

## The Cove

# Pre-Rental Application Cover Sheet

2121 W. William Street Long Beach, CA 90810



Thank you for your interest in The Cove, Century Villages at Cabrillo's New Permanent Supportive Housing Community for Veterans in Long Beach!

The following documents are the pre-rental application form and grounds for denial form. **Both forms must be emailed, delivered in person, or postage mailed to the leasing office located at Century Villages at Cabrillo: 2001 River Drive Long Beach, CA 90810** (Faxed applications are not accepted.). If you have any questions, please feel free to call the information line at (562) 388-7881 or email us at [thecove@century.org](mailto:thecove@century.org). Telephone Device for the Deaf: (888) 877-5379 or California Relay Service (711). **Pre-Applications must be received or postmarked by December 4, 2023, to be entered into the lottery for placement on the waitlist.**

### Important Items to Note:

- Please take your time in accurately completing the pre-application. Incomplete pre-applications may be rejected.
- Duplicate household pre-applications will not be considered.
- Applications are accepted through December 4, 2023 by email, delivered in person or mailed.
  - Email completed applications to [thecove@century.org](mailto:thecove@century.org) prior to midnight on December 4, 2023.
  - Deliver completed applications in person to the CVC administration office at the address above during normal business hours of Monday -Friday 9am to 4pm.
  - Please mail your pre-application & grounds for denial via US Post Office mail only. We will NOT accept pre-applications via overnight mail or faxed. Pre-applications postmarked or delivered after 4:00 pm on December 4, 2023, will not be accepted. **Mail to: Century Villages at Cabrillo, Attention: The Cove, 2001 River Drive Long Beach, CA 90810**



## THE COVE PRE-APPLICATION

2121 W. William Street Long Beach Ca 90810

### ONE APPLICATION PER HOUSEHOLD ONLY

**Application to Rent**

Rental policy: This housing is offered without regard to race, color, national origin, sex, religion, ancestry, genetic information, source of income, age, marital status, familial status, sexual orientation or preference, gender identity, or disability, or any other basis prohibited by law. A person with a disability may request a reasonable accommodation (a reasonable change in policies), a reasonable structural modification, an accessible unit or the provision of auxiliary aids and services, to have equal access to a housing program. If you or anyone in your household has a disability, and because of that disability requires a specific accommodation, modification or auxiliary aids or services to fully use our housing services, please contact our staff for a reasonable accommodation form. All rental applications are evaluated based on eligibility, housing history, ability to pay and credit history.

Pet Policy: The Landlord shall comply with the Pet-Friendly Housing Ordinance Number 2020-0001 (“Pet-Friendly Ordinance”) of Chapter 8.70 of the Los Angeles County Code. Pursuant to the Pet-Friendly Ordinance, the Landlord shall allow Resident to have at least one (1) pet in the Unit consistent with applicable Federal and State Laws. The Landlord shall incorporate a Pet Policy to be included in the Lease and summary of house rules and shall maintain and provide a copy such pet policy to Resident.

Note: This is a pre-application for initial eligibility screening and placement on the waitlist. You must complete all information for your pre-application to be considered. A more detailed application will need to be completed once your name comes up on the waitlist

**PLEASE PRINT VERY CLEARLY**

First Name (Head of Household)	MI	Date of Birth		
		Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Last Name

Social Security Number	Telephone Number	Extension
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address	Apt. Number
<input type="text"/>	<input type="text"/>

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please consider completing this OPTIONAL Section. Do you require special unit design features? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes: <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Mobility Impairment
Race (OPTIONAL): <input type="checkbox"/> White <input type="checkbox"/> Black/African America <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Other <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	Ethnicity (OPTIONAL): Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No



1. How did you hear about us? (Agency, social media, County website, etc.): \_\_\_\_\_
2. How many people will live in your home? Please include yourself: ..... \_\_\_\_\_
3. Are you a Veteran of the United States Armed Forces? .....  Yes  No
4. Total household **gross annual** income from all sources (before any deductions). Your estimate \$ \_\_\_\_\_.
5. Do you currently possess a VASH or other Section 8 voucher?.....  Yes  No
6. Are all household members full-time students?(K-12 are considered full time)..... Yes  No
7. Do you require special accommodations? (i.e. Live-In Care Attendant, etc.).....  Yes  No

If you need special accommodations please explain: \_\_\_\_\_  
*A person with a disability may request a reasonable accommodation (a reasonable change in policies), a reasonable structural modification, an accessible unit or the provision of auxiliary aids and services, in order to have equal access to a housing program. If you or anyone in your household has a disability, and because of that disability requires a specific accommodation, modification or auxiliary aids or services to fully use our housing services, please contact our staff for a reasonable accommodation form.*

8. Do you have a pet? (Not referring to companion or service animal).....  Yes  No

**I understand that all of these answers will be verified. I certify that the above statements are true and correct. I understand that false statements or misinformation is punishable under federal law and may be a cause for immediate denial of housing.**

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

Please complete, sign and mail or drop-off this Pre-Application and Grounds for Denial by December 4, 2023, to: **Century Villages at Cabrillo 2001 River Dr. Long Beach, CA 90810**. Review instructions outlined in the cover letter.

**Households comprised of ALL full-time students' members do not qualify unless exempted by Section 42 of the Internal Revenue Code.**

**Our complete Resident Selection Criteria is available at the Rental Office upon request.**



**The Cove  
Grounds for Denial of Rental Application**

All applicants will be initially interviewed by the manager or a representative of the management agent. CVPM will inform the various service providers and funding agencies of the reason for denial. It will be the responsibility of the Property Manager or management agent to inform the applicant in writing of rejection or approval. Management will notify applicants who are rejected, in writing, and the applicants will be informed of their option to appeal this decision. With the approval of the applicant, the referring agency will also be notified.

Applications may be rejected for any of the following:

1. Prior to move-in, violent threats or behavior toward management, the property, or other residents exhibited by an applicant or household member at any time.
2. Serious Violent Felony conviction as described in the Resident Selection Criteria within the past 3 years.
3. Falsification of any information on the application.
4. Household size exceeds the maximum occupancy for designated units.
5. Income exceeding the maximum AMI established for the unit. See Chart below.

Number of Household Members	Maximum Income for units at 50% AMI*	Maximum Income for units at 60% AMI*
1	\$44,150	\$52,980
2	\$50,450	\$60,540

6. Failure to respond to management’s request for additional or updated documents, within a reasonable amount of time (14 days, but with the ability to extend following consultation of CVC Oasis Residential Services or Veterans Administration Long Beach Healthcare System).

Consistent with Housing First practices per Welfare and Institutions Code Section 8255(b) per NOFA Section 4.6.3, applicants are not rejected based on poor credit or financial history, poor or lack of rental history, criminal convictions unrelated to tenancy, or behaviors that indicate a lack of “housing readiness”.

Applicants will be notified in writing of the reason for their rejected application and advised of their rights to request an appeal or submit a Reasonable Accommodation. All rejected applicants will have the right to appeal the decision. The Property Manager or CVPM representative must receive the appeal no later than fourteen (14) days from the rejection letter being received. Within three (3) working days of receipt of an appeal, the information will be forwarded to the Director of Supportive Housing or the Vice President of CVPM and to the assigned Case Worker for the property. The applicant will be notified in writing about the final decision of approving or denying the appeal within seven (7) days.

At the request of an applicant, a reasonable accommodation request will be considered. In addition, with the approval of the applicant, the referring staff or Case Manager will be given an opportunity to appeal any application denial based on information obtained from criminal record checks. However, all applicants will have to demonstrate that they meet program requirements. A unit will not be held while the application is under appeal.



**I HAVE READ AND UNDERSTOOD THE FOREGOING AND FIND THEM TO BE REASONABLE REASONS MY RENTAL APPLICATION CAN BE DENIED. I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ATTACHED HOUSING AND INCOME STATEMENTS ARE TRUE AND CORRECT.**

\_\_\_\_\_  
**Print Name (Head of Household)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name (Adult Applicant # 2)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

