



105 E. I Street Wilmington CA 90744 Phone: (310) 549-3338 FAX (310) 549-3440 Email: TheDonHotel@winnco.com

711/California Relay Services

Application Instructions

THIS IS AN EQUAL HOUSING OPPORTUNITY COMPLEX, AND ALL ARE WELCOME TO APPLY

To apply for an apartment, you must complete the entire application, do not leave any blanks or unanswered questions. **DO NOT USE CORRECTION TAPE OR WHITE-OUT**. If you believe that a particular question does not apply to you, write "N/A". **Every household member 18 years of age or older must complete a separate application.**

To complete an application, the following information (at minimum) is required:

- 1) Name(s), birthdate(s), and Social Security numbers of household members
- 2) All sources of income, including assets for all adult members of the household and unearned income for minors.
- 3) Your need for a unit with accessibility features
- 4) Current and prior landlord information (2 years history)
- 5) Credit, personal and business references
- 6) Your signature and date are required at bottom of application.

If there are no current vacancies, you will be notified in writing that you have been placed on the waiting list. It is your responsibility, as the applicant to notify the Rental Manager of any changes in your address, telephone number, employment, income, or household size. The Rental Manager may be able to give you an estimate of when a unit may be available. The full application and verification process will be postponed until your name is near the top of the waiting list. The criteria for selection upon verification of the following:





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- 1) Income and assets of all applicants from all sources
- 2) Present and past rental history including landlord name, address and phone numbers.
- 3) Credit bureau report(s) and criminal background check.
- 4) Emergency contact name, address and phone numbers.
- 5) Application Fee **\$59.00** per person must be paid during the application processing interview.

If at any point in the verification process a negative verification report is received, the application process will be discontinued, and the applicant notified of the rejection in writing. Otherwise, when all the verifications are received, eligibility will be determined. The applicant will be notified that they have been accepted or will receive notice of rejection in writing.

All applicants will have a personal interview with management. If an applicant misses two (2) scheduled appointments, management will withdraw the application, and the waiting list will be noted "Withdrawn".

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.

AN APPLICATION MUST COMPLETED IN ORDER TO BE ADDED TO THE WAITING LIST.

EACH HOUSEHOLD MEMBER 18 YEARS OR OLDER MUST COMPLETE AN APPLICATION.





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Accessible Units and Reasonable Accommodation/Modifications

1. THE DON HOTEL APARTMENTS does not currently offer Fully Accessible Units for People with Mobility Disabilities and People with Hearing/Vision Disabilities at this time. THE DON HOTEL APARTMENTS also has units with some accessible features, such as no steps. **If you would like to request one of these units, please complete Section,** *"are there any special accommodations that the household will require"* ... of the Rental **Application.** For more information about the accessible features please contact:

Property Management Name: Maria Garzon

Title: Property Manager

Phone Number: (310) 549-3338

Email: thedonhotel@winnco.com

2. Reasonable Accommodations and Modifications will be provided upon request. A person with a disability may ask for:

a. A change in rules (reasonable accommodation)

b. A physical change to their apartment or shared areas in the building (reasonable

modification)

- c. An accessible apartment
- d. Aids and services to help you communicate with us.





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If you or anyone in your household has a need to request a reasonable accommodation or modification in order to fully enjoy a dwelling at "THE DON HOTEL APARTMENTS" and use our services, we may ask you to complete a form called "Request Form for Reasonable Accommodations and Modifications". Though not necessary to take into consideration your request, it will help us better understand and accommodate your needs.





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APPENDIX 2

NOTICE OF RIGHT TO REASONABLE ACCOMMODATIONS AND AUXILIARY AIDS PURSUANT TO EFFECTIVE COMMUNICATION POLICY AT

The Don Hotel Apartments

WHAT ACCOMMODATIONS AND AUXILIARY AIDS CAN I ASK FOR?

You or anyone in your household can ask for:

1. An accommodation if you have a disability and need a change or exception to our standard rules, eligibility criteria, policies, or practices, so that you can use and enjoy a unit in our property, public and common use areas, or participate in, or benefit from, a program, service or activity.

2. An accessibility alteration (physical changes) to your unit or a common area.

3. Auxiliary Aids and Services necessary to ensure effective communication between us. This can include providing information in alternative formats or for example, Braille, American Sign Language (ASL) interpreters, large print documents.

We will pay all reasonable costs for Reasonable Accommodations and Auxiliary Aids necessary to ensure effective communication between us.

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WHO WILL BE ABLE TO SEE INFORMATION ABOUT MY REQUEST?

All information you provide is confidential. Information about your request will only be shared with people who need to decide on or carry out the request, or if required by law.

WHAT ARE REASONABLE ACCOMMODATIONS?

Reasonable Accommodations are changes, modifications, exceptions, alterations, or adaptations in our rules, policies, practices, programs, services, activities, or facilities that may be necessary to (1) provide an Individual with a Disability an equal opportunity to use and enjoy a dwelling, including public and common use areas of a development, (2) participate in, or benefit from, a program (housing or non-housing), service or activity; or (3) avoid discrimination against a person with a disability. A Reasonable Accommodation includes any physical or structural change to a Unit or a public or common use area.

Examples are:

- 1. Allowing an assistance animal in a "no-pets" building.
- 2. Allowing payment of rent on a date other than the first of the month

if necessary due to the date the tenant receives disability income.

- 3. Granting a reserved parking space closer to the person's unit.
- 4. Providing additional accessible or assigned parking where required accessible parking is not sufficient to meet the needs of tenants and applicants.





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5. Accepting references from professional caregivers and others when landlord references are not available for a person moving from a nursing home or other places that serve Individuals with disabilities.

6. Installing a wheelchair ramp.

7. Installing grab bars in the shower or bathroom.

8. Installing a roll-in shower.

9. Installing visual alerting systems and flashing lights for persons who are deaf or hard of hearing.

10. Adjusting counter heights for individuals who use wheelchairs.

11. Transferring a tenant in a non-elevator building who has difficulties walking up or down stairs to a ground floor unit with no or very few stairs; and

12. Requesting that The Don Hotel Apartments notify another individual in addition to the tenant or applicant when any concerns arise. See Appendix 8, Supplemental and Optional Contact Information for Applicants.

WHAT ARE AUXILIARY AIDS?

Auxiliary Aids are aids, services, or devices that enable persons with vision, hearing, manual, or speech impairments to have an equal opportunity to participate in, or enjoy the benefits of, programs, services, or activities, including housing and other programs, services, and activities.

Examples are:

1. Giving you documents in large print, Braille, on cassettes or CDs, or

electronically, or reading documents to you.

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2. Providing a sign language interpreter or using a video relay service.

3. Notetakers; real-time computer-aided transcription services exchange of written notes.

- 4. Providing audio description, or audio recordings.
- 5. Providing closed captioned video.

These are just examples. You can ask for other Reasonable Accommodations and Auxiliary Aids you need because of your disability.

WHEN CAN I ASK FOR A REASONABLE ACCOMMODATION OR AUXILIARY AID?

You can ask at any time. This includes when you apply to rent, while you live here, and even when you are moving out. You may designate a third person or agent who may act or speak for you regarding your request.

HOW DO I ASK FOR REASONABLE ACCOMMODATIONS OR AUXILIARY AIDS?

You can ask a Property Manager or fill out a Request Form. We can help you fill out the form. Ask us if you need to communicate with us in a particular way due to your disability.

WHAT KIND OF INFORMATION DO I NEED TO GIVE YOU?

You need to tell us what you need and how it is related to your disability.

WHAT HAPPENS AFTER I ASK?

We will respond to you as quickly as possible or within 10 business days.





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We may ask you for more information.

Your need for Reasonable Accommodations or Auxiliary Aids may be obvious or already known. For example, if you use a wheelchair it may be obvious you need accessible parking. If your need for the accommodation or auxiliary aid is obvious or already known, we will not ask for any additional information. If your need for an accommodation or auxiliary aid is not obvious, we may ask you to provide more information, which may include information from someone else who knows about your disability needs. We will only seek limited information that is necessary to understand the disability-related need for your accommodation or auxiliary aid. We do not need to receive full medical records or to know unrelated information about the nature or severity of any disabilities. Any information we do receive will be kept confidential. If we ask you for information from someone else, we will give you an Additional Information Form. An Additional Information Form may be needed if your disability or your need for a Reasonable Accommodation or Auxiliary Aid is not obvious or already known. You can choose how to get the additional information:

1. You can sign the Part 2 of the Additional Information Form and return it to the office. We will then send the form to the person you listed and ask them to fill it out and return it to us. OR:

2. You can sign the Part 2 of the Additional Information Form and give it to the person you want to fill out the rest of the form. You can return it to us when it is complete. When the Additional Information Form is returned, we will tell you if we need more information. We may need to talk with you more. Again, ask us if you need to communicate with us in a particular way due to your disability.





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We will let you know our final decision in writing. If we deny your request, you can ask for a meeting to discuss it. Your position on the wait list or your tenancy will not be affected because you make a request.

HOW LONG WILL IT TAKE TO GET AN ANSWER?

Usually, we will respond within 5 to 10 business days of getting the request. If it is urgent, we will try to respond sooner. If additional information is needed, or if we need to meet or talk with you about options, we will give you an answer as soon as we can, but no later than within 30 days.

For questions or help with your request, please contact: (Owner/property manager to complete)

Property Management Name: Maria Garzon

Title: Property Manager

Address: 105 E. I Street Wilmington, CA 90744

Phone Number: (310) 549-3338

TTY Number: 711

Email: thedonhotel@winnco.com

See Tenant Handbook Section 3.14 for More Information

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APPENDIX 8 SUPPLEMENTAL AND OPTIONAL CONTACT INFORMATION FOR APPLICANTS

Property Name: The Don Hotel Apartments

THIS FORM IS TO BE PROVIDED TO EACH APPLICANT FOR 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.

Applicant Name:

Mailing Address:	
Telephone Number: _	
TTY or VP Number:	
Cell Phone Number:	
Email Address (if App	olicable):





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Name of Additional Contact Person or Organization:

Address:	
Telephone Number:	
TTY or VP Number:	
Cell Phone Number:	
Email Address (if Applicable):	
Relationship to Applicant:	

Reasons that you approve us to contact the Additional Contact Person or Organization: (Check all that apply)

Emergency

Unable to contact you

- \square Proposed termination of rental assistance
- Proposed eviction
- Late rent payment
- Help with Recertification Change
- \square Change in lease terms
 - Change in policies or procedures
- \Box Other (please specify):

Commitment of Owner

If you are approved for housing, this information will be kept as part of your tenant file.

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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.

Confidentiality Statement

The information on this form is confidential and will not be disclosed to anyone except as permitted by you, the applicant, or applicable law.

Legal Notification

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.

Option Not to Provide a Supplemental Contact Person:

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

Signature of Applicant:

Signature: _____

Date:

See Tenant Handbook Section 3.17 for More Information

Form: Supplemental and Optional Contact Information for Applicants (REV. 2020.01.21)

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