

Section 504 Equal Access Statement

For mobility impaired persons -- this document is kept in the office at _____. This document may be examined from Monday through Friday between the hours of ____ AM ____ Noon and ____ P.M. and ____ PM. You must phone to make arrangements to examine this document. Please call _____ and TDD users may dial 1-800-735-2929.

For vision impaired persons – _____ will provide a staff person to assist a vision impaired person in reviewing this document. Assistance may include: describing the contents of the document, reading the document or sections of the document, or providing such other assistance as may be needed to permit the contents of the document to be communicated to the person with vision impairments.

For the hearing impaired – _____ will provide assistance to hearing impaired persons in reviewing this document. Assistance may include provision of a qualified interpreter at a time convenient to both the Property and the individual with handicaps. Please call the TDD number 1-800-735-2929 for our number and to schedule an appointment.

Assistance to insure equal access to this document will be provided in a confidential manner and setting. The individual with disabilities is responsible for providing his/her own transportation to and from the location where this document is kept.

If an individual with disabilities is involved, all hearings or meetings required by this document will be conducted at an accessible location with appropriate assistance provided.

**BONITA HOUSE, INC.
6333 TELEGRAPH AVE. #102
OAKLAND, CA 94609**

HUD HOUSING APPLICATION

OFFICE USE ONLY

DATE: _____

TIME: _____

ELIGIBILITY REQUIREMENTS FOR RESIDENCY AT _____ ARE AS FOLLOWS:

- 1) The applicant must have an Annual Income at or below HUD established income limits;
- 2) The Head or co-head of Household must be at least 18 years and have a chronic mental illness;
- 3) Each family member, age six or older, must have a Social Security number;
- 4) Each member of the household must declare their citizenship or non-citizenship eligibility or eligible immigration status.

PLEASE USE INK AND FILL IN ALL BLANKS. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

APPLICANT'S
NAME:

LAST

FIRST

MIDDLE

CURRENT
ADDRESS:

STREET

CITY

ZIP

HOW LONG AT THIS ADDRESS: _____ HOME PHONE: _____

WORK PHONE: _____ Spouse or co-applicant, WORK PHONE: _____

List all persons, including you, who will reside in the apartment/assisted unit. Give the relationship to the head of household.

Full Name of Head of Household, Spouse, or Co-applicant	Relationship	Date of Birth	Age	Sex	Social Security Number

GENERAL FAMILY INFORMATION:

- 1) How many people live in your household now: _____ Will any of these people live anywhere else except your apartment? If **YES**, please explain _____
- 2) Will anyone else live in the apartment on either a full-time or part-time basis? If **YES**, please explain: _____
- 3) Do you expect any of the above to change in the future? _____ If **YES**, please explain: _____
- 4) If a live-in attendant is required for a handicapped, or disabled spouse, or co-applicant, please enter the name of the attendant and the name and address of a doctor who can verify the need for the attendant.
Name of attendant: _____
Name and address of Doctor: _____
- 5) HUD requires us to report the race and ethnicity of the Head of Household for all applicants. We request your cooperation in completing the following questions. This response is optional and your entry will have no bearing on your eligibility for

housing.

Race of Household Head. Please check one: WHITE BLACK AMERICAN INDIAN ASIAN HISPANIC
 NON-HISPANIC

- 6) Have you or any other household member ever used different names from the ones shown above? If **Yes**, please explain: _____

- 7) Have you, your spouse, or co-applicant, ever been evicted or otherwise removed from rental housing? If **YES**, when was the eviction and please explain: _____

Please provide the landlord's name and address: _____

- 8) Has your residency/tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent or failure to comply with re-certification procedures? If **YES**, please explain: _____

- 9) Have you ever entered into a stipulated judgment with a previous landlord? If **YES**, please explain: _____

- 10) Have you or any other household member caused any damage or had the household destroyed by fire? If **YES**, please explain: _____

- 11) Do you, or any other household member currently use any illegal drug or other illegal controlled substance? If **YES**, please explain: _____

- 12) Are you currently or have you ever used a controlled substance without benefit of a prescription? If **YES**, please explain: _____

- 13) Have you successfully completed an approved supervised drug rehabilitation program? If **YES**, please explain: _____

- 14) Have you or any household member ever been arrested? If **YES**, for what reason and when: _____

Were you convicted? **YES or NO** Have the conditions that led up to your arrest or conviction changed? _____

- 15) Have you ever had a restraining order issued against you? If **YES**, what was the reason? _____
Have the conditions that led up to the restraining order changed? If **YES**, please explain: _____

- 16) If you were previously denied housing because of a household member's criminal activity and you claim that your household is no longer involved in criminal activity, be prepared to provide proof of this at your interview.
- 17) Is any household member required to register as a sexual offender? **YES or NO**
- 18) If it is found that a member of your household will not be admitted, you may be requested to exclude this family member from moving into the property. If you are unwilling to do this, your entire household will not be admitted.

- 19) Current Landlord's Name: _____ Phone #: _____
Address: _____

Date of Move-in to Current Address: _____

20) List the name, address, and phone number of your previous landlords or places of residence for the last five years:

Landlord/Residence Name	Address and Phone Number	Move in Date	Move-out Date

21) List the States and Counties where you have ever lived since you were 18:

22) Do you own a Vehicle? **YES or NO**

23) Do you have pets? **YES or NO** Pets are only allowed in accordance with the Pet Policy and the resident is required to sign a Pet Agreement.

INCOME INFORMATION

24) Does any family member now receive or expect to receive income from any of the following sources? For each "YES" answer provide the details in question 15.

YES	NO		YES	NO	
___	___	Employment	___	___	AFDC/GA (Welfare)
___	___	Self-Employment	___	___	Unemployment Compensation
___	___	Social Security/SSI	___	___	Pension/Retirement Fund
___	___	Scholarship/Student Aid	___	___	Disability/Death Benefits
___	___	Insurance Policy	___	___	Severance Pay
___	___	Annuities	___	___	Strike Benefits
___	___	Alimony or Child Support Awarded (even if not received)	___	___	Armed Forces Pay or Allowances
___	___	Other	___	___	Regular Cash Contributions or Gifts (for rent, utilities, groceries, car payment, etc.)

25) For each type of income that your household receives, give the source of the income and the amount of income that can be expected from that source during the next 12 months. Attach additional pages if necessary.

Head of Household, Spouse, or Co-applicant	Source of Income/type of Income	Annual Income

26) List assets of head of household, spouse, or co-applicant, Savings or Checking Accounts:

Account Number	Balance	Bank Name and Address

27) List Certificates of Deposit or Money Market accounts:

Account Number	Term	Balance	Bank Name and Address

28) List any Stocks or Bonds, including name of company, # of shares, amount of interest or dividend earned, and total value. (use back of page if more space is needed.)

Description, Name of Company, Number of Shares	Total Value	Annual Income

29) If you own any real estate, please describe it and indicate where it is located, and give an estimated fair market value.

30) List any other assets: _____

31) List any assets that you have disposed of or given away in the last 2 years.

Description of Asset	Date Disposed of	Value	Amt Received

32) Do you expect any change in your income, assets, or expenses during the next twelve months? If **YES**, please explain:

33) Do you pay for any medial expenses which are NOT REIMBURSED by your insurance company or other means? These include, but are not limited to: services of health care facilities, medial insurance premiums which are not reimbursed, prescription and non-prescription medicines prescribed by a health professional, medial care of permanently institutionalized household member IF his/her income is included in Income, transportation to/from treatment, dental treatment, eyeglasses, contact lenses, hearing aid, wheelchair, walker, artificial limbs, attendant care, periodic medial care, payments on accumulated medial bills, or any other medially-necessary service, apparatus or medication, as documented by a third party verification. **YES or NO**

34) Does any adult member of your household attend school full-time? **YES or NO**

35) Please give three (3) references (other than family members).

Name	Address, City, Zip	Phone Number

36) How did you hear about _____? (Circle one or more) newspaper, friend, drive by, word of mouth

It is the policy of _____ to comply fully with Title VI of the Civil Rights Act of 1964, Title VIII and Section 3 of the Civil Rights Act of 1968 (As amended by the Community Development Act of 1974), Executive Order 11063, Section 504 of the

Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and any legislation protecting the individual rights of residents, applicants or Staff which may subsequently be enacted.

The staff of _____ shall not discriminate because of race, color, creed, religion, sex, age, familial status, handicap, disability, national origin, ancestry, medial condition, physical handicap, veteran status, sexual orientation, AIDS, AIDS related condition (ARC), mental disability, or any other arbitrarily basis in the leasing, rental, or other disposition of housing or related facilities, (including land), included in any Development or Developments under its jurisdiction or in the use or occupancy thereof.

APPLICANT CERTIFICATIONS

1. If my/our application is approved and move-in occurs, we certify that only those persons listed in this application will occupy the apartment that we will maintain no other place of residence, and that there are no other persons for whom we have or expect to have responsibility for providing housing.
2. I/we understand that the above information is being collected to determine my/our eligibility residency. I/we authorize the owner to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental, credit screening services, and to contract previous or current landlords or other sources for credit and verification information which may be released by appropriate federal, state, local agencies, or private persons to the management.
3. I/we authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S. C. Section 1681a(d), seeking information on our creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living
4. I/we authorize management to obtain information about my/our background to see if there is any criminal history, which would prevent me/us from moving onto the property.
5. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
6. I/we understand that false statements or information will deem me/us ineligible, or if move in has occurred terminate the rental agreement.
7. I/we understand we must provide written notification of any changes to the information on this form.
8. I/we understand the project will acknowledge this application by mail.

Date

Signature of Head of Household

Date

Signature of Other Adults members of the Household

Acceptance of completed application by Management

Date

Signature of Management Representative