

Casa Lucerna

1025 Kern Avenue, Los Angeles, CA 90022
Phone: (323) 266-3313 TTY: (800) 855-7100

APPLICATION INSTRUCTIONS

Dear Applicant:

Thank you for your interest in Casa Lucerna, a 75-unit, age-restricted, Tax Credit apartment community for households 55 years and older, located in Los Angeles, California.

The property is currently accepting applications for the waiting list. This property accepts Housing Choice (Section 8) and VASH vouchers.

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:

In Person Casa Lucerna
or By Mail: Attn: Manager's Office
1025 Kern Avenue
Los Angeles, CA 90022

Applications that meet the preliminary screening requirements will be entered into our waiting list. Applications will be processed on a first come first served basis and in the order they are received.

We hope that you will have the opportunity to make Casa Lucerna your home. If you have any questions or concerns, please contact the management office at (323) 266-3313.

Sincerely,

Casa Lucerna Management



Rental Pre-Application

1025 Kern Ave., Los Angeles, CA 90022

Phone: (323) 266-3313 TTY: (800) 855-7100

Email: casalucerna@tsaproperties.com



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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 occupancy guidelines. See the Tenant Selection Plan for additional information regarding occupancy guidelines. Please check the bedroom size requested.

Age Restricted 55+

	<u>Minimum</u>	<u>Maximum</u>
☐ 1 Bedroom	1 person	3 people

REASONABLE ACCOMMODATION INFORMATION

Casa Lucerna has accessible units and/or units with accessible features. Applicants may inquire about features of these units by contacting the management office (323) 266-3313 or TTY (800) 855-7100 or by email

casalucerna@tsaproperties.com

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 Casa Lucerna and use our services, please contact the management staff to fill out a 'Reasonable Accommodation or Modification Form.'

2. Will you, or any ADULT household member, require a live-in aide? (3rd party verification will be required) ☐ Yes ☐ No

Name of Attendant: _____ Relationship (if any): _____

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.

	Last Name	First Name	Relationship to HOH	Optional M/F	Current Age
1.	_____	_____	Self	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

CURRENT CONTACT INFORMATION (Required)

1. What is your preferred method of being contacted? ☐ E-Mail ☐ Mail ☐ Other _____

Provide the information below for all ADULT household members. Please follow the applicant order as it is listed on page 1 under Household Information.

Applicant 1 Email: _____ Phone: _____ Cell Phone ☐ Landline ☐

Applicant 2 Email: _____ Phone: _____ Cell Phone ☐ Landline ☐



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Applicant 3 Email: _____ Phone: _____ Cell Phone ☐ Landline ☐

2. 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: _____

OTHER HOUSEHOLD INFORMATION

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1 Are you currently separated or estranged from your spouse? | ☐ | ☐ |
| 2 Do you expect any additions to the household within the next 12 months? | ☐ | ☐ |
| Name & Relationship: _____ | | |
| Explanation: _____ | | |

RENTAL HISTORY AND HOUSING REFERENCES

Please list all locations you have lived in the last TWO (2) years starting with CURRENT address. If additional space is required, use the back of this page.

Current Landlord's Name/Address

Your Address

Own/Rent

Dates

Name: _____

Address: _____

Phone: _____

Own ☐

Rent ☐

Homeless ☐

From: _____

To: _____

Previous Landlord's Name/Address

Your Address

Own/Rent

Dates

Name: _____

Address: _____

Phone: _____

Own ☐

Rent ☐

Homeless ☐

From: _____

To: _____

Do you currently have Section 8 rental assistance or are you expecting a Voucher? (Examples include: Housing Choice Voucher, Section 8 Voucher, HUD-VASH, etc.)

YES NO

Expected Date: _____

☐ ☐

Name of Agency: _____

Contact Person: _____

EFFECTIVE COMMUNICATION

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. 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 | ☐ (Cantonese) 广东话 | ☐ (Mandarin) 普通话 |
| | ☐ (Russian) русский | ☐ (Spanish) Español | ☐ (Tagalog) Tagalog |
| | ☐ (Vietnamese) Tiếng Việt | ☐ (Korean) 한국어 | ☐ Other: _____ |

DRUG and CRIME FREE ACKNOWLEDGEMENT

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

PROPERTY PREFERENCES

1. ☐ Please check here if you are currently 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).
 2. Is any member of your household disabled according to the Fair Housing Act definition for handicap (disability):
 - a. A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment or being regarded as having such an impairment. For a definition of "physical or mental impairment and other terms, please see 24 CFR 100.201
 - b. Handicap does not include current, illegal use of or addiction to a controlled substance.
 - c. An individual shall not be considered to have a handicap solely because that individual is a transgender person.
- ☐ Yes ☐ No ☐ Do not wish to disclose
3. Casa Lucerna 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

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. Please note that we will be contacting applicants from the waitlist for available units based on self-reported income. Actual third-party verified income will be used to qualify households for each specific unit at the time of eligibility interview.

PLEASE PROVIDE THE TOTAL HOUSEHOLD's ANNUAL GROSS INCOME: \$ _____
(Include all anticipated income for the next twelve months)

Please list all current sources of income for all household members:

ASSET INFORMATION

Include all assets held and **the income derived** from the assets. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS. Assets include all bank accounts (checking, savings, CD, money market, debit accounts), investment accounts, real property, and cash on hand. Only list the income derived from assets.

PLEASE PROVIDE THE TOTAL HOUSEHOLD's ANNUAL GROSS INCOME FROM ASSETS:
\$ _____

Please list all current asset sources for all household members (including minors):

RACE AND ETHNICITY

We are required to adhere to Federal Fair Housing laws and to encourage a balanced resident population at Casa Lucerna. 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. 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.

Ethnic Categories (Select One)

- ☐ Not-Hispanic
- ☐ Hispanic (select sub-category)
- ☐ Puerto Rican
- ☐ Cuban
- ☐ Mexican, Mexican American, Chicano/a
- ☐ Another Hispanic, Latino/a or Spanish Origin
- ☐ Decline to Disclose

Racial Categories (Select one or more)

- ☐ American Indian/Alaska Native
- ☐ Asian (select sub-category)
- ☐ Asian Indian ☐ Korean
- ☐ Japanese ☐ Filipino
- ☐ Other Asian ☐ Vietnamese
- ☐ Chinese
- ☐ Black/African American
- ☐ Native Hawaiian/Other Pacific Islander (select sub-category)
- ☐ Native Hawaiian ☐ Guamanian or Chamorro
- ☐ Samoan ☐ Other Pacific Islander
- ☐ White
- ☐ Other
- ☐ Decline to Disclose

FULL-TIME STUDENT INFORMATION

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

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Are you or any member of your household above (including minors) currently a Part-Time Student? | ☐ | ☐ |
| 2. Are you or any member of your household above (including minors) currently a Full-Time Student? | ☐ | ☐ |
| 3. Does the entire household consist of people who are currently full-time students? | ☐ | ☐ |
| 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? | ☐ | ☐ |
| 5. Do you or any member of your household above (including minors) anticipate becoming a Full-Time Student? | ☐ | ☐ |

If Yes to any of the previous questions, complete the following:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 6. Is anyone in your household receiving assistance under Title IV of the Social Security Act (AFDC, TANF, CalWorks – not SSA/SSI)? | ☐ | ☐ |
| 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? | ☐ | ☐ |
| 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) | ☐ | ☐ |
| 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? | ☐ | ☐ |

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10. Is anyone in your household under the age of 24, who has exited the Foster Care System (currently age 18-24)?

☐☐

SIGNATURE CLAUSE

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 expressed or implied between the parties.

I understand that management is relying on this information to prove my household's eligibility for housing at Casa Lucerna. 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).**"

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.