

Rental Application Cover Page for Ariadne Getty Foundation Senior Housing / McCadden Campus Senior Housing

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. **Ariadne Getty Foundation Senior Housing / McCadden Campus Senior Housing** has Fully Accessible Units for People with Mobility Disabilities and People with Hearing/Vision Disabilities. **Ariadne Getty Foundation Senior Housing / McCadden Campus Senior Housing** 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: Aaron Lempert

Title: Lease-Up Assistant

Phone Number: (424)372-9850 (office)

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

Email: Agettysenior@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 **Ariadne Getty Foundation Senior Housing / McCadden Campus Senior Housing** and use our services, then contact the Property Management staff listed above to complete a form called “Request Form for Reasonable Accommodations and Modifications”.



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) العربية | <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 McCadden Campus Senior Housing. 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"/> Black/African American | <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Chinese | <input type="checkbox"/> Guanamian or Chamorro |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Filipino | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Non-Disclosed | <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).*
- McCadden Campus Senior Housing is a non-smoking 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.

Initials HOH

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)
- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| 5. Do you expect any additions to the household within the next 12 months?
Name & Relationship: _____
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?
Name & Relationship: _____
Explanation: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are there any absent household members who under normal conditions would live with you?
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?
If yes, how many cars? Number of cars: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Household Background Information

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| 1. Have you, or anyone else named on this application, filed for bankruptcy?
Explanation: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you, or anyone else name on this application, been convicted of a felony?
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?
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?
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? Name of Attendant: _____ Relationship (if any): _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you currently, at the time of application, receive Section 8 rental assistance? Name of Agency: _____ 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? Expected Date: _____ Name of Agency: _____ 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"/>
If Yes to either question, complete the following:		
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:



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. 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.

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

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.**

_____	_____	_____	_____
Head of Household Signature	Date	Other Adult Signature	Date
_____	_____		
Other Adult Signature	Date		



Signature Clause

Upon notification by landlord of application processing, I agree to pay McCadden Campus Senior Housing an application screening charge in the amount required by landlord. I will be issued a Receipt for Application Fee upon payment which will authorize McCadden Campus Senior Housing 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 McCadden Campus Senior Housing. 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:

Head of Household Signature	Date	Other Adult Signature	Date
Other Adult Signature	Date		

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 McCadden Campus Senior Housing / Ariadne Getty Foundation Senior Housing

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 **McCadden Campus Senior Housing / Ariadne Getty Foundation Senior Housing** 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: Aaron Lempert

Title: Leasing Manager

Address: Temp Leasing Office, The Village, 1125 N McCadden Place, Los Angeles, CA 90038

Office Phone: (213) 466-5053 (temporary)

TTY Number: (800) 855-7100

Email (if available): agettysenior@tsaproperties.com

See Tenant Handbook Section 3.14 for More Information





APPENDIX 8



SUPPLEMENTAL AND OPTIONAL CONTACT INFORMATION FOR APPLICANTS

Property Name: McCadden Senior Campus Housing / Ariadne Getty Foundation Senior Housing

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.

MCCADDEN CAMPUS SENIOR HOUSING

1127 North Las Palmas Avenue, Los Angeles, CA 90038

FREQUENTLY ASKED QUESTIONS AND ANSWERS (FAQ's)

IMPORTANT: Due to heavy construction at the property there is no access to the building. PLEASE DO NOT attempt to visit the building.

1. WHAT DOES THE DEVELOPMENT CONSIST OF?

McCadden Campus Senior Housing is a 98-unit affordable housing complex that is comprised of studio, one and two-bedroom apartment units (including a manager's unit) that are constructed over a single subterranean garage. The unit breakdown is as follows:

- Nineteen (19) studio units,
- Seventy-five (75) one-bedroom units,
- Three (3) two-bedrooms units, and
- One (1) manager's unit

2. WHAT WILL BE PROVIDED IN EACH UNIT?

All units will have a full kitchen (range/oven, refrigerator, microwave) and a tub or shower in the bathroom. Each unit will have air conditioning. Flooring will be a combination of vinyl flooring and carpet.

3. WHAT AMENITIES WILL BE PROVIDED?

The property features amenity spaces including a fitness center, a community room with kitchen, and a TV lounge. The property incorporates sustainable principles such as energy and water conservation. Additional features include secured entry with intercom, outdoor landscaped area, computer room, and laundry facility.

4. WHAT TYPE OF PARKING IS PROVIDED?

There will be approximately 82 total parking spaces provided. The majority of the parking spots are tandem spots. Parking will be assigned on a first come first serve basis. Residents who don't receive an assigned parking spot may find street parking.

5. HOW ARE RESIDENTS SELECTED AND ARE THERE ANY PREFERENCES?

All eligible applications for McCadden Campus Senior Housing will be entered into a random selection lottery. The list of those selected in the lottery will be posted. The location and date of the posted list of lottery winners will be provided on a postcard that will be sent to all applicants confirming receipt of their application. Applicants chosen in the lottery but not assigned a unit will be placed on a waiting list for future availability. Please refer to the Tenant Selection Plan for complete details.

Up to twenty-five (25) units will be set aside for applicants with special needs. These units are designated for formerly homeless households over 62 years of age. Occupants for these units will be coordinated through The Los Angeles LGBT Center. Preference will include disabled individuals who are chronically homeless will be selected from the Coordinated Entry System (CES). In addition, thirteen (13) units will be set aside for eligible applicants from the City of West Hollywood's inclusionary housing waitlist.

6. WHO WILL BE ELIGIBLE TO MOVE INTO THE DEVELOPMENT?

Apartments are available to low-income households earning less than 60% of the area median income for the Los Angeles area.

7. ARE THERE INCOME LIMITS*?

Yes, applicants must have incomes that fall below 60% of the Los Angeles area median income. The current annual maximums are as follows:

One person: \$47,340 Two persons: \$54,060, Three persons: \$60,840

*The income limits are adjusted annually by the U.S. Department of Housing and Urban Development (HUD) and are subject to change.

8. HOW MANY PEOPLE CAN LIVE IN EACH UNIT?

McCadden Campus Senior Housing offers one, two and three-bedroom units. Please refer to the occupancy limits below.

# of Bedrooms	Minimum	Maximum
0	1	1
1	1	2
2	2	3

9. WHAT ARE THE MAXIMUM RENTS YOU WILL HAVE*?

Studio rents will be up to approximately \$1,183

One-bedroom rents will be up to approximately \$1,267

Two-bedroom rents will be up to approximately \$1,267

Note: There are a limited number of units available at the lower rents. Lower rents will be assigned as applicants qualify in rank order.

*The rents are adjusted annually by the U.S. Department of Housing and Urban Development (HUD) and are subject to change.

10. ARE THERE RENT INCREASES?

Yes. They are restricted to a formula determined annually by HUD based on percentage increases in median income for the Los Angeles area. For the last five years, rent increases have ranged from 0% to 7% per year.

11. ARE PETS ALLOWED?

Yes. McCadden Campus Senior Housing is a pet-friendly community. An additional deposit of \$300 and current vaccination documentation will be required for all households that wish to have a pet.

12. IS SMOKING ON THE PROPERTY ALLOWED?

No. McCadden Campus Senior Housing will be a 100% non-smoking community. This includes no smoking in the units, patios/balconies, and community areas. Residents or guests who choose to smoke are required to smoke off the property. This policy is strictly enforced.

13. DO 100% FULL-TIME STUDENT HOUSEHOLDS QUALIFY FOR THIS HOUSING?

100% full-time student households do not normally qualify unless they meet one of the exceptions. In order for a household of full-time students to be considered eligible, they must meet one of the following criteria:

- **Any** member of the household is married and either files or is entitled to file a joint tax return.
- The household consists of at least one single parent and his or her minor children, and the parent is not a dependent of a third party. Any children may be claimed as a dependent of either parent, regardless of tenancy in unit.
- At least one member of the household receives assistance under Title IV of the Social Security Act. (AFDC, TANF, CalWORKS, etc. – Not SSA or SSI)
- At least one member is enrolled in a job training program receiving assistance under the Work Investment Act (WIA) formerly known as the Job Training Partnership Act, or similar federal, state or local laws.
- At least one member of the household is under age 24 and has exited the Foster Care system within the previous 6 years.

14. HOW LONG WILL THE UNITS BE AFFORDABLE?

Use of the California Federal Tax Credit program requires the units remain affordable for at least 55 years. However, Thomas Safran & Associates proposes to keep the rents affordable indefinitely.

15. WHO ARE THE DEVELOPERS?

Thomas Safran & Associates (TSA) is the developer of McCadden Campus Senior Housing.

Thomas Safran & Associates has developed over 6,000 units of luxury, affordable and mixed-use rental housing in Southern California. For over 40 years, we have specialized in developing high-quality properties. We are committed to providing superior design, maintaining our properties to the highest standards, and enriching the lives of the people who reside in our buildings.

16. WHO WILL MANAGE THE BUILDING?

Thomas Safran & Associates (TSA) will manage the building. TSA currently manages over 5,000 units in over 60 different communities that range from as small as 14 units on Santa Catalina Island to 283 units in Koreatown, Los Angeles.

17. WHERE CAN I FIND UPDATED INFORMATION THROUGHOUT THE APPLICATION PROCESS?

Information and updates on the application process and timeline can be found online at: <http://mccaddencampus.com/seniorhousing.html> or by calling our hotline at (888) 431-0444 or TTY: (800) 855-7100.