

**HOUSING CHOICES COALITION  
CLIENT INTEREST FORM  
SANTA CLARA COUNTY**

Date received (for office use):

**CLIENT INFORMATION (PERSON WITH THE DEVELOPMENTAL DISABILITY):**

Applicant Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Need for a wheelchair accessible unit:  Yes  No

Birthdate: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Gender:  M  F      Conserved:       San Andreas Regional Center (SARC) Client:  Yes  No

SARC Coordinator: \_\_\_\_\_

Developmental Disability Status Confirmed by:  SARC  Other: \_\_\_\_\_

ILS/SLS Service Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

**CONTACT INFORMATION:**

Who should be the main contact for HCC in order to discuss the client's housing needs?

Client       Parent       Other family member/friend       ILS/SLS Staff       SARC Coordinator

Contact Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Second Phone: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Do you want to be a part of our email list to receive current event updates?  Yes  No

Best days and times for a 30 minute phone intake: \_\_\_\_\_

**PLEASE COMPLETE TO BE ON HCC'S INTERNAL WAITLIST FOR THE FOLLOWING PROPERTIES:**

<p>Archstone Santa Clara 1650 Hope Drive Santa Clara, CA 95054</p> <p><input type="checkbox"/> 1 bedroom \$937 <input type="checkbox"/> 2 bedroom \$1,121 <input type="checkbox"/> 3 bedroom \$1,293</p>	<p>Rivertown Apartments 1340 Hope Drive Santa Clara, CA 95054</p> <p><input type="checkbox"/> 2 bedroom \$229-452 <input type="checkbox"/> 3 bedroom \$1,489</p>	<p>Jasmine Square 16500 Monterey Road Morgan Hill, CA 95037</p> <p><input type="checkbox"/> 1 bedroom \$545-685 <input type="checkbox"/> 2 bedroom \$650-885 <input type="checkbox"/> 3 bedroom \$950-1,030</p>	<p>San Antonio Place 210 San Antonio Circle Mountain View, CA</p> <p><input type="checkbox"/> Studios \$252-700</p>	<p>Camden Co-op 5467 Camden Avenue San Jose, CA 95124</p> <p><input type="checkbox"/> Room \$300-500</p>
<p>Gish Apartments 35 E. Gish Street San Jose, CA 95113</p> <p><input type="checkbox"/> Studios \$349 <input type="checkbox"/> 2 bedroom \$430-1146 <input type="checkbox"/> 3 bedroom \$497-1324</p>	<p>Edenvale Apartments 5350 Monterey Road San Jose, CA 95013</p> <p><input type="checkbox"/> 1 bedroom 30% of income <input type="checkbox"/> 2 bedroom 30% of income</p>	<p>Casa Feliz Studios 525 S. 9<sup>th</sup> Street San Jose, CA 95112</p> <p><input type="checkbox"/> Studios \$348-627</p>	<p>De La Cruz Co-op 3779 De La Cruz Santa Clara, CA 95054</p> <p><input type="checkbox"/> Room \$250-500</p>	<p>Briarwood Co-op 2114 Briarwood Dr. Santa Clara, CA 95051</p> <p><input type="checkbox"/> Room \$250-500</p>

I am also interested in living in the following counties:  Santa Cruz County  Monterey County

**(PLEASE COMPLETE FORM ON BACK BEFORE SENDING IN)**

Please send form to: Housing Choices Coalition, 30 Las Colinas Lane, San Jose, CA 95119, Fax: (408)284-4225  
If you have any questions, please contact: (408)284-0990 or [santaclara@housingchoices.com](mailto:santaclara@housingchoices.com).

**Housing Choices Coalition**  
**Consent For Release of Information or Records**

I, \_\_\_\_\_, D.O.B. \_\_\_\_\_,

SS# \_\_\_\_\_, hereby authorize:

- San Andreas Regional Center
- Independent Living Skills and Supported Living Services Providers
- Other Housing Agencies

to disclose information and/or records obtained during the course of providing housing assistance for me, to:

Housing Choices Coalition  
30 Las Colinas Lane  
San Jose, CA 95119  
408-284-0990

The foregoing authorization shall remain in effect for one year upon receipt of interest form.

(I chose to limit the amount of time that this authorization will remain in effect to a shorter length of

time, until \_\_\_\_\_, unless revoked by me in writing first.)  
Month      day      year

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of client/conservator