



CLINTON COMMONS

HOUSING ELIGIBILITY CERTIFICATION FORM



CLINTON COMMONS is a new affordable housing opportunity in Oakland, CA. Developed by **Resources for Community Development (RCD)**, this newly constructed community is centrally located several blocks from Lake Merritt and less than a block from Clinton Park.

CLINTON COMMONS has eight (8) MSHA one bedroom units that are designated for households or individuals that are currently homeless or at risk of immediate homelessness **and** have at least one individual who has a serious mental health issue that qualifies under MSHA. To be eligible for the one of the 8 MSHA apartments at **CLINTON COMMONS**, one must be homeless or at risk of immediate homelessness **AND** have a history of a **SERIOUS MENTAL HEALTH ISSUE**. Applicants who participate in a Full Service Partnership qualify for residency and are encouraged to apply for this important housing opportunity.

There is no minimum income requirement for the eight (8) Mental Health Services Act (MSHA) apartments and the apartment rents are approximately 30% of the household's monthly income.

Instructions:

Please first complete the **CLINTON COMMONS** Pre-Application materials and insure they are received via MAIL by March 19, 2012. The Pre-Application and marketing information is available on-line at www.rcdev.org/housing.

Please complete this two-page form for **CLINTON COMMONS** MSHA eligibility certification and provide the appropriate documentation to verify that you meet the eligibility criteria.

Only MSHA eligibility forms and supporting documents should be mailed or faxed to *Alameda County Behavioral Health Care Services-Housing Services Office, 2000 Embarcadero Cove, STE 400 – Box 55, Oakland, CA 94606*. Fax: (510) 567-8147. Please contact staff at (510) 777-2157 or everyonehome@acbhcs.org with questions.

The Housing Services Office will NOT ACCEPT or PROCESS the CLINTON COMMONS Pre-Application materials from the housing developer, Resources for Community Development.

Print Name of Applicant (MSHA qualifying individual): _____

Date Application Completed: _____ Date of Birth (Month/Date/ Year): _____

Social Security # (for search of BHCS records ONLY): _____

Current Contact Address, City, Zip Code (if applicable): _____

Current Contact Phone Number (if applicable): _____

CONSENT TO RELEASE OR OBTAIN INFORMATION

I understand that to be certified for a MSHA Housing Unit, I must verify that I have a serious mental illness or serious emotional disturbance as defined by California law **AND** I must be currently homeless or at-risk of homelessness. I hereby give my permission to BHCS Housing Services Office staff to contact the following providers or facilities to verify my eligibility. I give these providers my permission to disclose information to BHCS in order to verify my eligibility. **Please provide specific provider names and contact information:**

Print Name of Provider (s): _____

Contact Information: _____

Authorized Signature of Applicant: _____

Date Signed: _____



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Homelessness Verification: Where do you currently sleep? Check the **ONE** box that applies to you AND attach the required documentation for the box you checked.

NAME:

Check ONE	CURRENT HOUSING	Type of documentation required
	Place not meant for sleeping: a vehicle, an abandoned building, bus-train/subway station/airport or anywhere outside.	Written, signed, and dated statement obtained from a third party regarding the applicant's whereabouts. If unable to obtain this verification, the applicant may prepare a short written statement about their previous living place and have the applicant sign and date the statement.
	Emergency shelter	Written, signed, and dated referral/verification from the shelter verifying current housing.
	Transitional housing for homeless persons/ Transitional Residential Treatment Program	Written, signed, and dated statement from the program staff indicating that the individual has been a resident there AND the referring agency's written, signed, and dated verification as to the individual's homeless status when he/she entered their program.
	Institution or treatment facility (for less than 90 days, on the streets or in a shelter prior to that)	Written, signed, and dated verification from the facility's staff that the applicant has been residing in the institution for less than 90 days; and information on the applicant's living situation prior to entrance into the facility.
	"I'm going to be homeless." Imminently at-risk of losing primary nighttime residence.	Written, signed, and dated verification of current housing situation, lack of subsequent residence, and lack of resources to obtain permanent housing from a third-party. Self-verification with appropriate supporting documentation is also acceptable. Documentation must show: Housing will be lost within 14 days of the application AND no subsequent residence has been identified; AND the individual or family lacks the resources or support networks needed to obtain other permanent housing.
	Persons fleeing domestic violence	Written, signed, and dated verification from the participant or a third party that describes the current situation and that the applicant has no other residence and lacks the resources or support networks to obtain other permanent housing.
	Enrolled in a Full Service Partnership (FSP) program and receiving housing assistance through this program	Written, signed, and dated verification from the FSP provider agency.

PLEASE INCLUDE THE REQUIRED DOCUMENTATION FOR THE BOX THAT YOU CHECKED.

CLINTON COMMONS APARTMENTS APPLICATION CHECKLIST:

- ☐ COMPLETE THE CLINTON COMMONS PRE-APPLICATION. IT MUST BE RECEIVED BY MAIL BY **MARCH 19, 2012**. MAIL TO **CLINTON COMMONS**, c/o THE JOHN STEWART COMPANY, 1388 SUTTER STREET, 11TH FLOOR, SAN FRANCISCO, CA 94109
- ☐ Complete the CLINTON COMMONS MHSA Housing Program Eligibility Certification Form.
- ☐ Include serious mental illness documentation & include current housing documentation.
- ☐ FAX MHSA APPLICATION TO (510) 567-8147 OR MAIL TO:

HOUSING SERVICES OFFICE, CLINTON COMMONS APARTMENTS
2000 EMBARCADERO COVE, STE. 400, BOX 55
OAKLAND, CA 94606

Please complete both pages of this form.