



Venice Community Housing

200 Lincoln Blvd., Venice, CA 90291
Tel: (310) 399-4100 Fax: (310) 399-1130
www.vchcorp.org



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

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, religion, sex, gender, gender identity and expression, familial status, national origin, citizenship status, immigrant status, primary language, marital status, ancestry, age, sexual orientation, disability, source of income (including receipt of Section 8 and other similar vouchers), genetic information, military or veteran status, arbitrary characteristics, or any other basis currently or subsequently 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.



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In the application process, VCHC requires information such as identification, a completed application, income and assets verification, prior residence verification, and 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.

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.



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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.

Venice Community Housing Corporation adheres to the Department of Housing and Urban Development Guidance on Service Animals and Assistance Animals for People with Disabilities, both of which are allowed in all of our properties.

Accessible Units

Accessible units exist for individuals with mobility disabilities (mobility units) and individuals with hearing/vision disabilities (H/V units). VCHC operates numerous buildings that were built over a wide range of years. Therefore, there are older buildings that were purchased as-is that do not have accessible units; there are buildings that are required to have accessible units but do not; and there are buildings that have accessible units.

Gateway Apartments, Rose Apartments, Journey Apartments, Marian Place and Aviation Apartments have accessible units, and also have units with some accessible features, such as no steps.

Washington Courts, Tabor Courts and Navy Blue Apartments are required to contain accessible housing units and public and common use areas in compliance with federal accessibility requirements. These buildings currently do not have any certified accessible units but are required to and will provide accessible features upon request as a reasonable accommodation.

An individual with a disability may ask for: 1) a reasonable accommodation or modification, as described above; 2) an accessible apartment; and 3) auxiliary aids and services necessary to ensure effective communication between us. If you or anyone in your household has a disability and needs any of these things or another type of accommodation to live in VCHC buildings and use our services, please let the Property Manager or Case Manager assisting you with this application know, or email applyforhousing@vchcorp.org. If you need an accessible apartment, please also note that in the application form, on page 9 of this packet.



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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.

310.399.4100, X 119

TTY: 711

Email:

applyforhousing@vchcorp.org



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Each household adult age 18 and older must fill and sign out an application. Large print applications are available upon request. 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.

[] ADDITIONAL DOCUMENTATION

In some cases, additional documentation may be required and will be requested in writing if so.

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** or email **applyforhousing@vchcorp.org**.

If applicable, please inform Venice Community Housing of any reasonable accommodations required to complete the application document on pages 6 through 10, or any part of the application process.

This housing is offered without regard to race, color, religion, sex, gender, gender identity and expression, familial status, national origin, citizenship status, immigrant status, primary language, marital status, ancestry, age, sexual orientation, disability, source of income (including receipt of Section 8 and other similar vouchers), genetic information, military or veteran status, arbitrary characteristics, or any other basis currently or subsequently 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.



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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- **TIENE QUE ESTAR RELLENADA COMPLETAMENTE PARA SER ACEPTADA.**

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

PERSONAL INFORMATION/INFORMACIÓN PERSONAL

Applicant/Solicitante _____
(First Name/ Primer Nombre)(Middle Initial/Inicial del Segundo Nombre) (Last Name/ Apellido)

Social Security # _____ **Driver License/ID#** _____
Número de Seguro Social - - **No. de Permiso de conducir o de I.D.** _____

Current Address
Dirección Actual _____
(Street/Calle) (City/Ciudad) (State/Estado) (Zip Code/ Código Postal)

Home Phone/Teléfono de Casa () _____ **Work Phone/Teléfono del Trabajo** () _____

How long at the above address? / ¿Cuánto tiempo lleva viviendo en esta dirección? _
From/Desde _____ **To/A** _____

Manager/Landlord-Gerente/Propietario

(Name/ Nombre) (Address/Dirección) (Phone/ Teléfono)

HOUSEHOLD INFORMATION/INFORMACIÓN SOBRE LA FAMILIA

Name Nombre	Date of Birth Fecha de Nacimiento	Social Security # Seguro Social #	Sex Sexo	Relation to the Applicant Relación con Solicitante



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RENTAL HISTORY/HISTORIA DE ALQUILER

Please provide at least two full rental references, including manager/owner's name, address, and phone number.

Por favor proveer dos años de historia de alquileres incluyendo el nombre del gerente o dueño, dirección y número de teléfono.

Previous address

Dirección anterior _____
(Street/Calle) (City/Ciudad) (State/Estado) (Zip Code/ Código Postal)

How long at this address?

¿Cuánto tiempo vivió aquí? _____ From/Desde _____ To/A _____

Manager/Landlord-Gerente/Propetario

(Name/ Nombre) (Address/Dirección) (Phone/ Teléfono)

Reason for leaving/ ¿Por qué se fue?

Previous address

Dirección anterior _____
(Street/Calle) (City/Ciudad) (State/Estado) (Zip Code/ Código Postal)

How long at this address?

¿Cuánto tiempo vivió aquí? _____ From/Desde _____ To/A _____

Manager/Landlord-Gerente/Propetario

(Name/ Nombre) (Address/Dirección) (Phone/ Teléfono)

Reason for leaving/ ¿Por qué se fue?

INCOME INFORMATION / INFORMACIÓN DE INGRESOS

All information given below will be verified. / Toda la información recibida será verificada.

Are you receiving AFDC, SSI, SDI, Unemployment Benefits, or other type of public or government assistance?

¿Está usted recibiendo AFDC, SSI, SDI, asistencia pública o gubernamental?

Yes

No



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Estimated household gross (before taxes) annual income

Estimado ingreso bruto anual que recibe \$ _____

Employer/Empleador _____ **Phone/Teléfono** _____

(Street/Calle) (City/Ciudad) (State/Estado) (Zip Code/ Código Postal)

Length of Employment _____ **Position** _____ **Salary** _____
Duración en empleo _____ **Posición** _____ **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



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

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

Name Nombre	Account Number Número de Cuenta	Bank Name Nombre del Banco	Address Dirección	Current Balance Balance Actual

OTHER INFORMATION /OTRA INFORMACIÓN

Circle yes or no for the following/Encierre en un círculo sí o no para lo siguiente

Do you have Section 8 certificate or voucher? / ¿Tiene usted un certificado o vale de Sección 8? Yes No
If yes, for how many bedrooms? /Si tiene, decuántas recámaras _____
In what city/En que ciudad _____

Do you have a disability? / ¿Tiene usted discapacidad? Yes No
If yes, which type of unit would you be requesting, if any?
Mobility, hearing, and/or visual: _____
En caso afirmativo, ¿qué tipo de unidad estarías solicitando, si alguno?
Movilidad, audición y / o visual): _____

Are you over 62 years old?/ ¿Es usted una persona mayor de 62 años? Yes No
Are you a full time student? / ¿Es usted un estudiante de tiempo complete? Yes No
Are you current homeless?/ ¿Esta usted sin hogar en este momento? Yes No
Do you own a car registered in your own name?/ ¿Es usted dueño de un auto registrado en su nombre? Yes No
If yes, please list/Si tiene, por favor describa _____
Make/Marca Model/Modelo Year/Año

Do you have any delinquent payments on credit cards?/¿Tiene pagos atrasados en sus tarjetas de crédito? Yes No
Have you ever filed for bankruptcy? / ¿Se ha declarado usted alguna vezen bancarrota? Yes No
Have you ever been evicted or had an unlawful detainer filed against you?/¿Ha sido alguna vez expulsado de una vivienda o ha tenido una retención ilícita en su contra? Yes No
Have you ever been convicted of a felony?/¿Ha sido alguna condenado de un delito mayor? Yes No



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Describe any pets you own. /Describe que animales tiene. _____

PERSONAL REFERENCES/REFERENCIAS PERSONALES

You are requested to list two full references. /Por favor de dar dos contactos de referencias personales.

1.

(Name/ Nombre) (Address/Dirección) (Phone/ Teléfono)

(Relation to you/Relación con usted)

2.

(Name/ Nombre) (Address/Dirección) (Phone/ Teléfono)

(Relation to you/Relación con usted)

APPLICANT'S CERTIFICATION / CERTIFICACIÓN DEL APLICANTE

Please read each item below carefully before you sign. /Por favor de leer cuidadosamente antes de firmar.

1. I hereby certify that the information provided in this application is correct to the best of my knowledge.
Queda certificado que la información proporcionada en esta aplicación es correcta con el mejor de mi conocimiento.
2. I understand that understand that this is a preliminary application and the information provided does not guarantee housing. Additional information and verification may be necessary to complete the application process.
Entiendo que esta es una aplicación preliminar y la información proporcionada no garantiza la obtención de un apartamento.
3. I hereby give Venice Community Housing Corporation authorization to verify the information in this application.
Yo autorizo a Venice Community Housing Corporation a verificar toda la información en esta aplicación.
4. Making willfully false statement or misrepresentation on this application and may be grounds for denying tenancy.
Dar falsa información o falso testimonio en esta aplicación puede resultar en la negación de residencia.

Applicant's Signature
Firma del Aplicante _____

Date
Fecha _____