

Applicant Information

Battery Point Apartments

Provides affordable housing for very low-, low- and moderate-income households. This is an Equal Housing Opportunity community, and all are welcome to apply.

Inquire at the community management office about current rental rates.

As set forth in the management plan, the following occupancy standards are enforced. Some of the unit sizes listed below may not apply to this property.

Unit Size	Min-Max (persons per household)
1 - bedroom	1 - 3
2 - bedroom	2 - 5
3 - bedroom	4 - 7

To apply for an apartment, you must complete an application. For an application to be considered complete, at a minimum, the following information will be needed:

1. Payment of \$35 per adult for the Apartment Application Fee. This can be a personal check or money order written to Battery Point Apartments.
2. Income: 3 months of paystubs if employed. Award letter for SSA, SSI, TANF UNEMPLOYMENT, etc. A printout and court order for Child Support or Alimony. Proof of all income is required.
3. Assets: 2 months of statements for all bank accounts, 401K accounts, etc.
4. Most recent year Federal Income Tax Return with proof of filing.
5. Household Composition
 - a. Name(s) of all household members
 - b. Number of household members in the household
 - c. Household's current address, contact telephone number
 - d. All adult household members individual email addresses
 - e. Handicap/disability status
 - f. Birthdates for minors
 - g. Social Security cards or Alien Registration cards for all household members
 - h. Driver's License or ID number for all adult household members
 - i. Marriage Certificate if any household members are married
6. Prior and present landlord information
7. Credit and Criminal history
8. The application must be signed by all adults applying for occupancy

It is the applicant's responsibility to notify the Property Manager with any changes of the address, phone number, employment, income or household size. The Property Manager can give you an estimate of when a unit may be available.

Current and previous landlords will be contacted, Criminal History and Credit Screening will be completed for all adult household members.

At any point of the verification process if a negative verification report is received, the application process will be discontinued and the application rejected in writing. Otherwise, when all the verifications are received, eligibility will be determined. The applicant will be notified in writing that they have been placed on the waiting list or rejected for occupancy.

If an applicant misses two (2) scheduled appointments with the Property Manager, their application will be withdrawn.

OFFICE USE ONLY

Date Rec'd: _____

Time: _____

Apt. Size _____

**APPLICATION FOR OCCUPANCY**AT: Battery Point Apartments

TDD AND VOICE

1-800-735-2929

**GENERAL INFORMATION****HEAD OF HOUSEHOLD**

Name	SSN	Birth Date/Age	Drivers Lic. / State #
_____	_____	_____	_____

CO-HEAD OF HOUSEHOLD

Name	SSN	Birth Date/Age	Drivers Lic. / State #
_____	_____	_____	_____

LIST ALL OTHERS WHO WILL OCCUPY THE UNIT:

Name	SSN	Birth Date/Age	Drivers Lic. / State #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Does your household anticipate any additions to the household in the next 6 months? Yes ☐ No ☐ If yes, please provide information on who? _____
- Does **anyone live with you now** who is not listed as a household member above? Yes ☐ No ☐ If yes, please provide information on who? _____ What is their relationship to you? _____
- List all state you or any member of your household have lived in: _____
- Have you or any member in your household above ever been a **prior tenant at this property**? Yes ☐ No ☐ If yes, when? _____
- Have you or any member in your household above ever been **evicted**? Yes ☐ No ☐ If yes, explain: _____
- Have you or any member in your household above been **convicted of a felony** in the last 10 years? Yes ☐ No ☐
- Are you or any member in your household above a **convicted sex offender** or required to register as a lifetime sex offender in any state? Yes ☐ No ☐ If yes, when _____ and what for? _____
- Have you been displaced by a wildfire, resident of Redding, resident of surrounding county, a person with a disability, or a family of more than 2 persons? Yes ☐ No ☐
- Are you or any member of you household above 18 or older **attending school**? Yes ☐ No ☐ If yes, who? _____
- Do you or any member of your household above own a **pet**? Yes ☐ No ☐ If yes, how many? _____ Description: _____
- Do you have a **waterbed**? Yes ☐ No ☐ If yes, do you have waterbed insurance? Yes ☐ No ☐ If yes, provide the name of the insurance company: _____

- Do you wish to **claim a deduction** from your household income based on elderly "Household Status," where the tenant or co-tenant is 62 or older, or disabled? Yes ☐ No ☐
 - Which member of your household qualifies you for this deduction? _____
- Do you wish to request a **handicap accessible unit**? Yes ☐ No ☐ Specify: _____
- Are there any **reasonable accommodations** or services that you would like to request? Yes ☐ No ☐ If yes, please specify _____

APARTMENT SIZE REQUESTED: ☐ Studio ☐ 1 Bedroom ☐ 2 Bedroom ☐ 3 Bedroom

- How many adults in the household? _____ The housing history listed below is for: _____
(two years of housing history must be attached for each adult. Please copy this page for additional adults)
- Applicant(s) has received a Letter of Priority Entitlement (LOPE) issued by USDA Rural Development **OR** has registered with FEMA in lieu of LOPE letter. Yes ☐ No ☐

CURRENT LANDLORD NAME: _____ Address: _____
Is this landlord related to you? Yes ☐ No ☐ If yes, what is the relationship? _____
Phone Number: _____ If Apt., name of complex: _____
Reason you want to move: _____
Rent amount you are paying: \$ _____ Are you living in a subsidized complex? Yes ☐ No ☐ If yes, subsidy type _____
Do you have a Section 8 certificate? Yes ☐ No ☐ If yes, when does the certificate expire? _____
Are you being displaced? Yes ☐ No ☐ If yes, why? _____
Has your household's assistance or tenancy in a subsidized housing program ever been terminated for fraud, nonpayment or rent, of failure to cooperate with the recertification procedures? Yes ☐ No ☐ If yes, circumstances _____

CURRENT ADDRESS: _____
Street Address, Apt# City State Zip Code
Phone Number: _____ Dates of Residency From: _____ to Current
Email Address: _____

MAILING ADDRESS: _____
Street Address, Apt# City State Zip Code

PREVIOUS ADDRESS: _____
Street Address, Apt# City State Zip Code
If Apt, name of complex: _____ Dates of Residency From: _____ to _____
Previous landlord name: _____ Reason for moving: _____
Address of landlord: _____ Landlord Phone #: _____
Is the landlord related to you? Yes ☐ No ☐ If yes, what is the relation? _____

PREVIOUS ADDRESS: _____
Street Address, Apt# City State Zip Code
If Apt, name of complex: _____ Dates of Residency From: _____ to _____
Previous landlord name: _____ Reason for moving: _____
Address of landlord: _____ Landlord Phone #: _____
Is the landlord related to you? Yes ☐ No ☐ If yes, what is the relation? _____

AUTOMOBILE:
Make: _____ Model: _____ Color: _____ Year: _____ License Plate #: _____
Do you own a trailer, boat, camper, moped, motorcycle, RV, etc.? Yes ☐ No ☐ If yes, what type? _____

EMERGENCY CONTACT PERSON:

Name	Address	Phone #	Relationship
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INCOME: Do you or any member of your household anticipate receiving income from any of the following sources during the next 12 months? (Please mark YES or NO. If you answer a question YES, complete the blanks.)

	YES	NO	AMOUNT RECEIVED (per time period)	BY WHICH FAMIL MEMBER	SOURCE OF INCOME
Employment (Earned Income)	<input type="checkbox"/>	<input type="checkbox"/>			
➤ Address and Phone #					
Employment (Earned Income)	<input type="checkbox"/>	<input type="checkbox"/>			
➤ Address and Phone #					
Seasonal Employment (Earned Income)	<input type="checkbox"/>	<input type="checkbox"/>			
➤ Address and Phone #					
Child Support	<input type="checkbox"/>	<input type="checkbox"/>			
➤ Address and Phone #					
Alimony	<input type="checkbox"/>	<input type="checkbox"/>			
➤ Address and Phone #					
Monetary Gifts	<input type="checkbox"/>	<input type="checkbox"/>			
➤ Address and Phone #					
Pension or Retirement Benefits	<input type="checkbox"/>	<input type="checkbox"/>			
➤ Address and Phone #					
School Grants or Scholarships	<input type="checkbox"/>	<input type="checkbox"/>			
➤ Address and Phone #					
Social Security	<input type="checkbox"/>	<input type="checkbox"/>			
➤ Address and Phone ##					
Supplemental Security	<input type="checkbox"/>	<input type="checkbox"/>			
➤ Address and Phone #					
Unemployment Compensation	<input type="checkbox"/>	<input type="checkbox"/>			
➤ Address and Phone #					
Public Assistance (TANF, AFDC)	<input type="checkbox"/>	<input type="checkbox"/>			
➤ Address and Phone #					
Other List:	<input type="checkbox"/>	<input type="checkbox"/>			
➤ Address and Phone #					
Other List:	<input type="checkbox"/>	<input type="checkbox"/>			
➤ Address and Phone #					

- Do you anticipate any changes to income in the next 12 months? Yes ☐ No ☐ If yes, explain _____
- Have you earned or received income from any source in the previous 12 months that you are no longer receiving? Yes ☐ No ☐ If yes, explain _____

ASSETS: Have you received, or do you expect to receive any **Lump Sum** payment such as inheritance, lottery winnings, or insurance settlements? Yes ☐ No ☐ If yes, source of income: _____ Amount of Income: \$ _____
Source Address: _____ When did you receive payment? _____

In the last **Two Years** have you sold, given away or disposed of assets or real property (example: real estate, and other items held for investment purposes such as gems, jewelry, coins, or collections)? Yes ☐ No ☐ If yes, what type of asset? _____
Name of party who acquired asset and address: _____

Was this due to a divorce, separation or bankruptcy? Yes ☐ No ☐

ASSETS II: Do you or any member of your household have assets in any of the following sources? (Please mark every question either YES or NO. If you answer with a YES, complete the blanks.)

	YES	NO	NAME OF MEMBER	ACCOUNT NUMBER	BALANCE/VALUE	SOURCE OF ASSET
Checking Account	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
➤ Address and Phone #			_____	_____	_____	_____
Savings Account	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
➤ Address and Phone #			_____	_____	_____	_____
Money Market	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
➤ Address and Phone ##			_____	_____	_____	_____
Direct Debit Card (EDD, SS, EBT, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
➤ Address and Phone #			_____	_____	_____	_____
Cash App, PayPal, etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
➤ Address and Phone #			_____	_____	_____	_____
Certificate/Time Deposit	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
➤ Address and Phone #			_____	_____	_____	_____
Trust Account	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
➤ Address and Phone #			_____	_____	_____	_____
Stocks or Bonds	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
➤ Address and Phone #			_____	_____	_____	_____
IRA/Keogh/Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
➤ Address and Phone #			_____	_____	_____	_____
Other Retirement	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
➤ Address and Phone #			_____	_____	_____	_____
Rental Property	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
➤ Address and Phone #			_____	_____	_____	_____
Other Real Estate	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
➤ Address and Phone #			_____	_____	_____	_____
Other List:	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
➤ Address and Phone #			_____	_____	_____	_____

CHILDCARE: Answer question only if your child/children is/are 12 years of age or younger and living in your household. **(If this does not apply put a line across this section.)**

- Do you pay for childcare expenses? Yes ☐ No ☐ If yes, how much and frequency? \$ _____
 - To whom are the expenses paid? Name: _____ Address: _____

- Do you employ childcare in order for a household member to work or continue education? Yes ☐ No ☐

MEDICAL EXPENSES: Answer questions of the head of household or spouse is 62 or older, handicapped or disabled and you wish to be considered for deduction from your income. **(If this does not apply put a line across this section.)**

- Do you wish to claim any medical expenses within the next twelve (12) months that are not paid for by Medicare or an insurance policy? Yes ☐ No ☐ If yes, explain _____
(examples: medical, dental vision expenses, including the cost of insurance, prescriptions, eyeglasses, hearing aids, or nursing care) **Do Not Include** expenses that are reimbursed or paid for by others outside your household.

DISABILITY EXPENSES: Answer questions for expenses to the extent needed to enable any family member to be employed and you wish to be considered for deductions from your income. **(If this does not apply put a line across this section.)**

- Do you wish to claim handicap or attendant care expenses? Yes ☐ No ☐ If yes, do you employ an attendant in order for a family member to work? Yes ☐ No ☐ If yes, name of attendant: _____
Address of attendant: _____
- Are any of these expenses paid for or reimbursed by and outside agency? Yes ☐ No ☐

I/We certify the housing I/we will occupy at Battery Point Apartments will be my/our permanent residence and I/we will not maintain a separate residence in a different location.

I/We authorize Battery Point Apartments to obtain a criminal background check, credit report, and to contact previous landlords. Please provide the email address that you would like the copy of the credit and criminal screening report to go to here _____.

(Note: If more than one adult please attach a screening consent form 1.00a for additional adults.)

I/We also certify that the information given is accurate and complete and understand lying or deliberate omission of relevant information will disqualify the applicant.

_____ Applicant Print Name	_____ Signature	_____ Date
_____ Applicant Print Name	_____ Signature	_____ Date
_____ Applicant Print Name	_____ Signature	_____ Date
_____ Applicant Print Name	_____ Signature	_____ Date

It is your responsibility as applicants to keep the Management notified of any changes in your application. This includes a change in household size, current address, income or assets.

HOUSEHOLD COMPOSITION:

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that Federal Laws prohibiting discrimination against tenant application on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname.

GENDER / SEX: **Head of Household** **M / F** **(A)**

RACE/NATIONAL ORIGIN OF HEAD OF HOUSEHOLD (check at least one): ☐ American Indian or Alaska Native
☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

ETHNICITY (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

GENDER / SEX: **C0-Head of Household** **M / F** **(B)**

RACE/NATIONAL ORIGIN OF HEAD OF HOUSEHOLD (check at least one): ☐ American Indian or Alaska Native
☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

ETHNICITY (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

GENDER / SEX: **Other Member** **M / F** **(C)**

RACE/NATIONAL ORIGIN OF HEAD OF HOUSEHOLD (check at least one): ☐ American Indian or Alaska Native
☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

ETHNICITY (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

GENDER / SEX: **Other Member** **M / F** **(D)**

RACE/NATIONAL ORIGIN OF HEAD OF HOUSEHOLD (check at least one): ☐ American Indian or Alaska Native
☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

ETHNICITY (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

GENDER / SEX: **Other Member** **M / F** **(D)**

RACE/NATIONAL ORIGIN OF HEAD OF HOUSEHOLD (check at least one): ☐ American Indian or Alaska Native
☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

ETHNICITY (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

GENDER / SEX: **Other Member** **M / F** **(D)**

RACE/NATIONAL ORIGIN OF HEAD OF HOUSEHOLD (check at least one): ☐ American Indian or Alaska Native
☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

ETHNICITY (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

GENDER / SEX: **Other Member** **M / F** **(D)**

RACE/NATIONAL ORIGIN OF HEAD OF HOUSEHOLD (check at least one): ☐ American Indian or Alaska Native
☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

ETHNICITY (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

ADVERTISING: How did you hear about us? _____



This facility does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Lisa Richards, MBS Property Management, Inc., P.O. Box 980338, West Sacramento CA 95798 Voice (916) 373-9400; TDD Relay Number 800-735-2929.



We do business in accordance with the Federal Fair Housing Law (The Fair Housing Amendments Act of 1988). It is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin. Anyone who feels he or she has been discriminated against may file a complaint of housing discrimination by contacting the U.S. Department of Housing and Urban Development, Assistant Secretary for Fair Housing and Equal Opportunity, Washington, D.C. 20410, 1-800-669-9777 (Toll Free), 1-800-927-9275 (TTY).



P.O. Box 980338, West Sacramento, CA 95798
Ph (916) 373-9400 | Fax (916) 372-8809 | TTD (800) 735-2929
info@mbspminc.com | <http://mbspminc.com>

DISPUTE RESOLUTION PROCEDURES

The following Dispute Resolution Procedure will be observed by the Borrower or Borrower's designated agent ("***Agent Representative***") and the Resident Manager.

The purpose of the Dispute Resolution Procedure is to resolve complaints by the Agent Representative concerning the Borrower's tenants, and by its tenants concerning the Agent Representative or the Agent Representative's other tenants. The grievance procedure applies to informal and/or formal mechanisms for dispute resolution, as applicable. This is a supplemental procedure to other formal Tenant Grievance Procedures that are required by Agencies on certain properties.

NOTIFICATION

A written copy of this procedure shall be given to each tenant and at such times as the procedures are changed or amended thereafter. A copy shall be posted in the project office accessible by all tenants or applicants.

Neither utilization of the procedure nor participation in the dispute resolution process as herein set forth shall constitute a waiver of or affect in any manner whatever any rights the tenant or the Borrower may have to a trial de novo or judicial review in any judicial proceedings which may thereafter be brought in the matter. These procedures shall in addition to the eviction hearings procedure as contained in a separate document titled "Eviction Hearing Requirements."

APPLICATION

Every tenant and applicant has the right to utilize the Dispute Resolution Procedure. Any grievance of a tenant either against another tenant or against the Agent Representative shall be presented either orally or in writing to the Resident Manager for forwarding to the Agent Representative.

The tenant may submit the grievance directly to the Agent Representative if the tenant does not desire to discuss the grievance with the Resident Manager.

GRIEVANCE RESOLUTION PROCESS

Initially, the Resident Manager shall discuss the grievance with the tenant in order to determine the scope of the problem, and whether or not a mutually satisfactory solution can be agreed upon. The Resident Manager shall conduct an investigation in order to determine the facts surrounding the grievance.

If the tenant feels that the grievance cannot be resolved, the Resident Manager will submit the tenant's grievance to the Agent Representative along with a written report setting forth relevant facts, conclusions, and recommendations.

Following submission of the grievance to the Agent Representative, the Agent Representative will meet with the tenant and attempt to reach a mutually satisfactory resolution to the grievance. The Agent Representative will

conduct their own investigation into the facts of the grievance. The investigation will be thorough, prompt, and effective in response the grievance or complaint.

If the parties involved are not able to reach a resolution of the grievance satisfactory to the tenant, the tenant may appeal to the Agency for a recommendation of a proposed resolution of the grievance.

The Resident Manager should, upon receipt of either an oral or written grievance, establish a time, date and place for a meeting between the parties. The Resident Manager should, within a reasonable amount of time, confirm the meeting details in writing to all parties including the Agent Representative. The Agent Representative should provide the immediately preceding services for grievances submitted directly to the Agent Representative. Reasonable time is defined as no earlier than five (5) business days after the request to facilitate notice, and no later than ten (10) business days after the request to avoid undue delay. One postponement is allowed in the event the first scheduled meeting is inconvenient to one or more of the parties involved in the grievance.

The dispute resolution may be a simple informal discussion. However, all discussions under this procedure, whether formal or informal, shall have a written agenda which provides notice as to what issues will be discussed and the proposed solutions thereto.

All parties shall be entitled to receive a written settlement report statement within two (2) business days of the Dispute Resolution Process. The report statement shall be prepared by the Resident Manager or Agent Representative, as applicable, and it shall clearly address the outcome of the grievance forum.

The dispute resolution procedure is based upon cooperation between the parties, with communication and problem-solving being key elements in the process.

For grievances that cannot be resolved with this procedure, the Agent Representative will inform the tenant or applicant of the next steps in resolution, which may include the formal Tenant Grievance Procedures depending on the type of complaint or grievance. Residents may contact any regulatory body, which may include United States Department Housing and Urban Development, United States Department of Agriculture Rural Development, California Housing Community Development, California Housing Finance Agency, California Tax Credit Allocation Committee, California Department of Fair Employment and Housing, or other various agencies.

Grievances may be addressed to:

Agent Representative

MBS Property Mgmt., Inc.
P.O. Box 980338
West Sacramento, CA 95798
Pam Schellenger, Executive Asst.



This institution is an equal opportunity provider and employer.



FAIR HOUSING

FACT SHEET

DFEH



YOU ARE PROTECTED UNDER CALIFORNIA LAW

Laws enforced by the Department of Fair Employment and Housing (DFEH) protect you from illegal discrimination and harassment in housing based on:

- Race
- Color
- National origin (including language use restrictions)
- Ancestry
- Religion
- Sex
- Gender
- Gender identity
- Gender expression
- Sexual orientation
- Marital status
- Military or veteran status
- Familial status (households with children under age 18 or individuals who are pregnant)
- Source of income
- Disability (mental and physical)
- Genetic information
- Age*
- Citizenship*
- Primary language*
- Immigration status*

*Covered under the Unruh Civil Rights Act, which applies to most housing accommodations in California. All other characteristics are covered under the Fair Employment and Housing Act.

WHAT DFEH DOES

1. Enforce the Fair Employment and Housing Act (FEHA), the Unruh Civil Rights Act, the Ralph Civil Rights Act, the Disabled Person's Act, and the California Trafficking Victims Protection Act
2. Investigate harassment, discrimination, retaliation, bias-motivated violence, and human trafficking complaints
3. Help landlords and tenants resolve complaints involving alleged violations of the laws enforced by DFEH
4. Prosecute in court violations of California's civil rights laws
5. Educate Californians about their civil rights

WHO MUST COMPLY WITH CALIFORNIA'S FAIR HOUSING LAWS

- Landlords
- Property management companies
- Homeowners associations
- Public housing authorities
- Real estate agents
- Home sellers
- Property insurers
- Builders
- Mortgage lenders
- Tenant screening companies
- Consumer reporting agencies
- Others

FAIR HOUSING

FACT SHEET



EXAMPLES OF HOUSING DISCRIMINATION

WHEN BASED ON A PROTECTED CHARACTERISTIC LISTED ABOVE, THE FOLLOWING EXAMPLES OF HOUSING DISCRIMINATION VIOLATE THE LAW:

- Refusal to sell, rent, or lease an apartment, house, or other housing accommodation
- Representation that a housing accommodation is not available for inspection, sale, or rental when that accommodation is in fact available
- Denial of a home loan or homeowner's insurance
- Provision of inferior terms, conditions, privileges, facilities, or services in connection with a housing accommodation
- Sexual harassment involving unwanted sexual advances or requiring sexual favors for housing rights or privileges
- Cancellation or termination of a sale or rental agreement
- Refusal to permit, at the disabled tenant's expense, reasonable modifications when necessary to accommodate a disability
- Refusal to make reasonable changes in housing rules, policies, practices, or services where necessary to afford a person with disabilities equal opportunity to use and enjoy a dwelling
- Having a policy that prohibits persons with a criminal record from renting or living in a housing unit no matter the circumstances
- Advertising or stating a preference for or against tenants with certain sources of income, such as: "No section 8."

YOU ARE PROTECTED FROM DISCRIMINATION AND HARASSMENT IN THE RENTING, LEASING, OR PURCHASE OF HOUSING

CIVIL REMEDIES

IF A HOUSING PROVIDER VIOLATES THE FEHA, THE REMEDIES MAY INCLUDE:

1. Making previously denied housing available
2. Compensation for losses and emotional distress
3. Training and policy changes to prevent future discrimination
4. Other actions to eliminate the effects of discrimination

ZONING AND LAND USE

It is illegal for cities, counties, or other local government agencies to make zoning or land-use decisions or policies that unlawfully discriminate against you based on the categories listed above.

If you think you have been a victim of discrimination, please contact DFEH.

TO FILE A COMPLAINT

Department of Fair Employment and Housing

dfeh.ca.gov

Toll Free: 800.884.1684

TTY: 800.700.2320

If you have a disability that requires a reasonable accommodation, DFEH can assist you with your complaint. Contact us through any method above or, for individuals who are deaf or hard of hearing or have speech disabilities, through the California Relay Service (711).