



Westmore Linden Waiting List

Dear Applicant:

Enclosed, please find the Resident Selection Criteria and waitlist application form for Westmore Linden. All household members must be aged 62 and over and earn 40%, 50%, or 60% of the area median income (AMI) for the County of Los Angeles to fill out an application. Please be sure to complete the entire application before mailing it to the address listed below. Please read the Resident Selection Criteria carefully and complete the attached application, having every adult who will reside in your household at the development sign and date the application. It is important that every item on the application be completed, so that your application can be considered for placement on the waiting list. Please ***do not use white out*** on the application or attach additional papers. Should you make an error, just cross out the mistake and write the correct information above it. If you have any questions, please call: (213) 805-6170

To apply to the Westmore Linden waiting list, all eligible applicants must return their application to the property leasing office during the following business hours: **Monday through Friday, 1pm to 5pm.**

Please return applications to the following address:

**Westmore Linden
1250 S. Westmoreland Avenue
Los Angeles, CA 90006**

Waitlist Procedure: All applications received during the admission period will be reviewed and prescreened, and only pre-qualified applicants will be placed on the waiting list. Only complete and signed applications will be eligible for review. Applications will be processed and placed on the waiting list in the order received to lease-up vacant apartments at Westmore Linden. Applicants will be contacted for an interview based on their placement on the waiting list and will be interviewed and approved on a first-come, first-serve basis.

Barker Management Inc.



Westmore Linden Resident Selection Criteria (Senior Apartments)

Westmore Linden is a brand new 93-unit apartment community which has 77 affordable rental apartments for low-income seniors earning 40%, 50%, and 60% of the area median income (AMI) for the County of Los Angeles, 15 units for homeless seniors referred directly through the LAHSA Coordinated Entry System (CES), and one apartment for the onsite property manager. Construction was completed in January of 2020. Westmore Linden has the following Resident Selection criteria, which delineates the qualifications for residency at this development. Please read the list carefully to ensure your eligibility.

The 15 extremely low-income Permanent Supportive Housing apartments for homeless seniors earning 30% AMI or less will be leased exclusively through the LAHSA Coordinated Entry System (CES) referral process.

Specific resident selection criteria that each applicant household for the 77 affordable rental units must meet:

1. Senior Citizen. All applicants and residents must meet the senior age requirement of being sixty-two (62) years of age or older.
2. Household Income. Household income is calculated based on the applicant's projected annual gross income. Projected annual gross income includes income from assets. Minimum gross income must be at 1.5 times the monthly rent. Applicants must meet the income limit guidelines under the California Tax Credit Allocation Committee (TCAC) and IRS Section 42. Applicants exceeding the established income guidelines for this development will be denied residency.

77 Low-Income Senior Apartments leased by Waiting List Process:

Area Median Income	Unit Type	Unit Quantity	Occupancy	Maximum Income***	Maximum Rent***
40% AMI	1 Bedroom	14	1-3 people	\$29,240-\$37,600	\$744
50% AMI	0-Bedroom/Studio	7	1-2 people	\$36,550-\$41,800	\$883
50% AMI	1-Bedroom	39	1-3 people	\$36,550-\$47,000	\$940
60% AMI	0-Bedroom/Studio	1	1-2 people	\$43,860-\$50,160	\$1,066
60% AMI	1-Bedroom	16	1-3 people	\$43,860-\$56,400	\$1,136

*Income and Rents are estimates only and are subject to change annually per California Tax Credit Allocation Committee and HCIDLA standards. Rent and income limits are subject to annual adjustments and project finance commitments. An applicant's final gross income will be based on third-party verifications obtained by the management agent.

** Minimum income requirement does not apply to applicants screened for units receiving Tenant Based Section 8 subsidy through the Housing Authority of the City of Los Angeles (HACLA). The Housing Authority by which the rental subsidy is issued will determine final calculated rent for persons with Section 8 rental assistance.

***Anticipated rent applies only to units not receiving Tenant Based Section 8 subsidy through the LACDA or HACLA.

3. Household Size. The following occupancy standards have been set for unit and household size. The applicant's household composition not appropriate for the available bedroom size is cause for the denial of tenancy.

Unit Type	Household Size
Studios (0-Bedroom)	1-2 people
1-Bedroom	1-3 people

4. Landlord History. Any negative landlord history within the past three (3) years will be cause for denial of residency. Negative history should not include prior record of the disturbance of neighbors, damage to or destruction of property, living or housekeeping habits at prior residences, which adversely affects the health, safety or welfare of other residents.

5. Credit Report. Once an applicant is pre-approved to interview for a vacant apartment, a credit report will be obtained for all adult household members. An application-processing fee of Thirty-two Dollars (\$32.00) for each adult will be charged. Foreclosures, bankruptcies, and/or evictions will be cause for denial of residency.

Credit history will be reviewed and found acceptable if there are two or less past due accounts and the total outstanding past due amounts do not exceed \$10,000. Must have no evictions in the past five years.

6. Criminal Background. Must not reflect activity involving crimes of physical violence to persons or property in the past five years. Additionally, the report must not reflect incidents of a felony conviction and/or misdemeanors related to theft or assault and/or battery in the past five years.

7. Rental Application. The Rental Application must be completed in its entirety. Incomplete or falsified information submitted on the Rental Application will be cause for ineligibility of residency. If we are unable to verify any information submitted on the Rental Application, residency will be deemed ineligible.

Those applicants not selected for occupancy will be added to the Waitlist. Applicants who receive a Notification of Ineligibility shall be provided with written notification stating the reasons for their ineligibility and a copy of the Grievance and Appeal Procedures. Such reasons include income too high to qualify for a unit, insufficient income (less than one and half (1.5) times the monthly rent), prior eviction identified on credit report. In addition, an applicant may be ineligible because family composition does not match unit size available or landlord check indicates excessive late payments or damages.

BMI has established the following procedures for applicants who have any suggestions or problems that may arise during the application and lease-up process. It is very important that any problems that may arise are discussed immediately and resolved before they have a chance to become serious.

Procedure:

1. **Manager:** Applicant presents the problem to the Manager. The Manager will respond within two (2) business days. If further time for investigation is needed, the Manager will notify the applicant within that period.

Manager: Priscilla Alvarez
1250 S. Westmoreland Avenue
Los Angeles, CA 90006

2. **Regional Manager:** If the Manager does not resolve the problem to the satisfaction of the applicant and within the period, then the applicant presents the problem to the

Regional Manager at the address listed below. The Regional Manager will use his/her best efforts to respond to the applicant within four (4) business days.

Regional Manager: Romeo Ruano
Project/Development: Westmore Linden
Barker Management, Incorporated
P.O. Box 148
Anaheim, CA 92815-0148

3. Vice President, Operations. If the Regional Manager does not resolve the problem to the satisfaction of the resident, the applicant presents the problem in writing to the Vice President, Operations, at the following address:

Annie Schlesinger, Vice President, Operations
Barker Management, Incorporated
P.O. Box 148
Anaheim, CA 92815-0148

The Agent is committed to full and fettered compliance with Section 504 of the Rehabilitation Act of 1973, as amended, and Title VIII of the Civil Rights Act of 1968, as amended by the Fair Housing Act of 1988. If the applicants are disabled and/or require consideration for any of the stated conditions above, please contact the Resident Manager for Reasonable Accommodation forms.

If as a result of a disability an applicant needs changes in the way management communicates with said applicant(s), applicant(s) should contact management by calling Barker Management, Inc. at (714) 533-3450 faxing Attention Resident Support to (714) 533-8608, emailing to residentsupport@barkermgt.com or by visiting the leasing office to request the necessary accommodation. This can include requests for applications in large print for those with a visual impairment, or to have applications sent to those with mobility impairments. Management can be reached by TTY line for those with a hearing impairment by calling the California Relay Service at 711.



RETURN THIS APPLICATION TO:
1250 S. Westmoreland Avenue
Los Angeles, CA 90006

APPLICATION FOR RENTAL HOUSING

Westmore Linden
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 ☐ Studio ☐ 1 Bedroom
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	Occupation (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, treasure 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



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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) Eligible Deductions from Income to Reduce Rent (For HUD Sites Only)

HUD has allowed certain deductions to be subtracted from annual income, to enable residents to pay rent based on their ability to pay.	Yes	No	Amount Spent
If you, your co-head or spouse are 62 or older, or have a disability, do you have unreimbursed MD or hospital expenses?	<input type="checkbox"/>	<input type="checkbox"/>	\$
If you, your co-head or spouse are 62 or older, or have a disability, do you have unreimbursed prescribed medicine expenses?	<input type="checkbox"/>	<input type="checkbox"/>	\$
If you, your co-head or spouse are 62 or older, or have a disability, do you have unreimbursed medical or dental insurance?	<input type="checkbox"/>	<input type="checkbox"/>	\$
Besides HOH, Co-HOH or spouse, is anyone in your household 18 or older and a full time student or has a disability?	<input type="checkbox"/>	<input type="checkbox"/>	\$
If you, your co-head or spouse work and/or go to school, do you pay for dependent care in order to work or attend school?	<input type="checkbox"/>	<input type="checkbox"/>	\$

16) Current Residence: If available, please include 5 years rental history:

Please enter the information requested for your current address and five (5) 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"/>			

17) 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 \$	

18) 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 \$	

19) Prior Residence 3:

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 \$	

20) 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"/>
Please explain. _____	

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

21) 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, 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.

22) How did you hear about this apartment community?

☐ Community Organization

Name: _____

☐ Newspaper

Name: _____

☐ Brochure

☐ Employment

☐ Signs on Building

☐ Resident referral

Name: _____

☐ Other _____

Additional Information: _____



23) **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: _____

24) **Do you pay rent where you are currently living?** ☐ Yes ☐ No

25) **Can you show your ability to pay rent on time, such as rent receipts for the last six (6) months?** ☐ Yes ☐ No

If not, do you make any regular payments (car loan, installment loan, credit card, utility bills and etc.)? ☐ Yes ☐ No

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

26) **Do you pay your own bills at this time?** ☐ Yes ☐ No
If not, who currently pays your bills? _____

27) **Have you ever filed for Bankruptcy?** ☐ Yes ☐ No

28) **Have you ever had any credit problem?** ☐ Yes ☐ No

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

30) **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 _____

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

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

33) **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

34) **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

35) 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: _____

36) 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.

37) 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: _____

38) 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)? _____

39) 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: _____

40) 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

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

If yes, please explain: _____

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

If yes, please explain: _____

43) 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: _____

44) 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: _____

45) 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: _____

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

47) Are you and members of your household capable of performing adequate housekeeping tasks to maintain your apartment in good condition and avoid creation of healthy/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 age 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** ☐



APPENDIX 2

REASONABLE ACCOMMODATIONS AND PHYSICAL MODIFICATIONS ARE AVAILABLE AT

[Insert property name in fillable area]

WHAT ACCOMMODATIONS OR MODIFICATIONS CAN I ASK FOR?

You or anyone in your household can ask for:

1. An accommodation if you have a disability and need a change or exception to our standard rules, eligibility criteria, policies, or practices, so that you are able to use and enjoy a unit in our property
2. A change in the way we communicate with you. This can include providing information in alternative formats or Braille, American Sign Language (ASL) interpreters, large print documents.
3. An accessibility modification (physical changes) to your unit or a common area.

We will pay all reasonable costs for reasonable accommodations and reasonable modifications.

WHO WILL BE ABLE TO SEE INFORMATION ABOUT MY REQUEST?

All information you provide is confidential. Information about your request will only be shared with people who need to decide on or carry out the request, or if required by law.

WHAT IS A REASONABLE ACCOMMODATION?

A reasonable accommodation is a change to our rules, policies, practices, procedures or services to help a person with a disability use and enjoy our housing development.

Examples are:

1. Giving you documents in large print, Braille, on cassettes or CDs, or electronically; or reading documents to you.
2. Providing a sign language interpreter or using a video relay service.
3. Allowing another person to help you.
4. Moving you to an accessible unit or a unit with different features you need.
5. Providing an assigned accessible parking space close to your unit.
6. Moving you to a unit with a bedroom for a live-in aide or for medically required equipment.
7. Permitting you to pay rent on a different due day because you get your disability income check later in the month.

WHAT IS A REASONABLE MODIFICATION?

A reasonable modification is a change to the building. Examples are:

1. Lowering a light switch.
2. Providing a front loading washing machine where a top loading

machine is provided.

3. Providing an accessible intercom system.

4. Installing a stove with controls on the front.

These are just examples. You can ask for other reasonable accommodations or reasonable modifications you need because of your disability.

WHEN CAN I ASK FOR A REASONABLE ACCOMMODATION OR REASONABLE MODIFICATION?

You can ask at any time. This includes when you apply to rent, while you live here, and even when you are moving out. You may designate a third person or agent who may act or speak for you regarding your request.

HOW DO I ASK FOR AN ACCOMMODATION OR MODIFICATION?

You can ask a property manager, or fill out a Request Form. We can help you fill out the form. Ask us if you need to communicate with us in a particular way due to your disability.

WHAT KIND OF INFORMATION DO I NEED TO GIVE YOU?

You need to tell us what you need and how it is related to your disability.

WHAT HAPPENS AFTER I ASK?

We will respond to you as quickly as possible.

We may ask you for more information.

Your need for the accommodation or modification may be obvious. For

example, if you use a wheelchair it may be obvious you need accessible parking. If your need for an accommodation or modification is not obvious, we may ask for more information from you or from someone else who knows about your disability needs.

If we ask you for information from someone else, we will give you an Additional Information Form. An Additional Information Form may be needed if your disability or your need for an accommodation or modification is not obvious.

You can choose how to get the additional information:

1. You can sign the Part 2 of the Additional Information Form and return it to the office. We will then send the form to the person you listed and ask them to fill it out and return it to us.

OR:

2. You can sign the Part 2 of the Additional Information Form and give it to the person you want to fill out the rest of the form. You can return it to us when it is complete. We may call that person to confirm they filled it out.

When the Additional Information Form is returned, we will tell you if we need more information.

We may need to talk with you more. Again, ask us if you need to communicate with us in a particular way due to your disability. We will let you know if we think the accommodation or modification will be an undue financial or administrative burden, or fundamental alteration.

We will let you know our final decision in writing. If we deny your request,

you can ask for a meeting to discuss it. Your position on the wait list or your tenancy will not be affected because you make a request.

HOW LONG WILL IT TAKE TO GET AN ANSWER?

Usually, we will respond within 5 business days of getting the request. If it is urgent, we will try to respond sooner. If additional information is needed, or if we need to meet or talk with you about options, we will give you an answer within 30 days.

**For questions or help with your request, please contact:
(Owner/property manager to complete)**

Name:

Title:

Address:

Office Phone:

TTY Number:

Email (if available):

See Tenant Handbook Section 3.14 for More Information

Form: Reasonable Accommodations and Modifications Are Available

(REV. 2018.01.26)

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APPENDIX 8

SUPPLEMENTAL AND OPTIONAL CONTACT INFORMATION FOR APPLICANTS

Property Name:

**THIS FORM IS TO BE PROVIDED TO EACH APPLICANT FOR
HOUSING**

Optional Contact Person or Organization

You have the right to include in your housing application, the name, address, telephone number, and other contact information of a family member, friend, or social, health, advocacy, or other group. We will use the contact information if we need help in resolving any issues that may come up while you are a tenant or to help give you any needed care or services. You may update, remove, or change the contact information at any time.

You do not have to give us this contact information, but if you do, please put the information on this form:

Applicant Name:

Mailing Address:

Telephone Number:

TTY or VP Number:

Cell Phone Number:

Email Address (if Applicable):

Name of Contact Person or Group:

Address:

Telephone Number:

TTY or VP Number:

Cell Phone Number:

Email Address (if Applicable):

How you know them:

Reasons We Can Contact Them: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Proposed termination of rental assistance
- ☐ Proposed eviction
- ☐ Late rent payment
- ☐ Help with Recertification Change
- ☐ Change in policies or procedures
- ☐ Other (please specify):

Promise of Owner

If you are allowed to live here, this information will be kept in your tenant file. If issues come up while you live here or if you need any services or special care, we may ask the contact you listed to help resolve the issue or give you needed services or care.

Confidentiality Statement

The information on this form is confidential and will not be given to anyone unless you tell us it is okay or the law requires us to give it to another.

Option Not to Provide a Supplemental Contact Person:

☐

Check box if you do not want to give us the name of another person or organization to contact on your behalf.

Signature of Applicant:

Date:

Signature:

See Tenant Handbook Section 3.17 for More Information