HOUSING NAVIGATION WORKSHOP
How to Apply for Mainstream Affordable Housing

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HOUSING NAVIGATION ASSESSMENT

This assessment will help us support you in creating a plan to obtaining safe and permanent housing by looking at what your household already has, and what you may need.

**BASIC NEEDS**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have regular access to hygiene/clothing resources?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have regular access to food?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have regular access to clean water for drinking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have regular access to water for bathing and cleaning?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have regular access to a toilet?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have regular access to a place to dispose of your garbage and waste?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have regular access to transportation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you feel physically and emotionally safe in your current situation?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Do you feel safe where you are sleeping right now? In your relationships right now?**
- **Are there some immediate things we can do to help you feel safer while we work on connecting you to housing and other services?**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have any health conditions or special health needs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mental Health</td>
<td>Substance/Alcohol Use</td>
</tr>
<tr>
<td></td>
<td>Physical Health</td>
<td>Developmental Disability</td>
</tr>
</tbody>
</table>

- **Are their ways that these disabilities prevent you from meeting your daily needs?**
**ACTIVITIES OF DAILY LIVING**

Does you or anyone in your household need help with any of the following activities of daily living because of health issues?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes, I do</th>
<th>Yes, another household member does.</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toileting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transferring (from toilet to chair, from bed to wheelchair, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeding yourself</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using the Telephone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shopping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparing food in a kitchen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housekeeping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doing Laundry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accessing transportation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taking medications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managing own finances</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintaining own security and safety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managing relationships and conflicts</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**SOCIAL AND CULTURAL SUPPORTS**

Who do you want to live with you in permanent housing?

<table>
<thead>
<tr>
<th>Full Legal Name (First, Middle, Last)</th>
<th>RELATIONSHIP (ex. Spouse, niece, friend)</th>
<th>Birth Date (month/day/year)</th>
<th>Gender</th>
<th>Social Security #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you plan to have anyone living with you in the future who is not listed above?  (Additions to household are subject to approval in rental and affordable housing).  □ Yes □ No.

If yes, who, when, and why?

Are you willing to reduce or change the number of people living with you to qualify for a specific housing opportunity?  □ Yes □ No

Comments:__________________________________________________________________________________________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Friend or family members willing to co-sign on a lease</th>
<th>□ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friend or family member willing to provide a place to live at a reduced cost</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Friend or family member that could be a roommate</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Friend or Family member willing to assist in covering housing costs</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Friends or family members you would like to reconnect with</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

*[add more about meaningful relationships]*
## INCOME, INSURANCE, AND ID/PAPERWORK

### INCOME, EXPENSES, & CREDIT HISTORY

The next set of questions are related to your household’s finances and credit history.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>What type of credit history do you have?</td>
<td>Good, Bad, No Credit History, Don’t Know</td>
</tr>
<tr>
<td>What type of credit history do other adult household members have?</td>
<td>Good, Bad, No Credit History, Don’t Know</td>
</tr>
<tr>
<td>Do you have a recent copy of your credit report?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>Do other adult household members have a recent copy of their credit report?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>If you and/or other household members don’t have a recent copy of your credit report(s), can I help you get one?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>Do you have a bank account?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>If yes, what type of bank account do you have?</td>
<td>Checking, Savings, Other</td>
</tr>
<tr>
<td>Do other members of your household have a bank account?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>If yes, what type of bank account do they have?</td>
<td>Checking, Savings, Other</td>
</tr>
<tr>
<td>Do you have any assets (motorcycle, car, property, CD, IRA)?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>If you do have any assets, what are they?</td>
<td>Details:</td>
</tr>
<tr>
<td>Do other adult household members have any assets (motorcycle, car, property, CD, IRA)?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>If they do have any assets, what are they?</td>
<td>Details:</td>
</tr>
<tr>
<td>Do you have a rep payee?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>If yes, contact information:</td>
<td>Contact Info:</td>
</tr>
<tr>
<td>Are you currently ordered to pay child support?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>If yes, what is the monthly amount you owe?</td>
<td>$___________</td>
</tr>
<tr>
<td>Do you have a suspended or revoked license that is preventing you from getting jobs or housing?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>Do you have other legal matters that are not felonies for which you need legal assistance?</td>
<td>Yes, No</td>
</tr>
</tbody>
</table>
Next we are going to create a household budget with you. This will help us know how much money your household can contribute toward rent.

<table>
<thead>
<tr>
<th>MONTHLY EXPENSES</th>
<th>Amount</th>
<th>Frequency</th>
<th>MONTHLY INCOME</th>
<th>Income Sources</th>
<th>Amount</th>
<th>Frequency</th>
<th>Monthly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Groceries (not paid for by food stamps)</td>
<td></td>
<td></td>
<td>Earned Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clothing</td>
<td></td>
<td></td>
<td>Child Support</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Transportation</td>
<td></td>
<td></td>
<td>SSI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical/Dental/Prescriptions</td>
<td></td>
<td></td>
<td>SSDI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
<td></td>
<td>GA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toiletries &amp; Household Products</td>
<td></td>
<td></td>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Credit Card or Other Loan Payment</td>
<td></td>
<td></td>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Habits (i.e cigarettes, coffee, alcohol)</td>
<td></td>
<td></td>
<td>Total Amount</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hobbies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Savings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td>Total Monthly Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td>Total Monthly Expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Amount</td>
<td>$</td>
<td></td>
<td>Monthly Variance To Cover Rent And Utilities</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are there some ways that you and/or your household can reduce your monthly expenses or increase the amount you can contribute to rent?

__________________________________________________________________________________________________________________

Are there some things you can do to keep your current income stable?

__________________________________________________________________________________________________________________

007
The next step is to use this information listed above to help you create a housing and public benefits portfolio. This will include all of the documents you will need to apply for many forms of housing and public benefits.

<table>
<thead>
<tr>
<th>Document</th>
<th>Obtained?</th>
<th>Verified?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification Card or Drivers License</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security Card</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental Resume <em>(Sample Rental Application)</em></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Verification(s) of Homelessness <em>(for past three years)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verification of Disability <em>(if applicable)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verification of Income <em>(plan to obtain)</em></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Credit Report</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Record of Arrests and Prosecutions (RAP) Sheet <em>(if applicable)</em></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Reasonable Accommodations <em>(if applicable)</em></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Letters of Mitigating Circumstances <em>(if applicable)</em></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Document</th>
<th>Obtained?</th>
<th>Verified?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification Card</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security Card for Adults and Minors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth Certificates for Minors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verification of Income <em>(plan to obtain)</em></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Credit Report</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Record of Arrests and Prosecutions (RAP) Sheet <em>(if applicable)</em></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Reasonable Accommodations <em>(if applicable)</em></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Letters of Mitigating Circumstances <em>(if applicable)</em></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>
## CARE CONNECTIONS

### HOUSEHOLD STRENGTHS & BARRIERS

Does your household have any of the following strengths?

<table>
<thead>
<tr>
<th>Strength / Qualification</th>
<th>Yes</th>
<th>No</th>
<th>Please provide details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive landlord or housing references</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Other non-housing references</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Current employment</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Stable income</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Ability to demonstrate how things have changed from the time negative actions occurred</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>(such as graduating from a substance abuse treatment program, etc)</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Positive relationships with a case manager or advocate</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Involvement in activities that demonstrate responsible behavior such as volunteer or</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>community efforts</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Do you qualify for special needs housing, such as housing for people with disabilities</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>or senior citizens?</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Is someone in your household a part-time or full-time student?</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Are you currently looking for a full time or part time job?</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

Are there other strengths, connections, and/or positive and supportive things you have in your life that could help you move back in to permanent housing as quickly as possible with some assistance from our program or other programs?

___________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________

Have any household members experienced these tenant screening barriers? Please check yes or no.
| Poor reference from current/prior landlord | ☐ Yes | ☐ No | Lack of legal immigration status in the United States | ☐ Yes | ☐ No |
| Prior eviction within the past 7 years | ☐ Yes | ☐ No | One or more misdemeanors | ☐ Yes | ☐ No |
| Unpaid rent or utility bills | ☐ Yes | ☐ No | Recent criminal history (within the last year) | ☐ Yes | ☐ No |
| Filed for bankruptcy in the last 7 years | ☐ Yes | ☐ No | Released from jail or prison in the last year | ☐ Yes | ☐ No |
| Lack of stable Income | ☐ Yes | ☐ No | Critical felony (sex crime, arson, manufacturing drugs) | ☐ Yes | ☐ No |
| Lack of rental history | ☐ Yes | ☐ No | Other felony within the last 7 years | ☐ Yes | ☐ No |
| Lack of or poor credit history | ☐ Yes | ☐ No | Terminated from Section 8 or a public housing program due to fraud, non-payment of rent, or any type of criminal activity | ☐ Yes | ☐ No |
| Other debt (i.e. healthcare debt) | ☐ Yes | ☐ No |

If you answered yes to any of the housing barriers listed above, can you please explain how and when you experienced them in more detail?

____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________

Are there other circumstances to your or other household members’ situation that you think may prevent you from accessing housing? ☐ Yes ☐ No

If yes, please explain.

________________________________________________________________________
________________________________________________________________________

Let’s look at any housing barriers you listed above. Are there things that have changed in a positive way? ☐ Yes ☐ No ☐ N/A If yes, what is different now?

____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________

This information could help us write letters for potential landlords that can explain how your circumstances have changed and in turn, may increase your chances at a housing application being approved. These are called Letters of Mitigating Circumstances.

Now we are going to go over of the places you have lived in the past three years. This will help us see what types of housing you may qualify for, as well as identify any resources or barrier your housing history may bring to your current housing search.
<table>
<thead>
<tr>
<th>Location for last three years, starting with the present. Please include address and city.</th>
<th>Type of place (Emergency Shelter, Place Not Meant For Habitation, Transitional Housing, Permanent Supportive Housing, Rapid Rehousing, Institution, Not Homeless)</th>
<th>Start Date</th>
<th>End Date</th>
<th>Total Months</th>
<th>Why moved from this place</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ES  ___PNMH  ___TH  ___PSH  ___RRH  ___INST  ___NH</td>
<td>Current/NA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ES  ___PNMH  ___TH  ___PSH  ___RRH  ___INST  ___NH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ES  ___PNMH  ___TH  ___PSH  ___RRH  ___INST  ___NH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>__ES  ___PNMH  ___TH  ___PSH  ___RRH  ___INST  ___NH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>__ES  ___PNMH  ___TH  ___PSH  ___RRH  ___INST  ___NH</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>__ES  ___PNMH  ___TH  ___PSH  ___RRH  ___INST  ___NH</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>__ES  ___PNMH  ___TH  ___PSH  ___RRH  ___INST  ___NH</td>
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<tr>
<td>__ES  ___PNMH  ___TH  ___PSH  ___RRH  ___INST  ___NH</td>
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<td>__ES  ___PNMH  ___TH  ___PSH  ___RRH  ___INST  ___NH</td>
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<tr>
<td>__ES  ___PNMH  ___TH  ___PSH  ___RRH  ___INST  ___NH</td>
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<tr>
<td>__ES  ___PNMH  ___TH  ___PSH  ___RRH  ___INST  ___NH</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Did you ever hold a lease in your name? If so, when did you hold it and for how long?
___________________________________________________________________________________________________________________________
What happened that ended that lease?
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________
HOUSING PREFERENCES

This next set of questions will help us understand what type of housing would be a good fit for your household.

Please indicate the places in Alameda County where you would be willing to live:

*NOTE: Choosing more areas that you would be willing to live may increase your available housing options*

<p>| | | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>☐ Alameda</td>
<td>☐ Emeryville</td>
<td>☐ Newark</td>
<td>☐ San Leandro</td>
</tr>
<tr>
<td>☐ Albany</td>
<td>☐ Fremont</td>
<td>☐ Oakland</td>
<td>☐ Other: ________________</td>
</tr>
<tr>
<td>☐ Berkeley</td>
<td>☐ Hayward</td>
<td>☐ Piedmont</td>
<td>☐ Union City</td>
</tr>
<tr>
<td>☐ Dublin</td>
<td>☐ Livermore</td>
<td>☐ Pleasanton</td>
<td>☐ I am willing to live in any part of Alameda County.</td>
</tr>
</tbody>
</table>

Please indicate the places out of Alameda County where you would be willing to live:

*NOTE: These places are often more affordable for housing and may increase your available housing options.*

<p>| | | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>☐ I haven’t thought about it yet; let me think about it</td>
<td>☐ I don’t want to live out of Alameda County</td>
<td>☐ Contra Costa County (Antioch, Richmond, Walnut Creek, etc.)</td>
<td>☐ San Joaquin County (Tracy, Stockton, Lodi, etc.)</td>
</tr>
<tr>
<td>☐ Other city in California: ________________</td>
<td>☐ Other City/State outside of California: ________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If anyone in your household is earning income from employment, what is/are the cities/regions where they are employed?

____________________________________________________________________________________________________________________________

Which of the following unit types *would you be willing to accept?* (Check ALL that apply)

<p>| |</p>
<table>
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<tbody>
<tr>
<td>☐ Shared housing (shared bedroom)</td>
</tr>
<tr>
<td>☐ Shared housing (shared common areas, for example: kitchen, bathroom, etc.)</td>
</tr>
<tr>
<td>☐ Single Room Occupancy (SRO) unit</td>
</tr>
<tr>
<td>☐ Studio/Efficiency</td>
</tr>
<tr>
<td>☐ None of the Above</td>
</tr>
</tbody>
</table>
**Other Preferences and Needs**
Will you only accept housing that allows for pet(s) to live with you? □ Yes □ No

Does any member of your household have a condition that requires a unit for (check all that apply):
□ Mobility impairment □ Hearing impairment □ Vision impairment

*For any impairment indicated above, you will need provide written verification of impairment by a licensed health care professional.

Any professional helpers you are currently working with? □ Yes □ No

If yes, who are they and what do they help you with?

<table>
<thead>
<tr>
<th>Name and Contact of Helping Professional</th>
<th>Type of Help They Are Providing</th>
<th>ROI on File?</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:_________________________</td>
<td>□ Mental health □ Physical Health</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>Phone:_______________________________</td>
<td>□ Income □ Housing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email:_______________________________</td>
<td>□ Employment □ Legal</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Other: ________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Name:_________________________          | □ Mental health □ Physical Health | □ Yes □ No   |       |
| Phone:_______________________________   | □ Income □ Housing               |              |       |
| Email:_______________________________  | □ Employment □ Legal             |              |       |
|                                        | □ Other: ________________________|              |       |

| Name:_________________________          | □ Mental health □ Physical Health | □ Yes □ No   |       |
| Phone:_______________________________   | □ Income □ Housing               |              |       |
| Email:_______________________________  | □ Employment □ Legal             |              |       |
|                                        | □ Other: ________________________|              |       |

| Name:_________________________          | □ Mental health □ Physical Health | □ Yes □ No   |       |
| Phone:_______________________________   | □ Income □ Housing               |              |       |
| Email:_______________________________  | □ Employment □ Legal             |              |       |
|                                        | □ Other: ________________________|              |       |
Would it be OK with you for me to talk with these other people helping you to see if there is a way we can help you better together? ☐ Yes ☐ No

If yes, you will need to sign a form called a Release of Information that allows me to talk with them. You can identify what information you are OK with us sharing with each other.

Thank you for sharing this information with me. Now let’s develop a plan to work on some things that will help you access safe and permanent housing as quickly as possible. Each time we meet, we will identify more steps we can take between meetings.
HOUSING SUPPORT / STABILITY PLAN

What are 1-3 areas that you would like to focus on?

<table>
<thead>
<tr>
<th>CHECK THE AREAS FOR THIS PHASE: (choose 1 to 3 areas)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Needs</td>
</tr>
<tr>
<td>Activities of Living</td>
</tr>
<tr>
<td>Social Supports</td>
</tr>
</tbody>
</table>

Identify Strengths and Desires for Action

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Basic Needs – safety, food, water, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activities of Living – using transpo, paying bills, managing medications, personal care, etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Supports – family, friends, cultural, spiritual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income, Insurance, and ID/Paperwork</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care Connections – health, employment/educational, housing</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
### Plan

<table>
<thead>
<tr>
<th>AREA OF FOCUS: Basic Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHAT</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>AREA OF FOCUS: Activities of Daily Living</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHAT</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>AREA OF FOCUS: Social Supports</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHAT</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AREA OF FOCUS: Income, Insurance, &amp; ID/Paperwork</th>
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<tbody>
<tr>
<td>WHAT</td>
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</table>

<table>
<thead>
<tr>
<th>AREA 5: Care Connections</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHAT</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
I agree with this plan and am committed to following through on the actions steps identified for me.

Participant’s Signature

Date

I assisted the Participant in creating this plan and am committed to following through on the actions steps identified for me.

Housing Navigator’s Signature

Date

Supervisor’s Signature

Date
What is a Housing Portfolio?

A housing portfolio is a set of documents that will be needed to apply for most types of housing. It should include the following:

- ID for all adult household members
- SS Card for all household members if SS number has been issued
- Birth Certificates or custody agreement for all minors in household
- Current proof of Income for all adult household members
- Current proof of Assets for all adult household members (if applicable)
- Sample Rental Application
- Credit Report
- RAP sheet (if applicable)
- Verification of Homelessness (if applicable)
- Verification of Disability (if applicable)
- Request for Reasonable Accommodations (if applicable)
- Evidence of Mitigating Circumstances (if applicable)
Photo ID Fee Waivers:
"How-To" Guide for Homeless Service Providers

Background
On September 29, 2014, Governor Brown signed Assembly Bill 1733 (sponsored by Housing CA) into law. The bill allows Californians who are experiencing homelessness (as defined in the federal McKinney-Vento Homeless Assistance Act), to:

1. Receive a certified copy of his/her birth certificate from the County Registrar's Office (in the county in which the person was born). Learn more about free birth certificates.
2. Receive a state-issued photo ID from the Department of Motor Vehicles.

Who is eligible?
- This is a California law, and only applies to California residents.
- The person wishing to obtain a California Photo ID will go through the regular process with the California Department of Motor Vehicles (DMV) to obtain a photo ID. The individual will need to meet all the usual requirements for documentation—the only difference is that he/she will also need to bring a "No Fee Identification Card Eligibility Verification" form that has been completed by a homeless service provider so he/she is not charged for the ID.

What is the process?
1. Individuals who wish to obtain a free California photo ID must start by visiting a homeless service provider (as defined below).
2. As the homeless service provider, you will need to verify that the individual is experiencing homelessness by completing the "No Fee Identification Card Eligibility Verification" form. These forms are available from the California Department of Motor Vehicles (DMV). You can request these forms directly from the DMV. Request "No Fee Identification Card Eligibility Verification" forms (form DL 393). View the federal definition of homelessness.
3. Instruct the individual to take the form to a DMV office (along with the other items he/she will need).

Frequently Asked Questions
1. When did AB 1733 take effect, and what does it say?
The free birth record portion of AB 1733 took effect on July 1, 2015. The free state-issued photo ID portion of AB 1733 took effect on January 1, 2016. Read the full text of AB 1733.

2. Who is eligible to request a free state-issued photo ID?
Individuals who are California residents and experiencing homelessness or a homeless child or youth.

3. Who is considered a homeless person or child or youth? How can the county verify an individual as homeless?
View the definition of "homeless person" and "homeless child or youth." A child or youth refers to a minor under the age of 18 years. A homeless services provider, pursuant to Health and Safety Code (HSC) Section 103577(j)(3), is responsible for making the determination on who is considered homeless. The California Department of Motor Vehicles (DMV) is not responsible for verifying a person's homeless status. See number 4.

4. What is a "homeless service provider"?
1) A governmental or nonprofit agency receiving federal, state, or county or municipal funding to provide services to a "homeless person" or "homeless child or youth," or that is otherwise sanctioned to provide those services by a local homeless continuum of care organization.
2) An attorney licensed to practice law in this state.
3) A local educational agency liaison for homeless children and youth designated as such pursuant to Section 11432(g)(1)(B)(i) of Title 42 of the United States Code, or a school social worker.
4) A human services provider or public social services provider funded by the State of California to provide homeless children or youth services, health services, mental or behavioral health services, substance use disorder services, or public assistance or employment services.
5) A law enforcement officer designated as a liaison to the homeless population by a local police department or sheriff's department within the state.

5. How does the DMV verify if a provider is legitimate? Is the DMV responsible for verifying this information?
Completed "No Fee Identification Card Eligibility Verification" forms should be accepted at face value. In this case, the requests and homeless service providers are affirming as to the knowledge of the facts on the form.

6. Can the providers charge a fee for verifying the status of a homeless person or homeless child or youth?
No. AB 1733 states that providers may not charge a fee for verification of eligibility.
7. Is there a timeframe limit for an applicant to apply for a state-issued photo ID after receiving the verification from the provider?
A timeframe limit is not addressed in the bill and the DMV should not enforce one.
How to Apply for a Replacement Social Security Card

Step 1: Gather Supporting Documents Needed to Apply:

Citizenship:
- U.S. birth certificate; or
- U.S. passport.

Identity:
- U.S. driver's license; or
- State-issued non-driver identification card; or
- U.S. passport.

If you do not have one of these specific documents or you cannot get a replacement for one of them within 10 days, the Social Security Administration will ask to see other documents.
  - Employee identification card;
  - School identification card;
  - Health insurance card (not a Medicare card); or
  - U.S. military identification card.

Step 2: Complete the Application for a Social Security Card

Virtual copies can be found online here: https://www.ssa.gov/forms/ss-5.pdf. Hard copies can be obtained at your local Social Security Administration Office

Step 3: Submit the Application for a Social Security Card and supporting documents in-person at the Social Security Administration office near you.

You can use this website to find the office closest to you: https://www.ssa.gov/locator/.

*For more information call 1-800-772-1213 or visit https://www.ssa.gov/ssnumber/.
Birth Certificate Fee Waivers: "How-To" Guide for Homeless Service Providers

- Documents for accessing birth records
- Frequently asked questions

Background
On September 29, 2014, Governor Brown signed Assembly Bill 1733 (sponsored by Housing CA) into law. The bill allows Californians who are experiencing homelessness (as defined in the federal McKinney-Vento Homeless Assistance Act), to:

1. Receive a certified copy of his/her birth certificate from the County Registrar’s Office (in the county in which the person was born).
2. Receive a state-issued photo ID from the California Department of Motor Vehicles. Learn more about free copies of state-issued photo IDs.

Documents for Accessing Birth Records

Please note:
- This is a California law, and only applies to people born in California.
- The individual must know the county in which s/he was born. (See FAQ #9 below for those who need assistance finding the correct county.)

Through a letter issued to California’s 58 counties, the State Registrar provided each county recorder/assessor with affidavit forms and instructions for how to issue fee waivers to people experiencing homelessness in compliance with AB 1733. County recorders also received copies of the federal definitions of homelessness and an FAQ to help guide them in administering birth certificate fee waivers.

- Affidavit forms and instructions
- Federal definitions of homelessness

Frequently Asked Questions

1. When did AB 1733 take effect and what does it say?
The free birth record portion of AB 1733 took effect on July 1, 2015. The free state ID portion of AB 1733 took effect on January 1, 2016. Read the full text of AB 1733.

2. Can the State Registrar issue fee exempt copies of birth certificates?
No, AB 1733 states only the local registrar or county recorder can issue, without a fee, a certified record of live birth.

3. Who is eligible to request a fee-exempt birth certificate pursuant to AB 1733?
Those born in California who are experiencing homelessness or a homeless child or youth on behalf of themselves can make a request for a birth certificate, or any person lawfully entitled to request a birth certificate on behalf of a child, if the child has been verified as a homeless person or a homeless child or youth.

4. What is a "homeless service provider"?
1) A governmental or nonprofit agency receiving federal, state, or county or municipal funding to provide services to a "homeless person" or "homeless child or youth," or that is otherwise sanctioned to provide those services by a local homeless continuum of care organization.
2) An attorney licensed to practice law in this state.
3) A local educational agency liaison for homeless children and youth designated as such pursuant to Section 11432(g)(1)(J)(ii) of Title 42 United States Code, or a school social worker.
4) A human services provider or public social services provider funded by the State of California to provide homeless children or youth services, health services, mental or behavioral health services, substance use disorder services, or public assistance or employment services.
5) A law enforcement officer designated as a liaison to the homeless population by a local police department or sheriff’s department within the state.

This information is included on the affidavit instruction page. No person or entity should verify homelessness unless they are specifically permitted to do so under AB 1733.

5. How does a county recorder verify if a provider is legitimate? Are the counties responsible for verifying this information?
Completed affidavits should be accepted at face value and processed the same as sworn statements, when applicants sign under penalty of perjury. In this case, the requestor and homeless service providers are swearing or affirming as to the knowledge of the facts on the affidavit.

6. Can the providers charge a fee for verifying the status of a homeless person or homeless child or youth?
No. AB 1733 states that providers may not charge a fee for verification of eligibility.

7. If a homeless person was not born in the county of search can counties charge a search fee?
8. Can someone make a request on behalf of another homeless person?
Yes, as long as the person is considered a homeless child or youth. A person (i.e., parent, guardian, legal guardian, grandparent, brother, sister, or government agency) other than the registrant may request a copy of a birth certificate on behalf of a homeless child or youth as long as they are lawfully entitled.

9. Can county vital records staff order a birth certificate on behalf of an applicant?
No, the requestor must be the homeless person or homeless child or youth, or someone lawfully entitled to request on behalf of a homeless child or youth. However, counties may assist in providing information about the process.

10. How may an applicant submit a request for processing?
The best method would be to submit in-person at a local county office and a county official may take a statement sworn under penalty of perjury (HSC Section 103526).

11. Can an applicant order multiple certificates?
A person applying for a certified record of live birth is entitled to only one birth record per application for each eligible person verified as a homeless person or a homeless child or youth.

12. How may a homeless individual obtain notarization for the required sworn statement if he or she cannot afford the notarization fee?
The notarization is a statutory requirement, homeless services providers will need to assist applicants with this requirement. County offices will not be able to assist, unless the applicant makes an in-person request in the same county as they were born. A homeless applicant may appear in-person at a local county and a county official may take a statement sworn under penalty of perjury.

13. Should county offices stamp birth certificates, "For Government Use Only"?
No, typically a homeless person, or homeless child or youth applicant would need to request a certified record of live birth for use in obtaining benefits and identification. Stamping "For Government Use Only" will limit the use of the certificate and will not be beneficial to the requestor or for the purpose of this legislation.

14. Is there a timeframe limit for an applicant to apply for a birth certificate after receiving the verification from the provider?
A timeframe limit is not addressed in the bill and the counties should not enforce one.

15. Is the original signature required for the affidavit?
HSC Section 103526(a)(1) states: "If the State Registrar, local registrar, or county recorder receives a written, faxed, or digitized image of a request for a certified copy of a birth, death, or marriage record pursuant to Section 103525 that is accompanied by a notarized statement sworn under penalty of perjury, or a faxed copy or digitized image of a notarized statement sworn under penalty of perjury, that the requestor is an authorized person, as defined in this section, that official may furnish a certified copy to the applicant pursuant to Section 103525."

16. What are the guidelines for out of state requests?
The guidelines are the same as in California requests, but they must be kept in California to benefit from AB 1723.
APPLICATION FOR RENTAL HOUSING

Before completing this application:

- **Read the entire Application Package.** If you need help to complete the application or want information about what happens next after you complete the application, contact [insert staff name and contact #].
- Complete the entire application, in clear, easy-to-read writing; **we cannot accept incomplete applications or those we are not able to read.**
- Answer every question honestly. The information you provide will be checked for its accuracy. Your application will be denied if you knowingly provide false information.

Persons with an eviction or criminal record are not automatically denied. If your criminal record or poor rental history was due to disability, then you are encouraged to submit a Request for Reasonable Accommodation along with this application. If your history was due to circumstances that no longer apply, additional consideration may be requested on the Request for Consideration form.

[If your organization has a partner who is able and qualified to assist potential renters in filling out this application, please include their information here:]

Which property or properties are you applying for, and what size unit? (Check all that apply.) (Refer to Occupancy Standards and Summary of Properties for restrictions.)

[Name of Property]

- SINGLE ROOM
- STUDIO (0)
- ONE BEDROOM (1)
- TWO BRS (2)
- THREE BRS (3)
- FOUR BRS (4)

If anyone in your household has a disability that requires or would benefit from certain features of an accessible unit, then you may indicate a preference or request for such a unit here: □

Checking this box does not limit you only to accessible units, if you believe that you can use a non-accessible unit with ‘reasonable’ or no accommodations. (Documentation of disability and verification of need for an accessible unit will be required if applying for an accessible unit.)
**APPLICATION FOR HOUSING**

**CONTACT INFORMATION**

HEAD OF HOUSEHOLD: ____________________________

FIRST NAME: ________ MIDDLE INITIAL: ________ LAST NAME: ________

Mailing Address:

STREET ADDRESS: ________ APT.: ________ CITY: ________ STATE: ________ ZIP CODE: ________

Home Phone: (____) ________ Cell Phone: (____) ________ Work Phone: (____) ________

E-mail: ____________________________ Best Way To Contact You: ____________________________

**MEMBERS OF HOUSEHOLD**

List all adults and children who will be living in the apartment at least 50% of the time.

<table>
<thead>
<tr>
<th>FULL LEGAL NAME</th>
<th>RELATIONSHIP TO HEAD OF HOUSEHOLD</th>
<th>BIRTH DATE</th>
<th>SEX</th>
<th>SOC. SECURITY NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(First Name, Middle, Last Name)</td>
<td>(spouse, niece, friend)</td>
<td>(month/day/year)</td>
<td>(Male / Female)</td>
<td>(Last 4 digits only; full number will be required at interview)</td>
</tr>
<tr>
<td>1.</td>
<td>HEAD OF HOUSEHOLD</td>
<td>1/1/1950</td>
<td>M/F</td>
<td>XXX-XX-1234</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>1/1/1950</td>
<td>M/F</td>
<td>XXX-XX-1234</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>1/1/1950</td>
<td>M/F</td>
<td>XXX-XX-1234</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td>1/1/1950</td>
<td>M/F</td>
<td>XXX-XX-1234</td>
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<tr>
<td>5.</td>
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<td>1/1/1950</td>
<td>M/F</td>
<td>XXX-XX-1234</td>
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<tr>
<td>6.</td>
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<td>1/1/1950</td>
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<td>XXX-XX-1234</td>
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<tr>
<td>7.</td>
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<td>1/1/1950</td>
<td>M/F</td>
<td>XXX-XX-1234</td>
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<tr>
<td>8.</td>
<td></td>
<td>1/1/1950</td>
<td>M/F</td>
<td>XXX-XX-1234</td>
</tr>
</tbody>
</table>

**ATTACH ADDITIONAL PAGE IF MORE HOUSEHOLD MEMBERS NEED TO BE LISTED**

A. Do you plan to have anyone living with you in the future who is not listed above? (All additions to household are subject to approval)
   □ No  □ Yes: (Who, When, Why?)

B. Is anyone in your household married, but separated or with spouse not living in household?
   □ No  □ Yes: (Who?)

C. Has anyone in your household been involved in eviction or unlawful detainer action? (You may explain this in the Request for Consideration form)
   □ No  □ Yes: (Who?) ________ (Year?) ________ (Address: ________)

(Why?) □ Non-payment of rent  □ Other:

(RESULTS): □ Moved  □ Evicted  □ Case Dismissed  □ Stipulation (settled with the court)
□ Other: ________
MEMBERS OF HOUSEHOLD (CONTINUED)

D. In the past 7 years, has anyone in your household been convicted of a felony and/or misdemeanor crimes? (See Request for Reasonable Accommodation)

☐ No  ☐ Yes: (WHO?) ______________________ (YEAR?) _____ (CONVICTIONS)


STUDENT STATUS

Identify all household members (adults and minors) who attended school/classes in the past year, currently are students, or plan to attend school in the upcoming year.

☐ Check here if no one in the household is enrolled in classes, and no one has been a student in the past year or plans to be in the next year.

Definition of Student: Anyone who attends classes or receives training at a community college, vocational school with a diploma or certificate program, technical school, university, or kindergarten through 12th grade.

<table>
<thead>
<tr>
<th>Name of Person</th>
<th>Choose (circle) 1 of the 3 options:</th>
<th>Part-Time or Full-Time Student?</th>
<th>Name of School</th>
<th>Receiving Financial Aid?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Past / Now / Future</td>
<td>PT / FT</td>
<td></td>
<td>Y / N</td>
</tr>
<tr>
<td></td>
<td>Past / Now / Future</td>
<td>PT / FT</td>
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<td>Y / N</td>
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<td>Past / Now / Future</td>
<td>PT / FT</td>
<td></td>
<td>Y / N</td>
</tr>
</tbody>
</table>

RESIDENCE / RENTAL HISTORY

A. Does your household have to move because the city or county is enforcing public health laws or building codes or other public safety laws?

☐ No  ☐ Yes: (EXPLAIN)

B. Does anyone in your household currently own a house or other real estate property?

☐ No  ☐ Yes: (EXPLAIN)

C. Has anyone owned a house or other real estate property in the past 2 years?

☐ No  ☐ Yes: (EXPLAIN)

D. Does anyone in your household possess a current Section 8 voucher, Shelter Plus Care, or other housing payment assistance from a similar agency?

☐ No  ☐ Yes: (WHICH HOUSING AUTHORITY/AGENCY, APPROVED BEDROOM SIZE)

E. When would you be ready to move?
LIST THE PLACE(S) THAT EACH ADULT HAS LIVED IN THE PAST 5 YEARS (18 years of age or older, or an emancipated minor) If you are currently homeless, provide Verification of Homelessness.

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>WHERE YOU LIVE NOW</th>
<th>PREVIOUS RESIDENCE</th>
<th>PREVIOUS RESIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WHICH BEST DESCRIBES YOUR SITUATION?</th>
<th>WHETHER RENT OR MORTGAGE/AMOUNT YOU PAY</th>
<th># OF PEOPLE IN UNIT/# OF BEDROOMS</th>
<th>WHEN DID YOU LIVE HERE?</th>
<th>ON THE LEASE?</th>
<th>PROGRAM/LANDLORD'S NAME</th>
<th>PROGRAM/LANDLORD'S ADDRESS</th>
<th>PROGRAM/LANDLORD'S PHONE</th>
<th>REASON(S) FOR MOVING</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Rent  ☐ Own</td>
<td>☐ Rent  ☐ Own</td>
<td>☐ Rent  ☐ Own</td>
<td>☐ Rent  ☐ Own</td>
<td>☐ Yes / No</td>
<td>☐ Yes / No</td>
<td>☐ Yes / No</td>
<td>☐ Yes / No</td>
<td>☐ Yes / No</td>
</tr>
<tr>
<td>☐ Live with friend/relative</td>
<td>☐ Live with friend/relative</td>
<td>☐ Live with friend/relative</td>
<td>☐ Live with friend/relative</td>
<td>☐ Yes / No</td>
<td>☐ Yes / No</td>
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<td>☐ Yes / No</td>
<td>☐ Yes / No</td>
</tr>
<tr>
<td>☐ In Program/Facility/Shelter/Homele</td>
<td>☐ In Program/Facility/Shelter/Homele</td>
<td>☐ In Program/Facility/Shelter/Homele</td>
<td>☐ In Program/Facility/Shelter/Homele</td>
<td>☐ Yes / No</td>
<td>☐ Yes / No</td>
<td>☐ Yes / No</td>
<td>☐ Yes / No</td>
<td>☐ Yes / No</td>
</tr>
<tr>
<td>☐ Other</td>
<td>☐ Other</td>
<td>☐ Other</td>
<td>☐ Other</td>
<td>☐ Yes / No</td>
<td>☐ Yes / No</td>
<td>☐ Yes / No</td>
<td>☐ Yes / No</td>
<td>☐ Yes / No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RENT/MORTGAGE/AMOUNT YOU PAY</th>
<th>/ MONTH</th>
<th>/ MONTH</th>
<th>/ MONTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
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</tr>
</tbody>
</table>

2ND ADULT HOUSEHOLD MEMBER

NAME: ____________________________

Check here if details are the same as head of household above: ☐

<table>
<thead>
<tr>
<th>HEAD OF HOUSEHOLD</th>
<th>WHERE YOU LIVE NOW</th>
<th>PREVIOUS RESIDENCE</th>
<th>PREVIOUS RESIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<th># OF PEOPLE IN UNIT/# OF BEDROOMS</th>
<th>WHEN DID YOU LIVE HERE?</th>
<th>ON THE LEASE?</th>
<th>LANDLORD'S NAME</th>
<th>LANDLORD'S ADDRESS</th>
<th>LANDLORD'S PHONE</th>
<th>REASON(S) FOR MOVING</th>
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<td>☐ Yes / No</td>
<td>☐ Yes / No</td>
<td>☐ Yes / No</td>
<td>☐ Yes / No</td>
</tr>
<tr>
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<td>☐ Yes / No</td>
<td>☐ Yes / No</td>
<td>☐ Yes / No</td>
<td>☐ Yes / No</td>
</tr>
<tr>
<td>☐ Other</td>
<td>☐ Other</td>
<td>☐ Other</td>
<td>☐ Other</td>
<td>☐ Yes / No</td>
<td>☐ Yes / No</td>
<td>☐ Yes / No</td>
<td>☐ Yes / No</td>
<td>☐ Yes / No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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<th>/ MONTH</th>
<th>/ MONTH</th>
<th>/ MONTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If more space is needed for additional adults, attach additional Residence History page.
INCOME
A. Each month, how much money does the entire household receive? $_____

B. EMPLOYMENT – ☐ Check here if no adults currently are working.
   For any adults currently working, complete the following:

<table>
<thead>
<tr>
<th>HOUSEHOLD MEMBER NAME:</th>
<th>JOB</th>
<th>DATE EMPLOYED:</th>
<th>TO NOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>DATE EMPLOYED:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>TO NOW</td>
<td></td>
</tr>
</tbody>
</table>
| EMPLOYER:              |     | MONTHLY GROSS INCOME: $_____

<table>
<thead>
<tr>
<th>HOUSEHOLD MEMBER NAME:</th>
<th>JOB</th>
<th>DATE EMPLOYED:</th>
<th>TO NOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>DATE EMPLOYED:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>TO NOW</td>
<td></td>
</tr>
</tbody>
</table>
| EMPLOYER:              |     | MONTHLY GROSS INCOME: $_____

(IF MORE SPACE IS NEEDED, THEN CONTINUE ON BACK OF THIS PAGE AND CHECK HERE ☐ . )

C. SELF-EMPLOYMENT – ☐ Check here if no adults currently are self-employed.
   For any adults self-employed or independent contractors, complete the following:

<table>
<thead>
<tr>
<th>HOUSEHOLD MEMBER NAME:</th>
<th>TYPE OF WORK</th>
<th>DATE SELF-EMPLOYED:</th>
<th>TO NOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>DATE SELF-EMPLOYED:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>TO NOW</td>
<td></td>
</tr>
</tbody>
</table>
| DID YOU FILE TAX RETURNS LAST YEAR? | ☐ YES ☐ NO | NET INCOME/MONTH: $_____

(IF MORE SPACE IS NEEDED, THEN CONTINUE ON BACK OF THIS PAGE AND CHECK HERE ☐ . )

D. ZERO INCOME
   Does any adult in the household claim to receive no income, from any source?
   ☐ No ☐ Yes: (WHO?)

E. MONTHLY/WEEKLY BENEFITS/PAYMENTS – ☐ Check here if no one receives any benefits/payments
   If any adults or minors receive any of the following benefits, fill in amount and identify who receives the benefit:

<table>
<thead>
<tr>
<th>SOCIAL SECURITY $</th>
<th>VETERAN'S BENEFITS $</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSI $</td>
<td>PENSION / RETIREMENT BENEFITS $</td>
</tr>
<tr>
<td>CASH / MONETARY GIFTS $</td>
<td>CHILD / SPOUSAL SUPPORT $</td>
</tr>
<tr>
<td>UNEMPLOYMENT $</td>
<td>DISABILITY / WORKER'S COMP. $</td>
</tr>
<tr>
<td>CALWORKS/GA $</td>
<td>SETTLEMENT PAYMENTS $</td>
</tr>
<tr>
<td>OTHER: $</td>
<td>OTHER: $</td>
</tr>
</tbody>
</table>

GROSS AMOUNT PER MONTH / WHO RECEIVES?
GROSS AMOUNT PER MONTH / WHO RECEIVES?
F. **IN-KIND/NON-CASH BENEFITS** □ Check here if no one receives any in-kind/non-cash benefits. You may have other benefits that help to meet your monthly expenses. If any adults or minors receive any of the following benefits, check the appropriate box(es) and identify who receives the benefits:

<table>
<thead>
<tr>
<th>Who Receives?</th>
<th>Who Receives?</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNAP/FOOD STAMPS</td>
<td>TANF/CALWORKS CHILD CARE</td>
</tr>
<tr>
<td>MEDICAID</td>
<td>TANF/CALWORKS TRANSPORTATION</td>
</tr>
<tr>
<td>MEDICARE</td>
<td>OTHER TANF/CALWORKS SERVICES</td>
</tr>
<tr>
<td>SCHIP</td>
<td>SECTION 8/PUBLIC HOUSING</td>
</tr>
<tr>
<td>VA MEDICAL SERVICES</td>
<td>OTHER:</td>
</tr>
</tbody>
</table>

**ASSETS**

A. List all accounts and assets held by *any* household member (including minors).

*Examples: checking or savings account, certificate of deposits, 401K funds accessible to you, whole life insurance, stocks, real estate, more than $300 cash, etc.*

□ Check here if no one has any assets.

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Account Type</th>
<th>Joint?</th>
<th>Bank</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Y/N</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y/N</td>
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<tr>
<td></td>
<td></td>
<td>Y/N</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*IF YOU HAVE MORE ASSETS/ACCOUNTS, THEN CONTINUE ON BACK OF PAGE AND CHECK HERE □.*

B. In the last two years, have you sold or given away or transferred to someone else any item of value for less than the item's fair market value?

□ No □ Yes: Item: __________________ Date: ___________ Fair Market Value: $________ Amount Received: $________

**ALTERNATE CONTACT PERSONS (OPTIONAL)**

You may wish to provide the contact information of any persons who can give you a message and/or who can discuss your application if we cannot contact you. Please use the Optional Contact Information form to show the contact information.
CERTIFICATION

Under penalty of perjury, I certify that the information supplied on this application is true and complete to the best of my knowledge. I understand that information will be verified by third parties and that this application could be denied due to false information. I understand that a final decision on eligibility cannot be made until all information is verified.

I have read and understand the attached Application Package information.

I understand that completion of this application does not guarantee I/we will become tenants at any property managed by [insert company name].

I authorize [insert company name] to verify my information to determine if I am eligible and suitable to become a tenant. I authorize any tenant verification service, credit agency, or other verification service chosen by [insert company name] to obtain verification of assets, income, credit history, criminal background, employment, and references as needed to determine if I am eligible and suitable to become a tenant.

I understand that it is my responsibility to update the property manager with any changes in the information on how to contact me.

__________________________________________  _______________________________________
SIGNATURE OF HEAD OF HOUSEHOLD                     DATE

__________________________________________  _______________________________________
SIGNATURE OF 2ND ADULT HOUSEHOLD MEMBER             DATE

__________________________________________  _______________________________________
SIGNATURE OF 3RD ADULT HOUSEHOLD MEMBER             DATE

__________________________________________  _______________________________________
SIGNATURE OF 4TH ADULT HOUSEHOLD MEMBER             DATE

Check the box if you are attaching additional pages to your application: □ Yes, see attached

[Insert company name] is an equal opportunity housing provider to all, regardless of actual or perceived race, color, national origin, ancestry, sex, marital status, physical or mental disability, familial status, source of income, religious or political affiliation, sexual orientation, medical condition, participation in or eligibility for a housing assistance program, experience of homelessness, status as a survivor of domestic violence, or other arbitrary basis.

All requests for reasonable accommodations will be considered
NOTICE OF RIGHT TO REASONABLE ACCOMMODATION AND MODIFICATION

Reasonable Accommodation:

At any stage in the housing process (during the application process, while you are a tenant, and during termination), you may request a reasonable accommodation if you have a disability and as a result of your disability you need:

• A change in rules, policies or how we do things that would give you an equal chance to live here and use the housing facilities or take part in programs on site;
• A special type of room or housing unit that would give you an equal chance to live here and use the housing facilities or take part in programs on site;
• A second chance if you violated a housing rule or policy as a result of your disabilities and have a reasonable plan for complying with the rules and policies in the future; or
• A change in the way that we communicate with you or give you information.

Reasonable Modification:

You may request a reasonable modification if you have a disability and as a result of your disability you need:

• A physical change in your room or housing unit that would give you an equal chance to live here and use the housing facilities or take part in programs on site; or
• A physical change in some other part of the housing site that would give you an equal chance to live here and use the housing facilities or take part in programs on site.

Your Request:

We will try to make the change you requested, if you can show that:

• you have a disability,
• that the reasonable accommodation or modification is necessary because of your disability, and
• your request is reasonable (meaning that it does not pose an undue financial or administrative burden or fundamentally alter the nature of the housing services).

You can obtain a Request for Reasonable Accommodation Form [give exact title of form or forms] from the building's Property Manager. If you need help filling out the Form, or if you want to make your request in some other way, we will help you.

Our Response:

After receiving your request for reasonable accommodation or for a reasonable modification, you will receive an answer in 10 business days, unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons. You can give us more information if you think that will help. We will try to work with you to find a way to accommodate your needs.

Confidentiality:

NOTE: All information you provide will be kept confidential and be used only to help you have an equal opportunity to enjoy your housing, the common areas, and the programs offered on site.
ALAMEDA COUNTY
CLEAN SLATE CLINIC

A partnership of the East Bay Community Law Center and Alameda County Public Defender’s Office

Joint walk-in clinics with the
Public Defender and EBCLC
Wednesdays 2-4pm in Hayward
Hayward Public Defender’s Office
24085 Amador St. 2nd Floor, Hayward

Thursdays 9-11am in Oakland
Oakland Public Defender’s Office
545 4th St., Oakland

Regular Public Defender Office Hours (including Clean Slate Services):
Hayward Public Defender’s Office
Monday thru Friday: 2-4 pm
Oakland Public Defender’s Office
Monday thru Friday: 9-11 am & 2-4 pm

For more information contact:
EBCLC
(510) 548-4040
or visit website at
www.ebclc.org

For more information contact:
Public Defender Office
(510) 272-6600
or visit website at
www.acgov.org/defender

We can help with:

- Employment Denials Due to Criminal Background
- Dismissal of Conviction (“Expungement”)
- Felony Reduction / Prop 47 Relief
- Early Termination of Probation
- Certificate of Rehabilitation
- Juvenile Record Sealing
- Sealing of Arrest Record—Factual Innocence
- Errors on Criminal Background Reports
- Occupational Licensing Denials (DSS, Security Guard)
- Voting Rights, Jury Service Rights
Clean Slate FACT sheet

RESULTS & CONDITIONS:

17(b): Felony Reduction to Misdemeanor. After your felony is reduced to a misdemeanor under Penal Code section 17(b), it is reduced to a misdemeanor for almost all purposes.

1203.3: Early Termination of Probation. If the judge grants a 1203.3, then you are no longer on probation for that case.

1203.4: Dismissal. This relief does not remove the conviction from your record or court records, but it can help you obtain employment and release you from some penalties and disabilities of your conviction. If you have to register as a sex offender (PC section 290), this dismissal does not end that requirement. This dismissal also does not reinstate firearm rights that are lost with a felony conviction. For more info about eligibility for firearms, go to www.ag.ca.gov/firearms

1203.4a: Dismissals in Infraction Cases and Cases with No Probation. This relief does not remove the conviction from your record or court records, but it can help you obtain employment and release you from some penalties and disabilities of your conviction.

CALIFORNIA EMPLOYMENT APPLICATIONS:

Disclose ONLY the information requested. For example, some employers ask only about felony convictions or recent convictions, not misdemeanors or arrests that did not lead to convictions.

If you have questions about how to answer a question on any application, please contact the Clean Slate Units at either the Public Defender’s Office or the EBCLC.

Public Jobs:

A criminal background report prepared for a “public” entity will almost always include all convictions, including those dismissed under section 1203.4. If your convictions have been dismissed, write: “dismissed pursuant to Penal Code section 1203.4”

Jobs that are considered “public” are often those that require fingerprinting (LiveScan), jobs at government entities, jobs that require a permit or certificate, government issued license or security clearance, jobs that require working with children or the elderly, healthcare work, etc.

Private Jobs:

All other jobs are considered “private.” Such as non-government companies hiring for jobs that do not involve work with sensitive populations or government contracts.
Your California background report for private employers should not include any of the following information about your criminal history:

- ANY convictions over 7 years old,
- Arrests not leading to conviction,
- Dismissed (1203.4) misdemeanor convictions,
- Successful diversion programs.

After you have had all of your convictions dismissed under section 1203.4 in all CA counties, you are legally permitted to state that you have “no convictions” when applying for a private job.

YOUR RIGHTS:

- Potential private employers must first get your permission before running a criminal background check on you.
- You have the right to request a copy of your background check report. Always ask for a copy.
- Your criminal record must be reported correctly. If for some reason it is not, you have the right to have those mistakes corrected.

CONTACT INFO:

For more information or to answer questions, contact:

- Alameda County Public Defender’s Office Clean Slate Unit
  - 510-272-6600
  - cleanslate@acgov.org
  - www.acgov.org/defender/

- East Bay Community Law Center (EBCLC)
  - 510-548-4040 ext. 390
  - www.ebclc.org

Disclaimer: This flyer provides general information only. It does not constitute legal advice, nor does it substitute for the advice of an expert representative or attorney who knows the particulars of your case. We have made every effort to provide reliable, up-to-date information but we cannot guarantee its accuracy.
Homelessness 3rd Party Verification Letter Template

***IMPORTANT, PLEASE READ***

Please provide verification of homelessness on your agency letterhead. The recommended template below may be copied onto letterhead or recreated with the same content and printed on letterhead. Please complete separate verification letters for each episode of homelessness, as required by HUD.

This verification of homelessness will help prioritize chronically homeless and disabled individuals for permanent supportive housing opportunities in Alameda County.

I certify that ____________________________ (Client’s Name)

Stayed at ____________________________ (Location/Facility/Program Name)

For the following period of time: between ___________ and ___________.

Month/Day/Year Month/Day/Year

This location/facility/program is classified as one of the following types:

☐ Place not meant for human habitation (e.g., vehicle, abandoned building, bus/train/subway station/airport or anywhere outside)

☐ Emergency Shelter (including hotel or motel paid for with an emergency shelter voucher)

☐ Transitional Housing

☐ Hospital or other residential non-psychiatric medical facility

☐ Psychiatric hospital or other psychiatric facility

☐ Jail, prison or juvenile detention facility

☐ Substance use disorder treatment facility or detox center

☐ A house or home, from which client is currently fleeing to escape domestic violence

☐ Other (please specify):

__________________________________________________________________________________________

Before coming to the location listed above, this client resided at: __________________________________________

_________________________________________________________ for ________ (# of) months, between ___________ and ___________.

Month/Day/Year Month/Day/Year

I also certify that this client currently has no other housing options and lacks other networks or resources to secure housing.

Name of Staff Member (Print): __________________________________________

Title of Staff Member: __________________________________________ Staff Phone Number: __________________________

Staff Member Signature: __________________________ Date Signed: __________________________

Contact HOME STRETCH
fax: 1 (855) 658-5466, email: HomeStretch@acgov.org, phone: (510) 891-8938
mail: Post Office Box 29172, Oakland, CA 94612

v.5 - Effective 10/16/16
Homelessness Self Certification Statement

Instructions: This form may be used when an individual applying to a program lacks connections with service providers to complete a third party verification of homelessness. A separate self certification form must be used for each period of homelessness for which Third Party or HMIS verification isn’t available. Housing Navigators must document all attempts to obtain third party verification for each self certification made (see below).

Client Section:

I certify that I ________________________________ (Client’s Name) have been homeless during the following period of time:

Between: ____________ and ____________
Month/Day/Year       Month/Day/Year

In this time period I lived/live at ________________________________________.

What else would you like to share about your homeless status during the period of time referenced above (optional)? For example, “I cannot remember the name of the place where I was living during the fall of 2014 but I believe that it was an emergency shelter. I have problems with my memory from that time due to an illness.”

______________________________________________________________

I certify that the above information is correct.

Signature of Client: ___________________________ Date of Signature: __________

Staff Section: DO NOT SKIP THIS STEP

Please document all attempts to obtain 3rd party verification for the period of homelessness documented above.

1) ______________________________________________________

2) ______________________________________________________

3) ______________________________________________________

I reviewed the above statement with the client, and certify that the attempts to obtain 3rd party verification are accurate.

Name of Staff (Print): ________________________________

Staff Member Organization and Title: __________________________ Staff Phone Number: __________________________

Signature of Staff: ___________________________ Date of Signature: __________________________

Contact HOME STRETCH
fax: 1 (855) 658-5466, email: HomeStretch@acgov.org, phone: (510) 891-8338
mail: Post Office Box 29172, Oakland, CA 94612

v. 4 - Effective 8/10/16
Guide to Home Stretch Disability Verification

Instructions: Use this information as a guide when documenting disability for a Home Stretch referral. Include appropriate disability verification to enable matching to specific housing opportunities.

According to HUD guidelines, a person shall be considered to have a disabling condition if such a person has a diagnosable:

- Substance use disorder; AND/OR
- Serious mental illness; AND/OR
- Development disability (as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000, 42 U.S.C. 15002); AND/OR
- Post-traumatic stress disorder (PTSD); AND/OR
- Cognitive impairments resulting from brain injury; AND/OR
- Chronic physical illness or disability (e.g. HIV/AIDS)

And that condition meets all of the criteria below:

- Is expected to be of long-continued and indefinite duration; AND
- Substantially impedes the person's ability to live independently; AND
- Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

There are specific housing opportunities with set-asides or preferences for people with the following health conditions: HIV/AIDS, serious mental illness, developmental disabilities, and substance use conditions. Please have a licensed health care professional complete the Home Stretch Disability Verification to be considered for these specific housing opportunities.

If a licensed health care professional CANNOT complete the disability verification, then disability can also be verified by providing one of the documents listed below. However, it is strongly recommended that the Home Stretch Disability Verification be completed if possible.

Disability can also be verified by providing one of the documents listed below:

- Written verification of disability from the Social Security Administration, OR
- Copy of a disability check (e.g., Social Security Disability Insurance check or Veteran's Disability Compensation)
Home Stretch Disability Verification

To Be Completed By A Licensed Health Care Professional

This verification will help prioritize homeless and disabled individuals for permanent supportive housing opportunities in Alameda County.

This Disability Verification Form is for:

Patient Name: ____________________________________________________________

Patient Date of Birth: ____________________________________________________

Clinician Contact Information:

Organization Name (if applicable): _________________________________________

Address: _________________________________________________________________

Phone #: _________________________________________________________________

E-mail: ____________________________

I am a credentialed and licensed health care professional trained to perform diagnostic and functional assessments of patients. Within my scope of practice, I have determined that the patient named above has the following diagnosable condition(s) that are: 1) expected to be of long-continued and indefinite duration; AND 2) substantially impedes the individual's ability to live independently; AND 3) The condition could be improved by more suitable housing conditions. (check ALL that apply):

- Substance use disorder**
- Serious mental illness, including severe Post Traumatic Stress Disorder (as defined in the DSM and is severe in degree and persistent in duration; is NOT a substance use disorder, developmental disorder, or acquired traumatic brain injury)**
- Cognitive impairments resulting from brain injury**
- Chronic physical illness or disability*
- HIV infection or AIDS*

*Acceptable Credentials for Medical Conditions: MD (Medical Doctor), NP (Nurse Practitioner)

**Acceptable Credentials for Mental Health & Substance Use Conditions: MD (Medical Doctor), NP (Nurse Practitioner), PsyD/PhD (Psychologist), LCSW (Licensed Clinical Social Worker), MFT/LMFT (Marriage and Family Therapist), LPCC (Licensed Professional Clinical Counselor)

My signature below indicates my verification of the above information for this patient.

Intern Name, if applicable (printed): ________________________________

Signature: ___________________________________________ Date: ________________

Licensed Staff Name (printed): ________________________________

Signature: ___________________________________________ Date: ________________

Professional License Type: _________________________ License #: ______________________

Contact HOME STRETCH

fax: 1 (855) 658-5466, email: HomeStretch@acgov.org, phone: (510) 891-8938 mail: Post Office Box 29172, Oakland, CA 94612

v.5 - Effective 3/16/17

044
REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION

FORMS AND PROCEDURE

Housing Providers are required to provide a reasonable accommodation in their rules, policies, practices and procedures and allow reasonable modifications (changes to the physical structure) for qualified individuals (persons with disabilities) as defined by law.

When considering a reasonable accommodation/modification request a Housing Provider can only take the following into consideration:

- Is the individual (or the intended tenants of the housing) which is the subject of the request, qualified? (Is the individual a person with a disability as defined by law or is the housing designed to serve persons who are disabled as defined by law?)
- Is the request for a accommodation or modification necessary? (This is not determined by the Housing Provider but by the individual or developer of the housing and confirmation can be requested to be provided by a medical health professional.)
- Would the requested accommodation impose an undue financial or administrative burden? (For a modification this in only considered if the modification is to be paid for by the housing provider. Please consult HUD or DFEH to determine if the Housing Provider is required to pay for the modification.)
- Would the requested accommodation or modification require a fundamental alteration in the nature of the program?

The Housing Provider should not ask about the nature or severity of the disability in question. The Housing Provider need only consider whether or not the request is 'reasonable' in terms of cost and alteration of their housing program. They may ask questions which will clarify what it is about the policy, practice or procedure that serves as a barrier (so that the housing provider may offer an alternative 'solution' if the requested accommodation is not 'reasonable'.) They should not attempt to determine whether or not the request is necessary for the individual(s) in question. That is up to the individual and their advisors.

Following are draft forms which do two things:

- Determine that an individual (or the prospective tenants) are qualified under the law for a reasonable accommodation/modification, and
- Verify that what is being requested is consistent with the needs associated with the individual(s) and their disability.

These forms were adapted by Wanda Remmers, Housing Rights, Inc. (510-548-8776). Please call if you have questions.
REQUEST FOR AN ACCOMMODATION OF A HOUSING POLICY

(EXAMPLE)

I qualify as an individual with a disability as defined by federal and state fair housing laws.

You have a policy that prohibits animals in your building located at______. Because of my disability, that policy would restrict my ability to use and enjoy an apartment in that building.

In accordance with my rights under federal and state fair housing laws I am requesting that you make an accommodation of your animal policy and allow me to have a cat.

Please respond in writing, within ten working days, to my request for the above accommodation.

Thank you for your attention to this important matter.

____________________________
Signature:

____________________________
Date:

The accommodation requested above by my client, __________________________________ is consistent with her needs associated with her disability.

____________________________
Signature of Medical Professional

____________________________
Printed name and title
CERTIFICATION OF STATUS AS AN INDIVIDUAL WITH A DISABILITY

In federal civil rights laws the definition of disability includes:

"...with respect to a person, a physical or mental impairment which substantially limits one or more major life activities, a record of such an impairment; or being regarded as having such an impairment...

"...physical or mental impairment includes: (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular, reproductive, digestive; genito-urinary; hemic and lymphatic; skin, and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

"...The term 'physical or mental impairment' includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairment, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism.

As a medical/social service professional with a knowledge necessary to make such a determination, I certify that

______________________________ (name of individual)

qualifies as an individual with a disability as defined above.

(IMPORTANT: Do NOT reveal the specific NATURE OR SEVERITY of the individual's disability)

______________________________

Name and professional title

______________________________

Signature

______________________________ Date
REQUEST FOR AN ACCOMMODATION OF A HOUSING POLICY

I qualify as an individual with a disability as defined by federal and state fair housing laws.

You have a policy that ______________ in your building located at ______________. Because of my disability, that policy would restrict my ability to use and enjoy an apartment in that building.

In accordance with my rights under federal and state fair housing laws I am requesting that you make an accommodation of your animal policy and allow me to ______________.

Please respond in writing, within ten working days, to my request for the above accommodation.

Thankyou for your attention to this important matter.

Signature:

Date:

The accommodation requested above by my client, ________________________________ is consistent with her needs associated with her disability.

__________________________________________________  Signature of Medical Professional

__________________________________________________  Printed name and title
REQUEST FOR REASONABLE ACCOMMODATION or MODIFICATION
IN THE APPLICATION PROCESS

Head of Household: ______________________________________

1. The following household member is an individual with a disability as defined by federal and
state fair housing laws [(a) has a physical or mental impairment that substantially limits one
or more life activities; or (b) has a record of having such an impairment; or (c) is regarded as
having such an impairment]: Name: __________________________

2. As a result of this disability, I am requesting the following reasonable accommodation or
modification or my household (please check one or more boxes below).

☐ A change in the Eligibility Screening Criteria, as it relates to:
☐ Rental history  ☐ Criminal history  ☐ Other

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

☐ Other. Please specify below:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Attach additional pages if necessary.

3. I/We need this reasonable accommodation so that I/we can:

________________________________________________________________________

4. You may verify that I (or the person named in #1 above) have a disability and the need
for this request by contacting:

Name and Title ________________________________ Agency/Clinic/Facility __________

Address ___________________________ Telephone __________ Fax __________

I give you permission to contact the above individual for purposes of verifying that I have (or a
household member has) a disability and a need for the reasonable accommodation or
modification requested above. I understand that the information you obtain will be kept
confidential and used solely to determine if you will grant the accommodation or modification.

Printed Name: ___________________________ Phone: ___________________________

Signed: ___________________________ Date: ___________________________
REQUEST FOR CONSIDERATION OF MITIGATING CIRCUMSTANCES
IN THE APPLICATION PROCESS

Head of Household: __________________________

Use this form to explain any mitigating circumstances related to your application, rental history or criminal history that you want us to consider when we review your application for housing. **Mitigating circumstances** are conditions or occurrences that partially explain a negative situation, or make it more understandable. If there are potentially negative items on your application that you believe are no longer applicable to your current or future circumstances, then you may offer an explanation or clarification below. Please note that we may require verification of your statement, or ask for additional evidence that you can meet the requirements of tenancy, despite your past. Also note that your application may still be denied; if denied, you will receive notice of the denial that explains the reason(s) for denial, and your right to appeal the decision.

I would like to clarify my □ Rental history □ Criminal history □ Other

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Printed Name: ___________________________ Phone: __________________________

Signed: ___________________________ Date: __________________________

Attach additional sheets as needed.
Verification of Homelessness

Instructions: Please provide certification on letterhead stationery. This recommended template can be copied onto letterhead or recreated with the same content and printed on letterhead.

Certification

I certify that ___________________________ stayed/received services at ___________________________

(Client’s Name)
(Facility/ Program Name)

for the following period of time:

(1) between: / / and: / / 
(2) between: / / and: / / 
(3) between: / / and: / / 
(4) between: / / and: / / 

Please indicate if this program is residential or drop-in/outreach (circle one)

Additional detail about the client’s episodes of homelessness may be written below. If you are a drop-in/outreach center please indicate in detail how you have verified the client’s situation of homelessness.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Before coming to this facility, the homeless family or person resided at ____________________________.

This facility is classified as one of the following types of facilities/programs:

☐ Emergency Shelter ☐ Mental Health Institution
☐ Transitional Housing ☐ Correctional Facility
☐ Permanent Housing ☐ Substance Abuse Facility
☐ Medical Institution ☐ Other: _____________________________________________

Signature: ___________________________ Date: ___________________________
(Signature of Facility Staff)
**OPTIONAL CONTACT INFORMATION**

You may name a family member, friend, case manager, or social, health, advocacy, or other organization that may be able to help in resolving any issues that might arise during the application process or when you are a tenant.

You may update, remove, or change the information you provide on this form at any time.

You are not required to name an additional contact person or organization, but if you do, please provide the name, information on how to contact the and when to contact them.

The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

<table>
<thead>
<tr>
<th><strong>Applicant Name:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mailing Address:</strong></td>
</tr>
<tr>
<td><strong>Telephone:</strong></td>
</tr>
<tr>
<td><strong>Cell Phone:</strong></td>
</tr>
</tbody>
</table>

| **Name of Additional Contact Person or Organization:** |
| **Mailing Address:** |
| **Telephone:** |
| **Cell Phone:** |

| **E-Mail Address (if applicable):** |
| **Relationship to Applicant:** |

- □ Only to relay messages to me
- □ To assist with my application process
- □ Emergency
- □ When unable to contact me
- □ Termination of my rental assistance
- □ Eviction from unit

- □ Late payment of rent
- □ To assist with my recertification process
- □ Change in lease terms
- □ Change in house rules
- □ Other: __________________________

---

Signature of Applicant ___________________ Date _________________
REQUEST FOR CONSIDERATION OF MITIGATING CIRCUMSTANCES
IN APPLICATION PROCESS

Head of Household Name: ____________________________________________

Person completing this form (if different from Head of Household): ____________________________________________

I would like to clarify my □ rental history □ criminal history □ other, as I believe they are no longer applicable to my current or future circumstances:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Printed Name: ____________________________________________ Phone:__________________________

Signature: ____________________________________________ Date: __________________________
Sample letter for Companion Animal

DATE

NAME OF PROFESSIONAL (therapist, physician, psychiatrist, rehabilitation counselor)
ADDRESS

Dear [HOUSING AUTHORITY/LANDLORD]:

[NAME OF TENANT] is my patient, and has been under my care since [DATE]. I am intimately familiar with his/her history and with the functional limitations imposed by his/her disability. He/She meets the definition of disability under the Americans with Disabilities Act, the Fair Housing Act, and the Rehabilitation Act of 1973.

Due to mental illness, [FIRST NAME] has certain limitations regarding [SOCIAL INTERACTION/COPING WITH STRESS/ANXIETY, ETC]. In order to help alleviate these difficulties, and to enhance his/her ability to live independently and to fully use and enjoy the dwelling unit you own and/or administer, I am prescribing an emotional support animal that will assist [FIRST NAME] in coping with his/her disability.

I am familiar with the voluminous professional literature concerning the therapeutic benefits of assistance animals for people with disabilities such as that experienced by [FIRST NAME]. Upon request, I will share citations to relevant studies, and would be happy to answer other questions you may have concerning my recommendation that [FULL NAME OF TENANT] have an emotional support animal. Should you have additional question, please do not hesitate to contact me.

Sincerely,
Signature

[NAME OF PROFESSIONAL]
SAMPLE DENIAL LETTER

Date:

Dear Applicant,

In conjunction with our Resident Selection Criteria, we regret to inform you that your application for residency at [Insert Apartment Info] has been denied due to the following:

___ You have withdrawn your application from our Waiting List.
___ Failure to show up to your scheduled interview
___ Your application was denied based on Negative Landlord Reference.
___ Your annual household income is below the minimum income limits for our units.
___ Your annual household income exceeds the maximum income limits for the program.
___ Application denied due to missing documents requested and did not receive by agreed deadline.
___ Unsatisfactory Credit History and/or record of eviction/s.

If you have questions about [insert reason], you may call [Insert Contact Info]

If you disagree with this decision, please contact Property Supervisor, [Insert Contact Info] within fourteen days from the date of this notice. Persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process.

Thank you for your interest in residency at [Insert Apartment Info]
Sincerely,

Leasing Agent
[Insert Apartment Info]
GRIEVANCE AND APPEAL PROCEDURE

It is the policy of management that all residents' grievances be given complete and objective consideration. Since, on rare occasions, this may require reference of a problem to higher levels of authority; this procedure has been adopted to assure that opportunity for full "due process" is given to all residents.

This procedure is applicable to any issue. This procedure applies to both applicants and residents of [Insert Apartment Info]. All residents are encouraged to use it without concern that it will reflect on their status as a resident.

Day-to-day contact and sincere communication between the manager and the residents is the most successful way to avoid misunderstandings and develop mutual respect. Should failings occur, the following steps shall be followed:

A. Rights to a grievance hearing
If you are a resident at [Insert Apartment Info] or applied for a unit and were rejected and you have a complaint about the way management has treated you, you may be entitled to a hearing in accordance with this grievance and appeal procedure.

You may request a hearing if you believe that management has not complied with the terms of the residential lease it entered into with you, has acted so that your rights or status are adversely affected. The grievance and appeal procedure does not apply if:

1. You have been given a 3-day notice to vacate because you are renting all or part of your unit to others; you are causing or permitting substantial damage to your unit; you are creating a nuisance; or you are using your unit for unlawful purposes.
2. You are disputing whether the terms and conditions in the lease are valid or proper.
3. You are being evicted because you have created or maintained a threat to your health and safety or that of others.
4. The dispute is between you and another tenant(s) not involving management.

B. Disputed rent or other charges
1. If the grievance involves the amount of rent or other charges that management claims are due, you must pay the amount in dispute to management, unless management waives the requirement. Management must promptly deposit these funds in a trust account pending settlement of the dispute. You must continue to pay all rent and charges not in dispute as they become due. If you fail to pay or deposit the funds as required, the hearing officer or panel may determine that you have waived your right to a formal hearing. If the hearing officer or panel decides that you have waived your right to a hearing you can still resolve your grievance in court.

C. Requesting a hearing
1. THE INFORMAL HEARING. The goal of the informal hearing is to settle the problem without the need for a formal hearing. If you have a complaint, you should request an informal hearing with the individual designated by management to hear complaints (usually the Resident Manager). Once requested, the informal hearing must be held between you and management within ten working days after your request. Furthermore, management is obliged to give you its decision on the matter in writing within five days of the hearing. If the decision is not in your favor, the written decision will also include the procedures you must follow if you wish to appeal the decision in a formal hearing.

2. PRESENT YOUR REQUEST FOR AN INFORMAL HEARING ON TIME. Whether you request a hearing orally or in writing, you must do so within 10 working days after the reason for the grievance or dispute arose.

While you can present your grievance orally, it is better to state your grievance in writing. You must also state the reasons for your complaint and what it is you want management to do about it.

3. THE FORMAL HEARING. If you are dissatisfied with management’s decision at the informal hearing, you have a right to a formal hearing. The formal hearing will be conducted by an impartial person who is mutually agreeable to you and management. In the event you cannot agree on such a person, a three-person hearing panel will be selected. You will select one person, management will select another, and the third person will be jointly selected by the first two panel members. These three individuals will comprise the hearing panel. If the members appointed by you and management cannot agree on a third person, such member shall be appointed by an independent organization contacted by management, such as the American Arbitration Association.

4. PRESENT YOUR REQUEST FOR A FORMAL HEARING ON TIME. If you want a formal hearing, you must request it within 10 days after receiving the decision from the informal hearing. If you miss this 10-day deadline, the decision from the informal hearing will become final.

Your request for a formal hearing should be in writing. As with the informal hearing, you must state the nature of your complaint or grievance, the reasons why you disagree with the decision resulting from the informal hearing and what you want done.

5. DO NOT MISS THE HEARING. The hearing will be held no more than two weeks after management receives your request for a hearing. You will be given at least three days’ notice of the hearing date. If you or a management representative fail to appear, the [Insert Apartment/Contact Info] hearing officer or panel can either declare that the absent party has waived the right to a hearing or reschedule the hearing for a later date.

D. Procedures governing the hearing

The following procedures are intended to protect your right to a fair hearing:
1. You can bring as much evidence to the hearing as you think you need, but the hearing officer or panel will determine if it relates sufficiently to the hearing to be considered.
2. You can bring someone to represent you at the hearing, but you must also be present.
3. You and management can have witnesses to support your respective positions, with the right to cross-examine each other's witnesses.
4. You will be given the opportunity before the hearing to examine and copy at your expense all documents, records, and regulations that are relevant to the hearing.
5. The hearing will be private, unless you choose to have a public hearing.
6. Either party may request that the hearing be tape recorded at their own expense.
7. At the hearing, you must present your side of the dispute and state what you want done. It will then be management's burden to justify its actions. If the hearing relates to an eviction or lease termination for reasons other than the commission of severe damage, creation of a nuisance, subletting, or illegal use of the property, management must also prove "good cause." Good cause includes, but is not limited to, such matters as nonpayment of rent, noncompliance with the rules and regulations, and remaining on the property after your tenancy is terminated.
8. Those present at the hearing must conduct themselves in an orderly fashion. Failure to do so is sufficient grounds for the hearing officer or panel to render an adverse decision to the unruly parties.
9. If you need an interpreter, you must provide your own. Failure to bring an interpreter will not be grounds for a postponement of the hearing.

E. Decision of the hearing officer or panel

The hearing officer or panel must send a written decision to all parties within two weeks of the request for the hearing. The decision will be based solely upon a preponderance of the evidence presented at the hearing and in conformance with applicable laws and/or regulations. Provided that the decision is consistent with the applicable laws and regulations, it will be binding on all the parties.

If the hearing officer or panel finds that you did not have a basis for your grievance and that your grievance was for the purpose of harassment or delay, you may be charged for the cost and expenses of the hearing. You may also be charged if your grievance is based on the same or similar facts as a grievance previously filed by you or a member of your household. [Insert Apartment Info] does not discriminate based on race, color, creed, religion, sex, national origin, age, familial status, handicap, ancestry, medical condition, physical handicap, veteran status, sexual orientation, AIDS, AIDS related condition (ARC), mental disability, or any other arbitrary basis. If the decision is in your favor, project management
must promptly take all actions necessary to carry out the decision or refrain from any action prohibited by the decision. If the decision is not in your favor, you must comply with the decision, terminate your tenancy and move, or take your complaint to court.

F. Unresolved grievances or additional appeals
   If the parties and hearing officer or panel are unable to resolve the grievance or any party wishes to make an additional appeal, they may direct their complaint to the local responsible agency for review and recommendation.

G. Right to go to court
   Participation in any of the procedures described above will not waive or affect in any manner whatsoever, any rights you or management may have to any judicial proceedings that may thereafter be brought on the matter.

Acknowledge receipt of Grievance & Appeal Procedure
CREDIT REPORTS & CREDIT REPAIR

- Free Credit Reports - https://www.annualcreditreport.com/index.action
- National Foundation for Credit Counseling - https://www.nfcc.org/

CRIMINAL RECORD REPAIR

- Understanding & Cleaning Up Your Criminal Record - https://roadmap.rootandrebound.org/understanding-cleaning-up-your-criminal-record/

Clean Slate Program

- Reduce felonies to misdemeanors for qualifying offenses
- Early termination of felony or misdemeanor probation
- Dismissal of case when probation is completed
- Dismissal of infraction cases
- Dismissal of local prison cases
- Certificates of Rehabilitation for state prison and PC 290 cases
- Sealing arrest records when factually innocent

- Clean Slate Fact Sheet: https://www.acgov.org/defender/documents/CleanSlateFactSheet.pdf

East Bay Community Law Center - https://ebclc.org/need-services/clean-slate-services/
Anyone interested in our clean slate services must obtain their statewide DOJ RAP Sheet.

For information on how to get your RAP sheet please call (510) 269-6647 or send an email to crimrecordshelp@ebclc.org with your name and mailing address.

Clean Slate has teamed up with Code for America to offer an online application for people interested in Clean Slate Services. Only attend the clinic if you are NOT applying online.
APPLY ONLINE https://ebclc.org/need-services/clean-slate-services/

Alameda County Homeless & Caring Court Program
2272 San Pablo Avenue, Oakland, CA
Phone - 510-877-9203; Available Tuesday-Saturday, 8:30-3:30

How to Apply: Apply by phone.
Serves: Depends on the citation.
Fees: None.
Accepted Payment: N/A.
Actual Caring Court session held every two months at St. Vincent de Paul in collaboration with the Superior Court of California, County of Alameda. Allows homeless individuals (and those at risk of homelessness) the opportunity to pursue dismissal of outstanding non-violent infractions and misdemeanor legal offenses without jail time or fines with personal life progress to help continue progressing out of homelessness and out of the legal system.

**LEGAL ASSISTANCE**

- Fair Housing Resources - [https://baylegal.org/get-help/resources/fair-housing-resources/](https://baylegal.org/get-help/resources/fair-housing-resources/)

**Bay Area Legal Aid**
[https://baylegal.org/what-we-do/stability/housing-preservation/](https://baylegal.org/what-we-do/stability/housing-preservation/)

Provide legal assistance in the following housing law-related areas:
- Public, subsidized (including Section 8 and other HUD subsidized projects) and private housing
- Fair housing and housing discrimination (including reasonable accommodation)
- Housing conditions
- Rent control
- Eviction defense
- Lock-outs and utility shut-offs
- Residential hotels
- Training advocates and community organizations

Alameda County – Tenant’s Rights Line - 1-888-382-3405
Monday – 9:30am – 12:30pm
Tuesday – 1:00pm – 4:00pm
Wednesday – 1:00pm – 4:00pm
Thursday – 9:30am – 12:30pm
Friday – 9:30am – 12:30pm

**East Bay Community Law Center (Housing Services)**
[https://ebclc.org/need-services/housing-services/](https://ebclc.org/need-services/housing-services/)

Housing attorneys and advocates can provide assistance on the following types of issues:
- Defense of Eviction/Unlawful Detainer cases
- Section 8/Housing Authority termination hearings
- Rent board hearings
- General counseling on tenants’ rights
- Assistance to individuals to represent themselves
- Public outreach/education trainings
- Representation in affirmative lawsuits against housing providers
MITIGATING FACTORS


“Proof of mitigating factors” is evidence that explains that the landlord should not view negative criminal or rental history as negatively as it might otherwise. You can submit things like:

- A period of time has passed since your conviction or criminal activity (the crime was not very recent);
- You were convicted at a young age;
- The nature and extent of your conduct are less involved (like showing you were not as involved in the offense/conduct as one might think);
- Physical or emotional abuse, coercion, or untreated abuse or mental illness that led to the negative history (and any of these factors might have led to the crime/offense);
- Disabilities that you or a family member has that might have led to the negative history; and
- Any additional context (other factors that would help explain the circumstances you were in when the offense occurred and why it should be viewed with more leniency).

Letters of Support


Letters of support and certificates of successful completion of programs that improved your life are one of the key ways can help strengthen your application to housing! Make sure that the letters you get are detailed and very positive about you! A weak, impersonal letter is almost as useless as no letter at all. Below are some places you should consider getting letters of support or other documents proving your participation:

- School
- Job Training
- Employment
- Counseling or Social Service Programs
- Proof of Rehabilitation
- Proof of a Disability
  - It can help to show any programs you have participated in to get support for your disability. If the disability is a past drug addiction (NOT a current one), alcoholism, or a mental health issue, it could be helpful to show at least six months of counseling, such as mental health treatment or drug or alcohol treatment.
Reasonable Accommodations are part of California fair housing laws. They are changes in policy, practice or physical changes that allow tenants with disabilities the same access to housing as everyone else. Some examples of reasonable accommodations are allowing a tenant a live-in caregiver, allowing a service dog or emotional-support animal in no-pets housing, wheelchair ramps, handrails or letting a tenant with a physical disability move from a second-floor apartment to a ground-floor unit.

- Reasonable Accommodations and Modifications in Housing - [http://reasonableaccommodations.org/](http://reasonableaccommodations.org/)
- How to Request a Reasonable Accommodation - [http://reasonableaccommodations.org/how-to-request](http://reasonableaccommodations.org/how-to-request)

Sex Offender Status Removal Information

- Someone with a 290 Misdemeanor on their record may be able to get this offense removed. See section 3 on the website listed below for more information:
  - [https://www.shouselaw.com/registration.html#3](https://www.shouselaw.com/registration.html#3)
HOUSING RESOURCES

SHELTERS, RAPID REHOUSING, PERMANENT SUPPORTIVE HOUSING

GENERAL SHELTER OPENINGS, RAPID REHOUSING, PERMANENT SUPPORTIVE HOUSING RESOURCES: Dial 2-1-1 to access resources for households experiencing homelessness and connection with the Coordinated Entry System.

AFFORDABLE HOUSING LISTINGS

Search Engines

Housing Choices of Alameda County: www.achousingchoices.org
Search engine for affordable housing in Alameda County. Website also includes links to other housing resources in the bottom right corner of the home page under “Other Helpful Sites,” including:
- Affordable Housing Developers
- Housing Authorities
- Other Housing Search Sites
- Supervised Living Situations
- Legal Resources
- Affordable Housing Policy & Advocacy

One Home: www.onehomebayarea.org
Search engine for affordable housing in the San Francisco Bay Area. Gives specific information on opportunities and provides task tracking, website available in Spanish as well.

Section 8 Listings: www.gosection8.com
Search engine for Section 8 listings, across many different counties including Alameda County, Santa Clara County, Contra Costa County, etc. Enter a specific zip code, or county to get started in main search engine.
- Strategies for speaking with Landlords about accepting a Section 8 Voucher:
  - Highlight that these vouchers provide guaranteed Income from a stable government source.
  - The annual inspections administered to the unit help to keep the housing and tenants safe and to take care of issues before they become a problem or risk.
- These vouchers are portable to other counties and other states because it is a federal program. This could be useful to expand a person’s options beyond the local Housing Authority providing the voucher.
- Housing Assistance Payment Standards = determine how much a voucher is worth. To find this information you can look at the actual voucher OR contact the location Housing Authority who issued the voucher for their local payment standards.
- A person should not file as the Head of Household when filing taxes IF Section 8 pays more than 50% of their rent.

Affordable Housing Online: www.affordablehousingonline.com
Search engine for affordable housing nationwide. Also provides informational guides, free alerts, and FAQs on low-income housing, Section 8 vouchers, public housing, housing legal information, etc.

Tax Credit Allocation Committee (TCAC): http://www.treasurer.ca.gov/ctcac/projects.asp
Listing of all Tax Credit Affordable Housing Sites in California.

Rental Listings

Housing Authority - Alameda County (HACA) Section 8 Rental Listing: http://www.haca.net/index.php/rental>Listings
Weekly rental listing generated by the Housing Authority, printable list of Alameda County opportunities.

Affordable and Low-Income Housing Opportunities List: http://curryseniorcenter.org/what-we-do/housing
Monthly updated lists for SF County, Alameda County, San Mateo County, Contra Costa County, Santa Clara County
**MidPen Housing**: [http://midpenproperty.midpen-housing.org/PropertyList](http://midpenproperty.midpen-housing.org/PropertyList)
List of properties in Greater Bay Area with open wait lists. Sort by Leasing Status to view by "Wait List Open." Apply by contacting each leasing office on the list.

**Behavioral Health Care Services – Housing Services Office**: [http://www.acbhcs.org/Housing/newsletter.htm](http://www.acbhcs.org/Housing/newsletter.htm)
Email listserve for housing and waitlist opening alerts. Enter email address under “Get E-mail Alerts from BHCS.”

**Eden Housing**: [https://www.edenhousing.org/page/individual](https://www.edenhousing.org/page/individual)
Affordable opportunities with varying waiting list lengths, properties vary with waiting list processes and rent income requirements. Contact the property you are interested in directly. Housing Hotline: (510) 247-8141.

**Satellite Affordable Housing Associates (SAHA)**: [http://www.sahahomes.org/apply](http://www.sahahomes.org/apply)
Northern California provider of affordable housing. Can subscribe for notifications of upcoming waiting list openings.

### SHARED HOUSING / ROOMMATES

**Housing Choices for Alameda County**: [www.achousingchoices.org](http://www.achousingchoices.org)

**HIP Housing**: [http://hiphousing.org/programs/home](http://hiphousing.org/programs/home)
A program that matches home providers with home seekers to share in rental costs of a unit. Home providers live in San Mateo County. Home Seekers must live, work, attend school, or have housing voucher for San Mateo County. Must contact office for interview with a housing coordinator. Bring photo ID, three references, and written income verification.

**City of Fremont – Home Sharing Program**: 510-574-2173: [https://www.fremont.gov/2375/Home-Sharing-Program](https://www.fremont.gov/2375/Home-Sharing-Program)
Home sharing program intended to assist home seekers of Fremont area.

**General Website Search Services**: Search for roommates, rooms for rent, or possibly post your interest for a room.

- [www.roomster.com](http://www.roomster.com)
- [www.roommates.com](http://www.roommates.com)
- [www.easyroommate.com](http://www.easyroommate.com)
- [www.spareroom.com](http://www.spareroom.com)

### BOARD AND CARE & SKILLED NURSING

- [https://secure.dss.ca.gov/CareFacilitySearch/home/selecttype/](https://secure.dss.ca.gov/CareFacilitySearch/home/selecttype/) – Search engine for licensed board and cares

### RENTAL AND MOVE-IN ASSISTANCE

**BHCS CLIENTS**: *BHCS EveryOne Home Fund* – financial assistance to help clients receiving BHCS services obtain or maintain housing – information and application materials at [http://www.acbhcs.org/Housing/housing_loans.htm](http://www.acbhcs.org/Housing/housing_loans.htm).

**CATHOLIC CHARITIES**: Our Housing & Financial Services Program may be able to help. Learn more about Catholic Charities’ one-time rental assistance program. It is open to a limited number of eligible families and individuals, including seniors, who are experiencing a crisis and need emergency help to maintain their family well-being. This program also provides information and education regarding tenant responsibilities and rights, and information on how to maintain their housing or prevent homelessness. Phone: **510-768-3100**. OAKLAND SERVICE CENTER, 433 Jefferson Street, Oakland, CA 94607

**SEASONS OF SHARING**: A private fund providing one-time crisis-based assistance for housing and critical family needs to Alameda County residents. To be eligible, individuals must be: Seniors age 55 and older; Disabled individuals; Low to moderate income families with dependent children; Emancipated foster youth; Veterans; Victims of domestic violence or violent crimes; or Pregnant women in their second trimester. Phone: **510-272-3700**
## IN-HOME SUPPORT SERVICES

The IHSS program is a federal, state, and locally funded program designed to provide assistance to those eligible aged, blind, and disabled individuals who, without this care, would be unable to remain safely in their own homes. IHSS can help people who are disabled and homeless reunify with family members by offering a way to bring income into the household through having an adult household member help them receive support with daily living activities in the home. To apply for IHSS, call **510-577-1900**. For more information visit: [http://www.alamedasocialservices.org/public/services/elders_and_disabled_adults/in_home_Supportive_services.cfm](http://www.alamedasocialservices.org/public/services/elders_and_disabled_adults/in_home_Supportive_services.cfm)

## OTHER RESOURCES & HOUSING GUIDES

**VETERANS**: Operation Vets Home – coordinated effort to end homelessness among Veterans - **1-888-973-8387**

**EVERYONE HOME**: [www.everyonehome.org](http://www.everyonehome.org) Sign-up to get additional alerts and information about housing-related activities. **510-473-8643**

**Non-Profit Housing Association of Northern California** – “How to Find Affordable Housing”

**Alameda Country Health Care Services Division** – Housing Support

## INFORMATION SHARING AMONG OUR NETWORK

- Share information with your colleagues and housing search websites! Sharing information increases the application pool & makes the resources for affordable housing stronger by demonstrating the high level of need of affordable housing in our community. Share information with:
  - Eden Information and Referral (Alameda County 211)

- To list a housing opportunity:
- Download our [listing form](#), fill it out, and email it to: [housing@edenir.org](mailto:housing@edenir.org) Or please call Eden I&R, Inc. at 510-727-9565.