Lark Ellen Village

1350 E. San Bernardino Rd., West Covina, CA 91791
Phone: (626) 732-3939 TTY: (800) 855-7100

APPLICATION INSTRUCTIONS

Dear Applicant:

Thank you for your interest in Lark Ellen Village, a 122-unit, age-restricted and non-age-restricted, Tax Credit apartment community, located in West Covina, California. The property offers one and two bedroom units for applicants 62 and over, and two, three and four bedroom units with no age restrictions.

We are currently accepting applications for both the age-restricted and non-age restricted waiting lists. This property accepts Housing Choice (Section 8) and VASH vouchers.

This packet provides important information about the property and how to apply. Please read this information carefully.

Please complete the attached application in its entirety. Please do not submit copies of SS cards, personal ID, licenses, or any financial or personal documents at this time. Upon request, application materials will be made available in a format that meets the needs of an applicant with disabilities.

Be sure to check your application for accuracy. You will not be able to change your application information (except for contact information) after the application is submitted. If your contact information changes (e.g., address, phone number, email, etc.), please notify us by mailing the updated information to the above address using your name as it appears on your previously submitted application.

Completing the Application

- Use BLACK INK to complete the application.
- Complete all the information – no blanks. Incomplete applications will be returned for additional information.
- Do not use white out. White out corrections are not accepted. To make corrections, make one (1) line through any mistakes and initial any changes.

If you pick up or download an application, please fill out the application and then submit your completed application in person or by mail to:

In Person or By Mail:
Lark Ellen Village
Attn: Manager's Office
1350 E. San Bernardino Rd.
West Covina, CA 91791

Applications that meet the preliminary screening requirements will be entered into our waiting list. Applications will be processed on a first come first served basis and in the order they are received.

We hope that you will have the opportunity to make Lark Ellen Village your home. If you have any questions or concerns, please contact the management office at (626) 732-3939.

Sincerely,

Lark Ellen Village Management

LARK ELLEN VILLAGE
RENTAL APPLICATION

Instructions: Please complete ALL sections of this application. Please do not leave any questions blank or use White Out. ALL adult household members (18 and over) must sign the application. Screening criteria available upon request. Please do not submit multiple applications.

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

Senior, Age Restricted Units, 62+:

☐ 1 Bedroom (Min. 1 Person Max. 3 People) ☐ 2 Bedroom (Min. 2 Person Max. 5 People)

Non-Age Restricted Units:

☐ 2 Bedroom (Min. 2 Person Max. 5 People) ☐ 3 Bedroom (Min. 3 Person Max. 7 People) ☐ 4 Bedroom (Min. 4 Person Max. 9 People)

Household Information

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

	Last Name	First Name	MI	Relationship to Head of Household	M/F (Optional)	SSN	Birthdate MM/DD/YYYY
1.				Self			
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							

CURRENT CONTACT INFORMATION (Required)

What is your preferred method of being contacted? ☐ Mail ☐ E-Mail ☐ Other_____

Current Address: _____

_____

Mobile phone: _____ Other Phone: _____

Email Address: _____ Other Contact: _____

Reasonable Accommodation Information

Lark Ellen Village has accessible units and/or units with accessible features. Applicants may inquire about features of these units by contacting the management office (626) 732-3939 or TTY (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 household has a disability and needs any of these things to live at Lark Ellen Village and use our services, please contact the management staff to fill out a 'Reasonable Accommodation or Modification Form.'

Effective Communication

Please notify the management office if you need application assistance 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) عربى ☐ (Cantonese) 广东话 ☐ (Mandarin) 普通话
☐ (Russian) русский ☐ (Spanish) Español ☐ (Tagalog) Tagalog
☐ (Vietnamese) Tiếng Việt ☐ (Korean) 한국어 ☐ Other: _____

Other Household Information

We are required to adhere to Federal Fair Housing laws and to encourage a balanced resident population at Lark Ellen Village. 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. As such, 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.

Ethnic Categories

☐ **Hispanic** ☐ **Not Hispanic** ☐ **Non-Disclosed**

Racial Categories

☐ **Black/African American**

☐ **White/Caucasian**
☐ **American Indian/Alaska Native**
☐ **Other**
☐ **Non-Disclosed**

☐ **Asian**

- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Vietnamese
- ☐ Japanese
- ☐ Korean
- ☐ Other Asian

☐ **Native Hawaiian/Other Pacific Islander**

- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander

1. ☐ 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).

2. ☐ Please check here if you have been displaced by redevelopment activities of the Agency in the implementation of the Redevelopment Plan. (Third –party verification will be required).

3. Lark Ellen Village is a non-smoking property. Each applicant 18+ must initial below to acknowledge that you understand smoking will <u>not</u> be permitted throughout the property up to the property line.

Initials HOH	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials
_____	_____	_____	_____	_____	_____	_____	_____	_____

4. List any Case Worker or Agency that you are working with, that you would like us to be aware of or contact.

Agency Name: _____ Case Worker Name: _____

Agency/Case Worker Phone: _____ Email: _____

Current Residence

1. How did you hear about this property?
   ☐ Flyer ☐ Internet ☐ Friend ☐ HCIDLA Registry
   ☐ Walk-By ☐ Newspaper ☐ Comm. Center ☐ Other _____
2. What is your current monthly rent? $ _____ /month
3. Why do you intend to vacate your current residence? _____
4. What is the size of your current residence? # of Bedrooms _____
   (Please indicate "0" for a studio or bachelor unit)

		Yes	No
5.	Do you expect any additions to the household within the next 12 months? Name & Relationship: _____ Explanation: _____	☐	☐
6.	Is there anyone living with you now who would not be living with you at this property? Name & Relationship: _____ Explanation: _____	☐	☐
7.	Are there any absent household members who under normal conditions would live with you? Explanation: _____	☐	☐
8.	Are you currently separated or estranged from your spouse?	☐	☐
9.	Do you or any household members own a car? If yes, how many cars? Number of cars: _____	☐	☐

Household Background Information

		Yes	No
1.	Have you, or anyone else named on this application, filed for bankruptcy? Explanation: _____	☐	☐
2.	Have you, or anyone else name on this application, been convicted of a felony? Explanation: _____	☐	☐
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? Explanation: _____	☐	☐
4.	Have you or anyone else named on this application been convicted of drug/paraphernalia use, possession, or distribution? Explanation: _____	☐	☐

Rental History and Housing References

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

Landlord's Name/Address	Your Address	Own/Rent	Dates
(1) Name: _____	_____	Own ☐	From: _____
Address: _____	_____	Rent ☐	To: _____
_____	_____	Homeless ☐	
Phone: _____			
(2) Name: _____	_____	Own ☐	From: _____
Address: _____	_____	Rent ☐	To: _____
_____	_____	Homeless ☐	
Phone: _____	_____		

List ALL States You Have Resided In: _____

Applicant Status

	Yes	No
1. Will you or any ADULT household member require a live-in care attendant?	☐	☐
Name of Attendant: _____		
Relationship (if any): _____		
2. Do you currently, at the time of application, receive Section 8 rental assistance?	☐	☐
Name of Agency: _____		
Contact Person: _____		
3. Do you currently have or are you expecting a Section 8, Choice Voucher, V.A.S.H., or other Voucher?	☐	☐
Expected Date: _____		
Name of Agency: _____		
Contact Person: _____		

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. **If unsure of Full-Time status, inquire with academic institution for determination of "Full-Time" prior to completing the following section.**

	Yes	No
1. Are you or any member of your household above (including minors) currently a Full-Time Student?	☐	☐
2. Do you or any member of your household above (including minors) anticipate becoming a Full-Time Student?	☐	☐

If Yes to either question, complete the following:

	Yes	No
3. Any of the Full-Time Student(s) married and filing a joint tax return?	☐	☐
4. Any of the Full-Time Student(s) enrolled in a Job Training Program receiving assistance under the Job Training Partnership Act?	☐	☐
5. Any Full-Time Student(s) a single parent living w/ his/her minor child who is not claimed on another's Tax Return?	☐	☐
6. Any of the Full-Time Student(s) a TANF or Title IV recipient?	☐	☐
7. 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.

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:

1. **Employment wages, or salaries, or self-employment?** (Include overtime, tips, bonuses, commissions, and payments received in cash. Use an additional page to add additional employment income sources.)

YES ☐ **NO ☐**

Household Member	Name of Company	Amount/month
		$
		$

2. **Social Security, SSI or any other payments from the Social Security Administration?**

YES ☐ **NO ☐**

Household Member	SSA / SSI / SSDI?	Amount/month
		$
		$

3. **Are you receiving regular payments from a pension, retirement benefit or annuities?**

YES ☐ **NO ☐**

Household Member	Type of Pension / Annuity	Amount/month
		$
		$

4. **Regular gifts or payments from anyone outside of the household?** (This includes anyone supplementing your income or paying any of your bills, utilities, groceries, or other expenses.)

YES ☐ **NO ☐**

Household Member	Name of Person Supplementing Income	Amount/month
		$
		$

5. **Any other income sources or types not listed?** (e.g., alimony or child support (whether or not it is received), 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.)

YES ☐ **NO ☐**

Household Member	Type of Other Income	Amount/month
		$
		$

6. **Do you, or any other household member, expect any changes to your income in the next 12 months?**

YES ☐ **NO ☐**

Household Member	Explanation

7. **As needed, please provide notes on any other income here:**

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:

1. Checking, Savings, Direct Express Cards, CDs, Money Markets, and/or Treasury Bills?

YES ☐ NO ☐

Household Member	Acct. Type	Institution	Last 4 of Acct.

2. Cash on hand? This is cash not kept in a bank account.

YES ☐ NO ☐

Household Member	Cash on Hand
	$
	$

3. Real estate, rental property, land contracts/contract for deeds or other real estate holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)

YES ☐ NO ☐

Household Member	Type	Value
		$
		$

4. All other asset sources or types not listed? 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. Paintings, coin or stamp collections, artwork, show cars, antiques, Stocks, bonds or securities, trust funds, pensions, IRAs, Keogh or other retirement accounts, whole life insurance, contents of a safe deposit box, etc.)

YES ☐ NO ☐

Household Member	Type	Value
		$

5. Have you disposed of an asset in the last two years? (Ex.: Cash over $1000, a home, other real estate, etc.)

YES ☐ NO ☐

Household Member	Type of Disposed Asset	Value	Disposed for Amount
		$	$
		$	$

6. As needed, please provide notes on any other assets here:

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.

_____

_____

_____

_____

_____

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 adult household member 18+ initials below.

Initials HOH	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials

Signature Clause

Upon notification by landlord of application processing, I agree to pay Lark Ellen Village an application screening charge in the amount required by landlord. I will be issued a Receipt for Application Fee upon payment which will authorize Lark Ellen Village to obtain any such credit reports, character reports and/or criminal reports, and verification of rental and employment history as it deems necessary to verify all information set forth in this application. 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 Lark Ellen Village. 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 adult household members must sign below:

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

Credit Information

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:

RentGrow

Name of Agency

177 Huntington Avenue, Suite 1703 #74213, Boston, MA 02115

Address of Agency

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.

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.

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**	**Other Adult Signature**	**Date**
Other Adult Signature	**Date**	**Other Adult Signature**	**Date**
Other Adult Signature	**Date**	**Other Adult Signature**	**Date**
Other Adult Signature	**Date**		

PLEASE MAIL COMPLETED APPLICATIONS TO:

Lark Ellen Village
Attn: Manager's Office
1350 E San Bernardino Rd
West Covina, CA 91791

For Management Use

Date & Time 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).**

Notice of Free Interpretation Services

English- Free Interpretation Services are available. Please ask for assistance in the office.

Spanish- Interpretación Servicios gratuitos están disponibles. Por favor pedir ayuda en la oficina.

Chinese (Traditional)- 免費的翻譯服務。請向辦公室提供援助。

Chinese (Simplified)- 免费的翻译服务。请向办公室提供援助。

Korean- 무료 통역 서비스를 사용할 수 있습니다. 사무실에서 도움을 요청하십시오.

Tagalog- Libreng Serbisyo Interpretasyon ay magagamit. Mangyaring humingi ng tulong sa opisina.

Vietnamese- Giải thích miễn phí Dịch vụ có sẵn. Xin hỏi trợ giúp trong văn phòng.

Arabic- تتوفر خدمات الترجمة الفورية مجانا. من فضلك اطلب المساعدة في المكتب.

Hindi- फ्री व्याख्या सेवाएं उपलब्ध हैं। कार्यालय में सहायता के लिए कहें।

Portuguese- Gratuito Serviços de interpretação disponíveis. Por favor, peça ajuda no escritório.

Russian- Бесплатные услуги переводчика доступны. Пожалуйста, обратитесь за помощью в офисе.