

Rental Application Cover Page for Sona

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.

1. Sona has Accessible Units for Individuals with Mobility Disabilities and Individuals with Hearing/Vision Disabilities. Sona also has units with some accessible features, such as no steps. **If you would like to request one of these units, please complete the Application Summary of the Rental Application on page 4 and the Special Unit Questionnaire on pages 6-7.** For more information about the accessible features of these units and/or if you need assistance to request a unit with accessible features, please contact:

Property Management Contact Name: Isabella Baldrige

Title: Community Manager

Phone Number: (000) 000-0000

TTY/TDD: (800) 735-2922

Email: Sona@Sares-Regis.com

2. Reasonable Accommodations and Auxiliary Aids will be provided upon request. An Individual with a Disability may ask for:
 - a. a change in rules or;
 - b. a physical change to their apartment or shared areas in the building (either of which is a reasonable accommodation);
 - c. an accessible apartment;
 - d. and Auxiliary Aids 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 Sona and use our services, then contact Sona staff to communicate your needs.





SRG RESIDENTIAL RENTAL CRITERIA CALIFORNIA

Applicants shall be provided with a copy of the Rental Criteria with the Rental Application. Completed applications are considered in the order received. A screening fee is only charged if an application is considered. The first applicant who meets the landlord's established screening criteria is approved for tenancy.

All applicants are subject to approval through a third-party applicant screening agency. Approvals of all applicants are based on an empirical system that incorporates various credit factors along with other non-statistical factors to determine overall applicant worthiness. The primary criterion used to determine rental decisions is a rules-based analysis from several statistical indicators including rent-to-income calculations determined from the application, credit worthiness as determined by national credit scores and other proprietary credit calculations more specific to the apartment industry. Other factors may impact the overall rental decision of an applicant including rental and eviction histories, open bankruptcies, as well as other indicators. When these statistical and non-statistical factors are combined, an overall rental recommendation is determined.

Minimum Standards:

Rental History

- Applicants with evictions will not be accepted.*
- Applicants with a current rental collection balance will not be accepted.*

*"Not including evictions or rental collection balances for COVID-19 rental debt" or "to the extent allowed by law"

Filed Bankruptcy

- Applicants with an open bankruptcy that has not yet been discharged will not be accepted.

Government Rent Subsidy

- Applicants participating in a government rent subsidy program, such as Section 8, may opt to provide verifiable evidence of the applicant's ability to pay their portion of the rent in lieu of credit history. Please inform the office of your screening preference.
- For applicants with a government rent subsidy: Section 12955 of the California Government Code allows applicants for rental housing who receive a government rent subsidy, including a Section 8 Housing Choice Voucher, the option, at the applicant's discretion, of providing lawful, verifiable alternative evidence of the applicant's reasonable ability to pay the portion of the rent to be paid by the tenant. If the applicant elects to provide lawful, verifiable alternative evidence of the applicant's reasonable ability to pay, Owner/landlord will provide the applicant reasonable time to respond with that alternative evidence and reasonably consider that alternative evidence in lieu of the applicant's credit history in determining whether to offer the rental accommodation to the applicant.
- If you will be receiving a government rent subsidy which will cover a portion of your rent each month, please inform the office of your choice on one of the following screening options below:
 - I choose to submit alternative evidence of my ability to pay rent to be considered instead of credit history. I authorize the property manager/owner to obtain and use reports that reflect credit history as part of the application process.
 - I choose to provide alternative evidence of the ability to pay the rent, which can include, but is not limited to, bank statements, pay records, government benefit payments, and verification of any other sources of lawful income to demonstrate ability to pay the rent each month. I authorize the property manager/owner to obtain and use reports other than credit history as part of the application process. I understand that my application is not complete and will not be processed if I fail to provide verifiable evidence of my ability to pay the rent.

Market Apartment Application

Household Information					
FULL LEGAL NAME (First, Middle, Last)	SEX	RELATIONSHIP	SOCIAL SECURITY/ ALIEN REG. #	GOVERNMENT ISSUED PHOTO ID #	BIRTH DATE
Do you have any Pets?	# of Pets:		Description:		
MAKE	MODEL	YEAR	COLOR	LICENSE PLATE #	STATE

Resident History	Y/N	If Yes Explain
Have you or any member of your household ever been evicted?		

Emergency Contact Information			
IN CASE OF ILLNESS, ACCIDENT, EMERGENCY, PLEASE CONTACT:			
NAME:			
ADDRESS:	CITY:	STATE:	ZIP CODE:
PHONE NUMBER:	EMAIL ADDRESS:		

Household Income		
Member Name	Income Type	Annual Amount



Market Apartment Application

APPLICATION SUMMARY

Preferred Unit Size:

Would anyone in this household benefit from a special needs unit or a unit accommodation due to a mobility, vision, or hearing impairment? Yes* No

If Yes, please complete a **Special Unit Questionnaire.*

Household Signatures

APPLICANT REPRESENTS ALL OF THE ABOVE STATEMENTS ARE TRUE AND CORRECT. APPLICANT AUTHORIZES CONTINUING VERIFICATION OF THE ABOVE INFORMATION, REFERENCES, CRIMINAL HISTORY AND CREDIT RECORDS AT ANYTIME INCLUDING BEFORE, DURING AND AFTER THE EXPIRATION OF THE LEASE TERM AND RELEASES FROM LIABILITY ALL PERSONS AND ENTITIES REQUESTING OR SUPPLYING INFORMATION. APPLICANT ACKNOWLEDGES THAT FALSE, INCOMPLETE OR MISLEADING INFORMATION CONSTITUTES GROUNDS FOR REJECTION OF THIS APPLICATION; DISCOVERY OF FALSE, INCOMPLETE OR MISLEADING INFORMATION THAT OCCURS AFTER OCCUPANCY WILL RESULT IN TERMINATION OF THE RIGHT OF OCCUPANCY OF ALL OCCUPANTS UNDER LEASE AND/OR FORFEITURE OF DEPOSITS AND FEES. SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO WILLFULLY FALSIFY A MATERIAL FACT OR MAKE FALSE STATEMENT IN ANY MATTER WITHIN THE JURISDICTION OF A FEDERAL AGENCY.

I, THE UNDERSIGNED APPLICANT(S), HAVE READ AND AGREE TO ALL OF THE PROVISIONS OF THIS APPLICATION AND REPRESENT AND PROMISE THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____



Housing History Disclosure

Property name

Head of household

Unit number

Member name

Please provide the last _____ months of housing history. Each adult household member must complete this form at move-in.

This member has no address history from the required timeframe.
(If this box is checked, please provide an explanation below.)

Explanation: _____

1. Street Address:

City:

State:

Zip Code:

Reason for leaving:

Start Date (Month/Year):

End Date (Month/Year):

(Check One) Rent Own Other _____ Rent per month:

Landlord Name:

Landlord Phone:

Is this a government subsidized development? Yes No This is my current address

2. Street Address:

City:

State:

Zip Code:

Reason for leaving:

Start Date (Month/Year):

End Date (Month/Year):

(Check One) Rent Own Other _____ Rent per month:

Landlord Name:

Landlord Phone:

Is this a government subsidized development? Yes No This is my current address

3. Street Address:

City:

State:

Zip Code:

Reason for leaving:

Start Date (Month/Year):

End Date (Month/Year):

(Check One) Rent Own Other _____ Rent per month:

Landlord Name:

Landlord Phone:

Is this a government subsidized development? Yes No This is my current address

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature

Printed name

Date



Modified 9/20/2022
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Special Unit Questionnaire

Property Name: _____

This form is to be completed by any household that would benefit from a special needs unit or a unit accommodation due to a mobility, visual, or hearing impairment.

To qualify for an accessible unit, a household member must have a physical impairment that:

- is expected to be of long-continued and indefinite duration
- substantially impedes the person's ability to live independently
- is such that the person's ability to live independently could be improved by more suitable housing conditions

1. Does any member on this application have a physical impairment which meets the definitions stated above? Yes No

If Yes, list the name(s) of member(s): _____

2. Do you or any other household member have a condition which requires *(check those that apply)*:

- a separate bedroom
- a unit for a visually-impaired person
- a unit for a hearing-impaired person
- a barrier-free apartment
- a one-level unit
- a bathroom on the first floor
- other physical modifications

3. Please explain in detail what you need for this accommodation:

4. Please provide contact information for someone who can verify the need for the requested accommodation(s):

Name

Address

City

State

Zip

Phone

Member Signature

Printed Name

Date Signed



Modified 10/8/2024
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Special Unit Questionnaire

Property Name: _____

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To qualify for an accessible unit, a household member must have a physical impairment that:

- is expected to be of long-continued and indefinite duration
- substantially impedes the person's ability to live independently
- is such that the person's ability to live independently could be improved by more suitable housing conditions

1. Does any member on this application have a physical impairment which meets the definitions stated above?

Yes

No

If Yes, list the name(s) of member(s): _____

2. Do you or any other household member have a condition which requires *(check those that apply)*:
- a separate bedroom
 - a unit for a visually-impaired person
 - a unit for a hearing-impaired person
 - a barrier-free apartment
 - a one-level unit
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Name

Address

City

State

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Phone

Member Signature

Printed Name

Date Signed



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NOTICE OF RIGHT TO REASONABLE ACCOMMODATIONS AND AUXILIARY AIDS PURSUANT TO EFFECTIVE COMMUNICATION POLICY AT

Sona

WHAT ACCOMMODATIONS AND AUXILIARY AIDS CAN I ASK FOR?

You or anyone in your household can ask for:

1. an accommodation if you have a disability and need a change or exception to our standard rules, eligibility criteria, policies, or practices, so that you are able to use and enjoy a unit in our property, public and common use areas, or participate in, or benefit from, a program, service or activity;
2. accessibility alterations (physical changes) to your unit or a common area;
3. auxiliary aids and services necessary to ensure effective communication between us. This can include providing information in alternative formats such as Braille, American Sign Language (ASL) interpreters, or large print documents.

We will pay all reasonable costs for reasonable accommodations and auxiliary aids necessary to ensure effective communication between us.

WHO WILL BE ABLE TO SEE INFORMATION ABOUT MY REQUEST?

All information you provide is confidential. Information about your request will only be shared with people who need to decide on or carry out the



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request, or if required by law.

WHAT ARE REASONABLE ACCOMMODATIONS?

Reasonable accommodations are changes, modifications, exceptions, alterations, or adaptations in our rules, policies, practices, programs, services, activities, or facilities that may be necessary to (1) provide an Individual with a Disability an equal opportunity to use and enjoy a dwelling, including public and common use areas of a development; (2) participate in, or benefit from, a program (housing or non-housing), service or activity; or (3) avoid discrimination against an Individual with a Disability. A reasonable accommodation includes any physical or structural change to a unit or a public or common use area.

Examples are:

1. allowing an assistance animal in a “no-pets” building;
2. allowing payment of rent on a date other than the first of the month if necessary due to the date the tenant receives disability income;
3. granting a reserved parking space closer to the individual’s unit;
4. providing additional accessible or assigned parking where required accessible parking is not sufficient to meet the needs of tenants and applicants;
5. accepting references from professional caregivers and others when landlord references are not available for an individual moving from a nursing home or other places that serve Individuals with Disabilities;
6. installing a wheelchair ramp;



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7. installing grab bars in the shower or bathroom;
8. installing a roll-in shower;
9. installing visual alerting systems and flashing lights for individuals who are deaf or hard of hearing;
10. adjusting counter heights for individuals who use wheelchairs;
11. transferring a tenant in a non-elevator building who has difficulties walking up or down stairs to a ground floor unit with no or very few stairs; and
12. requesting that Sona
notify another individual in addition to the tenant or applicant when any concerns arise. See Appendix 8, Supplemental and Optional Contact Information for Applicants.

WHAT ARE AUXILIARY AIDS?

Auxiliary Aids are aids, services, or devices that enable individuals with vision, hearing, manual, or speech impairments to have an equal opportunity to participate in, or enjoy the benefits of, programs, services, or activities, including housing and other programs, services, and activities.

Examples are:

1. giving you documents in large print, Braille, on cassettes or CDs, or electronically, or reading documents to you;
2. providing a sign language interpreter or using a video relay service;
3. providing note takers; real-time computer-aided transcription services; exchange of written notes;
4. providing audio description or audio recordings;



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5. providing closed captioned video.

These are just examples. You can ask for other reasonable accommodations and auxiliary aids you need because of your disability.

WHEN CAN I ASK FOR A REASONABLE ACCOMMODATION OR AUXILIARY AID?

You can ask at any time. This includes when you apply to rent, while you live here, and even when you are moving out. You may designate a third person or agent who may act or speak for you regarding your request.

HOW DO I ASK FOR REASONABLE ACCOMMODATIONS OR AUXILIARY AIDS?

You can ask a Property Manager or fill out a Request Form (See Appendix 3, Optional Request Form for Reasonable Accommodations and/or for Auxiliary Aids Pursuant to Effective Communication Policy). We can help you fill out the form. Ask us if you need to communicate with us in a particular way due to your disability.

WHAT KIND OF INFORMATION DO I NEED TO GIVE YOU?

You need to tell us what you need and how it is related to your disability.

WHAT HAPPENS AFTER I ASK?

We will respond to you as quickly as possible.

We may ask you for more information.



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Your need for reasonable accommodations or auxiliary aids may be obvious or already known. For example, if you use a wheelchair it may be obvious you need accessible parking. If your need for the accommodation or auxiliary aid is obvious or already known, we will not ask for any additional information. If the need is not obvious, we may ask you to provide more information, which may include information from someone else who knows about your disability needs. We will only seek limited information that is necessary to understand the disability-related need for your accommodation or auxiliary aid. We do not need to receive full medical records or to know unrelated information about the nature or severity of any disabilities. Any information we do receive will be kept confidential.

If we ask you for information from someone else, we will provide you with Appendix 4, Additional Information for Request for Reasonable Accommodations.

You can choose how to get the additional information:

1. You can sign Part 2 of Appendix 4 and return it to the office. We will then send the form to the person you listed and ask them to fill it out and return it to us.

OR:

2. You can sign Part 2 of Appendix 4 and give it to the person you want to fill out the rest of the form. You can return it to us when it is complete. When Appendix 4 is returned, we will tell you if we need more information.



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We may need to talk with you more. Again, ask us if you need to communicate with us in a particular way due to your disability.

We will let you know our final decision in writing. If we deny your request, you can ask for a meeting to discuss it. Your position on the waiting list(s) or your tenancy will not be affected because you make a request.

HOW LONG WILL IT TAKE TO GET AN ANSWER?

Usually, we will respond within five (5) business days of getting the request. If it is urgent, we will try to respond sooner. If additional information is needed, or if we need to meet or talk with you about options, we will give you an answer as soon as we can, but no later than within thirty (30) days.

**For questions or help with your request, please contact:
(Owner/Property Manager to complete)**

Property Management Staff Name: Isabella Baldrige

Title: Community Manager

Address: 7322 N Topanga Canyon Blvd, Noga Park, CA 91303

Phone Number:

TTY/TDD Number: (800) 735-2922

Email (if available): Sona@Sares-Regis.com

See Tenant Handbook Section 3.15 for more information.



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SUPPLEMENTAL AND OPTIONAL CONTACT INFORMATION FOR APPLICANTS

Property Name: Sona

THIS FORM IS TO BE PROVIDED TO EACH APPLICANT FOR 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 any 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:

Phone Number:

TTY/TDD or VP Number:

Cell Phone Number:

Email Address (if applicable):



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Name of Additional Contact Person or Organization:

Address:

Phone Number:

TTY/TDD or VP Number:

Cell Phone Number:

Email Address (if applicable):

Relationship to Applicant:

Reasons that you approve us to contact the Additional Contact Person or Organization: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Proposed termination of rental assistance
- ☐ Proposed eviction
- ☐ Late rent payment
- ☐ Help with Recertification Change
- ☐ Change in lease terms
- ☐ Change in policies or procedures
- ☐ Other (please specify):

Commitment of 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



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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 on this form is confidential and will not be disclosed to anyone except as permitted by you, 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.

Option Not to Provide a Supplemental Contact Person:

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

Signature of Applicant:

Date:

Signature:

See Tenant Handbook Section 3.18 for More Information