

**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 NOT AN APPLICATION AND WILL NOT 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: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Full Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Are You Disabled? Yes No Email Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Your Applicant #: \_\_\_\_\_

Do you understand English well enough to conduct business with the Housing Authority in the English language? Yes No

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? Yes No

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 Information**

**Mailing Address:**

In Care Of (only if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

**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 (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 # | Date of Birth (mm/dd/yyyy) | Disabled? (Write Yes or No) | Relationship to Head of Household |
|------------|-----------|------------------------|----------------------------|-----------------------------|-----------------------------------|
|            |           |                        |                            |                             |                                   |
|            |           |                        |                            |                             |                                   |
|            |           |                        |                            |                             |                                   |
|            |           |                        |                            |                             |                                   |
|            |           |                        |                            |                             |                                   |

**Reasonable Accommodation**

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 yearly gross household income?** \$ \_\_\_\_\_

**Part 3: Additional Eligibility, Preference and Priority Information**

|   |  |   |  |   |
|---|--|---|--|---|
| 1)  | Is one or more of the persons listed on this form a current member of the military or a veteran?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |  |   |
| 2)  | HACA's jurisdiction includes the cities of Albany, Dublin, Emeryville, Fremont, Hayward, Newark, Pleasanton, San Leandro, Union City and all the unincorporated areas of Alameda County, including, Ashland, Castro Valley, Cherryland, Eden Township, Livermore Valley, San Lorenzo and Sunol.<br><br>Does one or more of the persons listed on this form live, work, or been hired to work in HACA's jurisdiction?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |  |   |
| 3)  | Does one or more of the persons listed on this form live, work, or been hired to work in the city of Fremont?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |  |   |
| 4)  | Has one or more of the persons listed on this form been displaced by Federally-declared disaster or State of California-declared disaster? If yes, you will be sent a Disaster Preference Form to complete.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |  |   |
| 5)  | 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?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |  |   |
| 6)  | Does one or more of the persons listed on this form verifiably lack housing (i.e., are you or your family homeless)? This includes a person or family whose primary residence during the night is a supervised public 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 a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., living in your car or under a bridge).   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |  |   |
| 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 and individuals with disabilities that significantly interfere with their ability to obtain and maintain themselves in housing; who, without appropriate supportive services, will not be able to obtain or maintain themselves in housing; and for whom such services cannot be provided in a non-segregated setting. The projects that 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.<br><br>The supportive services offered at these projects include one or more of the following:<br><br><table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>*Family budgeting</li> <li>* Child care</li> <li>*Parenting skills</li> <li>*Life skills training</li> <li>*Educational /vocational opportunities</li> <li>*Library access</li> <li>*Computer access and training</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>*Transportation for activities such as (but not limited to) grocery shopping, job training, education, attending medical and dental appointments, etc.)</li> <li>*Work skills development, job training and employment counseling</li> <li>*Case management services and/or counseling</li> <li>*Access to health and psychiatric services; i.e. nurse/medical staff, mental health profession, etc.</li> <li>* Access to on0site/off-site social activities</li> <li>*Treatment for drug and/or alcohol addiction (for recovering and current users)</li> <li>*Supervised taking of medications</li> </ul> </td> </tr> </table> | <ul style="list-style-type: none"> <li>*Family budgeting</li> <li>* Child care</li> <li>*Parenting skills</li> <li>*Life skills training</li> <li>*Educational /vocational opportunities</li> <li>*Library access</li> <li>*Computer access and training</li> </ul>   | <ul style="list-style-type: none"> <li>*Transportation for activities such as (but not limited to) grocery shopping, job training, education, attending medical and dental appointments, etc.)</li> <li>*Work skills development, job training and employment counseling</li> <li>*Case management services and/or counseling</li> <li>*Access to health and psychiatric services; i.e. nurse/medical staff, mental health profession, etc.</li> <li>* Access to on0site/off-site social activities</li> <li>*Treatment for drug and/or alcohol addiction (for recovering and current users)</li> <li>*Supervised taking of medications</li> </ul> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
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| 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 living at Main Street Village?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |  |   |
| 9)  | Is one or more of the persons listed on this form a disabled individual currently living in a nursing home or other healthcare institution?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |  |   |
| 10)   | If you applied for our supportive services projects or during our One-Bedroom Elderly/Disabled wait list opening in January 2015, please indicate which projects you wish to be considered for:<br><br><table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li><input type="checkbox"/> Carlow Court, Dublin (elderly only)</li> <li><input type="checkbox"/> Dyer Street, Union City (elderly only)</li> <li><input type="checkbox"/> Nidus Court, Union City (elderly only)</li> <li><input type="checkbox"/> Mayten Manor, Hayward (elderly/disabled)</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li><input type="checkbox"/> Main Street Village, Fremont (homeless/disabled)</li> <li><input type="checkbox"/> Magnolia Terrace, Emeryville (disabled)</li> <li><input type="checkbox"/> Eden Commons, San Leandro (transitioning from healthcare institution)</li> <li><input type="checkbox"/> Flanders House, San Leandro (transitioning from healthcare institution)</li> </ul> </td> </tr> </table>   | <ul style="list-style-type: none"> <li><input type="checkbox"/> Carlow Court, Dublin (elderly only)</li> <li><input type="checkbox"/> Dyer Street, Union City (elderly only)</li> <li><input type="checkbox"/> Nidus Court, Union City (elderly only)</li> <li><input type="checkbox"/> Mayten Manor, Hayward (elderly/disabled)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Main Street Village, Fremont (homeless/disabled)</li> <li><input type="checkbox"/> Magnolia Terrace, Emeryville (disabled)</li> <li><input type="checkbox"/> Eden Commons, San Leandro (transitioning from healthcare institution)</li> <li><input type="checkbox"/> Flanders House, San Leandro (transitioning from healthcare institution)</li> </ul>  |   |
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**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.

\*\*\*\*\*

ها زينگ آلاميدا کانتی مدارک مهمی را به شما فرستاده است که با يد با دقت تمام خوانده و تکميل نماييد. در غير اينصورت احتمال از دست دادن کمک کرایه ای و یا تقاضانامه ی کمک کرایه ای شما خواهد شد.

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

فارسی 510-727-8532

\*\*\*\*\*

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) 727-8534.

\*\*\*\*\*

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 number 510-727-8578 para mas detalles.

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.

|  |  |
|--|--|
| <b>Applicant Name:</b>   |  |
| <b>Mailing Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>Name of Additional Contact Person or Organization:</b>  |  |
| <b>Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>E-Mail Address (if applicable):</b>   |  |
| <b>Relationship to Applicant:</b>  |  |
| <b>Reason for Contact:</b> (Check all that apply)  |  |
| <input type="checkbox"/> Emergency   | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you   | <input type="checkbox"/> Change in lease terms               |
| <input type="checkbox"/> Termination of rental assistance  | <input type="checkbox"/> Change in house rules               |
| <input type="checkbox"/> Eviction from unit  | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Late payment of rent  |  |
| <b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the 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 disclosed to anyone except as permitted by the applicant or applicable law.  |  |
| <b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. |  |

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.