



**TELACU Buena Vista  
365 E. Commercial Rd.  
San Bernardino, CA 92408**

**NOW ACCEPTING APPLICATIONS**

**A SMOKE-FREE COMMUNITY**

TELACU Buena Vista is a 74-unit housing facility for senior citizens consisting of one-bedroom units. These units include a refrigerator, built-in stove, and an emergency pull-cord system. TELACU Buena Vista amenities include an on-site laundry facility, elevators, recreation/community rooms, gated parking, and an intercom system entrance.

The facility is a U.S. Department of Housing and Urban Development Section 202/PRAC project.

The rental rate is based on 30 percent of the eligible household's income.

**Eligibility Requirements**

1. The Head of Household (Primary Applicant) must be 62 years of age or older.
2. The Household's annual income may not exceed the applicable income limits:

<b>Income Limits (2023)</b>	
<b>1 Person</b>	<b>2 Persons</b>
<b>\$32,650</b>	<b>\$37,300</b>

3. The unit must be the household's only residence.
4. All applicants must meet screening criteria (i.e., credit history, landlord verification, criminal background check).

Applications are available at the following locations:

**TELACU Residential Management, Inc.**  
1248 Goodrich Boulevard  
Los Angeles, CA 90022  
(323) 838.8556  
TTY: 711

**TELACU Buena Vista**  
365 E. Commercial Rd.  
San Bernardino, CA 92408  
(909) 799.0818

For more information please contact us at (323) 838.8556 ext: 0

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



No Housing Authority Section 8 vouchers will be accepted.



## **TELACU Buena Vista** **TENANT SELECTION PLAN SUMMARY**

**TELACU Buena Vista** is a 74-unit building in **San Bernardino, Calif.**, that operates under the guidelines of the HUD Section 202/PRAC Program. As such, there are several eligibility requirements that an applicant must meet to become a resident of **TELACU Buena Vista**.

Applicants interested in applying for housing at **TELACU Buena Vista** must submit an application to **TELACU Residential Management, Inc. (TRM)**. Upon receipt of the application, TRM will conduct a preliminary eligibility review to ensure that the applicant is eligible to participate in the HUD Section 202/PRAC Program. To meet the preliminary eligibility, the Primary Applicant must:

- Be 62 years of age or older (Head of household).
- Not exceed the applicable income limit (very-low-income limit – 50 percent of median income).
- Submit a completed application (All sections of the application must be filled. If a section of the application does not apply to you enter “N/A”).

Please note that meeting the preliminary eligibility requirements **does not** guarantee the applicant is eligible for housing. All applicants must meet the **TELACU Buena Vista** Tenant Selection Plan (TSP) requirements.

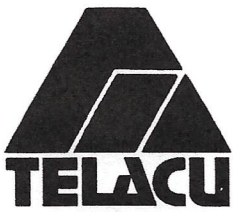
**TELACU Buena Vista** is an equal opportunity housing facility, designed to provide housing to very-low-income elderly individuals and families 62 years of age or older under the HUD Section 202/PRAC Program. However, because 10 percent of the units at **TELACU Buena Vista** have been architecturally altered for the mobility, hearing, and visually impaired as defined in HUD Handbook 4350.3 Rev. 1 Change 4 paragraph 2-32, someone in the family must qualify as “needing” the architecturally altered features to apply for or live in these units. A medical professional must verify the need.

In addition to the above requirements federal regulations require that to live at **TELACU Buena Vista**, the applicant must meet the following:

- Annual income may not exceed the applicable income limit for the program.
- The applicant must be willing to pay the rent calculated using the HUD rules and regulations.
- The unit must be the household’s only residence. At the time of admission, the applicant may not be receiving assistance for any other unit.
- Applicant must meet the owner/management TSP requirements including but not limited to a satisfactory credit and criminal background history.
- Applicants must disclose the Social Security number for themselves and all household members.
- All adult members must sign consent forms and verification documents so that management can verify sources of income and eligibility.

**PLEASE NOTE:** The above information is only a summary of the TSP which may be subject to further revision by Management. A complete copy is available upon request.





**TELACU RESIDENTIAL  
MANAGEMENT**  
Subsidiary of  
TELACU

**APPLICATION FOR  
HOUSING**

**TELACU BUENA VISTA**  
NAME OF FACILITY

Application # \_\_\_\_\_  
Date Received \_\_\_\_\_  
Time Received \_\_\_\_\_  
Processed By \_\_\_\_\_

**504 COORDINATOR**

**Karina Barragan**

**TELACU Residential Mgmt.**

1248 Goodrich Blvd.

Los Angeles, CA 90022

Ph: (323) 838.8556

TTY: (323) 622.0006

**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

**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
	Self				

Indicate the bedroom size you are interested in applying for: \_\_\_ 0 bedroom (studio) \_\_\_ 1 bedroom  
**YES NO ANNUAL AMOUNT**

**2. Please answer each of the following questions:**

Is any member of your household enrolled in an institute of higher education? \_\_\_ YES \_\_\_ NO

Is any member of your household employed full-time, part-time or seasonally?..... \_\_\_ YES \_\_\_ NO

Does any member of your household expect to work for any period during the next 12 months?..... \_\_\_ YES \_\_\_ NO

Is any member of your household on leave of absence from work due to lay off, medical, Or military leave? ..... \_\_\_ YES \_\_\_ NO

Does any member of your household work for someone who pays them in cash? ..... \_\_\_ YES \_\_\_ NO \$ \_\_\_\_\_

Does any member of your household receive or expect to receive unemployment?..... \_\_\_ YES \_\_\_ NO

Does any member of your household receive or expect to receive alimony payments?.. \_\_\_ YES \_\_\_ NO \$ \_\_\_\_\_

Is any member of your household on leave of absence from work due to layoff, medical, or military leave? ..... \_\_\_ YES \_\_\_ NO

Does any member of your household receive or expect to receive General Relief, CAPI or TANF assistance? ..... \_\_\_ YES \_\_\_ NO

Does any member of your household receive or expect to receive Social Security or VA Payments? ..... \_\_\_ YES \_\_\_ NO

Does any member of your household receive or expect to receive income from a pension or annuity? ..... \_\_\_ YES \_\_\_ NO

Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies? ..... \_\_\_ YES \_\_\_ NO \$ \_\_\_\_\_

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?..... \_\_\_ YES \_\_\_ NO

Do you expect any changes in your income, assets, or expense during the next 12 months?..... \_\_\_ YES \_\_\_ NO

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



YES / NO

3. Does any member of your household have a physical impairment that: (a) Is expected to be of long-continued and indefinite duration; (b) Substantially impedes one's ability to live independently; and (c) Is of such a nature that the ability to live independently could be improved by more suitable housing conditions?..... \_\_\_ \_\_\_
4. Do you or a member of your household need a unit with accessibility features?..... \_\_\_ \_\_\_  
If yes, please explain \_\_\_\_\_
5. Are you, or any co-applicant currently charged with, or ever been charged with, or ever been convicted of, a felony offense or any other criminal activity?..... \_\_\_ \_\_\_  
If yes, describe: \_\_\_\_\_
6. Do you have any pets? ..... \_\_\_ \_\_\_
7. How many vehicles do the family own? \_\_\_\_\_ List make, color, year, license plate number and state for each: \_\_\_\_\_
8. If a live-in-aid attendant is required for an elderly, handicapped, or disable member, please enter the information requested.: Name of attendant: \_\_\_\_\_  
Name and Address of Doctor: \_\_\_\_\_
9. 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: \_\_\_\_\_

10. 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

11. Have you or spouse/co-applicant ever used different names from the names given in this application?..... \_\_\_ \_\_\_  
If yes, please explain: \_\_\_\_\_
12. Have you or any members of your household ever used social security numbers different from those listed in this Application? ..... \_\_\_ \_\_\_  
If yes, please explain: \_\_\_\_\_
13. 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: \_\_\_\_\_
14. 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? \$ \_\_\_\_\_
15. Do you as an individual or your family have either a Section 8 Certificate or Voucher?... \_\_\_ \_\_\_
16. 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 Residential Management (TRM) 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. TRM 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 it is a criminal offense, punishable by a \$10,000 fine or 10 years imprisonment or both, to make willful statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

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

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**PLEASE RETURN THIS APPLICATION TO: TELACU RESIDENTIAL MANAGEMENT**  
**1248 Goodrich Blvd.**  
**Los Angeles, CA 90022**

**PLEASE ONLY MAIL OR  
EMAIL ONE APPLICATION**

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted 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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



# 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](http://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

