



Affordable rental housing at Rolland Curtis Gardens 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.

Rolland Curtis Gardens has fully accessible units for people with mobility and hearing/visual disabilities. Rolland Curtis Gardens also has units with some accessible features such as no steps. **If you would like to request one of these units, please complete Question 2, Page 1 of the Rental Application.**

For more information about the accessible features of these units, please contact:

|                   |  |
|-------------------|--|
| Property Manager: | Abode Communities  |
| Title:            | Property Manager   |
| Telephone Number  | (213) 225-2760   |
| Email:            | <a href="mailto:rollandcurtis@abodecommunities.org">rollandcurtis@abodecommunities.org</a> |

Reasonable Accommodations and Modifications will be provided upon request. A person with a disability may ask for:

- a. A change in rules (reasonable accommodation)
- b. A physical change to their apartment or shared area in the building (reasonable modification)
- c. An accessible apartment
- d. Aids and services to help you communicate

If you or anyone in your household has a disability and requires accommodations to reside at Rolland Curtis Gardens and use our services, please contact the Property Management staff listed above to complete a form called "Request Form for Reasonable Accommodations and Modifications".



Property: \_\_\_\_\_ \ **Rental Application**

Dear Applicant:

This housing is offered without regard to race, color, national origin, sex, religion, ancestry, genetic information, source of income, age, marital status, familial status, sexual orientation or preference, gender identity, or disability, or any other basis 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.

**Instructions:** Please complete ALL sections of this application. ALL adult household members must sign the application. Submitting duplicate copies will be cause for rejection of all applicants.

Are you a returning Rolland Curtis Gardens resident?  Yes  No

**General Information**

1. What size apartment are you applying for: Senior:  1 Bedroom  2 Bedroom  
 Family:  1 Bedroom  2 Bedroom  3 Bedroom  4 Bedroom

2. Do you require an apartment designed for the disabled/mobility impaired (accessible unit)?

Yes  No Check all applicable: \_\_\_\_\_ Mobility \_\_\_\_\_ Hearing /Visual

If you answered YES above, what unit size are you applying for?  1 Bedroom  2 Bedroom  3 Bedroom  4 Bedroom

3. We are required to adhere to Federal Fair Housing laws and to encourage a balanced resident population at \_\_\_\_\_. Therefore, we will appreciate your checking the appropriate blank below regarding your race/ethnicity. You are not obligated to provide this information.

African American  Asian/Pacific Islander  Hispanic  Native American  White/Caucasian

**4. How did you hear about our project? (Newspaper, Internet, Personal Reference etc)**

**Household Information**

List ALL household members that are applying to live in the apartment (be sure to include your own name).

| Name<br>First, Middle Initial, Last | Relationship to<br>Head of Household | M/F | Social Security<br>Number | Age |
|-------------------------------------|--------------------------------------|-----|---------------------------|-----|
|                                     |                                      |     |                           |     |
|                                     |                                      |     |                           |     |
|                                     |                                      |     |                           |     |
|                                     |                                      |     |                           |     |
|                                     |                                      |     |                           |     |
|                                     |                                      |     |                           |     |
|                                     |                                      |     |                           |     |
|                                     |                                      |     |                           |     |
|                                     |                                      |     |                           |     |
|                                     |                                      |     |                           |     |

Current address \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**YES**      **NO**

- 1. **Do you expect any additions to the household within the next 12 months?**  
Name & Relationship: \_\_\_\_\_  
Explanation: \_\_\_\_\_
- 2. **Is there anyone living with you now who won't be living with you at this property?**  
Name & Relationship: \_\_\_\_\_
- 3. **Do you have full custody of your child (ren)?**  
Explanation: \_\_\_\_\_
- 4. **Are there any absent household members who under normal conditions would live with you? (For example, a household member away in the military.)**  
Explanation: \_\_\_\_\_

The rental agent will make every effort to provide an interpreter/translator to an applicant upon request. Please check this box  if you need a translator and please identify the language which is required: \_\_\_\_\_.

**Current Residence**

- 1. What is your current monthly rent? \$ \_\_\_\_\_/Month
- 2. Why do you want to vacate your current residence?  
\_\_\_\_\_  
\_\_\_\_\_
- 3. What is the size of your current residence?      # of Bedrooms \_\_\_\_\_

**Rental History**

**YES**      **NO**

- 1. **Have you or anyone else named on this application filed for bankruptcy?**  
Explanation: \_\_\_\_\_
- 2. **Have you or anyone in your household been evicted from a rental unit of any type including an apartment, home, or trailer?**  
Explanation: \_\_\_\_\_
- 3. **Have you or anyone in your household been convicted of property damage?**  
Explanation: \_\_\_\_\_
- 4. **Have you or anyone in your household been issued an eviction notice?**  
Explanation: \_\_\_\_\_
- 5. **Have you or anyone in your household been evicted from a property managed by Abode Communities in the last 5 years?**  
Explanation: \_\_\_\_\_

**Housing References**

List the past **FIVE** years of housing references. (If additional space is required, attach additional pages.)

|          | <u>Landlord's Name/Address</u> | <u>Your Address</u> | <u>Own/Rent</u>               | <u>Dates</u> |
|----------|--------------------------------|---------------------|-------------------------------|--------------|
| Name:    | _____                          | _____               | Own <input type="checkbox"/>  | From: _____  |
| Address: | _____                          | _____               | Rent <input type="checkbox"/> | To: _____    |
| Phone:   | (____) _____                   | _____               |                               |              |

Name: \_\_\_\_\_ Own  From: \_\_\_\_\_  
 Address: \_\_\_\_\_ Rent  To: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Own  From: \_\_\_\_\_  
 Address: \_\_\_\_\_ Rent  To: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_

**Criminal Background**

YES      NO

- 1. Have you or anyone in your household ever been convicted for the manufacture or distribution of a controlled substance?**  
 Explanation: \_\_\_\_\_
- 2. Have you or anyone in your household ever been convicted for a crime against persons or property? If yes, provide date (s) of each conviction.**  
 Explanation: \_\_\_\_\_
- 3. Have you or anyone in your household been convicted of any crime that subjects you or the household members to a lifetime registration requirement in any state sex offender registry?**  
 Explanation: \_\_\_\_\_

**Vehicle Information**

|                               | <u>Tag/License Plate #</u> | <u>State Issued</u> | <u>Make/Model/Year</u> |
|-------------------------------|----------------------------|---------------------|------------------------|
| Vehicle #1:                   | _____                      | _____               | _____                  |
| Vehicle #2:                   | _____                      | _____               | _____                  |
| Head of Household Name: _____ |                            |                     |                        |

**Income Information**

Income is counted for anyone 18 or older (unless legally emancipated). However, if income is unearned income such as a grant or benefit, it is counted for all household members including minors.

**PLEASE PROVIDE THE TOTAL Household's ANNUAL INCOME: \$\_\_\_\_\_**

Answer the questions in this section to provide the source(s) of all household income you listed above.

Include all income anticipated for the next 12 months.

Do YOU or ANYONE in your household receive OR expect to receive income from:

YES      NO

- 11. Employment wages or salaries? (Include overtime, tips, bonuses, commissions and payments received in cash.)**

| <u>Household Member</u> | <u>Name of Company</u> | <u>Amount</u> |
|-------------------------|------------------------|---------------|
| _____                   | _____                  | _____         |
| _____                   | _____                  | _____         |
| _____                   | _____                  | _____         |

**12. Self-employment?** *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

| <u>Household Member</u> | <u>Type of Business</u> | <u>Amount</u> |
|-------------------------|-------------------------|---------------|
| _____                   | _____                   | _____         |
| _____                   | _____                   | _____         |

**13. Regular pay as a member of the Armed Forces?**

| <u>Household Member</u> | <u>Base Name &amp; Branch</u> | <u>Amount</u> |
|-------------------------|-------------------------------|---------------|
| _____                   | _____                         | _____         |
| _____                   | _____                         | _____         |

**14. Unemployment benefits or worker's compensation?**

| <u>Household Member</u> | <u>Administrative Office</u> | <u>Amount</u> |
|-------------------------|------------------------------|---------------|
| _____                   | _____                        | _____         |
| _____                   | _____                        | _____         |

**15. Public Assistance, General Relief or Aid to Families with Dependent Children (AFDC)?**

| <u>Household Member</u> | <u>Administrative Office</u> | <u>Amount</u> |
|-------------------------|------------------------------|---------------|
| _____                   | _____                        | _____         |
| _____                   | _____                        | _____         |

**16. (a) Child Support or Alimony?**  
*(We must count Court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payer.)*

| <u>Household Member</u> | <u>Payor</u> | <u>Amount</u> |
|-------------------------|--------------|---------------|
| _____                   | _____        | _____         |
| _____                   | _____        | _____         |

**(b) How is the support received?** *(Check all that apply)*

**Child Support Enforcement Agency**      *Name of Agency:*

**Court of Law**      *Name of Court:*

**Directly from Individual**      *Name of Persona:*

**Other**      *Explain:*

**(c) If money is not actually received, are you taking legal action to remedy?**  
*(If yes, obtain court papers)*  
 Explanation: \_\_\_\_\_

**YES**      **NO**

**17. Social Security, SSI or any other payments from the Social Security Administration?**

| <u>Household Member</u> | <u>SSA Office</u> | <u>Amount</u> |
|-------------------------|-------------------|---------------|
| _____                   | _____             | _____         |
| _____                   | _____             | _____         |

**18. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?**

| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |

**19. Regular payments from a severance package?**

| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |

**20. Regular payments from any type of settlement?** *(For example, insurance settlements.)*

| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |

**21. Regular gifts or payments from anyone outside of the household?**  
*(This includes anyone supplementing your income or paying any of your bills.)*

| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |

**22. Educational grants, scholarships, or other student benefits?**

| <u>Household Member</u> | <u>School Name or Administrative office</u> | <u>Amount</u> |
|-------------------------|---|---------------|
| _____                   | _____                                       | _____         |
| _____                   | _____                                       | _____         |

**23. Regular payments from lottery winnings or inheritances?**

| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |

**24. Regular payments from rental property or other types of real estate transactions?**

| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |

**25. Any other income sources or types not listed?**

| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |

**26. Do you or any other household members expect any changes to your income in the next 12 months?**

Explanation:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Asset Information:**

Including all assets Held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

**Do YOU or ANYONE in your household hold:**

**YES**   **NO**

**27. Checking or savings account?**

| <u>Household Member</u> | <u>Name of Bank &amp; Type of Account</u> | <u>Amount</u> |
|-------------------------|---|---------------|
| _____                   | _____                                     | _____         |
| _____                   | _____                                     | _____         |

**28. CDs, money market accounts or treasury bills?**

| <u>Household Member</u> | <u>Name of Bank &amp; Type of Account</u> | <u>Amount</u> |
|-------------------------|---|---------------|
| _____                   | _____                                     | _____         |
| _____                   | _____                                     | _____         |

**29. Stocks, bonds or securities?**

| <u>Household Member</u> | <u>Name of Bank &amp; Type of Account</u> | <u>Amount</u> |
|-------------------------|---|---------------|
| _____                   | _____                                     | _____         |
| _____                   | _____                                     | _____         |

Head of Household Name: \_\_\_\_\_

**YES**   **NO**

     **30. Trust funds?**

| <u>Household Member</u> | <u>Name of Bank &amp; Type of Account</u> | <u>Amount</u> |
|-------------------------|---|---------------|
| _____                   | _____                                     | _____         |
| _____                   | _____                                     | _____         |

     **31. Pensions, IRAs, Keogh or other retirement accounts?**

| <u>Household Member</u> | <u>Name of Bank &amp; Type of Account</u> | <u>Amount</u> |
|-------------------------|---|---------------|
| _____                   | _____                                     | _____         |
| _____                   | _____                                     | _____         |

     **32. Cash on hand over \$500?**

| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |

     **33. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?**

*(This includes your personal residence, mobile home, vacant land, farms, vacation homes or commercial property including out of the country.)*

| <u>Household Member</u> | <u>Property Address</u> | <u>Amount</u> |
|-------------------------|-------------------------|---------------|
| _____                   | _____                   | _____         |
| _____                   | _____                   | _____         |

     **34. Personal property held as an investment?**

*(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)*

| <u>Household Member</u> | <u>Name of Bank &amp; Type of Account</u> | <u>Amount</u> |
|-------------------------|---|---------------|
| _____                   | _____                                     | _____         |
| _____                   | _____                                     | _____         |

     **35. A safe deposit box?**

| <u>Household Member</u> | <u>Name of Bank &amp; Type of Account</u> | <u>Amount</u> |
|-------------------------|---|---------------|
| _____                   | _____                                     | _____         |
| _____                   | _____                                     | _____         |

     **36. Have you or any household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?**

Household Member: \_\_\_\_\_ Amount: \_\_\_\_\_  
Explanation: \_\_\_\_\_

**Applicant Status**

**YES**   **NO**

     **37. Are you or any other ADULT household members claiming zero income?**

Household Member \_\_\_\_\_  
Explanation: \_\_\_\_\_

     **38. Are you or any other household members (INCLUDING MINORS) currently a full-time student or expect to be one in the next 12 months?**

Household member(s): \_\_\_\_\_  
\_\_\_\_\_

**39. Are there any household members that are currently enrolled in an institute of higher learning?**

If answered yes above, please check one of the following: \_\_\_\_\_ Full-time Student  
\_\_\_\_\_ Part-time Student

**39. Will you or any ADULT household member require a live-in care attendant to live independently?**

Name of Attendant: \_\_\_\_\_  
Relationship (if any): \_\_\_\_\_

**40. Will your household be receiving Section 8 rental assistance at time of move-in?**

Name of agency: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

**41. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?**

Expected Date: \_\_\_\_\_  
Name of Agency: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

**U.S. Citizenship (SECTION 8 ONLY – NOT FOR USE ON TAX CREDIT PROPERTIES)**

**ALL APPLICANTS MUST COMPLETE THE INFORMATION BELOW**

The state of California may enact public law which implements the provisions of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. No. 104-193), which provides that only citizens or nationals of the United States or qualified aliens may receive agency public benefits. You may be required to show proof of citizenship or a qualified alien status to be eligible to reside in the apartment community.

Note: At least one member of the family must provide proof of citizenship or qualified alien status for the family to qualify for housing.

1. Total Number of Family Members: \_\_\_\_\_
2. Number of U.S. Citizens: \_\_\_\_\_
3. Number of Legal (Qualified) Residents: \_\_\_\_\_
4. Number of Members without Legal Status: \_\_\_\_\_

**Credit Information**

**PLEASE SIGN BELOW TO AUTHORIZE THE CREDIT REPORT AND CRIMINAL BACKGROUND CHECK.**

Management will perform a credit and eviction history and may perform a criminal background check of all applicants as part of the applicant screening criteria. Your application will not be considered unless you provide management with your consent to obtain a credit report on each adult household member.

\_\_\_\_\_  
(Signature) (Signature) (Signature)

\_\_\_\_\_  
(Signature) (Signature) (Signature)

**Signature Clause**

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. **I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.**

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's applicant screening criteria and the Housing Credit Program requirements.



All ADULT household members **must** sign below:

|                    |               |                    |               |
|--------------------|---------------|--------------------|---------------|
| _____<br>Signature | _____<br>Date | _____<br>Signature | _____<br>Date |
| _____<br>Signature | _____<br>Date | _____<br>Signature | _____<br>Date |
| _____<br>Signature | _____<br>Date | _____<br>Signature | _____<br>Date |

**NOTE: Definition of an adult is 18 years of age or older, unless legally emancipated.**

\_\_\_\_\_ does not discriminate on the basis of handicapped status in the admission or access, or treatment or employment in, its federally assisted programs and activities.

**Office Use Only:**

Application Received by: \_\_\_\_\_ Date/Time Stamp:



Rolland Curtis Gardens  
Required Eligibility Requirements

Dear Applicant:

You are required to provide the necessary documentation to process your application for eligibility. Below is a list of documents you will need to provide at the **time of interview**. Please bring a copy of each original document that is applicable to your household. Use the “Check” column to ensure you have all necessary documents.

| Item | Document Description   | Check |
|------|--|-------|
| 1    | Photo ID or Driver License for all adult members in the household  |       |
| 2    | Birth Certificates for all household members under 18 years of age.  |       |
| 3    | Social Security Cards for all members in the household, or proof that one has been requested from the SSA Office.  |       |
| 4    | Documents to verify legal residence status in the USA for household members. At least one household member must have legal status to be processed for eligibility.   |       |
| 5    | \$30 money order, payable to “Abode Communities” for each adult in the household to run a credit and criminal background report.   |       |
| 6    | Signed and dated Income Tax returns for the last two years, 2016 & 2017 with W2s /1099s attached for each adult in the household.  |       |
| 7    | Last 3 months of consecutive employment paystubs for each employed household member.   |       |
| 8    | Benefit letters or current statement of benefits received from Social Security, Unemployment, TANF/AFDC, General Relief, Child Support, Pensions including from foreign countries, Alimony payments, and any other source of income received by minor household members. |       |
| 9    | Last six (6) bank statements for each checking account for each member in the household. Provide all pages of the bank statement.  |       |
| 10   | A current bank statement for each savings account for each member in the household, and for other assets held by each household member.  |       |
| 11   | A current 401K statement with the current value, if applicable.  |       |
| 12   | Financial Aid Statement for each adult household member enrolled in school, if applicable.   |       |
| 13   | Of self-employed, provide Schedule C, Profit and Loss Statement and 1099 for 2016 & 2017, if applicable.   |       |
| 14   | Name and address of employment location and owner information  |       |
| 15   | Name and address of prior and current landlord for the last 5 years.   |       |



ABODE COMMUNITIES is dedicated to providing exceptional housing opportunities. Below is the Resident Selection Criteria that ABODE COMMUNITIES uses to select applicants to reside at Rolland Curtis Gardens. ABODE COMMUNITIES strictly follows selection, occupancy, and required governmental regulations, including HUD, and ABODE COMMUNITIES complies with Section 504 of the Rehabilitation Act of 1973, the Fair Housing Act and the title VI of the Civil Rights Act of 1964, the California Fair Employment and Housing Act and Unruh Civil Rights Act:

- A. Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability.
- B. The Fair Housing Act prohibits discrimination in housing related transactions based on race, color, religion, sex, national origin, marital status, disability, and familial status.
- C. Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color or national origin.
- D. The California Fair Employment and Housing Act and the Unruh Civil Rights Act prohibit discrimination on the basis of race, color, religion, sex, national origin, ancestry, familial status, disability, age\*, marital status, sexual orientation, source of income, or any arbitrary basis.

**I. OCCUPANCY STANDARDS**

Units will be occupied in accordance with the following standards:

| <u>UNIT SIZE</u> | <u>MINIMUM PERSONS</u> | <u>MAXIMUM PERSONS</u> |
|------------------|------------------------|------------------------|
| 1 Bedroom        | 1                      | 3                      |
| 2 Bedroom        | 2                      | 5                      |
| 3 Bedroom        | 3                      | 7                      |

**II. APPLICATION PROCESS: AT INITIAL LEASE-UP**

- Marketing and outreach for Rolland Curtis Gardens will begin prior to the completion of the project and will include the following:
  - Rolland Curtis Gardens’ residents who have First Right of Return
  - Marketing materials in Spanish, English, and potentially languages of other likely applicants.
  - Newspaper advertisements in local publications with wide circulation, such as the Los Angeles Times, Sentinel and Penny Saver.
  - Distributing marketing materials to community stakeholder groups, such as: neighbors, local churches, schools, community groups, political officials, nonprofit organizations, and various public entities.
  - Presentations to community stakeholder groups including churches and neighborhood nonprofit and business groups.





- A banner placed at the site with a “hotline” information number for interested applicants to call for more information.
- Marketing materials that indicate that special accommodations will be made for physically and/or developmentally disabled applicants who are interested in applying for tenancy.
- **APPLICATION PROCESS DURING LEASE UP PROCESS**
  - Application packages will be available for a specified time-frame and must be returned in person or by mail
  - Applications can be obtained:
    - **In-person:**
      - Leasing Office at The Clark Residence at 306 S. Loma Drive, Los Angeles, CA 90017
      - Trust South L.A. office located at 4331 S. Main Street, Los Angeles, CA 90037
      - Three Community Meetings held at St. John’s Cathedral, 514 West Adams Boulevard, Los Angeles, CA 90007 on:
        - Tuesday, July 10, 2018 - 7:00 - 8:30 PM
        - Thursday, July 12, 2018 - 6:30 - 8:30 PM
        - Saturday, July 14, 2018 - 2:00 - 4:30 PM
    - **By mail:** please request by calling (213) 629-2702
    - **By Internet:** by visiting [www.abodecommunities.org](http://www.abodecommunities.org)
  - All household members must be present for initial eligibility interview and any follow-up interviews.
  - All adult applicants must show a valid government-issued photo ID, Birth Certificate for all household members under 18 years of age for the purposes of establishing identity. Copies of the ID and Birth Certificate will be made once the applicants have been approved for residency.
  - New additions to the tenant household will be considered and screened according to the same criteria as initial household members occupying a unit.
  - Live-in aides will be screened for suitability for occupancy according to the same criteria applied to tenant household, except for the following: income requirements, ability to pay rent and credit history (A Criminal Background check will be run).
  - If applicants need assistance in completing the application, ABODE COMMUNITIES staff is available by phone or in-person to provide such help.
  - Applicants will be considered for the available units in the order they are selected, based on their ability to meet ABODE COMMUNITIES stated and publicized Resident Selection Criteria and the income eligibility.
  - A single deadline will be set for all applicants to return the completed application.





- Upon receipt of the application and verification of its completeness, the ABODE COMMUNITIES staff will initiate tenant screening including but not limited to criminal, credit, disability, employment, landlord and public benefits checks and verifications.
- Once verifications are received and confirmed to meet the Resident Selection Criteria thresholds, applicants will be invited for an interview.
- All eligible applicants and all their household members will be interviewed by the lease up team in the order in which their applications have been received. The interview will last from 1 to 1.5 hours. Applicants will be asked to fill out additional related paperwork at the interview.

### III. APPLICATION PROCESS: DURING ONGOING BUILDING OPERATIONS

- Interested adult applicants can inquire about vacancies and obtain applications from manager at property management office on-site at Rolland Curtis Gardens, or by calling management headquarters at (213) 629-2702. Manager will give applicant tour of property and provide an application packet, including Resident Selection Criteria so applicant is aware of program requirements.
- Upon receipt of application, manager will do a “preliminary review” to check for completeness of application and will give applicant a receipt.
- Upon application approval, applicant’s name will be added to the waiting list and notified of his/her place on waiting list. If application is not approved, applicant will be notified with reason for denial by phone and mail (see Section VI below).
- All applications will be date- and time-stamped and processed in the order they are received.
- Manager will inform applicant that it is his/her responsibility to inform management of any changes to applicant contact information.
- All household members must be present for initial eligibility interview and any follow-up interviews.
- All adult applicants must show a valid government-issued photo ID, Birth Certificate for all household members under 18 years of age for the purposes of establishing identity. Copies of the ID and Birth Certificate will be made once the applicants have been approved for residency.
- New additions to the tenant household will be considered and screened according to the same criteria as initial household members occupying a unit.
- Live-in Aides will be screened for suitability for occupancy according to the same criteria applied to tenant household, except for the following: income requirements, ability to pay





rent and credit history (except that an Unlawful Detainer/Eviction check will be run to check for evictions based on lease/rules violations other than non-payment of rent).

#### IV. VERIFICATION PROCESS

Household composition will be used in determining eligibility in regards to income qualification and unit utilization.

ABODE COMMUNITIES conducts all income and personal verifications in accordance with all government regulations required, including those required by the California Tax Credit Allocation Committee and HUD's Handbook 4350.3.

##### A. Financial

- i. All income indicated on tenant certification form will be verified.
- ii. All assets, including bank accounts, will be verified.
- iii. Third-party income verifications will be required from all sources, including but not limited to:
  1. Employment
  2. Pension
  3. Disability
  4. Government Assistance, A.F.D.C., etc.
  5. Social Security, including Supplemental Income Assistance
  6. Student Status
  7. Asset verifications (i.e.: checking, savings, property, stocks, bonds, annuities, IRA, etc.)
- iv. Income calculations are based on the applicant's annual gross (anticipated) income for a 12-month period. Annual income also includes income earned from any and all assets.
  1. Applicant must show ability to pay rent by having a minimum monthly gross income of 1 ½ times the rent. Management will take into account applicant's ratio of expense to income.

##### B. Rental and Landlord History

To determine if an applicant will abide by all Lease and Lease Addendum Regulations, ABODE COMMUNITIES will exercise its rights, including but not limited to, Section IV of TCAC's handbook and HUD's regulation 24 CFR, part 5 as follows:





1. ABODE COMMUNITIES will conduct Landlord and Rental History Verifications to establish a consistent record of timely rent payments for the past five (5) years.
2. Any negative reports from current and/or previous landlords may cause an applicant to be declined.
3. A negative report is defined as: failing to honor lease agreements, failure to pay rent, a noticeable history of documented complaints from management or neighbors.
4. If applicable, applicant must provide proof of completion of a supervised drug rehabilitation program, proof that the circumstances of eviction no longer exist, and that the applicant has been sober for at least one year.

#### C. Credit Checks

To determine if an applicant is able to pay for rent, ABODE COMMUNITIES will exercise its rights, including but not limited to, Section IV of TCAC's handbook and HUD's regulation 24 CFR, part 5 to conduct Credit Checks via a hired contractor. ABODE COMMUNITIES must be able to establish past performance in meeting financial obligations for each adult member of applicant household.

1. Applicants may be declined if credit report reflects one or more of the following (totaling \$2,500 or more) within the past five (5) years:
  - a. Repossession.
  - b. Default on loan.
  - c. Unpaid judgments.
  - d. Unpaid Collections.
  - e. Write offs.
  - f. Unlawful Detainer/Eviction within the past five (5) years.

*Note: To be admitted with a drug criminal history, the household member must submit proof of completion of a supervised drug rehabilitation program, proof that the circumstances of eviction no longer exist, and that the applicant has been sober for at least one year.*





2. If adult household member is unable to provide a social security number, then adult household member will be subject to the requirements of the attached Alternative Credit Criteria.
3. Medical expenses and student loans shall be exempt from this credit standard.

D. Criminal and Drug Background Checks

To determine if applicant would not endanger other potential or current residents, ABODE COMMUNITIES will exercise its rights, including but not limited to, Section IV of TCAC's Handbook and HUD's regulation 24 CFR, part 5 to conduct Criminal and Drug Background Checks.

1. A Criminal and Drug Background Check will be conducted for every member of the household 18 years and older (including emancipated minors).
2. The Criminal and Drug Background Check will be conducted by a hired contractor and will encompass every state or county in which members of the household have resided.
3. Ineligibility will result if a Criminal and Drug Background Check reveal that a member has been convicted of a misdemeanor or felony within the past five (5) years.

*Note: To be admitted with a drug criminal history, the household member must submit proof of completion of a supervised drug rehabilitation program, proof that the circumstances of eviction no longer exist, and that the applicant has been sober for at least one year.*

4. Ineligibility will result if a household member is currently engaged in any illegal activity including, but not limited to, the use or manufacture of any illegal substance.
5. Only the designated management agent will process Criminal and Drug Background Checks. Management staff will only disclose a pass or fail grade for eligibility. At no time may details of incident be disclosed to any other member of the Management Company unless the applicant appeals within 14 days of the Unable to Accommodate Notice. All criminal and/or drug findings will be locked away at management headquarters with no public access, unless applicant appeals.







In accordance with all applicable Regulatory Requirements a \$30.00 fee may be charged for processing Credit, Criminal and Drug check per applicant household. If applicant withdraws his or her application before any credit or criminal checks are conducted, the fee will be returned to the applicant. However, if applicant is processed through the background checks, all fees will be non-refundable.

#### **IV. SOCIAL SECURITY NUMBER DISCLOSURE**

1. Applicants must disclose a social security number (SSN) for all household members. If no SSN has been assigned, household member must complete a certification that no SSN has been assigned.
  
2. The following documents are acceptable forms to verify SSN:
  - a. Original Social Security Card.
  - b. Identification Card issued by a federal, state, or local agency.
  - c. A medical insurance provider or an employer or trade union.
  - d. Earning statement on payroll stub.
  - e. Bank Statement.
  - f. Form 1099.
  - g. Benefit award letter.
  - h. Life insurance policy.
  - i. Court records.

#### **V. WAITING LIST**

Abode Communities applies all guidelines for waiting list management and up-keep provided under HUD's regulation 24 CFR 5.655.

1. When a unit becomes available, eligible applicants on waiting list will be contacted according to the order of their place on the waiting list.
  
2. A waiting list shall be maintained by the management agent.
  
3. The property manager will maintain the waiting list, updating it every six months by sending "Waiting List Update" letters or similar correspondence to applicants on waiting list.





4. After the third time an applicant on the waiting list refuses a unit offered to him/her, he/she will be removed from the waiting list. If an applicant fails to respond to the manager's "Waiting List Update" letter, he/she will be removed from the waiting list. Applicant has 14 days (per request) to respond to manager's "Waiting List Update" card request.

## VI. ELIGIBILITY REQUIREMENTS

As detailed above in this Resident Selection Criteria document, an applicant's eligibility for residency at the Rolland Curtis Gardens will be determined based on the following:

1. Household composition/occupancy
2. Income
3. Rental history
4. Credit & Background checks

## VII. REJECTED APPLICANTS

A. Applicants may be rejected for any of the following:

1. Blatant disrespect, disruptive or anti-social behavior toward management, the property, or other residents exhibited by an applicant or family member any time prior to move-in (or demonstrable history of such behavior.)
2. A negative landlord or other reference, encompassing failure to comply with the lease.
3. A negative credit report totaling \$2,500 or more.
4. A history of eviction (see Section IV.B above).
5. Falsification or refusal to provide any information on the application or any other legally binding documents through an act of omission or fraud.
6. A negative Criminal and Drug Background Check (see Section IV.D above).
7. Other justifiable causes, including but not limited to, failure to meet program requirements or other selection criteria.





B. Appeals for Ineligible Applicants:

1. An Unable to Accommodate Notice will be mailed to all ineligible applicants.
2. All rejected applicants will have the right to appeal the ineligibility decision or determination. ABODE COMMUNITIES must receive the appeal no later than fourteen (14) days after the date of the denial letter. Appeal must be submitted in writing, with copies of any documentation that proves ABODE COMMUNITIES' decision incorrect. If rejection is due to a Criminal and Drug Background Check or Credit Check, applicant has right to ask that records be unsealed.

Note: For example, acceptable documentation for bad debt would be a credit check from the same credit agency, showing the bad debt has been corrected, or a letter from the company that reported the bad debt was reconciled before the application process began.

3. Management staff will respond to appeal whether or not the applicant has been reinstated within five (5) working business days.
4. Reinstated applicants will remain in their original place on the waiting list.

