



RETURN THIS APPLICATION TO:

Mail to: Gramercy Place Apts
P.O. Box 1790
Los Angeles, CA 90078

APPLICATION FOR RENTAL HOUSING

GRAMERCY PLACE APARTMENTS

Name of Development

Instructions for Head of Household

- 1) Please print all sections in ink. Do not leave any section blank unless otherwise stated, even those that do not apply to you. For instance, if a section asks for a driver's license and you do not have a driver's license, you may enter "none" or "N/A" (not applicable). If you need to make a correction, draw one line through the incorrect information, then print the correct information above and initial the change.
- 2) As head of household, you will complete this application form. Each additional adult 18 years of age or older who will live in the apartment must read and sign this application.
- 3) It is important that all information on this form be complete and correct. False, incomplete, inaccurate or misleading information will cause your household's application to be rejected.
- 4) As long as your application is on file with us, it is your responsibility to contact us in writing whenever your address, telephone number, income situation, or family size changes.
- 5) After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List. This does not guarantee that your household will be offered an apartment. If later processing establishes that your household is not actually qualified for housing, your application will be rejected in writing. We will process your application according to our standard procedures, which are summarized in the Resident Selection Plan. (we can use Tenant Eligibility Criteria)

This housing is offered without regard to race, color, religion, sex, 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.

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations to any Department or Agency of The United States as to any matter within its jurisdiction.

A PERSON WITH A DISABILITY MAY REQUEST A REASONABLE ACCOMODATION (A REASONABLE CHANGE IN POLICIES OR PROCEDURES), A REASONABLE STRUCTURAL MODIFICATION, AN ACCESSIBLE UNIT OR THE PROVISION OF AUXILLIARY AIDS AND SERVICES, IN ORDER TO HAVE EQUAL ACCESS TO A HOUSING PROGRAM. IF YOU OR ANYONE IN YOUR HOUSEHOLD HAS A DISABILITY, AND BECAUSE OF THAT DISABILITY REQUIRES A SPECIFIC ACCOMODATION, MODIFICATION OR AUXILLIARY AIDS OR SERVICES TO FULLY USE OUR HOUSING SERVICES, PLEASE CONTACT OUR STAFF FOR A REASONABLE ACCOMODATION/ACCESSIBILITY REQUEST FORM.

TO COMPLY WITH CALIFORNIA LAW WHEREVER THE TERM "SPOUSE" APPEARS IT SHALL BE CONSTRUED TO INCLUDE DOMESTIC PARTNER.

Please specify the size of the unit desired 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom Other
Your designation does not guarantee you will get the size unit that you have requested.

1) Does anyone in the household require an accessible unit? Yes No
Mobility Hearing/Visual

2) Is the Head, Co-Head or Spouse a disabled individual under the age of 62? Yes No

3) Household Information (List all person(s) who will occupy the apartment:



Full Name Last/First (MI)	Relationship	Gender M=Male F=Female Blank= Wish not to Reply	Race W=White B=Black A=Asian O=Other Blank= Wish not to Reply	Age	Birth Date	Occupation (If student, name of school)	Social Security #	Driver's License #
1)								
2)								
3)								
4)								
5)								

4) List all States in which you or any household member have lived in: _____

5) Will any of the above household members live anywhere except the apartment? Yes No

Are there any other persons who will live in the apartment on a less than full-time basis? Yes No

Are there any other persons who will live in the apartment that are students living on campus? Yes No

Do you have a family member temporarily away on military service? Yes No

Do you have a family member who is permanently confined in a nursing home? Yes No

If any of the questions are answered yes, please explain: _____

6) Do you have a live-in attendant for whom you have a health care professional's verification showing a medical need?

Yes No

If yes, please identify the person who will be the live-in attendant: _____

7) Do you expect any additions (including unborn child or future spouse) to the household within the next twelve months?

Yes No

If question is answered yes, please explain: _____

8) Are you being displaced by government action or a presidential declared disaster? Yes No

If question is answered yes, please explain: _____

9) Is any member of your household currently or planning to be a student enrolled in an institute of Higher Education? Yes No

Yes No

If question is answered yes, which member(s): _____

10) Income from Employment:

List all full-time, part-time and/or seasonal employment for head, spouse/co-applicant and other household members age 18 or older, including the self-employed.



INDICATE EARNINGS AS GROSS WAGES (BEFORE TAXES)

M#	Place of Employment	Employer Address	Employer's Telephone #	Name of Supervisor	Estimated Total Earnings for the Coming Year

11) Income from Other Sources:

List all non-employment income of all household members. **This includes income from rental estate property, social security, SSI, public assistance, general relief, unemployment compensation, alimony, child support, workers compensation, disability compensation, Veterans Administration (VA) benefits, retirement pension, insurance benefits, recurring gift/donations from family and/or friends, and all other income from any source whatsoever.**

HH Mem. #	Type of Income and Who Pays It	Address of Source of Income	Contact Person Name and Telephone #	Estimated Total Earnings for Coming Year \$

12) Interest, Dividend Income, Assets:

List assets of all household members (including children and/or minor household members), checking, savings, cash on hand, stocks, bonds, trust, money market, certificate of deposit, IRA and Keogh account, treasure bills, credit union shares, land, real estate properties:

HH Mem. #	Description of Asset	Address of Source of Income	Estimated Current Value	Estimated Annual Income From Assets

13) Have you sold or given away real estate property or other assets in the past two years? Yes No

If yes, what was the market value of the assets? \$ _____



14) Current email address: _____

15) Eligible Deductions from Income to Reduce Rent (For HUD Sites Only)

HUD has allowed certain deductions to be subtracted from annual income, to enable residents to pay rent based on their ability to pay.	Yes	No	Amount Spent
If you, your co-head or spouse are 62 or older, or have a disability, do you have unreimbursed MD or hospital expenses?	<input type="checkbox"/>	<input type="checkbox"/>	\$
If you, your co-head or spouse are 62 or older, or have a disability, do you have unreimbursed prescribed medicine expenses?	<input type="checkbox"/>	<input type="checkbox"/>	\$
If you, your co-head or spouse are 62 or older, or have a disability, do you have unreimbursed medical or dental insurance?	<input type="checkbox"/>	<input type="checkbox"/>	\$
Besides HOH, Co-HOH or spouse, is anyone in your household 18 or older and a full time student or has a disability?	<input type="checkbox"/>	<input type="checkbox"/>	\$
If you, your co-head or spouse work and/or go to school, do you pay for dependent care in order to work or attend school?	<input type="checkbox"/>	<input type="checkbox"/>	\$

16) Current Residence: If available, please include 5 years rental history:

Please enter the information requested for your current address and five (5) most recent prior addresses, if available. Include places where you were not listed on the lease and places where you lived under a different name.

Applicant Name	Address (include: City, State, Zip)	Monthly Rent \$	Telephone ()
Landlord Name	Address (include: City, State, Zip)	Paid Utilities \$	Telephone ()
Names of Household Members		Amount of Security Deposit \$ _____ Full refund of deposit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did you rent or own? _____		Did you fulfill the lease term? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please explain. _____ _____			
Move-in date:	Move-out date:	Security Deposit \$	
Is the household member Homeless		Yes <input type="checkbox"/> No <input type="checkbox"/>	

17) Prior Residence 1

Applicant Name	Address (include: City, State, Zip)	Monthly Rent \$	Telephone ()
Landlord Name	Address (include: City, State, Zip)	Paid Utilities \$	Telephone ()
Names of Household Members		Amount of Security Deposit \$ _____ Full refund of deposit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did you rent or own? _____		Did you fulfill the lease term? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please explain. _____ _____			
Move-in date:	Move-out date:	Security Deposit \$	



18) Prior Residence 2:

Applicant Name	Address (include: City, State, Zip)	Monthly Rent \$	Telephone ()
Landlord Name	Address (include: City, State, Zip)	Paid Utilities \$	Telephone ()
Names of Household Members		Amount of Security Deposit \$ _____ Full refund of deposit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did you rent or own? _____		Did you fulfill the lease term? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please explain. _____ _____			
Move-in date:	Move-out date:	Security Deposit \$	

19) Prior Residence 3:

Applicant Name	Address (include: City, State, Zip)	Monthly Rent \$	Telephone ()
Landlord Name	Address (include: City, State, Zip)	Paid Utilities \$	Telephone ()
Names of Household Members		Amount of Security Deposit \$ _____ Full refund of deposit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did you rent or own? _____		Did you fulfill the lease term? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please explain. _____ _____			
Move-in date:	Move-out date:	Security Deposit \$	

20) Prior Residence 4:

Applicant Name	Address (include: City, State, Zip)	Monthly Rent \$	Telephone ()
Landlord Name	Address (include: City, State, Zip)	Paid Utilities \$	Telephone ()
Names of Household Members		Amount of Security Deposit \$ _____ Full refund of deposit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did you rent or own? _____		Did you fulfill the lease term? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please explain. _____ _____			
Move-in date:	Move-out date:	Security Deposit \$	



21) Prior Residence 5:

Applicant Name	Address (include: City, State, Zip)	Monthly Rent \$	Telephone ()
Landlord Name	Address (include: City, State, Zip)	Paid Utilities \$	Telephone ()
Names of Household Members		Amount of Security Deposit \$ _____ Full refund of deposit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did you rent or own? _____ Please explain. _____		Did you fulfill the lease term? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Move-in date:	Move-out date:	Security Deposit \$	

**SCREENING CRITERIA
TO BE COMPLETED BY THE APPLICANT**

NOTE: Due to the implementation of the Civil Rights Restoration Act, the Fair Housing Amendment Act, and Section 504 of the Rehabilitation Act, Barker Management, Incorporated, must ask all applicants the same questions. **ALL INFORMATION LISTED HEREIN IS STRICTLY CONFIDENTIAL.** The following applies to head of household, co-head of household, spouse, and all family members 18 years of age and older who will reside in the apartment. It also applies to military personnel who do not reside with the family.

22) How did you hear about this apartment community?

- Community Organization Name: _____
- Newspaper Name: _____
- Brochure
- Employment
- Signs on Building
- Resident referral Name: _____
- The Los Angeles County Coordinated Entry System (CES)
- Other _____

Additional Information: _____

23) Have you, or any other family members, listed on this application ever used a different name or a different social security number other than the ones stated on the rental application? Yes No

If yes, please explain: List names and numbers used and date when they were used: _____

24) Do you pay rent where you are currently living? Yes No

25) Can you show your ability to pay rent on time, such as rent receipts for the last six (6) months? Yes No

If not, do you make any regular payments (car loan, installment loan, credit card, utility bills and etc.)? Yes No

If you make no regular payments, how can we verify your ability to make payments in the future?

26) Do you pay your own bills at this time? Yes No



If not, who currently pays your bills? _____

27) **Have you ever filed for Bankruptcy?** Yes No

28) **Do you have a lease where you live now?** Yes No
With whom is your current lease?

Name: _____

Address: _____

29) **Have you, or any of your household members, ever started a house/apartment fire?** Yes No

30) **Have you, or any family members, damaged or destroyed anything at any previous place of residency?** Yes No

If yes, please explain what happened and why: _____

If yes, were you charged for the damages? Yes No

If yes, did you make payment? Yes No

31) **Have you, or any members of your household, ever lived in Public Housing or HUD-assisted housing, or been a Section 8 Voucher holder?** Yes No

If yes, Property Name and Address: _____

Dates of Occupancy: _____

If yes, was your assistance terminated for fraud or failure to cooperate with recertification procedures? Yes No

If yes, please explain why your tenancy was terminated:

Have eviction proceedings ever been instituted against any household member? Yes No

32) **Have you, or any members of household, ever been served a notice from management for any of the following: Nonpayment of rent, unauthorized occupancy, fraud, or any other areas of a lease violation?** Yes No

If yes, explain: _____

33) **Have you, or any family members, listed on this application ever been evicted or otherwise removed from rental housing?** Yes No

BARKER MANAGEMENT, INCORPORATED, PERFORMS CRIMINAL BACKGROUND CHECKS.

34) **Have you or any family members listed on this application been involved in any alleged criminal activity or ever been convicted of a felony, or any violent crime, or misdemeanor that might adversely affect the health, safety, comfort or welfare of other residents?**

Examples of criminal activity include but are not limited to:

- | | |
|---|------------------------|
| Illegal drug use, trafficking | Homicide or murder |
| Rape or child molesting or child disturbing | Assault, fighting |
| Destruction of property, vandalism | Threat or harassment |
| Theft, burglary, robbery or larceny | Fraud |
| Child abuse, domestic violence | Prostitution |
| Spousal abuse | Receiving stolen goods |
| Disorderly conduct-public drunkenness or under drug influence | |

Yes No

If yes please explain: _____



35) Are you, or any member of your household, subject to a lifetime sex offender registration requirement in any state? Yes No

If yes, which member and what state(s)? _____

36) Have you or any member of your household ever been convicted of illegal sale, distribution or manufacture of methamphetamine or any other controlled substance, including marijuana? Yes No

If yes, please explain: _____

Does anyone in your household currently have a medical marijuana card? Yes No

If yes, please explain: _____

37) Does anyone in your household currently use illegal drugs or abuse alcohol? Yes No

If yes, please explain: _____

If yes, are you or any member of your household currently in treatment? Yes No

38) Have you or any household member ever been convicted of a drug-related crime? Yes No

If yes, please explain: _____

39) Has anyone in your household been currently charged with any criminal activity? Yes No

If yes, please explain: _____

40) Have you or any members of your family ever engaged in physical violence with your neighbors, landlord or landlord's staff? Yes No

If yes, please explain: _____

41) Have you or any members of your family ever engaged in verbal abuse (threats, swearing, etc.), with neighbors, landlord or landlord's staff? Yes No

If yes, please explain: _____

42) Has anyone in your household been convicted of any crime involving fraud or dishonesty within the past seven years? Yes No

If yes, please explain: _____

Notice: All potential residents are subject to federal requirements. Should any applicants deliberately submit false information regarding income, family composition, or other data on which the eligibility or rent is determined, you will be subject to penalties under federal law.

Pursuant to Civil Code Section 1785.26, you are hereby notified that a negative credit report reflecting on your credit record may be submitted in the future to a credit reporting agency if you fail to fulfill the terms of your rental/credit obligations or if you default in those obligations in any way.



Statements by All Adult Household Members

All potential residents are subject to federal requirements. Should any applicants deliberately submit false information regarding income, family composition, or other data on which the eligibility or rent is determined, you will be subject to penalties under federal law. Those penalties include fines up to \$10,000.00 and/or imprisonment for up to 5 years.

We certify that all information given in this application hereto is true, complete and accurate. We understand that if any of this information is false, misleading, inaccurate or incomplete, management may decline your application or, if move-in had occurred, terminate your tenancy.

We authorize the Property to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, and to previous and current landlords, or other sources for credit and verification confirmation which may be released to appropriate federal, state or local agencies.

If our application is approved and move-in occurs, we certify that only those persons listed on the application will occupy the apartment that they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing. If this application is for a household of more than one person, we consider ourselves a stable household, and all of our income is available for its needs.

We agree to notify management in writing regarding any changes to household address, telephone numbers, income and/or household composition.

We have read and understand the information in this application, in particular the information contained in the instructions for Head of Household, and we agree to comply with such information.

We understand that if this application is placed on a Waiting List, we may request sample copies of the Rental Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth herein, including specifically all conditions regarding pets, rent, damages and Security Deposits.

We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, and criminal record check.

Important: I also understand, it is my responsibility to contact the Manager (in writing), at least every 6 months in order to keep my application on the waiting list.

All household members age 18 and over who will be residing in the apartment must sign.

The applicant understands the final decision on eligibility will be made only when all verifications are completed.

ANY FALSE STATEMENTS, INACCURATE OR MISLEADING STATEMENTS ON ANY APPLICATION DOCUMENTATION WILL RESULT IN THE DENIAL OF THE APPLICATION.

Date	Signature of Head of Household
Date	Signature of Spouse of Co-Applicant
Date	Signature of Co-Applicant
Date	Signature of Co-Applicant

Acceptance of completed application by Management:

Date	Signature of Management Representative
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ALL PAGES OF THIS APPLICATION MUST BE FILLED OUT COMPLETELY AND SIGNED.

(OFFICE USE ONLY)

DATE AND TIME RETURNED: _____

Comments: _____

Application accepted **Application denied**



