TRILLIUM
PROPERTY MANAGEMENT

RENTAL APPLICATION
Residency at The Entrepreneur
1657 N. Western Ave
Los Angeles, CA 90027

☐ Original Application
☐ Updated Application

Date & Time Stamp (For Office Use Only)

What attracted you to this property?	Desired Bedroom Size:
How did you hear about the property?	☐**Newspaper** ☐**Online** ☐**Word of Mouth** ☐**Other:**

PLEASE ANSWER ALL QUESTIONS: *Do not leave any blank spaces, write "No" "N/A" or "None" where appropriate. If you need additional space please attach additional sheet(s) referencing the section number.*

1. FAMILY DATA:

Member #	List Household Name(s) (First, Middle Initial, Last)	Relation to Head of Household	Date of Birth MM/DD/YY	Social Security #	U.S. Citizen (Y/N)	Alien Registration Card Number	Are you a Student? (Y/N)
HH		**SELF**					
2							
3							

**Documents issued by the Federal government may be required to verify Citizenship or eligible U.S. status.*

Have you or any other household member ever used different names from the names listed above?
☐Yes ☐No *If yes, please list names used and year(s) when such names were in use:*

Member	Alias	Year(s) Name Used
#		
#		

CONTACT INFORMATION

Household Member Name	Telephone Number	Email
Household Member Name	Telephone Number	Email

Regulatory Housing Program(s) request race and ethnicity data for statistical purposes only. You are not required to provide data. This section of the application does not affect your eligibility for housing.

Member HH	**Race:**	American Indian or ☐Alaska Native	☐Asian	Black or African ☐American	Native Hawaiian or Other Pacific ☐Islander	☐White	☐Other	☐Decline to Disclose
	Ethnicity:	☐Hispanic or Latino		☐Not Hispanic or Latino				☐Decline to Disclose
Member #2	**Race:**	American Indian or ☐Alaska Native	☐Asian	Black or African ☐American	Native Hawaiian or Other Pacific ☐Islander	☐White	☐Other	☐Decline to Disclose
	Ethnicity:	☐Hispanic or Latino		☐Not Hispanic or Latino				☐Decline to Disclose
Member #3	**Race:**	American Indian or ☐Alaska Native	☐Asian	Black or African ☐ American	Native Hawaiian or Other Pacific ☐Islander	☐White	☐Other	☐Decline to Disclose
	Ethnicity:	☐Hispanic or Latino		☐Not Hispanic or Latino				☐Decline to Disclose

EQUAL HOUSING OPPORTUNITY

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2. RESIDENTIAL HISTORY

List a minimum of 2 years of residential history. If needed, you may add a sheet of paper.

Current Address:

Street Address:	Apt. #:	Rent Amount: $	Date From:	Date To:
City:	State:	Zip Code:	Do/did you own the property? ☐Yes ☐No	
Do/did you receive cash gifts to help pay for housing? ☐Yes ☐No **If yes, list name and contact information.**			Landlord Contact Information:	

Previous Address:

Street Address:	Apt. #:	Rent Amount: $	Date From:	Date To:
City:	State:	Zip Code:	Do/did you own the property? ☐Yes ☐No	
Do/did you receive cash gifts to help pay for housing? ☐Yes ☐No **If yes, list name and contact information.**			Landlord Contact Information:	

List ALL states where you and household members listed on this application have lived:

3. HOUSEHOLD INCOME INFORMATION

information will be third-party verified.

For every household member (including family members temporarily absent), list current and anticipated income. Include all full time, part time and seasonal income. Check "Yes" "No" boxes to report source(s) of income.

		YES	NO
1	Wages, salaries (includes overtime, tips, bonuses, commissions, self employment)?		
2	Social Security payments (include unearned income of minor children?		
3	Welfare or disability benefits (Examples: MFIP, SSI, etc.)?		
4	Pensions (PERA, CalPers, international pensions, railroad, etc.)?		
5	Does any member work for someone who pays them cash?		
6	Regular pay for a member of the armed forces?		
7	Worker's compensation?		
8	Unemployment benefits, or severance pay?		
9	Child support?(if court ordered, include even if it is not being received)		
10	Alimony?		
11	Retirement benefits?		
12	Do you receive third-party death benefits?		
13	Annuities or life insurance dividends?		
14	Net income from rental property?		
15	Regular cash contributions or gifts from individuals not living in the unit?		
16	Other:		
17	Other:		

3. HOUSEHOLD INCOME INFORMATION

Information will be third-party verified.

List national and international income.

Member Name	Type of income (i.e. wages, pensions, alimony/child support, cash gifts, etc):	
	Agency Name:	
	Agency/Contact Information:	
	Estimated Monthly Income:	$
Member Name	Type of income (i.e. wages, pensions, alimony/child support, cash gifts, etc):	
	Agency Name:	
	Agency/Contact Information:	
	Estimated Monthly Income:	$
Member Name	Type of income (i.e. wages, pensions, alimony/child support, cash gifts, etc):	
	Agency Name:	
	Agency/Contact Information:	
	Estimated Monthly Income:	$
Member Name	Type of income (i.e. wages, pensions, alimony/child support, cash gifts, etc):	
	Agency Name:	
	Agency/Contact Information:	
	Estimated Monthly Income:	$
Member Name	Type of icome (i.e. wages, pensions, alimony/child support, cash gifts, etc):	
	Agency Name:	
	Agency/Contact Information:	
	Estimated Monthly Income:	$
Member Name	Type of income (i.e. wages, pensions, alimony/child support, cash gifts, etc):	
	Agency Name:	
	Agency/Contact Information:	
	Estimated Monthly Income:	$
Member Name	Type of income (i.e. wages, pensions, alimony/child support, cash gifts, etc):	
	Agency Name:	
	Agency/Contact Information:	
	Estimated Monthly Income:	$

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4. HOUSEHOLD ASSET INFORMATION

Information will be third-party verified.

List assets for each household member (including family members temporarily absent). Check (✓) boxes "Yes" "No" to report assets.

		Yes	No
1	Checking Accounts		
2	Savings Accounts		
3	Stocks		
4	Capital Investments		
5	Bonds		
6	Trusts		
7	Securities		
8	Insurance Settlements		
9	401K		
10	IRA/KEOGH Accounts		
11	Certification of Deposits		
12	Pension/Retirement Funds		
13	Money Market Funds		
14	Treasury Bills		
15	Safety Deposit Box		
16	Periodic payments of inheritence, insurance settlements, lottery winnings, capital gains?		
17	Do you own Domestic or International Real Estate?		
18	Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held as an investment (wedding rings and personal jewelry do not count)?		
19	Do you have joint assets with another person? If yes, list person and asset(s)		
20	Other		

I/We hereby certify that **I/we** ☐ **have** ☐ **have not** sold or disposed of any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this application. **Note:** this includes assets from family members temporarily absent.

Member #	Asset	Estimated Amount	Date Sold/Disposed MM/DD/YY	Amount Received

4. HOUSEHOLD ASSET INFORMATION (Cont.)

Information will be third-party verified

List national and international assets.

Member Name	Type of Asset (i.e.retirement fund, stocks, checking, savings, life insurance, etc.):		
	Institution/Name:		
	Joint Asset?	☐YES ☐NO	
	Estimated Cash Value / Account #:	$	Account #
Member Name	Type of Asset (i.e.retirement fund, stocks, checking, savings, life insurance, etc.):		
	Institution/Name:		
	Joint Asset?	☐YES ☐NO	
	Estimated Cash Value / Account #:	$	Account #
Member Name	Type of Asset (i.e.retirement fund, stocks, checking, savings, life insurance, etc.):		
	Institution/Name:		
	Joint Asset?	☐YES ☐NO	
	Estimated Cash Value / Account #:	$	Account #
Member Name	Type of Asset (i.e.retirement fund, stocks, checking, savings, life insurance, etc.):		
	Institution/Name:		
	Joint Asset?	☐YES ☐NO	
	Estimated Cash Value / Account #:	$	Account #
Member Name	Type of Asset (i.e.retirement fund, stocks, checking, savings, life insurance, etc.):		
	Institution/Name:		
	Joint Asset?	☐YES ☐NO	
	Estimated Cash Value / Account #:	$	Account #
Member Name	Type of Asset (i.e.retirement fund, stocks, checking, savings, life insurance, etc.):		
	Institution/Name:		
	Joint Asset?	☐YES ☐NO	
	Estimated Cash Value / Account #:	$	Account #
Member Name	Type of Asset (i.e.retirement fund, stocks, checking, savings, life insurance, etc.):		
	Institution/Name:		
	Joint Asset?	☐YES ☐NO	
	Estimated Cash Value / Account #:	$	Account #
Member Name	Type of Asset (i.e.retirement fund, stocks, checking, savings, life insurance, etc.):		
	Institution/Name:		
	Joint Asset?	☐YES ☐NO	
	Estimated Cash Value / Account #:	$	Account #

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5. SUPPLEMENTAL & PROJECT ELIGIBILITY QUESTIONS

Check (✓) "Yes" "No" boxes to answer every question. If needed, you may add a sheet of paper.

		Yes	No
1	Does any member of your household have a service animal(s)? If yes: How many: Type:		
2	For purposes of project eligiblity, do you or any household member(s) have a physical or mental disability? Third-party verifications may be needed to ensure household member(s) meet(s) project eligibility.		
3	Do you anticipate changes to your household composition?		
4	Do you anticipate changes to student status reported on the application?		
5	Does your household require a reasonable accomodation? If yes, describe:		
6	Do you or a household member have a live-in aide? If yes, describe:		
7	Does your household have any needs that might be better served by an apartment which is accessible to persons with: ☐mobility ☐hearing ☐visual impairment		
8	Have you or other member been displaced by a government action or presidentially declared disaster? If no explain:		
9	Do you or any other member of your household use an illegal controlled substance? If yes describe:		
10	Have you or any member of your household ever been involved in criminal activity that poses a threat to the health, safety, or welfare of others? If yes, were you convicted? ☐Yes ☐No If convicted, provide date(s) and locations.		
11	Have you or any member of your household ever been convicted of the illegal manufacture or distribution of a controlled substance? If yes, explain circumstances, outcome and present status:		
12	Do you or any household member(s) live or lived in a government subsidized apartment? If yes, provide date(s) and property name(s).		
13	Have you or any other member of your household ever been evicted from a government subsidized apartment in the past three years for drug use or violent criminal activity. If yes, when and where? Date: _____ Where: _____ List reason:		
14	Are you or any other member of your household subject to a lifetime sex offender register requirement in any state? If yes, list member(s) name(s): State(s):		
15	Do you or any member of your household currently experiencing alcohol/substance abuse? If yes, please explain:		
16	Do you currently or have you previously had a judgement filed against you? If yes, please explain:		
17	Do you or household member possess firearms (guns, rifles, etc.)? If yes, are they registered? Please provide registration certificate.		

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SIGNATURES

I/We understand the information in this application will be used to determine housing eligibility and that this information will be verified. I/We understand that any false information may make me/us ineligible.

I/We certify that all information given in this application is true, complete and accurate. I/We understand that if any of this information is false, misleading or incomplete, management may decline my/our application or, if move-in has occurred, terminate my/our lease agreement.

I/We understand that any action(s) by myself/ourselves or my/our household members, whether verbal or non-verbal, that harass, intimidate, threaten or are perceived by management to harass, intimidate or threaten the health or safety of the management, stall or interfere with the management of the property is grounds for management to decline my/our application for housing.

I/We understand that if I/we or any member of my/our household suggest or offer bribes of money, material goods, etc., to the management staff responsible for determining either my/our placement on the waiting list of processing of my/our housing application is grounds for management to decline my/our application for housing.

I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate Federal, state or local agencies.

If my/our application is approved, and move-in occurs, I/we certify that only those persons approved to move-in will occupy the unit, that it will be my/our only residence, and there are no other persons for whom I/we have, or expect to have, responsbility to provide housing.

I/We agree to notify management regarding any changes in household address, telephone numbers, income and household composition.

If my/our application is approved, and move-in occurs, I/we certify that only those persons approved to move-in will occupy the unit, that it will be my/our only residence, and there are no other persons for whom I/we have, or expect to have, responsbility to provide housing.

My/Our signature(s), as indicated below, acknowledge that I/we have read and completed each section of this rental application, as applicable.

Head of Household, Co-Head/Spouse and all adult household members 18 and over must sign.

Member #	Applicant(s) Signature(s)	Date MM/DD/YY
HH		
2		
3		

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly rrequests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdeameanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act atg 208(a)(6),(7) and (8), Violation of these provisions are cited as violations of 42 U.S.C. 408(a)(6), (7) and (8).