



Van Nuys Apartments
 210 W. 7th St.
 Los Angeles, CA 90014
 Ph: 213-627-5286
 Fax: 213-627-5068 TTY: 711
 VanNuys@related.com

Application For Occupancy

For Related Affordable Management
 Office Use Only:
 Date Received: _____
 Time Received: _____
 Application #: _____

Van Nuys 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: () - | Secondary Phone: () - | 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)? <input type="checkbox"/> Studio <input type="checkbox"/> 1BD <input type="checkbox"/> 2BD | Are you requesting a unit with special accommodations for any member of your household due to the following disabilities? <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 Agency; b) Disaster such as fire or flood; c) Government or state action; d) Presidential-declared disaster: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If you are applying for a HUD Elderly/Disabled Property, please answer the following questions: Does the Head of Household meet one of these qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which one? <input type="checkbox"/> 62 or older <input type="checkbox"/> Individual with a disability | | |
| Have you been displaced from your residence due to any redevelopment project within the City of Los Angeles? <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: () - |
| Current Managing Agent Name/Address: | | Managing Agent Phone: () - |
| Check the size of your current residence: <input type="checkbox"/> Studio <input type="checkbox"/> One Bedroom <input type="checkbox"/> Two Bedroom <input type="checkbox"/> Three Bedroom <input type="checkbox"/> Other (specify): | How long have you lived at this address? Years _____ Months _____ | Is the lease in your name? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you sharing your apartment? <input type="checkbox"/> Yes <input type="checkbox"/> No | Total monthly rent for your apartment \$ | Your portion of monthly rent \$ |
| Does your current rent include utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No | Average monthly utility expenses \$ | Is your landlord a relative? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you pay your own rent? <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? <input type="checkbox"/> Yes <input type="checkbox"/> No | Is your current rent subsidized through Section 8? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you currently without a regular nighttime residence? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you relocating due to violent or unsafe conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Previous Landlord Name/Address: (list only if you have lived at your current address for less than 2 years) | | Previous Landlord Phone: () - |
| Previous Managing Agent Name/Address: | | Previous Mgmt. Agent Phone: () - |
| Previous monthly rent: \$ | Reason for moving: | |
| Please list all states in which you and all members of your household have previously resided: | | |
| <p>"A person with a disability may ask for: i. A change in rules (reasonable accommodation) ii. A physical change to their apartment or shared areas in the building (reasonable modification), iii. An accessible apartment, iv. Aids and services to help you communicate with us. . . If you or anyone in your house has a disability and needs any of these things to live at Van Nuys and use the services then: Contact Van Nuys staff to fill out a form called a 'Request Form for Reasonable Accommodation or Modification.'"</p> | | |

"This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, family status, national origin, marital status, ancestry, age, sexual orientation, disability, source of income, genetic information, arbitrary characteristics, or any other basis prohibited by law".



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. | | | | |

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 | | _____ _____ () - | | \$ _____ <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 |

Income from Other Sources

List any and all other income sources not previously reported, including but not limited to: Social Security, SSI, 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 |

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Assets

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

| | | |
|--|--|--|
| Checking Account | Last 4 Digits of Account Number: | Current Balance as of Last Statement Date: \$ _____ as of / / |
| Name/Address of Bank | | |
| Additional Checking Account | Last 4 Digits of Account Number: | Current Balance as of Last Statement Date \$ _____ as of / / |
| Name/Address of Bank | | |
| Savings Account | Last 4 Digits of Account Number: | Current Balance as of Last Statement Date \$ _____ as of / / |
| Name/Address of Bank | | |
| Money Market Acct/Crypto Acct | Last 4 Digits of Account Number: | Current Balance as of Last Statement Date \$ _____ as of / / |
| Name/Address of Bank | | |
| Certificate of Deposit Account | Last 4 Digits of Account Number: | Current Balance as of Last Statement Date \$ _____ as of / / |
| Name/Address of Bank | | |
| 401K/Other Retirement Account | Last 4 Digits of Account Number: | Current Balance as of Last Statement Date \$ _____ as of / / |
| Name/Address of Bank | | |
| Do you receive income in the form of a pre-paid debt card (e.g. Direct Express, EBT, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Current Balance as of Last Statement Date \$ _____ as of / / |
| Do you own any stocks/bonds? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what is the current value? \$ _____ | |
| Do you own any savings bonds? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what is the current value? \$ _____ | |
| Do you own any real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what is the current value? \$ _____ | |
| Have you ever owned any real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, when? _____ When was it sold? _____ 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, list each asset and the amount received for each asset: Type of Asset _____ Amount \$ _____ Type of Asset _____ Amount \$ _____ 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. | _____ _____ () - _____ | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time |
| 2. | _____ _____ () - _____ | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time |
| 3. | _____ _____ () - _____ | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time |
| 4. | _____ _____ () - _____ | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time |
| 5. | _____ _____ () - _____ | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time |

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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? <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? <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? <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? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Explain circumstances briefly: | |
| Has anyone in your household been convicted of violating any drug-related laws? <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? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Explain circumstances briefly: | |
| Is anyone in your household engaged in a pattern of alcohol abuse that could interfere with others' health, safety and right to peaceful enjoyment? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Explain circumstances briefly: | |
| Certain federal affordable housing programs prohibit individuals who are listed on a lifetime sex offender registry from being eligible for tenancy. Is any member of your household subject to state sex offender lifetime registration requirement in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Preferences

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

| |
|---|
| Do you or any member of your household above have a Certification as Homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 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 |
| 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 |
| If Yes, please list the Housing Authority: _____ Member #: _____ |
| 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 |
| If Yes, please list all that apply: _____ |
| Do you or any member qualify for the other property preferences (confirm with management)? |
| If yes, please list all that apply: _____ |

Child Care and Medical Expenses

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

| | | | |
|---|--|---|--|
| Do you pay for child care expenses for any household member under the age of 13? <input type="checkbox"/> Yes <input type="checkbox"/> No Names of children requiring child care | If yes, name/address/phone of child care provider _____ _____ { } * | | Estimate of monthly child care costs: \$ |
| If you are 62 or older or disabled, do you anticipate any medical and/or health related expenses for the next 12 months that are not reimbursed by any medical plan/insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | If yes, please indicate the estimated yearly expense amount: \$ | Amount of monthly Medicare premium: \$ | Amount of other medical insurance monthly costs: \$ |

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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; 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 to ask 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.

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 Van Nuys Apartments

("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.

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

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processing of this application and is optional.

| | |
|---|---|
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to Answer | Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Decline to Answer |
| Race: <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 <input type="checkbox"/> White <input type="checkbox"/> Decline to Answer | |
| If you are Limited English Proficient and need assistance to communicate (written or verbal) with us, which language do you prefer? _____ | |

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.

WARNING: MISLEADING WILLFULL FALSE STATEMENTS OR MISREPRESENTATIONS 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

Signature of Applicant Over Age 18

Date

Van Nuys 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, RA Management, LLC, 410 Tenth Avenue, New York, NY 10001 • (212) 319-1200, NY TTY 1-800-662-1220.

Rental Application HCIDLA-504Tax Credit (CA)

Rev 02.2025

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