



Dear Applicant,

Thank you for your interest in Canaan Tower Apartments. You have just received our Application Packet. I realize it is very lengthy, but it is very important you take the time and read and complete each and every page.

In order to expedite our screening process, please bring the following items back with you upon returning your completed application:

### ***Documentation Needed for Application Processing***

- ❖ Social Security Card
- ❖ Photo ID
- ❖ Birth Certificate
- ❖ Proof of Income (less than 120 days old) such as: Social Security Awards Letter, Pension, Employment (check stubs), Unemployment Benefits, Public Assistance, etc.
- ❖ Last 6 months current Bank Statements on all checking accounts and the most recent statement for savings account.
- ❖ Medical Expenses: If you have any out of pocket medical expenses, please provide proof of payment. This could have an effect on how much rent you may pay.

Once you have completed the application, please bring or mail your application back to the leasing office. This is necessary to allow sufficient time to address any questions that may arise from your application.

We appreciate you for giving us the opportunity to make Canaan Towers Apartments your new home.

Sincerely,

Management

---

Debra Duskocil  
Property Manager  
canaanmanager@uaginc.com

Mollie Sellers  
Assistant Manager  
canaanassistant@uaginc.com

Ashley Bryant  
Service Coordinator  
canaantowerservice@uaginc.com





UNITED APARTMENT  
GROUP

### WAITING LIST NOTICE

**Property Name** \_\_\_\_\_  
**Property Address** \_\_\_\_\_  
**Property Phone** \_\_\_\_\_

I understand that I am on the active waiting list for a \_\_\_\_\_ bedroom apartment in the above-named apartment complex. In order to stay on the active waiting list, **I must visit or contact the rental office within six (6) months** of the date below and then every six (6) months thereafter. At that time, I will report any changes in family size, income, etc. If at any time my address or telephone number should change, I will notify the Property Manager immediately.

I also understand that if I do not contact the rental office as noted in the paragraph above, **I will be removed** from the active waiting list.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

All information requested on this application and process for screening is based on our admission and occupancy policy.

Application will not be accepted if it is incomplete, if signatures are missing or **if copies of the following documents are not supplied:**

1. **Proof of Income**
2. **Birth Certificate(s) for each family member**
3. **Social Security Card(s) for each family member**
4. **Resident Card (Green card) or Immigration paperwork**
5. **Driver's License or I.D. with photo.**
6. **Character reference letters (requested for applicants who have relatives listed for rental history)**
7. **Proof of Child Support**
8. **Bank statements for the most recent six (6) consecutive months (if applicable)**

***For Office Use Only***

Property Manager Initials \_\_\_\_\_  
Date Application Received \_\_\_\_\_ Time Application-Received \_\_\_\_\_

This property 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 HUD's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988.

Name: Patrice Walker  
Address: 7334 Blanco Rd. #300  
City, State, Zip: San Antonio, TX 78216  
Telephone – Voice: (210) 492-1570  
Telephone – TTY: (800) 735-2989





**NOTICE TO ALL APPLICANTS:  
REASONABLE ACCOMMODATIONS FOR APPLICANTS WITH DISABILITIES**

**This document is to be provided to ALL applicants**

UAG provides low rent housing to eligible families, elderly families, and single people. We are not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, familial status, or disability. In addition, we have an obligation to provide "reasonable accommodations" to applicants if they or any family members have a disability.

A reasonable accommodation is some modification or change we can make to apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of any of our programs. Examples of reasonable accommodations would include:

- Making alterations to an apartment unit so it could be used by a family member with a wheelchair;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing-impaired member;
- Permitting a family with a seeing eye dog to assist a vision impaired family member in a family development where dogs are not usually permitted;
- Making large type documents or a reader available to a vision impaired applicant during the application process;
- Making a sign language interpreter available to a hearing-impaired applicant during the interview;
- Permitting an outside agency to assist an applicant with a disability to meet UAG's applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of residency - they must be able to pay rent, to care for their apartment, to report required information to the manager, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. If you would prefer not to discuss your situation with a staff member of UAG, that is your right.

This property 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 HUD's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Name: Patrice Walker  
Address: 7334 Blanco Rd. #300  
City, State, Zip: San Antonio, TX 78216  
Telephone – Voice: (210) 492-1570  
Telephone – TTY: (800) 735-2989



## PRE-APPLICATION FOR RENTAL

**Note that a Full Application is required to be completed to determine eligibility for tenancy**

1. Head of Household \_\_\_\_\_ Age \_\_\_\_\_ Soc. Sec.#: \_\_\_\_\_

Marital Status - Check one (*Optional*): Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

*Note: The disclosure of social security numbers is required for the applicant and members of the applicant's household, except those household members who do not contend eligible immigration status. Documented evidence is required from applicants who were 62 years of age or older as of January 31, 2010, and who do not have a social security number, if they were receiving HUD rental assistance at another location on January 31, 2010. This information is need in order to verify whether the applicant qualifies for the exemption from disclosing and providing verification of a social security number.*

2. Race of Head of Household - Check one (*Optional*):

White  Black  American Indian or Alaskan Native  Asian or Pacific Islander  Hispanic  Other

3. Current Address: \_\_\_\_\_

(Address) (City) (State) (Zip)

How long have you lived there? \_\_\_\_\_ Phone No. \_\_\_\_\_

Landlord's Name \_\_\_\_\_ Landlord's phone \_\_\_\_\_

Landlord's Address \_\_\_\_\_

Reason for moving? \_\_\_\_\_ Have you ever been displaced? \_\_\_\_\_

If so, from where and when? \_\_\_\_\_

Have you ever applied for a government-subsidized unit before? \_\_\_\_\_

Where? \_\_\_\_\_

4. Residences for past three years:

ADDRESS	LANDLORD	PHONE	FROM	TO
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Current Source of Income: \_\_\_\_\_

**List all income sources.** This includes, but is not limited to, full and/or part-time employment, all income from welfare agencies, Social Security, Pension, SSI, Disability Compensation, Armed Force Reserves, unemployment compensation, baby-sitting, care-taking of elderly or disabled, alimony, child support, educational loans, scholarships and grants, income from rental property, interest on assets, dividends, annuities, regular contributions from people not residing with you.

### CURRENT EMPLOYER OR AGENCY PROVIDING INCOME FOR LAST THREE YEARS

NAME	ADDRESS	PHONE
_____	_____	_____

GROSS INCOME (rate of pay) \_\_\_\_\_ (check the appropriate frequency below):

PER WEEK  EVERY TWO WEEKS  TWICE MONTHLY  MONTHLY

6. Assets (List all assets, which include, but are not limited to, sums in checking accounts, savings accounts, safe deposit boxes and cash on hand; stocks and bonds; certificates of deposit; real estate; other investments)

Checking Acct: Bank \_\_\_\_\_ Acct.# \_\_\_\_\_ Amt.\$ \_\_\_\_\_

Passbook Savings: Bank \_\_\_\_\_ Acct.# \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Current Paycard Balance (Value):\$ \_\_\_\_\_ (from any of the following sources: TANF, Child Support, Social Security, SSI, Foster Care, Unemployment)



Savings Certificate: Bank \_\_\_\_\_ Acct.# \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Credit Union Shares: \_\_\_\_\_ Credit Union Name: \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Stocks & Bonds (Value): \$ \_\_\_\_\_ War Bonds (Value): \$ \_\_\_\_\_

Do you now own real estate? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give full address of property: \_\_\_\_\_

Have you disposed of any assets for less than Fair Market Value in the past two (2) years? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Do you have any criminal charges or complaints ever been filed against you or any member of the household for actions against people or property? Yes \_\_\_\_\_ No \_\_\_\_\_

(If "Yes", list where?) City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

8. Are you or any member of the household currently engaged in the illegal use of any drugs or controlled substances?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you or any member of the household recently been or are you currently undergoing rehabilitative treatment for drug or alcohol addiction? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", please provide name of treatment center and attending physician:

(Treatment Center)

(Physician's Name)

9. Are you, as applicant, or any member of your household subject to a lifetime registration requirement under any state sex offender registration program? Yes \_\_\_\_\_ No \_\_\_\_\_

If you checked "Yes" please provide details below. Failure to respond to this question may jeopardize the approval of the application:

**NOTE:**

- (1) This application and information contained therein must be renewed by calling the office EVERY 6 MONTHS TO KEEP YOUR POSITION ON THE WAITING LIST.
- (2) Deposit made for an apartment is refundable prior to signing of the lease. The owner/agent has 30 days in which to refund the deposit.
- (3) Copies of birth certificates and social security cards will be required on all household members prior to initial occupancy.
- (4) Applicants MUST provide a complete list of all states in which any household member has lived. Failure to provide accurate information to Owner/Agent is grounds to deny the application
- (5) Regardless of when the applicant and all household members move in, if any household member engages in criminal activity (including sex offenses) while living on the property, termination of the lease contract and eviction will be pursued to the extent allowed by the lease, HUD regulations and the state/local law.

I/We, the applicant(s), agree to give the management agent the authority to investigate my credit rating, criminal records, current and past rental record, and all other information necessary to determine eligibility. I understand that any misrepresentation of information on this form will disqualify me from consideration for leasing.

I/We hereby affirm that the foregoing information is true and correct to the best of my knowledge.

\_\_\_\_\_/\_\_\_\_\_  
Signature of Head of Household Date

\_\_\_\_\_/\_\_\_\_\_  
Signature of Spouse or Co-Applicant Date

**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of the U.S. Code States that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408, f, g, and h.

**BELOW FOR OFFICE USE ONLY**

PRE-APPLICATION RETURNED: Time: \_\_\_\_\_ Date: \_\_\_\_\_ Bedroom Size: \_\_\_\_\_

APPLICATION STATUS:  Approved for Waiting-list  Denied-not income qualified  Denied -other

PROPERTY MANAGER: INITIAL, DATE, AND NOTE COMMENTS WHEN CONTACTED BY APPLICANT, AS APPLICABLE, ON THE WAITING LIST.





UNITED APARTMENT GROUP

APPLICATION FOR RENTAL

1. Head of Household \_\_\_\_\_ Age \_\_\_\_ Soc.Sec.#: \_\_\_\_\_
Marital Status: Married\_\_\_\_ Single\_\_\_\_ Divorced\_\_\_\_ Widowed\_\_\_\_ Decline to Disclose\_\_\_\_

Note: The disclosure of social security numbers is required for the applicant and members of the applicant's household, except those household members who do not contend eligible immigration status. Documented evidence is required from applicants who were 62 years of age or older as of January 31, 2010, and who do not have a social security number, if they were receiving HUD rental assistance at another location on January 31, 2010. This information is needed in order to verify whether the applicant qualifies for the exemption from disclosing and providing verification of a social security number.

2. Race of Head of Household - Check one (Optional):
White\_\_\_\_ Black\_\_\_\_ American Indian or Alaskan Native\_\_\_\_ Asian or Pacific Islander\_\_\_\_
Hispanic\_\_\_\_ Other\_\_\_\_

3. Current Address: \_\_\_\_\_
(Address) (City) (State) (Zip)

How long have you lived there? \_\_\_\_\_ Phone No. \_\_\_\_\_
Landlord's Name \_\_\_\_\_ Landlord's phone \_\_\_\_\_
Landlord's Address \_\_\_\_\_
Reason for moving? \_\_\_\_\_

Have you ever been displaced? \_\_\_\_ If so, from where and when? \_\_\_\_\_
Have you ever applied for a government-subsidized unit before? \_\_\_\_\_
Where? \_\_\_\_\_

4. Residences for past three years:

Table with 5 columns: ADDRESS, LANDLORD, PHONE, FROM, TO. Includes horizontal lines for data entry.

5. Starting with head of household, list LEGAL NAMES of all members who will live in this apartment (indicate under OCCUPATION if full-time student):

Table with 6 columns: DOB, FULL LEGAL NAME, RELATIONSHIP, AGE, OCCUPATION, SS#. Includes horizontal lines for data entry.

- 6. How did you hear about these apartments? \_\_\_\_\_
- 7. Why do you want to live here? \_\_\_\_\_
- 8. Current Source of Income: \_\_\_\_\_

List all income sources. This includes, but is not limited to, full and/or part-time employment, all income from welfare agencies, Social Security, Pension, SSI, Disability Compensation, Armed Force Reserves, unemployment compensation, baby-sitting, care-taking of elderly or disabled, alimony, child support, educational loans, scholarships and grants, income from rental property, interest on assets, dividends, annuities, regular contributions from people not residing with you.

CURRENT EMPLOYER OR AGENCY PROVIDING INCOME FOR LAST THREE YEARS  
 NAME ADDRESS PHONE NUMBER

\_\_\_\_\_

GROSS INCOME (rate of pay) \_\_\_\_\_ (check the appropriate frequency below):

- PER WEEK \_\_\_\_\_
- EVERY TWO WEEKS \_\_\_\_\_
- TWICE MONTHLY \_\_\_\_\_
- MONTHLY \_\_\_\_\_

\_\_\_\_\_

- 9. Assets (List all assets, which include, but are not limited to, sums in checking accounts, savings accounts, safe deposit boxes and cash on hand; stocks and bonds; certificates of deposit; real estate; other investments.

Checking Acct: Bank \_\_\_\_\_ Acct.# \_\_\_\_\_ Amt.\$ \_\_\_\_\_

Passbook Savings: Bank \_\_\_\_\_ Acct.# \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Savings Certificate: Bank \_\_\_\_\_ Acct.# \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Credit Union Shares: Credit Union Name: \_\_\_\_\_

Address: \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Current Eppicard Balance (Value):\$ \_\_\_\_\_ (from any of the following sources: TANF, Child Support, Social Security, SSI, Foster Care, Unemployment)

Stocks & Bonds (Value):\$ \_\_\_\_\_

War Bonds (Value):\$ \_\_\_\_\_

Do you now own real estate? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give full address of property: \_\_\_\_\_

Have you disposed of any assets for less than Fair Market Value in the past two (2) years?

Yes \_\_\_\_\_ No \_\_\_\_\_

- 10. Childcare Expenses:

Do you pay for baby-sitting due to employment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, child care provider's name: \_\_\_\_\_

Provider's address: \_\_\_\_\_ Phone: \_\_\_\_\_

Cost: Per Week \$ \_\_\_\_\_ or Per Month \$ \_\_\_\_\_

11. Medical Expenses:

Are you covered by Medicare or Medicaid: \_\_\_\_\_?

Do you pay for any medical insurance/hospitalization, such as Blue Cross, etc? (Do not include life insurance policies) Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, give name of insurance company and policy number:

Name of Ins. Co.: \_\_\_\_\_ Policy No. \_\_\_\_\_

If paid directly to you, indicate amount of premium and how often paid: \_\_\_\_\_

Do you take prescription drugs on a regular basis: Yes\_\_\_\_\_ No\_\_\_\_\_

Do you anticipate any health care related expenses for the next 12 months which are not covered by health insurance? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

12. Handicap/Disability Information - Optional

NOTE: YOU ARE NOT REQUIRED TO DISCLOSE INFORMATION PERTAINING TO A HANDICAP/DISABILITY STATUS, EITHER FOR YOURSELF OR FOR A FAMILY MEMBER. HOWEVER, THIS INFORMATION MAY HAVE A BEARING ON YOUR ELIGIBILITY FOR ASSISTANCE, MAY INFLUENCE YOUR MONTHLY RENTAL RESPONSIBILITY, AND MAY QUALIFY YOU FOR AN ACCESSIBLE UNIT.

Do you or any family members on this application for rental have a condition which may be considered a physical or mental disability or handicap? Yes\_\_\_\_\_ No\_\_\_\_\_

Please list:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Does this condition require an accessible apartment unit? \_\_\_yes \_\_\_no (check one)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you pay for any care or apparatus required by a handicapped or disabled individual?

Yes\_\_\_\_\_ No\_\_\_\_\_

If so, explain and indicate cost: \_\_\_\_\_

Cost per week \_\_\_\_\_ or cost per month \_\_\_\_\_

13. Have any criminal charges or complaints ever been filed against you or any member of the household for actions against people or property? Yes\_\_\_\_\_ No\_\_\_\_\_ (If "Yes", list where?)

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

14. Are you or any member of the household currently engaged in the illegal use of any drugs or controlled substances? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you or any member of the household recently been or are you currently undergoing rehabilitative treatment for drug or alcohol addiction? Yes\_\_\_\_\_ No\_\_\_\_\_ If "Yes", please provide name of treatment center and attending physician:

\_\_\_\_\_  
(Treatment Center) (Physician's Name)



15. Are you as applicant or any member of your household subject to a lifetime registration requirement under any state sex offender registration program? Yes \_\_\_\_ No \_\_\_\_

If you checked "Yes" please provide details below. Failure to respond to this question may jeopardize the approval of the application.

\_\_\_\_\_

16. References:

Checking \_\_\_\_ Bank: \_\_\_\_\_  
 Savings \_\_\_\_ (Name and Phone Number)  
 Loan \_\_\_\_

---

(Bank Address) (Account Number)

17. Monthly payments you must make:

NAME & ADDRESS OF COMPANY	ACCT. NO.	MO.PAYMENTS
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. Automobiles:

Make \_\_\_\_ Model \_\_\_\_ Year \_\_\_\_ Lic. No. \_\_\_\_ TDL # \_\_\_\_  
 Make \_\_\_\_ Model \_\_\_\_ Year \_\_\_\_ Lic. No. \_\_\_\_ TDL # \_\_\_\_

19. Personal References:

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____

20. In case of an emergency, please notify:

NAME	RELATIONSHIP	PHONE	ADDRESS
_____	_____	_____	_____
_____	_____	_____	_____

NOTE:

- (1) This application and information contained therein must be renewed by calling the office **EVERY 6 MONTHS** TO KEEP YOUR POSITION ON THE WAITING LIST.
- (2) Deposit made for an apartment is refundable prior to signing of the lease. The owner/agent has 30 days in which to refund the deposit.
- (3) Copies of birth certificates and social security cards will be required on all household members prior to initial occupancy.



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 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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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**

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.



### LANDLORD VERIFICATION

TO: \_\_\_\_\_  
\_\_\_\_\_  
(address)  
\_\_\_\_\_  
(city, state and zip)

DATE: \_\_\_\_\_, 20 \_\_\_\_

RE: Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

**PROPERTY MANAGER/REGIONAL MANAGER/PROPERTY OWNER:**

The person(s) herein identified is/are an Applicant/Resident for/in rental assisted housing, insured by the Federal Government. To become eligible, the Department of HUD requires the Owner to verify all aspects upon which eligibility is determined. That we may comply with HUD requirements we ask that you kindly provide the information herein requested. The information will only be used to determine eligibility status and will be kept in strict confidence. Your timely completion and return of this request will be highly appreciated. Stamped return envelope enclosed.

Canaan Towers  
Apartment Community Name

400 N.Dale Ave, Shreveport LA 71101- FAX 318-222-7011  
Address, City, State, Zip

Debra Daskocil  
Property Manager Name

**RELEASE AND CONSENT:**

I/We, the Applicant(s) tenant(s) agree to give the Management/Owner the authority to investigate my/our current and past rental record, tenant conduct, credit rating and all other information necessary to determine eligibility. I/We understand that any misrepresentation of information on my/our part will disqualify me/us from consideration for leasing and may be grounds for eviction.

Applicant/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Current Landlord       Previous Landlord       Other \_\_\_\_\_

Dates of Applicant's Tenancy:      From \_\_\_\_\_ To \_\_\_\_\_

1. RENT PAYMENT, PRACTICE
  - A. Is/Was Applicant current on rent? \_\_\_\_\_ Rent Amount \$ \_\_\_\_\_
  - B. Has/Had he/she ever been late? \_\_\_\_\_ How Late \_\_\_\_\_ How Often \_\_\_\_\_
  - C. Have/Had you ever begun eviction proceedings for non-payment? \_\_\_\_\_  
When \_\_\_\_\_
  
2. CARE OF UNIT, HOUSEKEEPING
  - A. Does/Did the Applicant keep the unit clean and orderly? \_\_\_\_\_

- B. Has/Had the Applicant damaged the unit? \_\_\_\_\_ Describe  
 \_\_\_\_\_  
 \_\_\_\_\_  
 How Expensive? \_\_\_\_\_ How many times? \_\_\_\_\_
- C. Has/Had the Applicant paid for the damage? \_\_\_\_\_
- D. Will you (did you) keep any of the security deposit? \_\_\_\_\_ \$ \_\_\_\_\_

3. GENERAL

- A. Does/Did the Applicant permit persons other than those on the Lease to live in the unit? \_\_\_\_\_ Who? \_\_\_\_\_ How many times? \_\_\_\_\_
- B. Has/Had the Applicant or family members damaged or vandalized the common areas? \_\_\_\_\_ How many times? \_\_\_\_\_ What? \_\_\_\_\_
- C. Does/Did the Applicant or family members create any physical hazards to the community or Residents? \_\_\_\_\_  
 Describe: \_\_\_\_\_  
 \_\_\_\_\_
- D. Does/Did the Applicant or family members interfere with the rights and peaceful enjoyment of Other residents? \_\_\_\_\_ Describe:  
 \_\_\_\_\_  
 \_\_\_\_\_
- E. \_\_\_\_\_ Police Report? \_\_\_\_\_  
 Does/Did the Applicant condone loud and unruly guest activity? Describe:  
 \_\_\_\_\_  
 \_\_\_\_\_
- F. Have/Had you ever begun eviction proceedings for other than non-payment of rent?  
 Describe:  
 \_\_\_\_\_  
 \_\_\_\_\_
- G. Has/Had the Applicant been found to possess or sell illegal substances? \_\_\_\_\_  
 Describe:  
 \_\_\_\_\_
- H. Has/Had the Applicant committed a felony? \_\_\_\_\_ Describe:  
 \_\_\_\_\_  
 \_\_\_\_\_
- I. Has/Had the Applicant given you any false information? \_\_\_\_\_ Describe:  
 \_\_\_\_\_  
 \_\_\_\_\_
- J. Why is/did the Applicant/Resident moving or move?  
 \_\_\_\_\_  
 \_\_\_\_\_
- K. Would you rent to this Applicant/Resident again? \_\_\_\_\_ Why/Why Not?  
 \_\_\_\_\_  
 \_\_\_\_\_
- L. Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This form can be FAXED to 318-222-7011-

---

---

---

---

Please complete applicable portions. Those items which do not apply indicate with "N/A".

Date \_\_\_\_\_

Signature \_\_\_\_\_

Telephone \_\_\_\_\_

Title \_\_\_\_\_

Warning: Section 1001 of Title 18 of U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to matters within its jurisdiction.

This property 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 HUD's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Name: Patrice Walker  
Address: 7334 Blanco Rd. #300  
City, State, Zip: San Antonio, TX 78216  
Telephone – Voice: (210) 492-1570  
Telephone – TTY: (800) 735-2989



### Citizenship Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME

FIRST NAME

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form 1-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_ (to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

**DECLARATION:**

I, hereby declare, under penalty of perjury, that I am \_\_\_\_\_ (print or type first name, middle initial, last name):

\_\_\_\_\_ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check here if adult signed for a child: \_\_\_\_\_



UAG # 60

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check here if adult signed for a child: \_\_\_\_\_

<b>REQUEST FOR EXTENSION</b>	
<p>I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.</p>	
Signature: _____	Date: _____
<p>Check here if adult signed for a child: _____</p>	

\_\_\_\_\_ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check here if adult signed for a child: \_\_\_\_\_







UNITED APARTMENT GROUP

NATIONAL CRIMINAL BACKGROUND CHECK AUTHORIZATION

Date: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RETURN THIS VERIFICATION TO THE PROPERTY LISTED ABOVE

SUBJECT: Verification of National Police/Criminal Background Check for the following person:

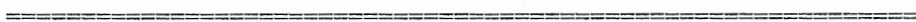
NAME: \_\_\_\_\_ Social Security # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_ City, state, zip \_\_\_\_\_

Dear Sir/Madam:

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the apartment community listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown below.



**VERIFICATION REQUESTED:**

A. Please indicate in the space below whether and when any family members have been convicted or have any pending charges of any crimes related to the following:

- |                             |  |
|-----------------------------|--|
| 1. Homicide/Murder          | 8. Drug trafficking/use/possession         |
| 2. Rape or child molesting  | 9. Child abuse/domestic violence           |
| 3. Burglary/robbery/larceny | 10. Public intoxication/drunk & disorderly |
| 4. Threats or harassment    | 11. Receiving stolen goods                 |
| 5. Destruction of property  | 12. Fraud                                  |
| 6. Vandalism                | 13. Prostitution                           |
| 7. Assault or fighting      | 14. Disorderly conduct                     |



**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

**Canaan Towers**      **059EH004**      **400 N. Dale Ave.**

Name of Property      Project No.      Address of Property

**United Apartment Group**      **PRAC 202**

Name of Owner/Managing Agent      Type of Assistance or Program Title:

Name of Head of Household      Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
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.



UNITED APARTMENT GROUP

LANDLORD VERIFICATION

TO: \_\_\_\_\_
(address)
(city, state and zip)

DATE: \_\_\_\_\_, 20 \_\_\_\_
RE: Applicant Name: \_\_\_\_\_
Address: \_\_\_\_\_

PROPERTY MANAGER/REGIONAL MANAGER/PROPERTY OWNER:

The person(s) herein identified is/are an Applicant/Resident for/in rental assisted housing, insured by the Federal Government. To become eligible, the Department of HUD requires the Owner to verify all aspects upon which eligibility is determined. That we may comply with HUD requirements we ask that you kindly provide the information herein requested. The information will only be used to determine eligibility status and will be kept in strict confidence. Your timely completion and return of this request will be highly appreciated. Stamped return envelope enclosed.

Canaan Towers
Apartment Community Name
400 N.Dale Ave, Shreveport LA 71101- FAX 318-222-7011
Address, City, State, Zip
Debra Doskocil
Property Manager Name

RELEASE AND CONSENT:

I/We, the Applicant(s) tenant(s) agree to give the Management/Owner the authority to investigate my/our current and past rental record, tenant conduct, credit rating and all other information necessary to determine eligibility. I/We understand that any misrepresentation of information on my/our part will disqualify me/us from consideration for leasing and may be grounds for eviction.

Applicant/Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Current Landlord Previous Landlord Other

Dates of Applicant's Tenancy: From \_\_\_\_\_ To \_\_\_\_\_

- 1. RENT PAYMENT, PRACTICE
A. Is/Was Applicant current on rent? Rent Amount \$
B. Has/Had he/she ever been late? How Late How Often
C. Have/Had you ever begun eviction proceedings for non-payment? When
2. CARE OF UNIT, HOUSEKEEPING
A. Does/Did the Applicant keep the unit clean and orderly?

- B. Has/Had the Applicant damaged the unit? \_\_\_\_\_ Describe  
\_\_\_\_\_
- How Expensive? \_\_\_\_\_ How many times? \_\_\_\_\_
- C. Has/Had the Applicant paid for the damage? \_\_\_\_\_
- D. Will you (did you) keep any of the security deposit? \_\_\_\_\_ \$ \_\_\_\_\_

3. GENERAL

- A. Does/Did the Applicant permit persons other than those on the Lease to live in the unit? \_\_\_\_\_ Who? \_\_\_\_\_ How many times? \_\_\_\_\_
- B. Has/Had the Applicant or family members damaged or vandalized the common areas? \_\_\_\_\_ How many times? \_\_\_\_\_ What? \_\_\_\_\_
- C. Does/Did the Applicant or family members create any physical hazards to the community or Residents? \_\_\_\_\_

Describe: \_\_\_\_\_

- D. Does/Did the Applicant or family members interfere with the rights and peaceful enjoyment of Other residents? \_\_\_\_\_ Describe: \_\_\_\_\_

- E. Does/Did the Applicant condone loud and unruly guest activity? Describe: \_\_\_\_\_ Police Report? \_\_\_\_\_

- F. Have/Had you ever begun eviction proceedings for other than non-payment of rent? \_\_\_\_\_ Describe: \_\_\_\_\_

- G. Has/Had the Applicant been found to possess or sell illegal substances? \_\_\_\_\_ Describe: \_\_\_\_\_

- H. Has/Had the Applicant committed a felony? \_\_\_\_\_ Describe: \_\_\_\_\_

- I. Has/Had the Applicant given you any false information? \_\_\_\_\_ Describe: \_\_\_\_\_

- J. Why is/did the Applicant/Resident moving or move? \_\_\_\_\_

- K. Would you rent to this Applicant/Resident again? \_\_\_\_\_ Why/Why Not? \_\_\_\_\_

- L. Other: \_\_\_\_\_

This form can be FAXED to 318-222-7011-

---

---

---

---

Please complete applicable portions. Those items which do not apply indicate with "N/A".

Date \_\_\_\_\_

Signature \_\_\_\_\_

Telephone \_\_\_\_\_

Title \_\_\_\_\_

Warning: Section 1001 of Title 18 of U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to matters within its jurisdiction.

This property 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 HUD's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Name: Patrice Walker

Address: 7334 Blanco Rd. #300

City, State, Zip: San Antonio, TX 78216

Telephone – Voice: (210) 492-1570

Telephone – TTY: (800) 735-2989



# Things You Should Know

**Don't risk your chances for Federally assisted housing by providing false, incomplete or inaccurate information on your application and re-certification forms**

---

**Purpose** This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

---

**Penalties for Committing Fraud** The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or re-certification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received;
- Fined up to \$10,000;
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

---

**Asking Questions** If you do not understand something on the application or about the housing program, say so. The Housing staff can answer your question or find out what the answer is.

---

**Completing the Application** When you give your answers to application questions, you must include the following information:

**Income**

- All sources of money you and any adult member of your family receive (wages, welfare payments, alimony, social security, pension, student loans, etc.);
- Any money you receive on behalf of your children (child support, social security for children, etc.);
- Income from assets (interest from a savings account, credit union, certificates of deposit, dividends from stocks, etc.);
- Earning from a second job or part-time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive).

**Assets**

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by an any adult who will be living in the household with you.
- Any business or asset you sold in the last 2 years for less than its full value.

**Family/Household Members**

- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

### Signing the Application

- Do not sign any form unless you have read it, understand it and are sure everything is complete and accurate.
  - When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
  - Information you give on your application will be verified by the Housing staff. In addition, HUD may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct.
- 

### Re-Certifications

You must provide updated information at least once a year. You must report any changes in income or family/household composition immediately. AGENCY does re-certifications on an annual basis. You must report on re-certification forms:

- All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc. for all adult family/household members.
  - Any family/household member who has moved in or out.
  - All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than its full value.
- 

### Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file a SHP Housing Program application.
  - Do not pay any money to move up on the waiting list.
  - Do not pay for anything not covered by your lease.
  - Do not pay more rent. Your share of the rent is determined by the Housing staff. If your landlord requests more rent, contact the Housing staff immediately.
  - Get a receipt for any money you pay.
  - Get a written explanation if you are required to pay any money other than rent. Check with the Housing staff before you pay any extra money to your landlord.
- 

### Reporting Fraud

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the Housing staff or call the HUD Hotline at (202) 472-4200.

---

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# FACT SHEET

## For HUD ASSISTED RESIDENTS

### Section 202/162 – Project Assistance Contract (PAC)

### Section 202/811 – Project Rental Assistance Contract (PRAC)

## “HOW YOUR RENT IS DETERMINED”

Office of Housing

\*\*June 2007\*\*

*This Fact Sheet is a general guide to inform the Owner/Management Agents (OA) and HUD-assisted residents of the responsibilities and rights regarding income disclosure and verification.*

### Why Determining Income and Rent Correctly is Important

Department of Housing and Urban Development studies show that many resident families pay incorrect rent. The main causes of this problem are:

- Under-reporting of income by resident families, and
- OAs not granting exclusions and deductions to which resident families are entitled.

OAs and residents all have a responsibility in ensuring that the correct rent is paid.

#### OAs' Responsibilities:

- Obtain accurate income information

- Verify resident income
- Ensure residents receive the exclusions and deductions to which they are entitled
- Accurately calculate Tenant Rent
- Provide tenants a copy of lease agreement and income and rent determinations
- Recalculate rent when changes in family composition and decreases or increases in income are reported by \$200 more per month
- Provide information on OA policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining rent

#### Residents' Responsibilities:

- Provide accurate family composition information
- Report all income
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income occurring between annual recertifications
- Sign consent forms for income verification
- Follow lease requirements and house rules

### Income Determinations

A family's anticipated gross income determines not only eligibility for assistance, but also determines the rent a family will pay and the subsidy required. The anticipated income, subject to exclusions and deductions the family will receive during the next twelve (12) months, is used to determine the family's rent.

#### What is Annual Income?

Gross Income – Income Exclusions = Annual Income

#### What is Adjusted Income?

Annual Income – Deductions = Adjusted Income

### Determining Tenant Rent

The rent a family will pay is the **highest** of the following amounts:

- 30% of the family's monthly *adjusted* income
- 10% of the family's monthly income
- Welfare rent or welfare payment from agency to assist family in paying housing costs.

**Note:** An owner may admit an applicant to the PAC program only if the Total Tenant Payment is less than the gross rent. This note does not apply to the PRAC program. In some instances under the PRAC program a



tenant's Total Tenant Payment will exceed the PRAC operating rent (gross rent).

## Income and Assets

HUD assisted residents are required to report **all** income from all sources to the Owner or Agent (OA).

Exclusions to income and deductions are part of the tenant rent process.

When determining the amount of income from assets to be included in annual income, the actual income derived from the assets is included except when the cash value of all of the assets is in excess of \$5,000, then the amount included in annual income is the higher of 2% of the total assets or the actual income derived from the assets.

### Annual Income Includes:

- Full amount (before payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services
- Net income from the operation of a business or profession
- Interest, dividends and other net income of any kind from real or personal property (See Assets Include/Assets Do Not Include below)
- Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount **\*\***(except for deferred periodic payments of supplemental security income and social security benefits, see Exclusions from annual Income, below)**\*\***
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay **\*\***(except for lump-sum additions to family assets, see Exclusions from Annual Income, below)**\*\***
- Welfare assistance
- Periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling
- All regular pay, special pay and allowances of a member of the Armed Forces (except for special pay for exposure to hostile fire)
- **\*\***For Section 8 programs only, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965,

shall be considered income to that individual, except that financial assistance is not considered annual income for persons over the age of 23 with dependent children or if a student is living with his or her parents who are receiving section 8 assistance. For the purpose of this paragraph, "financial assistance" does not include loan proceeds for the purpose of determining income.**\*\***

### Assets Include:

- Stocks, bonds, Treasury bills, certificates of deposit, money market accounts
- Individual retirement and Keogh accounts
- Retirement and pension funds
- Cash held in savings and checking accounts, safe deposit boxes, homes, etc.
- Cash value of whole life insurance policies available to the individual before death
- Equity in rental property and other capital investments
- Personal property held as an investment
- Lump sum receipts or one-time receipts
- Mortgage or deed of trust held by an applicant
- Assets disposed of for less than fair market value.

### Assets Do Not Include:

- Necessary personal property (clothing, furniture, cars, wedding ring, vehicles specially equipped for persons with disabilities)
- Interests in Indian trust land
- Term life insurance policies
- Equity in the cooperative unit in which the family lives
- Assets that are part of an active business
- Assets that are not effectively owned by the applicant or are held in an individual's name but:
  - The assets and any income they earn accrue to the benefit of someone else who is not a member of the household, and
  - that other person is responsible for income taxes incurred on income generated by the assets
- Assets that are not accessible to the applicant and provide no income to the applicant (Example: A battered spouse owns a house with her husband. Due to the domestic situation, she receives no income from the asset and cannot convert the asset to cash.)
- Assets disposed of for less than fair market value as a result of:
  - Foreclosure
  - Bankruptcy
  - Divorce or separation agreement if the applicant

or resident receives important consideration not necessarily in dollars.

### **Exclusions from Annual Income:**

- Income from the employment of children (including foster children) under the age of 18
- Payment received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone)
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member
- Income of a live-in aide
- \*\*Subject to the inclusion of income for the Section 8 program for students who are enrolled in an institution of higher education under Annual Income Includes, above,\*\*The full amount of student financial assistance either paid directly to the student or to the educational institution
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire
- Amounts received under training programs funded by HUD
- Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)
- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program
- Resident service stipend (not to exceed \$200 per month)
- Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs and training of a family member as resident management staff
- Temporary, non-recurring or sporadic income (including gifts)

- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era
- Earnings in excess of \$480 for each full time student 18 years old or older (excluding head of household, co-head or spouse)
- Adoption assistance payments in excess of \$480 per adopted child
- Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts
- Amounts received by the family in the form of refunds or rebates under State of local law for property taxes paid on the dwelling unit
- Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home

### **Federally Mandated Exclusions:**

- Value of the allotment provided to an eligible household under the Food Stamp Act of 1977
- Payments to Volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act
- Income derived from certain submarginal land of the US that is held in trust for certain Indian Tribes
- Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program
- Payments received under programs funded in whole or in part under the Job Training Partnership Act
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians
- The first \$2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the US. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands
- Amounts of scholarships funded under Title IV of the Higher Education Act of 1965, including awards under the Federal work-study program or under the Bureau of Indian Affairs student assistance programs
- Payments received from programs funded under Title V of the Older Americans Act of 1985
- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund

established pursuant to the settlement in *In Re Agent-product liability litigation*

- Payments received under the Maine Indian Claims Settlement Act of 1980
- The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990
- Earned income tax credit (EITC) refund payments on or after January 1, 1991
- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation
- Allowance, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- Any allowance paid under the provisions of 38U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran
- Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act
- Allowances, earnings and payments to individuals participating under the Workforce Investment Act of 1998

## **Deductions:**

- \$480 for each dependent including full time students or persons with a disability
- \$400 for any elderly family or disabled family
- Unreimbursed medical expenses of any elderly family or disabled family that total more than 3% of Annual Income the expenditure is applied only one time
- Unreimbursed reasonable attendant care and auxiliary apparatus expenses for disabled family member(s) to allow family member(s) to work that total more than 3% of Annual Income
- If an elderly family has both unreimbursed medical expenses and disability assistance expenses, the family's 3% of income expenditure is applied only one time
- Any reasonable child care expenses for children under age 13 necessary to enable a member of the family to be employed or to further his or her education.

## **Reference Materials**

### **Regulations:**

- General HUD Program Requirements; 24 CFR Part 5 and CFR 24 Part 891.

### **Handbook:**

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

### **Notices:**

- "Federally Mandated Exclusions" Notice 66 FR 4669, April 20, 2001

### **For More Information:**

Find out more about HUD's programs on HUD's Internet homepage at <http://www.hud.gov>



### NATIONAL CRIMINAL BACKGROUND CHECK AUTHORIZATION

Date: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RETURN THIS VERIFICATION TO THE PROPERTY LISTED ABOVE**

SUBJECT: Verification of National Police/Criminal Background Check for the following person:

NAME: \_\_\_\_\_ Social Security # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_ City, state, zip \_\_\_\_\_

Dear Sir/Madam:

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the apartment community listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown below.



**VERIFICATION REQUESTED:**

A. Please indicate in the space below whether and when any family members have been convicted or have any pending charges of any crimes related to the following:

- |                             |  |
|-----------------------------|--|
| 1. Homicide/Murder          | 8. Drug trafficking/use/possession           |
| 2. Rape or child molesting  | 9. Child abuse/domestic violence             |
| 3. Burglary/robbery/larceny | 10. Public intoxication/drunken & disorderly |
| 4. Threats or harassment    | 11. Receiving stolen goods                   |
| 5. Destruction of property  | 12. Fraud                                    |
| 6. Vandalism                | 13. Prostitution                             |
| 7. Assault or fighting      | 14. Disorderly conduct                       |



B. Please also indicate whether and when this person is listed on a lifetime registration requirement under any state sex offender registration program.

Family Member Names	S.S. #	Crime(s)	Date	Status/Disposition

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title / Phone / Date

=====

**RELEASE:**      *I hereby authorize the release of the requested information.*

\_\_\_\_\_  
Signature of Applicant/Resident / Date

**Note to Applicant/Tenant:** You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

=====

**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of the U.S. Code States that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408, f, g, and h.

This property 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 HUD's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988.

Name: Patrice Walker  
Address: 7334 Blanco Rd. #300  
City, State, Zip: San Antonio, TX 78216  
Telephone – Voice: (210) 492-1570  
Telephone – TTY: (800) 735-2989



## RESIDENT SELECTION GUIDELINES

**Canaan Towers Apartments** are located at 400 N. Dale Ave., Shreveport, LA, 71101. The property consists of 3 separate buildings, 8 stories in height which contains 100 subsidized apartments, the offices, laundry facility, a community room, and maintenance shop, plus a building that stores maintenance supplies, plus a building that we houses our generator. The apartments serve a resident population of elderly households 62 years and older. There are 9 units designated for handicap residents. The economic income limits are low, very low and extremely low for **Canaan Tower Apartments**.

### 1. FAIR HOUSING AND EQUAL OPPORTUNITY REQUIREMENTS STATEMENTS OF NONDISCRIMINATION

It is the policy of this Property to comply fully with Title VI of the Civil Rights Act of 1964, Title VIII of the Civil Rights Act of 1968, Executive Order 11063, Section 504 of the Rehabilitation Act of 1973, Fair Housing Amendments Act of 1988, and any legislation protecting the individual rights of residents, applicants, or staff which may subsequently be enacted.

The Property shall not discriminate because of race, color, sex, familial status, religion, handicap, disability, or national origin in the leasing, rental, or other disposition of housing in any of the following regardless of actual or perceived sexual orientation, gender identity, or marital status:

- a. deny to any household the opportunity to apply for housing, nor deny to any eligible applicant the opportunity to lease housing suitable to its needs,
- b. provide housing which is different than that provided others,
- c. subject a person to segregation or disparate treatment,
- d. restrict a person's access to any benefit enjoyed by others in connection with the housing program,
- e. treat a person differently in determining eligibility or other requirements for admission,
- f. deny a person access to the same level of services, or
- g. deny a person the opportunity to participate in a planning or advisory group which is an integral part of the housing program.

Family includes, but is not limited to, the following, regardless of actual or perceived sexual orientation, gender identity, or marital status:

- (1) A single person, who may be an elderly person, displaced person, disabled person, near-elderly person or any other single person; or
- (2) A group of persons residing together and such group includes, but is not limited to:
  - (i) A family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family);
  - (ii) An elderly family;
  - (iii) A near-elderly family;
  - (iv) A disabled family;
  - (v) A displaced family; and
  - (vi) The remaining member of a tenant family.

The Property will seek to identify and eliminate situations or procedures which create a barrier to equal housing opportunity for all. In accordance with Section 504, the Property will make reasonable accommodations for individuals with handicaps or disabilities (applicants or residents). Such accommodations may include changes in the method of administering policies, procedures, or services.

In reaching a reasonable accommodation with, or performing structural modification for otherwise qualified individuals with disabilities the Property is not required to:

- a. make structural alterations that require the removal or altering of a load-bearing structure,
- b. provide support services that are not already part of its housing programs,
- c. take any action that would result in a fundamental alteration in the nature of the program or service, or
- d. take any action that would result in an undue financial and administrative burden on the Property, including



structural impracticality as defined in the Uniform Federal Accessibility Standards (UFAS).

## 2. PRIVACY POLICY

It is the policy of the Property to guard the privacy of individuals conferred by the Federal Privacy Act of 1974 and to ensure the protection of such individuals' records maintained by the Property.

Therefore, neither the Property nor its agents shall disclose any personal information contained in its records to any person or agency unless the individual about whom information is requested shall give written consent to such disclosure.

This Privacy Policy in no way limits the Property's ability to collect such information as it may need to determine eligibility, compute rent, or determine an applicant's suitability for tenancy. Consistent with the intent of Section 504 of the Rehabilitation Act of 1973, any information obtained on handicap or disability will be treated in a confidential manner.

## 3. QUALIFYING FOR ADMISSION

Based on Federal Regulations, the Property may not admit ineligible applicants. In the selection of applicants for admission, Eligibility Criteria has been established in accordance with HUD guidelines. All applicants will be screened carefully and the following eligibility standards will be applied:

### Mandatory Provisions:

We are required to adopt and incorporate into our screening and admissions policies the following mandatory provisions that prohibit admission to applicants who fit into the following categories. We are required to deny admission to federally assisted housing if;

Any household member has been evicted from federally assisted housing for drug related criminal activity, for three years from the date of eviction. If the evicted household member who engaged in drug related criminal activity has successfully completed a supervised drug rehabilitation program or circumstances leading to the eviction no longer exist, the Owner may, but is not required to admit the household.

Any household member is currently engaging in illegal drug use.

The Owner determines that there is reasonable cause to believe that a household member's illegal use or a pattern of illegal use of a drug may interfere with the health, or right to peaceful enjoyment of the premises by other residents. (Example of evidence of illegal activities may include a conviction record, former landlord references, etc.)

Any member of the household is subject to a lifetime registration requirement under a state sex offender registration program. In accordance with Federal law, Owners shall establish standards that prohibit admission to any federally assisted property to sex offenders subject to a lifetime registration requirement under a state offender registration program. During the admission screening process, the Owner must perform the necessary criminal history background checks in the state where the housing is located and in other states where the household members are known to have resided.

The Owner determines that there is reasonable cause to believe that a household member's abuse or pattern of abuse of alcohol interferes with the health, safety, or right to a peaceful enjoyment of the premises by other residents.

The owner /agent will use the Income Verification System (EIV) to complete an Existing Tenant Search for all family members in order to determine if applicant or any member of household is currently receiving HUD assistance.

### Student Eligibility:

A student who is otherwise eligible and meets screening requirements is eligible for assistance if the student meets the criteria indicated below. Section 8 assistance shall be provided to any individual who is enrolled as either a part-time or full-time student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential; when the student:

- 1) Is classified as Vulnerable Youth; A student meets HUD's definition of a vulnerable youth when:
  - a) The individual is an orphan, in foster care, or a ward of the court or was an orphan, in foster care, or a ward of the court at any time when the individual was 13 years of age or older;
  - b) The individual is, or was immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in the individual's State of legal residence;



- c) The individual has been verified during the school year in which the application is submitted as either an unaccompanied youth who is a homeless child or youth (as such terms are defined in section 725 of the McKinney-Vento Homeless Assistance Act) (42 U.S.C. 11431 et seq.), or as unaccompanied, at risk of homelessness, and self-supporting, by
- i) A local educational agency homeless liaison, designated pursuant to the McKinney-Vento Homeless Assistance Act;
  - ii) The director of a program funded under the Runaway and Homeless Youth Act or a designee of the director;
  - iii) The director of a program funded under subtitle B of title IV of the McKinney-Vento Homeless Assistance Act (relating to emergency shelter grants) or a designee of the director; or
  - iv) A financial aid administrator; or

2) The individual is a student for whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstances

- If a student does not meet the eligibility criteria above, but can prove independence from parents under HUD rules, then the student would meet HUD's student eligibility criteria

- If an ineligible student applies for or is a member of an existing household receiving Section 8 assistance, the assistance for the household will not be prorated but will be terminated

- NOTE: An owner cannot evict or require an ineligible student to move from a unit as long as the student is in compliance with the terms on the lease

Any financial assistance a student receives (1) under the Higher Education Act of 1965, (2) from private sources, or (3) from an institution of higher education that is in excess of amounts received for tuition and other fees is included in annual income, except:

1. If the student is over the age of 23 with dependent children or
2. If the student is living with his or her parents who are receiving section 8 assistance

Financial assistance that is provided by persons not living in the unit is not part of annual income if the student meets the Department of Education's definition of "vulnerable youth".

No section 8 assistance will be provided to any individual who:

- a) Is enrolled as a student at an institution of higher education (as defined under section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002)
- b) Is under 24 years of age; and
- c) Is not a veteran of the United States military; and
- d) Is unmarried; and
- e) Does not have a dependent child; and
- f) Is not a person with disabilities, as such term is defined in section 3(b)(3)(F) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(3)(E)) and was not receiving assistance under such section 8 as of November 30, 2005; and
- g) Is not individually eligible, or has parents who, individually or jointly, are not income eligible to receive section 8 assistance.

#### Social Security Number (SSN) Requirements:

All family members claiming eligible immigration status and requesting assistance, regardless of age, must disclose and document social security numbers prior to admission. The head of household must disclose SSN's for all family members.

#### *Exception to this rule:*

- I. Effective January 31 2010 an exception to this rule applies to household members age 62 or older whose initial eligibility determination started before January 31, 2010, and provide verification of the complete and accurate SSN assigned to them.
- II. Individuals who do not contend eligible immigrations status in Mixed Families. A mixed family with one or more ineligible family members and one or more eligible family members may receive prorated assistance. For those





individuals, disclosure and verification, documentation must be obtained that verifies the applicant's exemption status.

- III. Persons under the age of 6 in applicant households that were added to the applicant household within the 6 months of the date of admission. The family must disclose and provide verification of the SSN within 90 days of the date of admission. An Additional 90-day extension must be granted if delays are due to circumstances beyond the family's control.

Applicants who have not disclosed and/or provided verification of SSNs for all non-exempt household members have 90 days from the date they are first offered an available unit to disclose and/or verify the SSNs. During this 90-day period, the applicant may, at its discretion, retain its place on the waiting list. After 90 days, if the applicants unable to disclose and/or verify the SSNs of all non-exempt household members, the applicant should be determined ineligible and removed from the waiting list.

When adding a new household member who is under the age of 6 to an existing household, the tenant must disclose and provide verification of the SSN of the individual to be added within 90 days of adding the new member. An additional 90-day extension must be granted if delays are due to circumstances beyond the family's control.

Citizenship/Immigration Status Requirements:

Only U.S. Citizens or eligible non-citizens may receive assistance. This means that at least one family member must be able to provide proof of citizenship or eligible non-citizen status. If some family members are not able to provide proof of citizenship, assistance will be prorated accordingly based on the number of confirmed eligible family members.

Applicants for assistance are required to submit evidence of citizenship or eligible immigration status at time of application. (Forms attached to application) Applicant will have 30 days to provide proof and the owner will permit a temporary deferral of termination of assistance during this said period. All family members, regardless of age, must declare their citizenship or immigration status. Non-citizens (except those ages 62 and older) must sign a Verification Consent Form and submit documentation of their status. (Form attached to application)

Occupancy Standards

Any family placed in a unit size different than that defined in these Occupancy Standards shall agree to transfer to an appropriate size unit when one becomes available (in accordance with the Transfer Policy and Lease Addendum).

Dwelling units will be assigned in accordance with the following standards:

<u>Bedroom Size</u>	<u>Persons Per Household</u>	
	<u>Minimum</u>	<u>Maximum</u>
0	1	1
1	1	2
2	2	4
3	3	6
4	4	8

**Being eligible, however, is not an entitlement to housing.** In addition, every applicant must meet the Resident Selection Guidelines. The Resident Selection Guidelines are used to demonstrate the applicant's suitability as a resident using verified information on past behavior, to document the applicant's ability, either alone or with assistance, and to comply with essential lease provisions and any other rules and regulations governing residency.

**4. APPLICATION INTAKE AND PROCESSING**

In addition to the above-mentioned criteria all HUD applicants the following will also apply.

In order to be considered for the processing and admission/placement on the waiting list, an applicant must complete a pre-application. The pre-application must include a signature from the applicant certifying the accuracy and completeness of the information provided. When a unit becomes available, a full application must be completed to determine the applicant's complete eligibility. Each application must be completed, signed and dated by every adult household member 18 years of age and older and by all legally emancipated minors. Pre-applications and/or full applications can be picked up at the leasing office during the office hours posted. Notice of closing and re-opening the waiting list will be publicized at the office, community rooms (if applicable), and as a local publication.

Should the applicant be personally unable to complete the application form, the applicant must be present to provide information to someone assisting in the application completion. Applicant and the person assisting the applicant must



provide management with identification such as picture ID or driver's license. The applicant may take the application, complete it and return it in person at applicant's convenience or mail it to the management office. The application will not be officially timed and dated for the waiting list until the application is returned and has been checked for completeness.

Applicants placed on the waiting list must contact the management office every six months to renew and or update their application and demonstrate a continuing desire for residency. Applicant's response indicating continued interest must be received within 5 business days from the indicated date on reminder notice that will be sent to applicant at the end of the six months.

Management will review application information to tentatively determine eligibility. Should the application indicate that the applicant(s) is ineligible for our program administered at this project under guidelines set forth in HUD Handbook 4350.3, REV-1 (i.e. overqualified, not of eligible age, etc.) management will formally notify applicant(s) in writing.

Management will conduct an initial screening with applicants to:

- Review application information
- Answer questions
- Explain waiting list procedures and program requirements.

Family size must be appropriate for an available unit that meets HUD occupancy standards, (two persons per bedroom) HUD Handbook 4350.3, REV-1, 3-23. Should a unit not be available, the applicant will be placed on the waiting list.

Documentation kept is as follows:

- Date and time the application was placed on the waiting list
- Maximum Occupancy HUD requirement (two persons to a bedroom)
- Make note of household members
- Document when letter of notification is mailed out as a unit becomes available
- A 5-business day grace period is given to applicant to respond if they are still interested in a unit.
- If we do not get a response in writing or in person or by phone the application is dropped and removed from waitlist.

Once a unit is offered to an applicant(s) they have 5 business days to respond after written or telephone notification to accept the unit and make reasonable arrangements with management to pay the required security deposit and set a move-in date. Should the applicant fail to contact management within that time frame the application is dropped from the waiting list.

Applicants offered an apartment and rejecting it due to hardship such as lack of funds for security deposit or rent is allowed to make payment arrangements and split the deposit in two monthly payments.

Applicants refusing the apartment for other than hardship of funds will be placed at the bottom of the waiting list.

Applicants may be denied for one or more of the following reasons:

- Waiting list has been posted as closed in accord with HUD handbook 4350.3, REV-1.
- Incomplete application, insufficient documentation and signatures
- Falsification on application
- Unable to meet HUD requirements
- Failure to meet the resident selection criteria
- Failure to respond to written notification sent within 10 business day grace period.
- Failure to report change of address, telephone or any means of communication.

Applicants will go through a screening process and if criteria are met, applicant will be considered for housing. Applicants will be accepted subject to availability of unit.

- Application must contain accurate information, must be complete, with date and signature.
- A Criminal History check will be conducted on all new applicants
- Applicant's income must not exceed the income limits provided by HUD 4350.3, REV-1
- In addition, we cannot stipulate that applicants must have income to be eligible.
- Housekeeping habits should not affect self, other residents or property.
- Proof of income, current employment, other income or lack of income, assets and deductions will be verified prior to processing of the 50059 and tenant move in or recertification
- Documented income should support rental payments for the program offered plus reasonable living expenses



for the household needs.

- All adults in each applicant family must sign an Authorization for Release of Information (HUD Form 9887 and (9887/A) prior to receiving assistance and annually thereafter. HUD Handbook 4350.3, REV-1, 3-5, C.
- The unit for which the family is applying must be the family's only residence. HUD Handbook 4350.3, REV-1, 3-5, D.
- The applicant must agree to pay rent required by the program under which the family will be receiving assistance. HUD Handbook 4350.3, REV-1, 3-5, E.
- We will mail policy forms to the applicant to comply with Section 504 of the Rehabilitation Act of 1973 and the air Housing Act and other relevant civil rights laws and statutes. HUD Handbook 4350.3, REV-1, 4-4, C (6).

#### Income Limit

- A. Applicants and Tenants are required to sign an agreement consenting to provide the Owner with information about the family income. (HUD Notice 00-18)
  - 1. HUD Handbook 4350.3, REV-1, 5-26, D: Tenants in properties subsidized through the Section 8 program must pay a minimum TTP of \$25.00. HUD Handbook 4350.3, REV-1, 5-26, D (3)(a): Owners must waive the minimum rent for any family unable to pay due to a long-term financial hardship. Hardship exceptions will be as follows:
    - a. The tenant has lost Federal, State or local government assistance or is waiting for eligibility determination.
    - b. The family would be evicted if the minimum rent requirement was imposed.
    - c. The family income has decreased due to a change in circumstances, including but not limited to loss of employment.
    - d. A death in the family has occurred.
    - e. The applicant must agree to pay rent required by the program under which the family will be receiving assistance. HUD Handbook 4350.3, REV-3, 3-5, E.
- B. Owners must make at least 40% of the assisted units that become available each year to families whose income does not exceed 30% of the area median income (extremely low-income) at the time of admission.
  - 1. Not more than 15% of units available for occupancy on or after October 1981 shall be rented to low-income families, other than very low-income.
  - 2. Not more than 25% of units available for occupancy prior to October 1, 1981 shall be rented to low income families, other than very low-income

#### 5. PRIORITIES FOR ACCESSIBLE OR ADAPTABLE APARTMENTS

For apartments, accessible to, or adaptable for, persons with mobility, visual, or hearing impairments, households containing at least one person with such impairment will have first priority (as applicable for a particular apartment feature). NOTE: Current residents in good standing, requiring accessible/adaptable apartments, shall be given priority over applicants requiring the same type apartment. Where persons without disabilities are moved into apartments designed to meet special needs, they shall do so only after agreeing to move to an apartment with no such design features should an applicant or current resident require an accessible apartment of the type currently occupied by the persons without disabilities.

The Mobile Impaired/handicapped applicants with a physical impairment requiring a unit which has been modified to accommodate their specific needs will be given priority only for those modified units as they become available.

In order to comply with HUD requirements on Income Targeting, the following method will apply. Owners will admit only extremely low income families until the 40% target is met. In chronological order, owners will select eligible applicants from the waiting list whose incomes are at or below the extremely low income limit to fill the first 40% of expected vacancies in the property. Thereafter, applicants will be selected in chronological order using the date the application was received, with the oldest application being offered a unit first.

Any decision made to transfer a resident will require written documentation from a doctor requesting the need for that person to transfer. Residents who provide written documentation will be allowed to transfer once a unit that accommodates their special needs becomes open and ahead of persons on the waiting list.

#### 6. WAITING LIST SELECTION PROCEDURES

NOTE: Current residents, in good standing, who may qualify for rental assistance or who meet the qualifications listed in



the Transfer Policy for transfer to a different unit shall be given priority over applicants. It is likely that there will be more applicants for housing than can be assisted. In order to select those families most in need of housing, the following categories will be the basis of selecting residents from among all applicants:

- a. Handicapped or disabled eligible families when units are designated for their use.
- b. Forty percent (40%) of all available (moved-out) units will be set aside for families whose total gross family income does not exceed 30% of the area median income as established by HUD.
  1. Applicants will be taken from the waiting list in order EXCEPT, if, at any time, the admission of the next applicant on the waiting list would cause the property to fall below the 40% under 30% requirement, the next applicant who meets the under 30% income level requirement will be moved to the top of the list and admitted. This testing procedure will be applied to all admissions during the year and records regarding this procedure will be kept on an annual basis and in the rental office. The determination of compliance will be made annually and the documentation will be kept on file in the rental office.
  2. Marketing of these units will be targeted towards potential residents who have incomes that do not exceed 30% of the area median income.
- c. Within each of the above listed groups, approved applicants will be housed based solely on the date and time of pre-application.

## 7. WAITING LIST MANAGEMENT

It is the policy of Management to administer its Waiting List as required by HUD handbooks and regulations.

### a. Opening and Closing Waiting Lists

In order to maintain a balanced application pool, Property may, at its discretion, restrict application taking, suspend application taking, and close Waiting Lists in whole or in part. Property will also update the Waiting List by removing the names of those who are no longer interested in or no longer qualify for housing.

If Property has sufficient applications, it may elect to:

- 1) close the Waiting List completely,
- 2) close the Waiting List during certain times of the year, or

Decisions about closing the waiting list will be based on the number of applications available for a particular size and type of apartment and the ability of Property to house an applicant in an appropriate apartment within a reasonable period of time. Closing the Waiting Lists, restricting intake, or opening the Waiting Lists will be publicly announced. Property will use a one year waiting period to determine whether the Waiting List may be closed.

During the period when the Waiting List is closed, Property will not maintain a list of individuals who wish to be notified when the Waiting List is reopened.

The opening and closing of the waiting list will be advertised per the property's Affirmative Fair Housing Marketing Plan.

### b. Change in Priority Status While on the Waiting List

Occasionally households on the Waiting List who did not qualify for a Priority when they applied will experience a change in circumstances that qualifies them for a Priority. In such cases, it will be the household's duty to contact the Property so that their change in status may be verified to reflect the Priority.

To the extent the verification determines the household does now qualify for a Priority, they will be moved up on the Waiting List in accordance with the Priority and their date of application.

### c. Removal of Applications from the Waiting List

Property will not remove an applicant's name from the Waiting List unless:

- 1) the applicant requests that the name be removed,
- 2) the applicant was clearly advised, in writing, of the requirement to tell Property of his/her continued interest in housing by a particular time and failed to do so,



- 3) property made a reasonable effort, in writing, to contact the applicant to determine if there was continued interest in housing but has been unsuccessful, or
- 4) property has notified the applicant, in writing, of its intention to remove the applicant's name, because the applicant no longer qualifies for assisted housing, or
- 5) applicant refused offer of unit for other than medically related reason.

## 8. INTERVIEWS AND VERIFICATION PROCESS

As applicants approach the top of the waiting list, they will be contacted to schedule an application interview. The interview shall be conducted in accordance with the HUD Handbook 4350.3.

No decisions to accept or reject applications shall be made until all information presented by the applicant on the Application has been verified.

## 9. VERIFICATION REQUIREMENTS

Property shall obtain verifications in compliance with requirements set forth in the HUD Handbook 4350.3. No decision to accept or reject an application shall be made until verifications keyed by the application form have been collected and any necessary Follow-up Interviews have been performed.

### a. Types of Verification Required

All information relative to the following items must be verified as described in these procedures:

- 1) Eligibility for Admission, such as
  - a) income, assets, and asset income
  - b) household composition
  - c) Social Security Numbers of household members age 6 and older or certification that Social Security has not been assigned
  - d) citizenship and/or legal status
- 2) Allowances, such as
  - a) age, disability, or handicap of household members
  - b) full time student status
  - c) child care costs
  - d) handicap expenses
  - e) medical costs (for elderly/handicap households only)
- 3) Priorities, such as;
  - a) Income less than 30% of median income limits
- 4) Compliance with Resident Selection Guidelines, such as
  - a) proof of ability to pay rent
  - b) previously demonstrated adherence to Lease
  - c) positive prior landlord reference, rent paying, caring for a home
  - d) history of criminal activity of any household member
- 5) Credit checks will be processed through approved credit bureaus with an approved credit rating. Exceptions include:
  - a) Medical collections.
  - b) Proof of satisfactory dispute of credit rating.
  - c) Applicant shows period of credit problems which have been corrected.
  - d) Applicant has proof of repayment of debt. Proof must be a statement of satisfaction from creditor, court, or other legal proof.
- 6) Special Program Requirements, such as
  - a) special needs housing based on disability

All the above information must be documented and appropriate verification forms or letters placed in the applicant or resident file.

### b. Period for Verification

Only verified information that is less than 120 days old may be used for verification or recertification. Verified information not subject to change (such as a person's date of birth) need not be re-verified.



c. Forms of Verification - documentation required, as part of the verification process, may include:

- 1) checklists completed as part of the interview process and signed by the applicant
- 2) verification forms completed and signed by third parties
- 3) reports of interviews
- 4) documentation, i.e., award letters, pay stubs, bank statements, etc
- 5) notes of telephone conversations with reliable sources
- 6) facsimile, email and internet

At a minimum, such reports will indicate the date and time of the conversation, source of the information, name and job title of the individual contacted, and a written summary of the information received.

Management staff will be the final judge of the credibility of any verification submitted by an applicant. If the staff considers documentation to be doubtful, it will be reviewed by Management staff who will make a ruling about its acceptability. Management staff will continue to pursue credible documentation until it is obtained or the applicant is rejected for failing to produce it.

d. Sources of Information - Sources of information to be checked may include, but not be limited to:

- 1) the applicant by means of interviews
- 2) present and former housing providers
- 3) present and former employers
- 4) credit checks and management record services
- 5) household social workers, parole officers, court records, drug treatment centers, physicians, clergy, INS
- 6) law enforcement

e. Preferred Forms of Verification - Verifications shall be attempted in the following order:

- 1) third-party written
- 2) third-party oral with a record kept in the files
- 3) copies of third party documents provided by the household (i.e. Social Security or agency printout, award letter, pays stubs, bank statements, pharmacy printouts, payment book stubs for medical insurance premium, etc.)
- 4) in the absence of any of the above, affidavits from the household

Each file will be documented to show that the Property staff attempted to obtain third-party written documentation before relying on some less acceptable form of information.

## **10. Attempted Fraud**

Any information provided by the applicant that verification proves to be untrue may be used to disqualify the applicant for admission on the basis of attempted fraud. The Property considers false information about the following to be grounds for rejecting an applicant:

- 1) income, assets, household composition
- 2) Social Security Numbers
- 3) preferences and priorities
- 4) allowances
- 5) previous residence history or criminal history
- 6) citizenship, naturalization, and/or eligible immigration status

Unintentional errors that do not cause preferential treatment will not be used as a basis to reject applicants.

## **11. DETERMINATION OF APPLICANT ELIGIBILITY**

Information needed to determine applicant eligibility shall be obtained, verified, and the determination of applicant eligibility performed, in accordance with HUD and property eligibility requirements.

## **12. DETERMINATION OF APPLICANT QUALIFICATION**



## The Applicant Screening Policy:

All applicants for HUD regulated housing will be screened according to the criteria set forth in these Resident Selection Guidelines. The following guidelines, which are based on those set forth in the HUD Regulations, relate to the individual behavior of each applicant household:

- 1)
  - a.) Past performance in meeting financial obligations, especially rent.
  - b.) A record of disturbance of neighbors, destruction of property, or housekeeping habits at prior residences which may adversely affect the health, safety, or welfare of other residents or cause damage to the apartment or community.
  - c.) Involvement in criminal activity on the part of any applicant household member which would adversely affect the health, safety, or welfare of other residents.
  - d.) A record of eviction from housing or termination from residential programs.
  - e.) An applicant's ability and willingness to comply with the terms of the Property's Lease and community's policies.
  - f.) An applicant's misrepresentation of any information related to eligibility, allowances, household composition, or rent.

### HUD Statutory Preferences

This property gives preference to applicants who have been displaced by government action or a presidential declared disaster.

The Applicant must provide evidence that they are eligible for the Preference.

### 13. How Applicant's History Will be Checked

Listed below are the methods by which every applicant's performance, relative to each of the five criteria, will be checked:

- 1) Past performance meeting financial obligations, especially rent:
  - a) Credit check with Credit Bureau.
  - b) Contacting the current landlord and at least one prior landlord. The Landlord Verification Form will be used to gather previous rental history information.
  - c) The reason for checking with prior housing providers is that current housing providers of dangerous, destructive, or costly applicants may misrepresent information about them to get the Property to take over their problems. Contacts with all prior housing providers for at least the past 10 years are to be pursued.
  - d) If verified records of timely rental payments are received from management(s), no further documentation of past performance in meeting financial obligations, especially rent, need to be collected.

**Otherwise** eligible households who apply for housing with outstanding balances owed to the Property must pay any balance owed within 120 days of filing an application prior to being placed on the Waiting List. Failure to pay within the allotted time will result in the application being rejected.

- 2) Disturbance of neighbors, destruction of property, or living or housekeeping habits that would pose a threat to other residents:
  - a) Staff will check for these potential problems with the current management and at least one former management using the Landlord Verification Form.
  - b) If the applicant is not currently living under a lease with a management, the housing provider will be asked to verify the applicant's ability to comply with Property lease terms as it relates to these guidelines. Any area for which the applicant has upkeep responsibility will be inspected.
  - c) An applicant's behavior toward Property Manager will be considered in relation to future behavior toward neighbors. Physical or verbal abuse or threats by an applicant toward Property Staff will be noted in the file.
- 3) Involvement in criminal activity on the part of any applicant household member which would adversely





- affect the health, safety, or welfare of other residents.
- 4) Criminal history checks of convictions and outstanding warrants with local, state and possibly federal authorities.
  - 5) A record of eviction from housing or termination from residential programs will be considered:
    - a) Property Manager will check Property records, management records, and other records to determine whether the applicants have been evicted from the Property, any other assisted housing, or any other property in the past
    - b) Records of evictions from residential programs will be checked with service agencies and with any housing providers referred by the applicant
    - c) Circumstances of any past eviction or termination in determining its relevance to Property tenancy.
  - 6) Ability and willingness to comply with the terms of the Lease & Community Policies:
    - a) If an applicant is able to document that he/she is complying with Lease terms and Community Policies in current and former residences, through a combination of management references and the home visit, if applicable, this criterion will be considered to have been satisfied.
  - 7) An applicant's misrepresentation of any information related to eligibility, award of priority for admission, allowances, household composition, or rent.
    - a) If, during the course of processing an application, it becomes evident that an applicant has falsified or otherwise misrepresented any facts about his/her current situation, criminal history, or behavior in a manner that would affect eligibility, Federal preferences, priorities, application selection criteria qualification, allowances, or rent, the application shall be rejected.

#### **14. Obtaining Applicant Releases**

When applicants are interviewed prior to the eligibility and reference determination, all adult household members must sign the necessary releases required for gathering information needed to determine eligibility.

#### **15. Review of Recommendations for Admission or Rejection**

- a) If the applicant requests an additional interview to determine whether mitigating circumstances or reasonable accommodations would make it possible to accept his/her application, Management will do so based on Section 504 of the Rehabilitation Act of 1973.
- b) If an applicant is clearly eligible and passes the screening guidelines, admission shall be authorized. Likewise, if the applicant is ineligible, rejection shall be authorized.
- c) Management will follow the grievance process in compliance with requirements set forth in the HUD Handbook 4350.3

#### **16. Applicants with Disabilities or Handicaps**

Management must consider whether to reconsider a rejection of an applicant if he/she has a disability and the reasons for the rejection could be overcome by management's reasonable accommodation of the applicant's disability. For reasonable accommodations to apply there are several requirements. First, the applicant must have a verifiable disability [mental or physical impairment that substantially limits one or more major life activities]. The disability must have a direct correlation to the reason the applicant would be rejected. The applicant must request the reasonable accommodation and provide verification of his/her disability and his/her need for the accommodation. Finally, for the accommodation to be reasonable it cannot result in a financial or administrative burden to the Property. In some situations, even with reasonable accommodations, applicants with disabilities cannot meet essential program requirements. In these situations, the applicant is not eligible and the applicant will be rejected. Examples of such situations are where the behavior or performance in past housing caused a direct threat to the health or safety of persons or property; past history or other information that shows the applicant's inability to comply with the terms of the Property's lease; or an objective determination that the applicant would require services from management that represent an alteration in the fundamental nature of the Property's program.

- 1) If an applicant makes a request, management will provide a reasonable accommodation if the applicant has a verifiable disability that is directly related to the request and providing the reasonable accommodation will not result in a financial





or administrative burden to management.

## 17. REJECTION OF INELIGIBLE OR UNQUALIFIED APPLICANTS

The Property complies with applicant rejection requirements set forth in the HUD Handbook 4350.3. Management reserves the right to reject applicants for admission if it is determined that the applicant or any member of the household falls within any one or more of the following categories:

- a. **Misrepresentation:** Willful or serious misrepresentation in the application procedure for the apartment or certification process for any government assisted dwelling unit.
- b. **Records of Disturbance of Neighbors, Destruction of Property or Other Disruptive or Dangerous Behavior:** Includes behavior or conduct which adversely affects the safety or welfare of other persons by physical violence, gross negligence or irresponsibility, which damages the equipment or premises in which the family resides; or which is disturbing or dangerous to neighbors or disrupts sound family and community life.
- c. **Violent Behavior:** Includes evidence of acts of violence or of any other conduct, which would constitute a danger or disruption to the peaceful occupancy of neighbors.
- d. **Non-compliance with Rental Agreement:** Includes evidence of any failure to comply with the terms of rental agreements at prior residences, such as failure to recertify as required, providing shelter to unauthorized persons, keeping pets, or other acts in violation of rules and regulations.
- e. **Owing Prior Landlords:** Applicants who owe a balance to present or prior landlords will not be considered for admission until the account is paid in full and reasonable assurance is obtained that the contributing causes for nonpayment of rent or damages have changed sufficiently to enable the family to pay rent and other charges when due.
- f. **Owing Utility Providers:** Applicants who owe a balance to the local utility provider for present or prior residences will not be considered for admission until the account is paid in full and reasonable assurance is obtained that the contributing causes for failure to pay the utility bill have changed sufficiently to enable the family to pay and maintain utilities in the name of the head of household.
- g. **Unsanitary or Hazardous Housekeeping:** Includes generally creating any health or safety hazard through acts of neglect and causing or permitting any damage to or misuse of premises and equipment, if the family is responsible for such hazard, damage or misuse; causing or permitting infestation, foul odors or other problems injurious to other persons' health, welfare or enjoyment of the premises; depositing garbage improperly; failing to use in a reasonable and proper manner all utilities, facilities, services, appliances and equipment within the dwelling unit or failing to maintain them in a clean condition; or any other conduct or neglect which could result in health or safety problems or in damage to the premises.
- h. **Credit History:** A consistent, severe or recent history of deficiencies in overall credit or rent payment which indicate the family will be unable or would otherwise fail to pay when due rent for the apartment and other expenses relating to occupancy of the apartment.
- i. **Criminal Activity:** Management has established a policy to reject all applications where the applicant or any household member has engaged in certain criminal activity. The activities that will be grounds for rejection of an application are as follows:
  - a. Any conviction or adjudication other than acquittal within the 25 years which involved injury to a person or property.
  - b. Any conviction or adjudication other than acquittal for the sale, distribution or manufacture of any controlled or illegal substance.
  - c. Any conviction or adjudication other than acquittal within the 25 years involving illegal use or possession of any controlled or illegal substance.
  - d. Any current illegal user or addict of a controlled or illegal substance.
  - e. Any act which results in the person's tenancy constituting a threat to the health or safety of other individuals, result in substantial physical damage to the property of others, or interfere with the peaceful and quiet enjoyment of the premises. Any criminal offense that is a felony and misdemeanor one (1), a misdemeanor two (2) under 10 years old, and a misdemeanor three (3) under 5 years old.
  - f. Any conviction or adjudication other than acquittal, for any sexual offense.
  - g. Any conviction or adjudication other than acquittal, which involved bodily harm to a child.
  - h. Eviction for Drug Related Criminal Activity: If the applicant or any household member has been evicted



from federally assisted housing for drug related criminal activity, the application will be rejected.

- i. Alcohol Abuse: If a determination is made that the applicant or any household member's abuse, or pattern of abuse, of alcohol interferes with the health, safety or right to peaceful enjoyment of the premises by other residents, the application will be rejected.

**Rejection:** Applicant will receive a written rejection notice and will have 14 days to appeal the rejection.

**Management reserves the right to require criminal background checks at any time during residency if in receipt of credible and verifiable information.**

## 18. ACCEPTANCE AND MOVE-IN OF ELIGIBLE AND QUALIFIED APPLICANTS

- 1) Determination for Rent and Security Deposit
- 2) Monthly rent and security deposit amount will be determined in accordance with the Federal regulations governing the housing program and state law.

## 19. Offering an Apartment

When an apartment becomes available for occupancy, it will be offered to the applicant at the top of the Waiting List for that apartment type. If the applicant cannot be contacted within five (5) working days, the offer will be cancelled and the apartment will be offered to the next applicant on the Waiting List.

In that event, the first applicant will be sent a letter requesting confirmation of its interest in remaining on the Waiting List. If the applicant replies affirmatively, its application will retain its position on the Waiting List. If the reply is negative, or if no reply is received within five (5) working days, the application will be withdrawn.

If an applicant rejects an offer twice, the applicant is removed from the Waiting List.

## 20. Prior to Move-In

- 1) Management will explain the HUD regulations regarding the following:
  - a) security deposits
  - b) annual recertification's
  - c) interim recertification's
  - d) unit inspections
  - e) community policies
  - f) transfer policy
- 2) All adult members, age 18 and older, of the household will sign the Lease, Community Policies, and related documents.
- 3) The applicant and management will inspect the apartment and sign the Move-In Inspection form.
- 4) The applicant will pay the Security Deposit.
- 5) The applicant will pay the rent for the first month, as set forth in the Lease.
- 6) The applicant will be given a copy of the Lease, the Move-In Inspection form, Community Policies, and the receipt for the Security Deposit and first month's rent.

## 21. Transfer Policy

- 1) The following reasons for transfer will be reviewed and may be granted:
  - A) Because of a Reasonable Accommodation due to a disability and or medical reason of a household member, the household may request a transfer to an alternate unit.
  - B) A change in the household size requiring an increase or decrease in the apartment size to accommodate the new household size.
  - C) Due to a change in family composition a family may request a transfer to a larger or smaller unit.
    - I. Determine appropriate units
    - II. Determine whether a transfer is required
- 2) Residents requesting transfers for the above reasons will be placed on a transfer list based on apartment size requested.



- 3) Residents with a disability(ies) will be given priority for an apartment with accessible features.
- 4) Transfers should occur after the completion of the initial lease term (except if based on accessibility needs), completed in the middle of the month, and are limited to 30 days, to move out of the current apartment, and to move into the new apartment.
- 5) When a household transfers to a new apartment, management may:
  - A) transfer the existing deposit, or
  - B) close out the existing deposit, deduct resident charges, and determine a new security deposit based on the new TTP or program requirement.

NOTE: Current residents, in good standing, who may qualify for rental assistance or who meet the qualifications listed in the Transfer Policy for transfer to a different unit shall be given priority over applicants.

**22. At Move-In** - Keys to the apartment will be issued to the household.

**23. Failure to Move-In On Time**

If a household fails to move in on the agreed date, the application will be declined and the apartment will be offered to the next household on the Waiting List.

**24. Income Qualifications**

All applicants must provide household income information to determine eligibility for residency. Investments, gifts, interest and income from other sources must be claimed to determine eligibility.

Each applicant must provide information necessary to verify all income sources and allowable deductions to determine the eligibility of the applicant prior to move-in.

Use of the Enterprise Income Verification (EIV) system is mandatory and required effective January 31, 2010 and will be used to determine if applicant(s) are receiving Section 8 subsidy from their current landlord (EIV Existing Tenant Report). Other required reports that will be used for each resident are:

- I. Failed Verification Report
- II. Deceased Tenant Report and;
- III. Multiple Subsidy Report

Enterprise Income Verification (EIV) will then be used on all residents at the recertification to check the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information. And the Department of Health and Human Services (HHS), National Directory of New Hires (NDNH), database that stores wage, new hires, and unemployment.

**25. Implementation of the Violence Against Women Act (VAWA)**

On September 30, 2008 HUD issued Notice H 08-07 regarding the requirements and implementation of the Violence Against Women Act (VAWA) passed in 2005. The primary objectives of VAWA 2005 are to reduce violence against women and to protect, or increase the protection of, the safety and confidentiality of women who are victims of abuse. VAWA provides legal protections to victims of domestic violence, dating violence, or stalking. These protections prohibit Owner/Agents from rejecting applicants, evicting or terminating assistance from individuals being assisted under a project based Section 8 program if the asserted grounds for such action is an instance of domestic violence or stalking.

With the release of the Notice, HUD released two new forms for use in the implementation of VAWA:

1. Form HUD-91066, Certification of Domestic Violence or Stalking. Residents must be provided the option to complete this form when an Owner/Agent is trying to determine whether the protections afforded under the VAWA are applicable.
2. Form HUD-91067, Lease Addendum-Violence Against Women and Justice Department Reauthorization Act of 2005. This addendum revises the lease to reflect the statutory requirements of the VAWA that are related to the project-based Section 8 assistance programs.



3. Properties must include this VAWA Lease Addendum with the Model Lease. The addendum should be implemented immediately for all new move-ins, and no later than annual recertification for current residents.

**I have been given the opportunity to ask any questions that pertain to the Resident Selection Guidelines. I/we by signing below certify that we have read and received a copy of these guidelines.**

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Applicant's Signature Date

Grievance Procedure - When rejecting an application, management will:

- 1) provide notification in writing of reasons for rejection;
- 2) inform the applicant they have 14 days to request in writing a meeting to discuss the rejection;
- 3) participate through a representative in an informal meeting;
- 4) provide a written determination to the applicant within 5 days of meeting.

**IT IS THE POLICY OF THIS COMPANY TO PROVIDE HOUSING ON EQUAL OPPORTUNITY BASIS. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, SEX, SEXUAL ORIENTATION, FAMILIAL STATUS, OR NATIONAL ORIGIN.**

This property 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 HUD's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Name: Patrice Walker, 7334 Blanco Rd. #300, San Antonio, TX 78216 Telephone – Voice: (210) 492-1570 Telephone – TTY: (800) 735-2989



### Citizenship Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME

FIRST NAME

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form 1-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_ (to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

**DECLARATION:**

I, hereby declare, under penalty of perjury, that I am \_\_\_\_\_ (print or type first name, middle initial, last name):

\_\_\_\_\_ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check here if adult signed for a child: \_\_\_\_\_



- \_\_\_\_\_ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (see Sample Verification Consent Form in Exhibit 3-6).

AND

- b. One of the following documents:

- (1) Form 1-551, *\*Permanent Resident Card\**
- (2) Form 1-94, *Arrival-Departure Record*, with one of the following annotations:
  - (a) "Admitted as Refugee Pursuant to section 207";
  - (b) "Section 208" or "Asylum";
  - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form 1-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - (a) A final court decision granting asylum (but only if no appeal is taken);
  - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
  - (c) A court decision granting withholding or deportation; or
  - (d) A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (5) *\*Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.\**



If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check here if adult signed for a child: \_\_\_\_\_

<b>REQUEST FOR EXTENSION</b>	
<p>I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.</p>	
Signature: _____	Date: _____
Check here if adult signed for a child: _____	

\_\_\_\_\_ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check here if adult signed for a child: \_\_\_\_\_



**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

**Canaan Towers**

**059EH004**

**400 N. Dale Ave.**

Name of Property

Project No.

Address of Property

**United Apartment Group**

**PRAC 202**

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
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 form 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)

### 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 should check as many as apply to you.

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.



UNITED APARTMENT  
GROUP

## RESIDENT SELECTION GUIDELINES

**Canaan Towers Apartments** are located at 400 N. Dale Ave., Shreveport, LA, 71101. The property consists of 3 separate buildings, 8 stories in height which contains 100 subsidized apartments, the offices, laundry facility, a community room, and maintenance shop, plus a building that stores maintenance supplies, plus a building that we houses our generator. The apartments serve a resident population of elderly households 62 years and older. There are 9 units designated for handicap residents. The economic income limits are low, very low and extremely low for **Canaan Tower Apartments**.

### 1. FAIR HOUSING AND EQUAL OPPORTUNITY REQUIREMENTS STATEMENTS OF NONDISCRIMINATION

It is the policy of this Property to comply fully with Title VI of the Civil Rights Act of 1964, Title VIII of the Civil Rights Act of 1968, Executive Order 11063, Section 504 of the Rehabilitation Act of 1973, Fair Housing Amendments Act of 1988, and any legislation protecting the individual rights of residents, applicants, or staff which may subsequently be enacted.

The Property shall not discriminate because of race, color, sex, familial status, religion, handicap, disability, or national origin in the leasing, rental, or other disposition of housing in any of the following regardless of actual or perceived sexual orientation, gender identity, or marital status:

- a. deny to any household the opportunity to apply for housing, nor deny to any eligible applicant the opportunity to lease housing suitable to its needs,
- b. provide housing which is different than that provided others,
- c. subject a person to segregation or disparate treatment,
- d. restrict a person's access to any benefit enjoyed by others in connection with the housing program,
- e. treat a person differently in determining eligibility or other requirements for admission,
- f. deny a person access to the same level of services, or
- g. deny a person the opportunity to participate in a planning or advisory group which is an integral part of the housing program.

Family includes, but is not limited to, the following, regardless of actual or perceived sexual orientation, gender identity, or marital status:

- (1) A single person, who may be an elderly person, displaced person, disabled person, near-elderly person or any other single person; or
- (2) A group of persons residing together and such group includes, but is not limited to:
  - (i) A family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family);
  - (ii) An elderly family;
  - (iii) A near-elderly family;
  - (iv) A disabled family;
  - (v) A displaced family; and
  - (vi) The remaining member of a tenant family.

The Property will seek to identify and eliminate situations or procedures which create a barrier to equal housing opportunity for all. In accordance with Section 504, the Property will make reasonable accommodations for individuals with handicaps or disabilities (applicants or residents). Such accommodations may include changes in the method of administering policies, procedures, or services.

In reaching a reasonable accommodation with, or performing structural modification for otherwise qualified individuals with disabilities the Property is not required to:

- a. make structural alterations that require the removal or altering of a load-bearing structure,
- b. provide support services that are not already part of its housing programs,
- c. take any action that would result in a fundamental alteration in the nature of the program or service, or
- d. take any action that would result in an undue financial and administrative burden on the Property, including



structural impracticality as defined in the Uniform Federal Accessibility Standards (UFAS).

## 2. PRIVACY POLICY

It is the policy of the Property to guard the privacy of individuals conferred by the Federal Privacy Act of 1974 and to ensure the protection of such individuals' records maintained by the Property.

Therefore, neither the Property nor its agents shall disclose any personal information contained in its records to any person or agency unless the individual about whom information is requested shall give written consent to such disclosure.

This Privacy Policy in no way limits the Property's ability to collect such information as it may need to determine eligibility, compute rent, or determine an applicant's suitability for tenancy. Consistent with the intent of Section 504 of the Rehabilitation Act of 1973, any information obtained on handicap or disability will be treated in a confidential manner.

## 3. QUALIFYING FOR ADMISSION

Based on Federal Regulations, the Property may not admit ineligible applicants. In the selection of applicants for admission, Eligibility Criteria has been established in accordance with HUD guidelines. All applicants will be screened carefully and the following eligibility standards will be applied:

### Mandatory Provisions:

We are required to adopt and incorporate into our screening and admissions policies the following mandatory provisions that prohibit admission to applicants who fit into the following categories. We are required to deny admission to federally assisted housing if;

Any household member has been evicted from federally assisted housing for drug related criminal activity, for three years from the date of eviction. If the evicted household member who engaged in drug related criminal activity has successfully completed a supervised drug rehabilitation program or circumstances leading to the eviction no longer exist, the Owner may, but is not required to admit the household.

Any household member is currently engaging in illegal drug use.

The Owner determines that there is reasonable cause to believe that a household member's illegal use or a pattern of illegal use of a drug may interfere with the health, or right to peaceful enjoyment of the premises by other residents. (Example of evidence of illegal activities may include a conviction record, former landlord references, etc.)

Any member of the household is subject to a lifetime registration requirement under a state sex offender registration program. In accordance with Federal law, Owners shall establish standards that prohibit admission to any federally assisted property to sex offenders subject to a lifetime registration requirement under a state offender registration program. During the admission screening process, the Owner must perform the necessary criminal history background checks in the state where the housing is located and in other states where the household members are known to have resided.

The Owner determines that there is reasonable cause to believe that a household member's abuse or pattern of abuse of alcohol interferes with the health, safety, or right to a peaceful enjoyment of the premises by other residents.

The owner /agent will use the Income Verification System (EIV) to complete an Existing Tenant Search for all family members in order to determine if applicant or any member of household is currently receiving HUD assistance.

### Student Eligibility:

A student who is otherwise eligible and meets screening requirements is eligible for assistance if the student meets the criteria indicated below. Section 8 assistance shall be provided to any individual who is enrolled as either a part-time or full-time student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential; when the student:

- 1) Is classified as Vulnerable Youth; A student meets HUD's definition of a vulnerable youth when:
  - a) The individual is an orphan, in foster care, or a ward of the court or was an orphan, in foster care, or a ward of the court at any time when the individual was 13 years of age or older;
  - b) The individual is, or was immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in the individual's State of legal residence;



c) The individual has been verified during the school year in which the application is submitted as either an unaccompanied youth who is a homeless child or youth (as such terms are defined in section 725 of the McKinney-Vento Homeless Assistance Act) (42 U.S.C. 11431 et seq.), or as unaccompanied, at risk of homelessness, and self-supporting, by

- i) A local educational agency homeless liaison, designated pursuant to the McKinney-Vento Homeless Assistance Act;
- ii) The director of a program funded under the Runaway and Homeless Youth Act or a designee of the director;
- iii) The director of a program funded under subtitle B of title IV of the McKinney-Vento Homeless Assistance Act (relating to emergency shelter grants) or a designee of the director; or
- iv) A financial aid administrator; or

2) The individual is a student for whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstances

- If a student does not meet the eligibility criteria above, but can prove independence from parents under HUD rules, then the student would meet HUD's student eligibility criteria

- If an ineligible student applies for or is a member of an existing household receiving Section 8 assistance, the assistance for the household will not be prorated but will be terminated

- NOTE: An owner cannot evict or require an ineligible student to move from a unit as long as the student is in compliance with the terms on the lease

Any financial assistance a student receives (1) under the Higher Education Act of 1965, (2) from private sources, or (3) from an institution of higher education that is in excess of amounts received for tuition and other fees is included in annual income, except:

1. If the student is over the age of 23 with dependent children or
2. If the student is living with his or her parents who are receiving section 8 assistance

Financial assistance that is provided by persons not living in the unit is not part of annual income if the student meets the Department of Education's definition of "vulnerable youth".

No section 8 assistance will be provided to any individual who:

- a) Is enrolled as a student at an institution of higher education (as defined under section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002)
- b) Is under 24 years of age; and
- c) Is not a veteran of the United States military; and
- d) Is unmarried; and
- e) Does not have a dependent child; and
- f) Is not a person with disabilities, as such term is defined in section 3(b)(3)(F) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(3)(E)) and was not receiving assistance under such section 8 as of November 30, 2005; and
- g) Is not individually eligible, or has parents who, individually or jointly, are not income eligible to receive section 8 assistance.

Social Security Number (SSN) Requirements:

All family members claiming eligible immigration status and requesting assistance, regardless of age, must disclose and document social security numbers prior to admission. The head of household must disclose SSN's for all family members.

*Exception to this rule:*

- I. Effective January 31 2010 an exception to this rule applies to household members age 62 or older whose initial eligibility determination started before January 31, 2010, and provide verification of the complete and accurate SSN assigned to them.
- II. Individuals who do not contend eligible immigrations status in Mixed Families. A mixed family with one or more ineligible family members and one or more eligible family members may receive prorated assistance. For those



individuals, disclosure and verification, documentation must be obtained that verifies the applicant's exemption status.

- III. Persons under the age of 6 in applicant households that were added to the applicant household within the 6 months of the date of admission. The family must disclose and provide verification of the SSN within 90 days of the date of admission. An Additional 90-day extension must be granted if delays are due to circumstances beyond the family's control.

Applicants who have not disclosed and/or provided verification of SSNs for all non-exempt household members have 90 days from the date they are first offered an available unit to disclose and/or verify the SSNs. During this 90-day period, the applicant may, at its discretion, retain its place on the waiting list. After 90 days, if the applicants unable to disclose and/or verify the SSNs of all non-exempt household members, the applicant should be determined ineligible and removed from the waiting list.

When adding a new household member who is under the age of 6 to an existing household, the tenant must disclose and provide verification of the SSN of the individual to be added within 90 days of adding the new member. An additional 90-day extension must be granted if delays are due to circumstances beyond the family's control.

Citizenship/Immigration Status Requirements:

Only U.S. Citizens or eligible non-citizens may receive assistance. This means that at least one family member must be able to provide proof of citizenship or eligible non-citizen status. If some family members are not able to provide proof of citizenship, assistance will be prorated accordingly based on the number of confirmed eligible family members.

Applicants for assistance are required to submit evidence of citizenship or eligible immigration status at time of application. (Forms attached to application) Applicant will have 30 days to provide proof and the owner will permit a temporary deferral of termination of assistance during this said period. All family members, regardless of age, must declare their citizenship or immigration status. Non-citizens (except those ages 62 and older) must sign a Verification Consent Form and submit documentation of their status. (Form attached to application)

Occupancy Standards

Any family placed in a unit size different than that defined in these Occupancy Standards shall agree to transfer to an appropriate size unit when one becomes available (in accordance with the Transfer Policy and Lease Addendum).

Dwelling units will be assigned in accordance with the following standards:

<u>Bedroom Size</u>	<u>Persons Per Household</u>	
	<u>Minimum</u>	<u>Maximum</u>
0	1	1
1	1	2
2	2	4
3	3	6
4	4	8

**Being eligible, however, is not an entitlement to housing.** In addition, every applicant must meet the Resident Selection Guidelines. The Resident Selection Guidelines are used to demonstrate the applicant's suitability as a resident using verified information on past behavior, to document the applicant's ability, either alone or with assistance, and to comply with essential lease provisions and any other rules and regulations governing residency.

**4. APPLICATION INTAKE AND PROCESSING**

In addition to the above-mentioned criteria all HUD applicants the following will also apply.

In order to be considered for the processing and admission/placement on the waiting list, an applicant must complete a pre-application. The pre-application must include a signature from the applicant certifying the accuracy and completeness of the information provided. When a unit becomes available, a full application must be completed to determine the applicant's complete eligibility. Each application must be completed, signed and dated by every adult household member 18 years of age and older and by all legally emancipated minors. Pre-applications and/or full applications can be picked up at the leasing office during the office hours posted. Notice of closing and re-opening the waiting list will be publicized at the office, community rooms (if applicable), and as a local publication.

Should the applicant be personally unable to complete the application form, the applicant must be present to provide information to someone assisting in the application completion. Applicant and the person assisting the applicant must



provide management with identification such as picture ID or driver's license. The applicant may take the application, complete it and return it in person at applicant's convenience or mail it to the management office. The application will not be officially timed and dated for the waiting list until the application is returned and has been checked for completeness.

Applicants placed on the waiting list must contact the management office every six months to renew and or update their application and demonstrate a continuing desire for residency. Applicant's response indicating continued interest must be received within 5 business days from the indicated date on reminder notice that will be sent to applicant at the end of the six months.

Management will review application information to tentatively determine eligibility. Should the application indicate that the applicant(s) is ineligible for our program administered at this project under guidelines set forth in HUD Handbook 4350.3, REV-1 (i.e. overqualified, not of eligible age, etc.) management will formally notify applicant(s) in writing.

Management will conduct an initial screening with applicants to:

- Review application information
- Answer questions
- Explain waiting list procedures and program requirements.

Family size must be appropriate for an available unit that meets HUD occupancy standards, (two persons per bedroom) HUD Handbook 4350.3, REV-1, 3-23. Should a unit not be available, the applicant will be placed on the waiting list.

Documentation kept is as follows:

- Date and time the application was placed on the waiting list
- Maximum Occupancy HUD requirement (two persons to a bedroom)
- Make note of household members
- Document when letter of notification is mailed out as a unit becomes available
- A 5-business day grace period is given to applicant to respond if they are still interested in a unit.
- If we do not get a response in writing or in person or by phone the application is dropped and removed from waitlist.

Once a unit is offered to an applicant(s) they have 5 business days to respond after written or telephone notification to accept the unit and make reasonable arrangements with management to pay the required security deposit and set a move-in date. Should the applicant fail to contact management within that time frame the application is dropped from the waiting list.

Applicants offered an apartment and rejecting it due to hardship such as lack of funds for security deposit or rent is allowed to make payment arrangements and split the deposit in two monthly payments.

Applicants refusing the apartment for other than hardship of funds will be placed at the bottom of the waiting list.

Applicants may be denied for one or more of the following reasons:

- Waiting list has been posted as closed in accord with HUD handbook 4350.3, REV-1.
- Incomplete application, insufficient documentation and signatures
- Falsification on application
- Unable to meet HUD requirements
- Failure to meet the resident selection criteria
- Failure to respond to written notification sent within 10 business day grace period.
- Failure to report change of address, telephone or any means of communication.

Applicants will go through a screening process and if criteria are met, applicant will be considered for housing. Applicants will be accepted subject to availability of unit.

- Application must contain accurate information, must be complete, with date and signature.
- A Criminal History check will be conducted on all new applicants
- Applicant's income must not exceed the income limits provided by HUD 4350.3, REV-1
- In addition, we cannot stipulate that applicants must have income to be eligible.
- Housekeeping habits should not affect self, other residents or property.
- Proof of income, current employment, other income or lack of income, assets and deductions will be verified prior to processing of the 50059 and tenant move in or recertification
- Documented income should support rental payments for the program offered plus reasonable living expenses



for the household needs.

- All adults in each applicant family must sign an Authorization for Release of Information (HUD Form 9887 and (9887/A) prior to receiving assistance and annually thereafter. HUD Handbook 4350.3, REV-1, 3-5, C.
- The unit for which the family is applying must be the family's only residence. HUD Handbook 4350.3, REV-1, 3-5, D.
- The applicant must agree to pay rent required by the program under which the family will be receiving assistance. HUD Handbook 4350.3, REV-1, 3-5, E.
- We will mail policy forms to the applicant to comply with Section 504 of the Rehabilitation Act of 1973 and the air Housing Act and other relevant civil rights laws and statutes. HUD Handbook 4350.3, REV-1, 4-4, C (6).

#### Income Limit

- A. Applicants and Tenants are required to sign an agreement consenting to provide the Owner with information about the family income. (HUD Notice 00-18)
1. HUD Handbook 4350.3, REV-1, 5-26, D: Tenants in properties subsidized through the Section 8 program must pay a minimum TTP of \$25.00. HUD Handbook 4350.3, REV-1, 5-26, D (3)(a): Owners must waive the minimum rent for any family unable to pay due to a long-term financial hardship. Hardship exceptions will be as follows:
- a. The tenant has lost Federal, State or local government assistance or is waiting for eligibility determination.
  - b. The family would be evicted if the minimum rent requirement was imposed.
  - c. The family income has decreased due to a change in circumstances, including but not limited to loss of employment.
  - d. A death in the family has occurred.
  - e. The applicant must agree to pay rent required by the program under which the family will be receiving assistance. HUD Handbook 4350.3, REV-3, 3-5, E.
- B. Owners must make at least 40% of the assisted units that become available each year to families whose income does not exceed 30% of the area median income (extremely low-income) at the time of admission.
1. Not more than 15% of units available for occupancy on or after October 1981 shall be rented to low-income families, other than very low-income.
  2. Not more than 25% of units available for occupancy prior to October 1, 1981 shall be rented to low income families, other than very low-income

#### 5. PRIORITIES FOR ACCESSIBLE OR ADAPTABLE APARTMENTS

For apartments, accessible to, or adaptable for, persons with mobility, visual, or hearing impairments, households containing at least one person with such impairment will have first priority (as applicable for a particular apartment feature). NOTE: Current residents in good standing, requiring accessible/adaptable apartments, shall be given priority over applicants requiring the same type apartment. Where persons without disabilities are moved into apartments designed to meet special needs, they shall do so only after agreeing to move to an apartment with no such design features should an applicant or current resident require an accessible apartment of the type currently occupied by the persons without disabilities.

The Mobile Impaired/handicapped applicants with a physical impairment requiring a unit which has been modified to accommodate their specific needs will be given priority only for those modified units as they become available.

In order to comply with HUD requirements on Income Targeting, the following method will apply. Owners will admit only extremely low income families until the 40% target is met. In chronological order, owners will select eligible applicants from the waiting list whose incomes are at or below the extremely low income limit to fill the first 40% of expected vacancies in the property. Thereafter, applicants will be selected in chronological order using the date the application was received, with the oldest application being offered a unit first.

Any decision made to transfer a resident will require written documentation from a doctor requesting the need for that person to transfer. Residents who provide written documentation will be allowed to transfer once a unit that accommodates their special needs becomes open and ahead of persons on the waiting list.

#### 6. WAITING LIST SELECTION PROCEDURES

NOTE: Current residents, in good standing, who may qualify for rental assistance or who meet the qualifications listed in





the Transfer Policy for transfer to a different unit shall be given priority over applicants. It is likely that there will be more applicants for housing than can be assisted. In order to select those families most in need of housing, the following categories will be the basis of selecting residents from among all applicants:

- a. Handicapped or disabled eligible families when units are designated for their use.
- b. Forty percent (40%) of all available (moved-out) units will be set aside for families whose total gross family income does not exceed 30% of the area median income as established by HUD.
  1. Applicants will be taken from the waiting list in order EXCEPT, if, at any time, the admission of the next applicant on the waiting list would cause the property to fall below the 40% under 30% requirement, the next applicant who meets the under 30% income level requirement will be moved to the top of the list and admitted. This testing procedure will be applied to all admissions during the year and records regarding this procedure will be kept on an annual basis and in the rental office. The determination of compliance will be made annually and the documentation will be kept on file in the rental office.
  2. Marketing of these units will be targeted towards potential residents who have incomes that do not exceed 30% of the area median income.
- c. Within each of the above listed groups, approved applicants will be housed based solely on the date and time of pre-application.

## 7. WAITING LIST MANAGEMENT

It is the policy of Management to administer its Waiting List as required by HUD handbooks and regulations.

### a. Opening and Closing Waiting Lists

In order to maintain a balanced application pool, Property may, at its discretion, restrict application taking, suspend application taking, and close Waiting Lists in whole or in part. Property will also update the Waiting List by removing the names of those who are no longer interested in or no longer qualify for housing.

If Property has sufficient applications, it may elect to:

- 1) close the Waiting List completely,
- 2) close the Waiting List during certain times of the year, or

Decisions about closing the waiting list will be based on the number of applications available for a particular size and type of apartment and the ability of Property to house an applicant in an appropriate apartment within a reasonable period of time. Closing the Waiting Lists, restricting intake, or opening the Waiting Lists will be publicly announced. Property will use a one year waiting period to determine whether the Waiting List may be closed.

During the period when the Waiting List is closed, Property will not maintain a list of individuals who wish to be notified when the Waiting List is reopened.

The opening and closing of the waiting list will be advertised per the property's Affirmative Fair Housing Marketing Plan.

### b. Change in Priority Status While on the Waiting List

Occasionally households on the Waiting List who did not qualify for a Priority when they applied will experience a change in circumstances that qualifies them for a Priority. In such cases, it will be the household's duty to contact the Property so that their change in status may be verified to reflect the Priority.

To the extent the verification determines the household does now qualify for a Priority, they will be moved up on the Waiting List in accordance with the Priority and their date of application.

### c. Removal of Applications from the Waiting List

Property will not remove an applicant's name from the Waiting List unless:

- 1) the applicant requests that the name be removed,
- 2) the applicant was clearly advised, in writing, of the requirement to tell Property of his/her continued interest in housing by a particular time and failed to do so,





- 3) property made a reasonable effort, in writing, to contact the applicant to determine if there was continued interest in housing but has been unsuccessful, or
- 4) property has notified the applicant, in writing, of its intention to remove the applicant's name, because the applicant no longer qualifies for assisted housing, or
- 5) applicant refused offer of unit for other than medically related reason.

## 8. INTERVIEWS AND VERIFICATION PROCESS

As applicants approach the top of the waiting list, they will be contacted to schedule an application interview. The interview shall be conducted in accordance with the HUD Handbook 4350.3.

No decisions to accept or reject applications shall be made until all information presented by the applicant on the Application has been verified.

## 9. VERIFICATION REQUIREMENTS

Property shall obtain verifications in compliance with requirements set forth in the HUD Handbook 4350.3. No decision to accept or reject an application shall be made until verifications keyed by the application form have been collected and any necessary Follow-up Interviews have been performed.

### a. Types of Verification Required

All information relative to the following items must be verified as described in these procedures:

- 1) Eligibility for Admission, such as
  - a) income, assets, and asset income
  - b) household composition
  - c) Social Security Numbers of household members age 6 and older or certification that Social Security has not been assigned
  - d) citizenship and/or legal status
- 2) Allowances, such as
  - a) age, disability, or handicap of household members
  - b) full time student status
  - c) child care costs
  - d) handicap expenses
  - e) medical costs (for elderly/handicap households only)
- 3) Priorities, such as;
  - a) Income less than 30% of median income limits
- 4) Compliance with Resident Selection Guidelines, such as
  - a) proof of ability to pay rent
  - b) previously demonstrated adherence to Lease
  - c) positive prior landlord reference, rent paying, caring for a home
  - d) history of criminal activity of any household member
- 5) Credit checks will be processed through approved credit bureaus with an approved credit rating. Exceptions include:
  - a) Medical collections.
  - b) Proof of satisfactory dispute of credit rating.
  - c) Applicant shows period of credit problems which have been corrected.
  - d) Applicant has proof of repayment of debt. Proof must be a statement of satisfaction from creditor, court, or other legal proof.
- 6) Special Program Requirements, such as
  - a) special needs housing based on disability

All the above information must be documented and appropriate verification forms or letters placed in the applicant or resident file.

### b. Period for Verification

Only verified information that is less than 120 days old may be used for verification or recertification. Verified information not subject to change (such as a person's date of birth) need not be re-verified.



c. Forms of Verification - documentation required, as part of the verification process, may include:

- 1) checklists completed as part of the interview process and signed by the applicant
- 2) verification forms completed and signed by third parties
- 3) reports of interviews
- 4) documentation, i.e., award letters, pay stubs, bank statements, etc
- 5) notes of telephone conversations with reliable sources
- 6) facsimile, email and internet

At a minimum, such reports will indicate the date and time of the conversation, source of the information, name and job title of the individual contacted, and a written summary of the information received.

Management staff will be the final judge of the credibility of any verification submitted by an applicant. If the staff considers documentation to be doubtful, it will be reviewed by Management staff who will make a ruling about its acceptability. Management staff will continue to pursue credible documentation until it is obtained or the applicant is rejected for failing to produce it.

d. Sources of Information - Sources of information to be checked may include, but not be limited to:

- 1) the applicant by means of interviews
- 2) present and former housing providers
- 3) present and former employers
- 4) credit checks and management record services
- 5) household social workers, parole officers, court records, drug treatment centers, physicians, clergy, INS
- 6) law enforcement

e. Preferred Forms of Verification - Verifications shall be attempted in the following order:

- 1) third-party written
- 2) third-party oral with a record kept in the files
- 3) copies of third party documents provided by the household (i.e. Social Security or agency printout, award letter, pays stubs, bank statements, pharmacy printouts, payment book stubs for medical insurance premium, etc.)
- 4) in the absence of any of the above, affidavits from the household

Each file will be documented to show that the Property staff attempted to obtain third-party written documentation before relying on some less acceptable form of information.

## **10. Attempted Fraud**

Any information provided by the applicant that verification proves to be untrue may be used to disqualify the applicant for admission on the basis of attempted fraud. The Property considers false information about the following to be grounds for rejecting an applicant:

- 1) income, assets, household composition
- 2) Social Security Numbers
- 3) preferences and priorities
- 4) allowances
- 5) previous residence history or criminal history
- 6) citizenship, naturalization, and/or eligible immigration status

Unintentional errors that do not cause preferential treatment will not be used as a basis to reject applicants.

## **11. DETERMINATION OF APPLICANT ELIGIBILITY**

Information needed to determine applicant eligibility shall be obtained, verified, and the determination of applicant eligibility performed, in accordance with HUD and property eligibility requirements.

## **12. DETERMINATION OF APPLICANT QUALIFICATION**



## The Applicant Screening Policy:

All applicants for HUD regulated housing will be screened according to the criteria set forth in these Resident Selection Guidelines. The following guidelines, which are based on those set forth in the HUD Regulations, relate to the individual behavior of each applicant household:

- 1)
  - a.) Past performance in meeting financial obligations, especially rent.
  - b.) A record of disturbance of neighbors, destruction of property, or housekeeping habits at prior residences which may adversely affect the health, safety, or welfare of other residents or cause damage to the apartment or community.
  - c.) Involvement in criminal activity on the part of any applicant household member which would adversely affect the health, safety, or welfare of other residents.
  - d.) A record of eviction from housing or termination from residential programs.
  - e.) An applicant's ability and willingness to comply with the terms of the Property's Lease and community's policies.
  - f.) An applicant's misrepresentation of any information related to eligibility, allowances, household composition, or rent.

### HUD Statutory Preferences

This property gives preference to applicants who have been displaced by government action or a presidential declared disaster.

The Applicant must provide evidence that they are eligible for the Preference.

### 13. How Applicant's History Will be Checked

Listed below are the methods by which every applicant's performance, relative to each of the five criteria, will be checked:

- 1) Past performance meeting financial obligations, especially rent:
  - a) Credit check with Credit Bureau.
  - b) Contacting the current landlord and at least one prior landlord. The Landlord Verification Form will be used to gather previous rental history information.
  - c) The reason for checking with prior housing providers is that current housing providers of dangerous, destructive, or costly applicants may misrepresent information about them to get the Property to take over their problems. Contacts with all prior housing providers for at least the past 10 years are to be pursued.
  - d) If verified records of timely rental payments are received from management(s), no further documentation of past performance in meeting financial obligations, especially rent, need to be collected.

**Otherwise** eligible households who apply for housing with outstanding balances owed to the Property must pay any balance owed within 120 days of filing an application prior to being placed on the Waiting List. Failure to pay within the allotted time will result in the application being rejected.

- 2) Disturbance of neighbors, destruction of property, or living or housekeeping habits that would pose a threat to other residents:
  - a) Staff will check for these potential problems with the current management and at least one former management using the Landlord Verification Form.
  - b) If the applicant is not currently living under a lease with a management, the housing provider will be asked to verify the applicant's ability to comply with Property lease terms as it relates to these guidelines. Any area for which the applicant has upkeep responsibility will be inspected.
  - c) An applicant's behavior toward Property Manager will be considered in relation to future behavior toward neighbors. Physical or verbal abuse or threats by an applicant toward Property Staff will be noted in the file.
- 3) Involvement in criminal activity on the part of any applicant household member which would adversely



affect the health, safety, or welfare of other residents.

- 4) Criminal history checks of convictions and outstanding warrants with local, state and possibly federal authorities.
- 5) A record of eviction from housing or termination from residential programs will be considered:
  - a) Property Manager will check Property records, management records, and other records to determine whether the applicants have been evicted from the Property, any other assisted housing, or any other property in the past
  - b) Records of evictions from residential programs will be checked with service agencies and with any housing providers referred by the applicant
  - c) Circumstances of any past eviction or termination in determining its relevance to Property tenancy.
- 6) Ability and willingness to comply with the terms of the Lease & Community Policies:
  - a) If an applicant is able to document that he/she is complying with Lease terms and Community Policies in current and former residences, through a combination of management references and the home visit, if applicable, this criterion will be considered to have been satisfied.
- 7) An applicant's misrepresentation of any information related to eligibility, award of priority for admission, allowances, household composition, or rent.
  - a) If, during the course of processing an application, it becomes evident that an applicant has falsified or otherwise misrepresented any facts about his/her current situation, criminal history, or behavior in a manner that would affect eligibility, Federal preferences, priorities, application selection criteria qualification, allowances, or rent, the application shall be rejected.

#### **14. Obtaining Applicant Releases**

When applicants are interviewed prior to the eligibility and reference determination, all adult household members must sign the necessary releases required for gathering information needed to determine eligibility.

#### **15. Review of Recommendations for Admission or Rejection**

- a) If the applicant requests an additional interview to determine whether mitigating circumstances or reasonable accommodations would make it possible to accept his/her application, Management will do so based on Section 504 of the Rehabilitation Act of 1973.
- b) If an applicant is clearly eligible and passes the screening guidelines, admission shall be authorized. Likewise, if the applicant is ineligible, rejection shall be authorized.
- c) Management will follow the grievance process in compliance with requirements set forth in the HUD Handbook 4350.3

#### **16. Applicants with Disabilities or Handicaps**

Management must consider whether to reconsider a rejection of an applicant if he/she has a disability and the reasons for the rejection could be overcome by management's reasonable accommodation of the applicant's disability. For reasonable accommodations to apply there are several requirements. First, the applicant must have a verifiable disability [mental or physical impairment that substantially limits one or more major life activities]. The disability must have a direct correlation to the reason the applicant would be rejected. The applicant must request the reasonable accommodation and provide verification of his/her disability and his/her need for the accommodation. Finally, for the accommodation to be reasonable it cannot result in a financial or administrative burden to the Property. In some situations, even with reasonable accommodations, applicants with disabilities cannot meet essential program requirements. In these situations, the applicant is not eligible and the applicant will be rejected. Examples of such situations are where the behavior or performance in past housing caused a direct threat to the health or safety of persons or property; past history or other information that shows the applicant's inability to comply with the terms of the Property's lease; or an objective determination that the applicant would require services from management that represent an alteration in the fundamental nature of the Property's program.

- 1) If an applicant makes a request, management will provide a reasonable accommodation if the applicant has a verifiable disability that is directly related to the request and providing the reasonable accommodation will not result in a financial



or administrative burden to management.

## 17. REJECTION OF INELIGIBLE OR UNQUALIFIED APPLICANTS

The Property complies with applicant rejection requirements set forth in the HUD Handbook 4350.3. Management reserves the right to reject applicants for admission if it is determined that the applicant or any member of the household falls within any one or more of the following categories:

- a. **Misrepresentation:** Willful or serious misrepresentation in the application procedure for the apartment or certification process for any government assisted dwelling unit.
- b. **Records of Disturbance of Neighbors, Destruction of Property or Other Disruptive or Dangerous Behavior:** Includes behavior or conduct which adversely affects the safety or welfare of other persons by physical violence, gross negligence or irresponsibility, which damages the equipment or premises in which the family resides; or which is disturbing or dangerous to neighbors or disrupts sound family and community life.
- c. **Violent Behavior:** Includes evidence of acts of violence or of any other conduct, which would constitute a danger or disruption to the peaceful occupancy of neighbors.
- d. **Non-compliance with Rental Agreement:** Includes evidence of any failure to comply with the terms of rental agreements at prior residences, such as failure to recertify as required, providing shelter to unauthorized persons, keeping pets, or other acts in violation of rules and regulations.
- e. **Owing Prior Landlords:** Applicants who owe a balance to present or prior landlords will not be considered for admission until the account is paid in full and reasonable assurance is obtained that the contributing causes for nonpayment of rent or damages have changed sufficiently to enable the family to pay rent and other charges when due.
- f. **Owing Utility Providers:** Applicants who owe a balance to the local utility provider for present or prior residences will not be considered for admission until the account is paid in full and reasonable assurance is obtained that the contributing causes for failure to pay the utility bill have changed sufficiently to enable the family to pay and maintain utilities in the name of the head of household.
- g. **Unsanitary or Hazardous Housekeeping:** Includes generally creating any health or safety hazard through acts of neglect and causing or permitting any damage to or misuse of premises and equipment, if the family is responsible for such hazard, damage or misuse; causing or permitting infestation, foul odors or other problems injurious to other persons' health, welfare or enjoyment of the premises; depositing garbage improperly; failing to use in a reasonable and proper manner all utilities, facilities, services, appliances and equipment within the dwelling unit or failing to maintain them in a clean condition; or any other conduct or neglect which could result in health or safety problems or in damage to the premises.
- h. **Credit History:** A consistent, severe or recent history of deficiencies in overall credit or rent payment which indicate the family will be unable or would otherwise fail to pay when due rent for the apartment and other expenses relating to occupancy of the apartment.
- i. **Criminal Activity:** Management has established a policy to reject all applications where the applicant or any household member has engaged in certain criminal activity. The activities that will be grounds for rejection of an application are as follows:
  - a. Any conviction or adjudication other than acquittal within the 25 years which involved injury to a person or property.
  - b. Any conviction or adjudication other than acquittal for the sale, distribution or manufacture of any controlled or illegal substance.
  - c. Any conviction or adjudication other than acquittal within the 25 years involving illegal use or possession of any controlled or illegal substance.
  - d. Any current illegal user or addict of a controlled or illegal substance.
  - e. Any act which results in the person's tenancy constituting a threat to the health or safety of other individuals, result in substantial physical damage to the property of others, or interfere with the peaceful and quiet enjoyment of the premises. Any criminal offense that is a felony and misdemeanor one (1), a misdemeanor two (2) under 10 years old, and a misdemeanor three (3) under 5 years old.
  - f. Any conviction or adjudication other than acquittal, for any sexual offense.
  - g. Any conviction or adjudication other than acquittal, which involved bodily harm to a child.
  - h. Eviction for Drug Related Criminal Activity: If the applicant or any household member has been evicted



from federally assisted housing for drug related criminal activity, the application will be rejected.

i. Alcohol Abuse: If a determination is made that the applicant or any household member's abuse, or pattern of abuse, of alcohol interferes with the health, safety or right to peaceful enjoyment of the premises by other residents, the application will be rejected.

**Rejection:** Applicant will receive a written rejection notice and will have 14 days to appeal the rejection.

**Management reserves the right to require criminal background checks at any time during residency if in receipt of credible and verifiable information.**

## 18. ACCEPTANCE AND MOVE-IN OF ELIGIBLE AND QUALIFIED APPLICANTS

- 1) Determination for Rent and Security Deposit
- 2) Monthly rent and security deposit amount will be determined in accordance with the Federal regulations governing the housing program and state law.

## 19. Offering an Apartment

When an apartment becomes available for occupancy, it will be offered to the applicant at the top of the Waiting List for that apartment type. If the applicant cannot be contacted within five (5) working days, the offer will be cancelled and the apartment will be offered to the next applicant on the Waiting List.

In that event, the first applicant will be sent a letter requesting confirmation of its interest in remaining on the Waiting List. If the applicant replies affirmatively, its application will retain its position on the Waiting List. If the reply is negative, or if no reply is received within five (5) working days, the application will be withdrawn.

If an applicant rejects an offer twice, the applicant is removed from the Waiting List.

## 20. Prior to Move-In

- 1) Management will explain the HUD regulations regarding the following:
  - a) security deposits
  - b) annual recertification's
  - c) interim recertification's
  - d) unit inspections
  - e) community policies
  - f) transfer policy
- 2) All adult members, age 18 and older, of the household will sign the Lease, Community Policies, and related documents.
- 3) The applicant and management will inspect the apartment and sign the Move-In Inspection form.
- 4) The applicant will pay the Security Deposit.
- 5) The applicant will pay the rent for the first month, as set forth in the Lease.
- 6) The applicant will be given a copy of the Lease, the Move-In Inspection form, Community Policies, and the receipt for the Security Deposit and first month's rent.

## 21. Transfer Policy

- 1) The following reasons for transfer will be reviewed and may be granted:
  - A) Because of a Reasonable Accommodation due to a disability and or medical reason of a household member, the household may request a transfer to an alternate unit.
  - B) A change in the household size requiring an increase or decrease in the apartment size to accommodate the new household size.
  - C) Due to a change in family composition a family may request a transfer to a larger or smaller unit.
    - I. Determine appropriate units
    - II. Determine whether a transfer is required
- 2) Residents requesting transfers for the above reasons will be placed on a transfer list based on apartment size requested.



- 3) Residents with a disability(ies) will be given priority for an apartment with accessible features.
- 4) Transfers should occur after the completion of the initial lease term (except if based on accessibility needs), completed in the middle of the month, and are limited to 30 days, to move out of the current apartment, and to move into the new apartment.
- 5) When a household transfers to a new apartment, management may:
  - A) transfer the existing deposit, or
  - B) close out the existing deposit, deduct resident charges, and determine a new security deposit based on the new TTP or program requirement.

NOTE: Current residents, in good standing, who may qualify for rental assistance or who meet the qualifications listed in the Transfer Policy for transfer to a different unit shall be given priority over applicants.

**22. At Move-In** - Keys to the apartment will be issued to the household.

**23. Failure to Move-In On Time**

If a household fails to move in on the agreed date, the application will be declined and the apartment will be offered to the next household on the Waiting List.

**24. Income Qualifications**

All applicants must provide household income information to determine eligibility for residency. Investments, gifts, interest and income from other sources must be claimed to determine eligibility.

Each applicant must provide information necessary to verify all income sources and allowable deductions to determine the eligibility of the applicant prior to move-in.

Use of the Enterprise Income Verification (EIV) system is mandatory and required effective January 31, 2010 and will be used to determine if applicant(s) are receiving Section 8 subsidy from their current landlord (EIV Existing Tenant Report). Other required reports that will be used for each resident are:

- I. Failed Verification Report
- II. Deceased Tenant Report and;
- III. Multiple Subsidy Report

Enterprise Income Verification (EIV) will then be used on all residents at the recertification to check the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information. And the Department of Health and Human Services (HHS), National Directory of New Hires (NDNH), database that stores wage, new hires, and unemployment.

**25. Implementation of the Violence Against Women Act (VAWA)**

On September 30, 2008 HUD issued Notice H 08-07 regarding the requirements and implementation of the Violence Against Women Act (VAWA) passed in 2005. The primary objectives of VAWA 2005 are to reduce violence against women and to protect, or increase the protection of, the safety and confidentiality of women who are victims of abuse. VAWA provides legal protections to victims of domestic violence, dating violence, or stalking. These protections prohibit Owner/Agents from rejecting applicants, evicting or terminating assistance from individuals being assisted under a project based Section 8 program if the asserted grounds for such action is an instance of domestic violence or stalking.

With the release of the Notice, HUD released two new forms for use in the implementation of VAWA:

1. Form HUD-91066, Certification of Domestic Violence or Stalking. Residents must be provided the option to complete this form when an Owner/Agent is trying to determine whether the protections afforded under the VAWA are applicable.
2. Form HUD-91067, Lease Addendum-Violence Against Women and Justice Department Reauthorization Act of 2005. This addendum revises the lease to reflect the statutory requirements of the VAWA that are related to the project-based Section 8 assistance programs.





3. Properties must include this VAWA Lease Addendum with the Model Lease. The addendum should be implemented immediately for all new move-ins, and no later than annual recertification for current residents.

**I have been given the opportunity to ask any questions that pertain to the Resident Selection Guidelines. I/we by signing below certify that we have read and received a copy of these guidelines.**

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Applicant's Signature Date

Grievance Procedure - When rejecting an application, management will:

- 1) provide notification in writing of reasons for rejection;
- 2) inform the applicant they have 14 days to request in writing a meeting to discuss the rejection;
- 3) participate through a representative in an informal meeting;
- 4) provide a written determination to the applicant within 5 days of meeting.

**IT IS THE POLICY OF THIS COMPANY TO PROVIDE HOUSING ON EQUAL OPPORTUNITY BASIS. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, SEX, SEXUAL ORIENTATION, FAMILIAL STATUS, OR NATIONAL ORIGIN.**

This property 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 HUD's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Name: Patrice Walker, 7334 Blanco Rd. #300, San Antonio, TX 78216 Telephone – Voice: (210) 492-1570 Telephone – TTY: (800) 735-2989





# FACT SHEET

## For HUD ASSISTED RESIDENTS

### Section 202/162 – Project Assistance Contract (PAC)

### Section 202/811 – Project Rental Assistance Contract (PRAC)

## “HOW YOUR RENT IS DETERMINED”

Office of Housing

\*\*June 2007\*\*

*This Fact Sheet is a general guide to inform the Owner/Management Agents (OA) and HUD-assisted residents of the responsibilities and rights regarding income disclosure and verification.*

### Why Determining Income and Rent Correctly is Important

Department of Housing and Urban Development studies show that many resident families pay incorrect rent. The main causes of this problem are:

- Under-reporting of income by resident families, and
- OAs not granting exclusions and deductions to which resident families are entitled.

OAs and residents all have a responsibility in ensuring that the correct rent is paid.

#### OAs' Responsibilities:

- Obtain accurate income information

- Verify resident income
- Ensure residents receive the exclusions and deductions to which they are entitled
- Accurately calculate Tenant Rent
- Provide tenants a copy of lease agreement and income and rent determinations
- Recalculate rent when changes in family composition and decreases or increases in income are reported by \$200 more per month
- Provide information on OA policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining rent

#### Residents' Responsibilities:

- Provide accurate family composition information
- Report all income
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income occurring between annual recertifications
- Sign consent forms for income verification
- Follow lease requirements and house rules

### Income Determinations

A family's anticipated gross income determines not only eligibility for assistance, but also determines the rent a family will pay and the subsidy required. The anticipated income, subject to exclusions and deductions the family will receive during the next twelve (12) months, is used to determine the family's rent.

#### What is Annual Income?

Gross Income – Income Exclusions = Annual Income

#### What is Adjusted Income?

Annual Income – Deductions = Adjusted Income

### Determining Tenant Rent

The rent a family will pay is the **highest** of the following amounts:

- 30% of the family's monthly *adjusted* income
- 10% of the family's monthly income
- Welfare rent or welfare payment from agency to assist family in paying housing costs.

**Note:** An owner may admit an applicant to the PAC program only if the Total Tenant Payment is less than the gross rent. This note does not apply to the PRAC program. In some instances under the PRAC program a

tenant's Total Tenant Payment will exceed the PRAC operating rent (gross rent).

## Income and Assets

HUD assisted residents are required to report **all** income from all sources to the Owner or Agent (OA).

Exclusions to income and deductions are part of the tenant rent process.

When determining the amount of income from assets to be included in annual income, the actual income derived from the assets is included except when the cash value of all of the assets is in excess of \$5,000, then the amount included in annual income is the higher of 2% of the total assets or the actual income derived from the assets.

### Annual Income Includes:

- Full amount (before payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services
- Net income from the operation of a business or profession
- Interest, dividends and other net income of any kind from real or personal property (See Assets Include/Assets Do Not Include below)
- Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount **\*\***(except for deferred periodic payments of supplemental security income and social security benefits, see Exclusions from annual Income, below)**\*\***
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay **\*\***(except for lump-sum additions to family assets, see Exclusions from Annual Income, below)**\*\***
- Welfare assistance
- Periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling
- All regular pay, special pay and allowances of a member of the Armed Forces (except for special pay for exposure to hostile fire)
- **\*\***For Section 8 programs only, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965,

shall be considered income to that individual, except that financial assistance is not considered annual income for persons over the age of 23 with dependent children or if a student is living with his or her parents who are receiving section 8 assistance. For the purpose of this paragraph, "financial assistance" does not include loan proceeds for the purpose of determining income.**\*\***

### Assets Include:

- Stocks, bonds, Treasury bills, certificates of deposit, money market accounts
- Individual retirement and Keogh accounts
- Retirement and pension funds
- Cash held in savings and checking accounts, safe deposit boxes, homes, etc.
- Cash value of whole life insurance policies available to the individual before death
- Equity in rental property and other capital investments
- Personal property held as an investment
- Lump sum receipts or one-time receipts
- Mortgage or deed of trust held by an applicant
- Assets disposed of for less than fair market value.

### Assets Do Not Include:

- Necessary personal property (clothing, furniture, cars, wedding ring, vehicles specially equipped for persons with disabilities)
- Interests in Indian trust land
- Term life insurance policies
- Equity in the cooperative unit in which the family lives
- Assets that are part of an active business
- Assets that are not effectively owned by the applicant or are held in an individual's name but:
  - The assets and any income they earn accrue to the benefit of someone else who is not a member of the household, and
  - that other person is responsible for income taxes incurred on income generated by the assets
- Assets that are not accessible to the applicant and provide no income to the applicant (Example: A battered spouse owns a house with her husband. Due to the domestic situation, she receives no income from the asset and cannot convert the asset to cash.)
- Assets disposed of for less than fair market value as a result of:
  - Foreclosure
  - Bankruptcy
  - Divorce or separation agreement if the applicant

or resident receives important consideration not necessarily in dollars.

#### **Exclusions from Annual Income:**

- Income from the employment of children (including foster children) under the age of 18
- Payment received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member
- Income of a live-in aide
- \*\*Subject to the inclusion of income for the Section 8 program for students who are enrolled in an institution of higher education under Annual Income Includes, above,\*\*The full amount of student financial assistance either paid directly to the student or to the educational institution
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire
- Amounts received under training programs funded by HUD
- Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)
- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program
- Resident service stipend (not to exceed \$200 per month)
- Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs and training of a family member as resident management staff
- Temporary, non-recurring or sporadic income (including gifts)

- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era
- Earnings in excess of \$480 for each full time student 18 years old or older (excluding head of household, co-head or spouse)
- Adoption assistance payments in excess of \$480 per adopted child
- Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts
- Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit
- Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home

#### **Federally Mandated Exclusions:**

- Value of the allotment provided to an eligible household under the Food Stamp Act of 1977
- Payments to Volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act
- Income derived from certain submarginal land of the US that is held in trust for certain Indian Tribes
- Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program
- Payments received under programs funded in whole or in part under the Job Training Partnership Act
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians
- The first \$2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the US. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands
- Amounts of scholarships funded under Title IV of the Higher Education Act of 1965, including awards under the Federal work-study program or under the Bureau of Indian Affairs student assistance programs
- Payments received from programs funded under Title V of the Older Americans Act of 1985
- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund

established pursuant to the settlement in *In Re Agent-product liability litigation*

- Payments received under the Maine Indian Claims Settlement Act of 1980
- The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990
- Earned income tax credit (EITC) refund payments on or after January 1, 1991
- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation
- Allowance, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- Any allowance paid under the provisions of 38U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran
- Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act
- Allowances, earnings and payments to individuals participating under the Workforce Investment Act of 1998

## **Deductions:**

- \$480 for each dependent including full time students or persons with a disability
- \$400 for any elderly family or disabled family
- Unreimbursed medical expenses of any elderly family or disabled family that total more than 3% of Annual Income the expenditure is applied only one time
- Unreimbursed reasonable attendant care and auxiliary apparatus expenses for disabled family member(s) to allow family member(s) to work that total more than 3% of Annual Income
- If an elderly family has both unreimbursed medical expenses and disability assistance expenses, the family's 3% of income expenditure is applied only one time
- Any reasonable child care expenses for children under age 13 necessary to enable a member of the family to be employed or to further his or her education.

## **Reference Materials**

### **Regulations:**

- General HUD Program Requirements; 24 CFR Part 5 and CFR 24 Part 891.

### **Handbook:**

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

### **Notices:**

- "Federally Mandated Exclusions" Notice 66 FR 4669, April 20, 2001

### **For More Information:**

Find out more about HUD's programs on HUD's Internet homepage at <http://www.hud.gov>

---

If You Do Not

***REPORT***

All Income,

You Must

***REPAY...***

**It's The Law!**

# Things You Should Know

**Don't risk your chances for Federally assisted housing by providing false, incomplete or inaccurate information on your application and re-certification forms**

---

**Purpose** This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

---

**Penalties for Committing Fraud** The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or re-certification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received;
- Fined up to \$10,000;
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

---

**Asking Questions** If you do not understand something on the application or about the housing program, say so. The Housing staff can answer your question or find out what the answer is.

---

**Completing the Application** When you give your answers to application questions, you must include the following information:

**Income**

- All sources of money you and any adult member of your family receive (wages, welfare payments, alimony, social security, pension, student loans, etc.);
- Any money you receive on behalf of your children (child support, social security for children, etc.);
- Income from assets (interest from a savings account, credit union, certificates of deposit, dividends from stocks, etc.);
- Earning from a second job or part-time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive).

**Assets**

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by an any adult who will be living in the household with you.
- Any business or asset you sold in the last 2 years for less than its full value.

**Family/Household Members**

- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

**Signing the Application**

- Do not sign any form unless you have read it, understand it and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by the Housing staff. In addition, HUD may do computer matches of the income your report with various Federal, State or private agencies to verify that it is correct.

---

**Re-Certifications**

You must provide updated information at least once a year. You must report any changes in income or family/household composition immediately. AGENCY does re-certifications on an annual basis. You must report on re-certification forms:

- All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc. for all adult family/household members.
- Any family/household member who has moved in or out.
- All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than its full value.

---

**Beware of Fraud**

You should be aware of the following fraud schemes:

- Do not pay any money to file a SHP Housing Program application.
- Do not pay any money to move up on the waiting list.
- Do not pay for anything not covered by your lease.
- Do not pay more rent. Your share of the rent is determined by the Housing staff. If your landlord requests more rent, contact the Housing staff immediately.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay any money other than rent. Check with the Housing staff before you pay any extra money to your landlord.

---

**Reporting Fraud**

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the Housing staff or call the HUD Hotline at (202) 472-4200.

---

Signature of Applicant

---

Date

## **Document Package for Applicant's/Tenant's Consent to the Release Of Information**

**This Package contains the following documents:**

- 1. HUD-9887/A Fact Sheet describing the necessary verifications**
- 2. Form HUD-9887 (to be signed by the Applicant or Tenant)**
- 3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
- 4. Relevant Verifications (to be signed by the Applicant or Tenant)**

---

Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.



## Verification of Information Provided by Applicants and Tenants of Assisted Housing

### What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

**Example:** Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

**Example:** Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

### Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

### Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

### Programs Covered by this Fact Sheet

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202
- Sections 202 and 811 PRAC
- Section 202/162 PAC
- Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

# Notice and Consent for the Release of Information

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.): P.O. Box 2905 801 Cherry LN, 27th Floor, Fort Worth Texas 76113	O/A requesting release of information (Owner should provide the full name and address of the Owner.): Canaan Towers 400 N. Dale Shreveport LA 71101	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.): XXX XXXXX
--	--	--

**Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.**

**Authority:** Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

**Purpose:** In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

**Who Must Sign the Consent Form:** Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

**Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.**

Signatures:

Additional Signatures, if needed:

Head of Household _____	Date _____	Other Family Members 18 and Over _____	Date _____
Spouse _____	Date _____	Other Family Members 18 and Over _____	Date _____
Other Family Members 18 and Over _____	Date _____	Other Family Members 18 and Over _____	Date _____
Other Family Members 18 and Over _____	Date _____	Other Family Members 18 and Over _____	Date _____

## Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099-INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

### Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the Owner or the PHA responsible for the unauthorized disclosure or improper use.

# Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information  
Supplied by Individuals Who Apply for Housing Assistance

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

## Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
  - a. The HUD-9887/A Fact Sheet.
  - b. Form HUD-9887.
  - c. Form HUD-9887-A.
  - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
  - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
  - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

## Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
  - HUD's requirements concerning the release of information, and
  - Other customer protections.
2. Sign on the last page that:
  - you have read this form, or
  - the Owner or a third party of your choice has explained it to you, and
  - you consent to the release of information for the purposes and uses described.

## Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

## Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

## Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

## Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)  
Rent Supplement  
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)  
Section 202  
Sections 202 and 811 PRAC  
Section 202/162 PAC  
Section 221(d)(3) Below Market Interest Rate  
Section 236  
HOPE 2 Home Ownership of Multifamily Units

**Failure to Sign the Consent Form**

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

**Conditions**

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

**I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.**

\_\_\_\_\_  
Name of Applicant or Tenant (Print)

\_\_\_\_\_  
Signature of Applicant or Tenant & Date

**I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.**

\_\_\_\_\_  
Name of Project Owner or his/her representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature & Date  
cc:Applicant/Tenant  
Owner file

**Penalties for Misusing this Consent:**

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the O/A or the PHA responsible for the unauthorized disclosure or improper use.