



**ACCEPTING
APPLICATIONS**

PROJECT DESCRIPTION

Oasis Senior Villas will be a new apartment community for seniors and senior veterans who are experiencing homelessness and living with a mental illness, as well as low-income senior households. The project consists of 82 one-bedroom units and 13 two-bedroom units, two of which are designated for on-site property managers.

AMENITIES

Apartment Features

- ADA units
- Cable hook-ups
- Central air and heat
- Dual-pane windows
- Energy Star® appliances
- Garbage disposals

Community Amenities

- Community room
- Courtyard
- On-site parking
- On-site laundry amenities
- Community garden
- Community playground
- Community barbecue grill

Resident Services

- On-site resident services

LEASE UP AGENT

714-221-5633 (INQUIRIES)
oasissenior@barkermgt.com



OASIS SENIOR VILLAS

The sixty-eight (68) units reserved for seniors ages 55 and over experiencing homelessness are restricted to 30% AMI while the twenty-five (25) units reserved for low-income veteran seniors are restricted to 50-60% AMI. Rents for qualified tenants at 30% AMI will be subsidized by the Housing Authority of the County of Riverside (HACR) through the Project-Based Voucher (PBV) or Project-Based VASH Voucher (PBV-VASH) program. All households will pay 30% of their adjusted household income as rent.

Unit Type	Units	Target Population
One-Bedroom	17	Chronically Homeless Veteran
One-Bedroom	2	Homeless Veteran
One-Bedroom	3	Homeless Veteran (Non-VA Eligible)
One-Bedroom	42	Homeless w/ mental disability
One-Bedroom	18	Low-Income Veteran
Two-Bedroom	4	Homeless w/mental disability
Two-Bedroom	7	Low Income Veteran
Two-Bedroom Manager Units	2	Site Staff
TOTAL	95	



This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, familial status, national origin, citizenship status, immigrant status, primary language, marital status, ancestry, age, sexual orientation, disability, source of income (including receipt of Section 8 and other similar vouchers), genetic information, military or veteran status, arbitrary characteristics, or any other basis currently, or subsequently prohibited by law.

A person with a disability may request a reasonable accommodation (a reasonable change in policies), a reasonable structural modification, an accessible unit or the provision of auxiliary aids and services, in order to have equal access to a housing program. If you or anyone in your household has a disability, and because of that disability requires a specific accommodation, modification or auxiliary aids or services to fully use our housing services, please contact our staff for a reasonable accommodation form. The use of a Reasonable Accommodation Form is not required. You may provide a letter or document from your third-party professional certifying your disability and accommodation needs.

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oasisenior@barkermgt.com





RETURN THIS APPLICATION TO:



APPLICATION FOR RENTAL HOUSING
Oasis Senior Villas
2335 14th Street, Riverside, CA 92507

Instructions for Head of Household

- 1) Please print all sections in ink. Do not leave any section blank unless otherwise stated, even those that do not apply to you. For instance, if a section asks for a driver's license and you do not have a driver's license, you may enter "none" or "N/A" (not applicable). If you need to make a correction, draw one line through the incorrect information, then print the correct information above and initial the change.
- 2) As head of household, you will complete this application form. Each additional adult 18 years of age or older who will live in the apartment must read and sign this application.
- 3) It is important that all information on this form be complete and correct. False, incomplete, inaccurate or misleading information will cause your household's application to be rejected.
- 4) As long as your application is on file with us, it is your responsibility to contact us in writing whenever your address, telephone number, income situation, or family size changes.
- 5) After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List. This does not guarantee that your household will be offered an apartment. If later processing establishes that your household is not actually qualified for housing, your application will be rejected in writing. We will process your application according to our standard procedures, which are summarized in the Resident Selection Plan.

This housing is offered without regard to race, color, religion, sex, gender identity and expression, family status, national origin, marital status, ancestry, age, sexual orientation, disability, source of income, genetic information, arbitrary characteristics, or any other basis prohibited by law.

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations to any Department or Agency of The United States as to any matter within its jurisdiction.

A PERSON WITH A DISABILITY MAY REQUEST A REASONABLE ACCOMODATION (A REASONABLE CHANGE IN POLICIES OR PROCEDURES), A REASONABLE STRUCTURAL MODIFICATION, AN ACCESSIBLE UNIT OR THE PROVISION OF AUXILLIARY AIDS AND SERVICES, IN ORDER TO HAVE EQUAL ACCESS TO A HOUSING PROGRAM. IF YOU OR ANYONE IN YOUR HOUSEHOLD HAS A DISABILITY, AND BECAUSE OF THAT DISABILITY REQUIRES A SPECIFIC ACCOMODATION, MODIFICATION OR AUXILLIARY AIDS OR SERVICES TO FULLY USE OUR HOUSING SERVICES, PLEASE CONTACT OUR STAFF FOR A REASONABLE ACCOMODATION/ACCESSIBILITY REQUEST FORM.

TO COMPLY WITH CALIFORNIA LAW WHEREVER THE TERM "SPOUSE" APPEARS IT SHALL BE CONSTRUED TO INCLUDE DOMESTIC PARTNER.

Please specify the size of the unit desired ☐ 1 Bedroom ☐ 2 Bedroom ☐ 3 Bedroom
☐ 4 Bedroom ☐ Other

Your designation does not guarantee you will get the size unit that you have requested.

1) Does anyone in the household require an accessible unit? Yes ☐ No ☐
Mobility ☐ Hearing ☐ Visual ☐



2) Is the Head, Co-Head or Spouse a disabled individual under the age of 62? Yes ☐ No ☐

3) Household Information (List all person(s) who will occupy the apartment:

Full Name Last/First (MI)	Relationship	Gender M=Male F=Female Blank= Wish not to Reply	Race W=White B=Black A=Asian O=Other Blank= Wish not to Reply	Age	Birth Date	Occupati on (If student, name of school)	Social Security #	Driver's License #
1)								
2)								
3)								
4)								
5)								
6)								
7)								

4) List all States in which you or any household member have lived in:

5) Will any of the above household members live anywhere except the apartment?
Yes ☐ No ☐

Are there any other persons who will live in the apartment on a less than full-time basis?
Yes ☐ No ☐

Are there any other persons who will live in the apartment that are students living on campus?
Yes ☐ No ☐

Do you have a family member temporarily away on military service?
Yes ☐ No ☐

Do you have a family member who is permanently confined in a nursing home?
Yes ☐ No ☐

If any of the questions are answered yes, please explain: _____

6) Do you have a live-in attendant for whom you have a health care professional's verification showing a medical need? Yes ☐ No ☐
If yes, please identify the person who will be the live-in attendant: _____

7) Do you expect any additions (including unborn child or future spouse) to the household within the next twelve months? Yes ☐ No ☐
If question is answered yes, please explain: _____

8) Are you being displaced by government action or a presidential declared disaster?
Yes ☐ No ☐
If question is answered yes, please explain: _____

9) Is any member of your household currently or planning to be a student enrolled in an institute of Higher Education? Yes ☐ No ☐

If question is answered yes, which member(s): _____

10) Income from Employment:

List all full-time, part-time and/or seasonal employment for head, spouse/co-applicant and other household members age 18 or older, including the self-employed.

INDICATE EARNINGS AS GROSS WAGES (BEFORE TAXES)

M#	Place of Employment	Employer Address	Employer's Telephone #	Name of Supervisor	Estimated Total Earnings for the Coming Year

11) Income from Other Sources:

List all non-employment income of all household members. **This includes income from rental estate property, social security, SSI, public assistance, general relief, unemployment compensation, alimony, child support, workers compensation, disability compensation, Veterans Administration (VA) benefits, retirement pension, insurance benefits, and all other income from any source whatsoever.**

HH Mem. #	Type of Income and Who Pays It	Address of Source of Income	Contact Person Name and Telephone #	Estimated Total Earnings for Coming Year \$

12) Interest, Dividend Income, Assets:

List assets of all household members (including children and/or minor household members), checking, savings, cash on hand, stocks, bonds, trust, money market, certificate of deposit, IRA and Keogh account, treasury bills, credit union shares, land, real estate properties:

HH Mem. #	Description of Asset	Address of Source of Income	Estimated Current Value	Estimated Annual Income From Assets

13) Have you sold or given away real estate property or other assets in the past two years?
Yes ☐ No ☐

If yes, what was the market value of the assets? \$ _____

14) Current email address: _____

15) Current Residence: If available, please include 2 years rental history:

Please enter the information requested for your current address and two (2) most recent prior addresses, if available. Include places where you were not listed on the lease and places where you lived under a different name.

Applicant Name	Address (include City, State, Zip)	Monthly Rent \$	Telephone ()
Landlord Name	Address (include City, State, Zip)	Paid Utilities \$	Telephone ()
Names of Household Members		Amount of Security Deposit \$ _____	
		Full refund of deposit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did you rent or own? _____		Did you fulfill the lease term? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please explain. _____			

Move-in date:		Move-out date:	Security Deposit \$



Is the household member Homeless	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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16) Prior Residence 1

Applicant Name	Address (include City, State, Zip)	Monthly Rent \$	Telephone ()
Landlord Name	Address (include City, State, Zip)	Paid Utilities \$	Telephone ()
Names of Household Members		Amount of Security Deposit \$ _____	
		Full refund of deposit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did you rent or own? _____		Did you fulfill the lease term? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please explain. _____			

Move-in date:		Move-out date:	Security Deposit \$

17) Prior Residence 2:

Applicant Name	Address (include: City, State, Zip)	Monthly Rent \$	Telephone ()
Landlord Name	Address (include: City, State, Zip)	Paid Utilities \$	Telephone ()
Names of Household Members		Amount of Security Deposit \$ _____	
		Full refund of deposit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did you rent or own? _____		Did you fulfill the lease term? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please explain. _____			

Move-in date:		Move-out date:	Security Deposit \$

18) Prior Residence 3:

Applicant Name	Address (include: City, State, Zip)	Monthly Rent \$	Telephone ()
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Landlord Name	Address (include: City, State, Zip)	Paid Utilities \$	Telephone ()
Names of Household Members		Amount of Security Deposit \$ _____	
		Full refund of deposit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did you rent or own? _____		Did you fulfill the lease term? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please explain. _____			

Move-in date:		Move-out date:	
		Security Deposit \$	

19) Prior Residence 4:

Applicant Name	Address (include: City, State, Zip)	Monthly Rent \$	Telephone ()
Landlord Name	Address (include: City, State, Zip)	Paid Utilities \$	Telephone ()
Names of Household Members		Amount of Security Deposit \$ _____	
		Full refund of deposit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did you rent or own? _____		Did you fulfill the lease term? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Please explain. _____			

Move-in date:		Move-out date:	
		Security Deposit \$	

20) Prior Residence 5:

Applicant Name	Address (include City, State, Zip)	Monthly Rent \$	Telephone ()
Landlord Name	Address (include City, State, Zip)	Paid Utilities \$	Telephone ()
Names of Household Members		Amount of Security Deposit \$ _____	
		Full refund of deposit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did you rent or own? _____		Did you fulfill the lease term? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please explain. _____			

Move-in date:		Move-out date:	
		Security Deposit \$	



**SCREENING CRITERIA
TO BE COMPLETED BY THE APPLICANT**

NOTE: Due to the implementation of the Civil Rights Restoration Act, the Fair Housing Amendment Act, and Section 504 of the Rehabilitation Act, Barker Management, Incorporated, on behalf of A Community of Friends, must ask all applicants the same questions. **ALL INFORMATION LISTED HEREIN IS STRICTLY CONFIDENTIAL.** The following applies to head of household, co-head of household, spouse, and all family members 18 years of age and older who will reside in the apartment. It also applies to military personnel who do not reside with the family.

21) How did you hear about this apartment community?

- ☐ Community Organization Name: _____

☐ Newspaper Name: _____

☐ Brochure

☐ Employment

☐ Signs on Building

☐ Resident referral Name: _____

☐ Other _____

Additional Information: _____

22) Have you, or any other family members, listed on this application ever used a different name or a different social security number other than the ones stated on the rental application? ☐ Yes ☐ No

If yes, please explain: List names and numbers used and date when they were used:

23) Do you pay rent where you are currently living? ☐ Yes ☐ No ☐ N/A

24) Can you show your ability to pay rent on time, such as rent receipts for the last six (6) months?

- ☐
- Yes
- ☐
- No
- ☐
- N/A

If not, do you make any regular payments (car loan, installment loan, credit card, utility bills and etc.)?

- ☐
- Yes
- ☐
- No
- ☐
- N/A

If you make no regular payments, how can we verify your ability to make payments in the future?

25) Do you pay your own bills at this time?

- ☐ Yes ☐ No

If not, who currently pays your bills? _____

26) Have you ever filed for Bankruptcy?

- ☐ Yes ☐ No



27) Have you ever had any credit problem?

☐ Yes

☐ No



28) **Do you have a lease where you live now?** ☐ Yes ☐ No
With whom is your current lease? Name: _____
Address: _____

29) **Are there any rules of tenancy where you now live?** ☐ Yes ☐ No
If there are such rules, do you have any trouble following them? ☐ Yes ☐ No
If yes, please explain the circumstances. _____

30) **Do you, or any members of your household, have any trouble getting along with your neighbors where you live now?** ☐ Yes ☐ No

31) **Have you, or any of your household members, ever started a house/apartment fire?**
☐ Yes ☐ No

32) **Have you, or any family members, damaged or destroyed anything at any previous place of residency?** ☐ Yes ☐ No

If yes, please explain what happened and why: _____

If yes, were you charged for the damages? ☐ Yes ☐ No

If yes, did you make payment? ☐ Yes ☐ No

33) **Have you, or any members of your household, ever lived in Public Housing or HUD-assisted housing, or been a Section 8 Voucher holder?** ☐ Yes ☐ No

If yes, Property Name and Address: _____

Dates of Occupancy: _____

If yes, was your assistance terminated for fraud or failure to cooperate with recertification procedures? ☐ Yes ☐ No

If yes, please explain why your tenancy was terminated:

Have eviction proceedings ever been instituted against any household member?
☐ Yes ☐ No

34) **Have you, or any members of household, ever been served a notice from management for any of the following: Nonpayment of rent, unauthorized occupancy, fraud, or any other areas of a lease violation?**
☐ Yes ☐ No

If yes, explain: _____

35) **Have you, or any family members, listed on this application ever been evicted or otherwise removed from rental housing?** ☐ Yes ☐ No



BARKER MANAGEMENT, INCORPORATED, PERFORMS CRIMINAL BACKGROUND CHECKS.

36) Have you or any family members listed on this application been involved in any alleged criminal activity or ever been convicted of a felony, or any violent crime, or misdemeanor that might adversely affect the health, safety, comfort or welfare of other residents?

Examples of criminal activity include but are not limited to:

- | | |
|---|------------------------|
| Illegal drug use, trafficking | Homicide or murder |
| Rape or child molesting or child disturbing | Assault, fighting |
| Destruction of property, vandalism | Threat or harassment |
| Theft, burglary, robbery or larceny | Fraud |
| Child abuse, domestic violence | Prostitution |
| Spousal abuse | Receiving stolen goods |
| Disorderly conduct-public drunkenness or under drug influence | |

☐ Yes ☐ No

If yes, please explain: _____

37) Are you, or any member of your household, subject to a lifetime sex offender registration requirement in any state? ☐ Yes ☐ No

If yes, which member and what state(s)? _____

38) Have you or any member of your household ever been convicted of illegal sale, distribution or manufacture of methamphetamine or any other controlled substance, including marijuana? ☐ Yes ☐ No

If yes, please explain: _____

Does anyone in your household currently have a medical marijuana card?

☐ Yes ☐ No

If yes, please explain: _____

39) Does anyone in your household currently use illegal drugs or abuse alcohol?

☐ Yes ☐ No

If yes, please explain: _____

If yes, are you or any member of your household currently in treatment? ☐ Yes ☐ No

40) Have you or any household member ever been convicted of a drug-related crime? ☐ Yes ☐ No

If yes, please explain: _____



41) Has anyone in your household been currently charged with any criminal activity? ☐ Yes ☐ No

If yes, please explain: _____

42) Have you or any members of your family ever engaged in physical violence with your neighbors, landlord or landlord's staff? ☐ Yes ☐ No

If yes, please explain: _____

43) Have you or any members of your family ever engaged in verbal abuse (threats, swearing, etc.), with neighbors, landlord or landlord's staff? ☐ Yes ☐ No

If yes, please explain: _____

44) Has anyone in your household been convicted of any crime involving fraud or dishonesty within the past seven years? ☐ Yes ☐ No

If yes, please explain: _____

45) Can and will you and members of your household avoid being involved in any criminal activity in a property building managed by ACOF & Barker Management? ☐ Yes ☐ No

46) Are you and members of your household capable of performing adequate housekeeping tasks to maintain your apartment in good condition and avoid creation of health/safety risks due to tripping, fire, pets or disease? ☐ Yes ☐ No

If no, please identify the person/agency that will be responsible for housekeeping: _____

Notice: All potential residents are subject to federal requirements. Should any applicants deliberately submit false information regarding income, family composition, or other data on which the eligibility or rent is determined, you will be subject to penalties under federal law.

Pursuant to Civil Code Section 1785.26, you are hereby notified that a negative credit report reflecting on your credit record may be submitted in the future to a credit reporting agency if you fail to fulfill the terms of your rental/credit obligations or if you default in those obligations in any way.

Statements by All Adult Household Members

All potential residents are subject to federal requirements. Should any applicants deliberately submit false information regarding income, family composition, or other data on which the eligibility or rent is determined, you will be subject to penalties under federal law. Those penalties include fines up to \$10,000.00 and/or imprisonment for up to 5 years.

We certify that all information given in this application hereto is true, complete and accurate. We understand that if any of this information is false, misleading, inaccurate or incomplete, management may decline your application or, if move-in had occurred, terminate your tenancy.

We authorize the Property to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, and to



previous and current landlords, or other sources for credit and verification confirmation which may be released to appropriate federal, state or local agencies.

If our application is approved and move-in occurs, we certify that only those persons listed on the application will occupy the apartment that they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing. If this application is for a household of more than one person, we consider ourselves a stable household, and all of our income is available for its needs.

We agree to notify management in writing regarding any changes to household address, telephone numbers, income and/or household composition.

We have read and understand the information in this application, in particular the information contained in the instructions for Head of Household, and we agree to comply with such information.

We understand that if this application is placed on a Waiting List, we may request sample copies of the Rental Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth herein, including specifically all conditions regarding pets, rent, damages and Security Deposits.

We authorize management to obtain one or more “consumer reports” as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, and criminal record check.

Important: I also understand, it is my responsibility to contact the Manager (in writing), at least every 6 months in order to keep my application on the waiting list.

All household members aged 18 and over who will be residing in the apartment must sign.

The applicant understands the final decision on eligibility will be made only when all verifications are completed.

ANY FALSE STATEMENTS, INACCURATE OR MISLEADING STATEMENTS ON ANY APPLICATION DOCUMENTATION WILL RESULT IN THE DENIAL OF THE APPLICATION.

_____	_____
Date	Signature of Head of Household
_____	_____
Date	Signature of Spouse of Co-Applicant
_____	_____
Date	Signature of Co-Applicant
_____	_____
Date	Signature of Co-Applicant

Acceptance of completed application by Management:

_____	_____
Date	Signature of Management Representative

ALL PAGES OF THIS APPLICATION MUST BE FILLED OUT COMPLETELY AND SIGNED.

(OFFICE USE ONLY)

DATE AND TIME RETURNED: _____

Comments: _____

Application accepted ☐

Application denied ☐

