

**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 34 two-, three- and four-bedroom units with no age restrictions.

Our general waiting list is open. 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:

**Download and Print:** <https://www.tsahousing.com/property/larkellenvillage>  
**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



## Rental Application – Non-Age Restricted

Lark Ellen Village

1350 E. San Bernardino Rd., West Covina, CA 91791

Phone: (626) 732-3939 TTY: (800) 855-7100

Email: [larkellen@tsaproperties.com](mailto:larkellen@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. If the property has an age restriction, the household must age qualify at the time of 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 occupancy guidelines. See the Tenant Selection Plan for additional information regarding occupancy guidelines. Please check the bedroom size requested.

#### Non-Age Restricted

	<u>Minimum</u>	<u>Maximum</u>
<input type="checkbox"/> 2 Bedroom	2 people	5 people
<input type="checkbox"/> 3 Bedroom	3 people	7 people
<input type="checkbox"/> 4 Bedroom	4 people	9 people

### 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.'

2. Will you, or any ADULT household member, require a live-in aide? (3<sup>rd</sup> party verification will be required) ☐ Yes ☐ No

Name of Attendant: \_\_\_\_\_ Relationship (if any): \_\_\_\_\_

### 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	Relationship to HOH	Optional M/F	SSN	Birthdate MM/DD/YYYY
1.			Self			
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

**Rental Application – Non Age Restricted**

Lark Ellen Village



THOMAS SAFRAN &amp; ASSOCIATES

**CURRENT CONTACT INFORMATION (Required)**1. What is your preferred method of being contacted? ☐ Mail ☐ E-Mail ☐ Other \_\_\_\_\_

Provide the information below for all ADULT household members. Please follow the applicant order as it is listed on page 1 under Household Information.

Applicant 1 Email: _____	Home Phone: _____	Cell Phone: _____
Applicant 2 Email: _____	Home Phone: _____	Cell Phone: _____
Applicant 3 Email: _____	Home Phone: _____	Cell Phone: _____
Applicant 4 Email: _____	Home Phone: _____	Cell Phone: _____
Applicant 5 Email: _____	Home Phone: _____	Cell Phone: _____
Applicant 6 Email: _____	Home Phone: _____	Cell Phone: _____
Applicant 7 Email: _____	Home Phone: _____	Cell Phone: _____
Applicant 8 Email: _____	Home Phone: _____	Cell Phone: _____
Applicant 9 Email: _____	Home Phone: _____	Cell Phone: _____

2. 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: \_\_\_\_\_

**OTHER HOUSEHOLD INFORMATION**

	<b>Yes</b>	<b>No</b>
1 Are you currently separated or estranged from your spouse?	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you expect any additions to the household within the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Name & Relationship: _____		
Explanation: _____		
3 Is there anyone living with you now who would not be living with you at this property?	<input type="checkbox"/>	<input type="checkbox"/>
Name & Relationship: _____		
Explanation: _____		
4 Are there any absent household members who under normal conditions would live with you?	<input type="checkbox"/>	<input type="checkbox"/>
Explanation: _____		
5 Do you or any household members own a car?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many cars? _____ (Number of cars)		
6 Do you or any household members have a pet?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many pets? _____ (Number of pets)		

**RENTAL HISTORY AND HOUSING REFERENCES**

Please list all locations you have lived in the last FIVE (5) years starting with CURRENT address. If additional space is required, use the back of this page.

**Current Landlord's Name/Address****Your Address****Own/Rent****Dates**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Own ☐Rent ☐Homeless ☐

From: \_\_\_\_\_

To: \_\_\_\_\_

**Previous Landlord's Name/Address****Your Address****Own/Rent****Dates**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Own ☐Rent ☐Homeless ☐

From: \_\_\_\_\_

To: \_\_\_\_\_

1 What is your current monthly rent? \$ \_\_\_\_\_ /month



REV 2024.08

## Rental Application – Non Age Restricted

Lark Ellen Village



THOMAS SAFRAN & ASSOCIATES

2 Why do you intend to vacate your current residence? \_\_\_\_\_

3 What is the size of your current residence? \_\_\_\_\_

# of Bedrooms \_\_\_\_\_

(Please indicate "0" for a studio or bachelor unit)

### PROPERTY PREFERENCES AND SCREENING

1. ☐ Please check here if you are currently 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 are currently displaced by redevelopment activities of the City of West Covina (Agency) in the implementation of the Redevelopment Plan. (Third-party verification will be required).
3. ☐ Please check here if you are a refugee that has been displaced by involuntary or coerced movement away from your home within the last 2 years. (Third-party verification will be required).
4. Is any member of your household disabled according to the Fair Housing Act definition for handicap (disability):
  - a. 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
  - b. Handicap does not include current, illegal use of or addiction to a controlled substance.
  - c. An individual shall not be considered to have a handicap solely because that individual is a transgender person.☐ Yes      ☐ No      ☐ Do not wish to disclose
5. Lark Ellen Village is a non-smoking property. Each applicant 18+ must initial below to acknowledge that you understand smoking will not be permitted throughout the property up to the property line.

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

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Initials

### 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. Do you currently have Section 8 rental assistance or are you expecting a Voucher? (Examples include: Housing Choice Voucher, Section 8 Voucher, HUD-VASH, etc.)<br>Expected Date: _____<br>Name of Agency: _____<br>Contact Person: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If <b>YES</b> was answered on question 5 above (only), please answer the question below. If <b>NO</b> was answered on question 5, the following question does not apply.  |                          |                          |

Under California Government Code 12955(o), applicants **with a government rent subsidy** have the **option**, at the applicant's discretion, to provide lawful, verifiable alternative evidence of the applicant's reasonable ability to pay the portion of the rent to be paid by the tenant. Such evidence may include but is not limited to: proof of government benefits payments, pay records, and/or bank statements. If any eligible applicant elects to submit such alternative





evidence, Landlord will consider that alternative evidence instead of the applicant's credit history when evaluating their ability to pay rent at the property.

**Option 1: Full Credit Screening:** I/We authorize the Landlord to run standard credit screening, which may include, but is not limited to, credit reports, unlawful detainer (eviction) reports, bad check searches, social security number verification and fraud warnings. I/We understand that I/we have a right to request a copy of that report, as indicated on the property application and the Investigative Consumer Reporting Agencies Act disclosure I sign.

**Option 2: Alternative Documents:** I/We elect the option of providing proof of "ability to pay" in lieu of reliance on my individual credit history in assessing my rental application. I/We authorize the Landlord to obtain alternative information which may include reports regarding unlawful detainer (eviction) reports, social security number verification, criminal history, previous tenant payment history, employment history, and income source documentation. Applicant will be required to provide alternative documentation within five (5) business days of eligibility interview. Additional time may be requested if reasonable under the circumstances. Note: Property program may require income and asset information in addition to the above based on program requirements.

**Each ADULT applicant must select an option below and sign and date.**

**Do NOT select more than one option per adult.**

Applicant Name		Option 1: Full Credit Screening	Option 2: Alternative Documents
1		<input type="checkbox"/> Option 1: Full Credit Screening	<input type="checkbox"/> Option 2: Alternative Documents
2		<input type="checkbox"/> Option 1: Full Credit Screening	<input type="checkbox"/> Option 2: Alternative Documents
3		<input type="checkbox"/> Option 1: Full Credit Screening	<input type="checkbox"/> Option 2: Alternative Documents
4		<input type="checkbox"/> Option 1: Full Credit Screening	<input type="checkbox"/> Option 2: Alternative Documents
5		<input type="checkbox"/> Option 1: Full Credit Screening	<input type="checkbox"/> Option 2: Alternative Documents
6		<input type="checkbox"/> Option 1: Full Credit Screening	<input type="checkbox"/> Option 2: Alternative Documents
7		<input type="checkbox"/> Option 1: Full Credit Screening	<input type="checkbox"/> Option 2: Alternative Documents
8		<input type="checkbox"/> Option 1: Full Credit Screening	<input type="checkbox"/> Option 2: Alternative Documents
9		<input type="checkbox"/> Option 1: Full Credit Screening	<input type="checkbox"/> Option 2: Alternative Documents

\_\_\_\_\_  
**Applicant 1 Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant 2 Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant 3 Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant 4 Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant 5 Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant 6 Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant 7 Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant 8 Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant 9 Signature**

\_\_\_\_\_  
**Date**

### EFFECTIVE COMMUNICATION

1. How did you hear about this property?

- |                                       |  |   |                                      |
|---------------------------------------|--|---|--------------------------------------|
| <input type="checkbox"/> Banner       | <input type="checkbox"/> Flyer           | <input type="checkbox"/> LAHD Registry  | <input type="checkbox"/> Walk-By     |
| <input type="checkbox"/> C.E.S.       | <input type="checkbox"/> Friend/Family   | <input type="checkbox"/> Newspaper      | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Comm. Center | <input type="checkbox"/> Internet/Online | <input type="checkbox"/> TSAHousing.com |                                      |

2. 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: _____      |

### RACE AND ETHNICITY

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, familial status, national origin, citizenship status, immigrant status, primary language, marital status, ancestry, age, sexual orientation, disability, source of income (including receipt of Section 8 and other similar vouchers), genetic information, military or veteran status, arbitrary characteristics, or any other basis currently or subsequently 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** (Select One)

- ☐ Not-Hispanic
- ☐ Hispanic (select sub-category)
- ☐ Puerto Rican
- ☐ Cuban
- ☐ Mexican, Mexican American, Chicano/a
- ☐ Another Hispanic, Latino/a or Spanish Origin
- ☐ Decline to Disclose

#### **Racial Categories** (Select one or more)

- ☐ American Indian/Alaska Native
- ☐ Asian (select sub-category)
- ☐ Asian Indian
- ☐ Korean
- ☐ Japanese
- ☐ Filipino
- ☐ Other Asian
- ☐ Vietnamese
- ☐ Chinese
- ☐ Black/African American
- ☐ Native Hawaiian/Other Pacific Islander (select sub-category)
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander
- ☐ White
- ☐ Other
- ☐ Decline to Disclose

### 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"/>  |                |       |       |          |       |       |          |  |  |
| <table border="0"><thead><tr><th>Household Member</th><th>Name of Company</th><th>Amount / Month</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>\$ _____</td></tr><tr><td>_____</td><td>_____</td><td>\$ _____</td></tr></tbody></table>           | Household Member          | Name of Company           | Amount / Month | _____ | _____ | \$ _____ | _____ | _____ | \$ _____ |  |  |
| 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"/>  |                |       |       |          |       |       |          |  |  |
| <table border="0"><thead><tr><th>Household Member</th><th>SSA / SSI / SSDI?</th><th>Amount / Month</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>\$ _____</td></tr><tr><td>_____</td><td>_____</td><td>\$ _____</td></tr></tbody></table>         | Household Member          | SSA / SSI / SSDI?         | Amount / Month | _____ | _____ | \$ _____ | _____ | _____ | \$ _____ |  |  |
| Household Member  | SSA / SSI / SSDI?         | Amount / Month            |                |       |       |          |       |       |          |  |  |
| _____   | _____                     | \$ _____                  |                |       |       |          |       |       |          |  |  |
| _____   | _____                     | \$ _____                  |                |       |       |          |       |       |          |  |  |
| 3. <b>Pension, retirement benefit or annuities?</b> (Examples includes: 401K distributions, IRA distributions, employee pensions, etc.)   | <input type="checkbox"/>  | <input type="checkbox"/>  |                |       |       |          |       |       |          |  |  |
| <table border="0"><thead><tr><th>Household Member</th><th>Type of Pension / Annuity</th><th>Amount / Month</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>\$ _____</td></tr><tr><td>_____</td><td>_____</td><td>\$ _____</td></tr></tbody></table> | Household Member          | Type of Pension / Annuity | Amount / Month | _____ | _____ | \$ _____ | _____ | _____ | \$ _____ |  |  |
| 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:**

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### 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, CashApp, Skrill, etc.?** ☐ ☐

Household Member	Source	Value
		\$ _____
		\$ _____



**Rental Application – Non Age Restricted**

Lark Ellen Village

**THOMAS SAFRAN & ASSOCIATES****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, 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:**

\_\_\_\_\_  
\_\_\_\_\_

**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      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



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**THOMAS SAFRAN & ASSOCIATES**

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:****For Office Use Only:**

☐ 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.



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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
_____ 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  
1350 E San Bernardino Rd., #Manager's Office  
West Covina, CA 91791**

**For Management Use**

Date &amp; 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.