Rental Application Cover Page for The Rigby

This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, familial status, national origin, citizenship status, primary language, marital status, ancestry, age, sexual orientation, disability, source of income (including receipt of Section 8 and other similar vouchers), genetic information, military or veteran status, arbitrary characteristics, or any other basis currently or subsequently prohibited by law.

1. The Rigby has 11 Accessible Units for Individuals with Mobility Disabilities and 10 Accessible Units for Individuals with Hearing/Vision Disabilities. The Rigby also has units with some accessible features, such as no steps. **If you would like to request one of these units, please complete Section D, Housing, of the Rental Application (page 5).** For more information about the accessible features of these units and/or if you need assistance to request a unit with accessible features, please contact:

   Property Management Contact Name: Glady Acevedo

   Title: Property Supervisor

   Phone Number: (747) 221-7617 TTY/TDD (if available): Dial 711 for CA Relay

   Email: RIG-Management@eahhousing.org

2. Reasonable Accommodations and Auxiliary Aids will be provided upon request. An Individual with a Disability may ask for:

   a. a change in rules or;
   b. a physical change to their apartment or shared areas in the building (either of which is a reasonable accommodation);
   c. an accessible apartment;
   d. and Auxiliary Aids necessary to ensure effective communication between us.

   If you or anyone in your household has a disability and needs any of these things or another type of accommodation to live in The Rigby and use our services, then contact The Rigby staff to communicate your needs.





Annual Recertification Cover Page for The Rigby

This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, familial status, national origin, citizenship status, primary language, marital status, ancestry, age, sexual orientation, disability, source of income (including receipt of Section 8 and other similar vouchers), genetic information, military or veteran status, arbitrary characteristics, or any other basis currently or subsequently prohibited by law.

1. The Rigby has 11 Accessible Units for Individuals with Mobility Disabilities and 10 Accessible Units for Individuals with Hearing/Vision Disabilities. The Rigby also has units with some accessible features, such as no steps. **If you would like to request one of these units, please complete Section D, Housing, of the Rental Application (page 5).** For more information about the accessible features of these units and/or if you need assistance to request a unit with accessible features, please contact:

   Property Management Contact Name: Gladys Acevedo

   Title: Property Supervisor

   Phone Number: (747) 221-7617 TTY/TDD (if available): Dial 711 for CA Relay

   Email: RIG-Management@eahhousing.org

2. Reasonable Accommodations and Auxiliary Aids will be provided upon request. An Individual with a Disability may ask for, among others:
   a. a change in rules or;
   b. a physical change to their apartment or shared areas in the building (either of which is a reasonable accommodation);
   c. an accessible apartment;
   d. and Auxiliary Aids necessary to ensure effective communication between us.

   If you or anyone in your household has a disability and needs any of these things or another type of accommodation to live in The Rigby and use our services, then contact The Rigby staff to communicate your needs.





Revision Date: 8/3/2021

Application for Housing

The Rigby

15314 Rayen St., North Hills, CA 91343 • TELEPHONE (747) 221-7617

EAH Property Management Use Only			**APPLICATION APPROVED:** Yes ☐ No ☐	
BEDROOM SIZE		**TIME OF APPLICATION:**		**COMMENTS**
Mobility (H/C) UNIT REQUESTED?	**YES ☐ NO ☐**	**DATE OF APPLICATION:**		Please complete the following application and return it to the Property. All items must be complete in order to determine your eligibility. If an item does not apply to you, please check N/A next to the question.
		APPLICATION RECEIVED BY:		
APPLICATION #:		**LOTTERY #:**		

This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, familial status, national origin, citizenship status, immigrant status, primary language, marital status, ancestry, age, sexual orientation, disability, source of income (including receipt of Section 8 and other similar vouchers), genetic information, military or veteran status, arbitrary characteristics, or any other basis currently or subsequently prohibited by law.

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 has a disability and needs any of these things to live in The Rigby **and use our services, then contact the Property Management staff listed above to complete a form called "Request Form for Reasonable Accommodations and Modifications". Please note the use of the Request Form for Reasonable Accommodations and Modifications is preferred but not required. If submitting a written Reasonable Accommodation or Modification without the form,please include all information requested on the form.**

Number of bedrooms requested **1st Request:**
2nd Request:

A. **GENERAL INFORMATION: HEAD OF HOUSEHOLD**
CO-HEAD Check if N/A ☐

Name:		**Name:**	
Home phone:		**Home phone:**	
Cell Phone		**Cell Phone**	
Work Phone:		**Work Phone:**	
Email:		**Email:**	

B. **HOUSEHOLD COMPOSITION**

List all persons, including yourself, who will be living in the apartment. List the head of household first. Do not include minors who will reside in the unit less than 50% of the time.

	Name First/Last	Relationship To HEAD	DOB mm/dd/yy	Age	Full Time Student Y/N (K-12 / College	Social Security/TIN (Last four only) 5555
1.		HEAD				
2.		CO-HEAD/Spouse				
3.						
4.						
5.						
6.						
7.						
8.						
9.						

1.	YES☐ NO☐	**Do you expect any additions to the household within the next 12 months? If yes, please explain giving name and relationship:**
2.	YES☐ NO☐ N/A ☐	**Do you have primary physical custody of all minors (50% or more of the time) listed under the Household Composition above? If no, please explain:**
3.	YES☐ NO☐	**Are there any absent household members that are not listed under the Household Composition above? If yes, please explain giving name and relationship?**

4.	**YES☐ NO☐**	**Do you have any pets or assistance animals that will reside with you if eligible? The project is required to comply with the Los Angeles County pet policy ordinance. If yes, please describe: _____**	
5.	**YES☐ NO☐**	**Will you or anyone in your household require a live-in care attendant?**	
		Name of Live-in Care Attendant:	**Relationship if any:**

C. VEHICLE INFORMATION Check if N/A ☐

Household Member Name	CA Driver ID	Car Make/Model	License Plate	Color	Year

D. HOUSING

LANDLORD REFERENCE Please complete all areas below. Please provide the last 2 consecutive years of housing history.	
HEAD OF HOUSEHOLD	**CO-HEAD/Other (If different from HEAD) Check if N/A ☐**
Name	Name
Current Address	**Current Address**
City/Zip Code	**City/Zip Code**
☐ Own ☐ Rent ☐ Other	**☐ Own ☐ Rent ☐ Other**
Amount Paid Monthly	**Amount Paid Monthly**
Length of time Lived there From to	**Length of time Lived there From to**
Name of Landlord:	**Name of Landlord:**
Address of Landlord:	**Address of Landlord:**
City/Zip Code of Landlord:	**City/Zip Code of Landlord:**

Phone Number of Landlord	**Phone Number of Landlord**
Additional information if required:	
1st Previous Address: Check if N/A ☐ **PLEASE PROVIDE INFORMATION IF CURRENT LANDLORD REFERENCE IS LESS THAN 2 YEARS.**	
HEAD OF HOUSEHOLD	**CO-HEAD/Other (If different from HEAD) Check if N/A ☐**
Name	**Name**
1st Previous Address	**1st Previous Address**
City/Zip Code	**City/Zip Code**
☐ Own ☐ Rent ☐ Other	**☐ Own ☐ Rent ☐ Other**
Amount Paid Monthly	**Amount Paid Monthly**
Length of time Lived there **From to**	**Length of time Lived there** **From to**
Name of Landlord:	**Name of Landlord:**
City/Zip Code of Landlord:	**City/Zip Code of Landlord:**
Phone Number of Landlord:	**Phone Number of Landlord:**
Additional information if required:	

2nd Previous Address: Check if N/A ☐	
HEAD OF HOUSEHOLD	**CO-HEAD/Other (If different from HEAD) Check if N/A ☐**
Name	**Name**
2nd Previous Address	**2nd Previous Address**
City/Zip Code	**City/Zip Code**

☐ Own ☐ Rent ☐ Other	☐ Own ☐ Rent ☐ Other
Amount Paid Monthly	**Amount Paid Monthly**
Length of time Lived there **From to**	**Length of time Lived there** **From to**
Name of Landlord:	**Name of Landlord:**
Name of Landlord:	**Name of Landlord:**
City/Zip Code of Landlord:	**City/Zip Code of Landlord:**
Phone Number of Landlord:	**Phone Number of Landlord:**

1.	**YES☐ NO☐**	**Do you or your household member(s) require an Accessible Unit with Mobility features?**
2.	**YES☐ NO☐**	**Do you or your household member(s) require an Accessible Unit with Hearing/Vision features?**
3.	**YES☐ NO☐**	**Do you have a Section 8 Voucher through the Housing Authority? If yes where?** **Section 8 Voucher number**

Citizenship (For project-based Section 8 properties ONLY):

1.	**YES☐ NO☐**	**Are you a U.S. Citizen?**
2.	**YES☐ NO☐**	**If no, are you a Non-Citizen with eligible immigration status?**

Are you or any member of your household a Veteran? YES☐ NO☐

E. **DEMOGRAPHIC INFORMATION -** You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in anyway.

Are you or any member of your household a Veteran?		**YES** ☐ **NO** ☐		
The following information is optional:				
HEAD: Highest level of Education completed?	☐ **Some High School**	☐ **High School Graduate**	☐ **College**	☐ **Graduate School**
Profession/Job Title	**Are you using Public Transportation to get to work?** **YES** ☐ **NO** ☐ **N/A** ☐		**If Yes, what type? check one:** ☐ **Train** ☐ **Bus** ☐ **Other**	
Co-HEAD: Highest level of Education completed?	☐ **Some High School**	☐ **High School Graduate**	☐ **College**	☐ **Graduate School**
Profession/Job Title	**Are you using Public Transportation to get to work?** **YES** ☐ **NO** ☐ **N/A** ☐		**If Yes, what type? check one:** ☐ **BART** ☐ **Bus** ☐ **Ferry** ☐ **other**	

How did you hear about the property?	**Local Paper** ☐	**Housing Authority** ☐	**Internet** ☐	**Referral**	**Other**

The information regarding race and ethnicity solicited on this application is requested in order to assure the Federal Government that EAH Inc. complies with the Federal laws prohibiting discrimination against applicants on the basis of race and ethnicity. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in anyway.

Household Member Name	**Ethnicity:**	**Race (check one or more)**
1.	☐ Hispanic or Latino ☐ Non-Hispanic or Latino	☐ American Indian/Alaskan ☐ Native ☐ White ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander
2.	☐ Hispanic or Latino ☐ Non-Hispanic or Latino	☐ American Indian/Alaskan ☐ Native ☐ White ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander
3.	☐ Hispanic or Latino ☐ Non-Hispanic or Latino	☐ American Indian/Alaskan ☐ Native ☐ White ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander

4.	☐ Hispanic or Latino ☐ Non-Hispanic or Latino	☐ American Indian/Alaskan ☐ Native ☐ White ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander
5.	☐ Hispanic or Latino ☐ Non-Hispanic or Latino	☐ American Indian/Alaskan ☐ Native ☐ White ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander
6.	☐ Hispanic or Latino ☐ Non-Hispanic or Latino	☐ American Indian/Alaskan ☐ Native ☐ White ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander
7.	☐ Hispanic or Latino ☐ Non-Hispanic or Latino	☐ American Indian/Alaskan ☐ Native ☐ White ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander

F. INCOME

Employment Check if N/A ☐

Please provide the following employment information for each household member.

Family Member First Name	**Gross Monthly Amount**	**Business/Source Name Business/Source Address City/State/ZIP code**	**Contact Name Contact Phone Number Contact Fax Number**
1.			
2.			
3.			
4.			

5.		_____ _____	_____ _____

Other Sources of Income Check if N/A ☐

List all money earned or received by everyone living in your household. This includes money received from the categories listed below and from Disability Payments Or Death Benefits, Workers Compensation, Annuities, Periodic Payments From Insurance Policies and Other Sources Including Periodic Lottery Payments. LIST GROSS AMOUNTS RECEIVED BELOW.

Household Member First Name	SOC SEC & SSI	VA BNFTS	PENSION / RETIRE	SELF EMPLOY (Use monthly NET Income)	ALIMONY OR CHILD SUPP.	AFDF TANF	RECURRING GIFTS	UNEM BNFTS.	OTHER
1.									
2.									
3.									
4.									
5.									
6.									

YES☐ NO☐	Are there any changes expected in income within the next 12 months? If yes, please list family member and explain:

EQUAL HOUSING OPPORTUNITY

G. ASSETS

YES ☐ NO ☐	Have you ever filed Bankruptcy?

Checking and/or Savings Account CHECK HERE IF N/A ☐

Family Member First Name	Account Type	Bank/Financial Institution Names	Total Balance
1.			
2.			
3.			
4.			
5.			
6.			

Other Assets/Accounts

Please list any of the following assets that apply to you: TRUST, MONEY MARKET FUND, STOCKS, BONDS, TREASURY BONDS, TREASURY BILLS, CERTIFICATE OF DEPOSIT, IRA OR KEOGH, RETIREMENT, 401K/PENSION FUNDS, INHERITANCE, LOTTERY WINNINGS, INSURANCE SETTLEMENTS, CAPITAL GAINS, CAPITAL INVESTMENTS, OR PERSONAL PROPERTY HELD AS AN INVESTMENT.

ALSO INCLUDE ALL ASSETS THAT MAY BE HELD JOINTLY WITH ANOTHER PERSON.

Family Member First Name	Asset/Account Type	Bank/Financial Institution Names	Total Balance
1.			
2.			
3.			
4.			
5.			
6.			

H. REAL ESTATE /DISPOSED OF ASSETS

YES ☐ NO ☐ Does anyone own real property? (Includes land, houses, real estate, in the USA or any other country) **If "Yes" answer the questions below:**

Family member name	Estimated Cash Value Of Real Property	Rental Income If Any	Property Address/City/State

YES☐ NO☐ Have you sold any Real Estate OR disposed of any assets for less than Fair Market Value (FMV) in the last two years? (e.g. cash, property, bank accounts) **If "Yes" answer the questions below:**

Family Member Name	Market Value When Disposed:	Cash Value Disposed For:

I. STUDENT STATUS

1.	**YES☐NO☐**	**Does the household consist of all persons who are full-time students (Examples: College/University, trade school, etc.)?**
2.	**YES☐NO☐**	**Does the household consist of all persons who have been a full-time student in the previous 5 months?**
3.	**YES☐NO☐**	**Does your household anticipate becoming an all full-time student household in the next 12 months?**
If you answered YES to any of the previous three questions are you:		
4.	**YES☐NO☐**	**Receiving assistance under Title IV of the Social Security Act (AFDC/TANF/Cal Works - not SSA/SSI)?**
5.	**YES☐NO☐**	**Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program?**
6.	**YES☐NO☐**	**Married and filing (or are entitled to file) a joint tax return**
7.	**YES☐NO☐**	**Single parent with a dependent child or children and neither you nor your child(ren) are dependent of another individual?**
8.	**YES☐NO☐**	**Previously enrolled in the Foster Care program (age 18-24)?**

8.	Please list **all** states where **all household members** have ever lived. _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Use this space if needed for answering questions if you have ran out of space in that section. (enter the section letter and number of the question)

Section	Number	Answer

J. CERTIFICATION AND RELEASE OF INFORMATION

I/We hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand that I/we must pay a security deposit prior to occupancy. I/we certify that the housing I/we occupy will be my/our only residence. I/We understand that eligibility for housing will be based on applicable sections of the HUD 4350.3 Occupancy Handbook and EAH Inc. Residents Selection Criteria. I/We understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to, poor credit or landlord references, police records indicating unacceptable or criminal behavior. All information supplied here or elsewhere will be used to determine my household's eligibility for housing.

I further understand that providing any false, fraudulent, misleading, or incomplete information can cause a delay in processing and may be grounds for denial of tenancy; or in the event that I become a resident, or I am an existing resident, would be considered a material breach of my rental agreement and can be used as grounds to immediately terminate my tenancy. Any "yes" response on the criminal activity questionnaire section of this application may lead to rejection of my application.

I declare that all information and answers supplied during the application process by me, or on my behalf, including but not limited to, the answers to the above-noted questions, are true and correct. I understand that falsification of information found before or after acceptance of this property includes penalties that will result in cancellation of your application, also to include eviction, loss of assistance, if applicable. If this is a HUD subsidized property, the additional fines are imposed: fines of $10,000.00 and five years imprisonment. WARNING!: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

K. RELEASE OF INFORMATION

I/We do hereby authorize EAH Inc., and its staff to obtain information or materials deemed necessary to determine my/our eligibility for housing. I authorize verification of assets, income, credit history, rental history and references. I consent to allow owner/agent to disclose any information obtained to previous, current, or subsequent owner/agents, law enforcement, and any others owner/agent deems appropriate, including contacting agencies, offices, groups, organizations, that may provide information that could substantiate or verify information given in this application; for example landlords, local police departments, welfare agencies, or senior services agencies.

CONSUMER REPORT AGREEMENT

I/we understand that, to determine eligibility, background inquiries may be requested. I/we understand that EAH, Inc. will use the service of an outside consumer reporting agency to obtain a "consumer report" or "investigative consumer report" about adult members of my/our household. This agency will provide a written report of its findings to EAH, Inc.

EAH, Inc. uses *Screening Works* ("Agency"), to perform background investigations.

Agency will utilize various sources of information to conduct a background check including but not limited to credit and criminal records. I/we have been given notice and understand that I/we have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The scope of this notice of authorization is all-encompassing allowing EAH, Inc. to obtain from any outside organization all manner of consumer reports and investigative consumer reports to the extent permitted by law. I/we may review or obtain a copy of my/our report as provided by law.

Agency may be contacted at: *RentGrow, Inc., 177 Huntington Ave, Suite 1703 #74213, Boston, MA 02155, (800) 898-1351*

I/we hereby agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report about the adult members of my household. This authorization in original, electronic or copy form shall be valid as of the date indicated next to my/our signature. I/we agree, authorize and consent to the release and disclosure of any and all information including but not limited to that obtained from people, references, municipal, county, state and federal agencies and courts to provide all information that is requested by EAH, Inc. and Agency.

I/we certify that all statements made by me and contained anywhere herein are true. I/we agree that a copy of this document by fax or other electronic means shall be as valid as the original.

I understand that, all reports are confidential and provided to EAH, Inc. for decisions regarding housing in strict compliance with the federal Fair Credit Reporting Act (FCRA) and the Americans with Disabilities Act (ADA), anti-discrimination and privacy laws and all

other applicable federal and state laws. I understand that if there is any unsatisfactory finding directly related to the property selection criteria, I will not be allowed to reside on the property.

NOTICE REGARDING CALIFORNIA INVESTIGATIVE CONSUMER REPORTING AGENCIES ACT

☐ Landlord does **not** intend to request an investigative consumer report regarding the Applicant.

Unless the box above is checked, pursuant to California Civil Code section 1786.16(a)(3), the Landlord intends to request an investigative consumer report in connection with the Applicant's application for housing. The investigative consumer report will be made concerning the Applicant's character, general reputation, personal characteristics, and mode of living. Among other things, the investigative consumer report may contain information concerning the Applicant's creditworthiness, any court judgments against the Applicant, and any criminal charges and/or convictions. Pursuant to California Civil Code section 1786.22, any files maintained on the Applicant by the investigative consumer reporting agency from which Landlord obtains the report shall be made available to you during normal business hours and upon reasonable notice, provided you furnish proper identification, as follows: (1) The Applicant may appear in person at the investigative consumer reporting agency below to request a copy of the Applicant's file; (2) the Applicant may make a written request for copies of the Applicant's files to be sent via certified mail to a designated addressee; or (3) the Applicant may make a written request for a summary of the file to be provided over the telephone. "Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If one of these forms of identification cannot be provided, the agency may ask for other forms of identification in accordance with California Civil Code section 1786.22(c). The investigative consumer reporting agency may charge a fee, not to exceed the actual copying costs, if the Applicant requests a copy of the Applicant's file. The agency is required to have personnel available to explain the Applicant's file to the Applicant, and the agency must explain to the Applicant any coded information appearing in the file. If the Applicant chooses to appear in person, the Applicant may choose to bring another person of his/her choice with him/her, provided that the accompanying person also bring proper identification with him/her. If the Applicant brings another person with him/her, the

agency may require the Applicant to sign an authorization allowing the agency to discuss the Applicant's file in the presence of that other person. The agency that will prepare the investigative consumer report on the Applicant is:

Name of Agency: RentGrow, Inc

Address of Agency: 177 Huntington Ave, Suite 1703 #74213, Boston, MA 02155, (800) 898-1351

If you would like a copy of the report(s) that is/are prepared, please check the box below:

☐ I would like to receive a copy of the report(s) that is/are prepared.

If the box above is checked, Landlord agrees that Landlord, or Landlord's agent, will send the Applicant a copy of the report within three (3) business days of the date the report is provided to Landlord. The copy of the report will contain the name, address, and telephone number of the agency that issued the report and how to contact the agency.

If Landlord takes adverse action against Applicant, and the adverse action is based in whole or in part on the contents of the investigative consumer report, then, pursuant to California Civil Code section 1786.40(a), Landlord shall so advise Applicant and shall supply Applicant with the name and address of the agency that prepared the report on which Landlord's decision was based in whole or in part.

SIGNATURE CLAUSE:

I certify all information and answers to the questions are true and complete to the best of my knowledge and understand providing false information or making false statements may result in denial of my application and/or criminal penalties.

All household members 18 and over must sign below:

Print Name: _____ **Signature:** _____ **Date:** _____

Print Name: _____ **Signature:** _____ **Date:** _____

Print Name: _____ **Signature:** _____ **Date:** _____

Print Name:	_____	**Signature:**	_____	**Date:**	_____
Print Name:	_____	**Signature:**	_____	**Date:**	_____
Print Name:	_____	**Signature:**	_____	**Date:**	_____