LOS ANGELES HOUSING AND COMMUNITY INVESTMENT DEPARTMENT (HCIDLA)

ACCESSIBLE HOUSING PROGRAM (AcHP)

Utilization Survey of Occupancy, Waiting List and Transfer List

All Affordable Housing Properties listed on the Housing and Community Investment Department of Los Angeles (HCIDLA) are required to complete and submit to the Accessible Housing Program (AcHP) the Utilization Survey of Occupancy, Waiting List and Transfer List (Utilization Survey). The Utilization Survey is a mandatory compliance requirement of the Ciy of Los Angeles Fair Housing Policy Relating to Persons with Disability: Guidance and Requirements for Property Owners and Managers.

INSTRUCTIONS TO COMPLETE THE UTILIZATION SURVEY

Complete all five (5) sections to the best of your ability. If you do not know the answer to a question, mark "Don't Know". There are no negative consequences to any of your answers, and we ask that you do not guess. Attached to this survey is the required features for Fully Accessible Mobility or Hearing/Vision Units.

Section 1. General Property Information

Section 2. Waitlist Information

Section 3. Accessible Unit Occupancy Survey
Identify all Fully Accessible Mobility and Hearing/Vision Units by unit number and answer all questions. **Do not ask the tenant if they have a disability - this question is not legal and would violate fair housing laws.**

Section 4. Accessible Housing Wait List Survey

Section 5. Accessible Housing Transfer List Survey

SUBMITTING THE COMPLETED SURVEY

After you have completed the survey, save the document and email it to your analyst or to hcidla.achp@lacity.org.

FOR ASSISTANCE IN COMPLETING THE SURVEY

If you have questions or need help to complete the survey, please contact your analyst or AcHP by phone (213) 808-8550 or by email hcidla.achp@lacity.org.

Under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA), the Los Angeles Housing and Community Investment Department does not discriminate on the basis of disability and, upon request, will provide reasonable accommodations, including auxiliary aids and services to ensure equal access to its programs, services and activities. To ensure availability, please email hcidla.achp@lacity.org at least 3-5 working days in advance of when you will need the accommodation.

Utilization Survey of Occupancy, Waiting List and Transfer List
1. General Property Information

Property Information

1. Project Name: Dudley Oaks Housing LP
2. Scattered Site Project? ☐ Yes ☑ No
   If Yes, please complete the survey for each separate site address.
3. How many total units in the project? 20
4. Property Address: 2119-2127 Oak St. Los Angeles, CA 90007
5. How many total units at the property address above? 20

Owner Information

6. Legal Owner Name: Thomas Safran & Associates
   Address: 11812 San Vicente Blvd. Los Angeles, CA 90007
   Phone: 3108204888 Email:

7. If Owner is a Legal Entity
   Legal Entity Name:
   Managing General Partner Name:

8. Primary Contact for Legal Entity
   Name: Amanda Garza Title: Regional Supervisor
   Address: 11812 San Vicente Blvd. Los Angeles CA 90007
   Phone: 3108204888 Email: amanda@tsahousing.com

Property Management Company Information

9. Property Management Company: Thomas Safran & Associates
   Primary Contact: Amanda Garza
   Title: Regional Supervisor
   Address: 11812 San Vicente Blvd. Los Angeles CA 90007
   Phone: 3108204888 Email: amanda@tsahousing.com

10. ADA Compliance Officer Name: Sue Silva
    Company Name: Thomas Safran & Associates
    Phone: 3108204888 Email: sue@tsahousing.com

11. Who is completing this survey?
    Name: Sylvia Kang Title: Property Manager
    Address: 2003 Oak St. Los Angeles, CA 90007
    Phone: 2137426931 Email: dudleyoaks@tsaproperties.com
    Company: Thomas Safran & Associates
    Survey Completion Date: 07/08/2019

Utilization Survey of Occupancy, Waiting List and Transfer List
2. Wait List Information

Answer the questions below to the best of your knowledge.
If you are not sure, select "Don't know". There are no negative consequences.
PLEASE DO NOT GUESS.

1. Do you have a separate Accessible Unit Wait List?

☑ Yes ☐ No ☐ Don't Know

2. If Yes, how many applicants are on the Accessible Unit Wait List? 12

3. If you have only one Wait List, does it designate the applicants who have requested an accessible unit?

☑ Yes ☐ No ☐ Don't Know

4. If Yes, how many have requested an accessible unit? 12

An Accessible Unit Transfer Wait List is a list of tenants who currently live in your building (or a building under your control) who have requested an accessible unit.

5. Do you have a separate Accessible Unit Transfer List?

☑ Yes ☐ No ☐ Don't Know

6. If Yes, how many are on the Accessible Unit Transfer List? 1

Utilization Survey of Occupancy, Waiting List and Transfer List
3. Accessible Unit Occupancy Survey - Mobility Unit

Fully Accessible Mobility Unit

Identify Accessible Mobility Unit by unit number, and answer all questions.

***Program Restriction:** Please list all that apply to the unit, i.e. CES, HOPWA, Veteran, Family, Seniors, etc.

****Occupancy:** DO NOT ASK THE TENANT IF THEY HAVE A DISABILITY. THIS WOULD VIOLATE FAIR HOUSING LAWS. Write "Don't Know" when you are not sure if the accessible unit is occupied by at least one person with a disability.

*****Lease Addendum:** A lease addendum requires the existing tenant without a disability to move out of the accessible unit if and when there is a comparable, vacant, non-accessible unit available.

If additional space is needed, please use the table provided in the following page.

Unit #	No. of Bedrooms /Bathrooms	Affordability Level (AMI)	*Program Restrictions	**Occupied By Person With Disability	***Lease Addendum Executed?
A01	2/1	ELI	Section 8/Family	Yes	No
B02	1/1	ELI	Section 8/Family	Yes	No
				Select One	Select One
				Select One	Select One
				Select One	Select One
				Select One	Select One
				Select One	Select One
				Select One	Select One
				Select One	Select One
				Select One	Select One
				Select One	Select One

Utilization Survey of Occupancy, Waiting List and Transfer List
3. Accessible Unit Occupancy Survey - Mobility Unit

Unit #	No. of Bedrooms /Bathrooms	Affordability Level (AMI)	*Program Restrictions	**Occupied By Person With Disability	***Lease Addendum Executed?
				Select One	Select One
				Select One	Select One
				Select One	Select One
				Select One	Select One
				Select One	Select One
				Select One	Select One
				Select One	Select One
				Select One	Select One
				Select One	Select One
				Select One	Select One
				Select One	Select One
				Select One	Select One
				Select One	Select One
				Select One	Select One
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				Select One	Select One
				Select One	Select One
				Select One	Select One
				Select One	Select One
				Select One	Select One

Utilization Survey of Occupancy, Waiting List and Transfer List
3. Accessible Unit Occupancy Survey - Hearing/Vision Unit

Fully Accessible Hearing/Vision Unit

Identify each Accessible Mobility and Hearing/Vision Unit by unit number, and answer all questions.

***Program Restriction:** Please list all that apply to the unit, i.e. CES, HOPWA, Veteran, Family, Seniors, etc.

****Occupancy:** DO NOT ASK THE TENANT IF THEY HAVE A DISABILITY. THIS WOULD VIOLATE FAIR HOUSING LAWS. Write "Don't Know" when you are not sure if the accessible unit is occupied by at least one person with a disability.

*****Lease Addendum:** A lease addendum requires the existing tenant without a disability to move out of the accessible unit if and when there is a comparable, vacant, non-accessible unit available.

Unit #	No. of Bedrooms /Bathrooms	Affordability Level (AMI)	*Program Restrictions	**Occupied By Person With Disability	***Lease Addendum Executed?
A01	2/1	ELI	Section 8/Family	Yes	No
				Select One	Select One
				Select One	Select One
				Select One	Select One
				Select One	Select One
				Select One	Select One
				Select One	Select One
				Select One	Select One
				Select One	Select One
				Select One	Select One
				Select One	Select One

Utilization Survey of Occupancy, Waiting List and Transfer List
4. Accessible Housing Wait List Survey

Examine your Conventional Wait List to identify individuals on the list who desire a Housing Unit with accessibility features, the nature of the features needed, and the bedroom size. List those individuals below.

Answer all questions to the best of your ability. If you are unsure of any information requested, write "Don't Know". There are no negative consequences.

PLEASE DO NOT GUESS.

If additional space is needed, please use the table provided in the following page.

*H/V: Hearing and Vision Unit or Sensory Unit

Name of Applicant	Application Date	Mobility	*H/V	Both Mobility & H/V	No. of Bedrms/ Bathrms	Other Accessibility Request. List the Request
Maria A. Nicolas	11/07/16	☑	☐	☐	2/1	
Maribel Jimenez	11/07/16	☑	☐	☐	2/1	
Jack E. Long	11/07/16	☑	☐	☐	1/1	
Thomas Adams	11/07/16	☑	☐	☐	1/1	
Sharon Bingham	11/07/16	☑	☐	☐	2/1	
Seung Cheol Lim	11/07/16	☑	☐	☐	2/1	
Armando R. Arambula	11/07/16	☑	☐	☐	1/1	
Sandra A. Lima	11/07/16	☑	☐	☐	1/1	
Lee Brown	11/07/16	☑	☐	☐	1/1	
Brenda R. Leyva	11/07/16	☑	☐	☐	2/1	
Martha Roberts	11/07/16	☑	☐	☐	1/1	
Rhoda Williams	11/07/16	☑	☐	☐	1/1	
		☐	☐	☐		
		☐	☐	☐		

Utilization Survey of Occupancy, Waiting List and Transfer List
4. Accessible Housing Wait List Survey

*H/V: Hearing and Vision Unit or Sensory Unit

Name of Applicant	Application Date	Mobility	*H/V	Mobility & H/V	Bedrms/ Bathrms	Other Accessibility Request
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
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		☐	☐	☐		

Utilization Survey of Occupancy, Waiting List and Transfer List
5. Accessible Housing Transfer List Survey

Notify existing tenants on your Housing Transfer List of the option to be placed on Accessible Housing Transfer List if they require a unit with accessibility features. List below those tenants whom you have determined is a person with a disability that desires a unit with accessibility features.

Answer all questions to the best of your ability. If you are unsure of any information requested, write "Don't Know". There are no negative consequences.

PLEASE DO NOT GUESS.

If additional space is needed, please use the table provided in the following page.

*H/V: Hearing and Vision Unit, or Sensory Unit

Name of Tenant	Current Unit #	Request Date	Mobility	*H/V	Both Mobility & H/V	No. of Bedrms/ Bathrms	Other Accessibility Request (i.e. Ground Floor Unit) List the Request
Hae Shin	B05	5/1/2019	☑	☐	☐	2/1	Ground Floor Unit
			☐	☐	☐		
			☐	☐	☐		
			☐	☐	☐		
			☐	☐	☐		
			☐	☐	☐		
			☐	☐	☐		
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			☐	☐	☐		
			☐	☐	☐		
			☐	☐	☐		
			☐	☐	☐		

Utilization Survey of Occupancy, Waiting List and Transfer List
5. Accessible Housing Transfer List Survey

*H/V: Hearing and Vision Unit or Sensory Unit

Name of Tenant	Current Unit #	Request Date	Mobility	*H/V	Both Mobility & H/V	No. of Bedrms/ Bathrms	Other Accessibility Request. List the Request
			☐	☐	☐		
			☐	☐	☐		
			☐	☐	☐		
			☐	☐	☐		
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			☐	☐	☐		