



ONE APPLICATION PER HOUSEHOLD ONLY

THE COVE

2121 W. William Street Long Beach CA. 90810

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.

Complete all sections of this form and answer all questions. DO NOT LEAVE ANY QUESTION **UNANSWERED** or BLANK. If a question does not apply, write "N/A". ***WARNING***Making false statements on this document is considered fraud.

Unit type

desired ♦ SRO ♦ 1 bdrm ♦ 2 bdrm ♦ 3 bdrm ♦ 4 bdrm

PLEASE PRINT VERY CLEARLY

(All prospective residents 18 years or older must complete this rental application. DO NOT LEAVE ANY LINE BLANK)

LIST ALL PERSONS WHO WILL OCCUPY THE APARTMENT

Name	Social Security #	Date of Birth	Age	F/T Student	Relationship to HOH
				** Yes No	Spouse Dependent Adult Co-Tenant Live-In Aide Other
					Head of Household (HOH)



****A full-time student is an individual attending elementary, middle, or senior high school, college, university, or technical, trade and mechanical schools. Each college, university, technical, trade or mechanical school has its own definition of "full time".**

Home phone #:		Work phone #	
Cell phone #:		2 nd Cell phone #	
HOH email address		Secondary email address	

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Do you expect any additions to the household within the next twelve months?
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<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Have you or any adult member of your household been or plan to be a student for 5 or more months in the current calendar year?
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<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Do you are any other household member require an accessible unit (i.e., mobility, hearing, and/or visual)
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If yes, please specify (check all that apply): Mobility Hearing Visual

HOUSING HISTORY (24 months required)

Current / Prior Address	Number & Street	Apt #	City	State	ZIP	How long at the address?
						Yrs Mos
						Yrs Mos
						Yrs Mos

EMERGENCY CONTACT INFORMATION

Name	Relationship	Phone Number	Email Address

VEHICLE INFORMATION

Year	Make	Model	Color	Plate #

Household Income (If you answer "YES", fill out information below for the household member(s) who receive this income.)

Employment	YES/NO
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Do you or any other household member(s) receive full/part time job earnings or severance pay ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you or any other household member(s) receive cash, tips, or bonuses ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you or any other household member(s) receive military, or reserve pay ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you or any other household member self-employed ?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Name of Household Member	Gross Monthly earnings (before taxes)	Frequency: Weekly, Bi-weekly, semi-monthly, monthly	Name & Address of Employer
	\$		
	\$		
	\$		
	\$		

SSA / SSI / VA / Pensions / Child Support / Alimony / Other Benefits	YES/NO
Do you or any other household member(s) receive Social Security / SSI benefits ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you or any other household member(s) receive VA / pension / retirement or annuity benefits ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you or any other household member(s) receive unemployment or disability benefits ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you or any other household member receive temporary disability benefits (State Worker's Comp, AFLAC) ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you or any other household member child support, alimony, or any other regular cash benefits ?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Name of Household Member	Monthly/Weekly Amount	Name & Address of Source
	\$ /	
	\$ /	
	\$ /	
	\$ /	
	\$ /	

Public Assistance Benefits	YES/NO
Do you or any other household member(s) receive CalWORKs or General Relief ?	<input type="checkbox"/> YES <input type="checkbox"/> NO



Name of Household Member	Monthly Amount	Type of Benefit
	\$	
	\$	

Bank Information-HOH			
Bank:	Acct #:	<input type="radio"/> Checking	<input type="radio"/> Savings
Bank:	Acct #:	<input type="radio"/> Checking	<input type="radio"/> Savings
Bank:	Acct #:	<input type="radio"/> Other ()	<input type="radio"/> Other ()
Bank:	Acct #:	<input type="radio"/> Other ()	<input type="radio"/> Other ()
Bank:	Acct #:	<input type="radio"/> Other ()	<input type="radio"/> Other ()
Have you opened or closed any bank accounts within the past twelve (12) months?			<input type="radio"/> Yes <input type="radio"/> No
If yes, list type or account and account number			

Bank Information-Other Adult			
Bank:	Acct #:	<input type="radio"/> Checking	<input type="radio"/> Savings
Bank:	Acct #:	<input type="radio"/> Checking	<input type="radio"/> Savings
Bank:	Acct #:	<input type="radio"/> Other ()	<input type="radio"/> Other ()
Bank:	Acct #:	<input type="radio"/> Other ()	<input type="radio"/> Other ()
Bank:	Acct #:	<input type="radio"/> Other ()	<input type="radio"/> Other ()
Have you opened or closed any bank accounts within the past twelve (12) months?			<input type="radio"/> Yes <input type="radio"/> No
If yes, list type or account and account number			

TENANT - Information Release

We are required to verify the income & assets to determine eligibility for participating in the Low-Income Housing Tax Credit Program (LIHTC). This information is used only in determining the eligibility status and rent, if applicable, for household members. I agree that a photocopy of this authorization may be used for the purposes



stated above. The original of this authorization is on file and **will stay in effect for a year and one month** from the date signed.

Verifications will be requested from, but not limited to: Employment; Social Services; Social Security Administration; Unemployment; Educational Institutions; Veteran's Administration; Banks; District Attorney's Office; Housing Authority; Previous Landlords; Credit Report Agencies, Criminal Background Agencies.

Applicant represents that all the information on this application is true and correct and authorizes verification including the obtaining of a credit report now and again in the future. Incorrect information will result in denial of the application. By signing, applicant states, "I understand that inquiries will be made about me. I authorize, without reservation, any party or agency to furnish completely and without limitation, all information about third parties including, but not limited to my current, previous, or future creditors or their representatives and may be used for collection of a present or future debt. I release from liability any third party or user of information contain in or related to me application."

Print Name	Signature	Date
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