

VETERANS VILLAGE OF CARSON

600 West Carson Street, Carson, CA 90745

Dear Applicant:

Thank you for your interest in Veterans Village of Carson, a 51-Unit, Affordable Housing Property, in Carson, CA.

PLEASE NOTE: We encourage you to apply online at www.veteransvillagecarson.com. If you do 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 Veterans Village of Carson 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. 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.**

Mail your completed application to:

Veterans Village of Carson
P.O. Box 49898
Los Angeles, CA 90049

Applications that meet the preliminary screening requirements will be entered into a lottery. **Paper applications must be completed and postmarked by Friday, October 5, 2018 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 Veterans Village of Carson your home.

Sincerely,

Veterans Village of Carson Management



VETERANS VILLAGE OF CARSON

RENTAL APPLICATION

Instructions: Please complete ALL sections of this application. Please do not leave any questions blank. Please do not use White Out. ALL adult household members (18 and over) must sign the application. Submitting multiple copies will be cause for rejection.

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: (Arabic) عربي ; (Cantonese) 广东话 ; (Mandarin) 普通话 ; (Korean) 한국어 ; (Russian) русский ; (Spanish) Español ; (Tagalog) Tagalog ; (Vietnamese) Tiếng Việt ; Other

Occupancy Limits: To qualify for each of the unit sizes, please note the minimum and maximum persons required for each unit size. *Please see the Tenant Selection Plan for additional information regarding occupancy guidelines:*

1 Bedroom: 1 person min, 3 people max, **2 Bedroom:** 2 person min, 5 people max, **3 Bedroom:** 3 person min, 7 people max

1. PLEASE CHECK BEDROOM SIZE REQUESTED: 1 Bedroom 2 Bedroom 3 Bedroom
2. How did you hear about this property? Flyer Walk-by Internet Newspaper Friend Comm. Center. Other _____
3. Is a member of the household a U.S. Armed Forces Veteran? YES NO (Veteran Preference requires documentation-Form DD214 or equivalent). Any discharge except dishonorable will be considered for Veteran Preference.

Household Information

List ALL household members that are applying to live in the apartment. Any household member that is under the age of 18 and will reside in the household 50% of the time or more must be listed. *(Be sure to include your own name. Failure to provide accurate and complete contact information may result in application denial).*

| Last Name | First, Middle Initial | Relationship to Head of Household | M/F (Optional) | Last 4 Digits of Social Security Number | Birthdate MM/DD/YYYY |
|-----------|-----------------------|-----------------------------------|----------------|---|----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

CURRENT CONTACT INFORMATION (Required)

| | | |
|-------------------------|-------|-----------------------------|
| Current Address: | _____ | |
| | _____ | |
| Mobile Phone: | _____ | Other Phone: _____ |
| Email Address: | _____ | Other Contact: _____ |

Reasonable Accommodation Information

Veterans Village of Carson has accessible units and/or units with accessible features. Applicants may inquire about features of these units by contacting the management office at 323-390-9301 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 Veterans Village of Carson and use our services, please contact the management staff to fill out a 'Reasonable Accommodation or Modification Form.'



Other Household Information

1. 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*).
2. Please check here if you currently work in the City of Carson. (*Third-party verification will be required*).
3. Veterans Village of Carson is a non-smoking and no pet 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 and that no pets are permitted.

- _____

4. Are you currently working with a Case Worker or an Agency that you would like us to be aware of or contact?

Agency Name: _____ Case Worker Name: _____

Agency/Case Worker Phone: _____ Email: _____

5. We are required to adhere to Federal Fair Housing laws and to encourage a balanced resident population at Veterans Village of Carson. This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, family status, national origin, marital status, ancestry, age, sexual orientation, disability, source of income, genetic information, arbitrary characteristics, or any other basis prohibited by law. As such, we appreciate your checking the appropriate boxes below regarding your race/ethnicity. You are not obligated to provide this information. If you choose not to disclose, please indicate below.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> <i>Asian Indian</i> | <input type="checkbox"/> <i>Japanese</i> | <input type="checkbox"/> <i>Native Hawaiian</i> |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> <i>Chinese</i> | <input type="checkbox"/> <i>Korean</i> | <input type="checkbox"/> <i>Guamanian or Chamorro</i> |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> <i>Filipino</i> | <input type="checkbox"/> <i>Vietnamese</i> | <input type="checkbox"/> <i>Samoan</i> |
| <input type="checkbox"/> Other | | <input type="checkbox"/> <i>Other Asian</i> | <input type="checkbox"/> <i>Other Pacific Islander</i> |
| <input type="checkbox"/> Non-Disclosed | | | |

Current Residence

1. **What is your current monthly rent?** \$ _____ /month
2. **Why do you intend to vacate your current residence?** _____
3. **What is the size of your current residence?** # of Bedrooms: _____ (Please indicate "0" for a studio or bachelor unit)

| | | |
|--|-------------------|------------------|
| | <u>YES</u> | <u>NO</u> |
|--|-------------------|------------------|
4. **Do you expect any additions to the household within the next 12 months?**

| | | |
|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

Name & Relationship: _____

Explanation: _____
5. **Is there anyone living with you now who would not be living with you at this property?**

| | | |
|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

Name & Relationship: _____

Explanation: _____
6. **Do you or any household members own a car? If yes, how many cars? Number of cars:** _____

| | | |
|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|
7. **Are there any absent household members who under normal conditions would live with you?** (*For example, a household member away at school or deployed in the military.*)

| | | |
|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

Explanation: _____

Household Background Information

- | | | |
|--|-------------------|------------------|
| | <u>YES</u> | <u>NO</u> |
|--|-------------------|------------------|
1. **Have you or anyone else named on this application filed for bankruptcy?**

| | | |
|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

Explanation: _____
 2. **Have you or anyone else named on this application been convicted of a felony?**

| | | |
|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

Explanation: _____
 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?**

| | | |
|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

Explanation: _____
 4. **Have you or anyone else named on this application been convicted of drug/paraphernalia use, possession or distribution?**

| | | |
|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

Explanation: _____



Rental History and Housing References

Please list all locations you have lived in the last **FIVE (5) years starting with your 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: _____ | _____ | Own <input type="checkbox"/> | From: _____ |
| Address: _____ | _____ | Rent <input type="checkbox"/> | To: _____ |
| Phone: () - | _____ | | |
| (2) Name: _____ | _____ | Own <input type="checkbox"/> | From: _____ |
| Address: _____ | _____ | Rent <input type="checkbox"/> | To: _____ |
| Phone: () - | _____ | | |

Applicant Status

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Are you or any other ADULT household members claiming zero income? Explanation: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will you or any ADULT household member require a live-in care attendant to live independently? Name of Attendant: _____ Relationship (if any): _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you currently, at the time of application, receive Section 8 rental assistance? Name of Agency: _____ Contact Person: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 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.

| | | | | | |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| Are you or any member of your household above (including minors) currently a Full-Time Student? | Y | N | Do you or any member of your household above (including minors) anticipate becoming a Full-Time Student? | Y | N |
| | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If Yes to either question, complete the following:</i> | | | | | |
| Any of the Full-Time Student(s) married and filing a joint tax return? | Y | N | Any of the Full-Time Student(s) enrolled in a Job Training Program receiving assistance under the Job Training Partnership Act? | Y | N |
| | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Any Full-Time Student(s) a single parent living w/ his/her minor child who is not claimed on another's Tax Return? | Y | N | Any of the Full-Time Student(s) a TANF or Title IV recipient? | Y | N |
| | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Any Full-Time Student(s) under the age of 24, who has exited the Foster Care System within the last 6 years? | Y | N |
| | | | | <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.

PLEASE PROVIDE THE TOTAL HOUSEHOLD'S ANNUAL GROSS INCOME: \$ _____

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? <i>(Include overtime, tips, bonuses, commissions and payments received in cash. Use an additional page to add additional employment income sources.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Social Security, SSI or any other payments from the Social Security Administration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you receiving regular payments from a pension, retirement benefit or annuities? How many and from what source(s)? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Regular gifts or payments from anyone outside of the household? <i>(This includes anyone supplementing your income or paying any of your bills, utilities, groceries, or other expenses.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Self-employment? <i>(Include overtime, tips, bonuses, commissions, and any payments received in cash for any service that you provide to persons not living in the household.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Alimony or child support? <i>(Include any support whether or not it is received and/or whether or not it is court-ordered.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Any other income sources or types not listed? <i>(e.g., 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.) Use the additional space provided on #9 below if you need more space.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Explanation: _____

8. **Do you or any other household member expect any changes to your income in the next 12 months?** YES NO

Explanation: _____

9. **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:

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 1. Checking account(s)? (All accounts including Direct Express cards) How many? _____ Name of institution(s): _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Savings account(s)? (All accounts including Direct Express cards) How many? _____ Name of institution(s): _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. CDs, money market accounts or treasury bills? How many? _____ Name of institution(s): _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Cash on hand? This is cash <u>not</u> kept in a bank account. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Real estate, rental property, land contracts/contract for deeds or other real estate holdings? <i>(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)</i> Explanation: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Personal property held as an investment? <i>(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)</i> Explanation: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. 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. Stocks, bonds or securities, trust funds, pensions, IRAs, Keogh or other retirement accounts, whole life insurance, contents of a safe deposit box, etc.) Explanation: _____ _____ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you disposed of an asset in the last two years? (Example: Cash over \$1000, a home, other real estate, etc.) Explanation: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. AS NEEDED, PLEASE PROVIDE NOTES ON ANY OTHER ASSETS HERE: | | |



Community Interest

1. 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. _____

2. **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

Credit Information

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.**

| | | | |
|-----------------------------|------|-----------------------|------|
| 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 | | |



Signature Clause

Upon notification by landlord of application processing, I agree to pay Veterans Village of Carson an application screening charge in the amount required by landlord. I will be issued a Receipt for Application Fee upon payment which will authorize Veterans Village of Carson 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 Veterans Village of Carson. 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 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 | | |

FOR MANAGEMENT USE

Date 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).**”



VETERANS VILLAGE OF CARSON

600 West Carson Street, Carson, CA 90745

FREQUENTLY ASKED QUESTIONS AND ANSWERS (FAQ's)

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

1. WHAT DOES THE DEVELOPMENT CONSIST OF?

Veterans Village of Carson is a 51-unit independent housing complex that is comprised of one, two and three-bedroom apartment units (including a manager's unit) that are constructed over a single subterranean garage. The unit breakdown is as follows:

- Twenty-four (24) one-bedrooms units,
- Thirteen (13) two-bedroom units,
- Thirteen (13) three-bedrooms units, and
- One (1) three-bedroom manager's unit

2. WHAT WILL BE PROVIDED IN EACH UNIT?

All units will have a full kitchen (range/oven, refrigerator, microwave) and a tub or shower in the bathroom. Each unit will have air conditioning. Flooring will be a combination of vinyl flooring and carpet.

3. WHAT AMENITIES WILL BE PROVIDED?

The property features amenity spaces including bicycle storage, a fitness center, a community room with kitchen, and a TV lounge. The property incorporates sustainable principles such as energy and water conservation. Additional features include secured entry with intercom, outdoor landscaped area with benches and barbecue, computer room and laundry facility.

4. WHAT TYPE OF PARKING IS PROVIDED?

There will be 64 total parking spaces provided. The majority of the parking spots are tandem spots. Parking will be assigned on a first come first serve basis. Residents who don't receive an assigned parking spot may find street parking.

5. HOW ARE RESIDENTS SELECTED AND ARE THERE ANY PREFERENCES?

All applicants are welcome to apply. Four preferences will apply to this property. Please note that all preferences require that the applicants meet all other screening criteria for the property in order to be considered.

- First preference is given to applicants who are displaced by governmental action or whose dwelling has been destroyed as a result of a disaster formally recognized pursuant to federal disaster relief laws.

- The second preference is given to Veterans of the U.S. Armed Forces who reside or are employed in the City of Carson. Veterans Preference requires documentation (Form DD214 or equivalent). All discharges *except for dishonorable* will be accepted.
- The third preference is given to Veterans of the U.S. Armed Forces. Veterans Preference requires documentation (Form DD214 or equivalent). All discharges *except for dishonorable* will be accepted.
- The fourth preference is given to residents and/or workers in the City of Carson.

The list of those selected in the lottery will be posted at the property in Winter 2018. 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.

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

Apartments are available to low-income households earning less than 60% of the area median income for the Los Angeles area.

7. ARE THERE INCOME LIMITS*?

Yes, applicants must have incomes that fall below 60% of the Los Angeles area median income. The current annual maximums are as follows:

One person: \$40,740, Two persons: \$46,560, Three persons: \$52,380

Four persons: \$58,140, Five persons: \$62,820, Six persons: \$67,500

Seven persons: \$72,120

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

8. HOW MANY PEOPLE CAN LIVE IN EACH UNIT?

Veterans Village of Carson offers one, two and three-bedroom units. Please refer to the occupancy limits below.

| # of Bedrooms | Minimum | Maximum |
|---------------|---------|---------|
| 1 | 1 | 3 |
| 2 | 2 | 5 |
| 3 | 3 | 7 |

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

One-bedroom rents will be up to approximately \$1,091

Two-bedroom rents will be up to approximately \$1,309

Three-bedroom rents will be up to approximately \$1,512

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.

10. 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.

11. ARE PETS ALLOWED?

No. Veterans Village of Carson is a pet-free community.

12. IS SMOKING ON THE PROPERTY ALLOWED?

No. Veterans Village of Carson 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.

13. 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.

14. 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, Thomas Safran & Associates proposes to keep the rents affordable indefinitely.

15. WHO ARE THE DEVELOPERS?

Thomas Safran & Associates (TSA) is the developer of Veterans Village of Carson.

Thomas Safran & Associates has developed over 6,000 units of luxury, affordable and mixed-use rental housing in Southern California. For over 40 years, we have specialized in developing high-quality properties. We are committed to providing superior design, maintaining our properties to the highest standards, and enriching the lives of the people who reside in our buildings.

16. WHO WILL MANAGE THE BUILDING?

Thomas Safran & Associates (TSA) will manage the building. TSA currently manages over 5,000 units in over 50 different communities that range from as small as 14 units on Santa Catalina Island to 283 units in Koreatown, Los Angeles.

17. 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.veteransvillagecarson.com or by calling our hotline at (323) 390-9301 or TTY: (800) 855-7100).