# Rental Application Cover Page for HVN on Case

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.

1. HVN on Case has Accessible Units for Individuals with Mobility Disabilities and Individuals with Hearing/Vision Disabilities. HVN on Case also has units with some accessible features, such as no steps. **If you would like to request one of these units, please complete Section 1, Title, of the Rental Application (page 1).** For more information about the accessible features of these units and/or if you need assistance to request a unit with accessible features, please contact:

   Property Management Contact Name: Bertha Herrera

   Title: Regional Manager

   Phone Number: (213) 787-2700 TTY/TDD (if available): 7-1-1

   Email: bherrera@jsco.net

2. Reasonable Accommodations and Auxiliary Aids will be provided upon request. An Individual with a Disability may ask for:

   a. a change in rules or;
   b. a physical change to their apartment or shared areas in the building (either of which is a reasonable accommodation);
   c. an accessible apartment;
   d. and Auxiliary Aids necessary to ensure effective communication between us.

   If you or anyone in your household has a disability and needs any of these things or another type of accommodation to live in HVN on Case and use our services, then contact HVN on Case staff to communicate your needs.

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# Annual Recertification Cover Page for HVN on Case

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.

1. HVN on Case has Accessible Units for Individuals with Mobility Disabilities and Individuals with Hearing/Vision Disabilities. HVN on Case also has units with some accessible features, such as no steps. **If you would like to request one of these units, please complete Section 1, Title, of the Rental Application (page 1).** For more information about the accessible features of these units and/or if you need assistance to request a unit with accessible features, please contact:

   Property Management Contact Name: Bertha Herrera

   Title: Regional Manager

   Phone Number: (213) 787-2700 TTY/TDD (if available): 7-1-1

   Email: bherrera@jsco.net

2. Reasonable Accommodations and Auxiliary Aids will be provided upon request. An Individual with a Disability may ask for, among others:
   a. a change in rules or;
   b. a physical change to their apartment or shared areas in the building (either of which is a reasonable accommodation);
   c. an accessible apartment;
   d. and Auxiliary Aids necessary to ensure effective communication between us.

   If you or anyone in your household has a disability and needs any of these things or another type of accommodation to live in HVN on Case and use our services, then contact HVN on Case staff to communicate your needs.





**DO NOT DUPLICATE**
*ONE APPLICATION PER HOUSEHOLD*
*ONLY* **HVN on Case**

# APPLICATION FOR ADMISSION

HVN on Case will comply with the provisions of any federal, state or local law prohibiting discrimination in housing on the basis of race, color, creed, ancestry, national origin, sex, sexual orientation, familial status, source of income, age, disability, AIDS, or AIDS relation condition.

Please notify the business office if you need auxiliary aids such as large type face, information by audio tape, computer disk, Braille and/or in a language other than English. Best efforts will be made to accommodate such requests.

***I SPEAK*:** (Arabic) عربي ☐ **;** (Cantonese) 广东话 ☐ **;** (Mandarin) 国语 ☐ **;** (Korean) 언어 ☐ **;** (Russian) **Русский** ☐ **;** (Spanish) Español ☐ **;** (Tagalog) Tagalog ☐ **;** (Vietnamese)**Tiếng Việt** ☐ ;
Other: _____ ☐

Section 1.

| Please consider completing this OPTIONAL Section | If Yes: What design feature do you require? |
|---|---|
| Do you require an accessible unit?<br>☐ Yes ☐ No | ☐ Visual impairment ☐ Hearing impairment<br>☐ Mobility impairment ☐ **Other: Specify**_____ |

TDD Telephone device for the deaf only California Relay Service (711).

**Please fill in all blanks. Incomplete applications will not be processed.**

**APPLICANT NAME**: _____
DATE OF BIRTH: _____ SOCIAL SECURITY #: _____
**CURRENT ADDRESS**: _____ APT. #: _____
CITY, STATE, ZIP CODE: _____
**PREVIOUS ADDRESS**: _____ APT. #: _____
CITY, STATE, ZIP CODE: _____
**HOME PHONE #**: _____ WORK #: _____ OTHER WORK #: _____
CELL PHONE #: _____ OTHER#: _____ FAX #: _____
E-MAIL: _____

INDICATE TWO PEOPLE WHO GENERALLY KNOW HOW TO CONTACT YOU:

1. NAME:_____ 2. NAME:_____

ADDRESS:_____ ADDRESS:_____

PHONE #:_____ PHONE #:_____

## HOUSEHOLD COMPOSITION AND CHARACTERISTICS

LIST ALL HOUSEHOLD MEMBERS WHO WILL BE LIVING IN THE RESIDENCE. GIVE THE RELATIONSHIP OF EACH FAMILY MEMBER TO THE HEAD OF HOUSEHOLD.

**LAST NAME** **FIRST NAME** **BIRTHDATE (MM/DD/YYYY)**
**SOC. SEC. #**

1. _____
2. _____
3. _____

DO YOU OWN A CAR?_____ WOULD YOU REQUIRE A PARKING SPACE?_____

## CURRENT HOUSING STATUS

How many people live in your home now? _____ How many bedrooms do you have? _____

Have you or anyone you plan to have living with you had your residency/tenancy terminated for fraud, non-payment of rent or failure to comply with lease provisions? ____ YES ____ NO. If "YES", please explain _____

_____

Do you plan to have anyone living with you in the future who is not listed above?
____ YES ____ NO. IF YES, PLEASE EXPLAIN: _____

_____

If you have listed a child or children above, do you have full custody of your child(ren) listed above? ____ YES ____ NO. Explanation of custody arrangements: _____

_____

Have you or anyone you plan to have living with you been convicted of a felony?
____ YES ____ NO. If "YES", please list the disposition behind each incident involving all members of the proposed household: _____

_____

Do you have any family members or friends who currently work at this property?
YES. _____ If "YES", name of employee: _____
NO. _____

Do you have a section 8 voucher or certificate? _____ ___ Expiration Date: _____
Yes No

***Please list at least two (2) years of rental history below. If homeless, please note the period of time experiencing homelessness.***

1. **CURRENT LANDLORD**: _____
   PHONE #: _____ FAX #: _____



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WHAT IS YOUR CURRENT RENT? _____

LANDLORD'S ADDRESS:

_____

DATE OF MOVE-IN: _____

YOUR ADDRESS/APT. #: _____

2. **PREVIOUS LANDLORD**: _____

PHONE #: _____ FAX #: _____

RENT AMOUNT: $_____

LANDLORD'S ADDRESS: _____

DATE OF MOVE-IN: _____ DATE OF MOVE-OUT: _____

YOUR ADDRESS/APT. #: _____



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## INCOME INFORMATION

Does any family member now receive or expect to receive income from any of the following sources? For each "YES" answer, provide the details in the chart below:

| **Income** | | **Monthly Gross Income** |
|---|---|---|
| **YES**<br>**NO** | I/we am self-employed. (List nature of self employment and Family Member)<br>_____ | (use net income from business)<br>$_____ |
| **YES**<br>**NO** | I/we have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you:<br>Name of Employer / Family Member<br>1)_____<br>2)_____<br>3)_____<br>_____ | <br><br><br><br>$_____<br>$_____<br>$_____ |
| **YES**<br>**NO** | I/we receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me. | $_____ |
| **YES**<br>**NO** | I/we receive unemployment benefits. | $_____<br>$_____ |
| **YES**<br>**NO** | I/we receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income. | $_____<br>$_____ |
| **YES**<br>**NO** | I/we receive periodic social security payments.<br>Family Member<br>1)_____<br>2)_____ | <br><br>$_____<br>$_____ |
| **YES**<br>**NO** | The household receives unearned income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.). | $_____ |
| **YES**<br>**NO** | I/we receive Supplemental Security Income (SSI).<br>1)_____<br>2)_____ | <br>$_____ |



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| | | |
|---|---|---|
| | | $_____ |
| **YES**<br>**NO** | I/we receive disability or death benefits other than Social Security.Family Member<br>1)_____<br>2)_____ | <br><br>$_____<br>$_____ |
| **YES**<br>**NO** | I/we receive Public Assistance Income (examples: TANF, AFDC) | $_____ |
| **YES**<br>**NO**<br>_____ | I/we am entitled to receive child support payments.<br>_____ | $_____<br>_____ |
| **YES**<br>**NO** | I/we am currently receiving child support payments. | $_____ |
| **YES**<br>**NO** | I/we receive alimony/spousal support payments | $_____ |
| **YES**<br>**NO** | I/we receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources and Family Member:<br>1)_____<br>2)_____ | <br><br><br><br>$_____<br>$_____ |
| **YES**<br>**NO** | I/we receive income from real or personal property. | (use net earned income)<br>$_____ |
| **YES**<br>**NO** | I/we receive student financial aid (public or private, **not including student loans**).<br>Family Member<br>1)_____<br>2)_____ | <br><br><br>$_____<br>$_____ |
| | TOTAL HOUSEHOLD MONTHLY INCOME | $_____ |
| | **TOTAL HOUSEHOLD ANNUAL INCOME (TOTAL MONTHLY INCOME x 12)** | **$**_____ |



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## Asset Information

| | | Interest Rate | Cash Value |
|---|---|---|---|
| YES NO | I/we have a checking account(s). If yes, list bank(s) and Family Member<br>1)_____<br>2)_____<br>3)_____ | <br><br>_____%<br>_____%<br>_____% | <br><br>$_____<br>$_____<br>$_____ |
| YES NO | I/we have a savings account(s)<br>If yes, list bank(s) and Family Member<br>1)_____<br>2)_____<br>3)_____ | <br><br>_____%<br>_____%<br>_____% | <br><br>$_____<br>$_____<br>$_____ |
| YES NO | I/we have a revocable trust(s) If yes, list bank(s)<br>1)_____ | <br><br>_____% | <br><br>$_____ |
| YES NO | I/we own real estate.<br>If yes, provide description:<br>_____ | | <br><br>$_____ |
| YES NO | I/we own stocks, bonds, or Treasury Bills<br>If yes, list sources/bank names<br>1)_____<br>2)_____<br>3)_____ | <br><br>_____%<br>_____%<br>_____% | <br><br>$_____<br>$_____<br>$_____ |
| YES NO | I/we have Certificates of Deposit (CD) or Money Market Account(s).If yes, list sources/bank names and Family Member<br>1)_____<br>2)_____<br>3)_____ | <br>_____%<br>_____% | <br>$_____<br>$_____ |



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| | | | |
|---|---|---|---|
| **YES**<br>**NO** | I/we have an IRA/Lump Sum Pension/Keogh Account/40 If yes, list bank(s) and Family Member<br>1)_____<br><br>2)_____ | _____%<br>_____% | $_____<br>$_____ |
| □<br>□<br>**YES**<br>**NO** | I/we have a whole life insurance policy.<br>If yes, how many policies _____ | | $_____ |

| | | | |
|---|---|---|---|
| **YES**<br>**NO** | I/we have cash on hand. | | $_____ |
| **YES**<br>**NO** | I/we have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years.<br>If yes, list items and date disposed:<br>1)_____<br>2)_____ | | $_____<br>$_____ |
| **YES**<br>**NO** | I/we have income from assets or sources other than those listed above. If yes, list type below:<br>1)_____<br>2)_____ | _____%<br>_____% | $_____<br>$_____ |

**Student Status**

| **Yes** | **No** | |
|---|---|---|
| □ | □ | Does the household consist of persons who are all full-time students ( Examples: College/University, trade school, etc.)? |
| □ | □ | Does your household anticipate becoming a full-time student household in the next 12 months? |



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## APPLICANT CERTIFICATIONS

1. I/we certify that if selected to move into this project, the unit I/we occupy will be my/our primary residence.

2. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.

3. I/we understand that false statements or information are punishable under federal law and cause for immediate denial of housing.

4. I/we understand we must provide written notification of any changes to the information on this form, especially address and telephone number.

5. I/we understand that the above information is being collected to determine my/our eligibility for an apartment. I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords, employers, or other sources for credit and verification information which may be released by appropriate federal, state, local agencies, or private persons to the owner/management.

6. I/we agree to allow management to perform a consumer credit check and criminal background check including sex offender registry on all adult household members. (I/we may request copies of these documents.) This will be required prior to an application being processed.

7. I agree to allow management to contact, provide status and information, request through and coordinate eligibility with the case management organization listed on the front page of this application.

8. Housing is subject to availability.

HEAD OF HOUSEHOLD (PLEASE PRINT): _____

SIGNATURE OF HEAD: _____ DATE: _____

SIGNATURE ADULT APPLICANT #2: _____ DATE: _____

SIGNATURE ADULT APPLICANT #3: _____ DATE: _____

*How did you hear about our apartment community?

____Newspaper ____Flyer ____Word of mouth

____Other (please state)_____

Thank you.



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# APPENDIX 2

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

HVN on Case

## 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 HVN on Case 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: Bertha Herrera
Title: Regional Manager
Address: 888 S. Figueroa Street, Ste 420, Los Angeles, CA 90017
Phone Number: (213) 787-2700
TTY/TDD Number: 7-1-1
Email (if available): bherrera@jsco.net

**See Tenant Handbook Section 3.15 for more information.**

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# APPENDIX 8

## SUPPLEMENTAL AND OPTIONAL CONTACT INFORMATION FOR APPLICANTS

**Property Name:** HVN on Case

**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: (213) 787-2700

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**