



Sycamore Place 1 & 2  
**GENERAL ELIGIBILITY**  
**APPLICATION FOR HOUSING (WL)**



THIS IS A **REQUIRED FORM** FOR EACH FAMILY TO BE CONSIDERED FOR A HOUSING UNIT

**REQUIRED APPLICATION NOTICES – APPLICANT TO KEEP**

**NOTICE: Right to Receive Free Interpreter Services**

Please notify Owner/Management Agent if you need language assistance.

It is the policy of CCH Managed buildings to take reasonable steps to provide meaningful access to Limited English Proficient (LEP) individuals.

The policy is to ensure that language will not prevent staff from communicating effectively with LEP individuals and to ensure safe and orderly operations, programs, meetings, events or activities and understanding of rules, regulations and information.

الحق في الحصول على خدمات مترجم شفوي مجاناً - إشعار  
 الرجاء إبلاغ مردّ الرهنى اذا كنت بحاجة الى مساعدة لغوية

**通告 - 有權獲得免費的翻譯服務**

如果你需要語言協助請通知大廈經理

**주의 사항** - 마우스 오른쪽 단추로 무료 통역 서비스를 받을 수  
 당신은 언어의 도움이 필요하면 건물 관리자를 알려 주시기 바랍니다.

**ВНИМАНИЕ** - Право на получение бесплатно услуги переводчика  
 Пожалуйста, сообщите управдом, если вы нуждаетесь в помощи языка.

**AVISO** - Derecho a recibir servicios gratis de interpretación  
 Por favor notifique a gerente del edificio si usted necesita ayuda con el idioma

**PAUNAWA** - Kanan upang Tumanggap ng Libreng interpreter Serbisyo  
 Mangyaring i-notify gusali manager kung kailangan mo ng tulong wika.

**THÔNG BÁO** - Ngay để nhận miễn phí dịch vụ thông dịch  
 Xin vui lòng thông báo cho người quản lý tòa nhà nếu bạn cần hỗ trợ ngôn ngữ



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### **NOTICE: -Right to Reasonable Accommodation/Modification If you have a disability and as a result of your disability you need...**

- A change in the rules or policies or how we do things that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site,
- A change or repair in your apartment or a special type of apartment that would give equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site.
- A change or repair to some other part of the housing site that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site.

If you can show that you have a disability and if your request is reasonable (does not pose an undue financial or administrative burden - is not too expensive and too difficult to arrange) we will try to make the changes you request.

**NOTE:** All information you provide will be kept confidential and be used only to help you have an equal opportunity to use and enjoy your housing and the common areas.



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**SECTION 504 EQUAL ACCESS STATEMENT – APPLICANT TO KEEP**

For mobility-impaired persons, this document is kept in the Management office at:

1100 Sycamore Court ; Brentwood , CA 95060 .

Documents may be examined from Monday through Friday between 9:00 AM to 5:00 PM. You must phone to plan examination of this document.

Please call ( 925 ) 634 - 1390 and **TDD** users may dial ( ) - 711.

For vision-impaired persons, a staff person will be provided 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 hearing-impaired persons, assistance will be provided in reviewing this document. Assistant may include provision of a qualified interpreter at a time convenient to both the Property and the individual with disability. Please call TTY 711 National Relay to schedule an appointment.

Assistance to ensure equal access to this document will be provided in a confidential manner and setting. The individual



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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.

**POLICY OF NON-DISCRIMINATION ON THE BASIS OF HANDICAPPED STATUS**

**Management** does not discriminate on the basis of disabled status in the admission or access to housing, services, or treatment or employment in, its federally assisted programs or activities.

The Section 504 Coordinator who has been designated to coordinate compliance with the non-discrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8, dated June 2, 1988).

**Section 504 Coordinator**  
**1855 Olympic Boulevard; #200**  
**Walnut Creek, CA 94596**  
**Phone (510) 632-6712**  
**TTY 711**



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**COMPLETED BY MANAGEMENT**

Property Name Sycamore Place 1 & 2  
Property Address 1100 Sycamore Court  
City/State/Zip Brentwood, CA 95060  
Phone Number 925-634-1390

**FOR OFFICE USE ONLY**  
Date Received \_\_\_\_\_  
Time Received \_\_\_\_\_  
Received By \_\_\_\_\_

**APPLICATION GUIDANCE**

This English version must be filled out (translated versions available upon request and in accordance with our Language Access Plan for Limited English Persons) and in **blue ink**. All sections must be completed in entirety, if a section or area does not apply, please list "N/A".

**HOW DID YOU HEAR ABOUT US**

- Property Signage
- Newspaper, where: \_\_\_\_\_
- Brochure/Flyer
- Other, list: \_\_\_\_\_

**SECTION A – HEAD OF HOUSEHOLD (HOH) INFORMATION**

Please complete all information pertaining to the Head of Household (HOH)

**1 Name and Contact**

First Name \_\_\_\_\_ MI \_\_\_\_\_  
Last Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Phone #1 \_\_\_\_\_  
/Type \_\_\_\_\_  
Phone #2 \_\_\_\_\_  
/Type \_\_\_\_\_  
 Home  
 Mobile  
 Work  
 Home  
 Mobile  
 Work

**3** Language(s) spoken at home: \_\_\_\_\_

**2 Personal Information**

Social Security Number (SSN) \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Gender  M-Male  F-Female  
 O-Other \_\_\_\_\_  
Marital Status  S-Single  M-Married  
 D-Divorced  
 Other \_\_\_\_\_  
Student Status  F-Full-Time  
 P-Part-Time  
 Not Applicable

Do you need an interpreter  Yes  No



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**SECTION B – OTHER HOUSEHOLD MEMBERS**

Please list all other individuals who will live with you and for Gender, Marital Status, and Student Status, use letters from Section A-2 (HOH Personal Information)

|                 | # 2                      | # 3                      | # 4                      | # 5                      |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Not Applicable  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Full Name       |                          |                          |                          |                          |
| Relation to HOH |                          |                          |                          |                          |
| SSN             |                          |                          |                          |                          |
| DOB             |                          |                          |                          |                          |
| Gender          |                          |                          |                          |                          |
| Marital Status  |                          |                          |                          |                          |
| Student Status  |                          |                          |                          |                          |

Is there a personal Care Attendant/Live-In Aide who will be residing in the unit? If yes, please complete the below section

Yes  
 No

First Name \_\_\_\_\_ MI \_\_\_\_\_ Social Security  
 Last Name \_\_\_\_\_ Number (SSN) \_\_\_\_\_  
 Street Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Proof of need for Live-In Attendant required during eligibility certification via Reasonable Accommodation Process. The Live-In Aide must show proof of identification card, social security number, and a background verification check will be processed

Do you anticipate a change in household composition within the next twelve (12) months? If yes, please explain

Yes  
 No



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## SECTION C – HOUSING SUBSIDIES

Please provide information regarding your current or previous history with rental subsidies.

- 1 Are you currently residing in a housing unit with a rental subsidy?  
 No  Yes, where: \_\_\_\_\_
- 2 Does your household receive any rental assistance?  No  Yes  
 If Yes, what type: \_\_\_\_\_ If Section 8, check one:  
 Section 8  Project Based Assistance  
 Other: \_\_\_\_\_  Tenant Voucher (exp: \_\_\_\_\_)
- 3 Were you or any member of your household receiving subsidy AND 62 or older as of January 31, 2010 and DO NOT have a social security number?  No  Yes, who: \_\_\_\_\_
- 4 Has your 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?  
 No  Yes, list when and why: \_\_\_\_\_

## SECTION D – DISABILITY STATUS (IF APPLICABLE)

It is not necessary to give us details about your disability unless you are requesting an accommodation or requesting a unit with features designed for disabled person.

- 1 Do you or any member listed in this application claim a disability?  Yes  
 No
- 2 Do you or any member require a wheelchair-accessible unit or specifically designed unit/location?  Yes  
 No
- 3 Do you or any member listed in this application require a visual/hearing equipped unit?  Yes  
 No
- 4 Do you or any member listed in this application have a service, assistance, or companion animal?  Yes  
 No

If you answered yes to any question above, please explain:



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## SECTION E – HOUSING HISTORY

Starting with current residences, please list prior housing of all members listed in this application, for the last two (2) years. (can copy page for more space)

**1** Landlord/ Shelter Name \_\_\_\_\_ Monthly Rent \_\_\_\_\_

Landlord a relative?  Yes  No Address of Housing Unit \_\_\_\_\_

Landlord Address (if different) \_\_\_\_\_

Fax or Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

**2** Landlord/ Shelter Name \_\_\_\_\_ Monthly Rent \_\_\_\_\_

Landlord a relative?  Yes  No Address of Housing Unit \_\_\_\_\_

Landlord Address (if different) \_\_\_\_\_

Fax or Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

**3** Landlord/ Shelter Name \_\_\_\_\_ Monthly Rent \_\_\_\_\_

Landlord a relative?  Yes  No Address of Housing Unit \_\_\_\_\_

Landlord Address (if different) \_\_\_\_\_

Fax or Email: \_\_\_\_\_ Phone #: \_\_\_\_\_



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SECTION F – HOUSEHOLD INCOME

Please list all income information for the members listed in this application; you may estimate; indicate gross income before any deductions or garnishments occur. (can copy page for more space)

- 1 Does anyone in your household receive any income from employment/earned wages? No, draw line through sections 2 & 3 below, then go to 4 Yes, complete sections 2 & 3

2 Company Name Member # Job Title Street Address Contact City, State, Zip Title Phone Number Hours/Week Pay Rate/Hour Weeks/Year Monthly Income Yearly Income

3 Company Name Member # Job Title Street Address Contact City, State, Zip Title Phone Number Hours/Week Pay Rate/Hour Weeks/Year Monthly Income Yearly Income

4 Provide amount per month of un-earned/financial assistance income for ENTIRE family. Social Security /month Unemployment /month SSI/SDI /month General Assist /month AFDC /month Other Assist /month Pension /month Gift Support /month Other, please describe: /month

- 5 Select the TOTAL ANNUAL HOUSEHOLD INCOME (estimated from all sources by checking one box in the below ranges. Zero Income \$0 - \$20,000 \$20,001 - \$30,000 \$30,001 - \$40,000 \$40,001 - \$50,000 Over \$50,000



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## SECTION G – HOUSEHOLD ASSETS

Please list all assets information for the members listed in this application; you may estimate. (can copy page for more space)

- 1** Does anyone in your household own/maintain an asset/account?  No, draw line through sections 2 - 5 below, then go to 6  Yes, complete sections 2 - 5

**2** Describe Asset #1 \_\_\_\_\_ Member # \_\_\_\_\_  
 Account Number \_\_\_\_\_ Current Value \_\_\_\_\_  
 Street Address \_\_\_\_\_ Monthly Income \_\_\_\_\_  
 City, State, & Zip \_\_\_\_\_ Joint or Single \_\_\_\_\_

**3** Describe Asset #2 \_\_\_\_\_ Member # \_\_\_\_\_  
 Account Number \_\_\_\_\_ Current Value \_\_\_\_\_  
 Street Address \_\_\_\_\_ Monthly Income \_\_\_\_\_  
 City, State, & Zip \_\_\_\_\_ Joint or Single \_\_\_\_\_

**4** Describe Asset #3 \_\_\_\_\_ Member # \_\_\_\_\_  
 Account Number \_\_\_\_\_ Current Value \_\_\_\_\_  
 Street Address \_\_\_\_\_ Monthly Income \_\_\_\_\_  
 City, State, & Zip \_\_\_\_\_ Joint or Single \_\_\_\_\_

**5** Describe Asset #4 \_\_\_\_\_ Member # \_\_\_\_\_  
 Account Number \_\_\_\_\_ Current Value \_\_\_\_\_  
 Street Address \_\_\_\_\_ Monthly Income \_\_\_\_\_  
 City, State, & Zip \_\_\_\_\_ Joint or Single \_\_\_\_\_

**6** Does any member own real estate? (home, land, etc.)  Yes  No Current Value \_\_\_\_\_ Member Number \_\_\_\_\_

**7** Does any member own a collection? (held as investment)  Yes  No Current Value \_\_\_\_\_ Member Number \_\_\_\_\_

**8** Select the TOTAL ANNUAL HOUSEHOLD ASSETS (estimated from all sources by checking one box in the below ranges.

- Below \$50,000     \$50,001 - \$100,000     Over - \$100,000



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## SECTION H – HOUSEHOLD EXPENSES

Please list all applicable expenses for the members listed in this application; you may estimate.

- 1 Does the Head, Spouse, or Co-Head that is either age 62 or older or disabled claim unreimbursed medical expenses?  Yes  No
  - 2 Does the Head, Spouse, or Co-Head anticipate expenses for the care of children under the age 13 (including foster children)?  Yes  No
  - 3 If you answered yes to 1 or 2, please complete below. If not, draw a line through this section
  - 4 Provide amount per month of anticipated expenses. If your family has no expenses from the source listed, please put zero or "N/A"
- |                                      |                            |
|--------------------------------------|----------------------------|
| Caregiver _____ /month               | Prescriptions _____ /month |
| Child/Dep. Care _____ /month         | Medical Equip _____ /month |
| Other, please describe: _____ /month |                            |

## SECTION I – ADDITIONAL QUESTIONS

Please provide a response to all questions below.

- 1 Is anyone in your household being displaced from their home by result of a government/presidential disaster?  Yes  No  
If Yes, please explain: \_\_\_\_\_
- 2 Is anyone in your household homeless/displaced or about to become homeless/displaced?  Yes  No
- 3 Do you have or believe you qualify for a state or local preference? If Yes, what preference: \_\_\_\_\_  Yes  No
- 4 Has anyone in your household been evicted from Federally Assisted Housing for drug-related criminal activity?  Yes  No
- 5 Does any member claim military or veteran status?  Yes  No  
If Yes, who: \_\_\_\_\_



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**APPLICATION CERTIFICATION & SIGNATURES**

By signing this section below, each adult (18+) household member listed in this application certifies the following statements.

- 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, we will maintain no other place of residence, and there are no other persons for whom we have or expect to have responsibility for providing housing.
- 2** I/we understand the information collected on the Application for housing is to determine my/our eligibility for residency.
- 3** I/we authorize the owner, its agents and employees to make any and all legal inquiries to verify information either directly or through information exchanged now or later with rental, or credit screening services, or law enforcement or other public agencies, and to contact previous or current landlords or other sources for credit and/or verification information which may be released by appropriate federal, state, local agencies, or private persons to the management
- 4** I/we authorize the owner, its agents, and employees 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.
- 5** I/we understand, pursuant to any federal, state, or local "Fair Chance Ordinance, if I am considered housing eligible, I authorize the owner, its agents, and employees to obtain information about my/our criminal background to see if there is any disqualifying criminal history, which may affect me/us from moving onto the property, in compliance with the Resident Selection Criterion.
- 6** I/we understand that any owner inquiry about any prior arrest or conviction record will not be used and/or verified until all other housing eligibility has been approved pursuant to any federal, state, or local notice of such "Fair Chance Ordinance" or rules - notices are supplemental to this Application for Housing.



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- 7** I/we certify the statements made in this application are true and complete to the best of my/our knowledge and belief.
- 8** I/we understand that false statements/information will deem me/us ineligible or terminate the rental agreement.
- 9** I/we understand we must provide written notification of any changes to the information on this form.
- 10** I/we understand that we will be placed on a waiting list(s) based on our household size and in accordance with the resident selection criteria/tenant selection plan. For example, 1-person household will be placed on a studio and one-bedroom waitlist or 2 persons on the one- and two-bedroom waitlists.
- 11** I/we further agree that this application does not constitute any oral and/or written commitment on the part of the Owner or Management Agent.
- 12** I/we understand that any questions or inquiries regarding applicant treatment relative to Section 504 of the Rehabilitation Act of 1973 should be addressed by mail to the CCH 504 Coordinator; 1855 Olympic Boulevard, Suite 200; Walnut Creek, CA 94596-5019; (510) 632 – 6712; TTY via 711 National Relay.

**All adult (18+) household members must sign and date:**

|                           |             |                       |             |
|---------------------------|-------------|-----------------------|-------------|
| <i>Signature #1 (HOH)</i> | <i>Date</i> | <i>Signature #2</i>   | <i>Date</i> |
| <i>Signature #3</i>       | <i>Date</i> | <i>Signature #4</i>   | <i>Date</i> |
| <i>Signature #5</i>       | <i>Date</i> | <i>Signature #LIA</i> | <i>Date</i> |

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **\*\*Social Security Act at 208 (a) (6), (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).