

# HERMOSA VILLAGE

## Eligibility Requirements

Effective 04/24/2019

Your household income and household size must be found on the following chart:

| HOUSEHOLD SIZE | #BEDROOMS | HOUSEHOLD INCOME*   | TENANT RENT**      |
|----------------|-----------|---------------------|--------------------|
| 1 PERSON       | 1         | \$18,009 - \$49,860 | \$618 to \$1,299   |
| 2 PERSON       | 1         | \$18,009 - \$57,000 | \$618 to \$1,299   |
| 2 PERSON       | 2         | \$21,627 - \$57,000 | \$745 to \$1,562   |
| 3 PERSON       | 2         | \$21,627 - \$64,140 | \$745 to \$1,562   |
| 4 PERSON       | 2         | \$21,627 - \$71,220 | \$745 to \$1,562   |
| 5 PERSON       | 2         | \$21,627 - \$76,920 | \$745 to \$1,562   |
| 3 PERSON       | 3         | \$24,975 - \$64,140 | \$884 to \$1,810   |
| 4 PERSON       | 3         | \$24,975 - \$71,220 | \$884 to \$1,810   |
| 5 PERSON       | 3         | \$24,975 - \$76,920 | \$884 to \$1,810   |
| 6 PERSON       | 3         | \$24,975 - \$82,620 | \$884 to \$1,810   |
| 7 PERSON       | 3         | \$24,975 - \$88,320 | \$884 to \$1,810   |
| 4 PERSON       | 4         | \$41,823 - \$71,220 | \$1,481 to \$1,997 |
| 5 PERSON       | 4         | \$41,823 - \$76,920 | \$1,481 to \$1,997 |
| 6 PERSON       | 4         | \$41,823 - \$82,620 | \$1,481 to \$1,997 |
| 7 PERSON       | 4         | \$41,823 - \$88,320 | \$1,481 to \$1,997 |
| 8 PERSON       | 4         | \$41,823 - \$94,020 | \$1,481 to \$1,997 |
| 9 PERSON       | 4         | \$41,823 - \$99,708 | \$1,481 to \$1,997 |

\*Minimum Income does not apply to Section 8 Voucher Holders. \*Rent amount subject to Program and Income Eligibility Requirements.

- To be considered for selection, applicants must submit a completed application and relevant consent forms.
- Eligibility does not constitute acceptance and further screening is required to determine an applicant's ability to maintain a successful tenancy.
- Maximum Income – Household annual income must not exceed current income limits for the program to which application is made.
- The Hermosa Village Tenant Selection Plan sets forth the essential requirements of tenancy and the grounds on which tenants will be rejected for failing to meet such requirements. Rejection of an applicant is appropriate where the Agent has a reasonable basis to believe that the tenant cannot meet these essential requirements, which may be summarized as follows:
  - to pay rent and other charges under the lease in a timely manner;
  - to care for and avoid damaging the unit and common areas, to use facilities and equipment in a reasonable way, and to create no health or safety hazards;
  - not to interfere with the rights and enjoyment of others and not to damage the property of others;
  - not to engage in any activity that threatens the health, safety or right to peaceful enjoyment of other residents or staff, and not to engage in activity on or near the premises that involves illegal use of controlled substances or weapons; and any criminal activity on or off the premises that would be detrimental to the housing should it occur on the premises; to comply with all sex offender registration requirements; and
  - to comply with necessary and reasonable rules and program requirements of the housing provider

right to entry.



# Application For Occupancy

## Hermosa Village

1515 S. Calle del Mar  
Anaheim, CA 92802  
Phone: 714-520-4042  
Fax Number: 714-430-8160  
HermosaVillage@Related.com

|  |
|--|
| For Related Management Company<br>Office Use Only: |
| Date Received: _____                               |
| Time Received: _____                               |
| Application #: _____                               |

*Hermosa Village Apartments is a Smoke-Free Community*

**This application is to be completed by the head of household. All questions must be answered. If any questions are left blank, the application will be returned. If a question does not apply, please write "N/A." Head of household and all adult family members must sign the last page.**

|  |  |                |
|--|--|----------------|
| Head of Household Full Name:   |  |                |
| Street Address/Apartment Number:   | City, State:   | Zip Code:      |
| Home Phone:<br>( ) -   | Secondary Phone:<br>( ) -  | Email Address: |
| Check which size units you would like to be considered for ((contact management for unit sizes specific to the property you are applying):<br><input type="checkbox"/> Studio <input type="checkbox"/> One Bedroom<br><input type="checkbox"/> Two Bedroom <input type="checkbox"/> Three Bedroom<br><input type="checkbox"/> Four Bedroom <input type="checkbox"/> Five Bedroom | Do you require a unit with special accessibility features for any member of your household for the following disabilities?<br><input type="checkbox"/> Mobility <input type="checkbox"/> Visual <input type="checkbox"/> Hearing |                |
| Check "Yes" if you have been displaced by one of the following state declared disasters: a) Urban Renewal Area; b) Disaster such as fire or flood; c) Government or state action; or d) Presidential-declared disaster:<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                |

## Housing Status

*Complete each category as applicable, or write "N/A."*

|  |   |  |
|--|---|--|
| Current Landlord Name/Address:   |   | Landlord Phone:<br>( ) -   |
| Current Managing Agent Name/Address:   |   | Managing Agent Phone:<br>( ) -   |
| Check the size of your current residence:<br><input type="checkbox"/> Studio <input type="checkbox"/> Three Bedrooms<br><input type="checkbox"/> One Bedroom <input type="checkbox"/> Four Bedrooms<br><input type="checkbox"/> Two Bedrooms <input type="checkbox"/> Other (specify): | How long have you lived at this address?<br>___ Years    ___ Months   | Is the lease in your name?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Are you sharing your apartment?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Total monthly rent for your apartment:<br>\$  | Your portion of monthly rent:<br>\$  |
| Does your current rent include utilities?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Average monthly utility expenses:<br>\$   | Is your landlord a relative?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you pay your own rent?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | If not, who does?   | Reason for wanting to move:  |
| Do you currently have a portable Section 8 voucher?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Is your current rent subsidized through Section 8?<br><input type="checkbox"/> Yes <input type="checkbox"/> No      |  |
| Are you currently without a regular nighttime residence?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Are you relocating due to violent or unsafe conditions?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Previous Landlord Name/Address:<br><b>(list only if you have lived at your current address for less than 2 years)</b>  |   | Previous Landlord Phone:<br>( ) -  |
| Previous Managing Agent Name/Address:  |   | Previous Managing Agent Phone:<br>( ) -  |
| Previous monthly rent:<br>\$   | Reason for moving:  |  |
| Please list <b>all states</b> in which you have previously resided:  |   |  |

# Household Information

List all persons who will occupy the apartment, including yourself and persons anticipated to join the household (e.g., unborn child/children of expectant household members, children to be adopted, live-in aides, etc.).

| Household Member Full Name: | Relationship to Head of Household: | Sex: (Male, Female, or Decline to Answer) | Date of Birth: | Last 4 digits of SSN: |
|-----------------------------|------------------------------------|---|----------------|-----------------------|
| 1.                          | Head of Household                  |   |                |                       |
| 2.                          |                                    |   |                |                       |
| 3.                          |                                    |   |                |                       |
| 4.                          |                                    |   |                |                       |
| 5.                          |                                    |   |                |                       |
| 6.                          |                                    |   |                |                       |
| 7.                          |                                    |   |                |                       |
| 8.                          |                                    |   |                |                       |
| 9.                          |                                    |   |                |                       |
| 10.                         |                                    |   |                |                       |

Please list all household members who have served in the **U.S. military**:

# Income from Employment

List all **current** full-time and/or part-time employment income for all household members. (Include self-employment gross earnings and net taxable income.) If you do not currently receive income from employment, please write "N/A." See next page for non-employment sources of income.

| Household Member Full Name: | Occupation: | Employer Name/Address/Phone: | Start Date: | Gross Earnings (Before Deductions and Taxes):  |
|-----------------------------|-------------|------------------------------|-------------|--|
| 1                           |             | _____<br>_____<br>( ) -      |             | \$ _____<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Yearly |
| 2.                          |             | _____<br>_____<br>( ) -      |             | \$ _____<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Yearly |
| 3.                          |             | _____<br>_____<br>( ) -      |             | \$ _____<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Yearly |
| 4.                          |             | _____<br>_____<br>( ) -      |             | \$ _____<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Yearly |
| 5.                          |             | _____<br>_____<br>( ) -      |             | \$ _____<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Yearly |
| 6.                          |             | _____<br>_____<br>( ) -      |             | \$ _____<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Yearly |
| 7.                          |             | _____<br>_____<br>( ) -      |             | \$ _____<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Yearly |

# Income from Other Sources

List any and all other income sources not previously reported, including but not limited to: Social Security, S.S.I., AFDC/TANF, pension, disability compensation, Armed Forces regular and special pay, unemployment compensation, alimony, child support, annuities, dividends, income from rental property, recurring monetary contributions, etc. If you do not have any sources of additional income, please write "N/A."

| Household Member Full Name: | Type of Income: | Income Amount:  |
|-----------------------------|-----------------|---|
| 1.                          |                 | \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| 2.                          |                 | \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| 3.                          |                 | \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| 4.                          |                 | \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| 5.                          |                 | \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| 6.                          |                 | \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| 7.                          |                 | \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |

# Assets

Complete each category as applicable, or write "N/A."

|  |  |   |
|--|--|---|
| <b>Checking Account</b>  | Last 4 Digits of Account Number:   | Current Balance as of Last Statement Date:<br>\$ _____ as of ____ / ____ / ____ |
| Name/Address of Bank _____   |  |   |
| <b>Additional Checking Account</b>   | Last 4 Digits of Account Number:   | Current Balance as of Last Statement Date<br>\$ _____ as of ____ / ____ / ____  |
| Name/Address of Bank _____   |  |   |
| <b>Savings Account</b>   | Last 4 Digits of Account Number:   | Current Balance as of Last Statement Date<br>\$ _____ as of ____ / ____ / ____  |
| Name/Address of Bank _____   |  |   |
| <b>Money Market Account</b>  | Last 4 Digits of Account Number:   | Current Balance as of Last Statement Date<br>\$ _____ as of ____ / ____ / ____  |
| Name/Address of Bank _____   |  |   |
| <b>Certificate of Deposit Account</b>  | Last 4 Digits of Account Number:   | Current Balance as of Last Statement Date<br>\$ _____ as of ____ / ____ / ____  |
| Name/Address of Bank _____   |  |   |
| <b>401K/Other Retirement Account</b>   | Last 4 Digits of Account Number:   | Current Balance as of Last Statement Date<br>\$ _____ as of ____ / ____ / ____  |
| Name/Address of Bank _____   |  |   |
| Do you receive income in the form of a <b>pre-paid debit card</b> (e.g. Direct Express, EBT, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | Current Balance as of Last Statement Date<br>\$ _____ as of ____ / ____ / ____  |
| Do you own any <b>stocks/bonds</b> ?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | If yes, what is the current value?<br>\$ _____   |   |
| Do you own any <b>savings bonds</b> ?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | If yes, what is the current value?<br>\$ _____   |   |
| Do you own any <b>real estate</b> ?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | If yes, what is the current value?<br>\$ _____   |   |
| Have you ever owned any real estate?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | If yes, when? _____<br>When was it sold? _____<br>For how much? \$ _____   |   |
| Has any adult family member sold, given away, or otherwise disposed of any assets for less than fair market value during the past two years?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, list each asset and the amount received for each asset:<br>Type of Asset _____ Amount \$ _____<br>Type of Asset _____ Amount \$ _____<br>Type of Asset _____ Amount \$ _____ |   |

# Student Status

List all household members that are currently enrolled in an educational program, or write "N/A."

| Full Name of Student: | School Name/Address/Phone: | Enrollment Status:   |
|-----------------------|----------------------------|--|
| 1.                    | _____<br>_____<br>( ) -    | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time |
| 2.                    | _____<br>_____<br>( ) -    | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time |
| 3.                    | _____<br>_____<br>( ) -    | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time |
| 4.                    | _____<br>_____<br>( ) -    | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time |
| 5.                    | _____<br>_____<br>( ) -    | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time |
| 6.                    | _____<br>_____<br>( ) -    | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time |
| 7.                    | _____<br>_____<br>( ) -    | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time |

# Program Information

Complete each category as applicable, or write "N/A."

|  |  |
|--|--|
| Do you presently reside in a development where your rent is based upon your income?<br><input type="checkbox"/> Yes <input type="checkbox"/> No          | If yes, explain:                         |
| How did you hear about our development?  | Why are you applying to our development? |
| Were you or any member of your household ever convicted of a felony?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                         | If yes, when?                            |
| Explain circumstances briefly:   |  |
| Have you or any member of your household ever been evicted?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                  | If yes, when?                            |
| If yes, was the eviction from federally assisted housing for drug-related criminal activity?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Explain circumstances briefly:   |  |
| Has anyone in your household been convicted of violating any drug-related laws?<br><input type="checkbox"/> Yes <input type="checkbox"/> No              | If yes, when?                            |
| Explain circumstances briefly:   |  |
| Is anyone in your household currently engaged in the use of illegal drugs?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                   |  |
| Explain circumstances briefly:   |  |

You have certain rights under federal, state, and local laws with respect to your consumer report. In evaluating your application, a consumer reporting agency listed below may provide us with information.

**Credit Bureaus:**

- Experian (TRW), Attn: NCAC, P.O. Box 2002, Allen, TX 75013 (888) 397-3742
- TransUnion, Consumer disclosure center, 2 Baldwin Place, P.O. Box 1000, Chester, PA 19022 (800) 888-4213
- Equifax (CBI), PO Box 740241, Atlanta, GA 30374 (800) 685-1111

**Civil Records:**

- First American Registry, Inc., Attn: Consumer Relations, 11140 Rockville Pike, PMB 1200, Rockville, MD 20852 (888) 333-2413

Additionally, you have a right to (1) inspect and receive one free copy of such report by contacting the consumer reporting agencies listed above; (2) obtain a free copy of the report from each national consumer reporting agency annually, and/or a report from [www.annualcreditreport.com](http://www.annualcreditreport.com); and (3) dispute any inaccurate information in the report with the consumer reporting agency.

Under the Fair Credit Reporting Act, you have a right to request disclosure of the nature and scope of the investigation. You must be told if information in your file has been used against you. You have a right to know what is in your file, and this disclosure may be free. You have the right for your credit score (there may be a fee for this service). You have the right to dispute incomplete or inaccurate information. Consumer reporting agencies must correct inaccurate, incomplete, or unverifiable information.

Additionally, I hereby acknowledge that I have received a Summary of Rights under the Fair Credit Reporting Act. A copy of the Summary of Rights was provided to me as an attachment to this application.

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**Signature of Head of Household** **Date**

Moreover, an investigative consumer report may be obtained regarding your character, general reputation, personal characteristics and/or mode of living. The following investigative consumer reporting agency is used to prepare our investigative consumer reports:

- *LeasingDesk Screening, 2201 Lakeside Blvd., Richardson, TX 75082, (866) 934-1124*

Please check one of the following:

I request a copy of the rental report obtained. It can be sent to me at the following address: \_\_\_\_\_

I decline a copy of the rental report obtained.

Additionally, under *California Civil Code* §1786.22, if you wish to dispute the accuracy or completeness of any item in the consumer report, you may contact the consumer reporting agency above and request an investigation. You may also view the file maintained on you by the above credit reporting agency during normal business hours. You can receive a copy of your file by providing proper identification and paying related copy costs. You may also receive a summary of the file by telephone. The agency is required to have employees available to explain your file to you and they must explain any coded information in your file. You can bring someone with you to view the file, so long as they have identification.

I authorize you to obtain reports that may include credit reports, investigative consumer reports, unlawful detainer (eviction) reports, bad check searches, social security number verification, and previous tenant and employment history.

In connection with the application to rent the property located at Hermosa Village 1515 S.Calle Del Mar ,Anaheim, CA 92802 \_\_\_\_\_ (“**Applicant**”) hereby authorizes the property owner (either directly or through its designated agents and its employees) to investigate Applicant’s employment, financial, credit, criminal, litigation and rental history and to obtain reports that may include credit reports, investigative consumer reports, criminal record information, unlawful detainer (eviction) reports, employment history, bad check searches, social security number verification, and previous tenant and employment history.

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**Signature of Head of Household** **Date**

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**Signature of Applicant Over Age 18** **Date**

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**Signature of Applicant Over Age 18** **Date**

# Preferences

**This community may participate in required preferences, please check with management prior to completing this section.**

|   |
|---|
| Were you or any member of your household displaced by Redevelopment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>If Yes, please list agency and the date of displacement _____   |
| Do you or any member of you household above have a Certification as Homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>If Yes, please confirm with Management and explain _____                                       |
| Do you currently have a portable Housing Choice Voucher? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>If Yes, please list the Housing Authority: _____ Bdrm Size: _____   |
| Are you or any member above on any local Housing Authority Waitlist? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>If Yes, please list the Housing Authority: _____ Member #: _____<br>For How Long? _____ Bdrm Size _____ |
| Do you or any member qualify for any local live/work preference (please confirm with management)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>If Yes, please list all that apply: _____                                  |
| Do you or any member qualify for the other property preferences (confirm with management)?<br>_____<br>_____<br>If yes, please list all that apply: _____   |

**WARNING: MISLEADING WILLFULL FALSE STATEMENTS OR MISPRESENTATIONS OF THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION. AN INCOMPLETE APPLICATION WILL BE RETURNED TO THE APPLICANT FOR FULL COMPLETION (ONLY ONCE).**

**I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRU AND COMPLETE TO THE BEST OF MY KNOWLEDGE**

\_\_\_\_\_  
**Signature of Head of Household** **Date**

\_\_\_\_\_  
**Signature of Applicant Over Age 18** **Date**

\_\_\_\_\_  
**Signature of Applicant Over Age 18** **Date**



# Demographic Data

The following information is used only to determine program utilization for statistical purposes. This information will not affect the processing of this application and is optional.

|   |
|---|
| <b>Ethnicity:</b><br><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino  |
| <b>Race:</b><br><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White |
| <b>If you are Limited English Proficient and need assistance to communicate (written or verbal) with us, which language do you prefer?</b> _____  |

## Attention

Please do not submit more than one application per household or copies of an application. The filing of this application in no way guarantees you an apartment. Pets, large appliances, or waterbeds are not permitted without the owner's prior written approval and signed agreement. Assistance animals are not considered pets. We do not insure your personal property; we encourage you to purchase renter's insurance for your personal belongings.



Site Name Apartments is an Equal Housing Opportunity provider and does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities. A senior executive 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). You may address your request for review or reconsideration to: Fair Housing Officer, Related Management Company, L.P., 423 W. 55th St, 9th Fl. NY, NY 10019, (646) 767-3253, NY TTY 1-800-662-1220.  
Application Revised 03.02.2020