



Rental Application Cover Page for Grandview Apartments

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.

Grandview Apartments is a pet-inclusive community. Pets are welcome and are not limited to service animals or emotional support animals. Service and support animals are also welcome in accordance with applicable laws.

1. **Grandview Apartments** has Fully Accessible Units for People with Mobility Disabilities and People with Hearing/Vision Disabilities. **Grandview Apartments** also has units with some accessible features, such as no steps, and wider doorways. **If you would like to request one of these units, please complete question number 2 of the affordable application provided.** For more information about the accessible features of these units, please contact:

Property Management Contact: Tammie Pinkney

Title: Area Manager

Phone Number: 213-225-2844

Email: grandview@abodecommunities.org

TTY (if available): 711

2. 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 areas in the building (reasonable modification)
 - c. An accessible apartment
 - d. Aids and services to help you communicate with us

If you or anyone in your household has a disability and needs any of these things to live in Grandview Apartments and use our services, then contact the Property Management staff listed above to complete a form called "Request Form for Reasonable Accommodations and Modifications".





Property: Grandview Apartments \ Rental Application

Dear Applicant:

This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, familial status, national origin, citizenship status, immigrant status, primary language, marital status, ancestry, age, sexual orientation, disability, source of income (including receipt of Section 8 and other similar vouchers), genetic information, military or veteran status, arbitrary characteristics, or any other basis currently or subsequently 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.

The rental agent will 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:

_____.

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.

General Information

1. What size apartment are you applying for: Senior: 0 Bedroom 1 Bedroom 2 Bedroom Family: 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom

2. Is the head of household, spouse, or co-head disabled and require an apartment designed for people who need mobility/communications accommodations (accessible unit)?

Yes No Check all applicable: _____Mobility _____Hearing /Visual

If you answered YES above, what unit size are you applying for?

0 BR 1 BR 2 BR 3 BR 4 BR

3. We are required to adhere to Federal Fair Housing laws and to encourage a balanced resident population at Grandview Apartments. Therefore, we will appreciate you 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 First, Middle Initial, Last	Relationship to Head of Household	Gender	Social Security Number	Date of Birth

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: _____

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: _____
- 6. **Have you or anyone in your household lived in another state. If so, please list all:**
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: _____ Address: _____ _____	_____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
Phone: () _____	_____		
Name: _____ Address: _____ _____	_____	Own <input type="checkbox"/> Rent <input type="checkbox"/>	From: _____ To: _____
Phone: () _____	_____		
Name: _____	_____	Own <input type="checkbox"/>	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

Tag/License Plate # State Issued Make/Model/Year

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 any of the following:

YES **NO**

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

Household Member Name of Company Amount



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

<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>

3. Regular pay as a member of the Armed Forces?

<u>Household Member</u>	<u>Base Name & Branch</u>	<u>Amount</u>

4. Unemployment benefits or worker's compensation?

<u>Household Member</u>	<u>Administrative Office</u>	<u>Amount</u>

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

<u>Household Member</u>	<u>Administrative Office</u>	<u>Amount</u>

6. (a) Child Support or Alimony?

(We must count Court-ordered support whether 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**

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

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>





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

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

9. Regular payments from a severance package?

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

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

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

11. Regular cash 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>
_____	_____	_____
_____	_____	_____

12. Educational grants, scholarships, or other student benefits?

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

13. Regular payments from lottery winnings or inheritances?

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

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

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

15. Any other income sources or types not listed?

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

16. 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**

 1. Checking or savings account?

<u>Household Member</u>	<u>Name of Bank & Type of Account</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

 2. CDs, money market accounts or treasury bills?

<u>Household Member</u>	<u>Name of Bank & Type of Account</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

 3. Stocks, bonds, or securities?

<u>Household Member</u>	<u>Name of Bank & Type of Account</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

Head of Household Name: _____

YES **NO**

 4. Trust funds?

<u>Household Member</u>	<u>Name of Bank & Type of Account</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

 5. Pensions, IRAs, Keogh, or other retirement accounts?

<u>Household Member</u>	<u>Name of Bank & Type of Account</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____





6. Cash on hand over \$500?

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

7. 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>
_____	_____	_____
_____	_____	_____

8. 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 & Type of Account</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

9. A safe deposit box?

<u>Household Member</u>	<u>Name of Bank & Type of Account</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

10. 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**

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

Household Member _____

Explanation: _____

2. 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): _____



3. 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

4. Will you or any ADULT household member require a live-in care attendant?

Name of Attendant: _____

Relationship (if any): _____

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

Name of agency: _____

Contact Person: _____

6. 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:

_____	_____	_____	_____
Signature	Date	Signature	Date
_____	_____	_____	_____
Signature	Date	Signature	Date
_____	_____	_____	_____
Signature	Date	Signature	Date

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

Grandview Apartments 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:





RENTAL APPLICATION DISCLOSURES REGARDING CREDIT AND INVESTIGATIVE CONSUMER REPORTS

You have certain rights under federal, state, and local laws with respect to your consumer report. In evaluating your application, a consumer reporting agency listed below may provide us with information.

Credit Bureaus:

- **Experian (TRW), Attn: NCAC, P.O. Box 2002, Allen, TX 75013 (888) 397-3742**
- **TransUnion, Consumer Disclosure Center, P.O. Box 1000, Chester, PA 19016 (800) 888-4213**
- **Equifax (CBI), P.O. Box 740241, Atlanta, GA 30374 (800) 685-1111**

Additionally, you have a right to (1) inspect and receive one free copy of such report by contacting the consumer reporting agencies listed above; (2) obtain a free copy of the report from each national consumer reporting agency annually, and/or a report from www.annualcreditreport.com; and (3) dispute any inaccurate information in the report with the consumer reporting agency.

Moreover, an investigative consumer report may be obtained regarding your character, general reputation, personal characteristics and/or mode of living. Such information may include unlawful detainer (eviction) reports, bad check searches, criminal background searches, social security number verification, fraud warnings, previous tenant history and employment history. While we may obtain criminal history checks on potential residents, we are under no duty to do so, and we do not warrant or guarantee the personal safety of any resident, occupant, guest or other person in the Community. We certify that we are obtaining the report and will only use it for the permissible purpose of evaluating your rental application and for no other purpose.

The following investigative consumer reporting agency is used to prepare our investigative consumer reports:

- **On-Site c/o Real Page
2201 Lakeside Boulevard
Richardson, TX 95082
(877) 222-0384
www.on-site.com/renter-relations**

Please check the following if you would like to receive a copy of the investigative consumer report obtained.

I request a copy of the rental report obtained. Reports will be provided within 3 days of receipt thereof.

It can be sent to me at the following address:



Additionally, under California Civil Code § 1786.22 (part of the Investigative Consumer Reporting Agencies Act), if you wish to dispute the accuracy or completeness of any item in the consumer report, you may contact the investigative consumer reporting agency above and request an investigation. You have the right, upon written request made within a reasonable time after receipt of this notice, to request whether a consumer report has been conducted about you, disclosure of the nature and scope of any investigative report, and to request a copy of your report.

You may also view the file maintained on you by the above reporting agency during normal business hours. You can receive a copy of your file by providing proper identification and paying related copy costs. You may also receive a summary of the file by telephone. The agency is required to have employees available to explain your file to you and they must explain any coded information in your file. You can bring someone with you to view the file, so long as they have identification.

Under California Civil Code §1786.22, an investigative consumer reporting agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice.

An investigative consumer reporting agency ("Agency") shall make available files maintained on a consumer for the consumer's visual inspection as follows:

- (1) **In Person:** if he/she/they appear in person and furnish proper identification. A copy of the individual's file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided;
- (2) **By Certified Mail:** if he/she/they makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative consumer reporting agencies complying with requests for certified mailings under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies;
- (3) **By Telephone:** A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephonic disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer.

"Proper identification" shall mean any information generally deemed sufficient to identify a person and includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot reasonably identify yourself with such information may an Agency require additional information concerning your employment and personal or family history in order to verify your identity.

The Agency shall provide trained personnel to explain to you any information furnished to you pursuant to Section 1786.10.



The agency shall provide a written explanation of any coded information contained in your file. This written explanation shall be distributed whenever a file is provided to you for visual inspection.

One other person of your choice may accompany you when you come to inspect your file. The person must furnish reasonable identification. The Agency may require you to furnish a written statement granting permission to the Agency to discuss your file in your companion's presence.

I hereby acknowledge that I have been provided, read and understand my rights under California Civil Code §1786.22.

Applicant Signature

Date

I hereby authorize and consent for the property owner (either directly or through its designated agents and its employees) to investigate my employment, financial, credit, criminal, litigation, and rental history and to obtain reports that may include credit reports, investigative consumer reports, criminal record information, unlawful detainer (eviction) reports, bad check searches, social security number verification, and previous tenant and employment history. Additionally, I hereby authorize and consent for the property owner (either directly or through its designated agents and its employees) to request and disclose information to previous or subsequent (actual and prospective) landlords and property management companies. I agree to provide additional information upon request.

Applicant Signature

Date



SUMMARY OF RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

In addition to the rights you have under California Law, under the Fair Credit Reporting Act, you have a right to request disclosure of the nature and scope of the investigation. You must be told if information in your file has been used against you. You have a right to know what is in your file, and this disclosure may be free. You have the right to ask for your credit score (there may be a fee for this service). You have the right to dispute incomplete or inaccurate information. Consumer reporting agencies must contain correct inaccurate, incomplete, or unverifiable information.

By signing this application, you acknowledge that you have been provided a Summary of Rights under the Fair Credit Reporting Act which includes the following: (1) your right to be told if information has been used against you including the name, address, and phone number of the agency that provided the information; (2) your right to know what's in your file. You may request and obtain all of the information about you in the files of a consumer reporting agency. In many cases, the disclosure will be free. You are entitled to a free file disclosure if (a) a person has taken adverse action against you because of information in your credit report; (b) you are the victim of identity theft and place a fraud alert in your file; (c) your file contains inaccurate information as a result of fraud; (d) you are on public assistance; and (e) you are unemployed by expect to apply for employment within sixty (60) days. Additionally, all consumers are entitled to one free disclosure every twelve (12) months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information; (3) your right to request a credit score; (4) your right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See consumerfinance.gov/learnmore for an explanation of dispute procedures; (5) consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information, usually within thirty (30) days; (6) consumer reporting agencies may not report outdated negative information, in most cases the agency may not report negative information that is more than seven (7) years old, or bankruptcies that are more than ten (10) years old; (7) access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need; (8) your right to consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer without your written consent given to the employer; (9) you may limit "prescreened" offers of credit and insurance you get based on information in your credit report. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).



The following FCRA right applies with respect to nationwide consumer reporting agencies: (1) you have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency

from releasing information in your credit report without your express authorization. Alternatively, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a one (1) year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting seven (7) years. If a consumer reporting agency, or a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court. Identity theft victims and active-duty military personnel have additional rights, for more information visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.



SB 267 Disclosure

Section 12955 of the California Government Code allows applicants for rental housing who receive a government rent subsidy, including a Section 8 Housing Choice Voucher, the option to provide alternative verifiable evidence of their ability to pay the rent each month in lieu of allowing a landlord to use the applicant's credit history.

Option 1:

I do not receive government rent subsidy, including the Section 8 Housing Choice Voucher

If you will be receiving a government rent subsidy which will cover a portion of your rent each month, please select one of the following screening options:

Option 2:

I do receive government rent subsidy, and I authorize the Landlord to use my credit history as part of the application process

Read and initial below.

Applicant authorizes the Landlord to obtain reports that may include credit reports, unlawful detainer (eviction) reports, bad check searches, social security number verification, fraud warnings, previous tenant history and employment history. Applicant consents to allow Landlord to disclose tenancy information to previous or subsequent Landlords.

Applicant's Initials: _____

Option 3:

I do receive government rent subsidy, and I will provide alternative evidence of ability to pay the rent requested by Landlord, including, but not limited to, bank statements, pay records, government benefit payments, and verification of any other sources of income to demonstrate ability to pay the rent each month.

Read and initial below.

Applicant authorizes the Landlord to obtain reports other than credit reports, such reports may include unlawful detainer (eviction) reports, social security number verification, fraud warnings, previous tenant history and employment history. Applicant consents to allow Landlord to disclose tenancy information to previous or subsequent Landlords. Application will not be considered complete until Applicants submit their verifiable alternative evidence of the ability to pay.

Applicant's Initials: _____

Applicant Signature Date

Management Signature Date



APPENDIX 2



NOTICE OF RIGHT TO REASONABLE ACCOMMODATIONS AND AUXILIARY AIDS PURSUANT TO EFFECTIVE COMMUNICATION POLICY AT

Grandview Apartments

WHAT ACCOMMODATIONS AND AUXILIARY AIDS 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, public and common use areas, or participate in, or benefit from, a program, service or activity;
2. accessibility alterations (physical changes) to your unit or a common area;
3. auxiliary aids and services necessary to ensure effective communication between us. This can include providing information in alternative formats such as Braille, American Sign Language (ASL) interpreters, or large print documents.

We will pay all reasonable costs for reasonable accommodations and auxiliary aids necessary to ensure effective communication between us.

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



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request, or if required by law.

WHAT ARE REASONABLE ACCOMMODATIONS?

Reasonable accommodations are changes, modifications, exceptions, alterations, or adaptations in our rules, policies, practices, programs, services, activities, or facilities that may be necessary to (1) provide an Individual with a Disability an equal opportunity to use and enjoy a dwelling, including public and common use areas of a development; (2) participate in, or benefit from, a program (housing or non-housing), service or activity; or (3) avoid discrimination against an Individual with a Disability. A reasonable accommodation includes any physical or structural change to a unit or a public or common use area.

Examples are:

1. allowing an assistance animal in a “no-pets” building;
2. allowing payment of rent on a date other than the first of the month if necessary due to the date the tenant receives disability income;
3. granting a reserved parking space closer to the individual’s unit;
4. providing additional accessible or assigned parking where required accessible parking is not sufficient to meet the needs of tenants and applicants;
5. accepting references from professional caregivers and others when landlord references are not available for an individual moving from a nursing home or other places that serve Individuals with Disabilities;
6. installing a wheelchair ramp;



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7. installing grab bars in the shower or bathroom;
8. installing a roll-in shower;
9. installing visual alerting systems and flashing lights for individuals who are deaf or hard of hearing;
10. adjusting counter heights for individuals who use wheelchairs;
11. transferring a tenant in a non-elevator building who has difficulties walking up or down stairs to a ground floor unit with no or very few stairs; and
12. requesting that Grandview Apartments notify another individual in addition to the tenant or applicant when any concerns arise. See Appendix 8, Supplemental and Optional Contact Information for Applicants.

WHAT ARE AUXILIARY AIDS?

Auxiliary Aids are aids, services, or devices that enable individuals with vision, hearing, manual, or speech impairments to have an equal opportunity to participate in, or enjoy the benefits of, programs, services, or activities, including housing and other programs, services, and activities.

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. providing note takers; real-time computer-aided transcription services; exchange of written notes;
4. providing audio description or audio recordings;



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5. providing closed captioned video.

These are just examples. You can ask for other reasonable accommodations and auxiliary aids you need because of your disability.

WHEN CAN I ASK FOR A REASONABLE ACCOMMODATION OR AUXILIARY AID?

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 REASONABLE ACCOMMODATIONS OR AUXILIARY AIDS?

You can ask a Property Manager or fill out a Request Form (See Appendix 3, Optional Request Form for Reasonable Accommodations and/or for Auxiliary Aids Pursuant to Effective Communication Policy). 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.



APPENDIX 2



Your need for reasonable accommodations or auxiliary aids may be obvious or already known. For example, if you use a wheelchair it may be obvious you need accessible parking. If your need for the accommodation or auxiliary aid is obvious or already known, we will not ask for any additional information. If the need is not obvious, we may ask you to provide more information, which may include information from someone else who knows about your disability needs. We will only seek limited information that is necessary to understand the disability-related need for your accommodation or auxiliary aid. We do not need to receive full medical records or to know unrelated information about the nature or severity of any disabilities. Any information we do receive will be kept confidential.

If we ask you for information from someone else, we will provide you with Appendix 4, Additional Information for Request for Reasonable Accommodations.

You can choose how to get the additional information:

1. You can sign Part 2 of Appendix 4 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 Part 2 of Appendix 4 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. When Appendix 4 is returned, we will tell you if we need more information.



APPENDIX 2



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 our final decision in writing. If we deny your request, you can ask for a meeting to discuss it. Your position on the waiting list(s) 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 five (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 as soon as we can, but no later than within thirty (30) days.

For questions or help with your request, please contact:

(Owner/Property Manager to complete)

Property Management Staff Name:

Title: Community Manager

Address: 8727 South Broadway Los Angeles, CA 90003

Phone Number: 213-225-2720

TTY/TDD Number: 711

Email (if available): manchester@abodecommunities.org

See Tenant Handbook Section 3.15 for more information.



APPENDIX 8



SUPPLEMENTAL AND OPTIONAL CONTACT INFORMATION FOR APPLICANTS

Property Name: Grandview Apartments

THIS FORM IS TO BE PROVIDED TO EACH APPLICANT FOR HOUSING

Instructions: Optional Contact Person or Organization:

You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization.

This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:

Mailing Address:

Phone Number:

TTY/TDD or VP Number:

Cell Phone Number:

Email Address (if applicable):



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Name of Additional Contact Person or Organization:

Address:

Phone Number:

TTY/TDD or VP Number:

Cell Phone Number:

Email Address (if applicable):

Relationship to Applicant:

Reasons that you approve us to contact the Additional Contact Person or Organization: (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 lease terms
- Change in policies or procedures
- Other (please specify):

Commitment of Owner

If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services



APPENDIX 8



or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement

The information on this form is confidential and will not be disclosed to anyone except as permitted by you, the applicant, or applicable law.

Legal Notification

Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

Option Not to Provide a Supplemental Contact Person:

Check this box if you choose not to provide the contact information.

Signature of Applicant:

Date:

Signature:

See Tenant Handbook Section 3.18 for More Information