South Gate Senior Villas
9927 San Antonio Avenue
South Gate, CA 90280

NOW ACCEPTING APPLICATIONS

South Gate Senior Villas, a 79-unit housing facility for senior citizens consists of 76 one-bedroom units and 3 two-bedroom units is a smoke-free community. South Gate Senior Villas amenities include on-site laundry facilities, elevator, recreation/community rooms and an intercom system entrance.

Eligibility Requirements

1. All applicants must be 55 years of age or older.
2. The Household's annual income may not exceed the applicable income limits:

60% of Median Income Limits **(2022)**

1 Person	2 Persons
$50,040	$57,180

3. The unit must be the household's only residence.
4. All applicants must meet screening criteria (i.e., credit history, landlord verification, etc.).
5. Applicant must earn a minimum monthly income of 1.5 times the monthly rent.

Rents for South Gate Senior Villas for 2022 are:

One-bedroom $969
Two-bedroom $1,135

Rents are subject to change

Applications are available at the following locations:

TELACU Property Management, Inc.
1248 Goodrich Boulevard
Los Angeles, CA 90022
(323) 838.8556
TTY: (323) 622.0006

South Gate Senior Villas
9927 San Antonio Avenue
South Gate, CA 90280
(323) 569.2300

For more information, please contact us at (323) 838.8556
Se Habla Español

Mail completed applications to the address on the back of the application.

This building is not a HUD-subsidized project; however, Section 8 Housing Vouchers are accepted.

EQUAL HOUSING OPPORTUNITY

No Pets Allowed

(Rev. 05.04.22)

Application #_____
Date Received _____
Time Received _____
Processed By _____

APPLICATION FOR HOUSING

South Gate Senior Villas
NAME OF FACILITY

504 COORDINATOR
Karina Barragan
TELACU Property Mgmt.
1248 Goodrich Blvd.
Los Angeles, CA 90022
Ph: (323) 838.8556
TTY: (323) 622.0006

TELACU PROPERTY MANAGEMENT
Subsidiary of
TELACU

Instructions for Head of Household:
Answer all questions on this application. Enter "None" or N/A for those questions which do not apply to you or which you choose not to answer.
Applications will not be considered unless they are fully completed.

WE WILL NOT ACCEPT COPIES OF APPLICATIONS

PLEASE PRINT OR TYPE

LAST NAME	FIRST NAME	M.I.	TELEPHONE NUMBER
CURRENT ADDRESS	APT. # CITY STATE ZIP CODE		VOLUNTARY INFO.: RACE/ETHNICITY

1. **List yourself** and all other applicants (if any) who will reside in the unit and their relationship to you.

Applicant	Relationship	Date of Birth	Social Security	Age	GENDER (Voluntary)
	Self				

Indicate the bedroom(s) size you are interested in applying for: ☐ 1 ☐ 2 ☐ 3 ☐ 4

2. Please answer each of the following questions:	YES	NO	ANNUAL AMOUNT
Is any member of your household enrolled in an institute of higher education?	☐	☐	
Is any member of your household employed full-time, part-time or seasonally?	☐	☐	
Does any member of your household expect to work for any period during the next 12 months?	☐	☐	
Does any member of your household work for someone who pays them in cash?	☐	☐	$_____
Does any member of your household receive or expect to receive unemployment?	☐	☐	
Does any member of your household receive or expect to receive alimony payments?	☐	☐	$_____
Is any member of your household on leave of absence from work due to layoff, medical, or military leave?	☐	☐	
Does any member of your household receive or expect to receive General Relief, CAPI or TANF assistance?	☐	☐	
Does any member of your household receive or expect to receive Social Security or VA payments?	☐	☐	
Does any member of your household receive or expect to receive income from a pension or annuity?	☐	☐	
Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?	☐	☐	$_____
Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from the rental of property?	☐	☐	
Do you expect any changes in your income, assets, or expense during the next 12 months?	☐	☐	

If Yes, please explain (use additional sheet if necessary) _____

_____

YES NO

3. Are you, or any family member (s) listed on this application currently charged with, or ever been charged with, or ever been convicted of, a felony offense or any other criminal activity?..... ☐ ☐

   If yes, describe: _____

4. Do you or a member of your household need a unit with accessibility features?..... ☐ ☐

   If yes, please explain _____

5. How many vehicles do the family own? _____ List make, color, year, license plate number and state for each:

   _____

   _____

   _____

6. If a live-in-aid attendant is required for an elderly, handicapped, or disabled member, please enter the name of the attendant and the name and address of a doctor who can verify the need for the attendant:

   Name of attendant: _____

   Name and Address of Doctor: _____

7. If you are now renting, who is your landlord?

   Name _____ Phone: (____) _____

   Current Rent: $_____ Address _____

   Security Deposit: $_____

   If you are not renting, please explain your current living arrangements: _____

   _____

   _____

8. If you have moved within the past five years, give the name, address, and phone number of your previous landlords and the date you lived there. (Use an additional sheet if you need more space)

Address of last location	Name of Landlord	Telephone	Lived-from (MM/DD/YY)	To (MM/DD/YY)

YES NO

9. Have you or spouse/co-applicant ever used different names from the names given in this application?..... ☐ ☐

   If yes, please explain: _____

10. Have you or any members of your household ever used social security numbers different from those listed in this Application? …… ☐ ☐

    If yes, please explain: _____

11. Have you, or spouse/co-applicant, ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reasons? ..... ☐ ☐

    If yes, please explain: _____

12. Do you live or have ever lived in subsidized housing?..... ☐ ☐

    If Yes, where? _____ ☐ ☐

    When? From: _____ To: _____ Were you evicted?..... ☐ ☐

    If yes, did you owe rent? Yes ☐ NO ☐ If yes, how much did you owe? $_____

13. Do you as an individual or your family have either a Section 8 Certificate or Voucher?..... ☐ ☐

14. How did you hear about this housing facility? _____

FINANCIAL INFORMATION - Complete this page for each member who will live in the unit who has any income or assets.
You do not need to complete this page for a live-in-attendant. For financial information, please write the names addresses of people who can verify the information you provide. (For example: income, write your employer's address; for a pension write the name and address of the agency). Please use an additional sheet of paper to record additional information if there isn't enough room for entry.

INCOME: List all employment and non-employment income for all household members. Include Recurring Gifts (cash contributions), Social Security, Salary, Wages, SSI, IRA, Keoghs, V.A. Pension, annuities, general assistance, and any other source of income.

Member Name (Last, First, Initial)	Type of Income And who pays it?	Estimated Total Income (Circle week or month)	Address of Income Source	Contact Person Name and Telephone
		$ week or month		
		$ week or month		
		$ week or month		
		$ week or month		
		$ week or month		

ASSETS: List assets of all household members; include savings, checking accounts, certificates of deposit, IRA, stocks, mutual funds, credit union shares, land real estate (including your home, if you own it) and any other assets.

Member Name (Last, First, Initial)	Account Number	Description of Asset	Current Value of Asset	Interest Rate Annual income	Bank/Credit Union Address

List any assets that YOU have disposed of, transferred, given away, or sold for less than the market value during the last 2 years. (e.g., a house, car or cash)

Description of Asset	Date Disposed of	Fair Market Value	Divesture Cost (e.g., Realtor, CD penalty)	Amount Received	Name & Address of Bank Institution, Real estate Appraiser who can verify

List family members and address for emergency purpose only.

Name	Address	Phone Number	Relationship

Applicant Signature and Certification

I/We request, authorize and consent to TELACU Property Management (TPM) to conduct a thorough investigation of whether I/we have a record of criminal convictions, and if so, the nature of such criminal convictions and all surrounding circumstances available through lawful means. TPM has advised me that its criminal background check will focus on conviction and that a criminal record will disqualify me from renting.

Initials: Head of Household	Spouse/Co-Applicant	Co-Applicant

I/We understand the information in this application will be used to determine eligibility for a unit and that this information will be checked. I/We understand that any false information may make us ineligible for a unit.

I/We certify that all information given in this application and in the attachments: member's information, income, assets and the citizenship declaration are true, complete and accurate. I/We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.

I/We freely and voluntarily authorize the investigation of all statements contained in this questionnaire. I/We understand that the company may request an investigative consumer report from a consumer reporting agency. I/We understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools and others. I/We also understand that under the Federal Fair Credit Reporting Act, I/We have the right to make a written request to the company, within a reasonable time, for the disclosure of the name and address of the consumer reporting agency and the third party reporting agency, so that I/we may obtain a complete disclosure of the nature and scope of the investigation.

This authorization is limited to use regarding this facility.

I/We have been made aware of the provisions of Section 1001 of Title 18 of the U.S. code. I/We understand that any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses may be subject to a misdemeanor and fined more than $5,000.

If this application is for a household of more than one person, I/we consider ourselves a stable household, and all of our income is available to the household for its needs.

For HUD Subsidized Facilities: I/We also understand that all adult members of the household must sign the HUD required Consent Form ("Authorization for Release of Information") before I/we can be offered a unit.

SIGNATURE OF HEAD OF HOUSEHOLD	DATE	SPOUSE	DATE
CO-APPLICANT	DATE	CO-APPLICANT	DATE

PLEASE RETURN ORIGINAL APPLICATION TO:

TELACU PROPERTY MANAGEMENT
1248 Goodrich Blvd.
Los Angeles, CA 90022

PLEASE ONLY MAIL OR EMAIL ONE APPLICATION

AUTHORIZATION FORM

DISCLOSURES

Application Screening Fee (Non-Refundable). IF APPLICABLE
You agree to pay a non-refundable application screening fee. Payment of the application screening fee does not guarantee that your application will be accepted. It is non-refundable.

Application Screening Fees. The itemized amount of your nonrefundable application screening fee is as follows:

1. Cost of credit report, eviction search, and/or other screening reports $_____.

The total amount of payment used by Management to screen your credit history and other background information cannot be more than $_____, which may be adjusted annually in accordance with the CPI as of January 1, 1998. Applicants will receive a copy of their completed application upon submission. This copy will serve as a receipt for the non-refundable application screening fee.

Completed Application. The Rental Application for Residents and Occupants will not be considered "completed" and will not be processed until Management receives the following documentation and fees:
1. Completed Rental Application;
2. Completed Rental Applications for each co-applicant and guarantor (if applicable); and,
3. Application screening fees for all applicants;

4. Notice to or from Co-Applicants. Any notice Management gives Applicants or co-applicants is considered notice to all co-applicants, and any notice from Applicants or co-applicants is considered notice from all co-applicants.

PROPERTIES IN SANTA MONICA:
Notice City of Santa Monica Residential Leasing Requirements Santa Monica Municipal Code Chapter 6.22, Residential Leasing Requirements, imposes requirements on the leasing of rental housing units. The rental housing unit that you, as a prospective tenant, are considering leasing is subject to these requirements, which are set out below.

Residential Leasing Requirements
1. The lease must be in writing and the initial lease term must be no less than one year.
2. The unit must be leased unfurnished.
3. You must use and occupy the rental housing unit as your primary residence.

No later than 60 days after the commencement of the lease, you must provide to the landlord:

At least two of the following showing your name and showing the rental housing unit as your residential address:
a. California motor vehicle registration;
b. California driver's license;
c. California state identification card;
d. Voter registration;
e. Income tax return;
f. Utility bill (e.g., gas, water/sewer, electric, cable)

AUTHORIZATION FORM

AUTHORIZATION AND ACKNOWLEDGMENT

Authorization for Background Check and Summary of Your Rights Under the Investigative Consumer Reporting Agencies Act

☐ Check here to have a copy of your consumer report sent directly to you. The landlord is to provide a copy of the report to you in accordance with California Civil Code § 1786.16. If requested, a copy of your consumer report will be sent to you within three business days of receipt of your request.

The investigative consumer report and/or consumer report(s) will be obtained from the following Investigative Consumer Reporting Agency:

Name: tenantAlert
Address: 23801 Calabasas Rd #1022, Calabasas, CA 91302
Telephone Number: (866) 272-8400

Their information and privacy policy can be found at:
Website Address: https://www.tenantalert.com/contact/

Investigative Consumer Reporting Agencies through the Investigative Consumer Reporting Agencies Act (ICRAA) have assumed a vital role in collecting, assembling, evaluating, compiling, reporting, transmitting, transferring, or communicating information on consumers for employment, and insurance purposes, and for the purposes relating to the hiring of dwelling units, subpoenas, court orders, licensure and other lawful purposes. The California legislature finds there is a need that Investigative Consumer Reporting Agencies exercise their grave responsibilities with fairness, impartiality, and a respect for consumers rights to privacy. The crime of identity theft in this new computer era has exploded and has become the fastest growing white-collar crime in America. The unique nature of this crime means that it can often go undetected for years without the victim being aware that his or her identity has been misused. Because notice of identity theft is critical before the victim can take steps to stop and prosecute this crime, consumers are best protected if they are given copies of any investigative consumer reports made on them. The ICRAA requires that Investigative Consumer Reporting Agencies adopt reasonable procedures for meeting the needs of commerce for information related to the renting of dwellings in a matter which is fair and equitable to the consumer, with regard to the confidentiality, accuracy, relevancy, and proper utilization of the information in accordance with the requirements of the ICRAA.

The ICRAA gives you specific rights, as outlined below. You may have additional rights under federal law. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington DC 20006.

We ("Owner") may obtain information about you for renting a dwelling unit from a third-party consumer reporting agency (Investigative Consumer Reporting Agency). You may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and can involve personal interviews with sources such as your neighbors, friends, supervisors, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Further, you understand that information may be requested from various Federal, State, County and other agencies that maintain records concerning your past activities relating to your driving, criminal, civil, education, credit, and other experiences. Your credit history will be requested as the information substantially relates to the ability to rent the dwelling unit.

AUTHORIZATION FORM

You have the right, upon written request made within a reasonable time period after receipt of this notice, to request whether a consumer report has been conducted about you, disclosure of the nature and scope of any investigative consumer report, and to request a copy of your report.

Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for renting is an investigation into your rental and credit history. The scope of this notice and authorization is all-encompassing, however, allowing us to obtain consumer reports and investigative consumer reports now and throughout your tenancy to the extent permitted by law.

You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

California Civil Code §1786.22.

a) An investigative consumer reporting agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice.
b) Files maintained on you shall be made available for your visual inspection, as follows:
    1) In person, if you appear in person and furnish proper identification. A copy of his file shall also be available to the consumer for a fee not to exceed the actual costs of copying.
    2) By certified mail, if you make a written request, with proper identification, for copies to be sent to a specified address. Investigative consumer reporting agencies complying with requests for certified mailings under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies.
    3) A summary of all information contained in files on you and required to be provided by Section 1786.10 shall be provided by telephone, if you have made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
c) The term “proper identification” as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver’s license, social security number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself with the information described above, may an investigative consumer reporting agency require additional information concerning the consumer’s employment and personal or family history in order to verify his identity.
d) The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished him pursuant to Section 1786.10.
e) The investigative consumer reporting agency shall provide a written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22.
f) The consumer shall be permitted to be accompanied by one other person of his choosing, who shall furnish reasonable identification. An investigative consumer reporting agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer’s file in such person’s presence.

If you checked the box above, you will receive a copy of your investigative consumer report within three business days of receipt of your request. I agree that the Owner, and its agents and/or employees, may rely upon this form to order background reports, including investigative consumer reports from companies other than Owner without asking me for my authorization again as allowed by law. I further agree that a copy of this form is valid as a signed original. I certify that all of my personal information is true and correct.

AUTHORIZATION FORM

I agree that the Owner, and its agents and/or employees, may rely upon this form to order background reports, including investigative consumer reports from companies other than Owner without asking me for my authorization again as allowed by law. I further agree that a copy of this form is valid as a signed original. I certify that all of my personal information is true and correct.

_____ _____
Applicant Date

_____ _____
Applicant Date

_____ _____
Applicant Date

_____ _____
Applicant Date

California Consumer Privacy Act (CCPA), California Civil Code § 1798.100 et sec
We ("Owner") collect the information requested in this application to determine whether to approve your rental application. If approved, the information collected may also be used to provide services to you and other residents, as well as for our internal business purposes, sharing, and any other purposes allowed under the CCPA. Under the CCPA, some of this sharing is considered a "sale" even if we do not receive money in exchange for the information we share. You have the right to "opt-out," which instructs us to stop sharing the collected information in any way that the CCPA treats as a "sale," and only sell the information in the future with your permission.

Opting-out does not prevent us from using your information to provide you services and other exceptions listed in the CCPA. By opting out, you are asking us not to sell the provided information. You can get our privacy policy from the leasing office by ☐ phone ☐ email ☐ website, and request to opt-out by ☐ phone ☐ email ☐ website, or checking the box.

☐ Opt-out: Do not use this form to collect information to sell.

AUTHORIZATION FORM

ACKNOWLEDGMENT

You declare that all your statements in this Application are true and complete. You authorize us to verify the same through any means. If you fail to answer any question(s) or give false information, we may reject the application, retain all application screening fees and all or a portion of the application deposit as liquidated damages for our time and expense, and terminate your right of occupancy. Giving false information is a serious criminal offense. We may at any time furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your legal obligations, including both favorable and unfavorable information about your compliance with the Lease Contract, the rules, and financial obligations.

_____ _____

Applicant Date

_____ _____

Applicant Date

_____ _____

Applicant Date

_____ _____

Applicant Date

EQUAL HOUSING OPPORTUNITY