

## Rental Application Cover Page for Rittenhouse Square

This housing is offered without regard to race, color, religion, sex, gender identity and expression, family status, national origin, marital status, ancestry, age, sexual orientation, disability, source of income, genetic information, arbitrary characteristics, or any other basis prohibited by law.

1. **Rittenhouse Square** has Fully Accessible Units for People with Mobility Disabilities and People with Hearing/Vision Disabilities. **Rittenhouse Square** 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 “Reasonable Accommodation Information”, of the Rental Application (page 1). For more information about the accessible features of these units, please contact:

Property Management Name: Sonya Andrus

Title: Property Manager

Phone Number: (323) 432-0890

TTY (if available): (800) 855-7100

Email: [rittenhousesquare@tsaproperties.com](mailto:rittenhousesquare@tsaproperties.com)

2. Reasonable Accommodations and Modifications will be provided upon request. A person with a disability may ask for:
  - a. A change in rules (reasonable accommodation)
  - b. A physical change to their apartment or shared areas in the building (reasonable modification)
  - c. An accessible apartment
  - d. Aids and services to help you communicate with us

If you or anyone in your household has a disability and needs any of these things to live in **Rittenhouse Square** and use our services, then contact the Property Management staff listed above to complete a form called “Request Form for Reasonable Accommodations and Modifications”.



# RITTENHOUSE SQUARE

## RENTAL APPLICATION

**Instructions:** Please complete ALL sections of this application. Please do not leave any questions blank or use White Out. ALL adult household members (18 and over) must sign the application. Screening criteria available upon request. Please do not submit multiple applications.

**Occupancy Limits:** To qualify for each of the unit sizes, please note the minimum and maximum persons required. Please see the Tenant Selection Plan for additional information regarding occupancy guidelines.  
Please check the bedroom size requested.

- 1 Bedroom (Min. 1 Person Max. 3 People)
  2 Bedroom (Min. 2 People Max. 5 People)

**Household Information**

List ALL household members that are applying to live in the apartment. Include any household member that is under the age of 18 and will reside in the household 50% of the time or more. Be sure to include your own name. Failure to provide accurate and complete contact information may result in application denial.

|    | Last Name | First Name | MI    | Relationship to Head of Household | M/F (Optional) | SSN   | Birthdate MM/DD/YYYY |
|----|-----------|------------|-------|-----------------------------------|----------------|-------|----------------------|
| 1. | _____     | _____      | _____ | Self                              | _____          | _____ | _____                |
| 2. | _____     | _____      | _____ | _____                             | _____          | _____ | _____                |
| 3. | _____     | _____      | _____ | _____                             | _____          | _____ | _____                |
| 4. | _____     | _____      | _____ | _____                             | _____          | _____ | _____                |
| 5. | _____     | _____      | _____ | _____                             | _____          | _____ | _____                |

**CURRENT CONTACT INFORMATION (Required)**

What is your preferred method of being contacted?     Mail     E-Mail     Other \_\_\_\_\_

Current Address: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Other Contact: \_\_\_\_\_

**Reasonable Accommodation Information**

Rittenhouse Square has accessible units and/or units with accessible features. Applicants may inquire about features of these units by contacting the management office (323) 432-0890 or TTY (800) 855-7100.

1. Do you require that your apartment be designed for the disabled/mobility impaired?     Yes     No
- Please check if applies:     Mobility     Vision     Hearing
  - Please explain the required modification needed: \_\_\_\_\_

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
- Aids and services to help them communicate with us

If you or anyone in your household has a disability and needs any of these things to live at Rittenhouse Square and use our services, please contact the management staff to fill out a 'Reasonable Accommodation or Modification Form.'



**Effective Communication**

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

- Primary Language:**
- |                         |                          |                   |                          |                   |                          |
|-------------------------|--------------------------|-------------------|--------------------------|-------------------|--------------------------|
| (Arabic) عربي           | <input type="checkbox"/> | (Cantonese) 广东话   | <input type="checkbox"/> | (Mandarin) 普通话    | <input type="checkbox"/> |
| (Russian) русский       | <input type="checkbox"/> | (Spanish) Español | <input type="checkbox"/> | (Tagalog) Tagalog | <input type="checkbox"/> |
| (Vietnamese) Tiếng Việt | <input type="checkbox"/> | (Korean) 한국어      | <input type="checkbox"/> | Other             | <input type="checkbox"/> |

**Other Household Information**

We are required to adhere to Federal Fair Housing laws and to encourage a balanced resident population at Rittenhouse Square. 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. As such, we appreciate your checking the appropriate boxes below regarding your race/ethnicity. You are not obligated to provide this information. If you choose not to disclose, please indicate below.

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> <b>Black/African American</b>        | <input type="checkbox"/> <b>Asian</b> | <input type="checkbox"/> <b>Native Hawaiian/Other Pacific Islander</b> |
| <input type="checkbox"/> <b>White/Caucasian</b>               | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Native Hawaiian                               |
| <input type="checkbox"/> <b>Hispanic</b>                      | <input type="checkbox"/> Chinese      | <input type="checkbox"/> Guanamian or Chamorro                         |
| <input type="checkbox"/> <b>American Indian/Alaska Native</b> | <input type="checkbox"/> Filipino     | <input type="checkbox"/> Samoan  |
| <input type="checkbox"/> <b>Other</b>                         | <input type="checkbox"/> Vietnamese   | <input type="checkbox"/> Other Pacific Islander                        |
| <input type="checkbox"/> <b>Non-Disclosed</b>                 | <input type="checkbox"/> Japanese     |  |
|   | <input type="checkbox"/> Korean       |  |
|   | <input type="checkbox"/> Other Asian  |  |

- Please check here if you have been displaced by governmental action or if your dwelling has been destroyed as a result of a disaster formally recognized pursuant to federal disaster relief laws. *(Third-party verification will be required).*
- Rittenhouse Square is a non-smoking and no pet\* property. Each applicant 18+ must initial below to acknowledge that you understand smoking will not be permitted throughout the property up to the property line and that no pets are permitted. \*Assistance animals are not considered pets.

\_\_\_\_\_  
 Initials HOH                      Initials                      Initials                      Initials                      Initials

- List any Case Worker or Agency that you are working with, that you would like us to be aware of or contact.

Agency Name: \_\_\_\_\_ Case Worker Name: \_\_\_\_\_

Agency/Case Worker Phone: \_\_\_\_\_ Email: \_\_\_\_\_



**Current Residence**

1. How did you hear about this property?  
 Flyer                       Internet                       Friend                       HCIDLA Registry  
 Walk-By                       Newspaper                       Comm. Center                       Other \_\_\_\_\_
2. What is your current monthly rent?                      \$ \_\_\_\_\_ /month
3. Why do you intend to vacate your current residence? \_\_\_\_\_
4. What is the size of your current residence?                      # of Bedrooms \_\_\_\_\_  
(Please indicate "0" for a studio or bachelor unit)
- |   | <b><u>Yes</u></b>        | <b><u>No</u></b>         |
|---|--------------------------|--------------------------|
| 5. Do you expect any additions to the household within the next 12 months?<br>Name & Relationship: _____<br>Explanation: _____                | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is there anyone living with you now who would not be living with you at this property?<br>Name & Relationship: _____<br>Explanation: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are there any absent household members who under normal conditions would live with you?<br>Explanation: _____                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you currently separated or estranged from your spouse?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you or any household members own a car?<br>If yes, how many cars?                      Number of cars: _____                            | <input type="checkbox"/> | <input type="checkbox"/> |

**Household Background Information**

- |  | <b><u>Yes</u></b>        | <b><u>No</u></b>         |
|--|--------------------------|--------------------------|
| 1. Have you, or anyone else named on this application, filed for bankruptcy?<br>Explanation: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you, or anyone else name on this application, been convicted of a felony?<br>Explanation: _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you or anyone else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?<br>Explanation: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you or anyone else named on this application been convicted of drug/paraphernalia use, possession, or distribution?<br>Explanation: _____                            | <input type="checkbox"/> | <input type="checkbox"/> |



**Rental History and Housing References**

Please list all locations you have lived in the last FIVE (5) years starting with CURRENT address. In addition, please list ALL States where household members have lived. (If additional space is required, use the back of this page.)

| <u>Landlord's Name/Address</u> | <u>Your Address</u> | <u>Own/Rent</u>                   | <u>Dates</u> |
|--------------------------------|---------------------|-----------------------------------|--------------|
| (1) Name: _____                | _____               | Own <input type="checkbox"/>      | From: _____  |
| Address: _____                 | _____               | Rent <input type="checkbox"/>     | To: _____    |
| Phone: _____                   | _____               | Homeless <input type="checkbox"/> |              |
| (2) Name: _____                | _____               | Own <input type="checkbox"/>      | From: _____  |
| Address: _____                 | _____               | Rent <input type="checkbox"/>     | To: _____    |
| Phone: _____                   | _____               | Homeless <input type="checkbox"/> |              |

List ALL States You Have Resided In: \_\_\_\_\_

**Applicant Status**

|  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| 1. Will you or any ADULT household member require a live-in care attendant?<br>Name of Attendant: _____<br>Relationship (if any): _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you currently, at the time of application, receive Section 8 rental assistance?<br>Name of Agency: _____<br>Contact Person: _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you currently have or are you expecting a Section 8, Choice Voucher, V.A.S.H., or other Voucher?<br>Expected Date: _____<br>Name of Agency: _____<br>Contact Person: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

**Full Time Student Information**

This apartment is governed by Federal and/or State Housing Program(s) that restrict full-time students. We must determine your household student status prior to eligibility and, if such eligibility is granted, each subsequent year you remain in the unit. **If unsure of Full-Time status, inquire with academic institution for determination of "Full-Time" prior to completing the following section.**

|  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| 1. Are you or any member of your household above (including minors) currently a Full-Time Student?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you or any member of your household above (including minors) anticipate becoming a Full-Time Student?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>If Yes to either question, complete the following:</b>  |                          |                          |
| 3. Any of the Full-Time Student(s) married and filing a joint tax return?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any of the Full-Time Student(s) enrolled in a Job Training Program receiving assistance under the Job Training Partnership Act? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Any Full-Time Student(s) a single parent living w/ his/her minor child who is not claimed on another's Tax Return?              | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Any of the Full-Time Student(s) a TANF or Title IV recipient?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Any Full-Time Student(s) under the age of 24, who has exited the Foster Care System within the last 6 years?                    | <input type="checkbox"/> | <input type="checkbox"/> |



## Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

Answer the questions in this section to provide the source(s) of all household income. Include all income anticipated for the next 12 months. *(Use the back of this form if you need more space.)*

**Do YOU or ANYONE in your household receive OR expect to receive income from:**

- 1. Employment wages, or salaries, or self-employment?** (Include overtime, tips, bonuses, commissions, and payments received in cash. Use an additional page to add additional employment income sources.)

| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Household Member | Name of Company | Amount/month |
|------------------------------|-----------------------------|------------------|-----------------|--------------|
|                              |                             | _____            | _____           | \$ _____     |
|                              |                             | _____            | _____           | \$ _____     |

- 2. Social Security, SSI or any other payments from the Social Security Administration?**

| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Household Member | SSA / SSI / SSDI? | Amount/month |
|------------------------------|-----------------------------|------------------|-------------------|--------------|
|                              |                             | _____            | _____             | \$ _____     |
|                              |                             | _____            | _____             | \$ _____     |

- 3. Are you receiving regular payments from a pension, retirement benefit or annuities?**

| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Household Member | Type of Pension / Annuity | Amount/month |
|------------------------------|-----------------------------|------------------|---------------------------|--------------|
|                              |                             | _____            | _____                     | \$ _____     |
|                              |                             | _____            | _____                     | \$ _____     |

- 4. Regular gifts or payments from anyone outside of the household?** (This includes anyone supplementing your income or paying any of your bills, utilities, groceries, or other expenses.)

| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Household Member | Name of Person Supplementing Income | Amount/month |
|------------------------------|-----------------------------|------------------|-------------------------------------|--------------|
|                              |                             | _____            | _____                               | \$ _____     |
|                              |                             | _____            | _____                               | \$ _____     |

- 5. Any other income sources or types not listed?** (e.g., alimony or child support (whether or not it is received), pay as a current member of the Armed Forces, unemployment benefits or workers' compensation, public assistance or general relief, payments from a severance package, payments from any type of settlement, payments from rental property or other types of real estate transactions, payments from lottery winnings or inheritances, etc.)

| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Household Member | Type of Other Income | Amount/month |
|------------------------------|-----------------------------|------------------|----------------------|--------------|
|                              |                             | _____            | _____                | \$ _____     |
|                              |                             | _____            | _____                | \$ _____     |

- 6. Do you, or any other household member, expect any changes to your income in the next 12 months?**

| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Household Member | Explanation |
|------------------------------|-----------------------------|------------------|-------------|
|                              |                             | _____            | _____       |
|                              |                             | _____            | _____       |

- 7. As needed, please provide notes on any other income here:**

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**Asset Information**

Include all assets held and **the income derived** from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Answer the questions in this section to provide the source(s) of all household assets.

**(Use the back of this form if you need more space.)**

**Do YOU or ANYONE in your household have:**

**1. Checking, Savings, Direct Express Cards, CDs, Money Markets, and/or Treasury Bills?**

|                              |                             |                  |               |             |                 |
|------------------------------|-----------------------------|------------------|---------------|-------------|-----------------|
| YES <input type="checkbox"/> | NO <input type="checkbox"/> |                  | Acct.<br>Type | Institution | Last 4 of Acct. |
|                              |                             | Household Member |               |             |                 |
|                              |                             | _____            | _____         | _____       | _____           |
|                              |                             | _____            | _____         | _____       | _____           |
|                              |                             | _____            | _____         | _____       | _____           |
|                              |                             | _____            | _____         | _____       | _____           |

**2. Cash on hand?** This is cash not kept in a bank account.

|                              |                             |                  |              |
|------------------------------|-----------------------------|------------------|--------------|
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Household Member | Cash on Hand |
|                              |                             | _____            | \$ _____     |
|                              |                             | _____            | \$ _____     |

**3. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?** (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)

|                              |                             |                  |       |          |
|------------------------------|-----------------------------|------------------|-------|----------|
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Household Member | Type  | Value    |
|                              |                             | _____            | _____ | \$ _____ |
|                              |                             | _____            | _____ | \$ _____ |

**4. All other asset sources or types not listed?** Include name of institution where the asset is held, type of asset, value of asset, and any interest or income from the asset.(i.e. Paintings, coin or stamp collections, artwork, show cars, antiques, Stocks, bonds or securities, trust funds, pensions, IRAs, Keogh or other retirement accounts, whole life insurance, contents of a safe deposit box, etc.)

|                              |                             |                  |       |          |
|------------------------------|-----------------------------|------------------|-------|----------|
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Household Member | Type  | Value    |
|                              |                             | _____            | _____ | \$ _____ |

**5. Have you disposed of an asset in the last two years?** (Ex.: Cash over \$1000, a home, other real estate, etc.)

|                              |                             |                  |                        |          |                     |
|------------------------------|-----------------------------|------------------|------------------------|----------|---------------------|
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | Household Member | Type of Disposed Asset | Value    | Disposed for Amount |
|                              |                             | _____            | _____                  | \$ _____ | \$ _____            |
|                              |                             | _____            | _____                  | \$ _____ | \$ _____            |

**6. As needed, please provide notes on any other assets here:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Community Interest**

1. We are providing extensive recreation facilities and activities at this property for the enjoyment of our residents. Since we are always looking for assistance to coordinate special programs and activities, we would appreciate a brief description of your skills, interests, hobbies and any assistance/leadership you might provide to these programs.

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2. **Drug and Crime Free Acknowledgement:** Your initials below will acknowledge that you understand that this apartment community will vigorously enforce a drug and crime free environment. You and your guests agree not to engage in any drug-related activity, including the manufacture, sale, distribution, use, or possession of illegal drugs. These activities are a material violation of the lease and good cause for termination of tenancy. Each adult household member 18+ initials below.

\_\_\_\_\_  
Initials HOH                      Initials                      Initials                      Initials                      Initials

**Credit Information**

**Notice Regarding California Investigative Consumer Reporting Agencies Act:**

Landlord does not intend to request an investigative consumer report regarding the Applicant.

Unless the box above is checked, pursuant to California Civil Code section 1786.16(a)(3), the Landlord intends to request an investigative consumer report in connection with the Applicant’s application for housing. The investigative consumer report will be made concerning the Applicant’s character, general reputation, personal characteristics, and mode of living. Among other things, the investigative consumer report may contain information concerning the Applicant’s creditworthiness, any court judgments against the Applicant, and any criminal charges and/or convictions. Pursuant to California Civil Code section 1786.22, any files maintained on the Applicant by the investigative consumer reporting agency from which Landlord obtains the report shall be made available to you during normal business hours and upon reasonable notice, provided you furnish proper identification, as follows: (1) The Applicant may appear in person at the investigative consumer reporting agency below to request a copy of the Applicant’s file; (2) the Applicant may make a written request for copies of the Applicant’s files to be sent via certified mail to a designated addressee; or (3) the Applicant may make a written request for a summary of the file to be provided over the telephone. “Proper identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. If one of these forms of identification cannot be provided, the agency may ask for other forms of identification in accordance with California Civil Code section 1786.22(c). The investigative consumer reporting agency may charge a fee, not to exceed the actual copying costs, if the Applicant requests a copy of the Applicant’s file. The agency is required to have personnel available to explain the Applicant’s file to the Applicant, and the agency must explain to the Applicant any coded information appearing in the file. If the Applicant chooses to appear in person, the Applicant may choose to bring another person of his/her choice with him/her, provided that the accompanying person also bring proper identification with him/her. If the Applicant brings another person with him/her, the agency may require the Applicant to sign an authorization allowing the agency to discuss the Applicant’s file in the presence of that other person.





The agency that will prepare the investigative consumer report on the Applicant is:

**RentGrow**

Name of Agency

**177 Huntington Avenue, Suite 1703 #74213, Boston, MA 02115**

Address of Agency

If you would like a copy of the report(s) that is/are prepared, please check the box below:

I would like to receive a copy of the report(s) that is/are prepared.

Landlord agrees that Landlord, or Landlord’s agent, will send the Applicant a copy of the report within three (3) business days of the date the report is provided to Landlord. The copy of the report will contain the name, address, and telephone number of the agency that issued the report and how to contact the agency.

If Landlord takes adverse action against Applicant, and the adverse action is based in whole or in part on the contents of the investigative consumer report, then, pursuant to California Civil Code section 1786.40(a), Landlord shall so advise Applicant and shall supply Applicant with the name and address of the agency that prepared the report on which Landlord’s decision was based in whole or in part.

PLEASE SIGN BELOW TO AUTHORIZE A CREDIT REPORT, EVICTION REPORT, AND CRIMINAL BACKGROUND CHECK. Management will perform a credit and eviction history and may perform a criminal background check of all applicants as a part of the applicant screening criteria. **Your application will not be considered unless you provide management with your consent to obtain a credit, eviction, and criminal background report on each adult household member.**

|                                    |             |                              |             |
|------------------------------------|-------------|------------------------------|-------------|
| _____                              | _____       | _____                        | _____       |
| <b>Head of Household Signature</b> | <b>Date</b> | <b>Other Adult Signature</b> | <b>Date</b> |
| _____                              | _____       | _____                        | _____       |
| <b>Other Adult Signature</b>       | <b>Date</b> | <b>Other Adult Signature</b> | <b>Date</b> |
| _____                              | _____       |                              |             |
| <b>Other Adult Signature</b>       | <b>Date</b> |                              |             |



**Signature Clause**

Upon notification by landlord of application processing, I agree to pay Rittenhouse Square an application screening charge in the amount required by landlord. I will be issued a Receipt for Application Fee upon payment which will authorize Rittenhouse Square to obtain any such credit reports, character reports and/or criminal reports, and verification of rental and employment history as it deems necessary to verify all information set forth in this application. I understand that I will acquire no rights to the above property until I sign a rental agreement and submit a security deposit. I further understand that false, fraudulent misleading or incomplete information may be grounds for denial of tenancy or subsequent eviction. There are no other agreements express or implied between the parties.

I understand that management is relying on this information to prove my household’s eligibility for housing at Rittenhouse Square. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I understand that providing false or misleading information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize and consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management’s resident selection criteria and any low-income housing program requirements.

In accordance with state and federal laws, I have been notified that an investigation may be made of the information I provided on this application together with information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to dispute the accuracy of information obtained from the entities I have disclosed above, and, upon written request, the right to a complete and accurate disclosure of any scope of this investigation and/or a written summary of my rights under the Fair Credit Reporting Act.

**All adult household members must sign below:**

|                                    |             |                              |             |
|------------------------------------|-------------|------------------------------|-------------|
| _____                              | _____       | _____                        | _____       |
| <b>Head of Household Signature</b> | <b>Date</b> | <b>Other Adult Signature</b> | <b>Date</b> |
| _____                              | _____       | _____                        | _____       |
| <b>Other Adult Signature</b>       | <b>Date</b> | <b>Other Adult Signature</b> | <b>Date</b> |
| _____                              | _____       |                              |             |
| <b>Other Adult Signature</b>       | <b>Date</b> |                              |             |

**For Management Use**

Date & Time received by Management: \_\_\_\_\_ Received by: \_\_\_\_\_

**WARNING:** “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 requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor 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 at 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).\*\*”





## APPENDIX 2



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

## 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. An accessibility alteration (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 or for example, Braille, American Sign Language (ASL) interpreters, 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 a person 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 person’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 a person 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 persons 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 Rittenhouse Square 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 persons 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. Notetakers; 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. 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 your need for an accommodation or auxiliary aid 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 give you an Additional Information Form. An Additional Information Form may be needed if your disability or your need for a Reasonable Accommodation or Auxiliary Aid is not obvious or already known.

You can choose how to get the additional information:

1. You can sign the Part 2 of the Additional Information Form 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 the Part 2 of the Additional Information Form 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 the Additional Information Form 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 wait list 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 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 30 days.

### **For questions or help with your request, please contact: (Owner/property manager to complete)**

Name: Sonya Andrus

Title: Property Manager

Address: 1100 E. 33<sup>rd</sup> Street, Los Angeles, CA 90011

Office Phone: (323) 432-0890

TTY Number: (800) 755-7100

Email (if available): [rittenhousesquare@tsaproperties.com](mailto:rittenhousesquare@tsaproperties.com)

### **See Tenant Handbook Section 3.14 for More Information**







## APPENDIX 8



### SUPPLEMENTAL AND OPTIONAL CONTACT INFORMATION FOR APPLICANTS

**Property Name: Rittenhouse Square**

**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:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**TTY or VP Number:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Email Address (if Applicable):** \_\_\_\_\_

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

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

TTY 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 3.17 for More Information**



# Notice of Free Interpretation Services

**English-** Free Interpretation Services are available. Please ask for assistance in the office.

**Spanish-** Interpretación Servicios gratuitos están disponibles. Por favor pedir ayuda en la oficina.

**Chinese (Traditional)-** 免費的翻譯服務。請向辦公室提供援助。

**Chinese (Simplified)-** 免费的翻译服务。请向办公室提供援助。

**Korean-** 무료 통역 서비스를 사용할 수 있습니다. 사무실에서 도움을 요청하십시오.

**Tagalog-** Libreng Serbisyo Interpretasyon ay magagamit. Mangyaring humingi ng tulong sa opisina.

**Vietnamese-** Giải thích miễn phí Dịch vụ có sẵn. Xin hỏi trợ giúp trong văn phòng.

**Arabic-** تتوفر خدمات الترجمة الفورية مجاناً. من فضلك اطلب المساعدة في المكتب.

**Hindi-** फ्री व्याख्या सेवाएं उपलब्ध हैं। कार्यालय में सहायता के लिए कहें।

**Portuguese-** Gratuito Serviços de interpretação disponíveis. Por favor, peça ajuda no escritório.

**Russian-** Бесплатные услуги переводчика доступны. Пожалуйста, обратитесь за помощью в офисе.