



Broadmoor Plaza  
232 East 14<sup>th</sup> Street  
San Leandro, CA 94577  
Phone (510) 553-9250  
TDD (800)545-1833 ext. 478  
E-mail: [BPZ-Administrator@BeaconCommunities.org](mailto:BPZ-Administrator@BeaconCommunities.org)  
Web: [www.BroadmoorPlaza.com](http://www.BroadmoorPlaza.com)

## APPLICATION PACKET

Dear Prospective Applicant,

Thank you for your interest in applying for an apartment at Broadmoor Plaza. Broadmoor Plaza provides housing for senior households that has at least one household member must be age 62 or older at time of application. All information requested in the application packet must be completed. Incomplete applications will not be considered. If the information requested does not apply to you, please indicate by using "N/A" for not applicable. This will tell us that you understand the requested information and you did not intentionally leave it blank. If you make a mistake or typo, please draw a single line through the errors and put your initial. Please do not use whiteout to correct the errors.

Please check that you have completed, signed, and returned the following forms:

- Application for Housing
- HUD-92006 Emergency Contact Information Form
- HUD-27061-H Race and Ethnicity Data Form (Attached is one form for the head of household. If you have additional members, please request an additional form at the office.)

Once the application is received, it will be determined whether you preliminarily qualify to be placed on the waiting list. If you do not qualify, you will be notified in writing. We purge our waiting list twice per year. Please remember to notify us when you change your address and phone number or contact information. If you don't respond to us whether or not you still want your name to remain on the waiting list, you will be removed from our waiting list.

The apartments are offered as they become available. As your name reaches the top of the waiting list, you will be required to come in for an interview. At that time, you will be asked to sign the authorization forms which allows our staff to further verify your age, income, assets, allowances, criminal history, sex offender status, credit history and landlord references.

If you have any questions, please contact our office at the phone number listed above.

### EQUAL HOUSING OPPORTUNITY

Broadmoor Plaza does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in its federally assisted programs and activities. Our Fair Housing Coordinator is designated to ensure compliance with the nondiscrimination requirements contained in Section 504 of the HUD Regulations and can be contacted via e-mail at [Section504@abhow.com](mailto:Section504@abhow.com) or at 6120 Stoneridge Mall Road, Third Floor, Pleasanton, CA 94588, Telephone 925-924-7116 TDD 800-545-1833 Ext 478.



**Broadmoor Plaza**  
 232 East 14<sup>th</sup> Street  
 San Leandro, CA 94577  
 Phone (510) 553-9250  
 TDD (800)545-1833 ext. 478  
 E-mail: BPZ-Administrator@BeaconCommunities.org  
 Web: www.BroadmoorPlaza.com

|   |
|---|
| <b>For Office Use Only</b><br><br><b>Date/Time Received:</b><br><hr/> <b>Application #:</b> _____ |
|---|

## APPLICATION FOR HOUSING

### Part I. Applicant/Co-applicant Information

| APPLICANT  |                          |                          |           |
|--|--------------------------|--------------------------|-----------|
| First Name:  | Middle Initial:          | Last Name:               |           |
| <hr/>  |                          |                          |           |
| Present Address:   | City:                    | State:                   | Zip Code: |
| <hr/>  |                          |                          |           |
| Mailing Address (if different):  | City:                    | State:                   | Zip Code: |
| <hr/>  |                          |                          |           |
| Home Phone:<br>( ) _____   | Work Phone:<br>( ) _____ | Cell Phone:<br>( ) _____ |           |
| Social Security #: _____   |                          | Date of Birth: _____     |           |
| Email Address: _____   |                          |                          |           |
| Sex: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Prefer not to disclose |                          |                          |           |
| <hr/>  |                          |                          |           |
| CO-APPLICANT   |                          |                          |           |
| First Name:  | Middle Initial:          | Last Name:               |           |
| <hr/>  |                          |                          |           |
| Social Security #: _____   |                          | Date of Birth: _____     |           |
| Relationship to Applicant: _____   |                          | Cell Phone: _____        |           |
| Email Address: _____   |                          |                          |           |
| Sex: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Prefer not to disclose |                          |                          |           |

### Part II. General Questionnaire

|  |
|--|
| 1. Have you or any adult member of your household ever been evicted? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? Explain.   |
| <hr/>  |
| 2. Have you or any adult member of your household ever been convicted of a misdemeanor or felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? Explain.  |
| <hr/>  |
| 3. Are you or any adult member of your household required to register as a sex offender including who is subject to a lifetime sex offender registration requirement in any state? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list state and county of registration: |
| <hr/>  |
| 4. Do you or any adult member of your household currently use any illegal drug or other illegal controlled substance? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:   |
| <hr/>  |
| 5. Do you expect changes to your household size within the next 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide name.   |
| <hr/>  |

6. Are you currently residing in San Leandro? Yes  No

7. Is there a live-in aide who will be residing with you in the unit? Yes  No  If yes, please provide name.

8. How did you hear about this housing opportunity?

9. Do you have any animals? Yes  No  If yes, please list:

10. Do you own a car? Yes  No  If yes, please list:

11. Are you an U.S. military veteran? Yes  No

Which Branch?  Air Force  Army  Coast Guard  Marines  Navy

**Part III. Housing References - Please list current and previous landlords for the last five years.**

**Address of Present Residence:**

---

Present Landlord Name: \_\_\_\_\_ Landlord Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 ( ) ( )

---

Present Landlord Mailing Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

---

Monthly rent: \_\_\_\_\_ # of bedrooms: \_\_\_\_\_ Is your rent subsidized? Rent Own  
 \$ \_\_\_\_\_ 1 2 3 4 5 YES NO

---

How long have you lived at this address? Reason for wanting to move?  
 \_\_\_\_\_ Years \_\_\_\_\_ Months

---

Is there anyone living with you now that will not be moving with you to this property? YES NO If yes, who? And why?

---

If you have lived at your current address less than five years, what was your previous address?

**Previous Address:**

---

Name of previous Landlord: \_\_\_\_\_ Landlord Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 ( ) ( )

---

Previous Landlord Mailing Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

---

Monthly rent: \_\_\_\_\_ How long have you lived at this address? Reason for moving?  
 \$ \_\_\_\_\_ Years \_\_\_\_\_ Months

---

If you lived in the above two housing situations for less that 5 years, where did you live?

**Previous Address:**

---

Name of previous Landlord: \_\_\_\_\_ Landlord Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 ( ) ( )

---

Previous Landlord Mailing Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

---

Monthly rent: \_\_\_\_\_ How long have you lived at this address? Reason for moving?  
 \$ \_\_\_\_\_ Years \_\_\_\_\_ Months

---

**List all states in which you and all adult household numbers have lived since the age of 18:**

---

Part IV. Income Information

**Current Income (Employment Sources)**

List all full and/or part-time employment income for all household members.

(Include self-employment gross earnings and net taxable earnings)

| Full Name | Occupation | Name/Address of Employer | Length of Employment | Gross Earnings BEFORE Taxes |
|-----------|------------|--------------------------|----------------------|-----------------------------|
| 1.        |            | _____                    |                      | Monthly: \$ _____           |
|           |            | _____                    |                      | Hours per week: _____       |
|           |            | _____                    |                      | Hourly rate: \$ _____       |
| Full Name | Occupation | Name/Address of Employer | Length of Employment | Gross Earnings BEFORE Taxes |
| 2.        |            | _____                    |                      | Monthly: \$ _____           |
|           |            | _____                    |                      | Hours per week: _____       |
|           |            | _____                    |                      | Hourly rate: \$ _____       |
| Full Name | Occupation | Name/Address of Employer | Length of Employment | Gross Earnings BEFORE Taxes |
| 3.        |            | _____                    |                      | Monthly: \$ _____           |
|           |            | _____                    |                      | Hours per week: _____       |
|           |            | _____                    |                      | Hourly rate: \$ _____       |

**Other Sources of Income**

(examples: list all public assistance, social security, S.S.I., pension, retirement, disability compensation, unemployment compensation, veterans benefits, insurance policies, interest income, babysitting, care-taking allowance, alimony, child support, annuities, trusts, dividends, regular contributions, scholarships, grants, armed forces)

| Full Name | Type of Income | Amount |     |
|-----------|----------------|--------|-----|
|           |                | \$     | Per |
| Full Name | Type of Income | Amount |     |
|           |                | \$     | Per |
| Full Name | Type of Income | Amount |     |
|           |                | \$     | Per |
| Full Name | Type of Income | Amount |     |
|           |                | \$     | Per |

**Assets** – include checking and savings accounts, equity in real property, stocks, bonds, and other forms of capital investment. Do not include automobiles or furniture. If you have no assets, write “none” in the space.

|  |                                       |
|--|---------------------------------------|
| <b>Checking Account</b> – Name of Bank | <b>Savings account</b> – Name of Bank |
| Address:                               | Address:                              |
| Account Number:                        | Account Number:                       |
| Cash Value /Balance:<br>\$             | Cash Value /Balance:<br>\$            |
| <b>Other Account</b> – Name of Bank    | <b>Other Account</b> – Name of Bank   |
| Address:                               | Address:                              |
| Account Number:                        | Account Number:                       |
| Cash Value /Balance:<br>\$             | Cash Value /Balance:<br>\$            |
| <b>401K/403B/IRA</b>                   | <b>Other Account</b> – Name of Bank   |
| Address:                               | Address:                              |
| Account Number:                        | Account Number:                       |
| Cash Value /Balance:<br>\$             | Cash Value /Balance:<br>\$            |
| <b>Stocks and Bonds Value:</b><br>\$   | <b>Savings Bond Value:</b><br>\$      |

**Do you own Real Estate or Real Property?** If yes, where? What is the current value?

Yes  No

**Have you ever owned Real Estate or Real Property?** If yes, when? Where? When Sold? How Much?

Yes  No

**Have you or any adult member of your household disposed of any assets within the last 2 years for less than fair market value?** Yes  No  If yes, what was disposed and for how much?

## Part V. Program Information

1. Do you require a unit with accessible features for persons with disabilities? Yes  No  If yes, what features:

\_\_\_\_ Mobility Impairment    \_\_\_\_ Visual Impairment    \_\_\_\_ Hearing Impairment    \_\_\_\_ Other

2. Do you require a reasonable accommodation due to a disability that requires changes to our rules, policies, procedure or physical modification(s) to the dwelling unit or common areas? Yes  No  If yes, please describe your needs:

3. Do you currently hold a Section 8 voucher? Yes  No  If so from what county?

Part VII. Allowances

| Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any out-of-pocket childcare expenses? If yes, how much do you pay per month? \$_____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there any household members over the age of 18 that is a student? If yes, please list:<br>Name _____ PT <input type="checkbox"/> FT <input type="checkbox"/> Name _____ PT <input type="checkbox"/> FT <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you covered by any medical insurance? If yes, how much are your monthly premiums? \$_____<br>o Medi-Cal o Medicare o Blue Cross o Kaiser o AARP o Other _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you or any household member have any medical expenses including prescription drug, vision and dental expenses not covered by insurance? If yes, how much do you anticipate paying out-of-pocket per month? \$_____               |

I/We certify the above information to be true and correct to the best of my knowledge. I/We authorize verification of age, income, assets, allowances, credit history, rental history, criminal background, register sex offender, eviction and references. I/We understand that falsification of information found before or after acceptance of this property includes penalties that will result in cancellation of your application, also to include eviction, loss of assistance, if applicable. If this is a HUD subsidized property, the additional fines are imposed: fines of \$10,000.00 and five years imprisonment. **WARNING! Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States:**

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secondary Applicant Signature

\_\_\_\_\_  
Date

THE FILING OF THIS APPLICATION IN NO WAY GUARANTEES YOU AN APARTMENT. A FINAL DETERMINATION OF ELIGIBILITY WILL NOT BE MADE UNTIL INFORMATION IS VERIFIED. INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED AND NOT ACCEPTED.

Return Application to the following address:



**Broadmoor Plaza**  
232 East 14<sup>th</sup> Street  
San Leandro, CA 94577



**EQUAL HOUSING OPPORTUNITY**

Broadmoor Plaza does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in its federally assisted programs and activities. Our Fair Housing Coordinator is designated to ensure compliance with the nondiscrimination requirements contained in Section 504 of the HUD Regulations and can be contacted via e-mail at Section504@abhow.com or at 6120 Stoneridge Mall Road, Third Floor, Pleasanton, CA 94588, Telephone 925-924-7116 TDD 800-545-1833 Ext 478.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

|  |  |
|--|--|
| <b>Applicant Name:</b>   |  |
| <b>Mailing Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>Name of Additional Contact Person or Organization:</b>  |  |
| <b>Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>E-Mail Address (if applicable):</b>   |  |
| <b>Relationship to Applicant:</b>  |  |
| <b>Reason for Contact:</b> (Check all that apply)  |  |
| <input type="checkbox"/> Emergency   | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you   | <input type="checkbox"/> Change in lease terms               |
| <input type="checkbox"/> Termination of rental assistance  | <input type="checkbox"/> Change in house rules               |
| <input type="checkbox"/> Eviction from unit  | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Late payment of rent  |  |
| <b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.   |  |
| <b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.  |  |
| <b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. |  |

Check this box if you choose not to provide the contact information.

|  |  |
|--|--|
|  |  |
|--|--|

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

**Race and Ethnic Data Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

**Name of Property** **Project No.** **Address of Property**

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

**Name of Head of Household** **Name of Household Member**

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

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

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

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.



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

### A. General Instructions:

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

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

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

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.