ADAMS TERRACE

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.

1. **Adams Terrace** has Fully Accessible Units for People with Mobility Disabilities and People with Hearing/Vision Disabilities. **Adams Terrace** also has units with some accessible features, such as no steps. **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 Name: TBD

   Title: Property Manager

   Phone Number: TTY (if available): 711

   Email: adamsterrace@abodecommunities.org

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) repossession
   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 **Adams Terrace** 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: Adams Terrace \ **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.

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. Does the head, spouse, co-head 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 First, Middle Initial, Last	Relationship to Head of Household	M/F	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: _____

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: _____
☐	☐	**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.)*

	Landlord's Name/Address	Your Address	Own/Rent	Dates
Name:	_____	_____	Own ☐	From: _____
Address:	_____	_____	Rent ☐	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

	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:

YES **NO**

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

Household Member	Name of Company	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Household Member	Type of Business	Amount
_____	_____	_____
_____	_____	_____

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

Household Member	Base Name & Branch	Amount
_____	_____	_____
_____	_____	_____

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

Household Member	Administrative Office	Amount
_____	_____	_____
_____	_____	_____

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

Household Member	Administrative Office	Amount
_____	_____	_____
_____	_____	_____

☐ ☐ **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.)

Household Member	Payor	Amount
_____	_____	_____
_____	_____	_____

(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?**

Household Member	SSA Office	Amount
_____	_____	_____
_____	_____	_____

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

Household Member	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____

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

Household Member	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Household Member	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____

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

Household Member	Source of Benefit	Amount

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

Household Member	School Name or Administrative office	Amount

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

Household Member	Source of Benefit	Amount

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

Household Member	Source of Benefit	Amount

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

Household Member	Source of Benefit	Amount

☐ ☐ **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?**

Household Member	Name of Bank & Type of Account	Amount

_____ _____ _____

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

Household Member	Name of Bank & Type of Account	Amount
_____	_____	_____
_____	_____	_____

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

Household Member	Name of Bank & Type of Account	Amount
_____	_____	_____
_____	_____	_____

Head of Household Name:_____

YES **NO**

☐ ☐ **30. Trust funds?**

Household Member	Name of Bank & Type of Account	Amount
_____	_____	_____
_____	_____	_____

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

Household Member	Name of Bank & Type of Account	Amount
_____	_____	_____
_____	_____	_____

☐ ☐ **32. Cash on hand over $500?**

Household Member	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____

☐ ☐ **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.)

Household Member	Property Address	Amount

_____ _____ _____

_____ _____ _____

☐ ☐ **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.)

Household Member	Name of Bank & Type of Account	Amount
_____	_____	_____
_____	_____	_____

☐ ☐ **35. A safe deposit box?**

Household Member	Name of Bank & Type of Account	Amount
_____	_____	_____
_____	_____	_____

☐ ☐ **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 BACKGRUND 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.

Adams Terrace
_____ 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:

EQUAL HOUSING OPPORTUNITY

APPENDIX 2

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

Adams Terrace

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

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;

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 Adams Terrace 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;

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.

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.

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: N/A
Title: Property Manager
Address: 4314 and 4347 W. Adams Street, Los Angeles, CA
Phone Number:
TTY/TDD Number: 711
Email (if available): adamsterrace@abodecommunities.org

See Tenant Handbook Section 3.15 for more information.

EQUAL HOUSING OPPORTUNITY

ANEXO 2

NOTIFICACIÓN DE DERECHO A ADAPTACIONES RAZONABLES Y AYUDAS AUXILIARES DE CONFORMIDAD CON LA POLÍTICA DE COMUNICACIÓN EFICAZ

Adams Terrace

¿QUÉ ADAPTACIONES O AYUDAS AUXILIARES PUEDO SOLICITAR?

Usted o cualquier persona de su familia puede solicitar:

1. una adaptación si usted tiene una discapacidad y necesita un cambio o una excepción a nuestros reglamentos estándar, criterios de elegibilidad, políticas o prácticas, para que pueda usar y disfrutar de una unidad en nuestra propiedad, áreas públicas y de uso común, o participar en, o beneficiarse de un programa, servicio o actividad;
2. alteraciones de accesibilidad (cambios físicos) a su unidad o un área común;
3. ayudas y servicios complementarios necesarios para asegurar una comunicación eficaz entre nosotros. Esto puede incluir proporcionar información en formatos alternos como Braille, intérpretes de Lenguaje de Señas Americano (ASL por sus siglas en inglés) o documentos en letra grande.

Nosotros pagaremos todos los costos razonables por adaptaciones razonables y ayudas complementarias necesarias para asegurar una comunicación eficaz entre nosotros.

¿QUIÉN PODRÁ VER LA INFORMACIÓN SOBRE MI SOLICITUD?

Toda la información que usted proporcione es confidencial. La información sobre su solicitud solo se compartirá con las personas que deban tomar una decisión sobre la solicitud o llevarla a cabo, o si lo exige la ley.

¿QUÉ SON ADAPTACIONES RAZONABLES?

Las adaptaciones razonables son cambios, modificaciones, excepciones, alteraciones o adaptaciones en nuestros reglamentos, políticas, prácticas, programas, servicios, actividades o instalaciones que pueden ser necesarios para (1) proporcionarle a una Persona con una Discapacidad la misma oportunidad de usar y disfrutar de una vivienda, incluyendo áreas de uso público y común de un desarrollo; (2) participar en, o beneficiarse de, un programa (de vivienda o no), servicio o actividad; o (3) evitar la discriminación contra una Persona con una Discapacidad. Una adaptación razonable incluye cualquier cambio físico o estructural a una unidad o área de uso público o común.

Los ejemplos son:

1. permitir un animal de apoyo en un edificio "sin mascotas";
2. permitir el pago del alquiler en una fecha que no sea el primero del mes si es necesario debido a la fecha en que el inquilino recibe ingresos por discapacidad;
3. otorgar un espacio de estacionamiento reservado más cerca de la unidad del individuo;
4. proporcionar estacionamiento adicional accesible o asignado donde

el estacionamiento accesible requerido no sea suficiente para satisfacer las necesidades de los inquilinos y solicitantes;

5. aceptar referencias de cuidadores profesionales y otras personas cuando las referencias del propietario no estén disponibles para una persona que se muda de un ancianato u otros lugares que atienden a personas con Discapacidades;
6. instalar una rampa para sillas de ruedas;
7. instalar barras de apoyo en la ducha o el baño;
8. instalar una ducha con acceso para silla de ruedas;
9. instalar sistemas de alerta visual y luces intermitentes para personas sordas o con problemas de audición;
10. ajustar las alturas de los topes para las personas que usan sillas de ruedas;
11. transferir a un inquilino de un edificio sin ascensor que tenga dificultades para subir o bajar escaleras a una unidad en la planta baja con muy pocas o ninguna escalera(s); y
12. solicitar que **Adams Terrace** notifique a otra persona además del inquilino o solicitante cuando surja alguna inquietud. Consulte el Anexo 8, Información de Contacto Opcional y Complementaria para Solicitantes.

¿QUÉ SON AYUDAS COMPLEMENTARIAS?

Las Ayudas Complementarias son ayudas, servicios o dispositivos que permiten a las personas con impedimentos visuales, auditivos, manuales o

del habla tener la misma oportunidad de participar o disfrutar de los beneficios de programas, servicios o actividades, incluyendo la vivienda y otros programas o servicios y actividades.

Ejemplos de estas son:

1. entregarle documentos en letra grande, Braille, en casetes o CDs, o electrónicamente, o leerle documentos a usted;
2. suministro de un intérprete de lenguaje de señas o uso de un servicio de retransmisión de vídeo;
3. suministro de tomadores de notas; servicios de transcripción asistida por computadora en tiempo real; intercambio de notas escritas;
4. Suministro de descripciones de audio o grabaciones de audio;
5. proporcionar video con subtítulos.

Estos son solo ejemplos. Usted puede solicitar otras adaptaciones razonables y ayudas complementarias que usted necesite debido a su discapacidad.

¿CUÁNDO PUEDO SOLICITAR UNA ADAPTACIÓN RAZONABLE O AYUDA AUXILIAR?

Usted puede solicitarla en cualquier momento. Esto incluye desde que solicite el alquiler, mientras viva aquí e incluso cuando se esté mudando. Usted puede designar a una tercera persona o agente que actúe o hable en su nombre con respecto a su solicitud.

¿CÓMO PUEDO SOLICITAR ADAPTACIONES RAZONABLES O AYUDAS AUXILIARES?

Usted puede preguntarle al Administrador de la Propiedad o llenar un Formulario de Solicitud (consulte el Anexo 3, Formulario de Solicitud Opcional para Adaptaciones Razonables y/o Ayudas Complementarias de

Conformidad con la Política de Comunicación Eficaz). Nosotros podemos ayudarlo a llenar el formulario. Pregúntenos si necesita comunicarse con nosotros de manera privada debido a su discapacidad.

¿QUÉ TIPO DE INFORMACIÓN DEBO SUMINISTRARLE?

Usted necesita informarnos qué necesita y cómo se relaciona con su discapacidad.

¿QUÉ SUCEDE DESPUÉS DE QUE PREGUNTE?

Nosotros le responderemos lo más pronto posible.

Es posible que le pidamos más información.

Su necesidad de adaptaciones razonables o ayudas complementarias puede ser obvia o ya conocida. Por ejemplo, si usted usa una silla de ruedas, puede resultar obvio que necesita estacionamiento accesible. Si su necesidad de adaptación o ayuda auxiliar es obvia o ya se conoce, no le pediremos ninguna información adicional. Si la necesidad no es obvia, es posible que le pidamos que proporcione más información, que puede incluir información de otra persona que conozca sus necesidades por discapacidad. Solo buscaremos información limitada que sea necesaria para comprender la necesidad relacionada con la discapacidad de su adaptación o ayuda auxiliar. Nosotros no necesitamos recibir registros médicos completos o conocer información no relacionada sobre la naturaleza o gravedad de cualesquiera discapacidades. Cualquier información que recibamos se mantendrá confidencial.

Si le pedimos información a otra persona, le proporcionaremos a usted el Anexo 4, Información Adicional para la Solicitud de Adaptaciones Razonables.

Usted puede escoger cómo obtener la información adicional:

1. Usted puede firmar la Parte 2 del Anexo 4 y devolverlo a la oficina. Luego, le enviaremos el formulario a la persona que usted indicó y le pediremos que lo complete y nos lo devuelva.

   O:

2. Usted puede firmar la Parte 2 del Anexo 4 y entregársela a la persona que usted desea que complete el resto del formulario. Usted puede devolvérnoslo cuando este completo. Cuando devuelva el Anexo 4, le informaremos si necesitamos más información.

Es posible que necesitemos hablar más con usted. De nuevo, pregúntenos si usted necesita comunicarse con nosotros de manera privada debido a su discapacidad.

Nosotros le informaremos nuestra decisión final por escrito. Si le denegamos su solicitud, puede solicitar una reunión para discutirla. Su posición en la(s) lista(s) de espera o su arrendamiento no se verán afectados porque haga una solicitud.

¿CUÁNTO DEMORARÁ OBTENER UNA RESPUESTA?

Por lo general, nosotros le responderemos dentro de los cinco (5) días

hábiles posteriores a la recepción de la solicitud. Si es urgente, intentaremos responder antes. Si se necesita información adicional, o si necesitamos reunirnos o hablar con usted sobre las opciones, le daremos una respuesta tan pronto como podamos, pero a más tardar dentro de treinta (30) días.

Para preguntas o ayuda con su solicitud, por favor contacte a: (Dueño/Administrador de la Propiedad)

Nombre del Personal de Administración de la Propiedad:
N/A

Cargo: Property Manager

Dirección: 4314 and 4347 W. Adams Street, Los Angeles, CA

Número Telefónico: 213-797-4568

Número TTY/TDD: 711

Correo Electrónico (si está disponible): adamsterrace@abodecommu

Consulte la Sección 3.15 del Manual del Inquilino para obtener más información.

EQUAL HOUSING OPPORTUNITY

APPENDIX 8

SUPPLEMENTAL AND OPTIONAL CONTACT INFORMATION FOR APPLICANTS

Property Name: Adams Terrace

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):

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

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

ANEXO 8

INFORMACIÓN DE CONTACTO COMPLEMENTARIA Y OPCIONAL PARA SOLICITANTES

Nombre de la Propiedad: Adams Terrace

ESTE FORMULARIO SE LE DEBE PROPORCIONAR A CADA SOLICITANTE DE VIVIENDA

Instrucciones: Persona o Organización de Contacto Opcional:

Por ley, usted tiene derecho a incluir como parte de su solicitud de vivienda el nombre, la dirección, el número de teléfono y otra información relevante de un miembro de la familia, un amigo o una organización social, de salud, de defensoría o otra organización.

Esta información de contacto tiene el propósito de identificar a una persona o organización que pueda ayudar a resolver cualquier problema que pueda surgir durante su arrendamiento o para brindarle la atención o los servicios especiales que pueda necesitar. Usted puede actualizar, eliminar o cambiar la información que proporcione en este formulario en cualquier momento. No es necesario que usted proporcione esta información de contacto, pero si decide hacerlo, incluya la información relevante en este formulario.

Nombre del Solicitante:

Dirección de Correo:

Número de Teléfono:

Número TTY/ TDD o Video Teléfono (VP por sus siglas en inglés):

Número de Teléfono Celular:

Dirección de Correo Electrónico (Opcional):

ANEXO 8

Nombre de la Persona o Organización de Contacto Adicional:

Dirección:

Número de Teléfono:

Número TTY/ TDD o Video Teléfono (VP por sus siglas en inglés):

Número de Teléfono Celular:

Dirección de Correo Electrónico (Opcional):

Relación con el Solicitante:

Razones por las que usted aprueba de que nos comuniquemos con la Persona o Organización de Contacto Adicional: (Marque todas las que correspondan)

- ☐ Emergencia
- ☐ Cuando no podamos contactarlo a usted
- ☐ Terminación propuesta de la asistencia de alquiler
- ☐ Desalojo propuesto
- ☐ Pago tardío del alquiler
- ☐ Ayuda con el Cambio de Recertificación
- ☐ Cambios en los términos del arrendamiento
- ☐ Cambio en las políticas o procedimientos
- ☐ Otro (por favor especifique):

Compromiso del Dueño

Si usted es aprobado para una vivienda, esta información se mantendrá como parte de su archivo de inquilino. Si surgen problemas durante su arrendamiento o si necesita algún servicio o atención especial, podemos comunicarnos con la persona u organización que usted listó para ayudar a resolver los problemas o brindarle cualquier servicio o atención especial.

Declaración de Confidencialidad

La información en este formulario es confidencial y no se divulgará a nadie excepto según lo permita usted, el solicitante o la ley aplicable.

Aviso Legal

La Sección 644 de la Ley de Vivienda y Desarrollo Comunitario de 1992 (Ley Pública 102-550, aprobada el 28 de Octubre de 1992) requiere que a cada solicitante de vivienda con asistencia federal se le ofrezca la opción de proporcionar información sobre una persona o organización de contacto adicional. Al aceptar la solicitud del solicitante, el proveedor de vivienda acepta cumplir con los requisitos de no discriminación e igualdad de oportunidades de la sección 5.105 del 24 CFR, incluyendo las prohibiciones de discriminación en la admisión o participación en programas de vivienda con asistencia federal por motivos de raza, color, religión, origen nacional, sexo, discapacidad y estatus familiar en virtud de la Ley de Equidad de Vivienda, y la prohibición de la discriminación por edad en virtud de la Ley de Discriminación por Edad de 1975.

Opción de No Proporcionar una Persona de Contacto Complementaria:

☐ Marque esta casilla si decide no proporcionar la información de contacto.

Firma del Solicitante:

Fecha:

Firma:

Consulte la Sección 3.18 del Manual del Inquilino para Obtener Más Información