



ESKATON HAZEL SHIRLEY MANOR

11025 San Pablo Avenue, El Cerrito, CA 94530
PH: (510) 232-3430 FAX: (510) 232-1056
TDD: (800) 735-2922 www.eskaton.org

APPLICATION FOR HOUSING

PLEASE PRINT CLEARLY AND LEGIBLY;
ILLEGIBLE APPLICATIONS WILL BE RETURNED TO THE APPLICANT.
REMEMBER TO SIGN AND DATE THE LAST PAGE OF THE APPLICATION.
THANK YOU.

PERSONAL INFORMATION

APPLICANT

CO-APPLICANT

Name \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ [ ] Male [ ] Female

Date of Birth \_\_\_\_\_ [ ] Male [ ] Female

Social Security Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

SUPPLEMENTAL NOTIFICATION DATA

Who should we contact if an apartment becomes available, and we are unable to contact you?

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

RENTAL HISTORY

Provide rental data for the past three years; attach separate pages, if necessary

CURRENT RESIDENCE

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail Address \_\_\_\_\_

Move-in Date \_\_\_\_\_ Move-out Date \_\_\_\_\_ Is current residence subsidized? Yes [ ] No [ ]

Landlord or Management Agent \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PREVIOUS RESIDENCE

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Move-in Date \_\_\_\_\_ Move-out Date \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Landlord or Management Agent \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

EQUAL HOUSING OPPORTUNITY

**ACCOMMODATION FOR SPECIAL NEEDS**

*A limited number of architecturally-modified units are available for applicants with mobility impairments or who require assistance with activities of daily living. Reasonable accommodation will be made for applicants with other disabilities.*

- Do you have a disability? .....  YES  NO
- Do you require a unit with accessibility features? .....  YES  NO
- Do you have or do you require a live-in attendant? .....  YES  NO
- Do you require visual or auditory alert/communication devices? .....  YES  NO

**ASSETS**

*List all assets (cash, checking, savings, CD's, stocks, bonds, mutual funds, etc.)*

<u>BANK OR INSTITUTION &amp; BRANCH</u>	<u>ACCOUNT NO.</u>	<u>BALANCE</u>	<u>INTEREST</u>
_____	_____	\$ _____	_____ %
_____	_____	\$ _____	_____ %
_____	_____	\$ _____	_____ %

- Have you disposed of any assets for less than fair market value within the past two years? .....  YES  NO
- Do you own any real estate, mobile home(s) or recreational vehicle(s)? .....  YES  NO

**MONTHLY INCOME**

*List gross (amount BEFORE deductions) income for Applicant and Co-Applicant*

<u>SOURCE OF INCOME</u>	<u>APPLICANT</u>	<u>CO-APPLICANT</u>
Social Security, Railroad Retirement	\$ _____	\$ _____
Supplemental Security Income (SSI)	\$ _____	\$ _____
Other – specify _____	\$ _____	\$ _____

- Are you currently employed or do you expect to become employed during the next year? .....  YES  NO

**MONTHLY EXPENSES**

*List expenses paid directly by Applicant/Co-Applicant. Do NOT include expenses paid, or subject to payment and/or reimbursement, by insurance or other person(s) or organization(s).*

<u>TYPE OF EXPENSE</u>	<u>APPLICANT</u>	<u>CO-APPLICANT</u>
Medicare premiums	\$ _____	\$ _____
Other medical insurance premiums	\$ _____	\$ _____
Prescription medications	\$ _____	\$ _____
Other medical expense ( <i>Contact facility office for details</i> )	\$ _____	\$ _____

- Has your tenancy ever been terminated for fraud, nonpayment of rent or other fee(s), failure to complete recertification, or for engaging in, facilitating or permitting criminal activity or violation of any law(s)? .....  YES  NO
- Do you have or plan to have a pet? (If so, what kind? \_\_\_\_\_)  YES  NO

**NOTICE**

*Please read the following carefully before signing and dating this document*

This facility participates in a federally subsidized housing program for qualified low-income persons and families. Applicants must be at least 62 years old at the time of application. The information in this application is required by law and will be used to manage the facility and protect the interests of the owner and government. The information may be released to appropriate agencies, investigators or prosecutors, but is otherwise confidential. Federal law and HUD (Department of Housing and Urban Development) regulations require initial certification of applicants and annual recertification of tenants, including full disclosure of assets and income, to determine program eligibility, appropriate unit size/type, tenant rent and subsidy. Credit and rental history may be investigated. A personal interview of applicants is required prior to initial certification. A one-year lease is required. Under federal law, a person who knowingly and willingly makes false or fraudulent statements to a department or agency of the United States government is guilty of a felony. Incomplete applications will be returned for completion; applications must be signed and dated. Failure to complete this application, failure to sign and date this application or failure to comply with application requirements may result in delay or rejection of the application and/or denial of eligibility. If you have any questions or if you need assistance, please contact the facility office. Thank you for your cooperation.

**APPLICANT DECLARATION**

By signing this document, the undersigned applicants acknowledge and agree that:

- They have read and understand the above notice.
  - Acceptance of this application does not constitute an offer to rent.
  - If they move into this facility, the unit they occupy will be their only residence.
  - If they move into this facility, they will be the only occupants of the assigned unit.
  - The information herein is accurate to the best of their knowledge and belief.
  - Verification of personal, rental, asset, income and expense data is necessary to determine eligibility, rent and other fees.
  - They authorize the release of information to verify said data.
  - Declining an offer to rent may delay processing of and/or result in rejection of this application.
  - False or fraudulent statements may result in rejection of this application and/or denial of eligibility.
- **They understand that this is a non-smoking facility. Smoking of any substance is forbidden within the building, in both common areas as well as in individual units.**

**SIGNED BY:**

\_\_\_\_\_ **APPLICANT**

\_\_\_\_\_ **CO-APPLICANT**

\_\_\_\_\_ **DATE**

How / Where did you learn about Eskaton Hazel Shirley Manor? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Race and Ethnic Data  
Reporting Form**

U.S. Department of Housing  
and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 03/31/2011)

Name of Property Project No. Address of Property

Name of Owner/Managing Agent Type of Assistance or Program Title:

Name of Head of Household Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

<u>Ethnic Categories*</u>	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
<u>Racial Categories*</u>	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Public reporting burden** for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
  1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
  2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
  1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
  2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
  3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
  4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.