



## APPLICATION FOR HOUSING

**Mail to:** Rising Oaks, Attn: Property Manager  
3800 Coolidge Avenue  
Oakland CA 94602

**Email to:** carolinasoza@fredfinch.org

***We are committed to making our housing and services accessible to all people. If you have a disability and/or need assistance in completing this application, please contact 510-406-3076***

Please print in ink and do not use whiteout. In order for us to process your application, make sure each line is filled out completely.

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### Part I: APPLICANT INFORMATION

1. **Name:** \_\_\_\_\_ **Pronouns** \_\_\_\_\_
2. **Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
3. **Current Contact Information:**  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Telephone Number                      Cell Phone Number                      Email
4. **Mailing Address (if Different)**  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Telephone Number
5. **How long have you lived at your present address?** \_\_\_\_\_
6. **Alternative Contact:** \_\_\_\_\_  
Name    Telephone Number
7. **In case of emergency, please notify:**  
\_\_\_\_\_  
Name



Address

Phone

## PART II: INCOME, ASSETS and SUBSIDIES

8. **Income:** List below income received from all sources. Sources may include employment, Social Security, Temporary Aid to Needy Families, alimony and child support, pensions, interest and dividends, and unemployment benefits. Please note: accepted applicants will be required to provide evidence of income.

Recipient Name	Income Source	Annual Amount

*List additional household member' income on a separate sheet of paper*

9. **Assets:** List below all net household assets. Assets mean the balance of any bank accounts, savings, stocks, bonds, the value of real equity in real property, and other forms of capital investment. Do not include automobiles or furniture. Briefly describe the assets and show the total estimated value.

Name of Source	Account No.	Description of Assets	Estimated Value
			\$
			\$

*List additional household members' assets on a separate sheet of paper*

10. **Subsidy:** Do you have a Section 8 or other rental subsidy? ☐ YES ☐ NO

If yes, please explain:

## PART III: LANDLORD/ HOUSING REFERENCES

Use this space to list your current and previous landlord/living situations over the past FIVE years. If you have no landlord references, please explain and use this space to provide two other references and indicate their relationship to you. *Lack of rental history does not mean negative or bad rental history.*

11. **Current Living Situation:** What is your current living situation (apartment, shared housing, residential treatment, co-op apartment, hotel, with family, homeless, etc.)?
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12. **Current Landlord/Housing Reference:**

\_\_\_\_\_  
Landlord or Program, Number, Street and Apt. Number (CONTINUED next page)

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

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

Dates of Residency: From (Month/Year): \_\_\_\_\_ To (Month/Year): \_\_\_\_\_

Rent or Fees Paid: \$ \_\_\_\_\_/month

13. **Previous Landlord/Housing References:**

\_\_\_\_\_  
Landlord or Program, Number, Street and Apt. Number

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

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

Dates of Residency: From (Month/Year): \_\_\_\_\_ To (Month/Year): \_\_\_\_\_

Rent or Fees Paid: \$ \_\_\_\_\_

14. **If you do not have any tenancy history**, please explain why:
- \_\_\_\_\_
- \_\_\_\_\_

15. **Have you ever been evicted for cause, or had eviction proceedings initiated against you?**

☐ YES ☐ NO

If yes, please give the year and explain:

\_\_\_\_\_

**PART IV: ADDITIONAL INFORMATION**

16. **Are you a current or former foster or probation youth?**

☐ YES Please list your social worker/probation officer's name and number:

\_\_\_\_\_

☐ NO

17. All units at Rising Oaks are reserved for individuals who meet one of the following criteria.  
**Would you meet one of these criteria (*subject to verification*)?      Yes      No**

- Has a mental or physical disability
- Recovering from physical abuse
- Recovering from substance abuse
- AIDS or HIV-Positive

18. **Do you require special accommodations due to disability?** (*subject to verification*). If so, please explain:

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19. Applicants who currently live in Oakland **AND** are Oakland workers are given preference for housing. **Do you qualify for this (*subject to verification*)?**

☐ YES      ☐ NO

20. Are you currently parenting?

☐ YES      ☐ NO      If yes, how many children? \_\_\_\_\_

21. If you are not selected for occupancy, **would you like to be placed on the waiting list** for Rising Oaks?

☐ YES      ☐ NO

22. How did you hear about Rising Oaks housing?

☐ Newspaper      ☐ Website      ☐ Sign/Banner      ☐ Word of Mouth

☐ Social Services Agency      ☐ Other: \_\_\_\_\_

23. **Ethnicity** (*Optional*). We request your cooperation in reporting on the race/ethnicity of the applicants and residents in order for management to determine if this project is meeting its goals to serve racial/ethnic groups fairly. This information is strictly voluntary on your part. If you choose to respond, please check the one box in BOTH categories which best describes your race/ ethnicity.

RACE	ETHNICITY
<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other	<input type="checkbox"/> <b>Hispanic</b>  <input type="checkbox"/> <b>Non-Hispanic</b>

OR

<input type="checkbox"/> <b>I PREFER NOT TO DISCLOSE THIS INFORMATION</b>
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Fred Finch Youth & Family Services is a private, non-profit organization that promotes equal housing opportunities and does not discriminate based on race, color, religion, sex, national origin, familial status, disability, marital status, sexual orientation, age, ancestry, medical condition, source of income, gender identification, or any other arbitrary basis.

#### **PART V: RELEASES and VERIFICATIONS**

24. **Confidential Information:** In order to verify any stated disability, please complete both:

- a. Authorization to Release/ Request Confidential Information to allow Rising Oaks to contact your provider; a sample is provided.
- b. Verification of Disability or Special Consideration: Complete the top half of the form, including the verifier's name and address.

**CERTIFICATION** By signing my name below, I certify under penalty of perjury that the above information given is true and correct and understand that my application, lease, or rental agreement may be terminated if I have made any misrepresentation in this application.

I authorize my consent to have management verify the information contained in this application for the purposes of proving my eligibility for occupancy, which includes and is not limited to: the verification of income, assets, credit history, tenancy history, and references. It is understood that I will not have access to any information provided by current or previous landlords regarding tenancy history.

I further understand that my signature below serves as a time-limited consent to release or receive information to/from Rising Oaks staff members and/or individuals and agencies named in this application as required for determining selection for Rising Oaks. This consent may be



revoked by the undersigned at any time, and if not earlier revoked, it shall terminate once I have been notified of the final determination of my application.

I have and will provide all necessary information including source names, addresses, phone numbers, account numbers, where applicable, and any other information required for expediting this process.

I understand that my occupancy is contingent on meeting management's tenant selection criteria. Poor credit history or prior tenancy disputes due to extenuating circumstances will be reviewed on a case-by-case basis by management. Lack of credit history is not considered poor credit history. Fred Finch Youth & Family Services may obtain a report of my credit from credit reporting agency.

Applicant Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

