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

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

# **WAITING LIST UPDATE FORM (ALL PROGRAMS)**

## THIS IS <u>NOT</u> AN APPLICATION AND WILL <u>NOT</u> BE TREATED AS AN APPLICATION.

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							
First Name: Full Social Security # Are You Disabled? Telephone #:	#: ☐Yes ☐No	D	ast Name: Pate of Birth: mail Address: Our Applicant #:				
Do you understand English well enough to conduct business with the Housing Authority in the English language?							
If necessary, do you have access to a competent adult English speaking person to assist you with conducting business with the Housing Authority in English?							
If you have limited English proficiency 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						
Mailing Address: In Care Of (only if applicable): Address: City, State and Zip Code:							
	- Who will live with yo						
children under age 1	orself (no one else will live 8. List the relationship of se a separate piece of p	each person to the	e Head of Househ	old (spouse, mother,			
First Name	Last Name	Full Social Security #	Date of Birth (mm/dd/yyyy)	Disabled? (Write Yes or No)	Relationship to Head of Household		
Reasonable Accomn	nodation						
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 ye	early gross household in	ncome?	\$				

Emeryville's or City of Emeryville Redevelopment Agency's public projects or the City of Emeryville's enforcement activities?  6) Does one or more of the persons listed on this form verifiably lack housing (i.e., are you or your fam homeless)? This includes a person or family whose primary residence during the night is a superviser or private facility that provides temporary living accommodations (e.g., a homeless shelter); or an individual who has as a resident in transitional housing; or an individual who has as a rejurary residence or private place not designated for, or ordinarily used as, a regular sleeping accommodation for his beings (e.g., living in your car or under a bridge).  7) Is one or more of the persons listed on this form a disabled individual that is in need of the supportive services offered at a particular Project-Bassed Voucher project? These units are limited to families and individuals with disabilities that significantly interfere with their ability to obtain and maintain themse housing; who, without appropriate supportive services, will not be able to obtain or maintain themse housing; and for whom such services cannot be provided in a non-segregated setting. The projects offer these supportive services are Magnolia Terrace in Emeryville, Main Street Village in Fremont, Flanders Housing in San Leandro and Eden Commons in San Leandro.  The supportive services offered at these projects include one or more of the following:  *Family budgeting  *Transportation for activities such as (but not limited to) grocery shop job training, education, attending medical and dental appointments, *Work skills development, job training and employment counseling  *Case management services and/or counseling  *Case management services and/or counseling  *Access to health and psychiatric services; i.e. nurse/medical staff, mealth profession, etc.  *Library access  *Computer access and  *Treatment for drug and/or alcohol addiction (for recovering and training  *Supervised taking of medications  *Treatment for	Part	Part 3: Additional Eligibility, Preference and Priority Information					
San Leandra, Union City and all the unincorporated areas of Alameda County, including, Ashland, C Valley, Cherryland, Eden Township, Livermore Valley, San Lorenzo and Sunol.  Does one or more of the persons listed on this form live, work, or been hired to work in HACA's juris  3) Does one or more of the persons listed on this form live, work, or been hired to work in the city of Fr  4) Has one or more of the persons listed on this form been displaced by Federally-declared disaster of California-declared disaster? If yes, you will be sent a Disaster Preference Form to complete.  5) Has one or more of the persons listed on this form been displaced from their home as a result of the Emeryville's or City of Emeryville Redevelopment Agency's public projects or the City of Emeryville's enforcement activities?  6) Does one or more of the persons listed on this form verificibly lack housing (i.e., are you or your fam homeless)? This includes a person or family whose primary residence during the night is a supervise or private facility that provides temporary living accommodations (e.g., a homeless shelter); or an individual who is a resident in transitional housing; or an individual who has as a primary residence or private place not designated for, or ordinarily used as, a regular sleeping accommodation for hubeings (e.g., living in your car or under a bridge).  7) Is one or more of the persons listed on this form a disabled individual that is in need of the supportive services offered at a particular Project-Based Voucher project? These units are limited to families a individuals with disabilities that significantly interfere with their ability to obtain and maintain thems housing; and for whom such services cannot be provided in a non-segregated setting. The projects offer these supportive services are Magnolia Terrace in Emeryville, Main Street Village in Fremont, Flanders Housing in San Leandro.  The supportive services offered at these projects include one or more of the following:  "Transportation for activities	1)	Is one or more of the persons listed on this form a current member of the military or a veteran?		□Yes □No			
Does one or more of the persons listed on this form live, work, or been hired to work in the city of Frederial and the city of Emeryville's or City of Emeryville Redevelopment Agency's public projects or the City of Emeryville's enforcement activities?	2)	San Leandro, Union City and all the unincorporated areas of Alameda County, including, Ashland, Valley, Cherryland, Eden Township, Livermore Valley, San Lorenzo and Sunol.	Castro	□Yes □No			
All some or more of the persons listed on this form been displaced by Federally-declared disaster of California-declared disaster? If yes, you will be sent a Disaster Preference Form to complete.     Has one or more of the persons listed on this form been displaced from their home as a result of the Emeryville's or City of Emeryville Redevelopment Agency's public projects or the City of Emeryville's enforcement activities?     Does one or more of the persons listed on this form verificably lack housing (i.e., are you or your fam homeless)? This includes a person or family whose primary residence during the night is a superviser or private facility that provides temporary living accommodations (e.g., a homeless shelter), or an individual who is a resident in transitional housing; or an individual who has as a primary residence or private place not designated for, or ordinarily used as, a regular sleeping accommodation for he beings (e.g., living in your car or under a bridge).     15	2)						
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homeless)? This includes a person or family whose primary residence during the night is a supervised or private facility that provides temporary living accommodations (e.g., a homeless shelter); or an individual who has a a primary residence or private place not designated for, or ordinarily used as, a regular sleeping accommodation for hubeings (e.g., living in your car or under a bridge).  7) Is one or more of the persons listed on this form a disabled individual that is in need of the supportive services offered at a particular Project-Based Voucher project? These units are limited to families a individuals with disabilities that significantly interfere with their ability to obtain and maintain thems housing; who, without appropriate supportive services, will not be able to obtain or maintain themse housing; and for whom such services cannot be provided in a non-segregated setting. The projects to offer these supportive services are Magnolia Terrace in Emeryville, Main Street Village in Fremont, Flanders Housing in San Leandro and Eden Commons in San Leandro.  The supportive services offered at these projects include one or more of the following:  *Family budgeting  *Transportation for activities such as (but not limited to) grocery shop job training, education, attending medical and dental appointments, *Work skills development, job training and employment counseling  *Case management services and/or alcohol addiction (for recovering and outless)  *Supervised taking of medications  8) At least one family member who lives in a unit at Main Street Village in Fremont must participate in Service Plan Agreement and receive at least one of the supportive services listed above in question stated in the Service Plan Agreement. If you wish to live at Main Street Village, will at least one pe listed on this form participate in a Service Plan agreement and receive at least one supporti	,	Has one or more of the persons listed on this form been displaced from their home as a result of the City of Emeryville's or City of Emeryville Redevelopment Agency's public projects or the City of Emeryville's code enforcement activities?					
services offered at a particular Project-Based Voucher project? These units are limited to families a individuals with disabilities that significantly interfere with their ability to obtain and maintain thems housing; who, without appropriate supportive services, will not be able to obtain or maintain themse housing; and for whom such services cannot be provided in a non-segregated setting. The projects offer these supportive services are Magnolia Terrace in Emeryville, Main Street Village in Fremont, Flanders Housing in San Leandro and Eden Commons in San Leandro.  The supportive services offered at these projects include one or more of the following:  *Family budgeting  *Transportation for activities such as (but not limited to) grocery shop job training, education, attending medical and dental appointments,  *Parenting skills  *Work skills development, job training and employment counseling  *Educational /vocational opportunities  *Access to health and psychiatric services; i.e. nurse/medical staff, mealth profession, etc.  *Library access  *Computer access and *Treatment for drug and/or alcohol addiction (for recovering and cursers)  *Supervised taking of medications  8)  At least one family member who lives in a unit at Main Street Village in Fremont must participate in Service Plan Agreement and receive at least one of the supportive services listed above in question stated in the Service Plan Agreement. If you wish to live at Main Street Village, will at least one pel listed on this form participate in a Service Plan agreement and receive at least one supportive serviciving at Main Street Village?  9) Is one or more of the persons listed on this form a disabled individual currently living in a nursing ho other healthcare institution?  10) If you applied for our supportive services projects or during our One-Bedroom Elderly/Disabled was January 2015, please indicate which projects you wish to be considered for:    Carlow Court, Union City (elderly only)   Main Street Village, Fremont (homele Eden Commons,	6)	individual who is a resident in transitional housing; or an individual who has as a primary residence a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human					
Service Plan Agreement and receive at least one of the supportive services listed above in question stated in the Service Plan Agreement. If you wish to live at Main Street Village, will at least one per listed on this form participate in a Service Plan agreement and receive at least one supportive service living at Main Street Village?  9) Is one or more of the persons listed on this form a disabled individual currently living in a nursing how other healthcare institution?  10) If you applied for our supportive services projects or during our One-Bedroom Elderly/Disabled words January 2015, please indicate which projects you wish to be considered for:    Carlow Court, Dublin (elderly only)   Main Street Village, Fremont (homeled Dyer Street, Union City (elderly only)   Magnolia Terrace, Emeryville (disabled Eden Commons, San Leandro (transition))	7)	services offered at a particular Project-Based Voucher project? These units are limited to families of individuals with disabilities that significantly interfere with their ability to obtain and maintain them housing; who, without appropriate supportive services, will not be able to obtain or maintain thems housing; and for whom such services cannot be provided in a non-segregated setting. The projects offer these supportive services are Magnolia Terrace in Emeryville, Main Street Village in Fremont, Flanders Housing in San Leandro and Eden Commons in San Leandro.  The supportive services offered at these projects include one or more of the following:  *Family budgeting  *Transportation for activities such as (but not limited to) grocery show job training, education, attending medical and dental appointments, *Work skills development, job training and employment counseling  *Case management services and/or counseling  *Case management services and/or counseling  *Access to health and psychiatric services; i.e. nurse/medical staff, no health profession, etc.  *Library access  *Access to onOsite/off-site social activities  *Treatment for drug and/or alcohol addiction (for recovering and counseling)	and iselves in elves in that , pping, , etc.)	□Yes □No			
other healthcare institution?  10) If you applied for our supportive services projects or during our One-Bedroom Elderly/Disabled wo January 2015, please indicate which projects you wish to be considered for:  Carlow Court, Dublin (elderly only)  Dyer Street, Union City (elderly only)  Nidus Court, Union City (elderly only)  Hagnolia Terrace, Emeryville (disable Eden Commons, San Leandro (transition)	8)	At least one family member who lives in a unit at Main Street Village in Fremont must participate in a Service Plan Agreement and receive at least one of the supportive services listed above in question #7 as stated in the Service Plan Agreement. If you wish to live at Main Street Village, will at least one person listed on this form participate in a Service Plan agreement and receive at least one supportive service while					
January 2015, please indicate which projects you wish to be considered for:  Carlow Court, Dublin (elderly only)  Dyer Street, Union City (elderly only)  Nidus Court, Union City (elderly only)  Healthcare institution)	9)	,	ome or	□Yes □No			
Mayten Manor, Hayward (elderly/disabled)  Flanders House, San Leandro (transit healthcare institution	10)	January 2015, please indicate which projects you wish to be considered for:  Carlow Court, Dublin (elderly only)  Dyer Street, Union City (elderly only)  Nidus Court, Union City (elderly only)  Magnolia Terrace, Emeryville (disabled)  Eden Commons, San Leandro (transit healthcare institution)  Mayten Manor, Hayward (elderly/disabled)  Flanders House, San Leandro (transit	less/disabl bled) tioning fro	led) m			

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 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.

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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 کر ایه ای و یا تقاضانامه ی کمک کر ایه ای شما خواهد شد.

اگر درخواندن اوراق انگلیسی اشکالی دارید. می توانید با شماره تلفن ذیل ارتباط حاصل نمایید.

8547- 727-510 فارسى

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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.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

#### SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

**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)				
☐Emergency ☐Assist with Recertific	cation Process			
Unable to contact you Change in lease term	ıs			
☐ Termination of rental assistance ☐ Change in house rule	es			
☐ Eviction from unit ☐ Other:				
Late payment of rent				
Commitment of Housing Authority or Owner: If you are approved for housing, this information warise during your tenancy or if you require any services or special care, we may contact the person or issues or in providing any services or special care to you.				
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disapplicant or applicable law.	sclosed to anyone except as permitted by the			
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public I requires each applicant for federally assisted housing to be offered the option of providing information organization. By accepting the applicant's application, the housing provider agrees to comply with the requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to a programs on the basis of race, color, religion, national origin, sex, disability, and familial status under age discrimination under the Age Discrimination Act of 1975.	on regarding an additional contact person or ne non-discrimination and equal opportunity or participation in federally assisted housing			
Check this box if you choose not to provide the contact information.				
Signature of Applicant	Date			

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.