

Rental Application Cover Page for Mac Arthur Park Towers

This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, familial status, national origin, citizenship status, immigrant status, primary language, marital status, ancestry, age, sexual orientation, disability, source of income (including receipt of Section 8 and other similar vouchers), genetic information, military or veteran status, arbitrary characteristics, or any other basis currently or subsequently prohibited by law.

1. Mac Arthur Park Towers has Accessible Units for Individuals with Mobility Disabilities and Individuals with Hearing/Vision Disabilities. Mac Arthur Park Towers also has units with some accessible features, such as no steps. **If you would like to request one of these units, please complete Question 6 and 6a of the rental application, (page 2).** 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: Foundation Property Management

Title: Building Manager

Phone Number: (213) 382-8395

TTY/TDD (if available): 1-800-545-1833 EXT. 359

Email: MacArthurParkTower@rhf.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 Mac Arthur Park Towers and use our services, then contact Mac Arthur Park Towers staff to communicate your needs.



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted 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:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
Commitment of Housing Authority or 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 provided on this form is confidential and will not be disclosed to anyone except as permitted by 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.	

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

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



FOUNDATION PROPERTY MANAGEMENT, INC.
 RHF MANAGEMENT, INC.
 RETIREMENT HOUSING FOUNDATION
 911 N. Studebaker Road
 Long Beach, CA 90815-4900
 PH: (562) 257-5100
 TDD: (800) 545-1833 Ext. 359

APPLICATION FOR HOUSING

Mac Arthur Park Towers

NAME OF HOUSING FACILITY

FOR OFFICE USE ONLY

APPLICATION # _____
 Date Provided: _____
 Time Received: _____
 Assigned By: _____

504 COORDINATOR:
Perry Glenn
 Vice President of Operations

Please answer all questions on this application. Enter "None" or N/A for those questions which do not apply to you. Applications will not be considered unless they are fully completed.

PLEASE PRINT OR TYPE

LAST NAME	FIRST NAME	MI	TELEPHONE NUMBER		DATE OF BIRTH / /	
CURRENT ADDRESS		APT	CITY	STATE	ZIP CODE	RACE/ETHNICITY - VOLUNTARY

1. **LIST YOURSELF** and all other occupants of the unit, their relationship to you, (if any), ages, and whether they are students. Social security numbers are required for all members of the household except those who do not contend or claim eligible immigration status.

Applicant(s)	Relationship	Birthdate	Social Security #	Student

Please mark which unit size(s) you are applying for: ☐ Studio ☐ 1 Bdrm ☐ 2 Bdrm ☐ 3 Bdrm ☐ 4 Bdrm
 (Please note: you will not be placed on the list for units you are not eligible for.)

- 1A. If you were age 62 or over as of Jan 31, 2010 and do not have a social security number, were you receiving HUD rental assistance at another location on January 31, 2010? Yes _____ No _____
 If so, what was the location? Property Name _____ Address _____

2. If all the occupants listed above are students, do any of the students file a joint return for federal income tax purposes?
☐ Yes - (if yes, obtain a copy of their most recent year's tax return) ☐ No ☐ Not Applicable

3. Please answer each of the following questions:
- | | Yes | No | Annual Amount |
|--|-------|-------|---------------|
| Is any member of your household employed full-time, part-time or seasonally? | _____ | _____ | |
| Does any member of your household expect to work for any period during the next 12 months?..... | _____ | _____ | |
| Does any member of your household work for someone who pays them in cash? | _____ | _____ | \$ _____ |
| Is any member of your household on leave of absence from work due to lay-off, medical, maternity or military leave?..... | _____ | _____ | |
| Does any member of your household now receive or expect to receive unemployment benefits? | _____ | _____ | |
| Does any member of your household now receive or expect to receive child support?..... | _____ | _____ | |
| Is any member of your household entitled to child support that he/she is not now receiving? | _____ | _____ | |
| Does any member of your household receive or expect to receive alimony payments? | _____ | _____ | |
| Is any member of your household entitled to alimony payments that he/she is not now receiving? | _____ | _____ | |
| Does any member of your household receive or expect to receive welfare assistance? | _____ | _____ | |
| Does any member of your household receive or expect to receive Social Security or VA benefits?..... | _____ | _____ | |
| Does any member of your household receive or expect to receive income from a pension or annuity? | _____ | _____ | \$ _____ |
| Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies? | _____ | _____ | |
| Does any member of your household receive income from assets including interest on checking or savings accounts interest and dividends from certificates of deposit, stocks or bonds, or income from the rental of property? | _____ | _____ | |
| Has your residency/tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non payment of rent, or failure to comply with recertification procedures? | _____ | _____ | |

4. Have you, or your spouse/co-applicant, ever been evicted or otherwise involuntarily removed from rental housing?
☐ Yes ☐ No If Yes, please explain: _____
5. Are you, or any member of the household listed on this application, currently charged with, or ever been convicted of, any criminal activity? ☐ Yes ☐ No
 If Yes, describe: _____
 A. If YES, was the conviction for a sex crime? ☐ Yes ☐ No
 B. Are you or is any member of your household subject to a lifetime state sex offender registration in ANY state. (Failure to respond to this question may jeopardize the approval of the application) ☐ Yes ☐ No
 C. If Yes, which state? _____
 (STATE)
 D. Do you or any member of the household engage in the use or sale of illegal drugs or abuse of controlled substance?
☐ Yes ☐ No
 E. Are you currently engaged in a pattern of alcohol abuse? ☐ Yes ☐ No
6. Are you or a member of your household disabled? ☐ Yes ☐ No
 (The Fair Housing Act defines disability as a physical or mental impairment that **substantially** limits one or more major life activities. The Supreme Court has determined that to meet this definition a person must have an **impairment that prevents or severely restricts the person from doing activities that are of central importance in most people's daily lives.**)
 6A. Do you or a member of your household, need a unit with accessibility features? ☐ Yes ☐ No
 If Yes, do you need: ☐ Mobility ☐ Hearing/Visual or ☐ Both Mobility and Hearing/Visual
7. Do you have any pets? ☐ Yes ☐ No
 If Yes, what kind? _____ Weight: _____ Height: _____
8. How did you hear about this housing facility? _____
9. Do you expect any changes in your income, assets, or expenses during the next twelve months? ☐ Yes ☐ No
 If Yes, please explain (use additional sheet if necessary). _____
10. How many vehicles does the family own? _____ List make, color, year, license plate number and state for each:

11. If a live-in attendant is required for an elderly or disabled member, please enter the name of the live in attendant and the name and address of the qualified individual who can verify the need for the attendant:
 Name of attendant: _____
 Name, Address and Relationship of Person verifying Attendant Need: _____
12. How many people live in your household now? _____
 Will any of these people live anywhere except the unit you are applying for? ☐ Yes ☐ No
 If Yes, please explain: _____
 Will anyone else live in the apartment on either a full-time or part-time basis? ☐ Yes ☐ No
 If Yes, please explain: _____
 Do you expect any of the above to change in the future? ☐ Yes ☐ No
 If Yes, please explain: _____
13. If you are now renting, who is your landlord? Name: _____ Telephone: _____
 Current Rent \$ _____ Address: _____
 Security Deposit \$ _____
 If you are not renting, please explain your current living arrangements: _____
14. List your previous addresses for the past 5 years,

Name of landlord	Address	Phone	Dates you lived there From To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

 A. Please list all states where the applicant and members of the applicant's household have resided. _____
15. Have you or your spouse/co-applicant ever used different names from the names given in this application?
☐ Yes ☐ No If Yes, give name(s) and explain: _____
16. Have you or any members of your household ever used social security numbers different from those listed in this application?
☐ Yes ☐ No If Yes, please explain: _____
17. Do you live or have you ever lived in subsidized housing? ☐ Yes ☐ No
 If Yes, where? _____
 When? From: _____ To: _____ Were you evicted? ☐ Yes ☐ No
 If Yes, did you owe rent? ☐ Yes ☐ No If Yes, how much did you owe? \$ _____
18. Do you as an individual or your family have either a Section 8 Certificate or Section 8 Voucher? ☐ Yes ☐ No





Applicant:

Last Name:

First Name

Initial

Property Name

Financial Information

Complete these pages for each member who will live in the unit who has any income or assets, or who causes any medical, disability, or child-care expenses. **You do not need to complete these pages for a live-in attendant.** You may photocopy these pages if necessary. For financial information, please write the names and addresses of people who can verify the information you provide. (For example, for employment income, write your employer's address.) Please use an additional sheet of paper to record additional information if there isn't enough room for an entry.

List any assets that you have disposed of, transferred, given away, or sold for less than the market value during the last 2 years, e.g., a house, car, or cash.

Description of Asset	Date Disposed of	Fair Market Value	Divestiture Costs (e.g., realtor, CD Penalty)	Amount Disposed of	Name and address of Bank, Institution, Real-Estate Agent, or Appraiser who can Verify

Income: List all employment and non-employment income for all household members. Include Salary and Wages (Gross Amount), Social Security (Green check), Supplemental Security Income (Gold Check), IRA, Keough, V.A. Pension, other pensions or annuities, General assistance (Welfare), TANF, Child support, and any other source of income.

Member Name (Last, First, Initial)	Type of Income and Who Pays it	Est. Total Income (Circle 'wk' or 'mo')	Address of Income Source	Contact Person Name and Telephone
		\$ _____ wk. mo. per		
		\$ _____ wk. mo. per		
		\$ _____ wk. mo. per		
		\$ _____ wk. mo. per		

Assets: List assets of all household members, including savings and checking accounts, certificates of deposit, stocks, bonds, mutual funds, credit union shares, land, real-estate (including your home, if you own it), and any other assets.

[illegible]

Applicant Signature and Certification

I/We understand the information in this application will be used to determine eligibility for a unit and that this information will be checked. I/We understand that any false information may make me/us ineligible for a unit.

I/We certify that all information given in this application and in the attached member, financial, and verification forms is true, complete and accurate. I/We understand that if any of this information is false, misleading or incomplete, management may decline my/our application or, if move-in has occurred, terminate my/our Rental Agreement.

I/We freely and voluntarily authorize the investigation of all statements contained in this questionnaire. I/We understand that the company may request an investigative consumer report from a consumer reporting agency. I/We understand that the investigative consumer report may involve personal interviews with my/our neighbors, friends, relatives, former employers, schools and others. I/We also understand that under the Federal Fair Credit Reporting Act, I/we have the right to make a written request to the company, within a reasonable time, for the disclosure of the name and address of the consumer reporting agency so that I/we may obtain a complete disclosure of the nature and scope of the investigation.

This authorization is limited to use regarding this facility.

PENALTIES FOR MISUSING THIS CONSENT:

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 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).**

Notification of Nondiscrimination on the Basis of Disability Status:

Retirement Housing Foundation does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, Part 8 dated June 2, 1988).

Perry Glenn, Vice President of Operations
911 N. Studebaker Road
Long Beach, CA 90815
562-257-5100
TDD (800) 545-1833 EXT. 359

If this application is for a household of more than one person, we consider ourselves a stable household, and all of our income is available to the household for its needs.

For HUD Subsidized Facilities: I/We also understand that all adult members of the household must sign the HUD required *Consent Form* ("Authorization for Release of Information") before I/we can be offered a unit.

I acknowledge that I am applying for housing at a **NON SMOKING** building.

OWNER'S STATEMENT: Based on the representations herein and upon the proof and documentation obtained, the household named in section 1 of this Application/Certification is eligible under the provisions of Section 42 of the Internal Revenue code, as amended, to live in a unit in the development. Based on the representations herein and upon the proofs and documentation obtained, the household constitutes a low-income resident whose anticipated annual income for the next twelve months does not exceed \$_____ (Qualifying income).

Signature of Owner's or Developer's Authorized Representative

Date

Signature of Applicant

Date

Signature of Spouse or Co-Tenant

Date

Signature of Co-Tenant

Date

Signature of Co-Tenant

Date



PLEASE RETURN THIS APPLICATION TO:

**Foundation Property Management
911 N. Studebaker Road
Long Beach, CA 90815-4900**