

Cover Page of Rental Applications for Housing Developments Covered under the City of Los Angeles, Accessible Housing Program

Rental Application Cover Page for Pointe on Vermont

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

1. POINTE ON VERMONT has Fully Accessible Units for People with Mobility Disabilities and People with Hearing/Vision Disabilities. POINTE ON VERMONT 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, please contact:

Property Management Name: Nancy Hamilton

Title: Resident Manager

Phone Number: (323) 286-0910

TTY: (800) 735-2929

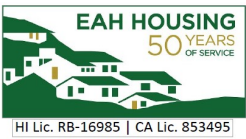
Dial 711 for CA Voice Relay Service

Email: TP-Management@eahhousing.org

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

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





**Tax Credit Application for Housing
Pointe On Vermont**

950 W 76TH ST LOS ANGELES • CA, 90044

TELEPHONE (323) 286-0910 TTY:(800) 735-2929 Dial 711 for CA Voice Relay Service

EAH Property Management Use Only			APPLICATION APPROVED: Yes <input type="checkbox"/> No <input type="checkbox"/>	
BEDROOM SIZE		TIME OF APPLICATION:		COMMENTS
BARRIER FREE (H/C) UNIT REQUESTED?	YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE OF APPLICATION:		
		APPLICATION RECEIVED BY:		
APPLICATION #:		LOTTERY #:		

Please complete the following application and return it to the Property. All Items must be complete in order to determine your eligibility. If an item does not apply to you, please check N/A next to the question.

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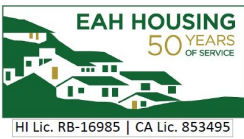
Reasonable Accommodations and Modifications will be provided upon request. A person with a disability may ask for:

- e. A change in rules (reasonable accommodation)
- f. A physical change to their apartment or shared areas in the building (reasonable modification)
- g. An accessible apartment
- h. Aids and services to help you communicate with us

If you or anyone in your household has a disability and needs any of these things to live in Pointe on Vermont and use our services, then contact the Property Management staff listed above to complete a form called "Request Form for Reasonable Accommodations and Modifications". Please note the use of the Request Form for Reasonable Accommodations and Modifications is preferred but not required. If submitting a written grievance without the form, please include all information requested on the form.

Household Information							
FULL LEGAL NAME (First, Middle, Last)	GENDER	RELATIONSHIP	SOCIAL SECURITY / ALIEN REG. #	GOVERNMENT ISSUED PHOTO ID #	BIRTH DATE	FULL TIME STUDENT Y/N	VETERAN





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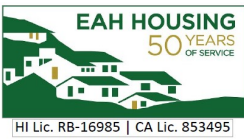
Applicant Day Time Phone:		Applicant Evening Phone:	
Do you have any Animals?	# of Animals:	Description:	
		1.	
		2.	
Vehicle Make	Vehicle Model	License Plate	Color

Additional Household Information

The information regarding race and ethnicity solicited on this application is requested in order to assure the Federal Government that EAH Inc. complies with the Federal laws prohibiting discrimination against applicants on the basis of race and ethnicity. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in anyway.

Household Member Name (First, Middle, Last)	List All States You Have Lived In	Ethnicity:	Race (check one or more)
		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander
		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander
		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander





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		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander
		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander

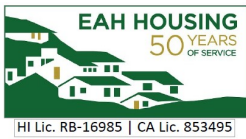
Residency Information (Past Two Years)

<u>CURRENT</u> FULL STREET ADDRESS:				OWN, RENT OR OTHER:	
CITY:			STATE:	ZIP CODE:	
HOME PHONE NUMBER:	CELL PHONE NUMBER:	EMAIL ADDRESS:	MOVE IN DATE:	MOVE OUT DATE:	
				CURRENT RESIDENCE:	
LANDLORD NAME:		PROPERTY/LANDLORD PHONE:		MONTHLY RENT/MORTGAGE:	
<u>PAST</u> FULL STREET ADDRESS:				OWN, RENT OR OTHER:	
CITY:		STATE:	ZIP CODE:	Move In Date:	
				Move Out Date:	
LANDLORD NAME:		PROPERTY/LANDLORD PHONE:		MONTHLY RENT/MORTGAGE:	
Utilities paid by you:	<input type="checkbox"/> Heat	<input type="checkbox"/> Electricity	<input type="checkbox"/> Gas	<input type="checkbox"/> Other	
Approximate monthly cost of utilities paid by you (excluding phone and cable TV):					

Emergency Contact Information

IN CASE OF ILLNESS, ACCIDENT, EMERGENCY, PLEASE CONTACT:			
NAME:			
ADDRESS:		CITY:	STATE:
PHONE NUMBER:		EMAIL ADDRESS:	





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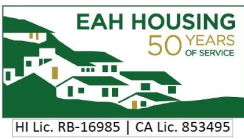
TELEPHONE (323) 286-0910 TTY:(800) 735-2929 Dial 711 for CA Voice Relay Service

Resident History	Y/N	If Yes Explain
Have you or any member of your household ever been evicted in the past 5 years?		
Have you or anyone in your household ever filed Bankruptcy?		
Have you or anyone in your household willfully or intentionally ever refused to pay rent?		
Have you or any member of your family ever been convicted of a felony or misdemeanor within the past 7 years?		

Household Questions	Y/N	Additional Comments
Do you anticipate any changes in household composition in the next twelve months?		Name of New Member:
Is there anyone living with you now who won't be living with you at this community?		Name of Member Leaving:
Are there any absent household members who under normal conditions would live with you (For example, a spouse away in the military or living in another state or country)?		Name of Absent Member:
Will you or any ADULT household member require a live-in caregiver or aide?		Name of Caregiver: Recipient of Care:
Do you have primary physical custody of all minors (50% or more of the time) listed under the Household Composition above?		
Do you or anyone in your household have a Section 8 Voucher through the Housing Authority?		County: Section 8 Voucher Number:

Reasonable Accommodations/Modification	
Do you require mobility impaired upgrades?	
Do you require vision impaired upgrades?	
Do you require hearing impaired upgrades?	
Special Features?	
Explanation:	
Optional Information:	
Are you willing to provide information on your level of education and transportation needs? If yes, please answer the questions below:	





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(Head of Household) Highest level of Education completed		
Are you using Public Transportation to get to work?		If Yes, what type?
(Co-Head) Highest level of Education completed		
Are you using Public Transportation to get to work?		If Yes, what type?

Student Information				
Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If Yes, Answer the Following Questions:				
Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependent on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Student Information				
Member Name:	Member Name:			
Institution:	Institution:			
Address of School:	Address of School:			
<input type="checkbox"/> Full Time Or <input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time Or <input type="checkbox"/> Part Time			

Income Source Questions	Yes	No
Do you have full-time or part-time wages?*	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive public assistance, TANF, AFDC, or food stamps?*	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive unemployment payments, worker's compensation, or severance packages?*	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive child support?*	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive alimony, spousal support, or other maintenance payments?*	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive regular payments from a pension plan, retirement plan, or annuity?*	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive Social Security benefits from the Social Security Administration?*	<input type="checkbox"/>	<input type="checkbox"/>



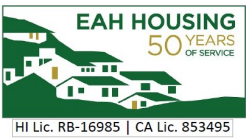


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Do you receive income from a business owned by members of your household?*	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive income through an Indian trust?*	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive any regular gifts or payments from outside of the household?*	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive veterans or disability benefits?*	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive income from financial aid (excluding loans?)	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive military pay from any branch of the military?	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive any scheduled payments from investments?	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive long term medical care insurance payments in excess of \$180 per day?	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive income from annuities?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect any significant changes in income in the next 12 months?*	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive any other income from any sources?	<input type="checkbox"/>	<input type="checkbox"/>

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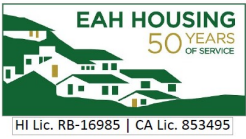
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Asset Source Questions	Yes	No
Do you have a checking, savings, or money market account?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have cash on hand, cash in a safety deposit box, or an EBT card or direct deposit debit card with a balance on it?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have Certificates of Deposits?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any Money Market Funds?	<input type="checkbox"/>	<input type="checkbox"/>
Do any members in your household have Stocks?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in your household have Bonds?	<input type="checkbox"/>	<input type="checkbox"/>
Do any members in your household have a 401K Account?	<input type="checkbox"/>	<input type="checkbox"/>
Do any members in your household have a Keogh Account?	<input type="checkbox"/>	<input type="checkbox"/>
Does your household have any members with Trust Funds?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have real estate or capital investments?	<input type="checkbox"/>	<input type="checkbox"/>
Do any members of your household have any Lump Sum Receipts?	<input type="checkbox"/>	<input type="checkbox"/>
Do any members of your household have any Capital Investments?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a whole life insurance policy, a universal life insurance policy, or annuities?	<input type="checkbox"/>	<input type="checkbox"/>
Do any members of your household have any Other Retirement/Pension Funds?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have personal property?	<input type="checkbox"/>	<input type="checkbox"/>
Do any members in your household have any other assets not previously listed?	<input type="checkbox"/>	<input type="checkbox"/>
Within the last two years, have you or has anyone in your household given away assets valued over \$1,000 or sold assets for more than \$1,000 below their fair market value?	<input type="checkbox"/>	<input type="checkbox"/>
Do any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household?	<input type="checkbox"/>	<input type="checkbox"/>

Household Assets				
Member Name	Asset Type	Value	Interest Earned	Cost to Convert



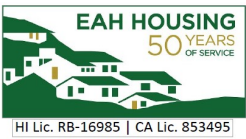


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Household Signatures

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.

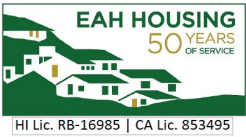
Agency will utilize various sources of information to conduct a background check including but not limited to credit and criminal records. I/we have been given notice and understand that I/we have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure 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.



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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: _____
Print Name: _____	Signature: _____	Date: _____
Print Name: _____	Signature: _____	Date: _____
Print Name: _____	Signature: _____	Date: _____
Print Name: _____	Signature: _____	Date: _____