



DO NOT DUPLICATE
ONE APPLICATION PER HOUSEHOLD ONLY
Clarendon Street Apartments
7213 Clarendon, San Jose 95129
408-366-2114



TIME/DATE STAMP HERE

APPLICATION FOR ADMISSION

Clarendon Street Apartments 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, and familial status, source of income, age, disability, AIDS, or AIDS relation condition.

Please notify the business office if you need application assistance such as large type face, information by audio tape computer disk, Braille and/or a language other than English. Best efforts will be made to accommodate such request.

PRIMARY LANGUAGE: (Arabic) عربي ☐ ; (Cantonese) 广东话 ☐ ; (Mandarin) 国语 ☐ ; (Korean) 언 ☐ ; (Russian) Русский ☐ ; (Spanish) Español ☐ ; (Tagalog) Tagalog ☐ ; (Vietnamese) Tiếng Việt ☐ ; Other ☐

TDD Telephone device for the deaf only (415) 345-4470 <SF REGION ONLY> or California Relay Service (711).

<DELETE IF NOT REQUIRED / KEEP IF APPLICABLE> Statutory Preferences — Displacement: Owners of Section 221(d)(4), 221(d)(3), and 221(d)(3) BMIR properties must give preference to applicants who have been displaced by government action or a presidentially declared disaster.

<DELETE IF NOT REQUIRED / KEEP IF APPLICABLE> HUD 236 Regulatory Preferences: (a) Preference will be given to applicants who have been displaced by government action or a presidentially declared disaster; (b) As this a Section 236 property that also offers rental assistance through the RAP Program, applicants will be ranked according to the following criteria [CFR 236. 715]. NOTE: These ranking criteria are secondary to the preferences required above: (1) Applicants eligible for RAP assistance; (2) Applicants eligible to pay less than market rent under the Section 236 program; (3) Applicants with income sufficient to pay the market rent approved by the property. HUD-Approved Property- Specific Preferences: <INSERT PREFERENCES OR DELETE (AS APPLICABLE)>

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 (including Head of Household) who will be living in the residence.

Disclosure of SSN is not required for individuals who were age 62 or older as of January 31, 2010, AND do not have a SSN, AND started receiving HUD rental assistance prior to January 31, 2010 (must provide information on where assistance is being received). SSN is not required for applicants who do not contend eligible Immigration status.

	RELATIONSHIP TO HEAD OF HOUSEHOLD	LAST NAME	FIRST NAME	BIRTH-DATE (MM/DD/YYYY)	SOC. SEC. ###-##-####
1.	HOH (Self)	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____

What is the size of the unit that you are applying for? 0-BR ☐ 1-BR ☐ 2-BR ☐ 3-BR ☐ 4-BR ☐ 5-BR ☐

DISPLACEMENT (DELETE IF NOT APPLICABLE. Applicable to Section 221(d)(4), 221(d)(3), and 221(d)(3) BMIR and Section 236 ONLY.)

Have you or anyone you plan to have living with you been displaced by government action or a presidentially declared disaster? YES. ☐ NO. ☐ If YES, please explain: _____

THIS IS A NON-SMOKING COMMUNITY (DELETE IF NOT APPLICABLE.)

Effective <MM/DD/YYYY>, **smoking is prohibited** on the property, including but not limited to all units and common areas.

CURRENT HOUSING STATUS

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

Do you own a car? YES. ☐ NO. ☐ Would you require a parking space? YES. ☐ NO. ☐

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: _____

Are you or is anyone you plan to have living with you subject to a lifetime sex offender registration requirement in any state? YES. ☐ NO. ☐

Do you have any family members or friends who currently work at this property and/or with John Stewart Company, the Management Agent? YES. ☐ NO. ☐

If YES, list the name of the employee, property/corporate office/region: _____

Do you have a Section 8 voucher or certificate? YES. ☐ NO. ☐ If YES, Expiration Date: _____

Are you or anyone you plan to have living with you currently receiving Section 8 subsidy? YES. ☐ NO. ☐ If YES, list the name and location (City, State) of the property: _____

If you are the head or co-head, are you applying as a full-time student? YES. ☐ NO. ☐

If you answered YES, how long have you lived independent of your parents or guardians? _____ Months/Years (CIRCLE ONE)

Do your parents or guardians claim you as a dependent? YES. ☐ NO. ☐

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

1. Current Landlord: _____

Landlord's Phone #: _____ Fax #: _____ What is your current rent? \$ _____

Landlord's Address: _____

Date of Move-In: _____

Your Address/Apt. #: _____

2. Previous Landlord: _____

Landlord's Phone #: _____ Fax #: _____ What is your current rent? \$ _____

Landlord's Address: _____

Date of Move-In: _____ Date of Move-Out: _____

Your Previous Address/Apt. #: _____

Please provide a complete list of all states in which any household member has resided: _____

EXPENSES

Do you pay for a care attendant or for any equipment for a handicapped family member which enables any family member to work? YES. _____ NO. _____ If YES, describe expenses: _____

How much do you pay for Medicare? \$ _____ Other medical insurance? \$ _____

Do you have any outstanding medical bills on which you are paying? YES. _____ NO. _____

Do you expect to have any un-reimbursed medical expenses during the next 12 months? YES. _____ NO. _____

If you answered YES, what is the expected amount of medical expenses? \$ _____

INCOME INFORMATION

Does any family member now receive or expect to receive income from any of the following sources? For each "YES" answer, provide the details in the chart below:

Income Source		Monthly Gross Income
1.	☐ YES ☐ NO I/we am/are self-employed. (List nature of self-employment and Family Member below)	(use adjusted net income for self-employment only) \$ _____
2.	☐ YES ☐ NO I/we have a job/have been offered employment and receive/will receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the business and/or companies that pay you: <u>Name of Employer</u> <u>Name of Family Member</u> 1) _____ \$ _____ 2) _____ \$ _____ 3) _____ \$ _____	
3.	☐ YES ☐ NO I/we receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
4.	☐ YES ☐ NO I/we receive unemployment benefits. <u>Name of Family Member</u> 1) _____ \$ _____ 2) _____ \$ _____	
5.	☐ YES ☐ NO I/we receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income. <u>Name of Family Member</u> 1) _____ \$ _____ 2) _____ \$ _____	
6.	☐ YES ☐ NO I/we receive periodic Social Security payments. <u>Name of Family Member</u> 1) _____ \$ _____ 2) _____ \$ _____	
7.	☐ YES ☐ NO The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
8.	☐ YES ☐ NO I/we receive Supplemental Security Income (SSI). <u>Name of Family Member</u> 1) _____ \$ _____ 2) _____ \$ _____	
9.	☐ YES ☐ NO I/we receive disability, EDD paid family leave, EDD disability insurance, or death benefits other than Social Security. <u>Name of Family Member</u> 1) _____ \$ _____ 2) _____ \$ _____	
10.	☐ YES ☐ NO I/we receive Public Assistance Income (examples: TANF, CalWorks, CAPI, AFDC, GA/GR) * Do not include CalFresh, SNAP, Food Stamps	\$ _____

Income Source			Monthly Gross Income
11.	☐ YES ☐ NO	I/we am entitled to receive child support payment (court ordered or parental agreement) I/we am currently receiving child support payments.	\$ _____ \$ _____
12.	☐ YES ☐ NO	I/we receive alimony/spousal support payments (court ordered or divorce agreement) I/we am currently receiving alimony/spousal support payments.	\$ _____ \$ _____
13.	☐ YES ☐ NO	I/we receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If YES, list <u>sources</u> and <u>Name of Family Member</u> 1) _____ 2) _____	\$ _____ \$ _____
14.	☐ YES ☐ NO	I/we receive income from real or personal property.	\$ _____
15.	☐ YES ☐ NO	I/we receive student financial aid (public or private, not including student loans) Subtract cost of tuition from aid received.. *For households receiving Section 8 assistance only <u>Name of Family Member</u> 1) _____ 2) _____	\$ _____ \$ _____

TOTAL HOUSEHOLD MONTHLY INCOME

\$ _____

TOTAL HOUSEHOLD ANNUAL INCOME
(Total Monthly Income x 12)

\$ _____

16.	☐ YES ☐ NO	Are any of the above noted income sources (including Social Security, wages, unemployment, public assistance, disability, etc.), currently being received as a Debit Visa, MC, or similar payment card(s)/account(s) ? If YES, list <u>income source(s)</u> and <u>Name of Family Member</u> 1) _____ 2) _____	List Income Source _____ _____
17.	☐ YES ☐ NO	I/we anticipate receiving or have applied for any income source(s) that will begin in the next 12 months. If YES, list <u>income source(s)</u> and <u>Name of Family Member</u> 1) _____ 2) _____	List income Source _____ _____

ASSET INFORMATION

Asset Source			Interest Rate	Cash Value
18.	☐ YES ☐ NO	I/we have a checking account(s). If YES, list <u>bank(s)</u> and <u>Name of Family Member</u> 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
19.	☐ YES ☐ NO	I/we have a savings account(s). If YES, list <u>bank(s)</u> and <u>Name of Family Member</u> 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____

Asset Source			Interest Rate	Cash Value
20.	☐ YES ☐ NO	I / We have an EBT, Direct Express Card, Cash Card, Debit Visa, Debit MasterCard, or similar payment card(s) or account(s). (Including or associated with any income source like Social Security wages, Unemployment, Public Assistance, Disability, Etc...) If yes, list source(s) of income being received/type of account(s) If YES, list <u>source(s)</u> and <u>Name of Family Member</u> 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
21.	☐ YES ☐ NO	I/we have available funds held in a payment service account, such as Venmo, PayPal, Skill, etc. If YES, list <u>source(s)</u> and <u>Name of Family Member</u> 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
22.	☐ YES ☐ NO	I/we have a revocable trust(s). If YES, list <u>bank(s)</u> and <u>Name of Family Member</u> 1) _____	_____%	\$ _____
23.	☐ YES ☐ NO	I/we own real estate. If YES, <u>provide description</u> : _____	_____%	\$ _____
24.	☐ YES ☐ NO	I/we own crypto currency such as Bitcoin, Litecoin, Ethereum, etc. If YES, list <u>type</u> : and <u>Name of Family Member</u> 1) _____ 2) _____	Annual Dividend / Yield _____% _____%	\$ _____ \$ _____
25.	☐ YES ☐ NO	I/we own stocks, bonds, or treasury bills. If YES, list <u>sources/bank names</u> and <u>Name of Family Member</u> 1) _____ 2) _____	Annual Dividend / Yield _____% _____%	\$ _____ \$ _____
26.	☐ YES ☐ NO	I/we have Certificates of Deposit (CD) or Money Market Account(s) If YES, list <u>sources/bank names</u> and <u>Name of Family Member</u> 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
27.	☐ YES ☐ NO	I/we have an IRA/Lump Sum Pension/Keogh Account/401K. If YES, list <u>sources/bank names</u> and <u>Name of Family Member</u> 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
28.	☐ YES ☐ NO	I/we have a whole life insurance policy with a cash/surrender value. If YES, list <u>sources/bank names</u> and <u>Name of Family Member</u> 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
29.	☐ YES ☐ NO	I/we have cash on hand.		\$ _____
30.	☐ YES ☐ NO	I/we have disposed of assets (i.e. gave away money/assets) for less than fair market value in the past 2 years. If yes, list <u>items</u> and <u>date disposed</u> 1) _____ 2) _____		\$ _____ \$ _____

Asset Source		Interest Rate	Cash Value
31.	☐ YES ☐ NO	I/we have income from assets or sources other than those listed above. If YES, list <u>type below</u> and <u>Name of Family Member</u> 1) _____ 2) _____	_____ % \$ _____ _____ % \$ _____

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. _____

APPLICANT CERTIFICATION

- I/we certify that if selected to move into this project, the unit I/we occupy will be my/our primary residence.
- I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
- I/we understand that false statements or information are punishable under federal law and cause for immediate denial of housing.
- I/we understand we must provide written notification of any changes to the information on this form, especially address and telephone number.
- 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.
- 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. This will be required prior to an application being processed.
- 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 _____ Flier _____ Word of mouth _____
 Other (please state) _____

NOTE: Any changes to this document must be approved in writing by the Regional Vice President.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent	☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

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

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

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

**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property	Project No.	Address of Property
Name of Owner/Managing Agent		Type of Assistance or Program Title:
Name of Head of Household		Name of Household Member

Date (mm/dd/yyyy): _____

<i>Ethnic Categories*</i>	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
<i>Racial Categories*</i>	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**_____
Signature_____
Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self-certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

form HUD-27061-H (9/2003)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. **The two ethnic categories you should choose from are defined below. You should check one of the two categories.**

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. **The five racial categories to choose from are defined below: You may mark one or more.**

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**NOTIFICATION of INVESTIGATIVE CONSUMER REPORT
PURSUANT TO CALIFORNIA CIVIL CODE 1786**

John Stewart Company (the Company), as prospective landlord or property manager for the landlord, intends to seek and obtain information about you from a consumer reporting agency and/or an investigative consumer reporting agency for the purposes of qualifying you for a rental dwelling unit. As such, you can expect to be the subject of a "consumer report," "consumer credit report," and/or an "investigative consumer report" obtained for tenant screening purposes. Investigative consumer reports may include information about your character, general reputation, personal characteristics and/or mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your rental application and other background information about you, including but not limited to obtaining a criminal history, verifying references, employment history, social security number, educational history or status, licensure, and certifications, driving history, and other information about you, and interviewing people who are knowledgeable about you. The results of this consumer report may be used as a factor in determining your qualifications for the dwelling unit. The investigative consumer reporting agency preparing the report is: National Tenant Network (NTN); PO Box 6245; Concord, CA 94524; 1.800.800.5602; www.ntnonline.com

The Company agrees to provide you with a copy of a consumer report when required to do so under California law.

Under the California Civil Code 1786.10 you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file. You should inform the ICRA if you are unemployed, receiving public assistance, or have reason to believe fraud has occurred in regard to your personal information.
- By requesting a copy be sent to a specified addressee by certified mail. ICRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRAs.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.

"Proper Identification" includes documents such as a valid government issued license or ID, social security number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

**Notification of Consumer Credit Report / Investigative Consumer Report
Consent and Authorization for
Background Screening and Verification**

I, the undersigned, hereby authorize, John Stewart Company (JSCo) as prospective landlord or property manager for the landlord to seek and obtain any information pertinent to my income, credit history, tenancy history, employment history, and/or criminal history.

I understand this process may include the making of a Consumer Credit Report (as identified under California Civil Code 1785.3(c)) and/or an Investigative Consumer Report (as identified under California Civil Code 1786.2(c)), the contents of which may include information about my character, general reputation, personal characteristics and/or mode of living. The investigative consumer reporting agency preparing the report is:

National Tenant Network (NTN); PO Box 6245; Concord, CA 94524. 1.800.800.5602: www.ntnonline.com

For purposes of obtaining and/or verifying information contained in my application and pertinent to my qualification as a tenant of a JSCo managed property, this report may contain information obtained from national credit bureaus (Experian, TransUnion, Equifax), court records, files and/or repositories, department of justice (DOJ), department of corrections (DOC), department of motor vehicles (DMV), current and/or previous employer(s), current and/or previous landlord(s), business and/or personal references, or any other source necessary to verify the information I have provided on my application.

Further, I expressly consent to the release of any and all information requested of any creditors, credit reporting agencies, landlords, employers, public and/or criminal agencies subsequently contacted by JSCo/ National Tenant Network (NTN) for purposes of obtaining and/or verifying said information, and hereby hold the landlord, property manager for the landlord, National Tenant Network (NTN), and any responding parties harmless of liability for the seeking and providing of any such information contained in or pertinent to my application.

I understand I have the right to receive a free copy of the investigative consumer report prepared in accordance with my submitted application and this authorization by checking the box below:

You will receive a copy of the consumer investigative report prepared in accordance with this authorization.
Please send my copy to the following recipient at the following address:

Further, by signing below, I acknowledge receipt of the NOTIFICATION of INVESTIGATIVE CONSUMER REPORT.

Legal Name of Applicant

Signature of Applicant

DOB of Applicant

SS# of Applicant

Street Address

City / ST / Zip

Phone Number

Date

Consent & Authorization
Notice to Consumers under CA 1785.15
Notice to Consumers under CA 1786.22
Notice to Consumers under FCRA

Notice to Consumers:
Summary of Consumer Rights Under
California Civil Code 1785.15
Provided by National Tenant Network

- You have a right to obtain a copy of your credit file from a consumer credit reporting agency. You may be charged a reasonable fee not exceeding eight dollars (\$8.00). There is no fee, however, if you have been turned down for credit, employment, insurance, or a rental dwelling because of information in your credit report within the preceding 60 days. The consumer credit reporting agency must provide someone to help you interpret the information in your credit file.
- You have a right to dispute inaccurate information by contacting the consumer credit reporting agency directly. However, neither you nor any credit repair company or credit service organization has the right to have accurate, current, and verifiable information removed from your credit report. Under the Federal Fair Credit Reporting Act, the consumer credit reporting agency must remove accurate, negative information from your report only if it is over seven years old. Bankruptcy information can be reported for 10 years.

If you have notified a consumer credit reporting agency in writing that you dispute the accuracy of information in your file, the consumer credit reporting agency must then, within 30 business days, reinvestigate and modify or remove inaccurate information. The consumer credit reporting agency may not charge a fee for this service. Any pertinent information and copies of all documents you have concerning an error should be given to the consumer credit reporting agency. If reinvestigation does not resolve the dispute to your satisfaction, you may send a brief statement to the consumer credit reporting agency to keep in your file, explaining why you think the record is inaccurate. The consumer credit reporting agency must include your statement about disputed information in a report it issues about you.

- You have a right to receive a record of all inquiries relating to a credit transaction initiated within 12 months preceding your request. This record shall include the recipients of any consumer credit report.
- You may request in writing that the information contained in your file not be provided to a third party for marketing purposes.
- You have a right to place a "security alert" in your credit report, which will warn anyone who receives information in your credit report that your identity may have been used without your consent. Recipients of your credit report are required to take reasonable steps, including contacting you at the telephone number you may provide with your security alert, to verify your identity prior to lending money, extending credit, or completing the purchase, lease, or rental of goods or services. The security alert may prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that taking advantage of this right may delay or interfere with the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or cellular phone or other new account, including an extension of credit at point of sale. If you place a security alert on your credit report, you have a right to obtain a free copy of your credit report at the time the 90-day security alert period expires. A security alert may be requested by calling the following toll-free telephone number: Experian (888)397-3742; TransUnion (800)916-8800; Equifax (800)685-1111
- You have a right to place a "security freeze" on your credit report, which will prohibit a consumer credit reporting agency from releasing any information in your credit report without your express authorization. A security freeze must be requested in writing by mail. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new

loan, credit, mortgage, or cellular phone or other new account, including an extension of credit at point of sale. When you place a security freeze on your credit report, you will be provided a personal identification number or password to use if you choose to remove the freeze on your credit report or authorize the release of your credit report for a specific party or period of time after the freeze is in place. To provide that authorization you **must** contact the consumer credit reporting agency and provide all of the following:

1. The personal identification number or password.
2. Proper identification to verify your identity.
3. The proper information regarding the third party who is to receive the credit report or the period of time for which the report shall be available to users of the credit report.

A consumer credit reporting agency must authorize the release of your credit report no later than three (3) business days after receiving the above information. A security freeze does not apply when you have an existing account and a copy of your report is requested by your existing creditor or its agents or affiliates for certain types of account review, collection, fraud control, or similar activities.

If you are actively seeking credit, you should understand that the procedures involved in lifting a security freeze may slow your application for credit. You should plan ahead and lift a freeze, either completely if you are shopping around, or specifically for a certain creditor, before applying for new credit. A consumer credit reporting agency may not charge a fee to a consumer for placing or removing a security freeze if the consumer is a victim of identity theft and submits a copy of a valid police report or valid Department of Motor Vehicle investigative report. A person 65 years of age or older with proper identification may be charged a fee of no more than \$5 for placing, lifting, or removing a security freeze. All other consumers may be charged a fee of no more than \$10 for each of these steps.

- You have a right to bring civil action against anyone, including a consumer credit reporting agency, who improperly obtains access to a file, knowingly or willfully misuses file data, or fails to correct inaccurate file data.

If you are a victim of identity theft and provide to a consumer credit reporting agency a copy of a valid police report or a valid investigative report made by a Department of Motor Vehicles investigator with peace officer status describing your circumstances, the following shall apply:

- (1) You have a right to have any information you list on the report as allegedly fraudulent promptly blocked so that the information cannot be reported. The information will be unblocked only if:
 - a. the information you provide is a material misrepresentation of the facts;
 - b. you agree that the information is blocked in error; or
 - c. you knowingly obtained possession of goods, services, or moneys as result of the blocked transactions. If blocked information is unblocked, you will be promptly notified.
- (2) You have a right to receive, free of charge and upon request, one copy of your credit report each month for up to 12 consecutive months.

You must place a "security freeze" with each consumer reporting agency to which you seek to prevent access. To request a security freeze from the major credit bureaus you may contact:

Experian 800.290.5195	PO Box 9554 Allen, TX 75013
TransUnion 888.909.8872	PO Box 6790 Fullerton, CA 92834
Equifax 800.685.1111	PO Box 105788 Atlanta, GA 30348

****If mailing your request for a credit freeze, requests must be sent by certified mail****

Notice to Consumers:
Summary of Consumer Rights Under
California Civil Code 1786.22
Provided by National Tenant Network

The Investigative Consumer Reporting Agencies Act (ICRA) is designed to promote accuracy, fairness and privacy of information in the files of every "consumer reporting agency" (CRA). You will find the complete text of the ICRA at <https://leginfo.legislature.ca.gov>. The ICRA gives you specific rights as outlined below. You may have additional rights under federal law. Contact your state or local consumer protection agency or your state Attorney General's Office to learn those rights.

An investigative consumer reporting agency hereinafter referred to as "Agency" will supply files and information that you have a right to inspect during normal business hours and upon reasonable notice.

All files the Agency maintains on you will be made available for your visual inspection as follows:

- In person, if you appear in person and furnish proper identification. A copy of the file will also be available to you for a fee not to exceed the actual cost of copying.
- By certified mail, if you make a written request, with proper identification, for copies to be sent to a specified addressee. However, agencies complying with a request for such a mailing will not be liable for disclosures to third parties caused by mishandling of mail after it leaves the Agency.
- A summary of all information contained in your file and required to be provided to you under California Civil Code will be provided by telephone, if you have made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.

"Proper identification" includes documents such as a valid driver's license, social security number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the Agency require additional information concerning your employment and personal or family history in order to verify your identity.

- The Agency will provide trained personnel to explain any information furnished to you pursuant to California Civil Code 1786.10.
- The Agency will provide a written explanation of any coded information contained in your file. This written explanation shall be distributed whenever a file is provided to you for visual inspection.
- One other person of your choice may accompany you when you come to inspect your file. This person must furnish reasonable identification. The Agency may require you to furnish a written statement granting permission to the Agency to discuss your file in your companion's presence.

You may have additional rights under Federal law. For more information, contact your state or local consumer protection agency or your state Attorney General's office.

Notice to Consumers:
Summary of Consumer Rights Under
the Fair Credit Reporting Act
Provided by National Tenant Network

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness and privacy of information in the files of every consumer reporting agency (CRA). There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). The FCRA gives you specific rights as outlined below. For more information, including information about additional rights, visit www.consumerfinance.gov/learnmore or write to the Consumer Financial Protection Bureau; 177 G Street, NW; Washington, DC 20552. You may have additional rights under state law. Contact your state or local consumer protection agency or your state Attorney General's Office to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, tenancy or employment—or takes another adverse action against you—must tell you, and must give you the name, address and phone number of the agency that provided the information.
 - **You have a right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your consumer report;
 - you are a victim of identity theft and placed a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within sixty (60) days.
- You must request your disclosure within sixty (60) days of receiving notice of a adverse action. In addition, all consumers are entitled to one (1) free disclosure every twelve (12) months upon request from each national credit bureau and from nationwide specialty consumer reporting agencies. For additional information see www.consumerfinance.gov/learnmore.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
 - **You have a right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
 - **Consumer reporting agencies must correct or delete incomplete, inaccurate, or unverifiable information.** Incomplete, inaccurate, or unverifiable information must be removed or corrected, usually within thirty (30) days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Para información en español, visite www.consumerfinance.gov/learnmore o escriba a la Consumer Finance Protection Bureau; 177 G Street, NW, Washington DC 20552

- **You have a right to add a Consumer Statement to append your file.** If the investigation does not resolve your dispute, you may add a statement to append your file. Your statement may relate to a specific case or explain circumstances related to the adverse information contained in your file (i.e. divorce, job loss, etc.). Be concise; Consumer Relations may assist you to edit your statement to 100 words in order to provide a clear summary of your statement. If a statement has been added, you may request that anyone who has recently received your report (within two (2) years for employment and six (6) months for housing) be notified of the change.
- **You have a right to request a description of the procedure(s) used in the reinvestigation process.** Upon your written request, the consumer reporting agency must provide you with a description of the procedure(s) used to determine the accuracy and completeness of the information, including the business name and address of any furnisher of information contacted in connection with such information, and the telephone number of the furnisher, if reasonably available.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven (7) years old, or bankruptcies that are more than ten (10) years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need—usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer without your written consent given to the employer. Written consent, generally, is not required in the trucking industry. For more information go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the list these offers are based on. You may opt-out with the nationwide credit bureaus at (800) 567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General's office.

Consent & Authorization
Notice to Consumers under CA 1785.15
Notice to Consumers under CA 1786.22
Notice to Consumers under FCRA

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Several different federal agencies may enforce the FCRA

For questions or concerns regarding your federal rights, contact:

TYPE OF BUSINESS	CONTACT
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission Consumer Response Center—FCRA Washington, DC 20580 877.382.4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after the banks name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 800.613.6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202.452.3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B" appear in institution's name)	Office of Thrift Suspension Consumer Complaints Washington, DC 20552 808.842.6229
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22315 703.519.4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue; Suite #1000 Kansas, City, MO 64108-2638 877.275.3342
Air, surface or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202.366.1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator—GIPSA Washington, DC 20250 202.720.7051

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