Rental Application Cover Page for The Rigby

This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, familial status, national origin, citizenship 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. The Rigby has 8 AcHP certified Accessible Units for Individuals with Mobility Disabilities and 3 Accessible Units for Individuals with Hearing/Vision Disabilities. The Rigby also has units with some accessible features, such as no steps. **If you would like to request one of these units, please complete Section D, Housing, of the Rental Application (page 5).** 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: Gladys Acevedo

   Title: Property Supervisor

   Phone Number: (747) 221-7617 TTY/TDD (if available): Dial 711 for CA Relay

   Email: RIG-Management@eahhousing.org

2. Reasonable Accommodations and Auxiliary Aids will be provided upon request. An Individual with a Disability may ask for:

   a. a change in rules or;
   b. a physical change to their apartment or shared areas in the building (either of which is a reasonable accommodation);
   c. an accessible apartment;
   d. and Auxiliary Aids necessary to ensure effective communication between us.

   If you or anyone in your household has a disability and needs any of these things or another type of accommodation to live in The Rigby and use our services, then contact The Rigby staff to communicate your needs.





Annual Recertification Cover Page for The Rigby

This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, familial status, national origin, citizenship 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. The Rigby has 8 AcHP Certified Accessible Units for Individuals with Mobility Disabilities and 3 Accessible Units for Individuals with Hearing/Vision Disabilities. The Rigby also has units with some accessible features, such as no steps. **If you would like to request one of these units, please complete Section D, Housing, of the Rental Application (page 5).** 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: Gladys Acevedo

   Title: Property Supervisor

   Phone Number: (747) 221-7617 TTY/TDD (if available): Dial 711 for CA Relay

   Email: RIG-Management@eahhousing.org

2. Reasonable Accommodations and Auxiliary Aids will be provided upon request. An Individual with a 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 necessary to ensure effective communication between us.

   If you or anyone in your household has a disability and needs any of these things or another type of accommodation to live in The Rigby and use our services, then contact The Rigby staff to communicate your needs.





EAH HOUSING
A roof is just the beginning

APPLICATION FOR HOUSING

Property Name: The Rigby

Address: 15314 Rayen St., North Hills, CA 91343

Telephone: (747) 221-7617 **Fax:** _____ **Email:** _____

TTY: 711 | Dial 711 for CA Voice Relay Service

Apartment Type: Eligibility is based on occupancy standards defined in the Resident Selection Plan.	
EAH Property Management Use Only	**Application Approved:** Yes [ ] No [ ]
Bedroom Size: _____	**Mobility (H/C) Unit Requested:** Yes [ ] No [ ]
Application #: _____	**Lottery #:** _____
Date of Application: _____	**Time of Application:** _____
Application Received By: _____	**Comments:**

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 (reasonable modification); (c) an accessible apartment; or (d) aids and services to help communicate with us. Contact Property Management staff to complete a "Request Form for Reasonable Accommodations and Modifications." Use of the form is preferred but not required; written requests submitted without the form should include all information requested on the form.*

Please complete the following application and return it to the Property. All items must be complete to determine eligibility. If an item does not apply, check or enter N/A. 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 Section 8 and similar vouchers), genetic information, military or veteran status, arbitrary characteristics, or any other basis prohibited by law.

Number of bedrooms requested: 1st Request: _____ 2nd Request: _____

EAH HOUSING
A roof is just the beginning

A. GENERAL INFORMATION	
HEAD OF HOUSEHOLD	**CO-HEAD (check if N/A [ ])**
Name:	**Name:**
Home Phone:	**Home Phone:**
Cell Phone:	**Cell Phone:**
Work Phone:	**Work Phone:**
Email:	**Email:**

B. HOUSEHOLD COMPOSITION

List all persons, including yourself, who will live in the apartment. List the head of household first. Do not include minors who will reside in the unit less than 50% of the time.

#	Name (First/Last)	Relationship to Head	DOB (mm/dd/yy)	Age	Full-Time Student Y/N	SSN/TIN (Last 4)
1.		HEAD				
2.		CO-HEAD / Spouse				
3.						
4.						
5.						
6.						
7.						
8.						
9.						

1. Do you expect any additions to the household within the next 12 months? If yes, give name and relationship: _____	Yes [ ] No [ ]

EAH HOUSING
A roof is just the beginning

2. Do you have primary physical custody (50% or more of the time) of all minors listed above? If no, explain: _____	Yes [ ] No [ ] N/A [ ]
3. Are there any absent household members not listed above? If yes, give name and relationship: _____	Yes [ ] No [ ]
4. Do you have any pets or assistance animals that will reside with you? The project complies with the Los Angeles County pet policy ordinance. If yes, describe: _____	Yes [ ] No [ ]
5. Will you or anyone in your household require a live-in care attendant? Name: _____ Relationship (if any): _____	Yes [ ] No [ ]

C. VEHICLE INFORMATION (check if N/A [ ])

Household Member Name	CA Driver ID	Car Make/Model	License Plate	Color	Year

EAH HOUSING
A roof is just the beginning

D. HOUSING - LANDLORD REFERENCE	
Please complete all areas below and provide the last 2 consecutive years of housing history.	
CURRENT ADDRESS	
HEAD OF HOUSEHOLD	**CO-HEAD / OTHER (if different) N/A [ ]**
Name:	**Name:**
Address:	**Address:**
City/Zip Code:	**City/Zip Code:**
Own [ ] Rent [ ] Other [ ]	**Own [ ] Rent [ ] Other [ ]**
Amount Paid Monthly: $	**Amount Paid Monthly: $**
Lived There From: _____ To: _____	**Lived There From: _____ To: _____**
Name of Landlord:	**Name of Landlord:**
Address of Landlord:	**Address of Landlord:**
City/Zip Code of Landlord:	**City/Zip Code of Landlord:**
Phone Number of Landlord:	**Phone Number of Landlord:**
Additional information if required:	

EAH HOUSING
A roof is just the beginning

1ST PREVIOUS ADDRESS (complete if current residence is less than 2 years; check if N/A [ ])	
HEAD OF HOUSEHOLD	**CO-HEAD / OTHER (if different) N/A [ ]**
Name:	**Name:**
Address:	**Address:**
City/Zip Code:	**City/Zip Code:**
Own [ ] Rent [ ] Other [ ]	**Own [ ] Rent [ ] Other [ ]**
Amount Paid Monthly: $	**Amount Paid Monthly: $**
Lived There From: _____ To: _____	**Lived There From: _____ To: _____**
Name of Landlord:	**Name of Landlord:**
Address of Landlord:	**Address of Landlord:**
City/Zip Code of Landlord:	**City/Zip Code of Landlord:**
Phone Number of Landlord:	**Phone Number of Landlord:**
Additional information if required:	

EAH HOUSING
A roof is just the beginning

2ND PREVIOUS ADDRESS (complete if current residence is less than 2 years; check if N/A [ ])	
HEAD OF HOUSEHOLD	**CO-HEAD / OTHER (if different) N/A [ ]**
Name:	**Name:**
Address:	**Address:**
City/Zip Code:	**City/Zip Code:**
Own [ ] Rent [ ] Other [ ]	**Own [ ] Rent [ ] Other [ ]**
Amount Paid Monthly: $	**Amount Paid Monthly: $**
Lived There From: _____ To: _____	**Lived There From: _____ To: _____**
Name of Landlord:	**Name of Landlord:**
Address of Landlord:	**Address of Landlord:**
City/Zip Code of Landlord:	**City/Zip Code of Landlord:**
Phone Number of Landlord:	**Phone Number of Landlord:**
Additional information if required:	

ACCESSIBILITY, VOUCHER, CITIZENSHIP AND VETERAN STATUS	
1. Do you or your household member(s) require an accessible unit with mobility features?	Yes [ ] No [ ]
2. Do you or your household member(s) require an accessible unit with hearing/vision features?	Yes [ ] No [ ]
3. Do you have a Section 8 Voucher through the Housing Authority? If yes, where: _____ Voucher #: _____	Yes [ ] No [ ]
4. Citizenship (project-based Section 8 properties ONLY): Are you a U.S. Citizen?	Yes [ ] No [ ]
5. If no, are you a Non-Citizen with eligible immigration status?	Yes [ ] No [ ]
6. Are you or any member of your household a Veteran?	Yes [ ] No [ ]

EAH HOUSING
A roof is just the beginning

E. DEMOGRAPHIC INFORMATION (OPTIONAL)	
You are not required to furnish this information but are encouraged to do so. It will not be used in evaluating your application or to discriminate against you in any way.	
Head - Highest education completed:	Some High School [ ] High School Graduate [ ] College [ ] Graduate School [ ]
Head - Profession/Job Title:	Use public transportation to get to work? Yes [ ] No [ ] N/A [ ] If yes: Train [ ] Bus [ ] Other [ ]
Co-Head - Highest education completed:	Some High School [ ] High School Graduate [ ] College [ ] Graduate School [ ]
Co-Head - Profession/Job Title:	Use public transportation to get to work? Yes [ ] No [ ] N/A [ ] If yes: Train [ ] Bus [ ] Other [ ]
How did you hear about the property?	Local Paper [ ] Housing Authority [ ] Internet [ ] Referral [ ] Other [ ]

EAH HOUSING
A roof is just the beginning

The race and ethnicity information requested assures the Federal Government that EAH Inc. complies with Federal laws prohibiting discrimination on the basis of race and ethnicity. You are not required to furnish it.

#	Household Member Name	Ethnicity	Race (check one or more)
1.		[ ] Hispanic or Latino [ ] Non-Hispanic or Latino	[ ] American Indian/Alaskan Native [ ] Asian [ ] White [ ] Black or African American [ ] Native Hawaiian or Pacific Islander
2.		[ ] Hispanic or Latino [ ] Non-Hispanic or Latino	[ ] American Indian/Alaskan Native [ ] Asian [ ] White [ ] Black or African American [ ] Native Hawaiian or Pacific Islander
3.		[ ] Hispanic or Latino [ ] Non-Hispanic or Latino	[ ] American Indian/Alaskan Native [ ] Asian [ ] White [ ] Black or African American [ ] Native Hawaiian or Pacific Islander
4.		[ ] Hispanic or Latino [ ] Non-Hispanic or Latino	[ ] American Indian/Alaskan Native [ ] Asian [ ] White [ ] Black or African American [ ] Native Hawaiian or Pacific Islander
5.		[ ] Hispanic or Latino [ ] Non-Hispanic or Latino	[ ] American Indian/Alaskan Native [ ] Asian [ ] White [ ] Black or African American [ ] Native Hawaiian or Pacific Islander
6.		[ ] Hispanic or Latino [ ] Non-Hispanic or Latino	[ ] American Indian/Alaskan Native [ ] Asian [ ] White [ ] Black or African American [ ] Native Hawaiian or Pacific Islander
7.		[ ] Hispanic or Latino [ ] Non-Hispanic or Latino	[ ] American Indian/Alaskan Native [ ] Asian [ ] White [ ] Black or African American [ ] Native Hawaiian or Pacific Islander

EAH HOUSING
A roof is just the beginning

F. INCOME - EMPLOYMENT (check if N/A [ ])				
Please provide the following employment information for each household member.				
#	**Family Member First Name**	**Gross Monthly Amount**	**Business/Source Name, Address, City/State/ZIP**	**Contact Name, Phone, Fax**
1.				
2.				
3.				
4.				
5.				

EAH HOUSING
A roof is just the beginning

OTHER SOURCES OF INCOME (check if N/A [ ])						
List all money earned or received by everyone in your household, including the categories below and disability or death benefits, workers compensation, annuities, periodic insurance payments, and other sources including periodic lottery payments. **List gross monthly amounts.**						
Income Source	**1.**	**2.**	**3.**	**4.**	**5.**	**6.**
Member first name						
Social Security & SSI						
VA Benefits						
Pension / Retirement						
Self-Employment (NET)						
Alimony or Child Support						
AFDC / TANF						
Recurring Gifts						
Unemployment Benefits						
Other						

Are there any changes expected in income within the next 12 months? If yes, list family member and explain: _____	Yes [ ] No [ ]

G. ASSETS	
Have you ever filed bankruptcy?	Yes [ ] No [ ]

EAH HOUSING
A roof is just the beginning

CHECKING AND/OR SAVINGS ACCOUNTS (check if N/A [ ])				
#	Family Member First Name	Account Type	Bank/Financial Institution Name	Total Balance
1.				
2.				
3.				
4.				
5.				
6.				

OTHER ASSETS / ACCOUNTS

List any that apply: trust, money market fund, stocks, bonds, treasury bonds/bills, certificate of deposit, IRA or Keogh, retirement, 401(k)/pension funds, inheritance, lottery winnings, insurance settlements, capital gains, capital investments, or personal property held as an investment. **Include all assets held jointly with another person.**

#	Family Member First Name	Asset/Account Type	Bank/Financial Institution Name	Total Balance
1.				
2.				
3.				
4.				
5.				
6.				

EAH HOUSING
A roof is just the beginning

H. REAL ESTATE / DISPOSED OF ASSETS	
Does anyone own real property (land, houses, real estate in the USA or any other country)? If yes, complete below:	Yes [ ] No [ ]

Family Member Name	Estimated Cash Value of Real Property	Rental Income (if any)	Property Address/City/State

Have you sold any real estate OR disposed of any assets (cash, property, bank accounts) for less than Fair Market Value in the last two years? If yes, complete below:	Yes [ ] No [ ]

Family Member Name	Market Value When Disposed	Cash Value Disposed For

EAH HOUSING
A roof is just the beginning

I. STUDENT STATUS	
1. Does the household consist of all persons who are full-time students (college/university, trade school, etc.)?	Yes [ ] No [ ]
2. Does the household consist of all persons who have been full-time students in the previous 5 months?	Yes [ ] No [ ]
3. Does your household anticipate becoming an all full-time student household in the next 12 months?	Yes [ ] No [ ]
If you answered YES to any of the previous three questions, are you:	
4. Receiving assistance under Title IV of the Social Security Act (AFDC/TANF/CalWORKs - not SSA/SSI)?	Yes [ ] No [ ]
5. Enrolled in a job training program receiving assistance through the Job Training Partnership Act (JTPA) or similar program?	Yes [ ] No [ ]
6. Married and filing (or entitled to file) a joint tax return?	Yes [ ] No [ ]
7. A single parent with dependent child(ren), where neither you nor your child(ren) are dependents of another individual?	Yes [ ] No [ ]
8. Previously enrolled in the Foster Care program (age 18-24)?	Yes [ ] No [ ]

STATES OF RESIDENCE			
Please list **all** states where **all household members** have ever lived.			

EAH HOUSING
A roof is just the beginning

ADDITIONAL SPACE		
Use this space if you ran out of room in a section. Enter the section letter and question number.		
Section	**Number**	**Answer**

EAH HOUSING
A roof is just the beginning

J. CERTIFICATION

I/We hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/We understand that I/we must pay a security deposit prior to occupancy. I/We certify that the housing I/we occupy will be my/our only residence. I/We understand that eligibility for housing will be based on applicable sections of the HUD 4350.3 Occupancy Handbook and EAH Inc. Resident Selection Criteria. I/We understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to, poor credit or landlord references, or police records indicating unacceptable or criminal behavior. All information supplied here or elsewhere will be used to determine my household's eligibility for housing.

I further understand that providing any false, fraudulent, misleading, or incomplete information can cause a delay in processing and may be grounds for denial of tenancy; or, in the event that I become a resident or am an existing resident, would be considered a material breach of my rental agreement and grounds to immediately terminate my tenancy.

I declare that all information and answers supplied during the application process by me, or on my behalf, are true and correct. I understand that falsification of information found before or after acceptance will result in cancellation of the application and may include eviction and loss of assistance, if applicable. If this is a HUD subsidized property, additional fines are imposed: fines of $10,000.00 and five years imprisonment. **WARNING:** Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

K. RELEASE OF INFORMATION

I/We do hereby authorize EAH Inc. and its staff to obtain information or materials deemed necessary to determine my/our eligibility for housing. I authorize verification of assets, income, credit history, rental history and references. I consent to allow owner/agent to disclose any information obtained to previous, current, or subsequent owners/agents, law enforcement, and any others owner/agent deems appropriate, including agencies, offices, groups, or organizations that may provide information that could substantiate or verify information given in this application; for example, landlords, local police departments, welfare agencies, or senior services agencies.

EAH HOUSING
A roof is just the beginning

HOUSEHOLD SIGNATURES - CONSUMER REPORT AGREEMENT

I/We understand that, to determine eligibility, background inquiries may be requested. I/We understand that EAH, Inc. will use the service of an outside consumer reporting agency to obtain a "consumer report" or "investigative consumer report" about adult members of my/our household. This agency will provide a written report of its findings to EAH, Inc. EAH, Inc. uses *Screening Works* ("Agency") to perform background investigations.

Agency will utilize various sources of information to conduct a background check including but not limited to credit and criminal records. I/We have been given notice and understand that I/we have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The scope of this notice of authorization is all-encompassing, allowing EAH, Inc. to obtain from any outside organization all manner of consumer reports and investigative consumer reports to the extent permitted by law. I/We may review or obtain a copy of my/our report as provided by law.

Agency may be contacted at: *RentGrow, Inc., 177 Huntington Ave, Suite 1703 #74213, Boston, MA 02155, (800) 898-1351*

I/We hereby agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report about the adult members of my household. This authorization in original, electronic or copy form shall be valid as of the date indicated next to my/our signature. I/We agree, authorize and consent to the release and disclosure of any and all information including but not limited to that obtained from people, references, municipal, county, state and federal agencies and courts to provide all information that is requested by EAH, Inc. and Agency.

I/We certify that all statements made by me and contained anywhere herein are true. I/We agree that a copy of this document by fax or other electronic means shall be as valid as the original.

I understand that all reports are confidential and provided to EAH, Inc. for decisions regarding housing in strict compliance with the federal Fair Credit Reporting Act (FCRA) and the Americans with Disabilities Act (ADA), anti-discrimination and privacy laws and all other applicable federal and state laws. I understand that if there is any unsatisfactory finding directly related to the property selection criteria, I will not be allowed to reside on the property.

EAH HOUSING
A roof is just the beginning

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 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 shall be made available during normal business hours and upon reasonable notice, provided the Applicant furnishes proper identification, as follows: (1) the Applicant may appear in person at the agency to request a copy of the file; (2) the Applicant may make a written request for copies 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 cannot be provided, the agency may ask for other identification in accordance with California Civil Code section 1786.22(c). The agency may charge a fee, not to exceed actual copying costs, for a copy of the file. The agency must have personnel available to explain the file, including any coded information. If the Applicant appears in person, the Applicant may bring another person with proper identification; the agency may require the Applicant to sign an authorization allowing the agency to discuss the file in that person's presence.

Name of Agency: RentGrow, Inc.
Address of Agency: 177 Huntington Ave, Suite 1703 #74213, Boston, MA 02155, (800) 898-1351

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

If the box above is checked, 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 will contain the name, address, and telephone number of the issuing agency and how to contact it. If Landlord takes adverse action based in whole or in part on the investigative consumer report, then, pursuant to California Civil Code section 1786.40(a), Landlord shall so advise Applicant and supply the name and address of the agency that prepared the report.

EAH HOUSING
A roof is just the beginning

SIGNATURE CLAUSE

I certify all information and answers to the questions are true and complete to the best of my knowledge and understand providing false information or making false statements may result in denial of my application and/or criminal penalties.

All household members 18 and over must sign below:

Print Name	Signature	Date

EQUAL HOUSING OPPORTUNITY

APPENDIX 2

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

The Rigby

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

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;

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 The Rigby 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;

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.

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.

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: Gladys Acevedo
Title: Property Supervisor
Address: 15314 Rayen Street, North Hills, CA 91343
Phone Number: (747) 221-7617
TTY/TDD Number: CA Relay 711
Email (if available): RIG-Management@eahhousing.org

See Tenant Handbook Section 3.15 for more information.

EQUAL HOUSING OPPORTUNITY

APPENDIX 8

SUPPLEMENTAL AND OPTIONAL CONTACT INFORMATION FOR APPLICANTS

Property Name: The Rigby

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):

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

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

Confidentiality Statement

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

Legal Notification

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

Option Not to Provide a Supplemental Contact Person:

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

Signature of Applicant:

Date:

Signature:

See Tenant Handbook Section 3.18 for More Information

UNIVERSAL HOUSING APPLICATION

Application Id:

APPLICANT DATA	
Question	**Answer**
Applicant Name	
Pronoun preference	
Date of birth	
Applicant age	
Applicant SSN	
CDL or DMV ID number	
Is the applicant a veteran	
Is applicant a full time student?	
Race	
Ethnicity	
Primary Language Spoken	
Are translation services needed?	
Marital Status	
Are you exiting an institution, including a hospital, substance abuse or mental health treatment facility, or jail/prison, where you stayed for 90 days or less?	
HMIS Id	
Champ Id	
IBHIS#	
Ces Acuity Score	
CES Assessment Population	
Matched to a housing resource?	
Matched Vacancy to Id	
Subsidy Name	
Building Name	
Building Address	
Unit number	
Unit size	
ELIGIBILITY CRITERIA:	
Chronic Homelessness	
General Disability	
Phone number	
Email address	

REFERRAL DATA	
Question	**Answer**
Referring entity name	
Referring entity type	
Referring staff name	
Alternate staff contact name	
Referring staff title	
Alternate staff contact title	
Referring staff phone number	
Alternate staff contact phone number	
Referring staff email address	
Alternate staff contact email address	
Referring staff Cell-Phone	
Date Ready for PHA review:	
Applying for Building Name:	
Applying for Building Address	
PM/Building Contacts	

UNIVERSAL HOUSING APPLICATION

Application Id:

HOUSEHOLD DATA	
Question	**Answer**
Co-Applicant Printed Name	
Besides HOH, Co-HOH or spouse, is anyone in your household 18 or older and a full-time student or has a disability? *	
Does the household expect any additions (including unborn child or future spouse) to the household within the next twelve months?	
Is the household being displaced by code enforcement or other government action by the City of Los Angeles? (Documentation will be required at interview)	
Is anyone in the household requesting an accessible unit?	
Requesting a wheelchair accessible restroom?	
If "Yes/Other", please explain any additional accommodations	
Requesting a room with handle/Grab bars in the bathroom and/or shower?	
If "YES", please explain any additional accommodations if needed	
Requesting a vision related accommodation?	
Requesting a hearing related accommodation?	
Has anyone in the household, ever live in a public Housing or HUD assissted housing, or be a Secion 8 Voucher holder?	
Have you, or any of family members, listed on this application ever been evicted or otherwise removed from rental housing?	
Has anyone in the household listed on this application been involved in any alleged criminal activity?	
Does Anyone in the household have any legal actions pending against them that might affect the health, safety, or welfare of the other residents?	

HOUSEHOLD MEMBER SUMMARY						
Full Name	**Relationship**	**Dob**	**Ssn**	**Email**	**Sig Req**	**Has Signed**

RENTAL HISTORY DATA	
Question	**Answer**

PROVIDER DATA	
Question	**Answer**
Housing Resource Provider	
RMS Program applying to	
How did you hear about the program?	
Have you ever been evicted or asked to sign a mutual agreement to leave a property?	
What type of "Case Manager" is the participant working with?	
Case manager name	
Case manager organizatio	
Case manager phone	

OCCUPATION DATA	
Question	**Answer**
Applicant Occupation	
Have you ever lived in a program you are applying to before?	