

# INGLEWOOD MEADOWS

1 S Locust Street, Inglewood, CA 90301  
Phone: (310) 672-3988 TTY: (800) 855-7100

## APPLICATION INSTRUCTIONS

Dear Applicant:

Thank you for your interest in Inglewood Meadows, a 199-unit Section 8/Tax Credit affordable housing community for people with a 62+ head of household, located in Inglewood, California.

Applications will be available online and on-site from **May 1, 2024 – May 31, 2024**. We encourage you to apply online at <https://www.tsahousing.com/property/inglewoodmeadows>. If you do apply online, please **DO NOT** submit a duplicate application through the mail.

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:

**Online:** <https://www.tsahousing.com/property/inglewoodmeadows>

**In Person** Inglewood Meadows

**or By Mail:** 1 S Locus St., Attn: Manager's Office,  
Inglewood, CA 90301

Applications that meet the preliminary screening requirements will be entered into a lottery. **Paper applications must be postmarked by May 31, 2024, in order to be entered into the lottery.**

We hope that you will have the opportunity to make Inglewood Meadows your home. If you have any questions or concerns, please contact the management office at (310) 672-3988.

Sincerely,

Inglewood Meadows Management



## Rental Application

Inglewood Meadows

1 S. Locust St., Inglewood, CA 90301

Phone: (310) 672-3988 TTY: (800) 855-7100

Email: [inglewoodmeadows@tsaproperties.com](mailto:inglewoodmeadows@tsaproperties.com)



THOMAS SAFRAN & ASSOCIATES

### 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.

#### Age-Restricted: 62+

	<u>Minimum</u>	<u>Maximum</u>
1 Bedroom	1 person	2 people

### HOUSEHOLD INFORMATION

List ALL household members that are applying to live in the apartment beginning with the Head of Household (HOH). 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 HOH	Optional M/F	SSN	Birthdate MM/DD/YYYY
1.	_____	_____	_____	Self	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____

### 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

Inglewood Meadows has accessible units and/or units with accessible features. Applicants may inquire about features of these units by contacting the management office (310) 672-3988 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 Inglewood Meadows 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:**
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> (Arabic) عربي           | <input type="checkbox"/> (Cantonese) 广东话   | <input type="checkbox"/> (Mandarin) 普通话    |
| <input type="checkbox"/> (Russian) русский       | <input type="checkbox"/> (Spanish) Español | <input type="checkbox"/> (Tagalog) Tagalog |
| <input type="checkbox"/> (Vietnamese) Tiếng Việt | <input type="checkbox"/> (Korean) 한국어      | <input type="checkbox"/> Other: _____      |

**OTHER HOUSEHOLD INFORMATION**

- How did you hear about this property?  
 Banner                       Flyer                       LAHD Registry                       Walk-By  
 C.E.S.                       Friend/Family                       Newspaper                       Other \_\_\_\_\_  
 Comm. Center                       Internet/Online                       TSAHousing.com
- Is any member of your household disabled according to the Fair Housing Act definition for handicap (disability):
  - A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment or being regarded as having such an impairment. For a definition of “physical or mental impairment and other terms, please see 24 CFR 100.201
  - Handicap does not include current, illegal use of or addiction to a controlled substance.
  - An individual shall not be considered to have a handicap solely because that individual is a transgender. Yes                       No                       Do not wish to disclose
- 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).
- Inglewood Meadows 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

- 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: \_\_\_\_\_



**HOUSEHOLD BACKGROUND INFORMATION**

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| 1. Have you, or anyone else named on this application, filed for bankruptcy?<br>Explanation: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you, or anyone else named on this application, been convicted of a felony within the last 7 years?<br>Explanation: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 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?<br>Explanation: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you or anyone else named on this application been convicted of drug/paraphernalia use, possession, or distribution?<br>Explanation: _____                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you or anyone else named on this application subject to a lifetime sex offender registration requirement in ANY state?<br>Explanation: _____                          | <input type="checkbox"/> | <input type="checkbox"/> |

**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.

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

List ALL States You Have Resided In: \_\_\_\_\_

**APPLICANT STATUS**

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| 1. Will you or any ADULT household member require a live-in aide? (Third-party verification will be required).<br>Name of Attendant: _____<br>Relationship (if any): _____       | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 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"/> |
| 3. 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. **If unsure of Full-Time status, inquire with academic institution for determination of “Full-Time” prior to completing the following section.**

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| 1. Are you or any member of your household above (including minors) currently a Part-Time Student?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you or any member of your household above (including minors) currently a Full-Time Student?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the entire household consist of people who are currently full-time students?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the entire household consist of people who are either currently a full-time student or were a full-time student for 5 months or more in the current calendar year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you or any member of your household above (including minors) anticipate becoming a Full-Time Student?  | <input type="checkbox"/> | <input type="checkbox"/> |

**If Yes to any of the previous questions, complete the following:**

- |   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| 6. Is anyone in your household receiving assistance under Title IV of the Social Security Act (AFDC, TANF, CalWorks – not SSA/SSI)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is anyone in your household enrolled in a job training program receiving assistance under the Job Training Partnership Act (JTPA), Workforce Investment Act (WIA), or other similar federal, state, or county government program?? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is anyone in your household married and filing (or are entitled to file) a joint tax return? (please provide a copy of marriage certificate or tax return)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is anyone in your household a single parent with a dependent child(ren) and neither of you or your child(ren) are dependents of another individual?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is anyone in your household under the age of 24, who has exited the Foster Care System (currently age 18-24)?   | <input type="checkbox"/> | <input type="checkbox"/> |

**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:**

- |   | <u>YES</u>               | <u>NO</u>                |
|---|--------------------------|--------------------------|
| 1. <b>Employment wages, or salaries, or self-employment?</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"/> |
| Household Member  |                          |                          |
| Name of Company   |                          |                          |
| Amount / Month  |                          |                          |
| _____   |                          |                          |
| _____   |                          |                          |
| \$ _____  |                          |                          |
| \$ _____  |                          |                          |
| 2. <b>Social Security, SSI or any other payments from the Social Security Administration?</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| Household Member  |                          |                          |
| SSA / SSI / SSDI?   |                          |                          |
| Amount / Month  |                          |                          |
| _____   |                          |                          |
| _____   |                          |                          |
| \$ _____  |                          |                          |
| \$ _____  |                          |                          |
| 3. <b>Pension, retirement benefit or annuities?</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.)

Household Member	Name of Person Supplementing Income	Amount / Month
_____	_____	\$ _____
_____	_____	\$ _____

5. Any other income sources or types not listed? (e.g. school financial aid, 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.)

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?

Household Member	Explanation	Amount / Month (if applicable)
_____	_____	\$ _____
_____	_____	\$ _____

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:

				YES	NO
1. Checking, Savings, Direct Express Cards, CDs, Money Markets, and/or Treasury Bills?				<input type="checkbox"/>	<input type="checkbox"/>
Household Member	Account Type	Institution	Last 4 of Account		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		

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

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.)

Household Member	Type	Value
_____	_____	\$ _____
_____	_____	\$ _____

4. Funds held in a payment service account, such as Venmo, PayPal, Skrill, etc.?

Household Member	Source	Value
_____	_____	\$ _____
_____	_____	\$ _____

5. **Crypto Currency such as Bitcoin, Litecoin, Ethereum, etc.?**

Household Member	Type	Value
_____	_____	\$ _____
_____	_____	\$ _____

6. **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.)

Household Member	Type	Value
_____	_____	\$ _____
_____	_____	\$ _____

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

Household Member	Type of Other Income	Amount / Month
_____	_____	\$ _____
_____	_____	\$ _____

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

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**COMMUNITY INTEREST**

1. **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

2. **OPTIONAL:** 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.

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**U.S. CITIZENSHIP INFORMATION**

Relationship to Head of Household	Name of Family Member	US Citizen?		Are you an eligible non-citizen (qualified resident)?	
		If you answered "No", answer next question.→			
Head of Household	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**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 Inglewood Meadows. 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
<b>CREDIT INFORMATION</b>			

**Notice Regarding California Investigative Consumer Reporting Agencies Act:**

<p><b>For Office Use Only:</b></p> <p><input type="checkbox"/> Landlord does <u>not</u> intend to request an investigative consumer report regarding the Applicant.</p>
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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:

<b>RentGrow</b>	<b>177 Huntington Avenue, Suite 1703 #74213, Boston, MA 02115</b>
Name of Agency	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.

**All adult household members must sign below:**

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

**PLEASE MAIL COMPLETED APPLICATIONS TO:**

**Inglewood Meadows  
1 S. Locust St., # Manager's Office  
Inglewood, CA 90301**

**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 مجاناً. 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.

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**OWNER'S NOTICE #1**

Dear Applicant:

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

- a. Section 8 Housing Assistance Payments programs;
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program.

You have applied, or are applying for, assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

1. Complete a Family Summary Sheet, using the attached blank format to list all family members who will reside in the assisted unit.
2. Each family member listed on the Family Summary Sheet must complete a Citizenship Declaration. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Citizenship Declaration. The Citizenship Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Citizenship Declaration.
3. Submit the Family Summary Sheet, the Citizenship Declarations, and any other forms and/or evidence to the name and address listed below when you submit your application.

Inglewood Meadows, 1 S Locust, Inglewood, CA 90301

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This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact us at the number listed in your paperwork. We will be happy to assist you. Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Citizenship Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Exhibit 3-3

### Citizenship Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_  
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

#### DECLARATION

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that I am \_\_\_\_\_  
(print or type first name, middle initial, last name):

\_\_\_\_\_ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature Date

Check here if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

**NOTE:** If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (\*\*see Sample Verification Consent Form in Exhibit 3-6\*\*).

AND

- b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - (a) "Admitted as Refugee Pursuant to section 207";
  - (b) "Section 208" or "Asylum";
  - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - (a) A final court decision granting asylum (but only if no appeal is taken);
  - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
  - (c) A court decision granting withholding or deportation; or
  - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature Date

Check here if adult signed for a child: \_\_\_\_\_

<b>REQUEST FOR EXTENSION</b>	
<p>I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.</p>	
_____ Signature	_____ Date
<p>Check if adult signed for a child: _____</p>	

\_\_\_\_\_ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature Date

Check here if adult signed for a child: \_\_\_\_\_

**Verification Consent Form**

INSTRUCTIONS: Complete this format for each noncitizen family member who declared eligible immigration status on the **\*\*Citizenship\*\*** Declaration format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

**CONSENT**

I, \_\_\_\_\_ hereby consent to the following:  
(print or type first name, middle initial, last name)

- 1, The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
- 2, The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
  - a. HUD, as required by HUD; and
  - b. The DHS for purposes of verification of the immigration status of the individual.

**NOTIFICATION TO FAMILY:**

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_





## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Family Summary Sheet**

<b>Member No.</b>	<b>Last Name of Family Member</b>	<b>First Name</b>	<b>Relationship to Head of Household</b>	<b>Sex</b>	<b>Date of Birth</b>
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					



THOMAS SAFRAN & ASSOCIATES

## Applicant Accommodation Notice

This questionnaire is to be completed by every applicant at Inglewood Meadows  
during the eligibility interview. (Property Name)

APPLICANT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**Does anyone in your household require any accommodation or modification in the housing unit due to a disability?** (Please check one)

- NO, no one in my household requires an accommodation or modification at this time.**  
If you answered “no”, please sign this form. No other information is required.
- YES, a member of my household requires an accommodation or modification.**  
If you answered “yes”, please complete the “Request for an Accommodation/Modification” Form provided by the Property Manager. The need for special modifications or accommodations may be verified by management prior to approval.

**Note:** This property complies with the Federal Fair Housing Act. It does not discriminate on the basis of race, color, religion, national origin, sex, familial status or disability, or any other basis protected by applicable state, federal, or local fair housing laws. State and federal laws require housing providers to make or allow changes to either a unit, the common areas, or to community rules, policies and procedures if such changes may be necessary to enable a person with a disability an equal opportunity to use and enjoy the housing. If you require such a change, please complete the “Request for an Accommodation/Modification” Form, which is the first step in our interactive process. It helps us understand what you are requesting and helps us identify if more information is required. If you have any questions, or require any assistance in completing this form, please let us know and management will be happy to assist you.

APPLICANT’S SIGNATURE: \_\_\_\_\_

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

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, the PHA, and any owner (or any employee of HUD, the PHA, or the owner) may be subject to penalties for unauthorized disclosures or improper uses 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 willfully 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, the PHA, or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security numbers are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



Updated March 2016



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.

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**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.