Annual Recertification Cover Page for Manchester Apartments

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.

Manchester Apartments has Accessible Units for Individuals with Mobility Disabilities and Individuals with Hearing/Vision Disabilities. Manchester Apartments also has units with some accessible features, such as no steps. **If you would like to request one of these units, please complete Section labeled Request for an Accessible Unit with Mobility or Hearing Vision Features, of the Rental Application (page 4).** 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 Name: Domus Management Company

Title: Rental Manager

Phone Number: 209-365-9010

TTY/TDD (if available): CA Relay Service: 711 or (800) 855-7100

Email: info@domusmc.com

1. 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 to live in Manchester 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”.

EQUAL HOUSING OPPORTUNITY

Rental Application Cover Page for Manchester Apartments

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. Manchester Apartments has Accessible Units for Individuals with Mobility Disabilities and Individuals with Hearing/Vision Disabilities. Manchester Apartments also has units with some accessible features, such as no steps. **If you would like to request one of these units, please complete Section labeled Request for an Accessible Unit with Mobility or Hearing Vision Features, of the Rental Application (page 4).** 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 Name: Domus Management Company

   Title: Rental Manager

   Phone Number: 209-365-9010

   TTY/TDD (if available): CA Relay Service: 711 or (800) 855-7100

   Email: domusmgmtco@domusmc.com

2. Reasonable Accommodations and Auxiliary Aids will be provided upon request. An Individual 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 (either of which is a reasonable accommodation)
   c. An accessible apartment
   d. 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 to live in Manchester 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”.

DOMUS MANAGEMENT COMPANY

DATE APPLICATION RECEIVED _____
TIME APPLICATION RECEIVED _____
MANAGER'S INITIALS _____

Rental Application

Last Name: _____ First Name: _____ Middle Name: _____

Social Security Number: _____ Birthdate: _____

Age: _____ Sex: _____ Driver's License State & No.: _____

Current Address/Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone No.: _____ Message No.: _____

E-Mail: _____

How long have you lived at the address given above? _____ Current Rent $ _____

Current Landlord: _____ Address: _____

Landlord's Telephone No.: _____ E-Mail: _____

Are you presently or have you ever been evicted? _____, if so, please provide details on a separate sheet of paper. Prior evictions shall not constitute denial.

List below all the people in your household that plan on living in the unit

	Last Name	First Name	M.I.	Social Security #	Birthdate	Age	Sex	Driver's License #	Relationship
1.									
2.									
3.									
4.									
5.									

1. Does anyone live with you now, who is not listed above? ☐ Yes ☐ No
   If yes, who? Name: _____ Relationship: _____
2. Do you now or have you ever used another name and/or Social Security number? ☐ Yes ☐ No If yes, describe: _____
3. Apartment (unit) size requested: ☐ Studio ☐ 1 Bedroom
4. Does any member of your household age **18 or older** attend school? ☐ Yes ☐ No

If yes, who? _____

5. Do you own a pet? ☐ Yes ☐ No If yes, how many? _____ Description: _____
   The complex complies with the Pet-Friendly Ordinance Number 2020-0001 of Chapter 8.70 of the Los Angeles County Code. Pursuant to the Pet Friendly Ordinance, residents are allowed to have at least one (1) pet in the unit consistent with applicable Federal and State Laws. A Pet Policy will be provided to all residents if they have a pet on the premises.
   a. A Pet is a common household domesticated animal (such as a dog, cat, rabbit, or bird), rodent (such as a mouse, hamster, guinea pig, or rat), and animals kept in an aquarium or appropriate enclosure (such as a fish, frog, or non-venomous reptile less than six feet in length).
   b. A Pet shall be kept in the home for pleasure rather than for commercial purposes and does not include any equine, bird of prey, swine, sheep, goat, cattle, poultry, or other similar livestock.
   c. Assistive and companion animals are not pets. Such animals will be permitted in accordance with the Americans with Disabilities Act of 1990 and all related legislation.
   d. Residents shall not keep or feed stray animals in their apartments or anywhere on the complex. Residents should notify management if a stray animal is noticed on the complex.
6. Do you have a Section 8 Certificate (voucher program)? ☐ Yes ☐ No
7. Has your household's tenancy in a subsidized housing program ever been terminated for fraud, non-payment of rent, or failure to cooperate with the annual recertification process? ☐ Yes ☐ No
   If yes, please explain the circumstances on a separate sheet of paper and attach it to this application.
8. Are you being displaced? ☐ Yes ☐ No
9. Are you currently homeless? ☐ Yes ☐ No
   If yes, can you provide written verification of this status from a case or social worker? ☐ Yes ☐ No

Landlord References

Previous Address: _____ Unit #: _____

City: _____ State: _____ Zip Code: _____

Previous Landlord Name: _____

Previous Landlord Address: _____

Previous Landlord Telephone No: _____ Previous Rent Paid: $_____

Dates you lived there: From _____ To _____

Reason for moving: _____

Previous Address: _____ Unit #: _____

City: _____ State: _____ Zip Code: _____

Previous Landlord Name: _____

Previous Landlord Address: _____

Previous Landlord Telephone No: _____ Previous Rent Paid: $_____

Dates you lived there: From _____ To _____

Reason for moving: _____

Automobile(s)

Make: _____ Model: _____ Year: _____ Color: _____

License Plate No.: _____ State: ____ Currently Registered? ☐ Yes ☐ No

It is required that all automobiles on the premises be currently registered, operable and do not leak oil or fluid

Request for an Accessible Unit with Mobility or Hearing Vision Features

Notice of Consumer Rights: Tenant may request a reasonable accommodation for a unit. The cost for modifying a unit identified as fully accessible shall be borne by the Owner, as reasonable accommodations to non-Accessible Units are also provided by the owner.

Do you need an Accessible Unit? ☐ Yes ☐ No

If yes, what type: ☐ Mobility ☐ Hearing ☐ Both

Mobility:

☐ Accessible doors/hardware ☐ Lowered kitchen cabinets

☐ Grab bars ☐ Widened doorways

☐ Shower seats ☐ Other: _____

Hearing/Vision:

☐ Audible/visual doorbells ☐ Appliances with buttons, knobs

☐ Audible/visual fire and smoke alarms ☐ Braille signs

☐ Audible/visual carbon monoxide detectors ☐ Other: _____

Emergency Contact Person not living in the Household (Must be Completed in Full)

Name: _____ Telephone No.: _____

Address: _____

Relationship: _____

E-Mail: _____

Name: _____ Telephone No.: _____

Address: _____

Relationship: _____

E-Mail: _____

Demographic Information

The information regarding race, national origin and sex designation solicited on this application is requested in order to assure the Federal and/or State government, as applicable, acting through USDA-RD, HUD or another government agency, that the Federal and State laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, marital status, sexual orientation, gender identity, age, source of income and disability are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

Please check the appropriate boxes:

Race:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Some other race
- ☐ Two or more races

Ethnicity:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Gender:

- ☐ Female
- ☐ Male
- ☐ Other

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.

Certification & Signature

I certify that the housing I will occupy at Manchester Apartments will be my permanent residence and that I will not maintain a separate rental unit in a different location. I also certify that the information given herein is accurate and complete and understand that any misrepresentation will disqualify the application. I authorize the Owner's agent to obtain a credit report(s), verify or check any of the information provided (including credit references, employment, income, assets, current and prior landlords) and to conduct a civil and criminal background check. By signing this application, I certify the above to be true and correct.

This application cannot be processed without a signature.

_____ _____

Applicant Signature **Date**

EQUAL HOUSING OPPORTUNITY

APPENDIX 2

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

Manchester 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

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 Manchester 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;

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: Mike Higgins
Title: Area Supervisor
Address: 823 West Manchester Avenue Los Angeles, Ca 90044
Phone Number: 209-365-9010
TTY/TDD Number: (888) 877-5379
Email (if available): rentalinfo@domusmc.com

See Tenant Handbook Section 3.15 for more information.

EQUAL HOUSING OPPORTUNITY

APPENDIX 8

SUPPLEMENTAL AND OPTIONAL CONTACT INFORMATION FOR APPLICANTS

Property Name: Manchester 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: 209-365-9010

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