



# 6221 Brynhurst Ave: Community Land Trust Pilot Program

As a part of the Los Angeles County Pilot Program for the Acquisition and Rehabilitation of small multifamily properties, by Community Land Trusts, Liberty Community Land Trust (LCLT), in partnership with Venice Community Housing Corporation (VCHC), accessed County funding to acquire and modestly rehabilitate the property at 6221 Brynhurst in order to provide and preserve affordable housing in the County of Los Angeles. A goal of the program is to create pathway to homeownership and community ownership of land as a part of the community land trust model. Tenants at 6221 Brynhurst may have an opportunity to own and/or have an active role in the operations of the property.

We currently have one, 1-bedroom, vacant unit at 6221 Brynhurst Ave and are now accepting applications. Applications will be due/should be postmarked by on May 30, 2024 by end of day.

#### Unit Details:

- Unit Address: 3507 W 63rd St. Unit #3 Los Angeles, CA 90043.
- Unit Type and Size: 1 bedroom, 1 bathroom, 504 square feet unit on the 2<sup>nd</sup> floor.
- Target Income of the Unit: Households at 60% AMI.
- Rent: \$1,419.

Please submit all application materials by mail to the VCHC office at 200 Lincoln Blvd, Venice, CA 90291.

Liberty Community Land Trust: As part of an ecosystem that seeks liberation and healing through the development of a democratic economy, Liberty Community Land Trust created to preserve and develop permanently affordable housing and ensure community stewardship of land. Incorporated in December 2019, Liberty is a Black-led, Black/Brown-focused CLT with no geographic boundaries. LCLT currently owns the land and plays an active role supporting tenants through the potential cooperative ownership model.

*Venice Community Housing Corporation*: VCHC is a non-profit affordable housing developer, manager and service provider that supports and builds equitable and inclusive communities by providing affordable housing with supportive services, education, employment programs, and public policy advocacy that advances racial and economic justice. VCHC is currently the property manager and owner of the buildings.







### **Fair Housing Policy**

Venice Community Housing Corporation (VCHC), including its employees, is committed to following the letter and spirit of the Federal Fair Housing law by respecting the diversity and differences within our customer base by providing equal professional service to all. "This housing is offered without regard to race, color, national origin, religion, sex, ancestry, genetic information, source of income, age, marital status, gender identity, or disability, familial status, sexual orientation or preference, or any other basis prohibited by law". VCHC is committed to keeping informed about fair housing laws and practices, and will not tolerate non-compliance. This commitment will be demonstrated through the general practices of VCHC and through advertising and the media that everyone is welcome and no one is excluded. VCHC will additionally inform our tenants, prospective tenants, and other customers about their rights and responsibilities under the fair housing laws.

### **Non-discrimination Statement**

Venice Community Housing Corporation complies with the letter and spirit of the Fair Housing Act that prohibits housing discrimination to certain persons under each the law. No qualified person will be denied housing or otherwise discouraged from obtaining housing at VCHC because of his/her/their status under this law.

#### **Screening Policy**

Venice Community Housing Corporation, including its employees, is committed to following the letter and spirit of all federal, state and local fair housing laws by respecting the diversity and differences within our customer base by providing equal professional service to all, without regard to race, color, national origin, religion, sex, ancestry, genetic information, source of income, age, marital status, gender identity, or disability, familial status, sexual orientation or preference, gender identity, or any other basis prohibited by law. VCHC reserves the right to approve or deny any application whereby the following criteria is not met.

VCHC requires all applicants to be 18 years of age or older to apply for residency. In an effort to help you understand the manner in which we evaluate your qualifications to become a resident and to assist you in determining for yourself whether you qualify prior to submitting an application for Residency, the following are VCHC's basic policies and procedures. Any person 18 years or older may submit an application for residency. Each application will be evaluated in a fair and uniform manner based on credit worthiness, including but not limited to income stability, negative rental or credit history. Only the applicant's status regarding these issues will be evaluated. VCHC will not take into account any status protected in its residency decisions under this Fair Housing Policy.





Please outline pet policy, below.



In the application process, VCHC requires the following:

Identification
Completed Application and application fee (some exceptions apply)
Income and Assets Verification
Prior Residence Verification
Credit Verification

Please see the attached checklist for a full description of the application requirements. Following a review of the information provided above, VCHC will notify the applicant (in writing or via telephone) whether the application was approved or denied.

### **Occupancy Policy**

Venice Community Housing Corporation adheres to the Department of Housing and Urban Development Guidance on Occupancy Standards. Due to the guidelines set forth therein, the maximum occupancy is generally two (2) persons per bedroom.

## **Reasonable Modifications/Accommodation Policy**

No qualified individual with disabilities will be excluded, solely on the basis of disability from participation in or the benefits of programs or activities administered by Venice Community Housing Corporation. VCHC will provide reasonable accommodations to all applicants, residents, and employees, who need such accommodations to be able to enjoy the benefits of the housing and employment provided by VCHC. In addition, reasonable modifications will be provided to the structure and features of the dwelling, as well as public and common use areas of the property should such modifications be necessary to provide full enjoyment of the premises, providing such modifications do not result in an administrative and financial burden to VCHC or significant negative impact to the other residents.

A reasonable accommodation is a change, exception, or adjustment to a rule, policy, practice, or service that allows a person with a disability to use and enjoy a dwelling, as well as public and common use areas. A reasonable modification is a structural change made to a resident's dwelling or to the common areas, which is necessary to enable a resident with a disability to have full use of and enjoyment of the housing.

Requests for modification/accommodation can be verbal or in writing. Individuals with a disability have the right to ask for and receive reasonable accommodations and to request auxiliary aids

At times, requests must be accompanied by verification from a doctor or other medical professional, or other qualified third party who, in their professional capacity, has knowledge about the person's need for a reasonable modification/accommodation. When additional information is necessary, VCHC will notify the person seeking the modification/accommodation about what information is needed and offer a reasonable time to provide the information.







Venice Community Housing Corporation adheres to the Department of Housing and Urban Development Guidance on Service Animals and Assistance Animals for People with Disabilities.

VCHC will evaluate each request on a case by case basis, in a timely and professional manner. The reasonableness of a particular modification/accommodation depends on various factors, including but not limited to undue financial and administrative burden, or unreasonable fundamental alteration of a dwelling or structure, as well as whether the request poses a negative impact to other residents.

If the initial modification/accommodation proposed by the tenant is determined to be unreasonable and more than one alternative is available, VCHC may offer a modification/accommodation that still meets the resident's needs.

# **Pet Policy**

In accordance with local ordinances and regulations, VCHC properties will allow for one pet in each unit. However, no pets or animals of any kind are permitted in the unit without first obtaining express written permission from VCHC. Pets are not equivalent to Service Animals, Assistance Animals, or Emotional Support Animals, which will be allowed under the Reasonable Accommodation Policy.

Please contact the Property Management Department with questions. Brett Morales, Director of Property Management 310.399.4100

Email: bmorales@vchcorp.org

TTY: 711







# Thank you for applying for affordable housing with Venice Community Housing!

Each household adult age 18 and older must fill and sign out an application. Large print applications are available upon request. If an applicant is selected and further notified, the following information must be submitted when an applicant is being processed for an available unit:

### [] PROOF OF INCOME

If applicant or household members are working or earning wages, please provide the last (3) months and a half of paystubs from the source of income. If applicant or household members are receiving Social Security Benefits please provide an award letter from the SSA or Public Assistance: GR, AFDC, Child Support, etc..., please provide your most recent statement dated within the last 60 days. If you are self-employed, tax statements for the past two years are required.

### [] PROOF OF IDENTIFICATION

Please bring any of the following documents as proof of ID: Driver License, Birth Certificate, and Passport. Bring Social Security Card. Venice Community Housing will not keep a copy.

## [] PROOF OF CURRENT ASSETS AND/OR DEBTS

Please provide 6 (Six) months of Bank Statements for saving and checking account (if you have one). As relevant, please also provide loan payment/paid off statements and quarterly statements for 401k accounts, money market accounts, IRAs or any other asset.

### [] APPLICATION PROCESSING FEE

There is a fee of \$35.50 (Thirty-Five Dollars and Fifty Cents) per adult to process the application. This fee is NON REFUNDABLE and must be paid in the form of MONEY ORDER ONLY. **NO CASH WILL BE**ACCEPTED. Some exceptions apply.

#### [ ] ADDITIONAL DOCUMENTATION

In some cases, additional documentation may be required.

Should you have further questions regarding the application process, change of address, change status of household, waiting list, income change, please contact the Venice Community Housing at **310-399-4100 Ext.119.** If applicable, please inform Venice Community Housing of any reasonable accommodations required to complete the application process.

"This housing is offered without regard to race, color, national origin, sex, religion, ancestry, genetic information, source of income, age, marital status, familial status, sexual orientation or preference, gender identity, or disability, or any other basis prohibited by law. A person with a disability may request a reasonable accommodation (a reasonable change in policies), a reasonable structural modification, an accessible unit or the provision of auxiliary aids and services, in order to have equal access to a housing program. If you or anyone in your household has a disability, and because of that disability requires a specific accommodation, modification or auxiliary aids or services to fully use our housing services, please contact our staff for a reasonable accommodation form







Application for housing- MUST BE COMPLETELY FILLED OUT TO BE ACCEPTED.

NOTE: APPLICATION WILL BE PLACED ON A WAITING LIST BY DATE ORDER AND HOUSEHOLD SIZE.

Aplicación para vivienda- <u>TIENE QUE ESTAR RELLENADA COMPLETAMENTE PARA SER ACEPTADA.</u>

NOTA: LA APLICACIÓN SERÁ PUESTA EN LA LISTA DE ESPERA POR LA FECHA RECIBÍDA Y POR EL NUMERO DE PERSONAS EN EL HOGAR.

PERSONAL INFORMATI	ON/INFORM	1ACIÓN PER	SONAL			
Applicant/Solicitan	te					
irst Name/ Primer N	lombre)	(Middle Ir	nitial/Inicial del Se	gundo Nom	bre) (Last Name/ Apellido)	
Social Security #			Driver Licens	e/ID#		
Número de Seguro	Social		No. de Perm	iso de cond	ucir o de I.D	
Current Address						
Dirección Actual						
(Stre	et/Calle)		(City/Ciudad)	(State/Esta	do) (Zip Code/ Código Postal)	
Home Phone/Teléf	ono de Cas	sa ( <u>    )     </u>	Wor	k Phone/Te	eléfono del Trabajo ()	
How long at the abo	ove addre	ss? / ¿Cuá	nto tiempo lleva	viviendo en	esta dirección? From/DesdeT	o/A
Manager/Landlord	-Gerente/I	Propietari	0			
(Name/ Nombre)	Name/ Nombre) (Address/Dirección) (Phone/ Teléfono)					
Number of Bedrooi	ms/Númei	ro de Recá	maras			
Rent you pay per m	onth / Alc	quiler mer	nsual que paga\$_			
HOUSEH	IOLDINFOI		/INITODRA A CIÓNI C	ORRE LA EA		
				ODILL LA I A	AWIILIA	
Name Nombre		f Birth a de	Social Security #   Seguro Social #	Sex Sexo	Relation to the Applicant Relación con Solicitante	
	Date o Fech	f Birth a de	Social Security #	Sex	Relation to the Applicant	
	Date o Fech	f Birth a de	Social Security #	Sex	Relation to the Applicant	
	Date o Fech	f Birth a de	Social Security #	Sex	Relation to the Applicant	
	Date o Fech	f Birth a de	Social Security #	Sex	Relation to the Applicant	
	Date o Fech	f Birth a de	Social Security #	Sex	Relation to the Applicant	







How did you hear about us? ¿Cómo supo sobre nosotros?			
Why do you wish to move at this	time?		
¿Por qué quiere mudarse en este	emomento?		
RENTAL HISTORY/HISTORIA DE ALQUIL	ER		
Please provide at least two full re number.	ntal references, including mar	nager/owner'	s name, address, and phon
Por favor proveer dos años de his número de teléfono.	toria de alquileres incluyendo	el nombre de	el gerente o dueño, direccio
Previous address			
Dirección anterior			
(Street/Calle) How long at this address?	(City/Ciudad) (State	e/Estado) (Zip	o Code/ Código Postal)
¿Cuánto tiempo vivió aquí?	Fror	n/Desde	To/A
Manager/Landlord-Gerente/Pro	petario		
(Name/ Nombre) Reason for leaving/ ¿Por qué se	( /		(Phone/ Teléfono)
Previous address Dirección anterior			
(Street/Calle) How long at this address?		e/Estado) (Zip	Code/ Código Postal)
¿Cuánto tiempo vivió aquí?	Fror	n/Desde	To/A
Manager/Landlord-Gerente/Pro	pietario		
(Name/ Nombre) Reason for leaving/ ¿Por qué se	(Address/Dirección) fue?		(Phone/ Teléfono)
INCOME INFORMATION / INFORMACIÓ	ON DE INGRESOS		
All information given below will b	e verified. / Toda la informació	ón recibida se	erá verificada.
Are you receiving AFDC, SSI, SDI, assistance?			
¿Está usted recibiendo AFDC, SSI	, SDI, asistencia pública o gub	ernamental?	
5	, , ,		
 D			







Estimated household gros Estimado ingreso bruto a	•	ual income \$			
Employer/Empleador		Phone/Teléfono			
(Street/Calle)	(City/Ciudad)	(State/Estac	lo) (Zip Code/ Código Postal)		
Length of Employment  Duración en empleo		sition sición	Salary Salario \$		

Please complete the following information for each person, beginning with you, who will occupy the apartment. Please be sure to include AFDC, General Relief (GR), retirement pension, Social Security or Supplemental Security Income, unemployment or disability benefits, self-employment (need last tax returns), child support/alimony, cash payments from agency or individual, school aid, scholarships or educational grants and any other source of Income.

Por favor, complete la información por cada persona comenzando con usted que vivirá en el apartamento. Por favor asegúrese de incluir AFDC, Asistencia General, pensión para jubilación, Seguro Social, Seguridad de Ingreso Suplementario, desempleo, beneficios por incapacidad, trabajar por cuenta propia (necesita la última declaración de impuestos), manutención de hijo/s, pensión alimenticia, ayuda escolar, becas educativas u otras fuentes de ingresos.

Name Nombre	Source of Income Fuente de Ingreso	Gross Amount Cantidad Bruta	Weekly, Monthly, Annually Semanal, Mensual, Anual



Nombre



Dirección



**Balance Actual** 

List all checking and savings accounts, IRA's, and/or certificates of deposit below.

Número de Cuenta Nombre del Banco

Apunte todas las cuentas de cheques, ahorros, IRA (cuenta de jubilación personal) y certificados de depósitos.

Name | Account Number | Bank Name | Address | Current Balance

OTHER INFO	RMATION /O	TRA INFORMACIÓN						
	•	8 certificate or vou	her?/¿Tiene	usted un co	ertificado o	vale de Sección		□No
•		bedrooms? /Si tien	-					
		udad						
		Está usted incapaci					□Yes	□No
If yes, which	ch type of u	ınit would you be r	equesting? (i.e	e., mobility	, hearing, a	and/or visual)		_
		qué tipo de unidad						
Are you a se 62 años)?	nior (over (	62 years old)? ¿Es u	sted una pers	ona jubilad	da (mayor d	le	□Yes	□No
Are you a fu	ll-time stud	dent?/ ¿Es usted un	estudiante de	e tiempo co	ompleto?		□Yes	□No
Do you live i deficiente?	n substand	lard housing? / ¿Est	á usted vivien	ido en una	vivienda		□Yes	□No
Are you curr	ently home	eless? / ¿Está usted	sin hogar en o	este mome	ento?		□Yes	□No
Are you payi ingreso en a	•	% of your income i	n rent?/¿Paga	más del 50	0% de su		□Yes	□No
Do you own auto registra	•	tered in your own r ombre?	ame? /¿Es us	ted dueño	de un		□Yes	□No
If yes, plea	se list/Si ti	ene, por favor desc	riba					
		Make/Marca	Model/	'Modelo	Year/A	ño		
Do you hav	•	nquent payments o	n credit cards	?/¿Tiene p	agos atrasa	idos en sus tarje	<b>tas</b> □Yes	□No
Have you e	ever filed fo	or bankruptcy? / ¿S	e ha declarado	usted alg	una vezen	bancarrota?	□Yes	□No
Have you	ever been e	evicted or had an u	nlawful detair	ner filed ag	gainst you?	/¿Ha sido alguna	<b>a</b> □Yes	□Novez
expulsado	de una vivi	ienda o ha tenido u	na retención i	lícita en su	contra?			

Have you ever been convicted of a felony?/¿Ha sido alguna condenado de un delito major?□Yes□No







-	If yes to any of the above questions, please explain below. Si usted contesto si en cualquiera de las preguntas de arriba, por favor de escribir una explicación.								
Describe a	any pets you own. /I	Describa que animalestiene		_					
PERSONAL	REFERENCES/REFERENCI	AS PERSONALES							
			dos contactos de referencias persor	nales.					
1.	•		·						
(Name/ N	ombre)	(Address/Dirección)	(Phone/ Teléfono)						
(Relation t 2.	o you/Relación con us	ted)							
(Name/ N	ombre)	(Address/Dirección)	(Phone/ Teléfono)						
(Relation t	o you/Relación con us								
APPLICANT	'S CERTIFICATION / CERT	TIFICACIÓN DEL APLICANTE							
		C II							
			r de leer cuidadosamente antes de fi plication is correct to the best of my	rmar.					
	nowledge.	e illioilliation provided ill tills app	offication is correct to the best of my						
Qι		la información proporcionada en	esta aplicación es correcta con el me	jor de mi					
			plication and the information provid	ed					
	•	using. Additional information and	verification may be necessary to						
	mplete the application	•							
			mación proporcionada no garantiza						
	obtención de un apa ereby give Venice Co		thorization to verify the information						
	this application.	of the state of th	thorization to verify the information						
	• •	ommunity Housing Corporation a	verificar toda la información en esta						
	licación.	, in the second							
•		atement or misrepresentation on	this application and may be grounds						
foi	denying tenancy.								
		falso testimonio en esta aplicacio	ón puede resultar en la negación de						
res	sidencia.								
Applicant	's Signature	Date	•						
	Anlicanto	Foch							