## HOUSING AUTHORITY OF THE COUNTY OF ALAMEDA (HACA)

22941 ATHERTON STREET • HAYWARD, CA 94541-6633 FAX: (510) 886-7058 EMAIL: HACAINFO@HACA.NET



## 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 07/2020)						
	Rent		1 Person	2 person	3 Person	4 Person	5 Person	6 Person
2	\$1,120	50% AMI	\$45,700	\$52,200	\$58,750	\$65,250	\$70,500	\$75,700
2	\$1,147	80% AMI	\$73,100	\$83,550	\$94,000	\$104,400	\$112,800	\$121,150
3	\$1,003	50% AMI	\$45,700	\$52,200	\$58,750	\$65,250	\$70,500	\$75,700
3	\$1,280	80% AMI	\$73,100	\$83,550	\$94,000	\$104,400	\$112,800	\$121,150

**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 or Ala Native Hawaiian or O			□Asian □White	□Black or African American	
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	English language?	□Yes □No
If necessary, do you have account business with the Housing Auth	ess to a competent adult English nority in English?	h speaking person to	assist you	with conducting	□Yes □No

language would you like to have interpretation/translation from the Housing Authority?							
□Cantonese □Farsi □Spanish □Vietnamese □Other:							
Part 2: Household I	nformation						
Mailing Address In Care Of (only if a Address: City, State <u>and</u> Zip C	pplicable):						
Household Members	- Who will live with yo	ou if you are assis	ted by HACA?				
If you will live by you children under age 18	rself (no one else will live B. List the relationship of e a separate piece of po	e with you), write " each person to the aper if there are m	None" in the first le Head of Househoore household me	old (spouse, mother,			
First Name	Last Name	Full Social	Date of Birth	Disabled? (Write	Relationship		
		Security #	(mm/dd/yyyy)	Yes or No)	Head of Ho	usehold	
D 11 A	1 .*						
Reasonable Accomm				مانمواناند کا الامم	□NI <sub>2</sub>		
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.							
	old member receives a ç O per month in gross waç \$12,000).						
What is your total ye	early gross household in	ncome?	\$				
Part 3: Additional E	ligibility, Preference ar	nd Priority Inform	ation				
1) Is one or more of the persons listed on this form a current member of the military or a veteran?				□Yes □No			
2) Are you a resident of the City of Emeryville?						□Yes □No	
						<b>1</b> 140	
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 of Household S	Sianature			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.

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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 ارتباط حاصل نمایید.

8547 - 727 - 510 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.

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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.