

HOLLYWOOD ARTS COLLECTIVE
1630 Schrader Blvd, Los Angeles, CA 90028

Dear Applicant:

Thank you for your interest in Hollywood Arts Collective, a 152-Unit, Affordable Housing Community for the arts and entertainment community in Los Angeles, California.

PLEASE NOTE: We encourage you to apply online at www.thehollywoodartscollective.com. If you apply online, please DO NOT submit a duplicate application through the mail.

This packet provides important information about the property, how to apply for potential tenancy at Hollywood Arts Collective, and eligibility requirements for this property. Please read this information carefully. Upon request, application materials will be made available in a format that meets the needs of an applicant with disabilities.

Please complete the attached application in its entirety. Please Note: Only submit the application and required appendices. This cover letter and the Frequently Asked Questions (FAQ's) should be kept for your review, as needed. **Please do not submit copies of SS cards, personal ID, licenses, or any other financial or personal documents at this time.**

We encourage you to apply online. However, we have applications available to download and print on our website, or to pick-up in distribution boxes on-site. If you opt to download or pick-up the application, **please fill out the nine-page application and appendices** and mail your completed application to:

Hollywood Arts Collective
c/o Thomas Safran & Associates
P.O. Box 49898
Los Angeles, CA 90049

IMPORTANT: Due to heavy construction at the property there is no access to enter the building. PLEASE DO NOT attempt to enter the building.

Applications that meet the preliminary screening requirements will be entered into a lottery. **Paper applications must be completed and postmarked by Wednesday, February 15, 2023 in order to be entered into the lottery.**

Please 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. Failure to complete the application completely (e.g., excessive blanks) may be cause for denial of application. 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.

We hope that you will have the opportunity to make Hollywood Arts Collective your home.

Sincerely,
Hollywood Arts Collective Management

Rental Application Cover Page for Hollywood Arts Collective

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.

1. **Hollywood Arts Collective** has Accessible Units for Individuals with Mobility Disabilities and Individuals with Hearing/Vision Disabilities. **Hollywood Arts Collective** also has units with some accessible features, such as no steps. **If you would like to request one of these units, please complete Section labelled “Reasonable Accommodation Information” of the Rental Application (page 1).** For more information about the accessible features of these units and/or if you need assistance to request a unit with accessible features, please contact:

Property Management Contact Name: Aaron Lempert

Title: Property Manager

Phone Number: Hotline: (888) 291-9994 TTY/TDD (if available): (800) 855-7100

Email: HollywoodArtsCollective@tsaproperties.com

2. Reasonable Accommodations and Auxiliary Aids will be provided upon request. An individual with disability may ask for, among others:
 - a. A change in rules, or;
 - b. A physical change to their apartment or shared areas in the building (either of which is a reasonable accommodation);
 - c. An accessible apartment;
 - d. And Auxiliary Aids and Services necessary to ensure effective communicate between us.

If you or anyone in your household has a disability and needs any of these things or another type of accommodation to live at **Hollywood Arts Collective** and use our services, then contact **Hollywood Arts Collective** staff to communicate your needs.



HOLLYWOOD ARTS COLLECTIVE
1630 Schrader Blvd, Los Angeles, CA 90028

FREQUENTLY ASKED QUESTIONS AND ANSWERS (FAQ's)

IMPORTANT: Due to heavy construction at the property there is no access to enter the building. PLEASE DO NOT attempt to enter the building.

1. WHAT DOES THE DEVELOPMENT CONSIST OF?

Hollywood Arts Collective is an income and rent restricted 152-unit affordable housing complex that is comprised of studio, one, two, and three-bedroom apartment units (including a manager's unit). The unit breakdown is as follows:

- Twenty (20) studio units
- Seventy (70) one-bedroom units
- Forty (40) two-bedrooms units
- Twenty-Two (22) three-bedroom units

2. WHAT WILL BE PROVIDED IN EACH UNIT?

All units will have a full kitchen (range/oven, dishwasher, refrigerator) and a tub/shower combination in the bathroom. Each unit will have air conditioning and wood vinyl plank flooring.

3. ARE THERE ACCESSIBLE UNITS?

Hollywood Arts Collective has accessible units and/or units with accessible features. Applicants may inquire about features of these units by contacting management.

4. WHAT AMENITIES WILL BE PROVIDED?

Amenities include a recording studio, computer room, fitness room, laundry facilities, and an on-site management office.

5. HOW DO I REQUEST A REASONABLE ACCOMMODATION/MODIFICATION?

If you or anyone in your household has a disability and needs any reasonable accommodations/modifications to live at Hollywood Arts Collective and use our services, please contact management staff to fill out a Reasonable Accommodation or Modification Form.

6. WHAT TYPE OF PARKING IS PROVIDED?

There will be approximately 76 total parking spaces provided. Residents who do not receive an assigned parking spot may find street parking. Not all units will be guaranteed on-site parking.

7. HOW ARE RESIDENTS SELECTED?

This project will serve low-income households.

All eligible applications for Hollywood Arts Collective will be entered into a random selection lottery. The list of those selected in the lottery will be posted. The location and date of the posted list of lottery winners will be provided in a letter which will be sent to all applicants confirming receipt of their application. Applicants chosen in the lottery

but not assigned a unit will be placed on a waiting list for future availability. Please refer to the Tenant Selection Plan for complete details.

8. ARE THERE ANY PREFERENCES?

Yes. Hollywood Arts Collective is a Low-Income Housing Tax Credit (LIHTC) project with a preference for artists. For projects with an artist preference, housing units are filled first with applicants who meet the eligibility criteria for the artist preference. If the units cannot be filled with eligible artist candidates, the units will be filled with applicants from the general pool.

For the purposes of the Artist Preference, “artist” is someone who is regularly engaged in an artistic, creative, or cultural activity or practice and pursues such practice on a professional basis. For the purposes of this definition, artistic, creative, or cultural practices may include the following disciplines:

- **Performing Arts** including dancers, actors, musicians, singers, songwriters, puppeteers, composers, choreographers, and production related arts and entertainment workers.
- **Media Arts** including television, radio, documentaries, digital media, animation, new media, and production related arts and entertainment workers.
- **Interdisciplinary Art** including installation art, public and performance art, and time-based, experiential art.
- **Literary Arts** including writers of fiction, creative non-fiction, plays, poetry, lyrics and literature.
- **Visual Arts** including painting, drawing, sculpture, ceramics, printmaking, photography, mixed media, and design.
- **Folk Arts and Crafts** including beadwork, masks, textiles, jewelry, and glass.

Under the Artist Preference, eligible applicants will meet one of the following two criteria:

1. The applicant will first be evaluated based on Income from Arts Work. The applicant must provide documentation to demonstrate earnings, from all eligible disciplines, over \$6,500 annually for three out of the last five years. If the applicant does not meet this Income from Arts Work eligibility criteria; then the applicant will be evaluated using the second criteria.
2. The applicant will be evaluated based on engagement in and professional commitment to Artistic Practice which will be evaluated and determined based on a portfolio review by the Artist Committee.

More details on income requirements and eligibility criteria for the artist preference will be available in the application and other marketing materials.

9. WHO WILL BE ELIGIBLE TO MOVE INTO THE DEVELOPMENT?

The project will serve low-income households. The project will accept Section 8 Vouchers.

10. ARE THERE MINIMUM INCOME REQUIREMENTS?

Applicants must have a gross monthly income that is at least twice their monthly rent. For example, if monthly rent is \$900, the gross annual income should be at least \$21,600 (\$900 x 2 x 12 months). Failure to satisfy the minimum income to rent ratio is indicative of insufficient income to pay rent and all other household expenses. Voucher applicants and applicants of subsidized units are exempt from the minimum income requirements.

11. ARE THERE MAXIMUM INCOME LIMITS*?

Yes, there are maximum income limits. Applicants must have incomes that fall below 80% of the Los Angeles area median income. The current annual 2022 maximums are as follows:

- One person: \$66,720
- Two persons: \$76,240
- Three persons: \$85,760
- Four persons: \$95,280
- Five persons: \$102,960
- Six persons: \$110,560
- Seven persons: \$118,160

*The income limits are adjusted annually by the U.S. Department of Housing and Urban Development (HUD) and are subject to change.

12. HOW MANY PEOPLE CAN LIVE IN EACH UNIT?

Hollywood Arts Collective offers one, two and three-bedroom units. Please refer to the occupancy limits below.

# of Bedrooms	Minimum	Maximum
0	1	2
1	1	3
2	2	5
3	3	7

13. WHAT ARE THE MAXIMUM RENTS YOU WILL HAVE*?

Studio rents will be up to approximately \$1,668 per month
 One-bedroom rents will be up to approximately \$1,787 per month
 Two-bedroom rents will be up to approximately \$2,144 per month
 Three-bedroom rents will be up to approximately \$2,478 per month

Note: There are a limited number of units available at the lower rents. Lower rents will be assigned as applicants qualify in rank order.

*The rents are adjusted annually by the U.S. Department of Housing and Urban Development (HUD) and are subject to change.



14. ARE THERE RENT INCREASES?

Yes. They are restricted to a formula determined annually by HUD based on percentage increases in median income for the Los Angeles area. For the last five years, rent increases have ranged from 0% to 7% per year.

15. ARE PETS ALLOWED?

Yes. Hollywood Arts Collective is a pet-friendly community. Additional security deposit and pet rules apply for pets. Assistance animals are not considered pets. Please notify management if you have an assistance animal.

16. IS SMOKING ON THE PROPERTY ALLOWED?

No. Hollywood Arts Collective will be a 100% non-smoking community. This includes no smoking in the units, patios/balconies, and community areas. Residents or guests who choose to smoke are required to smoke off the property. This policy is strictly enforced.

17. DO 100% FULL-TIME STUDENT HOUSEHOLDS QUALIFY FOR THIS HOUSING?

100% full-time student households do not normally qualify unless they meet one of the exceptions. In order for a household of full-time students to be considered eligible, they must meet one of the following criteria:

- Any member of the household is married and either files or is entitled to file a joint tax return.
- The household consists of at least one single parent and his or her minor children, and the parent is not a dependent of a third party. Any children may be claimed as a dependent of either parent, regardless of tenancy in unit.
- At least one member of the household receives assistance under Title IV of the Social Security Act. (AFDC, TANF, CalWORKS, etc. – Not SSA or SSI)
- At least one member is enrolled in a job training program receiving assistance under the Work Investment Act (WIA) formerly known as the Job Training Partnership Act, or similar federal, state or local laws.
- At least one member of the household is under age 24 and has exited the Foster Care system within the previous 6 years.

18. HOW LONG WILL THE UNITS BE AFFORDABLE?

Use of the California Federal Tax Credit program requires the units remain affordable for at least 55 years. However, the developers propose to keep the rents affordable indefinitely.

19. WHO WILL MANAGE THE BUILDING?

Thomas Safran & Associates (TSA) will manage the building. TSA currently manages over 5,000 units in over 60 different communities that range from as small as 14 units on Santa Catalina Island to 283 units in Koreatown, Los Angeles.

20. WHERE CAN I FIND UPDATED INFORMATION THROUGHOUT THE APPLICATION PROCESS?

Information and updates on the application process and timeline can be found online at: www.thehollywoodartscollective.com or by calling our hotline at (888) 291-9994 or TTY: (800) 855-7100.

Rental Application

Hollywood Arts Collective
c/o Thomas Safran & Associates, PO Box 49898, Los Angeles, CA 90049
Phone: (888) 291-9994 TTY: (800) 855-7100
Email: hollywoodartscollective@tsaproproperties.com



INSTRUCTIONS

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

OCCUPANCY LIMITS

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

Non-Age Restricted

	<u>Minimum</u>	<u>Maximum</u>		<u>Minimum</u>	<u>Maximum</u>
<input type="checkbox"/> 0 Bedroom	1 person	2 people	<input type="checkbox"/> 2 Bedroom	2 people	5 people
<input type="checkbox"/> 1 Bedroom	1 person	3 people	<input type="checkbox"/> 3 Bedroom	3 people	7 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.

	<u>Last Name</u>	<u>First Name</u>	<u>MI</u>	<u>Relationship to HOH</u>	<u>Optional M/F</u>	<u>SSN</u>	<u>Birthdate MM/DD/YYYY</u>
1.	_____	_____	_____	Self	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____	_____

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

Hollywood Arts Collective has accessible units and/or units with accessible features. Applicants may inquire about features of these units by contacting the management office (888) 291-9994 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 Hollywood Arts Collective 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?

<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	
- 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 regarding 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).
- Please check here if you have been displaced as a result of the City of Los Angeles’ public projects. (Third-party verification will be required).
- Please check here if you meet the artist preference. For the purposes of the Artist Preference, “artist” is someone who is regularly engaged in an artistic, creative, or cultural activity or practice and pursues such practice on a professional basis. Please select all that apply:

<input type="checkbox"/> Performing Arts	<input type="checkbox"/> Media Arts	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Interdisciplinary Art	<input type="checkbox"/> Literary Arts	
<input type="checkbox"/> Visual Arts	<input type="checkbox"/> Folk Arts & Crafts	
- I/We certify that I am/we are not:
 - an owner, developer or sponsor of the project;
 - an officer, employee, agent, consultant or elected or appointed official of the owner, developer or sponsor; or
 - a member of the Immediate Family of such person described in subsections (a) and (b)

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

7. Hollywood Arts Collective 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

8. 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?
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?
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?
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?
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. 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: _____

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).
Name of Attendant: _____
Relationship (if any): _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you currently, at the time of application, receive Section 8 rental assistance?
Name of Agency: _____
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?
Expected Date: _____
Name of Agency: _____
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. Employment wages, or salaries, or self-employment? (Include overtime, tips, bonuses, commissions, and payments received in cash. Use an additional page to add additional employment income sources.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Household Member | | |
| Name of Company | | |
| Amount / Year | | |
| _____ | | |
| _____ | | |
| \$ _____ | | |
| \$ _____ | | |
| 2. Social Security, SSI or any other payments from the Social Security Administration? | <input type="checkbox"/> | <input type="checkbox"/> |
| Household Member | | |
| SSA / SSI / SSDI? | | |
| Amount / Month | | |
| _____ | | |
| _____ | | |
| \$ _____ | | |
| \$ _____ | | |
| 3. Pension, retirement benefit or annuities? | <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., 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, CashApp, 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:**

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

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.

SIGNATURE CLAUSE

Upon notification by landlord of application processing, I agree to pay Hollywood Arts Collective an application screening charge in the amount required by landlord. I will be issued a Receipt for Application Fee upon payment which will authorize Hollywood Arts Collective 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 Hollywood Arts Collective. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I understand that providing false or misleading information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize and consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management’s resident selection criteria and any low-income housing program requirements.

In accordance with state and federal laws, I have been notified that an investigation may be made of the information I provided on this application together with information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to dispute the accuracy of information obtained from the entities I have disclosed above, and, upon written request, the right to a complete and accurate disclosure of any scope of this investigation and/or a written summary of my rights under the Fair Credit Reporting Act.

All adult household members must sign below:

_____	_____	_____	_____
Head of Household Signature	Date	Other Adult Signature	Date
_____	_____	_____	_____
Other Adult Signature	Date	Other Adult Signature	Date
_____	_____	_____	_____
Other Adult Signature	Date	Other Adult Signature	Date
_____	_____		
Other Adult Signature	Date		

CREDIT INFORMATION

Notice Regarding California Investigative Consumer Reporting Agencies Act:

Landlord does not intend to request an investigative consumer report regarding the Applicant.

Unless the box above is checked, pursuant to California Civil Code section 1786.16(a)(3), the Landlord intends to request an investigative consumer report in connection with the Applicant’s application for housing. The investigative consumer report will be made concerning the Applicant’s character, general reputation, personal characteristics, and mode of living. Among other things, the investigative consumer report may contain information concerning the Applicant’s creditworthiness, any court judgments against the Applicant, and any criminal charges and/or convictions. Pursuant to California Civil Code section 1786.22, any files maintained on the Applicant by the investigative consumer reporting agency from which Landlord obtains the report shall be made available to you during normal business hours and upon reasonable notice, provided you furnish proper identification, as follows: (1) The Applicant may appear in person at the investigative consumer reporting agency below to request a copy of the Applicant’s file; (2) the Applicant may make a written request for copies of the Applicant’s files to be sent via certified mail to a designated addressee; or (3) the Applicant may make a written request for a summary of the file to be provided over the telephone. “Proper identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. If one of these forms of identification cannot be provided, the agency may ask for other forms of identification in accordance with California Civil Code section 1786.22(c). The investigative consumer reporting agency may charge a fee, not to exceed the actual copying costs, if the Applicant requests a copy of the Applicant’s file. The agency is required to have personnel available to explain the Applicant’s file to the Applicant, and the agency must explain to the Applicant any coded information appearing in the file. If the Applicant chooses to appear in person, the Applicant may choose to bring another person of his/her choice with him/her, provided that the accompanying person also bring proper identification with him/her. If the Applicant brings another person with him/her, the agency may require the Applicant to sign an authorization allowing the agency to discuss the Applicant’s file in the presence of that other person.

The agency that will prepare the investigative consumer report on the Applicant is:

RentGrow

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

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
_____	_____	_____	_____
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:

**Hollywood Arts Collective
c/o Thomas Safran & Associates
P.O. Box 49898
Los Angeles, CA 90049**

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.



APPENDIX 2



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

Hollywood Arts Collective

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 are able to 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. accessibility alterations (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 such as Braille, American Sign Language (ASL) interpreters, or large print documents.

We will pay all reasonable costs for reasonable accommodations and auxiliary aids necessary to ensure effective communication between us.

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



APPENDIX 2



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 an Individual 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 individual’s unit;
4. providing additional accessible or assigned parking where required accessible parking is not sufficient to meet the needs of tenants and applicants;
5. accepting references from professional caregivers and others when landlord references are not available for an individual moving from a nursing home or other places that serve Individuals with Disabilities;
6. installing a wheelchair ramp;



APPENDIX 2



7. installing grab bars in the shower or bathroom;
8. installing a roll-in shower;
9. installing visual alerting systems and flashing lights for individuals 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 **Hollywood Arts Collective** 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 individuals 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;
2. providing a sign language interpreter or using a video relay service;
3. providing note takers; real-time computer-aided transcription services; exchange of written notes;
4. providing audio description or audio recordings;



APPENDIX 2



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 (See Appendix 3, Optional Request Form for Reasonable Accommodations and/or for Auxiliary Aids Pursuant to Effective Communication Policy). 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.

We may ask you for more information.



APPENDIX 2



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 the need 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 provide you with Appendix 4, Additional Information for Request for Reasonable Accommodations.

You can choose how to get the additional information:

1. You can sign Part 2 of Appendix 4 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 Part 2 of Appendix 4 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 Appendix 4 is returned, we will tell you if we need more information.



APPENDIX 2



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.

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 waiting list(s) 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 five (5) 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 thirty (30) days.

For questions or help with your request, please contact:

(Owner/Property Manager to complete)

Property Management Staff Name: Aaron Lempert

Title: Property Manager

Address: Lease-Up Address: Hollywood Arts Collective, c/o Thomas Safran & Associates, PO Box 49898, Los Angeles, CA 90049

Phone Number: Lease-Up Hotline: (888) 291-9994

TTY/TDD Number: (800) 855-7100

Email (if available): HollywoodArtsCollective@tsaproperties.com

See Tenant Handbook Section 3.15 for more information.



APPENDIX 8



SUPPLEMENTAL AND OPTIONAL CONTACT INFORMATION FOR APPLICANTS

Property Name: Hollywood Arts Collective

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: _____

Phone Number: _____

TTY/TDD or VP Number: _____

Cell Phone Number: _____

Email Address (if applicable): _____



APPENDIX 8



Name of Additional Contact Person or Organization: _____

Address: _____

Phone Number: _____

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

Commitment of Owner

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

Appendix 8: Supplemental and Optional Contact Information for Applicants (REV. 2021.06.15)



APPENDIX 8



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 agediscrimination under the Age Discrimination Act of 1975.

Option Not to Provide a Supplemental Contact Person:

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

Signature of Applicant:

Date: _____

Signature: _____

See Tenant Handbook Section 3.18 for More Information