





Eden Council for Hope & Opportunity  
770 A Street • Hayward, CA 94541

510-581-9380 • Fax: 510-537-4793  
www.echofairhousing.org

- Are you currently homeless or living in substandard housing? If yes, please explain:
- Have you been (or are you about to be) displaced from your housing? If yes, please explain:
- Do you have minor children living with you?
- Are you disabled?
- Are you 62 years of age or over?

**What is the total annual income of all household members?** (Include wages, salaries and tips; other income such as alimony, child support; and Social Security, CalWORKS or other benefits)

\$

**APPLICATION CERTIFICATION:** I/we understand that the above information is being collected to determine if I/we are eligible to receive rental assistance. I/we authorize the ECHO Housing to verify all information provided on this application.

<b>Date</b>	<b>Date</b>
<b>Head of Household Signature</b>	<b>Co-Applicant Signature</b>