

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

RENTAL APPLICATION COVER PAGE FOR THE CURVE @ WEST ANGELES APARTMENTS

This housing is offered without regard to race, color, religion, sex, 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.

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: (877) 735-2929
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 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.

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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.

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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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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.

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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

See Tenant Handbook Section 3.14 for More Information

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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



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The Curve @ West Angeles is a Smoke-Free Community

Application For Occupancy

For Related Management Company
Office Use Only:

Date Received: _____
Application #: _____

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: <input type="checkbox"/> Studio <input type="checkbox"/> One Bedroom		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
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:		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 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 in 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.”</p>		



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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.).

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.				

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		<div></div> <div></div>		\$ <div></div> <div><input type="checkbox"/> Weekly</div> <div><input type="checkbox"/> Monthly</div> <div><input type="checkbox"/> Yearly</div>
2		<div></div> <div></div>		\$ <div></div> <div><input type="checkbox"/> Weekly</div> <div><input type="checkbox"/> Monthly</div> <div><input type="checkbox"/> Yearly</div>
3		<div></div> <div></div>		\$ <div></div> <div><input type="checkbox"/> Weekly</div> <div><input type="checkbox"/> Monthly</div> <div><input type="checkbox"/> Yearly</div>
4		<div></div> <div></div>		\$ <div></div> <div><input type="checkbox"/> Weekly</div> <div><input type="checkbox"/> Monthly</div> <div><input type="checkbox"/> Yearly</div>

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.		\$ <div><input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly</div>
2.		\$ <div><input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly</div>
3.		\$ <div><input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly</div>
4.		\$ <div><input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly</div>



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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 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 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



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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:		

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
- 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.

By signing, you authorize us to contact any references listed and to obtain consumer reports, which may include credit, rental payment history and criminal background information about you and any occupants in the premises in order to verify the above information.

Signature of Head of Household

Date

WARNING: MISLEADING WILLFUL 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 TRUE 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



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Demographic Data

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

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
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	
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.

Positively no large appliances or water beds are permitted without the owner’s prior written approval and signed agreement.

We do not insure your personal property; we encourage you to purchase renter’s insurance for your personal belongings.

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