



SEASONS AT COMPTON

Application Instructions



April 27, 2011

Dear Applicant(s),

Thank you for your interest in applying for housing at **SEASONS at Compton**. Please complete the attached application and return to us by **regular US mail only**. Applications will be accepted beginning **May 2, 2011** at the following address:

SEASONS at Compton
c/o The John Stewart Company
888 S. Figueroa Street, Suite 700
Los Angeles CA 90017

Applications will be reviewed for age and income eligibility. At least one household member must be 55 or older at the time of occupancy. Each household may only submit one application. Applications hand-delivered, faxed or express mailed will not be accepted. Applications will be date-stamped when received by mail and processed for qualification on a "first-come-first-served" basis. All applications postmarked before **May 15, 2011** will be processed through a random selection process and processed on a priority basis.

If you have any questions, please call (213) 237-0543. *You will be contacted as applications are being processed.*

1 Bedrooms \$446 – \$776 Rent		2 Bedrooms \$559 – \$932 Rent	
# Persons In Household	Maximum Income	# Persons In Household	Maximum Income
1	\$17,400 – \$29,000	2	\$19,890 – \$33,150
2	\$19,890 – \$33,150	3	\$22,380 – \$37,300
3	\$22,380 – \$37,300	4	\$24,840 – \$41,400

Rents and income determined based upon US Department of Housing and Urban Development published median income limits which are subject to change.

All Applicants are subject to the Resident Selection Policy, including credit, prior landlord history and criminal background checks and third party income and asset verification to determine the household's combined annual income in accordance with the Low Income Housing Tax Credit Program.

Thank you again for your interest in **SEASONS at Compton** and we look forward to receiving your application.

Sincerely,

THE JOHN STEWART COMPANY

TDD Telephone device for the hearing impaired (888) 877-5379 or California Relay Service (711).

SEASONS AT COMPTON RESIDENT SELECTION CRITERIA

I. POLICY ON NON-DISCRIMINATION

With respect to the treatment of applicants, the Management Agent will not discriminate against any individual or family because of race, color, creed, national or ethnic origin or ancestry, religion, sex, sexual preference, gender identity, age, disability, handicap, military status, source of income, marital status or familial status, acquired immune deficiency syndrome (AIDS) or AIDS-related conditions (ARC), or any other arbitrary basis. No criteria will be applied or information considered pertaining to attribute of behavior that may be imputed by some to a particular group or category. All criteria shall be applied equitable and all information considered on an applicant shall be related solely to the attributes and behavior of individual members of the household as they may affect residency.

II. OCCUPANCY STANDARDS

A. Units will be occupied in accordance with the following standards:

<u>UNIT SIZE</u>	<u>MINIMUM</u>	<u>MAXIMUM</u>
1 Bedroom	1	2
2 Bedrooms	2	4

1. Every household resident will be counted when determining unit size.
2. One household member must be 55 years of age or older.

B. Total household income cannot exceed 30% - 50% of the Los Angeles County area median income.

MAXIMUM ANNUAL INCOME (Based upon 2010 AMI) Subject to Change

AMI	1 Person	2 People	3 People	4 People
30% AMI	\$17,400	\$19,890	\$22,380	\$24,840
35% AMI	\$20,300	\$23,205	\$26,110	\$28,980
50% AMI	\$29,000	\$33,150	\$37,300	\$41,400

C. Rents will be determined based upon unit size and income level.

RENTS ON AFFORDABLE UNITS:

Bedroom Type	Number of Units	Type	Gross Rent
1	68	30%-50%	\$466-\$776
2	16	30%-50%	\$559-\$932

*Approximate rental rates based upon current income limits published by U. S. Dept. of Housing & Urban Development. Rental rates subject to change. The above are gross rents and do not include utility allowances.

III. VERIFICATION PROCESS

A. Financial

1. All income will be verified in writing by the income source indicated on income certification form.
2. All assets, including bank accounts, will be verified in writing.
3. Upon initial occupancy, resident's income cannot exceed 30% - 50% of the area median income as published annually by the U. S. Department of Housing and Urban Development.



4. Households must have sufficient income so that rent is not more than 50% of their household's combined monthly income.
5. Third-party income verification will be required from all sources, including but not limited to:
 - a. Employment
 - b. Savings and checking
 - c. Pension
 - d. Disability
 - e. Asset verification, property, home, stocks, bonds, annuities, IRA, etc.
 - f. Government assistance, A.F.D.C., general relief, etc.
 - g. Social security
 - h. Family contribution or gifts
6. Income calculations are based on the applicant's annual gross (anticipated) income for the following 12 months. Annual gross income includes income from any and all assets.

Annual income from wages via cash payment will require that the applicant must present the most current tax return. The IRS considers a person paid in cash as an "independent contractor" and must file or a signed certification that they did not file a tax return. Any prospective resident, who claims to not have filed tax returns and was paid in cash, needs to have or to apply for a TIN number so management can verify the non-filing status with the IRS.
7. Household must demonstrate a history of responsible tenancy, behavior and conduct. Current landlord references will be obtained. Previous landlords during the past five years may also be contacted. Landlord references will help determine rental history including but not limited to non-payment of rent, repeated disruptive behavior and late rent payments. A determination will be made regarding whether or not the applicant has demonstrated a record of conduct which could constitute a material violation of **SEASONS AT COMPTON** Occupancy Agreement provisions or applicable tenancy law. If such a record of violations is documented, that will be considered grounds for a determination of ineligibility. Eviction and Unlawful Detainer within the last five years will be grounds for ineligibility.
8. Criminal background checks will be conducted on all adults, in the qualified household, who have satisfied all income & credit report documentation. A negative criminal background may be basis for denial.
9. A credit reference will be required for all adult household members over eighteen. Any outstanding collections within five years, which exceed \$2,000.00 (medical expenses and deferred student loans exempt from this standard), are basis for denial of applicant. Foreclosure, bankruptcies, and repossessions are also basis for denial. Applicant will be considered for residency if he/she can prove that he/she has paid for all debt recorded in the report. Applicant may qualify if a bankruptcy has been discharged for 2 years and all items on the credit report were included in the bankruptcy.

IV. WAITING LIST

- A. Applicants will be added to a waiting list in chronological order of when application was received.
- B. In the event that the volume of applications received exceeds the number of available apartments and more than one applicant qualifies for the unit; the application with the earliest date will be approved. The other will go on top of the list until the next unit is available.
- C. When management receives the next 30-day notice, it will be the responsibility of the site administrator to notify the applicant at the top of the waiting list. If that applicant turns down the unit, management will then proceed to the next person on the waiting list.



- D. If an applicant on the waiting list rejects two units offered to him/her, he/she may remain on the list but will then be assigned a new position on the waiting list based on the date the applicant rejected the second unit.
- E. Management will advise applicants on the waiting list as to the estimated availability of a unit.

V. GENERAL

- A. The site Administrator or a representative of the managing agent will initially interview all applicants.
- B. It will be the responsibility of the site administrator or management agent to inform the applicant in writing of their rejection or approval.
- C. Management will notify applicants who are rejected, in writing and provide a reason for their ineligibility. The applicants will be informed of their option to appeal this decision.
- D. Unit must be the household's sole place of residence once they move to the property.

VI. REJECTED APPLICATIONS

- A. Applications may be rejected for any of the following:
 - 1. Blatant disrespect, disruptive or anti-social behavior toward management, the property, or other residents exhibited by an applicant or family member any time prior to move-in (or demonstrable history of such behavior).
 - 2. A negative landlord or other reference, encompassing failure to comply with the lease, poor payment history, poor housekeeping habits or eviction for cause.
 - 3. A negative credit report involving history of unsatisfactory meeting three or more credit obligations. Special consideration will be given to households with medical or student loan obligations not met.
 - 4. An eviction report.
 - 5. Falsification of any information on the application.
 - 7. Household size that does not conform to the stated minimum and maximum size.
 - 8. A criminal background check revealing derogatory information.
 - 9. Other good cause, including, but not limited to, failure to meet any of the program qualification or other selection criteria in this document.
- B. All rejected applicants will have the right to appeal the decision. The appeal must be received by the administrator or managing agent no later than fourteen (14) days after the date of the rejection letter. Appeal must be submitted in writing with copies of any documentation that proves our decision incorrect. **Within five (5) business days of owner response or meeting, the owner must advise the applicant in writing of the final decision on eligibility. Persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process.**

VII. FAIR HOUSING

The property will comply will all federal, state, and local fair housing and civil rights laws and with all equal opportunity requirements.



Application Checklist

Thank you for your interest in this property. To complete your application process all household members 18 years or older must be present for a scheduled interview. Please bring the following items with you:

1. Social Security cards for all household members (irrespective of their age)
2. Birth certificates for all minors
3. State or national picture ID (i.e. Driver's License, Passport, etc.) for all applicants over 18 years of age

For this meeting, please also provide the following:

*Copy of the two most recent bank statements (for all accounts) for all household members.

*Copy of the two most recent statements for all mutual funds, IRA's, or stock accounts for all household members.

Employment: Copies of last three months consecutive pay-stubs or equivalent proof of other income for all household members 18 and older.

Self-Employment: Copy of last year's IRS Tax Return including Schedule C and list of current or most recent clients for all household members 18 and older.

SSI or SSA/Disability: Original printout of benefits or copy of last letter showing current monthly benefit for all household members regardless of age.

Unemployment Ins.: Printout of Statement or copy of last letter showing current monthly benefit for all household members 18 and older.

Financial Assistance: This is regular gifts or payments from anyone outside of the household (includes anyone paying your bills) anyone paying your bills) for any household member regardless of age. Please provide a notarized written letter from the person providing assistance stating the amount and length of assistance, and a bank/asset statement showing funds equaling ten times the annual assistance.

GA/AFDC/TANF: Original printout of benefits paid in last 12 months or copy of last Notice of Action letter for all household members 18 and older.

Child Support: Current notice from D.A. Office, a court order or a letter from the provider with copies of last two checks for all household members regardless of age.

Alimony: Current notice from D.A. Office, a court order or a letter from the provider with copies of last two checks for all household members regardless of age.

Other: If any household member has regular pay as a member of the Armed Forces; severance payments; settlements; lottery winnings or inheritances; death benefits or life insurance dividends; trust benefits; or any other source of income not listed, please provide documentation to support the source of income.

We appreciate your application and look forward to working with you.

EQUAL HOUSING OPPORTUNITY

(For Office Use Only)

Name _____ Date _____
SCLAR APPROVED



DO NOT DUPLICATE
(ONE APPLICATION PER HOUSEHOLD ONLY)



SEASONS at Compton
15810 Frailey Avenue
Compton, CA 90221

APPLICATION FOR ADMISSION

SEASONS at Compton will comply with the provisions of any federal, state or local law prohibiting discrimination in housing on the basis of race, color, creed, ancestry, national origin, sex, sexual orientation, familial status, source of income, age, disability, AIDS, or AIDS relation condition.

TDD Telephone device for the hearing impaired is the California Relay Service (711).

Please fill in all blanks. Incomplete applications will not be processed.

APPLICANT NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

CURRENT ADDRESS: _____ APT. #: _____

CITY, STATE, ZIP CODE: _____

PREVIOUS ADDRESS: _____ APT. #: _____

CITY, STATE, ZIP CODE: _____

HOME PHONE #: _____ **WORK #:** _____ **OTHER WORK #:** _____

CELL PHONE #: _____ **OTHER#:** _____ **FAX #:** _____

E-MAIL: _____

INDICATE TWO PEOPLE WHO GENERALLY KNOW HOW TO CONTACT YOU:

1. NAME: _____ 2. NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE #: _____ PHONE #: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

LIST ALL HOUSEHOLD MEMBERS WHO WILL BE LIVING IN THE RESIDENCE. GIVE THE RELATIONSHIP OF EACH FAMILY MEMBER TO THE HEAD OF HOUSEHOLD.

	LAST NAME	FIRST NAME	BIRTHDATE	(MM/DD/YYYY)	SOC. SEC. #
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

DO YOU OWN A CAR? _____ WOULD YOU REQUIRE A PARKING SPACE? _____

SEASONS AT COMPTON IS A SMOKE FREE COMMUNITY. Smoking is prohibited on the property, including but limited to all units and common areas.

Are you or anyone you plan to have living with you a smoker? YES. _____ NO. _____

CURRENT HOUSING STATUS

How many people live in your home now? _____ How many bedrooms do you have? _____

Have you or anyone you plan to have living with you had your residency/tenancy terminated for fraud, non-payment of rent or failure to comply with lease provisions? ____ YES ____ NO. If "YES", please explain _____

Do you plan to have anyone living with you in the future who is not listed above?
____ YES ____ NO. IF YES, PLEASE EXPLAIN: _____

If you have listed a child or children above, do you have full custody of your child(ren) listed above? ____ YES ____ NO.
Explanation of custody arrangements: _____

Have you or anyone you plan to have living with you been convicted of a felony?
____ YES ____ NO. If "YES", please list the disposition behind each incident involving all members of the proposed household: _____

Do you have any family members or friends who currently work at this property?
YES. ____ If "YES", name of employee: _____ NO. ____

Do you have a section 8 voucher or certificate? _____ Expiration Date: _____
Yes No

Please list at least two (2) years of rental history below.

1. **CURRENT LANDLORD:** _____
PHONE #: _____ FAX #: _____
WHAT IS YOUR CURRENT RENT? _____
LANDLORD'S ADDRESS: _____
DATE OF MOVE-IN: _____
YOUR ADDRESS/APT. #: _____

2. **PREVIOUS LANDLORD:** _____
PHONE #: _____ FAX #: _____
RENT AMOUNT: \$ _____
LANDLORD'S ADDRESS: _____
DATE OF MOVE-IN: _____ DATE OF MOVE-OUT: _____
YOUR ADDRESS/APT. #: _____

HOUSEHOLD INCOME, ASSETS, AND SUBSIDIES

Income. List below all sources of income for all members of the household. Please check "YES or NO".

YES	NO		YES	NO	
_____	_____	Employment*	_____	_____	AFDC/GA ("Welfare")
_____	_____	Self-Employment	_____	_____	Unemployment Compensation
_____	_____	Social Security/ SSI	_____	_____	Pension/ Retirement Fund
_____	_____	Scholarship/Student Aid	_____	_____	Disability/Death Benefits
_____	_____	Insurance Policy	_____	_____	Severance Pay
_____	_____	Annuities	_____	_____	Strike Benefits
_____	_____	Alimony or Child Support	_____	_____	Regular Contribution or Gift
_____	_____	Award	_____	_____	(for rent, utilities, groceries, car
_____	_____	Other			Payment, insurance, etc.)

HOUSEHOLD'S TOTAL ANNUAL INCOME \$ _____

Assets.

- A. Check "YES" if any family member has one or more of that type of asset.
- B. Check "NO" if no family member has that type of asset.
- C. Check "DIVESTED" if any family member has disposed of that type of asset for less than fair market value within the past 24 months.

YES	NO	DIVESTED	
_____	_____	_____	Saving Account
_____	_____	_____	Checking Account
_____	_____	_____	Trust
_____	_____	_____	Real Estate, Rental Property, Rent
_____	_____	_____	Money Market Fund
_____	_____	_____	Stocks, Bonds, Treasury Bills, Certificate or Deposit Ira or Keogh
_____	_____	_____	Retirement or Pension Fund
_____	_____	_____	Inheritance, Lottery Winnings, Insurance Settlement Due
_____	_____	_____	Capital Gains, Capital Investments
_____	_____	_____	Personal Property held as an investment (Gems, Autos, Art, Etc.)
_____	_____	_____	Other: _____

HOUSEHOLD'S TOTAL ASSETS: \$ _____

Student Status

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of persons who are all <u>full-time</u> students (Examples: College/University, trade school, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Does your household anticipate becoming a full-time student household in the next 12 months?

PLEASE CONSIDER COMPLETING THIS OPTIONAL SECTION:

Do you require special unit design features for mobility impairment?	Yes_____	No_____
Do you require special unit design features for visual impairment?	Yes_____	No_____
Do you require special unit design features for hearing impairment?	Yes_____	No_____

Do you receive any other special accommodation due to a disability?

Yes _____

No _____

If yes, please explain:

APPLICANT CERTIFICATIONS

1. I/we certify that if selected to move into this project, the unit I/we occupy will be my/our primary residence.
2. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
3. I/we understand that false statements or information are punishable under federal law and cause for immediate denial of housing.
4. I/we understand we must provide written notification of any changes to the information on this form, especially address and telephone number.
5. I/we understand that the above information is being collected to determine my/our eligibility for an apartment. I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords, employers, or other sources for credit and verification information which may be released by appropriate federal, state, local agencies, or private persons to the owner/management.
6. I/we agree to allow management to perform a consumer credit check and criminal background check including sex offender registry on all adult household members. (I/we may request copies of these documents.) This will be required prior to an application being processed.
7. Housing is subject to availability.

HEAD OF HOUSEHOLD (PLEASE PRINT): _____

SIGNATURE OF HEAD: _____ DATE: _____

SIGNATURE ADULT APPLICANT #2: _____ DATE: _____

SIGNATURE ADULT APPLICANT #3: _____ DATE: _____

*How did you hear about our apartment community?

___ Newspaper ___ Flyer ___ Word of mouth

___ Other (please state): _____

Thank you.