



## Rental Application Cover Page for Vintage at Woodman

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. Vintage at Woodman has Accessible Units for Individuals with Mobility Disabilities and Individuals with Hearing/Vision Disabilities. Vintage at Woodman also has units with some accessible features, such as no steps. **If you would like to request one of these units, please complete the Special Unit Requirements Questionnaire of the Rental Application (page 2).** 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:

Community Manager: Katie Silva

Title: Community Manager

Phone Number: 747-250-8848

TTY/TDD (if available): 711

Email: [vintagewoodman@usapropfund.com](mailto:vintagewoodman@usapropfund.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 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 Vintage at Woodman and use our services, then contact Vintage at Woodman staff to communicate your needs.





## Addendum for Apartments Under Construction

Although every attempt is made to provide prospective residents with an accurate move-in date, when apartments are under construction there are occasionally delays that are outside the parameters of what we can control. Should your selected apartment home be delayed by construction, a representative from your community will notify you as soon as is practicable. Please note, no adjustments will be made to the rental rate of any apartments due to a construction delay and only concessions offered at the time of reservation will be honored.

By signing this agreement, you understand that your scheduled move-in date is subject to change pending any unforeseen construction delays and/or inclement weather conditions. Additionally, you acknowledge that all advertised amenities may not be fully available until construction of the entire community is completed.

\_\_\_\_\_ I understand that this community and all its amenities are currently under construction and that upon move-in, all common area amenities, such as the pool (if applicable), may not be completed.

\_\_\_\_\_ I understand that visiting or entering the construction site is strictly prohibited for the safety of myself and others and that accessing the site may result in my application being denied.

\_\_\_\_\_ I understand that management, while making every effort to meet the targeted move-in date, cannot guarantee move-in dates.

\_\_\_\_\_ I understand that as an applicant and/or resident, I will not be compensated for any unforeseen occupancy delays.

\_\_\_\_\_ I understand that should I choose to cancel for any reason other than construction delays, all termination charges will apply according to the application and lease contracts that I have signed.

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Applicant Signature

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Owner's Representative

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Applicant Signature

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Date



## Addendum for Parking Spaces

Our community offers onsite parking; however, spaces are limited. By initialing and signing this addendum, you are acknowledging the following:

\_\_\_\_\_ The number of onsite parking spaces is less than the number of apartment homes within the community. Due to these limits, we will offer 1 (one) parking space to each approved household, in the order of when the application was received, until all spaces are assigned. Once all spaces are assigned, a chronological waitlist will be created. As spaces become available, we will offer them to those on the waitlist.

\_\_\_\_\_ To be eligible to park onsite, your vehicle must be registered and insured to a household member on the lease agreement (or pursuant to a disability accommodation process). Proof may be requested at any time to retain parking eligibility. If your household does not have a vehicle, you cannot have a parking space.

\_\_\_\_\_ A parking permit will be assigned to the households that have an assigned space. The resident(s) must ensure that a valid parking permit is always visible.

\_\_\_\_\_ If your household vehicle is a motorcycle or another type of two-wheeled motor vehicle and there is space available, you will be required to park in one of the designated motorcycle spaces.

\_\_\_\_\_ Households with more than 1 (one) vehicle will not be provided a second space (or pursuant to a disability accommodation process). Resident vehicles are not permitted in guest parking without management permission.

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Applicant Signature

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Owner's Representative Signature

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Applicant Signature

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Date



## Rental Application Instructions

(Please read before you complete this Application)

Thank you for your interest in a USA Multifamily Management, Inc. community. We strive to ensure that the application process is smooth and without any delays. In order to assist us with this process, we ask that you complete the following:

1. A separate application is needed from each household member who is 18 years or older, and/or the Head, Spouse, or Co-Head.
2. Applications for all household members must be submitted to office staff at the same time to accurately determine eligibility.
3. The application must be filled out completely, neatly, and legible.
4. If you make a mistake, draw a single line through the mistake, write-in the correct answer and initial your change.
5. If a question does not apply to you, please use *No* or *None* as your answer. Do not leave any answer blank.
6. Applications that contain correction fluid and/or whiteout cannot be accepted.
7. Applications can be made available and accepted via mail, fax, or email.
8. Employed applicants must be able to provide 3 months of current and consecutive pay-stubs if employed with the same employer for the past 3 months. If the applicant has not been employed for 3 months with the same employer, all of the pay-stubs received since the start date will need to be provided. The first pay-stub will not be considered in the income calculation if it only contains partial hours based on the start date of employment.
9. If self-employed, you should be able to provide 2 years of Federal Tax Returns with Schedule C, 1099's, and all other relevant tax documents to determine income eligibility. Driving jobs, such as Uber and Lyft (gig economy), selling items on E-Bay, Craigslist, and other platforms is considered self-employment. Self-employment must be the same business that matches the Schedule C's that are provided. If you have not been self-employed for 2 years, you must be able to provide documentation that proves the self-employment income, such as the payroll printouts from the portal that shows income earned and what was paid to the parent company. Please note that gross earnings less what was paid to the parent company will be counted as earnings. Further deductions for gas, phone, or other expenses will not be deducted unless you have a Schedule C that has been filed with the IRS. If you are not driving or selling items any longer, but accounts are still or have been on active status within 90 days of the date the application was submitted and/or you have received income from those sources, the earnings will still be counted in the household annual income.
10. All documentation requested must be provided within seven (7) business days or the application will be canceled and you will lose the holding deposit.
11. All changes of income or assets during the application process must be reported or the application will be denied.
12. If, at the time of pre-qualification or at any time during the application process, it is determined that the income does not meet the minimum income requirement or exceeds the maximum allowable income, the application will be denied and you may re-apply in 60 days if there is availability.  
All information regarding household composition, income, assets, and student status must be disclosed by applicants and will be third-party verified before the application can be approved. This certification process must also be completed on an annual basis.

This housing is offered without regard to race, color, religion, sex, gender, 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.





This property has units with accessibility features (mobility, hearing &/or visual). Please discuss with a management representative for more details. Reasonable accommodations and modifications will be provided upon request. A person with a disability may ask for: A change in rules (reasonable accommodation), a physical change to their apartment or shared areas in the building (reasonable modification), an accessible apartment, and/or aids and services to help them communicate with us. If you or anyone in your house has a disability and needs any of these things to live in a USA Multifamily Management community and use our services then please contact a member of the office staff via email, mail, in person, phone, or 711 and ask to fill out a form called a 'Request for Reasonable Accommodation/Modification'.

## ACCESSIBLE UNIT REQUIREMENT(S) QUESTIONNAIRE

This questionnaire is to be administered to every adult applicant/resident (whether applying for residency or for placement on the Regulatory Waitlist) at \_\_\_\_\_.

It is used to determine whether a household needs special features in their housing unit. The need for accessible features must be verified in order to assure that the limited number of units with accessible features go to persons that actually need the features.

Applicant Name: \_\_\_\_\_

I choose not to complete this form. \_\_\_\_\_  
Applicant Signature Date

1) Do you or does any member of your household require a unit that has accessible features:  
 Yes (check all that apply)  No

<input type="checkbox"/> A separate bedroom	<input type="checkbox"/> Unit for Vision-Impaired
<input type="checkbox"/> Unit for mobility accessibility	<input type="checkbox"/> Unit for Hearing-Impaired
<input type="checkbox"/> One-level unit	<input type="checkbox"/> BR/Bath on 1 <sup>st</sup> floor
<input type="checkbox"/> Physical modifications to a typical apartment	

2) If you checked any of the above listed categories of units, please explain exactly what you need to accommodate the situation: \_\_\_\_\_  
 \_\_\_\_\_

3) What is the name of the person who needs the features identified above? \_\_\_\_\_  
 \_\_\_\_\_

4) Can you and all household members go up and down stairs unassisted?  
 Yes  No

5) Will you or any members of your household require a live-in aide to assist you?  
 Yes  No

6) Who should be contacted to verify the need for the features you have identified above?  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date





# RENTAL APPLICATION

**This box section is to be completed by Management Staff:**

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_  
Unit #: \_\_\_\_\_ Unit Type: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

**APPLICANT:**

\_\_\_\_\_ First Name / M/I / Last Name

Daytime Phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**HOUSEHOLD OCCUPANTS:** List all household members who will live in the apartment. Be sure to include any temporarily absent family members such as military or students who will be returning to the household and any unborn child, foster children or foster adults.

	Full Legal Name (First, MI, Last)	Relationship to Head of Household	Date of Birth (M/D/YYYY)	Social Security Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Will anyone not listed above be moving in during the next 12 months? Yes No

Will a Live-in Aid and/or an Attendant be living in the apartment? Yes No

**STUDENT STATUS:** Are you currently a student? Or, do you anticipate on becoming a student in the next twelve (12) months? Yes No

**RESIDENCE HISTORY -** Please list where you have lived **for the last 3 years** regardless of whether or not you paid rent or a mortgage payment. Do not list a P.O. Box address.

<b>CURRENT RESIDENCE – If additional space is needed, please request an additional page.</b>	
Address: _____	
Select One: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other (explain): _____	
Landlord: _____	Landlord Phone: ( ) _____
Month/Year Moved In: _____	Rent/Mortgage: \$ _____

<b>PREVIOUS RESIDENCE (If within the past 3 years)</b>	
Address: _____	
Select One: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other (explain): _____	
Landlord: _____	Landlord Phone: ( ) _____
Month/Year Moved In: _____	Rent/Mortgage: \$ _____







## Certification and Authorization to Release Information

I have applied for residency at a USA Multifamily Management, Inc. apartment community. In applying for residency:

1. I completed a rental application containing various information regarding my employment and income information, assets, student status and rental history. I certify that all of the information is true and complete. I make no misrepresentations in the application or other documents, nor did I omit any pertinent information.
2. I understand and agree that USA Multifamily Management, Inc. may verify the information provided on the application with my/our employer (s) and/or stated financial institutions.

### Authorization to Release Information:

To Whom It May Concern:

1. I have applied for residency at a USA Multifamily Management, Inc. apartment community. As part of the application process, USA Multifamily Management, Inc. may verify information contained in my rental application and in any other documents required in connection with the application, either before I have been accepted for residency or as part of USA's re-certification process.
2. I authorize you to provide to USA Multifamily Management, Inc., any and all information and documentation that they request. Such information includes, but is not limited to, employment history, any and all income sources, bank, money market, and similar account balances, student status, credit, and rental history.
3. USA Multifamily Management, Inc. may address this authorization to any party named on the rental application.
4. A copy of this authorization may be accepted as an original.
5. Your prompt reply to USA Multifamily Management, Inc. is appreciated.

This consent form expires 15 months after it is signed.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Printed Name

## TENANT INCOME CERTIFICATION QUESTIONNAIRE

*One Form per Adult Member of the Household*

<b>NAME:</b> _____ <input type="checkbox"/> <b>Initial Certification</b> <input type="checkbox"/> <b>Re-Certification</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/> I am a new household member who has occupied/will occupy unit on: _____	<b>TELEPHONE NUMBER:</b> (    ) _____  <b>Unit #</b> _____
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INCOME INFORMATION		MONTHLY GROSS INCOME
Yes	No	
1. <input type="checkbox"/>	<input type="checkbox"/>	
I am self-employed ( <i>list nature of self employment</i> ) _____		(use adjusted net income for self-employment only) \$ _____
2. <input type="checkbox"/>	<input type="checkbox"/>	
I have a job/have been offered employment and receive/will receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation:  List the businesses and/or companies that pay you:  <u>Name of Employer:</u> 1. _____ 2. _____ 3. _____		\$ _____ \$ _____ \$ _____
3. <input type="checkbox"/>	<input type="checkbox"/>	
I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.		\$ _____
4. <input type="checkbox"/>	<input type="checkbox"/>	
I receive unemployment benefits.		\$ _____
5. <input type="checkbox"/>	<input type="checkbox"/>	
I receive Veteran's Administration, GI Bill, or National Guard/Military Benefits/Income		\$ _____
6. <input type="checkbox"/>	<input type="checkbox"/>	
I receive Social Security payments.		\$ _____
7. <input type="checkbox"/>	<input type="checkbox"/>	
The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.)		\$ _____
8. <input type="checkbox"/>	<input type="checkbox"/>	
I receive Supplemental Security Income (SSI)		\$ _____

## TENANT INCOME CERTIFICATION QUESTIONNAIRE

*One Form per Adult Member of the Household*

**Yes No**

<b>9.</b>	<input type="checkbox"/> <input type="checkbox"/>	I receive disability, EDD paid family leave, EDD disability insurance, or death benefits other than Social Security.	\$ _____
<b>10.</b>	<input type="checkbox"/> <input type="checkbox"/>	I receive Public Assistance Income ( <i>examples: TANF, CalWorks, CAPI, AFDC, GA/GR</i> )  <i>*Do not include CalFresh, SNAP, Food Stamps</i>	\$ _____
<b>11.</b>	<input type="checkbox"/> <input type="checkbox"/>   <input type="checkbox"/> <input type="checkbox"/>  n/a  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I am entitled to receive child support payments ( <i>court ordered or parental agreement</i> )  I am currently receiving child support payments If yes, from how many persons do you receive support? _____  I am not currently receiving support, but I am making efforts to collect child support owed to me. List efforts being made:  _____ _____ _____	Total amount of support received:   \$ _____
<b>12.</b>	<input type="checkbox"/> <input type="checkbox"/>   <input type="checkbox"/> <input type="checkbox"/>  n/a  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I am entitled to receive alimony or spousal support payments ( <i>court ordered or divorce agreement</i> )  I am currently receiving alimony/spousal support payments If yes, from how many persons do you receive support? _____  I am not currently receiving support, but I am making efforts to collect alimony or spousal support owed to me. List efforts being made:  _____ _____ _____	Total amount of support received:   \$ _____
<b>13.</b>	<input type="checkbox"/> <input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings.  If yes, list sources:  _____ _____	\$ _____ \$ _____

## TENANT INCOME CERTIFICATION QUESTIONNAIRE

*One Form per Adult Member of the Household*

**Yes No**

<b>14.</b>	<input type="checkbox"/> <input type="checkbox"/>	I receive income from real or personal property.	(use net earned income) \$ _____
<b>15.</b>	<input type="checkbox"/> <input type="checkbox"/>	I receive student financial aid ( <i>public/private, exclude loans</i> ) Subtract cost of tuition from aid received  <i>* For households receiving Section 8 assistance only</i>	\$ _____
<b>16.</b>	<input type="checkbox"/> <input type="checkbox"/>	Are any of the above noted income sources ( <i>including Social Security, wages, unemployment, public assistance, disability, etc.</i> ) , currently being received as a Debit Visa or MC?	List Income Source: _____ _____
<b>17.</b>	<input type="checkbox"/> <input type="checkbox"/>	Do you anticipate receiving or have you applied for any income source that will begin in the next 12 months?	List Income Source: _____ _____

### ASSET INFORMATION

**Yes No**

**Interest Rate**

**Current Value**

<b>18.</b>	<input type="checkbox"/> <input type="checkbox"/>	I have a checking account(s). If yes, list bank(s) 1. _____ 2. _____	_____% _____%	\$ _____ \$ _____
<b>19.</b>	<input type="checkbox"/> <input type="checkbox"/>	I have a savings account(s). If yes, list bank(s) 1. _____ 2. _____	_____% _____%	\$ _____ \$ _____
<b>20.</b>	<input type="checkbox"/> <input type="checkbox"/>	I have funds on an EBT card, Debit Visa, or Debit MC		Current Balance: \$ _____
<b>21.</b>	<input type="checkbox"/> <input type="checkbox"/>	I have available funds held in a payment service account, such as Venmo, PayPal, Skrill, etc.  Source: _____ _____		\$ _____ \$ _____

## TENANT INCOME CERTIFICATION QUESTIONNAIRE

*One Form per Adult Member of the Household*

	Yes	No		Interest Rate	Current Value
22.	<input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s)  If yes, list bank(s) 1. _____ 2. _____	  _____ % _____ %	  \$ _____ \$ _____
23.	<input type="checkbox"/>	<input type="checkbox"/>	I own real estate. If yes, provide description: 1. _____ 2. _____		  \$ _____ \$ _____
24.	<input type="checkbox"/>	<input type="checkbox"/>	I own crypto currency such as Bitcoin, Litecoin, Ethereum, etc. If yes, list type: 1. _____ 2. _____	Average Change over a 3 month period:  _____ % _____ %	  \$ _____ \$ _____
25.	<input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or treasury bills. If yes, list sources/bank names 1. _____ 2. _____	Rate of return or 3 month average:  _____ % _____ %	  \$ _____ \$ _____
26.	<input type="checkbox"/>	<input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market account(s). If yes, list sources/bank names 1. _____ 2. _____	  _____ % _____ %	  \$ _____ \$ _____
27.	<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA, lump sum pension, Keogh account, or 401K. If yes, list bank(s): 1. _____ 2. _____	  _____ % _____ %	  \$ _____ \$ _____
28.	<input type="checkbox"/>	<input type="checkbox"/>	I have a life insurance policy with a cash/surrender value.  If yes, how many policies? _____		  \$ _____
29.	<input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets ( <i>i.e. gave away money/assets</i> ) for less than the fair market value in the last 2 years. If yes, list items and date disposed: 1. _____ 2. _____		  \$ _____ \$ _____

**TENANT INCOME CERTIFICATION QUESTIONNAIRE**

*One Form per Adult Member of the Household*

<b>30.</b>	<input type="checkbox"/> <input type="checkbox"/>	I have cash on hand in excess of \$250.		\$ _____
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**Yes No STUDENT ELIGIBILITY**

<input type="checkbox"/> <input type="checkbox"/>	I am a part-time student
<input type="checkbox"/> <input type="checkbox"/>	I am a full-time student ( <i>Example: K-12, College, Trade School, etc.</i> )
<input type="checkbox"/> <input type="checkbox"/>	Does the <b>entire</b> household consist of people who are currently <u>full-time</u> students?
<input type="checkbox"/> <input type="checkbox"/>	Does the <b>entire</b> household consist of people who are either currently a full time student or were a full-time student for 5 months or more in the current calendar year?
<input type="checkbox"/> <input type="checkbox"/>	Does your household anticipate becoming an all full-time student household in the next 12 months?

**Yes No If you answered yes to any of the previous 5 questions, are you:**

<input type="checkbox"/> <input type="checkbox"/>	Receiving assistance under Title IV of the Social Security Act ( <i>AFDC, TANF, CalWorks - not SSA/SSI</i> )
<input type="checkbox"/> <input type="checkbox"/>	Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA), Workforce Investment Act (WIA), or other similar federal, state, or county government program
<input type="checkbox"/> <input type="checkbox"/>	Married and filing ( <i>or are entitled to file</i> ) a joint tax return ( <i>please provide copy of marriage certificate or tax return</i> )
<input type="checkbox"/> <input type="checkbox"/>	Single Parent with a dependent child(ren) and neither you or your child(ren) are dependents of another individual
<input type="checkbox"/> <input type="checkbox"/>	Previously enrolled in the Foster Care Program ( <i>currently age 18-24</i> )

**Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of application or termination of the lease agreement.**

\_\_\_\_\_  
Printed Name of Applicant / Tenant

\_\_\_\_\_  
Signature of Applicant / Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed by (Signature of Owner Representative)

\_\_\_\_\_  
Date



**APPLICATION ADDENDUM**

I, \_\_\_\_\_, understand under penalty and perjury that the information supplied in my application is true and correct as of \_\_\_\_\_ and all income and asset sources have been disclosed.

Applicant Name

Date of Application

I, \_\_\_\_\_, understand that the Section 42 program annualizes income based on current or upcoming circumstances to project income calculations for the upcoming certification year.

Applicant Name

It is my responsibility to notify management if any information supplied on my application dated, \_\_\_\_\_, changes prior to my move in or annual certification date.

Date of Application

Information that must be disclosed, as noted above includes:

- Household composition changes (deletion or additions to the current persons listed on the application)
- Any asset changes (including but not limited to, opening or closing of accounts, potential lump sum amounts from Social Security, Trusts, etc.)
- Any income changes (including but not limited to, a job offer that will start prior or directly after the certification period, receipt of Social Security benefits applied for prior to the certification period but not yet received, the onset of a required minimum distribution from an asset source that will occur at any point in the certification period)
- Any changes to Student Status (all household members become full time students at any time during the certification year)

I, \_\_\_\_\_, understand that providing false, inaccurate, or misleading information regarding my eligibility during the upcoming certification period constitutes an act of fraud and will result in denial of the application or termination of the lease agreement.

Name of Applicant

Furthermore, those persons who have provided false, inaccurate, or misleading information will be reported to the Internal Revenue Service and any other governmental agency(s) that have provided financing for this project.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management Signature

\_\_\_\_\_  
Date



**Race and Ethnic Data  
Collection Form**

**U.S. Department of Housing and Urban Development  
Office of Housing**

\_\_\_\_\_  
**Name of Property**

\_\_\_\_\_  
**Tenant Address**

USA Multifamily Management  
\_\_\_\_\_  
**Name of Owner/Managing Agent**

LIHTC  
\_\_\_\_\_  
**Type of Assistance or Program Title:**

\_\_\_\_\_  
**Name of Head of Household**

\_\_\_\_\_  
**Name of Household Member**

**Date** (mm/dd/yyyy): \_\_\_\_\_

**This form is for the following Household Member:**

**(Print) Name:** \_\_\_\_\_  Male  Female  
**Age:**  under 18;  18-44 years;  45-64 years;  65 and over  
**Disability:**  Yes (if age 5 years and over)  No (if age 5 years and over)

Ethnic Categories*	Select One
1 - Hispanic or Latino	
2 - Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
1 - White	
2 - Black or African American	
3 - American Indian/Alaska Native	
4 - Asian	
4a - Asian India	
4b - Chinese	
4c - Filipino	
4d - Japanese	
4e - Korean	
4f - Vietnamese	
4g - Other Asian	
5 - Native Hawaiian or Other Pacific Islander	
5a - Native Hawaiian	
5b - Guamanian or Chamorro	
5c - Samoan	
5d - Other Pacific Islander	
6 - Other	

**\*Definitions of these categories may be found on the reverse side.**

Is Head of Household a woman?      Yes  No   
 Is Head of Household Disabled?      Yes  No

**There is no penalty for persons who do not complete this form. Initial here if you choose not to disclose race and ethnicity information for the above Household Member:**   ▶ \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development. Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

## Supplemental Application to Lease- Disclosures

### RENTAL APPLICATION DISCLOSURES REGARDING CREDIT AND INVESTIGATIVE CONSUMER REPORTS

This document is part of the Application to Lease and must be signed in order for us to screen your application. You have certain rights under federal, state, and local laws with respect to your consumer report. In evaluating your application, a consumer reporting agency listed below may provide us with information.

#### Credit Bureaus:

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

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

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

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

Rentgrow, Inc.  
177 Huntington Ave, Suite 1703 #74213  
Boston, MA 02155-3153  
(800) 898-1351  
[www.rentgrow.com](http://www.rentgrow.com)

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

I request a copy of the rental report obtained. Reports will be provided within **3 business days** of receipt thereof. It can be sent to me at the following address:

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

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

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

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

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

"Proper identification" shall mean any information generally deemed sufficient to identify a person and includes documents such as a valid driver's license, social security account number, military identification

card, and credit cards. Only if you cannot reasonably identify yourself with such information may an Agency require additional information concerning your employment and personal or family history in order to verify your identity.

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

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

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

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

---

**Applicant Signature**

**Date**

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

---

**Applicant Signature**

**Date**

## **SUMMARY OF RIGHTS UNDER THE FAIR CREDIT REPORTING ACT**

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

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

The following FCRA right applies with respect to nationwide consumer reporting agencies: (1) you have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. Alternatively, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud

alert is a one (1) year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting seven (7) years. If a consumer reporting agency, or a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court. Identity theft victims and active-duty military personnel have additional rights, for more information visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

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



## INFORMATION ABOUT BED BUGS

In the past, bed bug infestations were primarily associated with crowded and dilapidated housing. However, bed bug infestations are now more common and can be found even in first class living accommodations. The increase may be the result of increased human travel, movement of infested luggage and items, and changes in available pesticides. Bed bugs are transferred to new locations on people, their clothing, furniture, bedding, and luggage. Civil Code §1954.603 requires that information about bed bugs be provided to California residential tenants.

**Bed bug Appearance:** Bed bugs have six legs. Adult bed bugs have flat bodies about 1/4 of an inch in length. Their color can vary from red and brown to copper colored. Young bed bugs are very small. Their bodies are about 1/16 of an inch in length. They have almost no color. When a bed bug feeds, its body swells, may lengthen, and becomes bright red, sometimes making it appear to be a different insect. Bed bugs do not fly. They can either crawl or be carried from place to place on objects, people, or animals. Bed bugs can be hard to find and identify because they are tiny and try to stay hidden.

**Life Cycle and Reproduction:** An average bed bug lives for about 10 months. Female bed bugs lay one to five eggs per day. Bed bugs grow to full adulthood in about 21 days. Bed bugs can survive for months without feeding.

**Bed bug Bites:** Because bed bugs usually feed at night, most people are bitten in their sleep and do not realize they were bitten. A person's reaction to insect bites is an immune response and so varies from person to person. Sometimes the red welts caused by the bites will not be noticed until many days after a person was bitten, if at all.

Common signs and symptoms of a possible bed bug infestation:

- Small red to reddish brown fecal spots on mattresses, box springs, bed frames, mattresses, linens, upholstery, or walls.
- Molted bed bug skins, white, sticky eggs, or empty eggshells.
- Very heavily infested areas may have a characteristically sweet odor.
- Red, itchy bite marks, especially on the legs, arms, and other body parts exposed while sleeping. However, some people do not show bed bug lesions on their bodies even though bed bugs may have fed on them.

For more information, see the Internet Web sites of the United States Environmental Protection Agency and the National Pest Management Association.

To prevent bed bug infestations, before move-in and/or bringing new items to the Premises, residents should inspect all luggage, bedding, clothing, and personal property and to carefully scrutinize and consider the history of any used furniture before bringing it to the Premises. (Residents should be mindful that furniture found discarded in or around dumpsters or elsewhere may have been discarded because of a bed bug infestation).

Bed bug treatment is challenging. It requires full cooperation by residents and it may require professional treatments over several weeks. Because of the difficulty of bed bug extermination, and because of the risk that bed bugs could spread into other units, if bed bugs are found, Resident should immediately contact Landlord, and should not attempt to personally exterminate bed bugs without professional assistance. Residents should immediately notify Landlord of any condition indicating a bed bug infestation, such as itchy welts on Resident's skin; bed bugs (whether alive or dead); blood spots (either red or brown) or excrement spots (brown or black) on bedding or the bed; or a sweet odor.

Please report suspected bed bug infestations to us by contacting:

The leasing office at \_\_\_\_\_  
(Insert Address and Phone Number)

The property manager at \_\_\_\_\_  
(Insert Address and Phone Number)



**Vintage at Woodman**

**Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup>**

**To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>2</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that Low Income Housing Tax Credit is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

**Protections for Applicants**

If you otherwise qualify for assistance under Low Income Housing Tax Credit, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

**Protections for Tenants**

If you are receiving assistance under Low Income Housing Tax Credit, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under Low Income Housing Tax Credit solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

<sup>1</sup> Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

<sup>2</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.



### **Removing the Abuser or Perpetrator from the Household**

HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

### **Moving to Another Unit**

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR**

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer



because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

**Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

HP can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.



- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

### **Confidentiality**

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

### **Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.



The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

### **Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with

Los Angeles Housing & Community at 1-800-477-5977 or

U.S. Department of Housing and Urban Development (HUD) at 800-669-9777.

### **For Additional Information**

You may view a copy of HUD's final VAWA rule at <https://www.hud.gov/sites/documents/PIH-2017-08VAWRA2013.PDF>.

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact us at 747-250-8848 or call

The U.S. Department of Housing and Urban Development (HUD) at 800-669-9777.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY).

You may also contact :

Legal Aid Foundation of Los Angeles (LAFLA) at (323) 801-7991



For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact:

East Los Angeles Women's Center Rape & Battering 24 hr Hotline 800-585-6231

Victims of stalking seeking help may contact:

RealHope, 2211 Corinth Ave, Ste 309, Los Angeles, CA 90064 310-444-1951

**Attachment:** Certification form



**CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE OR STALKING**

**U.S. Department of Housing and Urban Development**  
Office of Housing

OMB Approval No. 2502-0204  
Exp. 03/31/2014

**Public reporting burden** for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. Information provided is to be used by owners and management agents administering Section 8 project-based assistance under the United States Housing Act of 1937 (42 U.S.C. 1437) to request a tenant to certify that the individual is a victim of domestic violence, dating violence, or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

**Purpose of Form:** The Violence Against Women and Justice Department Reauthorization Act of 2005 protects qualified tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking (collectively "domestic violence") from being evicted or terminated from housing assistance based on acts of such violence against them.

**Use of Form:** If you have been a victim of domestic violence, you or a family member on your behalf must complete and submit this certification form, or submit the information described below under "Alternate Documentation," which may be provided in lieu of the certification form, within 14 business days of receiving the written request for this certification form by the owner or management agent. The certification form or alternate documentation must be returned to the person and the address specified in the written request for the certification form. If the requested certification form or the information that may be provided in lieu of the certification form is not received by the 14th business day or any extension of the date provided by the owner or management agent, none of the protections afforded to victims of domestic violence under the Section 8 project-based assistance program will apply. Distribution or issuance of this form does not serve as a written request for certification.

**Alternate Documentation:** In lieu of this certification form (or in addition to it), the following documentation may be provided:

- (1) A federal, state, tribal, territorial, or local police or court record; or
- (2) Documentation signed by an employee, agent or volunteer of a victim service provider, an attorney or medical professional, from whom the victim has sought assistance in addressing the domestic violence, dating violence or stalking, or the effects of abuse, in which the professional attests under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident(s) in question are bona fide incidents of abuse, and the victim has signed or attested to the documentation.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE:**

- 1. **Date written request is received from owner or management agent:** \_\_\_\_\_
- 2. **Name of victim:** \_\_\_\_\_
- 3. **Your name (if different):** \_\_\_\_\_
- 4. **Name(s) of other family members listed on the lease:** \_\_\_\_\_  
\_\_\_\_\_
- 5. **Name of the abuser:** \_\_\_\_\_
- 6. **Relationship of the abuser to the victim:** \_\_\_\_\_
- 7. **Date of incident:** \_\_\_\_\_
- 8. **Time of incident:** \_\_\_\_\_
- 9. **Location of incident:** \_\_\_\_\_

**{Page two must be completed and attached to this form.}**



## APPENDIX 2



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

Vintage at Woodman Apartments

## WHAT ACCOMMODATIONS AND AUXILIARY AIDS CAN I ASK FOR?

You or anyone in your household can ask for:

1. an accommodation if you have a disability and need a change or exception to our standard rules, eligibility criteria, policies, or practices, so that you are able to use and enjoy a unit in our property, public and common use areas, or participate in, or benefit from, a program, service or activity;
2. accessibility alterations (physical changes) to your unit or a common area;
3. auxiliary aids and services necessary to ensure effective communication between us. This can include providing information in alternative formats such as Braille, American Sign Language (ASL) interpreters, or large print documents.

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

## WHO WILL BE ABLE TO SEE INFORMATION ABOUT MY REQUEST?

All information you provide is confidential. Information about your request will only be shared with people who need to decide on or carry out the



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request, or if required by law.

### **WHAT ARE REASONABLE ACCOMMODATIONS?**

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

Examples are:

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



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

### WHAT ARE AUXILIARY AIDS?

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

Examples are:

1. giving you documents in large print, Braille, on cassettes or CDs, or electronically, or reading documents to you;
2. providing a sign language interpreter or using a video relay service;
3. providing note takers; real-time computer-aided transcription services; exchange of written notes;
4. providing audio description or audio recordings;



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5. providing closed captioned video.

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

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

You can ask at any time. This includes when you apply to rent, while you live here, and even when you are moving out. You may designate a third person or agent who may act or speak for you regarding your request.

### **HOW DO I ASK FOR REASONABLE ACCOMMODATIONS OR AUXILIARY AIDS?**

You can ask a Property Manager or fill out a Request Form (See Appendix 3, Optional Request Form for Reasonable Accommodations and/or for Auxiliary Aids Pursuant to Effective Communication Policy). We can help you fill out the form. Ask us if you need to communicate with us in a particular way due to your disability.

### **WHAT KIND OF INFORMATION DO I NEED TO GIVE YOU?**

You need to tell us what you need and how it is related to your disability.

### **WHAT HAPPENS AFTER I ASK?**

We will respond to you as quickly as possible.

**We may ask you for more information.**



## APPENDIX 2



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

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

You can choose how to get the additional information:

1. You can sign Part 2 of Appendix 4 and return it to the office. We will then send the form to the person you listed and ask them to fill it out and return it to us.

OR:

2. You can sign Part 2 of Appendix 4 and give it to the person you want to fill out the rest of the form. You can return it to us when it is complete. When Appendix 4 is returned, we will tell you if we need more information.



## APPENDIX 2



We may need to talk with you more. Again, ask us if you need to communicate with us in a particular way due to your disability.

We will let you know our final decision in writing. If we deny your request, you can ask for a meeting to discuss it. Your position on the waiting list(s) or your tenancy will not be affected because you make a request.

### **HOW LONG WILL IT TAKE TO GET AN ANSWER?**

Usually, we will respond within five (5) business days of getting the request. If it is urgent, we will try to respond sooner. If additional information is needed, or if we need to meet or talk with you about options, we will give you an answer as soon as we can, but no later than within thirty (30) days.

**For questions or help with your request, please contact:**

**(Owner/Property Manager to complete)**

Property Management Staff Name: Katie Silva

Title: Community Manager

Address: 7700 Woodman Avenue, Panorama City, CA. 91402

Phone Number: (747) 250-8848

TTY/TDD Number: 711

Email (if available): [vintagewoodman@usapropfund.com](mailto:vintagewoodman@usapropfund.com)

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



## APPENDIX 8



### SUPPLEMENTAL AND OPTIONAL CONTACT INFORMATION FOR APPLICANTS

**Property Name:** Vintage at Woodman Apartments

**THIS FORM IS TO BE PROVIDED TO EACH APPLICANT FOR HOUSING**

**Instructions: Optional Contact Person or Organization:**

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

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

**Applicant Name:**

Mailing Address:

Phone Number:

TTY/TDD or VP Number:

Cell Phone Number:

Email Address (if applicable):



## APPENDIX 8



**Name of Additional Contact Person or Organization:**

Address:

Phone Number:

TTY/TDD or VP Number:

Cell Phone Number:

Email Address (if applicable):

Relationship to Applicant:

**Reasons that you approve us to contact the Additional Contact Person or Organization: (Check all that apply)**

- Emergency
- Unable to contact you
- Proposed termination of rental assistance
- Proposed eviction
- Late rent payment
- Help with Recertification Change
- Change in lease terms
- Change in policies or procedures
- Other (please specify):

### **Commitment of Owner**

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



## APPENDIX 8



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

### **Confidentiality Statement**

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

### **Legal Notification**

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

### **Option Not to Provide a Supplemental Contact Person:**

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

### **Signature of Applicant:**

Date:

Signature:

### **See Tenant Handbook Section 3.18 for More Information**