

## ARIADNE GETTY FOUNDATION SENIOR HOUSING

1127 N. Las Palmas Ave., Los Angeles, CA 90038  
Phone: (424) 372-9850 TTY: (800) 855-7100

### APPLICATION INSTRUCTIONS

Dear Applicant:

Thank you for your interest in Ariadne Getty Foundation Senior Housing, a 98-unit, age-restricted, Tax Credit apartment community for households 62 years and older, located in Los Angeles, California.

Applications for the waiting list will be available from **June 3, 2024 – June 14, 2024**. We encourage you to apply online at <https://lahousing.lacity.org/AAHR>. Please **DO NOT** submit a duplicate application through the mail.

This packet provides important information about the property and how to apply. Please read this information carefully.

Please complete the attached application in its entirety. Please do not submit copies of SS cards, personal ID, licenses, or any financial or personal documents at this time. Upon request, application materials will be made available in a format that meets the needs of an applicant with disabilities.

Be sure to check your application for accuracy. You will not be able to change your application information (except for contact information) after the application is submitted. If your contact information changes (e.g., address, phone number, email, etc.), please notify us by mailing the updated information to the above address using your name as it appears on your previously submitted application.

#### Completing the Application

- Use BLACK INK to complete the application.
- Complete all the information – no blanks. Incomplete applications will be returned for additional information.
- Do not use white out. White out corrections are not accepted. To make corrections, make one (1) line through any mistakes and initial any changes.

If you pick up or download an application, please fill out the application and then submit your completed application in person or by mail to:

**Online:** <https://lahousing.lacity.org/AAHR>  
**In Person or By Mail:** Ariadne Getty Foundation Senior Housing  
Attn: Manager's Office  
1127 N. Las Palmas Avenue  
Los Angeles, CA 90038

Applications that meet the preliminary screening requirements will be entered onto the waiting list. Applications will be processed on a first come first served basis and in the order they are received. **Mailed applications must be postmarked by June 14, 2024 to be added to the property's general waiting list.**

We hope that you will have the opportunity to make Ariadne Getty Foundation Senior Housing your home. If you have any questions or concerns, please contact the management office at (424) 372-9850.

Sincerely,

Ariadne Getty Foundation Senior Housing Management



# 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, 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. **Ariadne Getty Foundation Senior Housing / McCadden Campus Senior Housing** has Accessible Units for Individuals with Mobility Disabilities and Individuals 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 labelled “Reasonable Accommodation Information” of the Rental Application (page 1).** For more information about the accessible features of these units and/or if you need assistance to request a unit with accessible features, please contact:

Property Management Contact Name: Martin Nguyen

Title: Property Manager

Phone Number: (424) 372-9850

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

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

2. Reasonable Accommodations and Auxiliary Aids will be provided upon request. An individual with disability may ask for, among others:
  - a. A change in rules, or;
  - b. A physical change to their apartment or shared areas in the building (either of which is a reasonable accommodation);
  - c. An accessible apartment;
  - d. And Auxiliary Aids and Services necessary to ensure effective communicate 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 at **Ariadne Getty Foundation Senior Housing / McCadden Campus Senior Housing** and use our services, then contact **Ariadne Getty Foundation Senior Housing / McCadden Campus Senior Housing** staff to communicate your needs.



## Rental Application

Ariadne Getty Foundation Senior Housing  
1127 N. Las Palmas Ave., Los Angeles, CA 90038  
Phone: (424) 372-9850 TTY: (800) 855-7100  
Email: [agettysenior@tsaproproperties.com](mailto:agettysenior@tsaproproperties.com)



### 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. If the property has an age restriction, the household must age qualify at the time of 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. See the Tenant Selection Plan for additional information regarding occupancy guidelines. Please check the bedroom size requested.

#### Age-Restricted: 62+

	<u>Minimum</u>	<u>Maximum</u>
<input type="checkbox"/> 0 Bedroom	1 person	1 person
<input type="checkbox"/> 1 Bedroom	1 person	2 people
<input type="checkbox"/> 2 Bedroom	2 people	3 people

### HOUSEHOLD INFORMATION

List ALL household members that are applying to live in the apartment beginning with the Head of Household (HOH). 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.

	<u>Last Name</u>	<u>First Name</u>	<u>MI</u>	<u>Relationship to HOH</u>	<u>Optional M/F</u>	<u>SSN</u>	<u>Birthdate MM/DD/YYYY</u>
1.	_____	_____	_____	Self	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____

### 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

Ariadne Getty Foundation Senior Housing has accessible units and/or units with accessible features. Applicants may inquire about features of these units by contacting the management office (424) 372-9850 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 Ariadne Getty Foundation Senior Housing 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), (Cantonese), (Mandarin), (Russian), (Spanish), (Tagalog), (Vietnamese), (Korean), Other:

OTHER HOUSEHOLD INFORMATION

- 1. How did you hear about this property? (Banner, Flyer, LAHD Registry, Walk-By, C.E.S., Friend/Family, Newspaper, Other, Comm. Center, Internet/Online, TSAHousing.com)
2. Is any member of your household disabled according to the Fair Housing Act definition for handicap (disability)?
3. Please check here if you are currently displaced by governmental action...
4. Please check here if you are currently displaced as a result of the City of Los Angeles' public projects...
5. I/We certify that I am/we are not: (a) an owner, developer or sponsor of the project; (b) an officer, employee, agent, consultant or elected or appointed official of the owner, developer or sponsor; or (c) a member of the Immediate Family of such person described in subsections (a) and (b)

Initials HOH Initials Initials

6. Ariadne Getty Foundation 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

7. 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:





HOUSEHOLD BACKGROUND INFORMATION

- 1. Have you, or anyone else named on this application, filed for bankruptcy?
Explanation:
2. Have you, or anyone else named on this application, been convicted of a felony within the last 7 years?
Explanation:
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:
4. Have you or anyone else named on this application been convicted of drug/paraphernalia use, possession, or distribution?
Explanation:

RENTAL HISTORY AND HOUSING REFERENCES

Please list all locations you have lived in the last FIVE (5) years starting with CURRENT address. If additional space is required, use the back of this page.

Table with 4 columns: Landlord's Name/Address, Your Address, Own/Rent, Dates. Contains two rows of rental history information.

APPLICANT STATUS

- 1. Will you or any ADULT household member require a live-in aide? (Third-party verification will be required).
2. Do you currently, at the time of application, receive Section 8 rental assistance?
3. Do you currently have or are you expecting a Section 8, Choice Voucher, V.A.S.H., or other Voucher?



4. If **YES** was answered on question 3 above (only), please answer the question below. If **NO** was answered on question 3, the following question does not apply.

Under California Government Code 12955(o), applicants **with a government rent subsidy** have the **option**, at the applicant’s discretion, to provide lawful, verifiable alternative evidence of the applicant’s reasonable ability to pay the portion of the rent to be paid by the tenant. Such evidence may include but is not limited to: proof of government benefits payments, pay records, and/or bank statements. If any eligible applicant elects to submit such alternative evidence, Landlord will consider that alternative evidence instead of the applicant’s credit history when evaluating their ability to pay rent at the property.

**Option 1: Full Credit Screening:** I/We authorize the Landlord to run standard credit screening, which may include, but is not limited to, credit reports, unlawful detainer (eviction) reports, bad check searches, social security number verification and fraud warnings. I/We understand that I/we have a right to request a copy of that report, as indicated on the property application and the Investigative Consumer Reporting Agencies Act disclosure I sign.

**Option 2: Alternative Documents:** I/We elect the option of providing proof of “ability to pay” in lieu of reliance on my individual credit history in assessing my rental application. I/We authorize the Landlord to obtain alternative information which may include reports regarding unlawful detainer (eviction) reports, social security number verification, criminal history, previous tenant payment history, employment history, and income source documentation. Applicant will be required to provide alternative documentation within five (5) business days of eligibility interview. Additional time may be requested if reasonable under the circumstances. Note: Property program may require income and asset information in addition to the above based on program requirements.

**Each ADULT applicant must select an option below and sign and date. Do NOT select more than one option per adult.**

	<b>Applicant Name</b>	<b>Option 1: Full Credit Screening</b>	<b>Option 2: Alternative Documents</b>
1		<input type="checkbox"/> Option 1: Full Credit Screening	<input type="checkbox"/> Option 2: Alternative Documents
2		<input type="checkbox"/> Option 1: Full Credit Screening	<input type="checkbox"/> Option 2: Alternative Documents
3		<input type="checkbox"/> Option 1: Full Credit Screening	<input type="checkbox"/> Option 2: Alternative Documents
4		<input type="checkbox"/> Option 1: Full Credit Screening	<input type="checkbox"/> Option 2: Alternative Documents
5		<input type="checkbox"/> Option 1: Full Credit Screening	<input type="checkbox"/> Option 2: Alternative Documents
6		<input type="checkbox"/> Option 1: Full Credit Screening	<input type="checkbox"/> Option 2: Alternative Documents
7		<input type="checkbox"/> Option 1: Full Credit Screening	<input type="checkbox"/> Option 2: Alternative Documents

_____ <b>Applicant 1 Signature</b>	_____ <b>Date</b>	_____ <b>Applicant 2 Signature</b>	_____ <b>Date</b>
_____ <b>Applicant 3 Signature</b>	_____ <b>Date</b>	_____ <b>Applicant 4 Signature</b>	_____ <b>Date</b>
_____ <b>Applicant 5 Signature</b>	_____ <b>Date</b>	_____ <b>Applicant 6 Signature</b>	_____ <b>Date</b>
_____ <b>Applicant 7 Signature</b>	_____ <b>Date</b>		





**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 Part-Time Student?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you or any member of your household above (including minors) currently a Full-Time Student?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the entire household consist of people who are currently full-time students?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the entire 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"/> |
| 5. 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 any of the previous questions, complete the following:**

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| 6. Is anyone in your household receiving assistance under Title IV of the Social Security Act (AFDC, TANF, CalWorks – not SSA/SSI)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is anyone in your household enrolled in a job training program receiving assistance under the Job Training Partnership Act (JTPA), Workforce Investment Act (WIA), or other similar federal, state, or county government program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is anyone in your household married and filing (or are entitled to file) a joint tax return? (please provide a copy of marriage certificate or tax return)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is anyone in your household a single parent with a dependent child(ren) and neither of you or your child(ren) are dependents of another individual?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is anyone in your household under the age of 24, who has exited the Foster Care System (currently age 18-24)?  | <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:**

- |   | <u>YES</u>               | <u>NO</u>                |
|---|--------------------------|--------------------------|
| 1. <b>Employment wages, or salaries, or self-employment?</b> (Include overtime, tips, bonuses, commissions, and payments received in cash. Use an additional page to add additional employment income sources.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Household Member  |                          |                          |
| Name of Company   |                          |                          |
| Amount / Month  |                          |                          |
| _____   |                          |                          |
| _____   |                          |                          |
| \$ _____  |                          |                          |
| \$ _____  |                          |                          |
| 2. <b>Social Security, SSI or any other payments from the Social Security Administration?</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| Household Member  |                          |                          |
| SSA / SSI / SSDI?   |                          |                          |
| Amount / Month  |                          |                          |
| _____   |                          |                          |
| _____   |                          |                          |
| \$ _____  |                          |                          |
| \$ _____  |                          |                          |
| 3. <b>Pension, retirement benefit or annuities?</b> (Examples includes: 401K distributions, IRA distributions, employee pensions, etc.)   | <input type="checkbox"/> | <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.)

Household Member	Name of Person Supplementing Income	Amount / Month
_____	_____	\$ _____
_____	_____	\$ _____

5. Any other income sources or types not listed? (e.g., School Financial Aid, 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.)

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?

Household Member	Explanation	Amount / Month (if applicable)
_____	_____	\$ _____
_____	_____	\$ _____

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:

				YES	NO
1. Checking, Savings, Direct Express Cards, CDs, Money Markets, and/or Treasury Bills?				<input type="checkbox"/>	<input type="checkbox"/>
Household Member	Account Type	Institution	Last 4 of Account		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		

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

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.)

Household Member	Type	Value
_____	_____	\$ _____
_____	_____	\$ _____

4. Funds held in a payment service account, such as Venmo, PayPal, CashApp, Skrill, etc.?

Household Member	Source	Value
_____	_____	\$ _____
_____	_____	\$ _____



5. Crypto Currency such as Bitcoin, Litecoin, Ethereum, etc.?

Household Member	Type	Value
_____	_____	\$ _____
_____	_____	\$ _____

6. 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, whole life insurance, contents of a safe deposit box, etc.)

Household Member	Type	Value
_____	_____	\$ _____
_____	_____	\$ _____

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

Household Member	Type of Other Income	Amount / Month
_____	_____	\$ _____
_____	_____	\$ _____

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

\_\_\_\_\_  
\_\_\_\_\_

**COMMUNITY INTEREST**

1. **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

2. **OPTIONAL:** 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.

\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE CLAUSE**

Upon notification by landlord of application processing, I agree to pay Ariadne Getty Foundation 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 Ariadne Getty Foundation 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 Ariadne Getty Foundation 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.

**Rental Application**

Ariadne Getty Foundation Senior Housing



THOMAS SAFRAN & ASSOCIATES

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>		

**CREDIT INFORMATION**

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

**For Office Use Only:**

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**

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

Name of Agency

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.

**Rental Application**

Ariadne Getty Foundation Senior Housing



THOMAS SAFRAN & ASSOCIATES

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.

**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>		

**PLEASE MAIL COMPLETED APPLICATIONS TO:**

**Ariadne Getty Foundation Senior Housing  
1127 N. Las Palmas Ave., #Manager’s Office  
Los Angeles, CA 90038**

**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).\*\*

# 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.



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

#### **Ariadne Getty Foundation Senior Housing / McCadden Campus 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. 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

Appendix 2: Notice of Right to Reasonable Accommodations and Auxiliary Aids Pursuant to Effective Communication Policy (REV. 2021.06.15)



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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 **Ariadne Getty Foundation Senior Housing / McCadden Campus 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 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.**



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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.



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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: Martin Nguyen

Title: Property Manager

Address: 1127 North Las Palmas Avenue, Los Angeles, CA 90038

Phone Number: (424) 372-9850

TTY/TDD Number: (800) 855-7100

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

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



## APPENDIX 8



### SUPPLEMENTAL AND OPTIONAL CONTACT INFORMATION FOR APPLICANTS

**Property Name: Ariadne Getty Foundation Senior Housing / McCadden Campus 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: \_\_\_\_\_

Phone Number: \_\_\_\_\_

TTY/TDD or VP Number: \_\_\_\_\_

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

Email Address (if applicable): \_\_\_\_\_



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**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: Supplemental and Optional Contact Information for Applicants (REV. 2021.06.15)



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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 agediscrimination 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**