

HOUSING AUTHORITY OF THE COUNTY OF ALAMEDA (HACA)

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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 be at or above the Minimums and at or below the Maximums as outlined in the chart below. For example, if your household's income is \$37,000, and your family qualifies for a three-bedroom unit, you would be eligible to apply and would be considered for three-bedroom 50% AMI vacancies.

Bed-rooms	Rent	Income Requirements (Maximum as of 07/1/2020, Minimum as of 12/8/20)							
			1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	
2	\$1,120	50% AMI	Minimum	\$40,320	\$40,320	\$40,320	\$40,320	\$40,320	\$40,320
			Maximum	\$45,700	\$52,200	\$58,750	\$65,250	\$70,500	\$75,700
2	\$1,147	80% AMI	Minimum	\$41,292	\$41,292	\$41,292	\$41,292	\$41,292	\$41,292
			Maximum	\$73,100	\$83,550	\$94,000	\$104,400	\$112,800	\$121,150
3	\$1,003	50% AMI	Minimum	\$36,108	\$36,108	\$36,108	\$36,108	\$36,108	\$36,108
			Maximum	\$45,700	\$52,200	\$58,750	\$65,250	\$70,500	\$75,700
3	\$1,280	80% AMI	Minimum	\$46,080	\$46,080	\$46,080	\$46,080	\$46,080	\$46,080
			Maximum	\$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.

Preferences/Priorities: This property provides preference to families that include a person with a disability, families who are residents of Emeryville, and a Veteran priority.

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

First Name: _____ Last Name: _____

Full Social Sec. #: _____ Date of Birth: _____

Are You Disabled: Yes No Email Address: _____

Telephone Number: _____

Race (check all that apply): American Indian or Alaska Native Asian Black or African Amer.
 Native Hawaiian or Other Pacific Islander White

Ethnicity (check one box): Hispanic or Latino Not Hispanic or Latino

Do you need interpretation/translation services in order to conduct business with HACA?

None Cantonese Farsi Spanish Vietnamese Other: _____

Part 2: Household Information

Mailing Address:

In Care Of (only if applicable): _____

Street Address or PO Box: _____

City, State and Zip Code: _____

Reasonable Accommodation

1. Does any family member who is a person with a disability require a reasonable accommodation due to a disability, and if so, what kind of accommodation do you require?

None Yes (describe): _____

2. Would any family member with a disability benefit from living in a unit configured with accessibility features (select all that apply)?

None Mobility Hearing Sight/Visual

Household Members – Who will live with you if you are assisted 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 (e.g. 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 Number	Date of Birth (mm/dd/yyyy)	Disabled? (Write Yes or No)	Relationship to Head of Household

Household Income

You must report all gross income for all members of your household. Income includes wages, business income, 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 months 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)

1. What is your total yearly gross household income? \$ _____

Part 3: Additional Eligibility, Preferences and Priority Information

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

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 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.

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

فارسی 727-510-8547

Văn phòng Housing gửi 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 detalles.