the total income (including wages, Social Security benefits, pensions, child support, unemployment benefits, CalWin (TANF), General Assistance, etc.) of all the persons listed on the application must not exceed the following:

Bedrooms	Approximate	Income Limit (as of 06/2019)						
	Rent		1 Person	2 person	3 Person	4 Person	5 Person	6 Person
2	\$1,050	50% AMI	\$43,400	\$49,600	\$55,800	\$61,950	\$66,950	\$71,900
2	\$1,075	80% AMI	\$69,000	\$78,850	\$88 , 700	\$98,550	\$106,450	\$114,350
3	\$1,075	50% AMI	\$43,400	\$49,600	\$55,800	\$61,950	\$66,950	\$71,900
3	\$1,200	80% AMI	\$69,000	\$78,850	\$88,700	\$98,550	\$106,450	\$114,350

Reasonable Accommodation: If you require a reasonable accommodation for a person with disabilities or are limited English Proficient and need assistance with completing this application please call (510) 727-8566.

Note: No applicant has the right or entitlement to be listed on the wait list, or to any particular position on the wait list. Placement on the wait list does not indicate that the family is, in fact, eligible for assistance. A final determination of eligibility will be made when the family is selected from the wait list.

WAITING LIST APPLICATION – OCEAN AVENUE

Please complete this entire form in ink and sign & date the form. Return it to HACA via mail, fax or email.

Part 1: Head of Household								
	′es □No	Last Name: Date of Birth: Email Address:						
Race (check all that apply): American Indian of Distance Hawaiian		r Alaska Native or Other Pacific Islander		□Black or African A	merican			
Ethnicity (check one box):	☐Hispanic or Latino ☐N	Not Hispanic or Latin	10					
Do you understand English we	ell enough to conduct business w	ith the Housing Auth	ority in the E	nglish language?	□Yes □No			
If necessary, do you have account business with the Housing Aut	ess to a competent adult English nority in English?	h speaking person to	assist you	with conducting	□Yes □No			

It you have limited English proticiency and do not have a competent adult English speaking person to assist you, what language would you like to have interpretation/translation from the Housing Authority?							
□Cantonese □Farsi □Spanish □Vietnamese □Other:							
Part	2: Household I	nformation					
In Co Add	lling Address are Of (only if a ress: State <u>and</u> Zip C	pplicable):					
Hous	sehold Members	- Who will live with yo	ou if you are assis	ted by HACA?			
If you will live by yourself (no one else will live with you), write "None" in the first box. List information for adults first, then children under age 18. List the relationship of each person to the Head of Household (spouse, mother, child, foster child, Live-In Aide, etc.). Use a separate piece of paper if there are more household members.							
First	Name	Last Name	Full Social Security #	Date of Birth (mm/dd/yyyy)	Disabled? (Write Yes or No)	Relationship to Head of Household	
Reasonable Accommodation							
Does any disabled family member require a reasonable accommodation due to a disability? Yes No What kind of accommodation do you require?							
Would any disabled family member benefit from living in a unit configured with accessibility features (select all that apply)? Mobility Accessible Hearing Accessible Visually Accessible None							
Household Income							
You must report all gross income for all members of your household. Income includes wages, Social Security benefits, pensions, child support, alimony, unemployment benefits, CalWin (TANF), etc.). Gross income is the amount before taxes and deductions.							
Example: One household member receives a gross benefit of \$836 per month from SSA/SSI and the other household member earns \$1,000 per month in gross wages. The household's gross annual income is \$22,032 (\$836 X $12 = $10,032$ plus \$1,000 X $12 = $12,000$).							
What is your total yearly gross household income?							
Part 3: Additional Eligibility, Preference and Priority Information							
1)	Is one or more	of the persons listed on the	his form a current n	nember of the mili	itary or a veteran?	□Yes	
2)	Are you a resid	dent of the City of Emery	ville?			□No □Yes	
						□No	
Part 4: Certification and Signature							
I certify under penalty of perjury that the above statements are true and correct. I understand that the reporting of false or incomplete statements or information may result in denial of Section 8 assistance.							
Head	d of Household S	Signature			Date	Signed	

FOR OUR NON-ENGLISH SPEAKING CLIENTS

The Housing Authority of Alameda County is sending you an important document. This document may affect housing assistance that you receive or housing assistance that you have applied for. Please read it carefully.

ها زینگ آلامیدا کانتی مدارک مهمی را به شما فرستاده است که با ید با دقت تمام خوانده و تکمیل نمایید. در غیر اینصورت احتمال از دست دادن کمک کرایه ای و یا تقاضانامه ی کمک کرایه ای شما خواهد شد.

اگر در خواندن اور اق انگلیسی اشکالی دارید. می توانید با شماره تلفن ذیل ار تباط حاصل نمایید.

510-727 -8532 فارسى ********

Văn phòng Housing gởi kèm theo thông cáo này những giấy tờ quan trọng cho quý vị đang được hưởng trợ cấp nhà cửa hay đang trong diện nộp đơn xin. Xin quý vị đọc kỹ những giấy tờ này.

Nếu quý vị không thông thạo về tiếng Anh thì xin vui lòng gọi số điện thoại sau đây sẽ có nhân viên người Việt giúp đỡ (510) 727-8584.

La Autoridad de Viviendas del Condado de Alameda le envia este muy importante aviso. Este documento le podra afectar su asistencia continua o ha la asistencia de renta que esta en los tramites de aplicar. Por favor lea bien este aviso.

Si no lo entiende en ingles y necesita ayuda en español, por favor marque el numero 510-727-8578 para mas detálles.