

# The Curve @ West Angeles

AFFORDABLE APARTMENT HOMES IN LOS ANGELES, CA

We are currently accepting applications for 69 brand new apartments (62+) located at The Curve @ West Angeles. The Curve @ West Angeles central location will provide convenient apartment living with easy access to highways, public transportation, schools, entertainment venues, and much more.

**Application Submission:** Completed applications can be submitted via email, standard mail or in person.

## **THE CURVE @ WEST ANGELES**

**5414 Crenshaw Boulevard, Los Angeles, CA 90043**

Email: [TheCurve@related.com](mailto:TheCurve@related.com) | Phone: (323) 741-5326

TTY: 711

Unit Type	Household Size	Rents*	Household Income Limits*
Studio	1 Person	\$734-\$1,529	\$23,850 - \$63,600
Studio	2 Persons	\$734-\$1,529	\$23,850 - \$72,720
1 Bedroom	1 Person	\$787-\$1,639	\$25,560 - \$63,600
1 Bedroom	2 Persons	\$787-\$1,639	\$25,560 - \$72,720
1 Bedroom	3 Persons	\$787-\$1,639	\$25,560 - \$81,780

\*Gross rents, income limits and rents are subject to change based on area median income data when published by HUD (AMI). Income and rent information is subject to change. Additional criteria may be considered for qualification. Due to the limited number of these affordable apartments, the filing of a rental application in no way guarantees an apartment. Please do not submit more than one application per household. Duplicate applications, incomplete or applications submitted by more than one household member will not be accepted.

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"

The Curve @ West Angeles has Accessible Units and units with Accessible Features.

Please email us at [thecurve@related.com](mailto:thecurve@related.com) to request an application, reasonable accommodation, or physical modification, including a request for communication in alternative formats and for auxiliary aids services.



Proudly Managed by: **RELATED**



The Curve @ West Angeles  
5414 Crenshaw Boulevard, Los Angeles, CA 90043  
Phone: (323) 741-5326 – TTY: 711

## RENTAL APPLICATION COVER PAGE FOR THE CURVE @ WEST ANGELES APARTMENTS

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1. The Curve @ West Angeles has Fully Accessible Units for persons with Mobility, Hearing and Visual Disabilities. **If you would like to request one of these units, please see page 1 of the Rental Application.** For more information about the accessible features of these units, please contact:

The Curve @ West Angeles  
(323) 741-5326 TTY: 711  
[Thecurve@related.com](mailto:Thecurve@related.com)

2. Reasonable Accommodations and Modifications will be provided upon request. A person with a disability may ask for:
  - a. A change in rules (reasonable accommodation)
  - b. A physical change to their apartment or shared areas in the building (reasonable modification)
  - c. An accessible apartment
  - d. Aids and services to help you communicate with us

If you or anyone in your household requires an accessible unit at The Curve @ West Angeles do not hesitate to contact Related Management.



### EQUAL HOUSING OPPORTUNITY

The Curve @ West Angeles 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., 410 Tenth Avenue, New York, NY 10001  
• (212) 319-1200, NY TTY 1-800-662-1220. Rev 04-2023

## SB 267 Disclosure

*Section 12955 of the California Government Code allows applicants for rental housing who receive a government rent subsidy, including a Section 8 Housing Choice Voucher, the option to provide alternative verifiable evidence of their ability to pay the rent each month in lieu of allowing a landlord to use the applicant's credit history.*

**Please choose only 1 option below. Failure to select an option below will deem your application incomplete and an automatic withdrawal of your application.**

### **Option 1:**

☐ I do not receive government rent subsidy, including the Section 8 Housing Choice Voucher

If you will be receiving a government rent subsidy which will cover a portion of your rent each month, please select one of the following screening options:

### **Option 2:**

☐ I do receive government rent subsidy, and I authorize the Landlord to use my credit history as part of the application process

#### **Read and initial below.**

Applicant authorizes the Landlord to obtain reports that may include credit reports, unlawful detainer (eviction) reports, bad check searches, social security number verification, fraud warnings, previous tenant history and employment history. Applicant consents to allow Landlord to disclose tenancy information to previous or subsequent Landlords.

Applicant's Initials: \_\_\_\_\_

### **Option 3:**

☐ I do receive government rent subsidy, and I will provide alternative evidence of ability to pay the rent requested by Landlord, including, but not limited to, bank statements, pay records, government benefit payments, and verification of any other sources of income to demonstrate ability to pay the rent each month.

#### **Read and initial below.**

Applicant authorizes the Landlord to obtain reports other than credit reports, such reports may include unlawful detainer (eviction) reports, social security number verification, fraud warnings, previous tenant history and employment history. Applicant consents to allow Landlord to disclose tenancy information to previous or subsequent Landlords. Application will not be considered complete until Applicants submits their verifiable alternative evidence of the ability to pay.

Applicant's Initials: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature                      Date

\_\_\_\_\_  
Management Signature                      Date



The Curve @ West Angeles  
5414 Crenshaw Boulevard  
Los Angeles, CA 90043  
Ph: 323.741.5326  
TTY: 877.735.2929  
TheCurve@Related.Com

Application For  
Occupancy

For Related Management Company  
Office Use Only:  
Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Application #: \_\_\_\_\_

The Curve @ West Angeles 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 <input type="checkbox"/> 3BD <input type="checkbox"/> 4BD		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 <b>all states</b> in which you and all members of your household have previously resided:		
"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 The Curve @ West Angeles and use the services then: Contact The Curve @ West Angeles staff to fill out a form called a 'Request Form for Reasonable Accommodation or Modification."		

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## 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.).

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.				

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.

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, 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

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## 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: \$                      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 Account	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 <b>pre-paid debt card</b> (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 <b>stocks/bonds</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the current value? \$
Do you own any <b>savings bonds</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the current value? \$
Do you own any <b>real estate</b> ? <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 eligibl 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: \$

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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](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 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 filed maintained on you by the above credit reporting agency during normal business hours. You can receive a copy of your filed 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 5414 Crenshaw Boulevard Los Angeles, CA 90043 \_\_\_\_\_ (“**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

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# 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>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to Answer	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>Race:</b> <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	
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 MISRPRESENTATIONS 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**



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The Curve @ West Angeles 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, LP, 423 W. 55th St, 9th Fl. NY, NY 10019, (212) 319-1200, NY TTY 1-800-662-1220.  
Application Revised 02.18.2020

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:			
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Explain circumstances briefly:			
Is anyone in your household currently engaged in the use of illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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If Yes, please confirm with Management and explain _____			
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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 _____			
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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: _____			
_____			

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

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	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: \$

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- 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 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 filed maintained on you by the above credit reporting agency during normal business hours. You can receive a copy of your filed 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 5414 Crenshaw Boulevard Los Angeles, CA 90043 \_\_\_\_\_ (“**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

*“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”.*

# 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>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to Answer	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>Race:</b> <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	
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 MISRPRESENTATIONS 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**



“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”.

The Curve @ West Angeles 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, LP, 423 W. 55th St, 9th Fl. NY, NY 10019, (212) 319-1200, NY TTY 1-800-662-1220.  
Application Revised 02.18.2020

## **APPENDIX 8**

### **SUPPLEMENTAL AND OPTIONAL CONTACT INFORMATION FOR APPLICANTS**

**Property Name:**

**THIS FORM IS TO BE PROVIDED TO EACH APPLICANT FOR  
HOUSING**

#### **Optional Contact Person or Organization**

You have the right to include in your housing application, the name, address, telephone number, and other contact information of a family member, friend, or social, health, advocacy, or other group. We will use the contact information if we need help in resolving any issues that may come up while you are a tenant or to help give you any needed care or services. You may update, remove, or change the contact information at any time.

**You do not have to give us this contact information,** but if you do, please put the information on this form:

**Applicant Name:**

Mailing Address:

Telephone Number:

TTY or VP Number:

Cell Phone Number:

Email Address (if Applicable):

**Name of Contact Person or Group:**

Address:

Telephone Number:

TTY or VP Number:

Cell Phone Number:

Email Address (if Applicable):

How you know them:

**Reasons We Can Contact Them: (Check all that apply)**

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Proposed termination of rental assistance
- ☐ Proposed eviction
- ☐ Late rent payment
- ☐ Help with Recertification Change
- ☐ Change in policies or procedures
- ☐ Other (please specify):

**Promise of Owner**

If you are allowed to live here, this information will be kept in your tenant file. If issues come up while you live here or if you need any services or special care, we may ask the contact you listed to help resolve the issue or give you needed services or care.

## **Confidentiality Statement**

The information on this form is confidential and will not be given to anyone unless you tell us it is okay or the law requires us to give it to another.

## **Option Not to Provide a Supplemental Contact Person:**

☐ Check box if you do not want to give us the name of another person or organization to contact on your behalf.

## **Signature of Applicant:**

Date:

Signature:

**See Tenant Handbook Section 3.17 for More Information**

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer



reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

#### **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

**You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>

## **Summary of Your Rights under California Civil Code 1786.22**

An investigative consumer reporting agency hereinafter referred to as “Agency” will supply files and information that you have a right to inspect during normal business hours and on reasonable notice.

All files the Agency maintains on you will be made available for your visual inspection as follows:

- In person, if you appear in person and furnish proper identification. A copy of the file will also be available to you for a fee not to exceed the actual cost of copying.
- By certified mail, if you make a written request, with proper identification, for copies to be sent to a specified address. However, agencies complying with a request for such a mailing will not be liable for disclosures to third parties caused by mishandling of mail after it leaves the Agency.
- A summary of all information contained in your file and required to be provided to you under California Civil Code will be provided by telephone, if you have made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.

“Proper identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the Agency require additional information concerning your employment and personal or family history in order to verify your identity.

The Agency will provide trained personnel to explain any information furnished to you pursuant to California Civil Code 1786.10.

The Agency will provide a written explanation of any coded information contained in your file. This written explanation shall be distributed whenever a file is provided to you for visual inspection.

One other person of your choice may accompany you when you come to inspect your file. This person must furnish reasonable identification. The Agency may require you to furnish a written statement granting permission to the Agency to discuss your file in your companion’s presence.

**The Curve @ West Angeles**  
**5414 Crenshaw Boulevard, Los Angeles, CA 90043**  
**Phone: (323) 741-5326– TTY: (877) 735-2929**

## **APPENDIX 2**

### **REASONABLE ACCOMMODATIONS AND PHYSICAL MODIFICATIONS ARE AVAILABLE AT:**

**The Curve @ West Angeles**

### **WHAT ACCOMMODATIONS OR MODIFICATIONS CAN I ASK FOR?**

You or anyone in your household can ask for:

1. An accommodation if you have a disability and need a change or exception to our standard rules, eligibility criteria, policies, or practices, so that you are able to use and enjoy a unit in our property
2. A change in the way we communicate with you. This can include providing information in alternative formats or Braille, American Sign Language (ASL) interpreters, or large print documents.
3. An accessibility modification (physical changes) to your unit or a common area.

We will pay all reasonable costs for reasonable accommodations and reasonable modifications.

### **WHO WILL BE ABLE TO SEE INFORMATION ABOUT MY REQUEST?**

All information you provide is confidential. Information about your request will only be shared with people who need to decide on or carry out the request, or if required by law.

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.



## **WHAT IS A REASONABLE ACCOMMODATION?**

A reasonable accommodation is a change to our rules, policies, practices, procedures or services to help a person with a disability use and enjoy our housing development.

Examples are:

1. Giving you documents in large print, Braille, on cassettes or CDs, or electronically; or reading documents to you.
2. Providing a sign language interpreter or using a video relay service.
3. Allowing another person to help you.
4. Moving you to an accessible unit or a unit with different features you need.
5. Providing an assigned accessible parking space close to your unit.
6. Moving you to a unit with a bedroom for a live-in aide or for medically required equipment.
7. Permitting you to pay rent on a different due day because you get your disability income check later in the month.

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## **WHAT IS A REASONABLE MODIFICATION?**

A reasonable modification is a change to the building. Examples are:

1. Lowering a light switch.
2. Providing a front loading washing machine where a top loading machine is provided.
3. Providing an accessible intercom system.
4. Installing a stove with controls on the front.

These are just examples. You can ask for other reasonable accommodations or reasonable modifications you need because of your disability.

## **WHEN CAN I ASK FOR A REASONABLE ACCOMMODATION OR REASONABLE MODIFICATION?**

You can ask at any time. This includes when you apply to rent, while you live here, and even when you are moving out. You may designate a third person or agent who may act or speak for you regarding your request.

## **HOW DO I ASK FOR AN ACCOMMODATION OR MODIFICATION?**

You can ask a property manager, or fill out a Request Form. We can help you fill out the form. Ask us if you need to communicate with us in a particular way due to your disability.

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**The Curve @ West Angeles**  
**5414 Crenshaw Boulevard, Los Angeles, CA 90043**  
**Phone: (323) 741-5326– TTY: (877) 735-2929**

## **WHAT KIND OF INFORMATION DO I NEED TO GIVE YOU?**

You need to tell us what you need and how it is related to your disability.

## **WHAT HAPPENS AFTER I ASK?**

We will respond to you as quickly as possible.

### **We may ask you for more information.**

Your need for the accommodation or modification may be obvious. For example, if you use a wheelchair it may be obvious you need accessible parking. If your need for an accommodation or modification is not obvious, we may ask for more information from you or from someone else who knows about your disability needs.

If we ask you for information from someone else, we will give you an Additional Information Form. An Additional Information Form may be needed if your disability or your need for an accommodation or modification is not obvious.

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You can choose how to get the additional information:

1. You can sign the Part 2 of the Additional Information Form and return it to the office. We will then send the form to the person you listed and ask them to fill it out and return it to us.

OR:

2. You can sign the Part 2 of the Additional Information Form and give it to the person you want to fill out the rest of the form. You can return it to us when it is complete. We may call that person to confirm they filled it out.

When the Additional Information Form is returned, we will tell you if we need more information.

We may need to talk with you more. Again, ask us if you need to communicate with us in a particular way due to your disability. We will let you know if we think the accommodation or modification will be an undue financial or administrative burden, or fundamental alteration.

We will let you know our final decision in writing. If we deny your request, you can ask for a meeting to discuss it. Your position on the wait list or your tenancy will not be affected because you make a request.

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.



**The Curve @ West Angeles**  
**5414 Crenshaw Boulevard, Los Angeles, CA 90043**  
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## **HOW LONG WILL IT TAKE TO GET AN ANSWER?**

Usually, we will respond within 5 business days of getting the request. If it is urgent, we will try to respond sooner. If additional information is needed, or if we need to meet or talk with you about options, we will give you an answer within 30 days.

### **For questions or help with your request, please contact:**

Related Management

Address: 5414 Crenshaw Boulevard, Los Angeles, CA 90043

Office Number: (323)741-5326

TTY Number: (877) 735-2929

Email: [Thecurve@related.com](mailto:Thecurve@related.com)

## **See Tenant Handbook Section 3.14 for More Information**

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.

