

# Whittier Towers

## RENTAL APPLICATION

**Instructions:** Please complete ALL sections of this application. Please do not leave any questions blank; please do not use White Out. ALL adult household members (18 and over) must sign the application. Submitting multiple copies will be cause for rejection. Please notify the management office if you need application assistant such as large type font, information by audio tape, computer disk, Braille and/or a language other than English. Best efforts will be made to accommodate such requests.

**Primary Language:** (Arabic) ; (Cantonese) 廣東話 ; (Mandarin) 官話 ; (Korean) 한국어 ; (Russian) русский ;  
 (Spanish) Español ; (Tagalog) Tagalog ; (Vietnamese) Tiếng Việt ; Other

**Occupancy Limits** (To qualify for each of the unit sizes, please note the minimum and maximum persons required for each unit size. *Please see the Tenant Selection Plan for additional information regarding occupancy guidelines:*

**Studio:** 1 person min, 2 people max

1. PLEASE CHECK BEDROOM SIZE REQUESTED:  Studio
2. How did you hear about this property?  Flyer  Walk-by  Internet  Newspaper  Friend  Comm. Center.  Other \_\_\_\_\_

**Household Information**

List ALL household members that are applying to live in the apartment. Any household member that is under the age of 18 and will reside in the household 50% of the time or more must be listed. *(Be sure to include your own name. Failure to provide accurate and complete contact information may result in application denial).*

Last Name	First, Middle Initial	Relationship to Head of Household	M/F (Optional)	Social Security Number	Birthdate MM/DD/YYYY

**CURRENT CONTACT INFORMATION (Required)**

**Current Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Mobile Phone:** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Other Contact:** \_\_\_\_\_

**Reasonable Accommodation Information**

Whittier Towers has accessible units and/or units with accessible features. Applicants may inquire about features of these units by contacting the management office at (562) 693-1353 TTY: 1 (800) 855-7100

1. Do you require that your apartment be designed for the disabled/mobility impaired?  Yes  No
- Please check if applies:  Mobility  Vision  Hearing
- Please explain the required modification needed: \_\_\_\_\_

A person with a disability may ask for:

- A change in rules (reasonable accommodation)
- A physical change to their apartment or shared areas in the building (reasonable modification)
- An accessible apartment
- Aids and services to help them communicate with us

If you or anyone in your house has a disability and needs any of these things to live at Whittier Towers and use our services then please contact the management staff to fill out a form called a 'Reasonable Accommodation or Modification Form.'



## Other Household Information

- Please check here if you have been displaced by governmental action or if your dwelling has been destroyed as a result of a disaster formally recognized pursuant to federal disaster relief laws. (*Third-party verification will be required*).
- Whittier Towers is a non-smoking property. Each applicant 18+ must initial below to acknowledge that you understand smoking will not be permitted throughout the property up to the property line.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_  
 Initials HOH    Initials    Initials

- Are you currently working with a Case Worker or an Agency that you would like us to be aware of or contact as you apply?

Agency Name: \_\_\_\_\_ Case Worker Name: \_\_\_\_\_

Agency/Case Worker Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- We are required to adhere to Federal Fair Housing laws and to encourage a balanced resident population at Whittier Towers. 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. Therefore, we appreciate your checking the appropriate boxes below regarding your race/ethnicity. You are not obligated to provide this information. If you choose not to disclose, please indicate below.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>Black/African American</b>        | <input type="checkbox"/> <b>Asian</b>  | <input type="checkbox"/> <b>Native Hawaiian/Other Pacific Islander</b> |
| <input type="checkbox"/> <b>White/Caucasian</b>               | <input type="checkbox"/> <i>Asian India</i> <input type="checkbox"/> <i>Japanese</i> | <input type="checkbox"/> <i>Native Hawaiian</i>                        |
| <input type="checkbox"/> <b>Hispanic</b>                      | <input type="checkbox"/> <i>Chinese</i> <input type="checkbox"/> <i>Korean</i>       | <input type="checkbox"/> <i>Guamanian or Chamorro</i>                  |
| <input type="checkbox"/> <b>American Indian/Alaska Native</b> | <input type="checkbox"/> <i>Filipino</i> <input type="checkbox"/> <i>Vietnamese</i>  | <input type="checkbox"/> <i>Samoan</i>                                 |
| <input type="checkbox"/> <b>Other</b>                         | <input type="checkbox"/> <i>Other Asian</i>  | <input type="checkbox"/> <i>Other Pacific Islander</i>                 |
| <input type="checkbox"/> <b>Non-Disclosed</b>                 |  |  |

## Current Residence

- What is your current monthly rent? \$ \_\_\_\_\_ /month
- Why do you intend to vacate your current residence? \_\_\_\_\_
- What is the size of your current residence? # of Bedrooms \_\_\_\_\_ (Please indicate "0" for a studio or bachelor unit)

- |   | <u>YES</u>               | <u>NO</u>                |
|---|--------------------------|--------------------------|
| <b>1. Do you expect any additions to the household within the next 12 months?</b><br>Name & Relationship: _____<br>Explanation: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>2. Is there anyone living with you now who would not be living with you at this property?</b><br>Name & Relationship: _____<br>Explanation: _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>3. Do you or any household members own a car? If yes, how many cars? Number of cars: _____</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>4. Are there any absent household members who under normal conditions would live with you? (For example, a household member away at school or deployed in the military.)</b><br>Explanation: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

## Household Background Information

- |   | <u>YES</u>               | <u>NO</u>                |
|---|--------------------------|--------------------------|
| <b>1. Have you or anyone else named on this application filed for bankruptcy?</b><br>Explanation: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>2. Have you or anyone else named on this application been convicted of a felony?</b><br>Explanation: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>3. Have you or anyone else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?</b> | <input type="checkbox"/> | <input type="checkbox"/> |



Explanation: \_\_\_\_\_

4. Are you or anyone else named on this application subject to a lifetime sex offender registration requirement in ANY state?  YES  NO

Explanation: \_\_\_\_\_

5. Have you or anyone else named on this application been convicted of drug/paraphernalia use, possession or distribution?  YES  NO

Explanation: \_\_\_\_\_

### Rental History and Housing References

Please list all locations you have lived in the last FIVE (5) years starting with the address PRIOR to your current residence listed above. In addition please list ALL States where household members have lived. (If additional space is required, use the back of this page.)

<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
(1) Name: _____	_____	Own <input type="checkbox"/>	From: _____
Address: _____	_____	Rent <input type="checkbox"/>	To: _____
Phone: (     ) _____	_____		
(2) Name: _____	_____	Own <input type="checkbox"/>	From: _____
Address: _____	_____	Rent <input type="checkbox"/>	To: _____
Phone: (     ) _____	_____		
List All States here: _____			

### Applicant Status

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Are you or any other ADULT household members claiming zero income?<br>Explanation: _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will you or any ADULT household member require a live-in care attendant to live independently?<br>Name of Attendant: _____<br>Relationship (if any): _____                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you currently, at the time of application, receive Section 8 rental assistance?<br>Name of Agency: _____<br>Contact Person: _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you currently have or are you expecting a Section 8, Choice Voucher, V.A.S.H., or other Voucher?<br>Expected Date: _____<br>Name of Agency: _____<br>Contact Person: _____ | <input type="checkbox"/> | <input type="checkbox"/> |



Full Time Student Information			
This apartment is governed by Federal and/or State Housing Program(s) that restrict full-time students. We must determine your household student status prior to eligibility and, if such eligibility is granted, each subsequent year you remain in the unit. <b>If unsure of Full-Time status, inquire with academic institution for determination of "Full-Time" prior to completing the following section.</b>			
Are you or any member of your household above (including minors) currently a Full-Time Student?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Do you or any member of your household above (including minors) anticipate becoming a Full-Time Student?
<i>If Yes to either question, complete the following:</i>			
Any of the Full-Time Student(s) married and filing a joint tax return?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Any of the Full-Time Student(s) enrolled in a Job Training Program receiving assistance under the Job Training Partnership Act?
Any Full-Time Student(s) a single parent living w/ his/her minor child who is not claimed on another's Tax Return?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Any of the Full-Time Student(s) a TANF or Title IV recipient?
			Any Full-Time Student(s) under the age of 24, who has exited the Foster Care System within the last 6 years?

## Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

**PLEASE PROVIDE THE TOTAL Household's ANNUAL GROSS INCOME: \$ \_\_\_\_\_**

Answer the questions in this section to provide the source(s) of all household income. Include all income anticipated for the next 12 months. Use the back of this form if you need more space.

**Do YOU or ANYONE in your household receive OR expect to receive income from:**

- |   | <u>YES</u>               | <u>NO</u>                |
|---|--------------------------|--------------------------|
| 1. <b>Employment wages or salaries?</b> (Include overtime, tips, bonuses, commissions and payments received in cash. Use an additional page to add additional employment income sources.)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. <b>Social Security, SSI or any other payments from the Social Security Administration?</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. <b>Are you receiving regular payments from a pension, retirement benefit or annuities?</b><br>How many and from what source(s)? _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. <b>Regular gifts or payments from anyone outside of the household?</b> (This includes anyone supplementing your income or paying any of your bills, utilities, groceries, or other expenses.)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. <b>Self-employment?</b> (Include overtime, tips, bonuses, commissions, and any payments received in cash for any service that you provide to persons not living in the household.)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. <b>Alimony or child support?</b> (Include any support whether or not it is received and/or whether or not it is court-ordered.)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. <b>Any other income sources or types not listed?</b> (e.g., pay as a current member of the Armed Forces, unemployment benefits or workers' compensation, public assistance or general relief, payments from a severance package, payments from any type of settlement, payments from rental property or other types of real estate transactions, payments from lottery winnings or inheritances, etc.) <b>Use the additional space provided on #9 below if you need more space.</b><br>Explanation: _____<br>_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. <b>Do you or any other household member expect any changes to your income in the next 12 months?</b><br>Explanation: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. <b>Please provide notes on any other income sources here.</b><br>_____<br>_____<br>_____   |                          |                          |



## Asset Information

Include all assets held and **the income derived** from the asset. **INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.**

Answer the questions in this section to provide the source(s) of all household assets. Use the back of this form if you need more space.

**Do YOU or ANYONE in your household have:**

	<u>YES</u>	<u>NO</u>
<b>1. Checking account(s)? (All accounts including Direct Express cards) How many? _____</b> Name of institution(s): _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Savings account(s)? How many? _____</b> Name of institution(s): _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. CDs, money market accounts or treasury bills? How many? _____</b> Name of institution(s): _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Cash on hand?</b> This is cash <u>not</u> kept in a bank account.	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?</b> <i>(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)</i> Explanation: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Personal property held as an investment?</b> <i>(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)</i> Explanation: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. All other asset sources or types not listed?</b> Include name of institution where the asset is held, type of asset, value of asset, and any interest or income from the asset.(i.e. Stocks, bonds or securities, trust funds, pensions, IRAs, Keogh or other retirement accounts, whole life insurance, contents of a safe deposit box, etc.) Explanation: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Have you disposed of an asset in the last two years? (Example: Cash over \$1000, a home, other real estate, etc.)</b> Explanation: _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. AS NEEDED, PLEASE PROVIDE NOTES ON ANY OTHER ASSETS HERE:</b> _____ _____ _____ _____ _____ _____		



## Community Interest

1. We are providing extensive recreation facilities and activities at this property for the enjoyment of our residents. Since we are always looking for assistance to coordinate special programs and activities, we would appreciate a brief description of your skills, interests, hobbies and any assistance/leadership you might provide to these programs (optional).

---



---



---



---

2. **Drug and Crime Free Acknowledgement:** Your initials below will acknowledge that you understand that this apartment community will vigorously enforce a drug and crime free environment. You and your guests agree not to engage in any drug-related activity, including the manufacture, sale, distribution, use, or possession of illegal drugs. These activities are a material violation of the lease and good cause for termination of tenancy. Each household member 18+ adult initials below.

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 Initials HOH    Initials      Initials

## U.S. Citizenship

	Name of Family Member	U.S. Citizen? ➤ <i>If you answered "No", answer next question- →</i>		Are you an Eligible noncitizen (Qualified Resident)?	
<b>Head of Household</b>		Yes	No	Yes	No
<b>Other Adult</b>		Yes	No	Yes	No
<b>Other Adult</b>		Yes	No	Yes	No

## Credit Information

PLEASE SIGN BELOW TO AUTHORIZE A CREDIT REPORT, EVICTION REPORT, AND CRIMINAL BACKGROUND CHECK. Management will perform a credit and eviction history and may perform a criminal background check of all applicants as a part of the applicant screening criteria. **Your application will not be considered unless you provide management with your consent to obtain a credit, eviction, and criminal background report on each adult household member.**

Head of Household Signature	Date	Other Adult Signature	Date
Other Adult Signature	Date		



**Signature Clause**

I understand that I will acquire no rights to the above property until I sign a rental agreement and submit a security deposit. I further understand that false, fraudulent misleading or incomplete information may be grounds for denial of tenancy or subsequent eviction. There are no other agreements express or implied between the parties.

I understand that management is relying on this information to prove my household’s eligibility for housing at Whittier Towers. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I understand that providing false or misleading information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties. I authorize and consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management’s resident selection criteria and any low-income housing program requirements.

In accordance with state and federal laws, I have been notified that an investigation may be made of the information I provided on this application together with information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to dispute the accuracy of information obtained from the entities I have disclosed above, and, upon written request, the right to a complete and accurate disclosure of any scope of this investigation and/or a written summary of my rights under the Fair Credit Reporting Act.

**All household members must sign below:**

_____	_____	_____	_____
<b>Head of Household Signature</b>	<b>Date</b>	<b>Other Adult Signature</b>	<b>Date</b>
_____	_____		
<b>Other Adult Signature</b>	<b>Date</b>		

**FOR MANAGEMENT USE**

Date received by Management: \_\_\_\_\_ Received by: \_\_\_\_\_

**WARNING:** “Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the \*\*Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).\*\*



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.