

Application for Housing

MIRAMAR GOLD

1434 W. MIRAMAR STREET • LOS ANGELES, CA 90026 • TELEPHONE (213) 296-2963

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

Please return all mail-in applications to this address: 1255 Elden Ave., Los Angeles, CA 90006.

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.

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 Miramar Gold 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 Reasonable Accommodation or Modification without the form, please include all information requested on the form.

Number of bedrooms requested

1st Request:2nd Request:

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 be living 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 (K-12 College)	Social Security/TIN (Last four only) 5555
1.		HEAD				
2.		CO-HEAD/Spouse				
3.						
4.						
5.						
6.						
7.						
8.						
9.						

1.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you expect any additions to the household within the next 12 months? If yes, please explain giving name and relationship:
2.	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	Do you have primary physical custody of all minors (50% or more of the time) listed under the Household Composition above? If no, please explain:
3.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are there any absent household members that are not listed under the Household Composition above? If yes, please explain giving name and relationship?

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4.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have any pets or assistance animals that will reside with you if eligible? Miramar Gold is required to comply with the County's pet policy ordinance. If yes, please Describe:	
5.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Will you or anyone in your household require a live-in care attendant?	
		Name of Live-in Care Attendant:	Relationship if any:

c. VEHICLE INFORMATION Check if N/A ☐

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

D. HOUSING

LANDLORD REFERENCE Please complete all areas below. Please provide the last 2 consecutive years of housing history.

HEAD OF HOUSEHOLD	CO-HEAD/Other (If different from HEAD) Check if N/A <input type="checkbox"/>
Name	Name
Current Address	Current Address
City/Zip Code	City/Zip Code
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other
Amount Paid Monthly	Amount Paid Monthly
Length of time Lived there From to	Length of time 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:

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Phone Number of Landlord	Phone Number of Landlord
Additional information if required:	
1 st Previous Address: Check if N/A <input type="checkbox"/>	
PLEASE PROVIDE INFORMATION IF CURRENT LANDLORD REFERENCE IS LESS THAN 2 YEARS.	
HEAD OF HOUSEHOLD	CO-HEAD/Other (If different from HEAD) Check if N/A <input type="checkbox"/>
Name	Name
1 st Previous Address	1 st Previous Address
City/Zip Code	City/Zip Code
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other
Amount Paid Monthly	Amount Paid Monthly
Length of time Lived there From to	Length of time Lived there From to
Name of Landlord:	Name of Landlord:
City/Zip Code of Landlord:	City/Zip Code of Landlord:
Phone Number of Landlord:	Phone Number of Landlord:
Additional information if required:	

2 nd Previous Address: Check if N/A <input type="checkbox"/>	
HEAD OF HOUSEHOLD	CO-HEAD/Other (If different from HEAD) Check if N/A <input type="checkbox"/>
Name	Name
2 nd Previous Address	2 nd Previous Address
City/Zip Code	City/Zip Code



<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	
Amount Paid Monthly		Amount Paid Monthly	
Length of time Lived there From to		Length of time Lived there From to	
Name of Landlord:		Name of Landlord:	
Name of Landlord:		Name of Landlord:	
City/Zip Code of Landlord:		City/Zip Code of Landlord:	
Phone Number of Landlord:		Phone Number of Landlord:	
1.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you or your household member(s) require an Accessible Unit with Mobility features?	
2.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you or your household member(s) require an Accessible Unit with Hearing/Vision features?	
3.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have a Section 8 Voucher through the Housing Authority? If yes where?	
		Section 8 Voucher number	

Citizenship (For project-based Section 8 properties ONLY):

1.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you a U.S. Citizen?
2.	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you a Non-Citizen with eligible immigration status?
Are you or any member of your household a Veteran?		YES <input type="checkbox"/> NO <input type="checkbox"/>



- E. **DEMOGRAPHIC INFORMATION** - 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.

Are you or any member of your household a Veteran? YES <input type="checkbox"/> NO <input type="checkbox"/>					
The following information is optional:					
HEAD: Highest level of Education completed?		<input type="checkbox"/> Some High School	<input type="checkbox"/> High Graduate School	<input type="checkbox"/> College	<input type="checkbox"/> Graduate School
Profession/Job Title		Are you using Public Transportation to get to work? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		If Yes, what type? check one: <input type="checkbox"/> Metro <input type="checkbox"/> Bus <input type="checkbox"/> Rail <input type="checkbox"/> Other	
Co-HEAD: Highest level of Education completed?		<input type="checkbox"/> Some High School	<input type="checkbox"/> High Graduate School	<input type="checkbox"/> College	<input type="checkbox"/> Graduate School
Profession/Job Title		Are you using Public Transportation to get to work? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>		If Yes, what type? check one: <input type="checkbox"/> Metro <input type="checkbox"/> Bus <input type="checkbox"/> Rail <input type="checkbox"/> Other	
How did you hear about the property?	Local Paper <input type="checkbox"/>	Housing Authority <input type="checkbox"/>	Internet <input type="checkbox"/>	Referral	Other

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	Ethnicity:	Race (check one or more)
1.	<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
2.	<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
3.	<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



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

F. INCOMEEmployment Check if N/A ☐**Please provide the following employment information for each household member.**

Family Member First Name	Gross Monthly Amount	Business/Source Name Business/Source Address City/State/ZIP code	Contact Name Contact Phone Number Contact Fax Number
1.			
2.			
3.			
4.			

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5.		_____	_____
		_____	_____

Other Sources of Income Check if N/A ☐

List all money earned or received by everyone living in your household. This includes money received from the categories listed below and from Disability Payments Or Death Benefits, Workers Compensation, Annuities, Periodic Payments From Insurance Policies and Other Sources Including Periodic Lottery Payments. **LIST GROSS AMOUNTS RECEIVED BELOW.**

Household Member First Name	SOC SEC & SSI	VA BNFTS	PENSION RETIRE	SELF EMPLOY (Use monthly NET Income)	ALIMONY OR CHILD SUPP.	AFDC TANF	RECURRING GIFTS	UNEMP BNFTS.	OTHER
1.									
2.									
3.									
4.									
5.									
6.									
YES <input type="checkbox"/> NO <input type="checkbox"/>	Are there any changes expected in income within the next 12 months? If yes, please list family member and explain:								



G. ASSETSYES ☐
NO ☐

Have you ever filed Bankruptcy?

Checking and/or Savings Account CHECK HERE IF N/A ☐

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

Other Assets/Accounts

Please list any of the following assets that apply to you: TRUST, MONEY MARKET FUND, STOCKS, BONDS, TREASURY BONDS, TREASURY BILLS, CERTIFICATE OF DEPOSIT, IRA OR KEOGH, RETIREMENT, 401K/PENSION FUNDS, INHERITANCE, LOTTERY WINNINGS, INSURANCE SETTLEMENTS, CAPITAL GAINS, CAPITAL INVESTMENTS, OR PERSONAL PROPERTY HELD AS AN INVESTMENT.

ALSO INCLUDE ALL ASSETS THAT MAY BE HELD JOINTLY WITH ANOTHER PERSON.

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

H. REAL ESTATE /DISPOSED OF ASSETS

YES ☐ NO ☐ Does anyone own real property? (Includes land, houses, real estate, in the USA or any other country) If "Yes" answer the questions below:

Family member name	Estimated Cash Value Of Real Property	Rental Income If Any	Property Address/City/State

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YES <input type="checkbox"/> NO <input type="checkbox"/> Have you sold any Real Estate OR disposed of any assets for less than Fair Market Value (FMV) in the last two years? (e.g. cash, property, bank accounts) If "Yes" answer the questions below:			
Family Member Name		Market Value When Disposed:	Cash Value Disposed For:

I. STUDENT STATUS

1.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Does the household consist of all persons who are <u>full-time</u> students (Examples: College/University, trade school, etc.)?
2.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Does the household consist of all persons who have been a <u>full-time</u> student in the previous 5 months?
3.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Does your household anticipate becoming an all full-time student household in the next 12 months?
If you answered YES to any of the previous three questions are you:		
4.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Receiving assistance under Title IV of the Social Security Act (AFDC/TANF/Cal Works - not SSA/SSI)?
5.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program?
6.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Married and filing (or are entitled to file) a joint tax return
7.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Single parent with a dependent child or children and neither you nor your child(ren) are dependent of another individual?
8.	YES <input type="checkbox"/> NO <input type="checkbox"/>	Previously enrolled in the Foster Care program (age 18-24)?

8.	Please list all states where all household members have ever lived.



Use this space if needed for answering questions if you have ran out of space in that section. (enter the section letter and number of the question)

Section	Number	Answer



J. CERTIFICATION AND RELEASE OF INFORMATION

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. Residents 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, 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 I am an existing resident, would be considered a material breach of my rental agreement and can be used as grounds to immediately terminate my tenancy. Any "yes" response on the criminal activity questionnaire section of this application may lead to rejection of my application.

I declare that all information and answers supplied during the application process by me, or on my behalf, including but not limited to, the answers to the above-noted questions, are true and correct. I understand that falsification of information found before or after acceptance of this property includes penalties that will result in cancellation of your application, also to include eviction, loss of assistance, if applicable. If this is a HUD subsidized property, the 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 owner/agents, law enforcement, and any others owner/agent deems appropriate, including contacting agencies, offices, groups, 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.



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.

NOTICE REGARDING CALIFORNIA INVESTIGATIVE CONSUMER REPORTING
AGENCIES ACT

☐ Landlord does **not** intend to request an investigative consumer report regarding the Applicant.

Unless the box above is checked, pursuant to California Civil Code section 1786.16(a)(3), the Landlord intends to request an investigative consumer report in connection with the Applicant's application for housing. The investigative consumer report will be made concerning the Applicant's character, general reputation, personal characteristics, and mode of living. Among other things, the investigative consumer report may contain information concerning the Applicant's creditworthiness, any court judgments against the Applicant, and any criminal charges and/or convictions. Pursuant to California Civil Code section 1786.22, any files maintained on the Applicant by the investigative consumer reporting agency from which Landlord obtains the report shall be made available to you during normal business hours and upon reasonable notice, provided you furnish proper identification, as follows: (1) The Applicant may appear in person at the investigative consumer reporting agency below to request a copy of the Applicant's file; (2) the Applicant may make a written request for copies of the Applicant's files to be sent via certified mail to a designated addressee; or (3) the Applicant may make a written request for a summary of the file to be provided over the telephone. "Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If one of these forms of identification cannot be provided, the agency may ask for other forms of identification in accordance with California Civil Code section 1786.22(c). The investigative consumer reporting agency may charge a fee, not to exceed the actual copying costs, if the Applicant requests a copy of the Applicant's file. The agency is required to have personnel available to explain the Applicant's file to the Applicant, and the agency must explain to the Applicant any coded information appearing in the file. If the Applicant chooses to appear in person, the Applicant may choose to bring another person of his/her choice with him/her, provided that the accompanying person also bring proper identification with him/her. If the Applicant brings another person with him/her, the

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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:

Name of Agency: RentGrow, Inc

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

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.

If the box above is checked, 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.

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: _____

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

