

# LUXAIRA

## A 157 UNIT AFFORDABLE SENIOR (55+) APARTMENT COMMUNITY

### Eligibility Requirements Below:

#### 50% Area Median Income

| Household Size | # Bedrooms | Household Income* | Tenant Rent* |
|----------------|------------|-------------------|--------------|
| 1 Person       | Studio     | \$35,850-\$59,250 | \$1,122      |
| 2 Person       | Studio     | \$35,850-\$67,700 | \$1,122      |
| 1 Person       | 1          | \$40,980-\$59,250 | \$1,280      |
| 2 Person       | 1          | \$40,980-\$67,700 | \$1,280      |
| 2 Person       | 2          | \$46,080-\$67,700 | \$1,413      |
| 3 Person       | 2          | \$46,080-\$76,150 | \$1,413      |
| 4 Person       | 2          | \$46,080-\$84,600 | \$1,413      |

#### 60% Area Median Income

| Household Size | # Bedrooms | Household Income*    | Tenant Rent * |
|----------------|------------|----------------------|---------------|
| 1 Person       | 1          | \$57,120 - \$71,100  | \$1,818       |
| 2 Person       | 1          | \$57,120 - \$81,240  | \$1,818       |
| 2 Person       | 2          | \$68,520 - \$81,240  | \$2,161       |
| 3 Person       | 2          | \$68,520 - \$91,380  | \$2,161       |
| 4 Person       | 2          | \$68,520 - \$101,520 | \$2,161       |

### Application Submission

Online: [www.luxairalive.com](http://www.luxairalive.com) | By Mail: Luxaira: 1105 Hamal, Irvine, CA 92618

Telephone device for the hearing impaired is TTY: 711. If you have a disability that prohibits you from fully participating in this process, please call (949) 346-5444.

Leasing Specialist: (949) 346-5444 | Website: [www.luxairalive.com](http://www.luxairalive.com) | Email: [Luxaira@related.com](mailto:Luxaira@related.com)



Proudly Managed By: **RELATED**

\*Income limits and rents are subject to change based on area median income data when published by HUD (AMI). Equal Housing Opportunity. Non-Discrimination on the Basis of Disability.



# Application For Occupancy

## Luxaira

1105 Hamal  
Irvine, CA 92618  
PH (949) 346-5444  
Fax (949) 653-1731 TTY: 711  
luxaira@related.com

For Related Affordable Management  
Office Use Only:

Date Received: \_\_\_\_\_

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

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

*Luxaira 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:<br>( ) -  | Secondary Phone:<br>( ) -  | 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):<br><input type="checkbox"/> Studio<br><input type="checkbox"/> One Bedroom<br><input type="checkbox"/> Two Bedroom                        | Do you require a unit with special accessibility features for any member of your household for the following disabilities?<br><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 Area; b) Disaster such as fire or flood; c) Government or state action; or d) Presidential-declared disaster:<br><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:<br>( ) -   |
| Current Managing Agent Name/Address:   |   | Managing Agent Phone:<br>( ) -   |
| Check the size of your current residence:<br><input type="checkbox"/> Studio <input type="checkbox"/> Three Bedrooms<br><input type="checkbox"/> One Bedroom <input type="checkbox"/> Four Bedrooms<br><input type="checkbox"/> Two Bedrooms <input type="checkbox"/> Other (specify): | How long have you lived at this address?<br>____ Years ____ Months  | Is the lease in your name?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Are you sharing your apartment?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Total monthly rent for your apartment:<br>\$  | Your portion of monthly rent:<br>\$  |
| Does your current rent include utilities?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Average monthly utility expenses:<br>\$   | Is your landlord a relative?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you pay your own rent?<br><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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Is your current rent subsidized through Section 8?<br><input type="checkbox"/> Yes <input type="checkbox"/> No      |  |
| Are you currently without a regular nighttime residence?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Are you relocating due to violent or unsafe conditions?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Previous Landlord Name/Address:<br>(list only if you have lived at your current address for less than 2 years)   |   | Previous Landlord Phone:<br>( ) -  |
| Previous Managing Agent Name/Address:  |   | Previous Managing Agent Phone:<br>( ) -  |
| Previous monthly rent:<br>\$   | Reason for moving:  |  |
| Please list <b>all states</b> in which you have previously resided:  |   |  |

# 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.                          |                                    |   |                |                       |

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                           |             | _____<br>_____<br>( ) -      |             | \$ _____<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Yearly |
| 2.                          |             | _____<br>_____<br>( ) -      |             | \$ _____<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Yearly |
| 3.                          |             | _____<br>_____<br>( ) -      |             | \$ _____<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Yearly |
| 4.                          |             | _____<br>_____<br>( ) -      |             | \$ _____<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Yearly |
| 5.                          |             | _____<br>_____<br>( ) -      |             | \$ _____<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Yearly |
| 6.                          |             | _____<br>_____<br>( ) -      |             | \$ _____<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Yearly |
| 7.                          |             | _____<br>_____<br>( ) -      |             | \$ _____<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Monthly<br><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 |
| 6.                          |                 | \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |
| 7.                          |                 | \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly |

# 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:<br>\$ _____ as of ____ / ____ / ____ |
| Name/Address of Bank   |  |   |
| <b>Additional Checking Account</b>   | Last 4 Digits of Account Number:   | Current Balance as of Last Statement Date<br>\$ _____ as of ____ / ____ / ____  |
| Name/Address of Bank   |  |   |
| <b>Savings Account</b>   | Last 4 Digits of Account Number:   | Current Balance as of Last Statement Date<br>\$ _____ as of ____ / ____ / ____  |
| Name/Address of Bank   |  |   |
| <b>Money Market Acct./Crypto Acct.</b>   | Last 4 Digits of Account Number:   | Current Balance as of Last Statement Date<br>\$ _____ as of ____ / ____ / ____  |
| Name/Address of Bank/ Institution  |  |   |
| <b>Certificate of Deposit Account</b>  | Last 4 Digits of Account Number:   | Current Balance as of Last Statement Date<br>\$ _____ as of ____ / ____ / ____  |
| Name/Address of Bank   |  |   |
| <b>401K/Other Retirement Account</b>   | Last 4 Digits of Account Number:   | Current Balance as of Last Statement Date<br>\$ _____ as of ____ / ____ / ____  |
| Name/Address of Bank   |  |   |
| Do you receive income in the form of a <b>pre-paid debit card</b> (e.g. Direct Express, EBT, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | Current Balance as of Last Statement Date<br>\$ _____ as of ____ / ____ / ____  |
| Do you own any <b>stocks/bonds</b> ?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | If yes, what is the current value?<br>\$ _____   |   |
| Do you own any <b>savings bonds</b> ?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | If yes, what is the current value?<br>\$ _____   |   |
| Do you own any <b>real estate</b> ?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | If yes, what is the current value?<br>\$ _____   |   |
| Have you ever owned any real estate?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | If yes, when? _____<br>When was it sold? _____<br>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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, list each asset and the amount received for each asset:<br>Type of Asset _____ Amount \$ _____<br>Type of Asset _____ Amount \$ _____<br>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.                    | _____<br>_____<br>(    )    - | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time |
| 2.                    | _____<br>_____<br>(    )    - | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time |
| 3.                    | _____<br>_____<br>(    )    - | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time |
| 4.                    | _____<br>_____<br>(    )    - | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time |
| 5.                    | _____<br>_____<br>(    )    - | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time |
| 6.                    | _____<br>_____<br>(    )    - | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time |
| 7.                    | _____<br>_____<br>(    )    - | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time |

# 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?<br><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?<br><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?<br><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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| Explain circumstances briefly:   |  |  |
| Has anyone in your household been convicted of violating any drug-related laws?<br><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?<br><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

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 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 Luxaira

("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

# Preferences

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

|  |
|--|
| <p>Were you or any member of your household displaced by Redevelopment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>If Yes, please list agency and the date of displacement _____</p>   |
| <p>Do you or any member of you household above have a Certification as Homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>If Yes, please confirm with Management and explain _____</p>   |
| <p>Do you currently have a portable Housing Choice Voucher? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>If Yes, please list the Housing Authority: _____ Bdrm Size: _____</p>   |
| <p>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</p> <p>If Yes, please list the Housing Authority: _____ Member #: _____</p> <p>For How Long? _____ Bdrm Size _____</p> |
| <p>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</p> <p>If Yes, please list all that apply: _____</p>                                      |
| <p>Do you or any member qualify for the other property preferences (confirm with management)?</p> <p>If yes, please list all that apply: _____</p>   |

**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

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

## 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.*





*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<br/>1700 G Street, N.W.<br/>Washington, DC 20552</p> <p>b. Federal Trade Commission<br/>Consumer Response Center<br/>600 Pennsylvania Avenue, N.W.<br/>Washington, DC 20580<br/>(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<br/>Customer Assistance Group<br/>1301 McKinney Street, Suite 3450<br/>Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center<br/>P.O. Box 1200<br/>Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center<br/>1100 Walnut Street, Box #11<br/>Kansas City, MO 64106</p> <p>d. National Credit Union Administration<br/>Office of Consumer Financial Protection (OCFP)<br/>Division of Consumer Compliance Policy and Outreach<br/>1775 Duke Street<br/>Alexandria, VA 22314</p> |
| <p>3. Air carriers</p>  | <p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings<br/>Aviation Consumer Protection Division<br/>Department of Transportation<br/>1200 New Jersey Avenue, S.E.<br/>Washington, DC 20590</p>   |
| <p>4. Creditors Subject to the Surface Transportation Board</p>   | <p>Office of Proceedings, Surface Transportation Board<br/>Department of Transportation<br/>395 E Street, S.W.<br/>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<br/>United States Small Business Administration<br/>409 Third Street, S.W., Suite 8200<br/>Washington, DC 20416</p>   |
| <p>7. Brokers and Dealers</p>   | <p>Securities and Exchange Commission<br/>100 F Street, N.E.<br/>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<br/>1501 Farm Credit Drive<br/>McLean, VA 22102-5090</p>   |
| <p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>  | <p>Federal Trade Commission<br/>Consumer Response Center<br/>600 Pennsylvania Avenue, N.W.<br/>Washington, DC 20580<br/>(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.

## 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