

**PROGRAM INFORMATION SHEET**

Hawthorne Place Apartments  
 16995 E. Dover Lane, Independence, MO 64056  
 Phone: 816-257-2335 TYY: 711 Email: hawthorne@poahcommunities.com

Welcome to Hawthorne Place Apartments. Our community is operated under the following program types:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Project-Based Section 8 (S8-HAP)   | <input checked="" type="checkbox"/> Tax-Exempt Bonds (SBD, CBD)   |
| <input type="checkbox"/> Project-Based Section 8 Vouchers (PBV)        | <input type="checkbox"/> Housing Trust Funds (HTF)                |
| <input type="checkbox"/> Section 811 (811PRA-HAP)                      | <input checked="" type="checkbox"/> Capital Magnet Fund (CMF)     |
| <input type="checkbox"/> Section 202 PRAC (202 PRAC HAP)               | <input type="checkbox"/> Community Based Housing (CBH)            |
| <input type="checkbox"/> Section 236 or HUD Use Agreement              | <input checked="" type="checkbox"/> FHLB Affordable Housing (AHP) |
| <input checked="" type="checkbox"/> Low Income Housing Tax Credit (TC) | <input type="checkbox"/> Neighborhood Stabilization (NSP)         |
| <input type="checkbox"/> New Market Tax Credit (NMTC)                  | <input type="checkbox"/> Florida SAIL                             |
| <input type="checkbox"/> Low HOME (LH)                                 | <input type="checkbox"/> Workforce Housing (WF)                   |
| <input type="checkbox"/> High HOME (HH)                                | <input type="checkbox"/> Other – _____                            |

This community has been designated for the following resident population:

- Family (Non-Elderly, Elderly, Handicapped or Disabled)
- Elderly (62 & older or Handicapped or Disabled)
- Elderly (55 & older)

The programs checked above are designed to facilitate the housing needs of lower income families. Residency at Hawthorne Place requires applicants to meet certain qualifying standards established by these housing programs and the managing agent, POAH Communities, LLC.

Residency of Hawthorne Place affordable units is limited to households having incomes under the income limits listed below. In addition to standard wages, income includes monies received from many sources such as alimony, child support, pensions, and social security. All information on income provided by applicants must be verified before occupancy. This qualification and certification process must also be completed annually upon renewal. The affordable unit rents at Hawthorne Place are controlled by regulation.

Maximum occupancy limits are set at two people per bedroom.

**MAXIMUM INCOME QUALIFICATIONS**

Effective 04/18/22	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons
Section 8 Extremely Low Income – 30%	\$20,350	\$23,250	\$26,150	\$29,050	\$32,470	\$37,190
Section 8 Very Low Income – 50%	\$33,900	\$38,750	\$43,600	\$48,400	\$52,300	\$56,150
LIHTC – 60%	\$40,680	\$46,500	\$52,320	\$58,080	\$62,760	\$67,380

**RENTS effective 11/1/2022**

Unit Size	Unit Type / Program	Maximum Rent
1 BR	1 BR FL S8-HAP TC 60 AHP CMF	\$700
1 BR	1 BR FL TC 60 PSR AHP CMF SBD	\$645
2 BR	2 BR FL S8-HAP TC 60 AHP CMF	\$764
2 BR	2 BR FL PSR TC SBD	\$752
2 BR	2 BR TH S8-HAP TC 60 AHP CMF	\$919
2 BR	2 BR TH PSR TC SBD	\$910
3 BR	3 BR TH TC 60 PSR AHP CMF SBD	\$1,028
3 BR	3 BR TH PSR TC SBD	\$1,067

There are no fees for a rental application. Security Deposit will be collected at time of move in. The security deposit and rent will be determined based on income and other factors. This Community's security deposit is based on:

- Total Tenant Payment as calculated on the HUD 50059
- The greater of Total Tenant Payment or \$50.
- An amount up to, but no greater than the Total Tenant Payment as calculated on the HUD 50059
- One Month's Rent
- Other - The lower of TTP or \$300





## **HAWTHORNE PLACE APARTMENTS**

### **TENANT SELECTION PLAN**

**The complete tenant selection plan is on file in the management office for review. Reasonable accommodations for Non-English speaking individuals are available upon request.**

POAH Communities, LLC, Agent for Owner, does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Equal Housing Opportunity/Equal Opportunity Employer.

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## RESIDENT AND COMMUNITY INPUT FOR TENANT SELECTION PLAN

POAH Communities welcomes input from both residents and members of the community relative to the content of this Tenant Selection Plan. During January of each calendar year residents and members of the community are welcome to submit suggestions to POAH Communities relative to items that might be included in a revision of this plan. POAH Communities as Agent reserves the right to determine the appropriateness of any suggested changes to the plan and will be the sole decision maker as to what is included in this plan going forward. POAH Communities wants this plan to be in the best interest of the residents and the Owner. POAH Communities will follow all applicable local, state and federal laws and regulations. POAH Communities will take into consideration the thoughtful and appropriate input of residents and community members.

Any comments can be submitted to the POAH Communities Customer Service Department at:

POAH Communities, LLC  
2 Oliver Street  
Suite 500  
Boston, MA 02109  
Attention Customer Service Department  
or [customerservice@poahcommunities.com](mailto:customerservice@poahcommunities.com)  
or  
1-877-489-0101 extension 275

# Table of Contents

I. Introduction.....	6
A. Property Description .....	6
B. The Owner and the Agent .....	6
C. Purpose of the Tenant Selection Plan .....	6
D. Tenant Type:.....	6
E. Unit Distribution.....	6
F. Rent Structure .....	6
II. Fair Housing and Equal Opportunity Policies .....	7
A. Nondiscrimination .....	7
B. Section 504 Policies.....	8
C. Language Assistance Policies .....	8
D. Privacy Policy .....	9
III. ELIGIBILITY REQUIREMENTS .....	10
A. Income .....	10
B. Income Targeting for Section 8 Assisted Units Only.....	10
C. Occupancy Requirements.....	11
D. Disclosure of Social Security Numbers (SSN) .....	11
E. Citizenship and Immigration Status – Section 8 only .....	13
F. Students.....	14
G. Suitability for Admission.....	16
H. Live-In Aides.....	17
I. Visitors.....	17
J. Sole Residence Requirements.....	18
<input checked="" type="checkbox"/> K. Enterprise Income Verification System Policy – only if checked .....	18
IV. PREFERENCES FOR ADMISSION .....	19
<input checked="" type="checkbox"/> A. Existing Tenant Preferences (transfers).....	19
B. Statutory and HUD Regulatory Preferences .....	20
<input checked="" type="checkbox"/> C. Accessible Units .....	20
D. State and Local Preferences .....	20
E. Owner Adopted Preferences.....	20
F. Other Preferences .....	22

G. Preference Exceptions.....	22
V. MARKETING AND WAITING LIST APPLICATIONS.....	22
A. Marketing.....	22
B. Waiting List Applications.....	22
VI. CREATING AND MAINTAINING THE WAITING LIST.....	23
A. Data Included on the Waiting List.....	23
B. Organization of the Waiting List.....	24
C. Maintaining and Updating the Waiting List.....	24
D. Closing and Opening the Waiting List.....	25
VII. APPLICATION PROCEDURE.....	26
A. Contacting Applicant Households; Interviews.....	26
B. Written Applications.....	26
C. Completion of the Application.....	27
D. Failure to Attend Interviews and Complete Applications.....	27
VIII. QUALIFYING PROCEDURES AND DETERMINING QUALIFICATION FOR ADMISSION.....	28
A. Safety and Security.....	29
B. Rental History.....	30
C. Credit History.....	31
<input checked="" type="checkbox"/> D. Use of EIV.....	32
E. Verification.....	32
IX. APPROVAL OR REJECTION FOR OCCUPANCY.....	33
A. Approval.....	33
B. Security Deposits.....	33
C. Rejected Applications.....	33
X. TRANSFER AND SPLIT HOUSEHOLD POLICY.....	33
A. Mandatory Transfers.....	33
B. Voluntary Transfers.....	34
C. Split Household.....	34
D. Processing Transfers.....	35
E. Verifications.....	35
XI. CONFERENCES.....	35
A. Notice of Right to a Conference.....	35
B. Conference Procedures.....	36

C. Decisions.....	36
XII. VIOLENCE AGAINST WOMEN ACT (VAWA).....	37
A. Applicant and Tenant Rights and Responsibilities .....	37
B. Termination of Tenancies.....	37
C. Transfers and Split Households.....	38
D. Certification .....	38
E. Confidentiality.....	39
XIII. AMENDMENTS TO THE TSP.....	39
TENANT SELECTION PLAN EXHIBITS.....	40

# TENANT SELECTION PLAN

## I. Introduction

### A. Property Description

The community name, number of units, the maximum rents for the units, and the availability of Section 8 rental assistance for specific units at the Development (the “Assisted Units”) are described in this Tenant Selection Plan or “TSP” in Exhibit I “Program Information Sheet”.

### B. The Owner and the Agent

The name, address, and telephone number of the Owner of the Development (the “Owner”), the name, address, telephone number, and location of the management office of the Owner’s Management Agent (the “Agent”), and the Owner’s agent for service of process, if any, are described in Exhibit 2, “Owner-Agent Disclosure”.

### C. Purpose of the Tenant Selection Plan

This Tenant Selection Plan (the “Tenant Selection Plan” or the “TSP”) describes the eligibility requirements for admission to the Development, the procedures to be followed in selecting tenants for the dwelling units in the Development, and the occupancy policies for the Development. The purpose of this TSP is to assure that all persons have an equal opportunity to apply for the Development, that there is a fair and equitable selection process for the housing, that there are fair and reasonable procedures that govern occupancy of the Development, and that admissions and occupancy practices are consistent with the requirements of the programs that provide financing for the Development.

### D. Tenant Type:

The Development is not designated as housing exclusively for any particular tenant type and is known as a Family and Senior Development.

### E. Unit Distribution

0	Units at or below 80% of median income
745	Units at or below 60% of median income
0	Management unit(s)
745	Total units

## F. Rent Structure

The current rent structure for the Development, by unit size and income distribution, is attached to this Plan as **Exhibit I**.

## II. Fair Housing and Equal Opportunity Policies

### A. Nondiscrimination

It is the policy of the Owner and the Agent to comply fully with all applicable federal, state and local non-discrimination laws, including Title VI of the Civil Rights Act of 1964 and the implementing regulations at 24 CFR Part 1; Section 3 of the Housing and Community Development Act of 1968, as amended; Executive Order 11063 on Equal Opportunity in Housing and the implementing regulations at 24 CFR Part 107; Section 504 of the Rehabilitation Act of 1973 and the implementing regulations at 24 CFR Part 8; the Age Discrimination Act of 1975 and the implementing regulations at 24 CFR Part 146; the Fair Housing Act as amended and the implementing regulations at 24 CFR Parts 100, *et seq*; the Americans with Disabilities Act.

The Owner and the Agent will not, on the basis of **race, color, national origin, sex, age, disability**, religion, **familial status, sexual orientation or gender identity (including lesbian, gay, bisexual, or transgender (LGBT))**, **military status, ancestry or marital status** (See Exhibit 25 for State Specific Protected Classes):

1. Deny to any family the opportunity to apply for housing, nor deny to any qualified applicant the opportunity to lease housing suitable to its needs.
2. Provide housing which is different from that provided to others.
3. Subject a person to segregation or disparate treatment.
4. Restrict a person's access to any benefit enjoyed by others in connection with the housing program.
5. Treat a person differently in determining eligibility or other requirements for admission.
6. Deny a person access to the same level of services.
7. Deny a person the opportunity to participate in a planning or advisory group which is an integral part of the housing program.

In compliance with HUD's Final Rule "Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity", it is our policy to ensure that this housing is open to all eligible individuals and families regardless of actual or perceived sexual orientation, gender identity, or marital status.

The Agent shall affirmatively market to minorities and persons with disabilities as specified in its Affirmative Fair Housing Marketing Plan (AFHMP). The Agent shall not



discriminate based on race, national origin or another protected characteristic resulting from consideration of an applicant's limited ability to read, write, speak or understand English, or persons with limited English proficiency ("LEP"), either through the use of language-related criteria, or through a failure to provide housing-related language assistance services to persons with LEP as required pursuant to Section C of this Plan.

## B. Section 504 Policies

To assure compliance with Section 504 of the Rehabilitation Act ("Section 504"), the Fair Housing Act, and the applicable provisions of the Americans with Disabilities Act (the "ADA"), the Agent maintains a Section 504 Policy, attached to the TSP as Exhibit 3 "Section 504 Policy".

The Section 504 Policy describes the Development's policies for assuring:

1. Accessible communications and other compliance requirements of Section 504. E.g. the hearing impaired.
2. Procedures for making reasonable modifications in rules, policies, practices and services when necessary to afford a qualified individual applicant or resident with disabilities an equal opportunity to use and enjoy a dwelling and participate in the housing, programs and services available at the Development.

POAH Communities, LLC does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988.

Section 504 Coordinator  
POAH Communities, LLC  
2 Oliver Street, Suite 500  
Boston, MA 02109  
Telephone: 877-489-0101 TTY: 7-1-1

## C. Language Assistance Policies

A Language Assistance Plan for the Development is attached to the TSP. The purpose of a language assistance plan is to ensure meaningful access to the housing and services available at the Development by people of limited English-speaking proficiency and the hearing impaired in compliance with Title VI of the 1964 Civil Rights Act. See Exhibit 4, "Language Assistance Policy".

## D. Privacy Policy

Information in tenant files is considered confidential unless otherwise required by law or legal process.

Unless otherwise required by local, state, or federal law or regulation, the terms of Owner's financing, or by legal process, the Agent will not disclose any personal information contained in its records to any person or agency unless the individual about whom information is requested gives written consent to such disclosure. A Release of Information Form will be required from the individual. See Exhibit 5 "Release of Information Form". All requested information will be administered as reflected in the policy.

Any Agent Community Impact Service Coordinator (CIC) is an employee of Agent. As such, the CIC is authorized to access the tenant files, including YARDI statistics and files, as a tool for purposes relating to the execution of their job. All employees are required to keep confidential and secure the information obtained in tenant files subject to the following paragraph. Employees cannot release specific tenant data to anyone without prior written consent by resident or applicant, utilizing one of the available consent forms provided by the Agent.

This policy in no way limits the Agent's ability to collect such information as it may need to determine eligibility, calculate rent, or determine a household's suitability for tenancy and continued occupancy. This policy is not intended to preclude the cooperation of the Agent with local, state, or federal investigations into fraud or criminal activity. With proper identification, the Agent is permitted to advise the investigating officer whether or not a person is a tenant, how long a person has been a tenant, and answer other questions related to the investigation. The Agent will not make files, forms, or documents available to the investigating officer unless a court order (subpoena or warrant) for such action is provided.

All information provided to Agent related to an individual's status as a victim of domestic violence, dating violence or stalking shall be retained in confidence, and shall neither be entered into any shared database nor provided to any entity unless disclosure is:

1. Requested or consented to by the individual in writing.
2. Required for use in an eviction proceeding.
3. Otherwise required by applicable law.

If disclosure of such information is ever required for use in an eviction proceeding or is otherwise required by applicable law, the Agent will inform the individual before the disclosure occurs so that the safety risks can be identified. If disclosure of the information will place the individual's safety at risk, the Agent will work with the individual to determine whether there are alternative to disclosure."

All residents whose personal information is protected by court order, including but not limited to a restraining order, will be asked to provide a copy of such court order to the on-site Property Manager. {Owners must dispose of all files and records in a manner that will prevent any unauthorized access to personal information., e.g., pulverize, shred, etc.}

### III. ELIGIBILITY REQUIREMENTS

#### A. Income

The annual income of applicant households must not exceed the amounts set forth in the Program Information Sheet, as they may be adjusted from time to time. For current limits, see Exhibit I, “Program Information Sheet”.

#### B. Income Targeting for Section 8 Assisted Units Only

1. The Development is required to comply with the income targeting requirement.
2. The method with which to achieve this requirement is listed below:

Admit only extremely low-income (ELI) applicants until the requirement is met. In chronological order, select eligible applicants from the waiting list whose incomes are at or below the extremely low-income limit to fill the first forty percent (40%) of expected vacancies in the Development. Once the Development has achieved the forty percent (40%) target, admit applicants in the waiting list order.

Extremely low-income (ELI) families are defined as very-low income families whose incomes do not exceed the higher of:

- The Federal Poverty Level or
- 30% of the Area Median Income

#### C. Occupancy Requirements

The unit must have enough space to accommodate the household. Occupancy standards must comply with federal, state and local occupancy standards, and/or laws in connection with occupancy requirements, fair housing and civil rights laws, as well as landlord-tenant laws and zoning restrictions. Acceptable occupancy standards are defined as follows:

1. As a general rule, no more than two people and no less than one person will be permitted to occupy a bedroom.
  - One Bedroom – One to two persons
  - Two Bedroom – Two to four persons
  - Three Bedroom – Three to six persons

2. However, the following factors should also be taken into account:
  - a. The household's need for a larger unit as a reasonable accommodation.
  - b. Balancing the need to avoid overcrowding with the need to avoid underutilization of the space and unnecessary subsidy.
3. For the purpose of determining the unit size for which a household may be eligible; the following will be counted as members of the household:
  - a. Fulltime household members
  - b. Unborn children
  - c. Children in the process of being adopted
  - d. Children whose custody is being determined
  - e. Foster children
  - f. Children temporarily in a foster home
  - g. Children in joint custody fifty percent (50%) of the year or more
  - h. Children away at school but home for recess
  - i. Live in aides
  - j. Foster adults

Note: Proof of Custody/Guardianship will be required for all household members that are minor children. Acceptable proof of custody documents include;

- a. Birth Certificate, or
- b. A Legal document from a court is required, which may state Guardianship Petition Approval or Guardian of Person or Estate which shows that the resident/applicant has either custody or guardianship of minor children.
- c. A household may be required to provide proof of custody of related or unrelated occupants to be considered for a change in unit size.

#### D. Disclosure of Social Security Numbers (SSN)

Applicants do not need to disclose or provide verification of a SSN to be placed on the waiting list; however applicants must disclose a SSN and provide adequate documentation to verify each SSN for all non-exempt household members before they can be housed.

Applicants and tenants must disclose and provide documentation of Social Security Numbers (SSN) for all household members by providing a valid social security card issued by the Social Security Administration or other verification resources provided by the U.S. Department of Housing and Urban Development (HUD). Failure to disclose and provide documentation and verification of SSNs will result in an applicant not being admitted or a tenant household's tenancy being terminated.

Individuals/households that cannot provide valid proof of SSN for every household member will not be approved for assistance until acceptable SSN documentation is provided. Individuals/households have 90 days from the date they are first offered an available unit to disclose and/or verify the SSN's. If After 90 days, the individual or

household is unable to disclose or verify the SSN's of all non-exempt household members, the household will be determined ineligible and removed from the waiting list.

- I. Adequate documentation to verify the SSN of an individual is a social security card issued by the Social Security Administration (SSA), an original document issued by a federal or state government agency which contains the name and SSN of the individual along with identifying information of the individual,

Acceptable forms of verification for Social Security number disclosure include but are not limited to (See HUD Handbook 4350.3 Appendix 3 for a complete list):

- a. Original Social Security Card
  - b. Original document issues by a federal or state government agency which contains the name, SSN, and other identifying information of the individual
  - c. Driver's license with SSN
  - d. Identification card issue by a medical insurance provider, or an employer or trade union
  - e. Earnings statements on payroll stubs
  - f. Bank statement
  - g. Form 1099
  - h. Benefit award letter with SSN
  - i. Retirement letter with SSN
  - j. Life insurance policy with SSN
  - k. Court Records with SSN
2. Owners may reject documentation of the SSN provided by the applicant or tenant that:
    - a. Is not an original document; or
    - b. Is the original document but it has been altered, mutilated, or is not legible; or
    - c. Appears to be a forged document (e.g., does not appear to be authentic).

### **3. Exceptions to the Disclosure of Social Security Number**

The Social Security Number requirements do not apply to:

- a. Individuals age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010.
- b. Individuals/households that are claiming ineligible non-citizenship status do not need to disclose SSN as the individual is not eligible to receive rental assistance therefore the household assistance will be prorated.
- c. A child under the age of 6 years added to the applicant household within the 6-month period prior to the household's date of admission. The household will have a maximum of 90-days after the date of admission to provide the Social Security Number and adequate documentation that the Social Security Number is valid. An additional 90 days may be granted under certain circumstances. If the household

does not provide the Social Security Number and adequate documentation to verify the Social Security Number within the prescribed timeframe, HUD requires that the owner/agent terminate tenancy.

When determining the eligibility of an individual who meets the exception requirements for SSN disclosure and verification, documentation must be obtained that verifies the applicant's exemption status. A certification from the tenant is not acceptable verification of the exemption status. This documentation must be retained in the tenant file.

#### E. Citizenship and Immigration Status – Section 8 only

1. Assistance in any federally subsidized unit described on the Program Information Sheet is limited to citizens and nationals of the United States, and non-citizens with eligible immigration status. A student who holds a non-citizen visa and their non-citizen family members are not eligible for admission. Students with a non-citizen visa who have citizen family members that will reside in the unit are eligible for admission with pro-rated rental assistance. To qualify for admission to an assisted unit, all members of each applicant household must;
  - Declare citizenship or immigration status;
  - Complete verification and consent forms, as appropriate, to document eligible status; and
  - Provide documentation of citizenship or immigration status, or sign a declaration that the individual does not claim eligible status prior to occupancy.
2. A mixed family consisting of one or more eligible household members and one or more ineligible household members may qualify for admission to an assisted unit and receive pro-rated assistance. A household with no eligible members is not eligible for admission to an assisted unit.

#### F. Students

##### 1. Eligibility for Section 8 Assisted Units

Student eligibility is determined at move in/initial certification and at each annual certification. Student eligibility may also be reviewed at interim certification if student status has changed since the last certification. All students are required to report any change in their student status.

A student who is enrolled as either a part time or full-time student at an institute of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential will be eligible for assistance if the student meets all other eligibility requirements, meets screening criteria requirements and:

- Is at least 24 years old or
- Is married or
- Is a veteran of the Armed Forces of the United States or is currently serving on active duty in the Armed Forces for other than training purposes or
- Has legal dependents other than a spouse or
- Is a person with disabilities, as such term defined in 3(b)(3) (E) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(3)(E)) and was not receiving Section 8 assistance as of November 30, 2005 or
- Is not living with parents who are receiving Section 8 assistance; and
- Is individually eligible to receive Section 8 assistance and has parents (the parents individually or jointly) who are income eligible to receive Section 8 assistance. For a student to be eligible independent of his or her parents (where the income of the parents is not relevant), the student must demonstrate the absence of, or his or her independence from, parents. The student must:

- Be of legal contract age under state law;
- Have established a household separate from parents or legal guardians for at least one year prior to application for occupancy, or meet the U.S. Department of Education's definition of an Independent Student.

An Independent Student must meet one or more of the following:

1. Be at least 24 years old by December 31 of the award year for which aid is sought;
  2. Be an orphan or a ward of the court through the age of 18;
  3. Be a veteran of the U.S. Armed Forces;
  4. Have legal dependents other than a spouse such as dependent children or an elderly dependent parent;
  5. Be a graduate or professional student; or
  6. Be married.
- Is classified as Vulnerable Youth; A student meets HUD's definition of a vulnerable youth when:
    - 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;
    - 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;
    - 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

- A local educational agency homeless liaison, designated pursuant to the McKinney-Vento Homeless Assistance Act;
- The director of a program funded under the Runaway and Homeless Youth Act or a designee of the director;
- 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
- A financial aid administrator
- The individual is a student for whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstances.

For purposes of determining the eligibility of a person to receive Section 8 rental assistance, any financial assistance (in excess of amounts received for tuition, and other required fees and charges) that an individual receives under the Higher Education Act of 1965 (20 U.S.C. 1001 et seq.), from private sources, or from an institution of higher education (as defined under the Higher Education Act of 1965 (20 U.S.C. 1002)), shall be considered income to that individual unless;

1. The student is living with his/her parents receiving Section 8 assistance.
2. The student is over the age of 23 with dependent children.

Financial aid received from people living outside the unit is not counted if the student meets the definition of “vulnerable youth”.

## 2. Eligibility for Units Under Other Assistance Programs

The student must meet **all** of the following criteria to be eligible for assistance under programs other than Section 8.

- a. Be of legal contract age under state law;
- b. Have established a household separate from parents or legal guardians for at least one year prior to application for occupancy, or meet the U.S. Department of Education’s definition of an Independent Student;
- c. Not be claimed as a dependent by parents or legal guardians pursuant to IRS regulations; and
- d. Obtain a certification of the amount of financial assistance that will be provided by parents, signed by the individual providing the support. This certification is required even if no assistance will be provided.

## 3. Eligibility for Low Income Housing Tax Credit Units

A household that consists entirely of full-time students is not eligible for occupancy in a unit that is assisted with Low Income Housing Tax Credits pursuant to Section 42 of the Internal Revenue Code unless:

- a. A member of the household receives assistance under Title IV of the Social Security Act (TANF);



- b. A member of the household is enrolled in a job-training program receiving assistance under the Job Training Partnership Act or under other similar Federal, State or Local Laws;
- c. The entire household is comprised of a Head of Household who is a single parent with minor child(ren); the parent is not a dependent and the minor child(ren) are not listed as dependents (as defined in IRC Section 152) on any other third party tax return, other than a parent of the minor child(ren) in the household; or
- d. The entire household is comprised of individuals who are married that are eligible to file or file a joint tax return.

## G. Suitability for Admission

Each applicant household must document that the family meets the suitability criteria of the Development. Suitability will be verified by the Agent using the qualifying procedures and verification standards described in this TSP. Therefore, an applicant will be suitable for admission if qualifying procedures and verification indicates that the applicant will:

- 1. Pay the rent for the unit on a regular and timely basis.
- 2. Refrain from causing damage to the unit or the Development.
- 3. Refrain from disturbing neighbors in the Development and in the neighborhood, and refrain from interfering with the responsibilities of the Agent.
- 4. Refrain from engaging in unlawful activity, including illegal possession or use of drugs, sexual offenses and physical abuse of another individual.

## H. Live-In Aides

- 1. Live-In Aide may occupy a unit with an eligible household. The household will be assigned to a unit based on occupancy standards for a household that includes the Live-In Aide. A Live-In Aide is any person (including a relative of a member of the household) who resides with one or more elderly persons, near-elderly persons or persons with disabilities, and who:
  - a. Is determined to be essential to the care and well-being of the person(s);
  - b. Is not obligated for the support of the person(s); and
  - c. Would not be living in the unit except to provide the necessary supportive services.
- 2. Prior to moving in, all Live-In Aides will be processed under the same qualifying procedure and meet the same qualifying criteria set forth in this TSP with the exception of meeting the credit criteria and showing the ability to pay rent. A written verification will be obtained from a third-party Physician or other professional responsible for evaluating and/or treating the resident that establishes the need for such care.

3. If the household member requiring assistance dies, the Live-In Aide shall vacate the apartment within 10 days of said household member's death. If the household member requiring assistance moves out, the Live-In Aide shall vacate the unit no later than said household member's departure date. Upon the termination of the Live-in Aide's services for any other reason, the Live- In Aide shall vacate the apartment within 24 hours.
4. The aide must sign a Live-in Aide Agreement attached to this TSP. See Exhibit 6, "Live-In Aide Agreement".

#### I. Visitors

1. A guest may visit for a total of 30 calendar days in a calendar year; however, each visit cannot exceed seven consecutive calendar days. Residents may request a time extension by contacting the Management Office.
2. Management may ban visitors for anti-social behavior. Visitors banned for anti-social behavior, will be restricted from entering property. Anti-social behavior is any behavior that threatens the health and safety of residents at the property.
3. The resident will be notified in writing by the property manager when a guest of his/hers has been banned. Residents will be required to sign an agreement stating their understanding and agreement to not allow the banned visitor into their unit. Failure to sign such an agreement or violation of the signed agreement is grounds for lease termination. Residents may file a grievance regarding the Management's decision to ban a visitor. See Exhibit 7 "Notice of Criminal Trespass/Barred Individuals".

#### J. Sole Residence Requirements

1. The unit will be the household's ONLY residence.
2. An applicant or occupant may not receive rental assistance for more than one unit at the same time. An applicant can be eligible for occupancy only if all other rental assistance is terminated at the time the household occupies an assisted unit at the Development. If an applicant is scheduled to occupy a new unit before the previous unit assistance is terminated, the applicant will be required to pay market rent for the new unit until the assistance in the first unit has terminated.

#### K. Enterprise Income Verification System Policy – only if checked

The EIV policy and procedure within this document pertains to both applicants and residents alike. In an effort to ensure the right assistance is provided to the right people, the Department of Housing and Urban Development (HUD) has provided property managers with access to a new verification database called Enterprise Income Verification System (EIV).

EIV provides information about project-based and tenant-based HUD assistance recipients. This is also used to verify certain types of reported income with records maintained in the Social Security Administration databases and the Department of Health and Human Service (HHS) National Database of New Hires. HHS provides information about current and past employment and unemployment insurance information.

At move in and annual certifications all adult household members are required to give consent to the release of this information by signing HUD Forms 9887 and 9887A. Only those parties listed on the consent form will have access to the information in EIV. If HUD indicates there is a discrepancy discovered by the EIV database, the resident will be contacted.

In the event a minor child turns 18 in between recertification periods, the 18 year old is required to sign HUD Forms 9887 and 9887A within 7 days of their 18<sup>th</sup> birthday. At the beginning of each month, staff will generate a *Birthday Report* from the property management software for the upcoming month, noting the date of residents that will be turning 18 during that month. For each resident about to turn 18, a *Turn 18 Requirement to Sign Forms* letter will be sent out. The *Turn 18 Requirement to Sign Forms* reminds them that they have 7 days from their 18<sup>th</sup> birthday to sign HUD Forms 9887 and 9887A. Staffs are required to maintain a pending list of distributed *Turn 18 Requirement to Sign Forms* letters and completed HUD Forms 9887 and 9887A.

## IV. PREFERENCES FOR ADMISSION

Certain preferences are assigned to applicants in order to provide housing opportunities for households with special circumstances. Applicants with preferences are selected from the waiting list earlier than those who do not have a preference. Preferences affect only the order of applicants on the waiting list and do not make an applicant eligible who otherwise is not eligible for admission based on the qualification criteria set forth in the TSP. Priority and ranking order of the preferences applicable to the Development are defined in Exhibit 8 “Preference Form”. Having multiple preferences does not add weight to the applicant’s position on the Waiting List. Applicants with multiple preferences will be ranked according to the highest preference as defined in Exhibit 8 “Preference Form”.

Preferences that apply to this community as indicated by a check mark next to the preferences below:

### A. Existing Tenant Preferences (transfers)

Current tenants are placed on the waiting list with a preference in the following situations:

- I. A household member requests a unit transfer due to being a victim of harassment based on protected status, those in need of an emergency transfer due to domestic violence, dating violence, sexual assault or

stalking. (VAWA).

- a. The Agent may bifurcate a lease to evict, remove, or terminate occupancy rights to any individual who is a resident or lawful occupant and who engages in criminal acts of physical violence against family members or others, without evicting, removing or otherwise penalizing the victim of such violence who is also a resident or lawful occupant. The Agent will follow all federal, state, and local evictions procedures to remove the abuser from the household.
  - b. The Agent will follow all court orders addressing the rights of access to our control of the property, including civil protection orders issued to protect the victim and issued to address the distribution or possession of property among the household members in cases where a family breaks up.
2. A household requiring a unit transfer as a reasonable accommodation for a disability/handicap or for medical reasons.
  3. A unit transfer of a non-handicapped individual living in a unit with handicapped assessable features to accommodate a handicapped applicant on the waiting list.
  4. A household requiring a unit transfer because of a change in household size or composition that results in the unit being over or under occupied pursuant to the occupancy standards set forth in this Plan.
  5. A household that occupies an assisted unit in a development that includes non-assisted units, and the household will no longer qualify for rental assistance (only if marked).
  6. A household requests a transfer due to a change in family size and the household would be eligible for a larger or smaller unit based on the occupancy standards defined in this Plan.
  7. A household requiring a Deeper Subsidy (only if marked).

## B. Statutory and HUD Regulatory Preferences

- Applicants who have been displaced by government action or a presidentially declared disaster.

## C. Accessible Units

- Units with accessibility features will be offered to the first family on the waiting list that includes a household member needing the features of the unit. If there are no applicants on the waiting list with household members needing the features of the accessible unit, the unit will be rented to the next family on the waiting list. In such circumstances, the family must agree in the lease to move to the next available non-accessible unit of the proper size at the Development in the event an application is submitted by a household with a member who needs the accessibility features of the unit.

## D. State and Local Preferences

- Additional preferences based on state or local requirements are described in Exhibit 8 “Preference Form”.

#### E. Owner Adopted Preferences

The Owner has adopted the following additional preferences, which are subordinate to the statutory, HUD Regulatory and any state and local preferences described above. See below and Exhibit 8, “Preference Form”, for additional Owner Adopted Preferences.

- Preference for Working, Elderly or Disabled Applicants** (only if marked): Applicant households that include a head of household, spouse, or co-head who has been employed for 90 days prior to application with a minimum of 15 hours per week, is 62 or older, or disabled will be given a preference.
- Section 651 Title VI-D Preferences for Elderly, Nonelderly Disabled, and Near Elderly Disabled Applicants** (only if marked): Section 651 of Title VI-D permits an Owner to give preference (priority) to elderly families if (1) the project was originally developed to serve the elderly and (2) it is a “covered Section 8 housing project.” “Covered Section 8 housing projects” are projects that were constructed or substantially rehabilitated pursuant to assistance provided under section 8(b)(2) of the United States Housing Act of 1937, as in effect before October 1, 1983, that are assisted under a contract for assistance under such section. Owners of qualifying developments may elect a preference for elderly families and a set-aside for nonelderly disabled families over other disabled applicants.

\_\_\_\_\_ Number of units designated for elderly families (head of household, co-head, or spouse is at least 62 years of age)

- Owner has established a preference for near-elderly disabled families (head, spouse, or sole member is a person with disabilities who is 50 to 61 years of age) to fill the units designated for elderly families when there is an insufficient number of elderly families.

\_\_\_\_\_ Number of units set aside for nonelderly disabled families (head of household, co-head, or spouse is disabled and 18 to 49 years of age)

- Owner has established a preference for near-elderly disabled families (head, spouse, or sole member is a person with disabilities who is 50 to 61 years of age) to fill the units designated for nonelderly disabled families when there is an insufficient number of nonelderly disabled families.

- Section 658 Title VI-D Elderly Restriction** (only if marked): Owners of qualifying Section 236, Section 221(d)(3) BMIR, and Section 202 developments  
POAH Communities - HUD MF\_Tax Credit TSP Revised Nov 2022

may restrict occupancy to elderly families in accordance with the rules and standards in effect at the inception of the development.

- Victims of Domestic Violence, Dating Violence and Stalking** (only if marked):  
Preference will be given to applicants who can provide documentation from an agency such as a federal, state, tribal, territorial or local police record, court record or documentation signed and attested to by a victim, service provider, attorney, or medical personnel that they have been displaced by domestic violence, dating violence, sexual assault or stalking or need to move from their present housing because of domestic violence. The term ‘domestic violence’ includes acts or threats of violence, not including acts of self-defense, committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who cohabitating with or has cohabitated with the victim, by a person who is or has been in a continuing social relationship of a romantic or intimate nature with the victim, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction, or by any other person against a victim who is protected from that person’s acts under the domestic or family violence laws of the jurisdiction.

The Agent will give preference to an applicant (male or female) who has been a victim of domestic violence, dating violence, sexual assault or stalking if the applicant otherwise qualifies for assistance or admission. These VAWA Protections are available equally to all individuals regardless of sex, gender identity or sexual orientation. In addition, VAWA protections are provided to affiliated persons which includes 1. A spouse, parent, brother, sister, or child of the victim, or a person to whom the victim stands in place of a parent or guardian; or 2. Any individual, resident/applicant, or lawful occupant living in the household of that individual.

#### F. Other Preferences

- Other Preference** \_\_\_\_\_

#### G. Preference Exceptions

- Relocation and/or Unit Transfers:**  
Management must give priority to current households:
- I. when their units are designated for rehabilitation and/or
  - II. for current households residing in a unit within the Development that has been designated as uninhabitable by federal, state, local municipalities or Management due to fire, flood or other natural disaster.

## V. MARKETING AND WAITING LIST APPLICATIONS

### A. Marketing

1. Marketing of the Development shall be consistent with the fair housing and civil rights requirements described in Section II of this TSP and the Affirmative Fair Housing Marketing Plan in effect for the property.
2. Marketing will include, if required, at a minimum the advertising in the locality and outreach to local organizations serving extremely low-income families for no less than 30 days.
3. The Agent will maintain records that demonstrate that reasonable steps were taken to fill these units with extremely low-income tenants by the usage of Exhibit 9 “Extremely Low-Income Tracking Log and Computation Worksheet”.

### B. Waiting List Applications

The applicant may be on multiple waiting lists when waiting for more than one unit size. Applicants are accepted based on preliminary eligibility from the Waiting List Application (if used) or Application (if Waiting List Applications are not used).

This community uses the following method to add households on to the Waiting List:

- Waiting List Applications* are used at this community.
- Waiting List Applications are NOT used at this community. *Applications* only are used.

**Note:** The use of Waiting List Applications is a Development by Development decision. Typically, large Developments and or Developments with large waiting lists use Waiting List Applications. All properties require an Application.

1. Individuals inquiring about occupancy at the Development will be encouraged to complete a Waiting List Application. This form is attached to this TSP. See Exhibit 10 “Waiting List Application and Notices of Waiting List Application Acceptance and Rejection”.
2. The Agent will review all Waiting List Applications to determine preliminary eligibility for occupancy in the Development. Waiting List Applications that meet the income eligibility and occupancy requirements described in Section III of this TSP will be placed on the waiting list in the manner described in Section VI(C). Being placed on the waiting list in no way assures the future application will be approved.
3. Applicant households with Waiting List Applications accepted for the waiting list will be notified in writing that the Waiting List Application was placed on the waiting list. The notice will advise the household that placement on the waiting list is not an offer of housing, and that the family will be contacted for

screening and verification of eligibility when an appropriate unit becomes available for occupancy. The notice will also advise the household that the Waiting List Application may be supplemented by the family based on changes to household income, household composition, eligibility for preferences, and other factors affecting eligibility.

4. Applicant households who are determined to be ineligible based on the Waiting List Application will be notified that the Waiting List Application is rejected. The notice will offer the family an opportunity for a conference with the Agent as described in Section XIII of this TSP.

## VI. CREATING AND MAINTAINING THE WAITING LIST

The following guidelines have been established to ensure applicants are appropriately and fairly selected for the next available unit.

Applicants will be placed on the Development waiting list based on the following procedures:

### A. Data Included on the Waiting List

The waiting list will include the following information:

1. The date and time of the Waiting List Application (if used) or Application (if Waiting List Applications are not used);
2. The requested unit size;
3. Information about the household's need for a unit with accessibility features;
4. Information about whether a household may qualify for a selection preference; such as an applicant that has been displaced by a government action or a presidentially declared disaster or need for accessible unit. See Exhibit 8, "Preference Form" and consult with the Agent;
5. Information about household income.

Voluntary information about the ethnicity, race, gender, and disability of the applicant are collected as part of the application as required by the United States Department of Housing and Urban Development (HUD). The information will not be included on the waiting list, will be separately maintained, and will have no bearing on the acceptance of any application.

### B. Organization of the Waiting List

Potential tenants who have completed Waiting List Applications are placed in order on the waiting list based on:

1. Date and time of application;
2. Requested bedroom size;
3. Whether the Waiting List Application indicates a need for an accessible unit;



- and
4. Household eligibility for preferences, including preferences based on income targeting.

The Agent may establish separate waiting lists based on such factors as unit size. When an applicant is eligible for placement on more than one waiting list, the applicant may request to be placed on all waiting lists for which the household qualifies.

### C. Maintaining and Updating the Waiting List

1. All changes to the waiting list, including changes based on supplementary information submitted by an applicant, will be notated on the list with the date and time of the change. Applicant must notify Agent of any change in writing.
2. Staff will not skip over a household that has reached the top of the list and has indicated a need for certain unit accommodations because of disability. The household will be given the opportunity to accept a standard unit or remain at the top of the list until an accessible unit becomes available. Families who have a member who needs the accessibility feature of the unit take priority to occupy accessible units over families with no disabled household members.
3. An applicant can be on more than one waiting list. If a waiting list applicant is offered a unit and declines, that applicant will be removed from that offered unit waiting list and their application on the other waiting list will be dropped to the bottom. This process will not apply to applicants with “a need for certain unit accommodations because of disability.”

*For example: Jane is part of a three member household. She indicates on her application that her first choice is a three bedroom unit and her second choice is a two bedroom unit. Her application comes up to the top of the two bedroom unit waiting list. She is offered a two bedroom unit and declines. At this point her application is removed from the two bedroom unit waiting list and her application position on the three bedroom waiting list is dropped to the bottom.*

4. The Agent will update the waiting list on an annual basis and in some cases as often as monthly. The list will be updated by contacting each applicant in writing, inquiring about the applicant’s continued interest in the Development, and offering each applicant an opportunity to update their application. If an applicant does not respond to the letter within 14 days, the household will be removed from the waiting list.

Applications will be removed from the waiting list in the following additional situations:

- a. The applicant head of household withdraws the application in writing;
- b. The applicant refuses an offer of a unit at the Development within five business days from date of offer;
- c. The applicant fails to respond to an offer of a unit within five business days from date of offer;
- d. Additional information indicates that the applicant is no longer eligible;
- e. Correspondence sent to the last address provided by the

applicant is returned as undeliverable.

If an application is removed from the waiting list in error, the applicant will be reinstated to the original position on the waiting list.

#### D. Closing and Opening the Waiting List

The Agent will monitor the vacancies at their properties and their waiting lists regularly to ensure that there are enough applicants to fill the vacancies. When the waiting list has sufficient applications to fill anticipated vacancies for at least twelve months, the Owner may choose to close the waiting list.

##### I. Closing waiting lists.

- a. The waiting list may be closed for one or more unit sizes when the average wait is excessive (e.g., one year or more).
- b. When the Agent closes the list, we will advise potential applicants that the waiting list is closed and refuse to take additional Waiting List Applications or applications.
- c. When the Agent decides to no longer accept applications, the Agent will also publish a notice to that effect in the publications listed in the property's current Affirmative Fair Housing Marketing Plan. The notice will state the reasons for the Owner's refusal to accept additional applications.
- d. A written Waiting List Closed Notice will be posted in the Leasing Office.

##### 2. Opening waiting lists.

- a. When the Agent agrees to accept applications again, the notice of this action will be announced in the same publications and in the same manner as the notification that the waiting list was closed. The notifications will be extensive, and the rules for applying and the order in which applications will be processed will be stated. (See *VI. Creating and Maintaining the Waiting List*)
- b. Advertisements will include where and when to apply and will conform to the advertising and outreach activities described in the property's current Affirmative Fair Housing Marketing Plan.
- c. A written Waiting List Open Notice will be posted in the Leasing Office.

## VII. APPLICATION PROCEDURE

### A. Contacting Applicant Households; Interviews

Applicants will be selected for applications based on the position of the Waiting List Application on the waiting list. Approximately 90 days prior to unit availability, the Agent will attempt to contact an applicant household to schedule an interview at the management office to complete a written application. The contact will be by telephone and by a written “Notice of Interview” (See Exhibit 12). Applicants will be advised that failure to attend a scheduled interview will result in the withdrawal of the Application. Applicants must contact the Management Office in advance to reschedule interviews.

## B. Written Applications

1. Applications shall be distributed and accepted in any of the following ways:  
In Person, by Mail, by Fax, by Email and Online.
2. All applicants must complete a written application. In general, the application should be completed during the family interview at the management office. Applications may be mailed or completed by the family outside the interview at the request of the applicant head of household. See Exhibit 13 “Application”.
3. The application must be completed by the head of household and signed by all adult household members 18 or older and legally emancipated minors. All individuals who will occupy the unit as a member of the household or as a Live- In Aide must be listed on the application.
4. Assistance will be provided to any applicants who might have difficulty completing the Application. This assistance might take the form of answering questions about the Application, helping applicants who might have literacy, vision or language problems and, in general, making it possible for interested parties to apply for assisted housing.
5. During the interview, the Agent will explain qualifying procedures to the applicant. Applicants may voluntarily withdraw an application in writing at any time. Upon withdrawal of an application, the household will be removed from the waiting list and provided with a Notice of Withdrawn Application. See Exhibit 14, “Notice of Withdrawn Application”. The notice will offer the family an opportunity for a conference with the Agent as described in Section XIII of this TSP.

## C. Completion of the Application

An application will be considered complete when the contents of the application form are complete and signed, and the applicant submits all the documentation required to establish eligibility for admission. Completion of an application does not constitute an offer of housing. To complete the final application, the applicant must:

1. Submit current documentation of eligibility for any preferences, including need for an accessible unit;
2. Submit current documentation of age;
3. Submit current documentation of household composition;
4. Submit current documentation of SSN for all household members;
5. Submit current documentation of income and assets;
6. Sign all required Release of Information and applicable consent forms,

- including HUD Forms 9887 and 9887-A (as required for Section 8);
7. Certify whether a household member disposed of any assets at less than fair market value during the two years preceding the certification;
  8. Provide landlord references for the three-year period preceding the final application.
  9. Provide all other documentation requested by the Agent.

Application is complete when all required documentation has been completed and submitted to the Agent.

#### D. Failure to Attend Interviews and Complete Applications

- I. Failure without good cause to attend interviews, or to respond to correspondence and notices to process and complete the application, may result in withdrawal of an application.
  - a. Examples of good cause for failing to attend interviews or completing an application may include:
    - Circumstances beyond the applicant's control;
    - Hospitalization of the applicant or a household member; or
    - In order to provide reasonable accommodations for persons with disabilities.
  - b. The notice will offer the family an opportunity for a conference with the Agent as described in Section XIII of the TSP.

## VIII. QUALIFYING PROCEDURES AND DETERMINING QUALIFICATION FOR ADMISSION

At the time of the final application, the Agent will complete the qualification procedure and determine if the applicant is suitable as a tenant of the Development. Sources of information regarding suitability for admission will include the content of the application and related documents, See Exhibit 16, "Landlord References", credit reports (See Sec. VIII C), information in the public record including newspaper articles, court records and criminal history records and the use of a national screening company. Screening reports will be completed when an application rises to the top of the Waiting List and move-in is likely within 120 days.

To qualify all applicants, including victims of domestic violence, dating violence, sexual assault or stalking, must, at a minimum:

1. Be income eligible;
2. Have at least one family member who is a U.S. citizen or has eligible immigration status;
3. Pass criminal background screening, however, the Agent will not consider criminal activity directly relating to domestic violence, sexual violence, dating violence or stalking, engaged in by a member of a tenant's household or any guest or other

- a. person under the tenant's control, if the tenant or an immediate member of the
  - b. tenant's family is the victim or threatened victim of that abuse;
4. Have no outstanding debt to previous landlord; unless such rental and employment history is directly related to the situation of domestic violence sexual violence, dating violence, or stalking or would jeopardize the safety of the applicant or the applicant's children;
5. Have not been evicted from a residence in the previous 5 years; and
6. Meet all other qualification criteria set forth in the TSP.

Effective August 1, 2011 a criminal history check will be obtained for each adult resident as part of the annual recertification process. This criminal history check is in accordance with federal and state laws and is outlined in the HUD Occupancy Handbook 4350.3. POAH Communities reserves the right to evict all households and/or household members that are not in compliance with the POAH Communities Criminal Screening Policy. The Landlord has the right to compare the information it collects as part of the recertification process, including but not limited to the criminal background check, with the resident's prior completed recertification forms, rental applications, or other documents provided by the resident to the Landlord a "Prior Form". A finding that a tenant has made a material misrepresentation on the Prior Form shall be grounds for eviction of the household. Any crime included on the criminal background check which was not represented on the Prior Form shall be grounds for eviction regardless of whether it was committed prior to or after the tenants admission to the property. Similarly, grounds for eviction shall exist if a tenant was evicted from federally-assisted housing by reason of drug- related criminal activity or is listed on the states required lifetime sexual offender list and failed to indicate this fact on a Prior Form if such prior form requested this information. Residents may file a grievance, request a meeting and provide explanation or mitigating circumstances regarding any misrepresentation within 14 days of notification.

The application of the qualifying procedures, and the use of criminal history in determining an applicant's ability to meet the essential requirements of tenancy under the qualifying procedures, shall be subject to standards set forth in the HUD Office of General Counsel Guidance on Application of Fair Housing Act Standards to the Use of Criminal Records by Providers of Housing and Real Estate-Related Transactions dated April 4, 2016, as such standards may be updated, revised, supplemented or replaced. Pursuant to such Guidance, management may not reject an applicant for failure to meet the requirements of tenancy under the Qualifying Procedures solely because of one or more prior arrests (without any conviction), since the fact of the arrest is not proof of past unlawful conduct and does not establish that criminal conduct occurred. A record of arrest may trigger an investigation by management into whether disqualifying conduct occurred. Police reports detailing the circumstances of the arrest, witness statements, conviction records and other relevant documentation may be utilized to make such a determination. The application may be put on hold until the court concludes judgement.

**NOTE: Pursuant to the Violence Against Women Reauthorization Act of 2013 (42 U.S.C. 14043e-11) and regulations promulgated in accordance therewith at 24 CFR Part 5, Subpart L, admission to the development shall not be denied on the basis that the applicant or household member is or has been a victim of domestic violence, dating violence, sexual assault or stalking, as defined in the**  
 POAH Communities - HUD MF\_Tax Credit TSP Revised Nov 2022

**aforementioned regulations, if the applicant or household member otherwise qualifies for admission.**

#### A. Safety and Security.

An application will be rejected if qualifying procedure indicates that any member of the applicant household:

1. Was evicted from federally-assisted housing by reason of drug-related criminal activity within the past five years;
2. Is currently engaged in the illegal use of drugs;
3. Illegally uses or shows a pattern of illegal use of a drug that may threaten the health, safety, or right to peaceful enjoyment of other residents;
4. Abuses or shows a pattern of abuse of alcohol that may threaten the health, safety, or right to peaceful enjoyment of other residents;
5. Engaged in any violent behavior, violent criminal activity, drug-related criminal activity, or any other criminal activity that would adversely affect the health, safety, or right to peaceful enjoyment of other residents, the Owner's employees, the Agent's employees, or persons residing in the immediate vicinity of the Development. This criminal activity includes but is not limited to a felony conviction, a violent crime against another person or a crime that included the use of a deadly weapon;
6. Is subject to a lifetime registration requirement under a state sex offender registration program;
7. See Exhibit 24. Criminal Screening Matrix for additional information regarding criminal history acceptance.

In carrying out the selection of tenants under the Plan, and in a manner consistent with the aforementioned Guidance with respect to the use of criminal history, the management will consider mitigating factors that rebut the presumption that an applicant shall be unable to meet the requirements of tenancy. Mitigating factors may include a showing of rehabilitation or rehabilitating efforts and must be balanced against the potentially disqualifying behavior or circumstances. In considering both the disqualifying behavior and mitigating factors, the Agent shall determine if there is a reasonable risk that the applicant shall be unable to meet the essential requirements of tenancy. Among the factors that should be considered are:

1. The severity of the potentially disqualifying conduct;
2. The amount of time that has elapsed since the occurrence of such conduct;
3. The degree of danger, if any, to the health, safety and security of others or to the security of the property of others or to the physical conditions of the Development and its common areas if the conduct recurred;
4. The disruption, inconvenience, or financial impact that recurrence would cause the housing provider; and
5. The likelihood that the applicant's behavior will be substantially improved in the future.

#### B. Rental History

1. Past three years of rental history will be examined to determine that the applicant will not damage the unit or the common areas of the Development, disturb the neighbors, interfere with management or fail to comply with the terms of the lease, the House Rules, or the rules of the financing programs for the Development. However, the Agent may not consider negative rental history directly relating from domestic violence, sexual violence, dating violence or stalking, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, if the tenant or an immediate member of the tenant's family was the victim or threatened victim of that abuse.
2. Applicants who owe their present or previous landlord a balance from a present or prior occupancy will not be considered for admission until the account is paid in full. Reasonable assurance must be obtained that contributing causes for nonpayment of rent during the present or prior occupancy have been sufficiently changed to enable the household to pay rent and other expenses relating to the occupancy of the unit. If an applicant contests any reference, the burden of proof lies with the applicant.
3. Applicants who owe funds or judgment debts to any utility company or cannot obtain utility connections will be rejected.
4. Applicants who have been legally evicted from a resident within 5 years of applying will be rejected.

Note: Staff will consider proof of payment of balances to utility companies and landlords in lieu of rejecting an application.

### C. Credit History

1. The Agent will examine the applicant's credit history to determine if there is a history of deficiencies in overall credit in the past 36 months which indicates a probability that the applicant will fail to pay rent for the unit and other expenses relating to occupancy of the unit including apartment utilities not paid by the landlord. In applying this criteria, the Agent will consider such factors as whether the applicant's credit report and other verification indicates a consistent, severe, recent, or repeated history of non-payment of housing related costs, the age, size and number of debts, whether the credit history resulted from disability or illness, or high rent burdens or other factors that indicate the applicant is likely to pay rent and occupancy-related charges in the future. However, the Agent may not consider negative credit history directly relating from domestic violence, sexual violence, dating violence or stalking, by a member of a tenant's household or any guest or other person under the tenant's control, if the tenant or an immediate member of the tenant's family was the victim or threatened victim of that abuse. Medical expense obligations and outstanding educational loans will not be included. Ordinarily, the total of the applicant's monthly contribution plus other long-term obligations (payments extending more than twelve months) should be less than forty-five percent (45%) of his/her monthly gross income. Income ratios higher than 45% will not automatically disqualify an applicant. The ratios will be considered in the context of the applicant's obligations. When there is a bankruptcy listed on the credit file, and the bankruptcy has been discharged and additional positive

credit has been established, the bankruptcy will not disqualify the applicant. A mortgage foreclosure will not automatically disqualify the applicant. However, there must be satisfactory verifiable rent payment or previous mortgage payment history to override the foreclosure disqualification. Applicant will not be responsible for payment of the cost of a credit report.

a. Credit History Exception:

The applicant or any household member who will be assuming part of the rent obligation has a history of non-payment of rent and such non-payment, if repeated by a tenant in POAH Communities housing, would cause monetary loss; provided, however, that if the applicant or household member paid at least 50% of his/her household's monthly income for rent each month during a tenancy but was unable to pay the full rent, an eviction for non-payment of the balance shall not disqualify such individual from housing pursuant to this paragraph. If the applicant or household members assuming part of the rent obligation are unable to provide a favorable prior landlord reference, the credit report of the applicant or household member may be used to determine the applicant's ability to pay rent. In such circumstances, a bad credit history may be used as the basis of rejection, but the applicant may provide evidence of mitigating circumstances, which may include (i) a representative payer or reliable third party who would take responsibility for payment; (ii) evidence that such poor credit was a result of a disability that is now under control; or (iii) evidence that credit problems were the result of other circumstances that no longer exist and there is reason to believe that the applicant will now pay the rent promptly and in full. Lack of credit history, as opposed to poor credit history, is not sufficient justification to reject an applicant.

2. If an applicant is denied admission based on a credit report, the written notification of denial will be in accordance with the Fair Credit Reporting Act. See Exhibit I 1b "Notice of Rejected Application – Credit".

#### D. Use of EIV (Section 8 programs only)

HUD provides the Owner and the agent with information about an applicant's current status as a HUD housing assistance recipient. The *Existing Tenant Search Report* allows the Owner and the agent to use the Enterprise Income Verification System (EIV) to determine if the applicant or any member of the applicant household is currently receiving HUD assistance. The Owner/agent will follow up with the respective Public Housing Agency (PHA) or owner to confirm the individual's program participation status before admission, if necessary, depending on the outcome of the discussion with the applicant. The Owner/agent will take this opportunity to coordinate move-out and move-in dates with the PHA or owner of the property at the other location. Nothing prohibits a HUD housing assistance recipient from applying to this property. However, the applicant must move out of the current property and/or forfeit any voucher before HUD assistance on this property will begin (please also see Sole Residence Requirements in Section III J). Special consideration applies to some dependents where members of two households share 50% custody.



If the applicant or any member of the applicant household fails to fully and accurately disclose rental history, the application may be denied based on the applicant's "misrepresentation of information."

#### E. Verification

All factors affecting eligibility must be verified. In general, only third-party verification is acceptable. In circumstances where verification is unavailable after two weeks, the Agent may accept alternative forms of documentation, including copies of original documents and the self-declaration of the applicant.

### IX. APPROVAL OR REJECTION FOR OCCUPANCY

#### A. Approval

1. If an applicant is selected for admission at the conclusion of the application process, the household will be assigned to a unit based on the Development's occupancy standards and the household's need for a unit with accessibility features, if any. An applicant must accept any unit offered within 5 days of the postmarked date of the unit offer letter. See Exhibit 15 "Notice of Unit Availability".
2. Applicant will be offered a choice of two units if available. If an applicant lacks good cause for rejecting the units, the application will be denied and the application will be removed from the waiting list.
3. Upon acceptance of the unit, the applicant will be required to sign the *HUD-50059 Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures* (for units governed by HUD programs as defined in the Program Information Sheet (Exhibit I)), the *Tenant Income Certification* (for units governed by the Low Income Housing Tax Credit Program as defined in the Program Information Sheet (Exhibit I)), and certify receipt of a copy of the lease and attachments. The applicant must take possession and move into the unit the same day the lease is signed.

#### B. Security Deposits

An applicant must pay a security deposit in the amount defined in the Program Information Sheet (Exhibit I) at the time the lease is signed. The security deposit will be held by the Agent in a manner that conforms to all applicable federal, state and local laws.

#### C. Rejected Applications

If an application is rejected, the applicant will be notified in writing of the reasons for

POAH Communities - HUD MF\_Tax Credit TSP Revised Nov 2022

rejection Exhibit I Ia, “Notice of Rejected Application”. The notice will offer the family an opportunity for a conference with the Agent as described in Section XIII of this TSP.

## X. TRANSFER AND SPLIT HOUSEHOLD POLICY

TRANSFER: ALL MEMBERS OF THE HOUSEHOLD MOVE FROM ONE UNIT TO ANOTHER.

### A. Mandatory Transfers

The Agent may require a resident household to transfer to another unit in the Development in the following circumstances:

1. There is a change in household size or family composition that necessitates a unit of a different size.
2. The household occupies an accessible unit, no household member needs the features of the unit, and there is another applicant or resident family with a household member needing the features of the unit.
3. If the Development includes units that are not Assisted Units and the household no longer qualifies for rental assistance, the Agent may require the household to move to an unassisted unit.

### B. Voluntary Transfers

Voluntary transfers will be processed even if the property’s waiting list is closed.

1. A resident household may request a transfer to another unit of appropriate size in the development if:
  - a. There is a medical reason that requires a unit of a different size, in a different location in the Development, or with accessibility features;
  - b. The resident is requesting a unit due to change in family size.
  - c. A resident is a victim of domestic violence, dating violence, or stalking. Note: Exceptions to the above Section XI. B. 2a and b will be made for households that are disabled or victims of domestic violence.
2. In the case of a voluntary transfer when a resident is requesting a unit due to change in family size, the transfer request will be approved only if:
  - a. The household is compliant with the requirements of the lease;
  - b. The household is current on all rent and other charges that may be due under the lease;
  - c. The household accepts a return of any previously paid security deposit and pays a new security deposit for the new unit;
  - d. A unit inspection indicates there is no damage or violation of the House Rules in the household’s current unit;
  - e. The household complies with the verification requirements of the Agent

and qualifies for the new unit.

### C. Split Household

A split household occurs when one or several of the adult household members request to relocate to another unit.

- I. The vacating household member(s) must apply for a new unit as a new applicant. Collectively, the original household must decide which household members will remain in the original unit and which household members will be applying for a new unit.
  - a. The departing household members must complete the required Waiting List Application process as described in Section V of this TSP. After completing the Waiting List Application process, the Split Households will be treated as a new applicant. The application will be processed as described in Section VII.
  - b. After the departing household members relocate to another unit, the original household will be required to complete a recertification due to the household composition change and may be required to transfer to a smaller unit.

### D. Processing Transfers

- I. Mandatory transfers will be processed by the Agent for any vacant unit at the property before the unit is offered to an applicant household on the waiting list that is not residing at the Development. The Transfer Request Form, Exhibit 17 must be completed with Agent representative.
2. Mandatory transfers will be processed even if the property's waiting list is closed.

**Note:** All costs associated with a reasonable accommodation transfer move will be paid by the property. And, all costs associated with a resident requested non-reasonable accommodation transfers move will be paid by the resident.

### E. Verifications

- I. Requests for voluntary transfers must be verified with a signed letter from a physician, medical provider, or other health professional indicating the need for the transfer.
2. Households requesting to split into two separate apartments must meet and verify all the eligibility requirements and qualifying criteria of this TSP.
3. In the case of a transfer request because of domestic violence, dating violence, sexual assault or stalking, the residents must submit the Domestic Violence, Dating Violence or Stalking Certification, form HUD-5382 Exhibit 21. Alternatively, a resident may provide the following as verification: (1) a statement signed by a victim service provider, an attorney or a medical professional, from whom the victim has sought assistance in addressing

- domestic violence, dating violence, or stalking, or the effects of the abuse, in which the professional attests under penalty of perjury to the professional's belief that the incident or incidents in question are bona fide incidents of abuse and the victim of domestic violence, dating violence or stalking has signed or attested to the documentation; or (2) a police or court record.
4. The Agent may request other documentation of eligibility from applicants for mandatory or voluntary transfers.

## XI. CONFERENCES

### A. Notice of Right to a Conference

1. The Agent will provide a written notice to an applicant or a resident for any material action affecting an application for occupancy or the Lease for tenancy in the Development, including but not limited to:
  - a. Denial of an application for admission (See Exhibit 22 "Application Appeal Process");
  - b. The amount of resident rent, any change to the rent, and the effective date of any change in the rent (See Exhibit 18 "Tenant Grievance Procedure");
  - c. Denial of a claim of extenuating circumstances for resident delays in completing recertification (See Exhibit 18 "Tenant Grievance Procedure");
  - d. Denial of a request to add a new member to the household (See Exhibit 18 "Tenant Grievance Procedure");
  - e. Termination of the lease (See Exhibit 18 "Tenant Grievance Procedure");
  - f. Denial of eligibility as a remaining household member (See Exhibit 18 "Tenant Grievance Procedure").
  - g. Complaints or concerns on behalf of the tenant in regards to management's policies, procedures and /or operations. (See Exhibit 18 "Tenant Grievance Procedure").
2. The Agent will provide notices for the proposed action that will be explanatory. The applicant or resident has a right to seek a conference to discuss the Agent's decision within 14 days of the date of the notice by submitting a written request to the Agent at the management office.

### B. Conference Procedures

1. Upon receiving a request for a conference, the Agent will schedule a meeting with the applicant or resident. The conference will be held by a representative of the Agent who was not involved in the initial decision under appeal. The conference will be scheduled as soon as possible, to the extent practicable, no later than 7 days after receiving the request.
  2. At or before the conference, the applicant or resident is entitled to review
- POAH Communities - HUD MF\_Tax Credit TSP Revised Nov 2022

their file, including any information or documentation used by the Agent to make the initial decision. The applicant or resident may be represented at the meeting by a friend, family member or advocate, and shall be permitted to submit new information in support of the conference, or refute information used by the Agent in reaching the original decision.

### C. Decisions

The Agent will render a written decision, to the extent practicable, within 5 business days of the conference. The written decision will advise the applicant or resident of the outcome of the conference, and the information relied upon in reaching a decision. Except for judicial remedies that may be available under state or federal law, the Agent's decision is final. If the decision is reversed in the case of an applicant, the applicant will be offered a suitable vacant unit. If no such unit is available, the applicant will be offered the next appropriate unit for which they must accept.

## XII. VIOLENCE AGAINST WOMEN ACT (VAWA)

VAWA protections apply equally to all individuals regardless of sex, gender identity or sexual orientation. In addition, VAWA protections are provided to affiliated persons which includes 1. A spouse, parent, brother, sister, or child of the victim, or a person to whom the victim stands in place of a parent or guardian; or 2. Any individual, resident/applicant, or lawful occupant living in the household of that individual.

### A. Applicant and Tenant Rights and Responsibilities

1. The Agent shall not deny admission to the apartment community to any applicant on the basis that the applicant is or has been a victim of domestic violence, dating violence, sexual assault or stalking if the applicant otherwise qualified for assistance or admission.
2. In determining an applicant's eligibility and qualification for admission, the Agent may not consider potentially disqualifying information such as a poor credit history, if such potentially disqualifying circumstances are directly relating to domestic violence, dating violence, sexual assault or stalking.

### B. Termination of Tenancies

An incident or incidents of actual or threatened domestic violence or stalking will not be construed as a serious or repeated violation of the lease by the victim or threatened victim of that violence and will not be good cause for terminating the tenancy or occupancy rights of the victim of such violence.

1. Criminal activity directly relating to domestic violence, dating violence, sexual assault or stalking, engaged in by a member or a tenant's

- household or any guest or other person under the tenant's control shall not be cause for termination of assistance, tenancy or occupancy rights if the resident or an immediate member of the resident's family is the victim or threatened victim of that domestic violence, dating violence, sexual assault or stalking.
2. The Agent may, however, evict a tenant who is or has been a victim of domestic violence, dating violence, sexual assault or stalking for any violation of a lease not based on the domestic violence, dating violence or stalking. The Agent may not subject a tenant who is or has been a victim of domestic violence, dating violence, sexual assault or stalking to a more demanding standard than other tenants in determining whether to evict or terminate assistance.
  3. Notwithstanding the other parts of this section, the Agent may terminate the tenancy of any tenant if the Agent can demonstrate an actual and imminent threat to other tenants or those employed at or providing services to the apartment community if the tenancy is not terminated.

### C. Transfers and Split Households

Section XIV, above, sets forth in detail that:

- a. The apartment community has established a VAWA Emergency Transfer Plan which includes a transfer preference for victims of domestic violence, dating violence, sexual assault and stalking;
- b. The Agent may also bifurcate a lease to evict an abuser from the household without affecting the housing rights of the victim(s) of domestic violence, dating violence, sexual assault and stalking;
- c. The Agent will follow all court orders addressing the rights of access to or control of the property, including orders of protection.

### D. Certification

If an application or resident seeks to assert the protections of the VAWA and of this Section, the Agent may, but is not required to, request that the applicant or resident certify that he or she is a victim of domestic violence, dating violence or stalking and that the incident or incidents in question are bona fide incidents of such actual or threatened abuse. This request shall be in writing. The applicant or resident may provide this certification within 14 business days after the individual receives a written request for certification from the Agent. If the applicant or resident does not provide such certification within 14 business days after the individual receives the written request for certification, the Agent's authority to terminate the tenancy of a resident for the material noncompliance with the lease agreement will not be limited by Section XIV of the Tenant Selection Plan, the Agent may extend the 14-day business-day deadline at its discretion.

An applicant or resident may satisfy the certification requirement in any of the following ways:

1. Completing the Domestic Violence, Dating Violence, Sexual Assault or Stalking and Alternate Documentation, Form HUD-5382, Exhibit 21.
2. Providing the Agent with documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, from whom the victim has sought assistance in addressing domestic violence, dating violence, or stalking, or the effects of the abuse, in which the professional believes that the incident or incidents in question are bona fide incidents of abuse, and the victim of domestic violence, dating violence, sexual assault or stalking has signed or attested to the documentation; or
3. Producing a court or police record.

The Agent is mindful that delivering the certification form to a resident or applicant by mail may place a victim of domestic violence, dating violence, sexual assault or stalking at risk. Accordingly, the Agent will work with the tenant in making acceptable delivery arrangement, such as inviting them to the office to pick up the certification form, or making other discreet arrangements.

#### E. Confidentiality

As set forth in detail in Section II, all information provided to the Agent related to an applicant or resident's status as a victim of domestic violence, dating violence, sexual assault or stalking shall be kept confidential and shall only be disclosed if the applicant or resident consents in writing, for use in eviction, or if required by law. The Owner/Agent will retain all documentation relating to an individual's domestic violence, dating violence, sexual assault and/or stalking in a separate file that is kept in a separate secure location from other applicant and resident files.

### XIII. AMENDMENTS TO THE TSP

The Agent will provide no less than 30 days written notice to all applicants of any change to this TSP. The TSP is available to the public.

## TENANT SELECTION PLAN EXHIBITS

1. **Program Information Sheet**
2. **Owner-Agent Disclosure**
3. **Section 504 Policy**
4. **Language Assistance Policy**
5. **Release of Information Form**
6. **Live-In Aide Agreement**
7. **Notice of Criminal Trespass/Barred Individuals**
8. **Preference Form**
9. **Extremely Low Income Tracking Log and Computation Worksheet**
10. **Waiting List Application and Notices of Acceptance and Rejection**
11. **Notice of Rejected Application**
12. **Notice of Interview**
13. **Application**
14. **Notice of Withdrawn Application**
15. **Notice of Unit Availability**
16. **Landlord Reference**
17. **Transfer Request**
18. **Tenant Grievance Procedure**
19. **State and Local Regulations (If Applicable)**
20. **Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking and Alternate Documentation (form HUD-5382)**
21. **Application Appeal Process**
22. **Waiting List Update Letter**
23. **Criminal Screening Guidelines**
24. **State Specific Protected Classes**



HAWTHORNE PLACE APARTMENTS  
OWNER-AGENT DISCLOSURE

**The Owner and the Lessor is:** Hawthorne Place II Preservation Associates, LP  
2 Oliver Street, Suite 500  
Boston, MA 02109  
(877)489-0101 TTY 7-1-1

**The Agent authorized to receive notices, demands and service of process for the Lessor is:** POAH, Inc.  
1 N. LaSalle Avenue, Suite 1300  
Chicago, IL 6060  
(312) 283-0032

**The Management Agent is:** POAH Communities  
2 Oliver Street, Suite 500  
Boston, MA 02109  
(877)489-0101 TTY 7-1-1

**The Location of the Management Office is:** Hawthorne Place Apartments  
16995 E Dover Lane  
Independence, MO 64056



**POLICIES TO COMPLY WITH SECTION 504 OF THE REHABILITATION ACT OF 1973 AND THE FAIR HOUSING ACT AMENDMENTS OF 1988.**

- (A). It is illegal to reject an applicant because he or she has a handicap or disability, or for reasons that could be overcome by the Property's reasonable accommodation of the applicant's disability or handicap.
- (B). If, even with reasonable accommodations, applicants with disabilities or handicaps cannot meet essential program requirements, it is permissible to reject them. Such insurmountable problems might arise because of behavior or performance in past housing, inability to comply with the terms of the Lease Agreement, undue financial and administrative burdens associated with the accommodation, or the need for services that represent an alteration in the fundamental nature of the housing assistance program delivered.
- (C). There are three possible stages of processing the Applications of persons with disabilities or handicaps:

- (1). Eligibility Review - The first stage of processing in the determination of program eligibility. There are circumstances when, in order to qualify for admission to the Property, the applicant or member of the applicant's household must meet the definition of disabled or handicapped.

The applicant must meet the definition of disabled or handicap, if the applicant is applying for a specific type of unit, or a unit designed for a specific type of impairment.

The applicant must meet the definition of disabled or handicap, if the applicant is less than 62 years of age AND the Management Agent has not elected to provide the system of preferences for elderly households.

Once an applicant has been determined to have a disability or handicap, no further reference will be made to that fact unless the Application reaches the third stage of processing.

- (2). Applying the Applicant Screening Criteria - The second stage of processing is applying the applicant Screening Criteria contained in this Plan. At this point the applicant is assessed according to the Management Agent's screening criteria. Thus an applicant who happened to have a disability or handicap but was able to demonstrate a history of meeting financial obligations, caring for a rental unit, avoiding criminal behavior, and, if necessary, ability to comply with the Lease Agreement, would be recommended for admission with no further reference to or consideration of any disability or handicap.
- (3). Reasonable Accommodation including consideration of Mitigating Circumstances. The third stage of processing would apply if an applicant with a disability or handicap could not meet one or more of the Screening

Criteria. At this point, applicants with disabilities or handicaps are entitled to reasonable accommodations to afford such person equal opportunity to access the housing program and its benefits.

- (D). After a rejection letter is sent, the On-Site Property Manager will be prepared to meet with any applicant known to have a disability or handicap who cannot meet one or more of the Applicant Screening Criteria, and determine whether it is possible to admit the applicant through consideration of mitigating circumstances or by applying reasonable accommodation. The results of the rejection meeting with the applicant will be documented and placed in the applicant's file.
- (E). IMPORTANT: Mitigating circumstances will be considered for all applicants.
- (F). Mitigating circumstances are facts (that can be verified) that would overcome or outweigh information already gathered in the Applicant Screening Process.

EXAMPLE: ANY APPLICANT: If an applicant has a poor rental history, problems with credit, or past behavior problems the following will be considered:

- (1). evidence of rehabilitation;
- (2). evidence of the applicant's household's participation in or willingness to participate in social service programs or other appropriate counseling service programs and the availability of such programs;
- (3). evidence of the applicant household's willingness to attempt to increase household income and the availability of training or employment programs.

Mitigating circumstances will not be considered without reliable and credible verification.

EXAMPLE: A PERSON WITH DISABILITIES CLAIMING A CONNECTION BETWEEN THE DISABILITY AND POOR PAST BEHAVIOR: If an applicant had a poor rental history but stated that the previous history was caused by a disability that is now being successfully treated, the On-Site Property Manager would be permitted to verify:

- (1). that the applicant did, in fact, have a disability; and
- (2). that the former problem(s) were caused by the disability; and,
- (3). that the present treatment can reasonably be expected to prevent the recurrence of the problems.

If the file contained only data about the former problems, the applicant must provide or identify a third party that can document (1), (2) and (3) above.

- (G). Mitigating circumstances will be verified. The verifier must corroborate the reason given by the applicant for the past unsuitable behavior, and indicate that the prospect

for Lease Agreement compliance in the future is good, because the reason for their unacceptable behavior is either no longer in effect or otherwise controlled.

- (H). If the evidence of mitigating circumstances presented by the applicant related to a change in medical condition or course of treatment, the On-Site Property Manager will have the right to refer such information to persons qualified to evaluate the evidence and verify the mitigating circumstances.
- (I). If an applicant's former housing problems were due to the applicant's resisting or refusing treatment, the On-Site Property Manager will verify whether the applicant would reasonably be likely to continue with the current treatment. In these instances, it is still not necessary for the On-Site Property Manager to obtain medical information beyond verifying the applicant's assertions about the reasons for past problems, the likelihood of continuing treatment and that the treatment will remedy the problem.
- (J). If applicant claims that prior unsuitable behavior resulted from drug addiction and that they are not currently engaging in the use of illegal drugs, acceptable verification on mitigating circumstances would have to establish that:
  - (1). There is no current abuse of alcohol, or illegal drugs and the applicant's claim that there is no current use can be reliably verified in one of the following ways:
    - (a). Verification from a reliable drug treatment counselor or program administrator indicating that the applicant is/has been in treatment, that there is a reasonable probability of success in refraining from use of illegal drugs, is complying with the requirements of the treatment program and that the applicant is not currently a user of illegal drugs.
    - (b). Verification from a probation or parole officer that the applicant has met or is meeting the terms of probation or parole and with respect to illegal use of a controlled substance.
    - (c). A voluntary interview with a substance-abuse screening team made up of local professionals who will indicate that the applicant has a reasonable probability of success in refraining from use of illegal drugs.
  - (2). When an applicant has a history of treatment followed by relapse or is in treatment as opposed to having completed treatment, more documentation may be necessary to convince a reasonable person that the applicant is not a current user of illegal drugs. The applicant may be required to show in what ways his/her current situation and claim to be considered a "former user of illegal drugs", and his/her ability to comply with the essential terms of the Lease Agreement are different from previously unsuccessful efforts to stop using illegal drugs.
  - (3). During the period for which the applicant has claimed no current use, the applicant's behavior in the previously unsuitable area must have shown improvement. Unimproved behavior will be taken to construe that either the applicant's unsuitable behavior was not caused by alcohol or drug abuse, or the applicant is still engaging in alcohol or drug abuse. In any case, a lack

of improvement in a previously unsuitable area will result in a rejected Application for applicants in this category.

- (K). An applicant who is an alcoholic must meet the same screening criteria as any other applicant. If an applicant's housing history demonstrates behavior that would be a Lease Agreement violation, the On-Site Property Manager would have grounds to reject the Application, even if the behavior were related to the applicant's alcoholism.
- (L). If screening revealed past tenancy problems, but the applicant asserted that those problems had been caused by alcohol abuse that was no longer occurring, the applicant's assertions will be verified. This would entail several steps: first, verifying that the negative behavior was, in fact, caused by alcohol abuse, next, documenting (using methods similar to those described above for former users of illegal drugs) that the applicant was no longer abusing alcohol, and, finally, looking at the applicant's housing history since entering recovery to ensure that no other screening problems still exist.
- (M). The On-Site Property Manager will also have the right to request further information reasonably needed to verify the mitigating circumstances, even if such information is of a medically confidential nature. If the applicant refuses to provide or give access to such further information, the On-Site Property Manager will give no further consideration to the mitigating circumstances.
- (N). The On-Site Property Manager will keep in mind that an applicant with a handicap or disability who may, for example, be unable to care for a current unit alone, may still qualify as able to comply with the Lease Agreement if he or she can demonstrate that assistance with caring for the unit has been secured. Such assistance could be in the form of a Live-In Aide, or it could be a friend, household member, chore service or employee of the applicant. It is not the province of the On-Site Property Manager to make judgments about the best ways to provide assistance, but simply to determine whether the assistance will enable the applicant to meet the screening criteria.
- (O). If some form of assistance is needed to enable an applicant to comply fully with the terms of the Lease Agreement, the On-Site Property Manager will obtain verification that such assistance is available to the applicant. Need for and efficacy of a proposed reasonable accommodation shall be verified. No reasonable accommodation will be offered prior to receipt of positive verification.
- (P). If no mitigating circumstances exist the On-Site Property Manager must consider reasonable accommodations the Property could make to eliminate barriers to housing he applicant.
- (Q). Reasonable accommodations – take the form of adjustment to policies, practices, and existing management or maintenance services, where such adjustments offer an acceptable prospect of Lease Agreement compliance in a previously unsuitable area of behavior or permit equal access to the housing program and its benefits.
- (R). Structural Modifications - Where necessary and justified by verified circumstances, the Property may perform structural modifications to housing or non-housing facilities. Such structural modifications may occur in support of mitigating circumstances, reasonable accommodation, or entirely on their own merit.

Structural modifications will be performed only after having determined that the applicant is a qualified individual with handicaps (passes screening and is eligible).

- (S). Accommodations, to be considered reasonable, must not cause undue financial and administrative burdens or an alteration in the fundamental nature of the assisted housing program. If a service is necessary for compliance with the Lease Agreement, the Property cannot be required to provide it to an applicant with a disability or handicap if it is not provided to other tenants, but the On-Site Property Manager will consider admitting that applicant if he or she can document that the service will be provided by others at no cost to the Property.
- (T). Any applicant with a disability or handicap who cannot meet the applicant screening criteria, taking into account possible mitigating circumstances, reasonable accommodations by the Property, or services needed for Lease Agreement compliance verified to be provided to the applicant by others, must be rejected.

**This is an important document. Come to the office for translation services.**

Este es un documento importante. Presentese a la oficina para servicio de traducción.

Это важный документ. Приезжайте в офис за услуги по письменному переводу.

這是一個重要的文件。來到辦公室翻譯服務。

Ovo je važan dokument. Dođite u uredu za usluge prevođenja.

Jest to važny dokument. Przyjdź do urzędu na usługi tłumaczeniowe.

تم جرت التامدخول بتكميل الاعتراف. قماه قق يثو وه اذه.

Điều này là một tài liệu quan trọng. Hãy đến với các văn phòng cho các dịch vụ dịch thuật.

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POAH Communities does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

Section 504 Coordinator  
POAH Communities, LLC  
2 Oliver Street, Suite 500  
Boston, MA 02109  
(877)489-0101 TTY 7-1-1



## **LANGUAGE ASSISTANCE PLAN (LAP) FOR ADDRESSING LIMITED ENGLISH PROFICIENCY**

### **A. POLICY STATEMENT**

It is the policy of POAH Communities (Agent) to take reasonable steps to provide meaningful access to its programs and activities for persons with Limited English Proficiency (LEP). The policy is to ensure that staff will communicate effectively with LEP individuals, and that LEP individuals will have access to important programs and information. Agent is committed to complying with federal requirements in providing free meaningful access to its programs and activities for its LEP clients.

### **B. WHO IS LIMITED ENGLISH PROFICIENT (LEP)**

LEP individuals do not speak English as their primary language and have a limited ability to read, write, speak, or understand English.

- Many LEP persons are in the process of learning English and may read, write, speak, and/or understand some English, but not proficiently.
- LEP status may be context-specific - an individual may have sufficient English language skills to communicate basic information (name, address etc.) but may not have sufficient skills to communicate detailed information (e.g., program requirements, policies and procedures) in English.

### **C. BACKGROUND**

- Federal law prohibits discrimination based on national origin. National origin discrimination includes discrimination based on a person's inability to speak, read, write or understand English. Recipients of federal funds must provide meaningful access to LEP persons in federal and federally assisted programs and activities.
- On August 11, 2000, Executive Order 13166, titled, "Improving Access to Services by Persons with Limited English Proficiency," was issued. Executive Order 13166 requires federal agencies to assess and address the needs of otherwise eligible persons seeking access to federally conducted programs and activities who, due to LEP cannot fully and equally participate in or benefit from those programs and activities. Section 2 of the Executive Order 13166 directs each federal department or agency "to prepare a plan to improve access to federally conducted programs and activities by eligible LEP persons."

### **D. FRAMEWORK FOR DECIDING WHEN LANGUAGE SERVICES ARE NEEDED**

Agent will take the following steps to ensure meaningful access to its programs, services and activities for LEP individuals in a manner that balances the following four factors:

**Four-Factor Analysis:**

1. The number or proportion of LEP persons eligible to be serviced or likely to be encountered by Agent;
2. The frequency with which LEP persons using a particular language come in contact with Agent;
3. The nature and importance of the Agent program, activity, or service provided to the person's life; and
4. The resources available to Agent, and costs associated with different language service options.

**E. DEFINITIONS**

- Primary Language - The language in which an individual is most effectively able to communicate.
- Interpretation - The act of listening to a communication in one language and orally converting it into another language, while retaining the same meaning. Interpreting is a sophisticated skill needing practice and training, and should not be confused with simple bilingualism. Even the most proficient bilingual individuals may require additional training and instruction prior to serving as interpreters. Qualified interpreters are generally required to have undergone rigorous and specialized training.
- Translation - The replacement of written text from one language into an equivalent written text in another language. Translation also requires special knowledge and skills.
- Bilingual - The ability to speak two languages fluently and to communicate directly and accurately in both English and another language.
- Direct Communication - Monolingual communication in a language other than English between a qualified bilingual employee or other bilingual person and an LEP individual (e.g., Spanish to Spanish).

**F. LEP MONITORING AND UPDATING THE LAP**

Monitoring and implementation of the Plan will be conducted by the managers in each service area. The Plan will be reviewed annually by the LEP Coordinator to determine whether updates are needed. The LEP Coordinator will:

- Coordinate identification of language service needs and strategies so that staff will have access to appropriate language services in their interactions with clients.
- Ensure the agency's compliance with the LEP Policy and Plan.
- Identify training needs for staff on implementation of LEP and the use of language service providers. Provide annual training on LEP Policy and Plan, including training to new employees as part of the orientation process.
- Establish and maintain the agency's language assistance resource list.
- Establish a bilingual staff list. Review qualifications of bilingual staff to ensure quality and skill level. Ensure all employees receive a copy of this list and know the procedure for contacting and/or scheduling contracted interpreters.
- Maintain data on selected interactions with LEP persons and provide reports to management, as appropriate. A language log will be maintained by each department representative, including the front desk.
- Conduct an annual review to assess changes, if any, in:



- o Census data;
- o Current LEP populations affected or encountered;
- o Frequency of encounters with LEP language groups;
- o The nature and importance of activities to LEP persons;
- o The availability of resources, including technological advances and sources of additional resources, and the costs imposed;
- o Whether existing LAP is meeting the needs of LEP persons;
- o Whether staff understands the LAP and how to implement it; and
- o Whether identified sources for assistance are still available.

## **G. LANGUAGE ASSISTANCE OPTIONS**

Agent will offer the opportunity for meaningful access to LEP clients. If a client asks for language assistance, or if staff identifies a client who needs assistance, Agent will make reasonable efforts to provide free language assistance.

The following options are used for providing language services:

### **I. Oral Interpretation Services**

#### Staff/In-House Services

Quality oral interpretation services will be provided to all LEP persons in some form. Depending on the circumstances, reasonable oral interpretation assistance might be offered through a bilingual employee or family member or telephone service line. It is the LEP person's decision whether to use family members or friends as interpreters. Extra caution will be exercised when the LEP person chooses to use a minor. Agent will ensure that the LEP person's choice is voluntary, that the LEP person is aware of the possible problems if the preferred interpreter is a minor child, and that the LEP person knows that Agent will provide a competent interpreter at no cost to the LEP person. No adverse action would be taken using a child (anyone under the age of 18) as an interpreter.

#### Outside Services

When interpretation services are needed, Agent will first attempt to provide services using qualified bilingual employees or a telephone service line as noted above. When qualified bilingual employees are unavailable, or when qualified bilingual employees lack the skills to provide reasonable and timely oral interpretation assistance, Agent will provide services using qualified interpreters.

### **II. Written Interpretation Services**

#### Vital Forms and Documents

Using the four-factor analysis, Agent will identify the particular languages most frequently encountered by LEP persons. Vital documents/written materials and most commonly used forms will be translated into the identified languages. The use of "tag lines" on other correspondence will be used to advise recipients to contact Agent if they cannot read the English document.

### III. Deciding Which Language Assistance Option to Use

The types of language assistance resources Agent decides to use will depend on the four-factor analysis and may be different in different types of activities. For more rarely-encountered languages, telephonic or contract interpretation may be a preferred option. Contract language assistance vendors will sign a Confidentiality Agreement in accordance with Agent's Information Security Plan.

## H. PERSONNEL/HUMAN RESOURCE PLANNING

The Language Assistance Plan for management includes planning on personnel and human resource matters, such as:

- o Consideration of language needs and inclusion of second language skills in recruitment, hiring, and promotion plans and criteria.
- o Providing training opportunities to improve existing language skills for staff.
- o Informing new employees of Agent's duty to offer free language assistance in compliance with Federal requirements.

## I. TRAINING

Training is critical so that staff understands how to access language services, and so that those staff involved in actually providing the language services are competent to do so. Initial and periodic training will be conducted for staff coming into contact with LEP persons. Training will include:

- An in-depth discussion of the plan.
- How to respond to LEP callers.
- How to respond to written communications from LEP clients.
- How to respond to LEP clients who contact the Authority in person.
- How to use the "I Speak" cards.
- Which staff and outside vendors are available for interpretation at appointments.
- The location of translated documents.

Bilingual staff will receive additional training that will address:

- How to adhere to their role as interpreters without deviating into a role as counselor, legal advisor, or other roles.
- The specialized knowledge of the area of service or programs that LEP clients are applying or participating (if necessary).
- How to be competent and knowledgeable in providing interpretation that preserves confidentiality.

## J. MONITORING

The agency will monitor LEP compliance by:

- Setting forth clear expectations for staff and managers regarding language assistance.
- Implementing a system to monitor effectiveness of the Plan and its

implementation.

- Seeking feedback on the quality and effectiveness of the language service resources available and utilization by staff
- Reviewing programs and the language resources available at least once per year (or as appropriate), and making adjustments as necessary and appropriate to ensure meaningful access and to reflect improved approaches to providing language access.

## **K. LANGUAGE ASSISTANCE MEASURES AND INTERNAL CONTROLS**

The following procedures will be used to provide language assistance:

### 1. Telephone communication:

Callers who are limited English proficient often have an English speaking person present when they call.

- Ask that English speaking person to identify the language need of the caller.
- Contact a supervisor who will arrange for translation services at an agreeable time for all parties.

### 2. Written communication:

Contact a supervisor who will arrange for translation of the document.

### 3. Walk-ins and individuals at the front desk that need translation services:

Identify the language service required using the "I Speak" cards. Contact a supervisor who will arrange for translation services at an agreeable time for all parties. A notice to advise LEP clients of their right to an interpreter free of charge will be posted at the front desk and in the conference room.

The Regional Property Supervisor will:

- Contact a translator from the approved list.
- Negotiate an hourly rate for services required.
- Have the translator sign a confidentiality agreement.
- Arrange a date and time for the translation to take place.
- Arrange for payment of services rendered.

#### **This is an important document. Come to the office for translation services.**

Este es un documento importante. Presentese a la oficina para servicio de traducción.

Это важный документ. Приезжайте в офис за услуги по письменному переводу.

這是一個重要的文件。來到辦公室翻譯服務。

Ovo je važan dokument. Dođite u uredu za usluge prevođenja.

Jest to ważny dokument. Przyjdź do urzędu na usługi tłumaczeniowe.

دمجرتلا تادخل بتكلم ىل لاعت . قماه قق يثو وه اذه .

Điều này là một tài liệu quan trọng. Hãy đến với các văn phòng cho các dịch vụ dịch thuật.

POAH Communities does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

Section 504 Coordinator  
POAH Communities, LLC  
2 Oliver Street, Suite 500  
Boston, MA 02109  
(877)489-0101 TTY 7-1-1

U.S. Department of Housing and Urban Development

## **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)**

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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.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	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.):
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**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.

**Live-In Aide Addendum  
(Personal Care Attendant Addendum)**

Exhibit 6

Name of Applicant/Resident: \_\_\_\_\_ Apartment #: \_\_\_\_\_

Name of household member requiring assistance: \_\_\_\_\_

Name of Live-In Aide: \_\_\_\_\_

The Applicant/Resident hereby requests the Landlord's approval for the Live-In Aide to reside in the apartment. The following is the name, address, and telephone number of a health care provider who can verify that (a) the above-named household member requires live-in assistance and (b) the Live-In Aide is qualified to provide the assistance.

Health Care Provider's Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

As a condition to obtaining the Landlord's approval, the Applicant/Resident and the Live-In Aide hereby acknowledge and agree as follows:

- 1) The Live-In Aide is not an Applicant/Resident of the Landlord. The Live-In Aide shall not become an Applicant/Resident of the Landlord regardless of the length of his/her stay in the unit or his/her relationship to the Applicant/Resident.
- 2) The Live-In Aide shall be living in the unit solely to provide support services to the household member requiring assistance. If the household member requiring assistance no longer resides in the apartment, the Live-In Aide shall have no rights or privileges to remain on the premises.
- 3) If the household member requiring assistance dies, the Live-In Aide shall vacate the apartment within 10 days of said household member's death. If the household member requiring assistance moves out, the Live-In Aide shall vacate the unit no later than said household member's departure date. Upon the termination of the Live-in Aide's services for any other reason, the Live-In Aide shall vacate the apartment within 24 hours.
- 4) The Live-In Aide shall not violate any of the House Rules. The Landlord may evict the Live-In Aide if he/she violates any of the House Rules.

Applicant/Resident's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Live-In Aide's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Landlord hereby approves the Live-In Aide:

\_\_\_\_\_  
Signature of Agent/Owner

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date





**RE: Notice of Criminal Trespass/Barred Individuals**

Date:

From:

To:

Dear Resident:

This notice is to make you aware that \_\_\_\_\_ (barred individual) has been placed on \_\_\_\_\_ (Development Name) "No Trespass/Barred" list and is prohibited/barred from entering the premises of \_\_\_\_\_ (Development Name). This includes all common areas and parking lots. Violation of this notice deems \_\_\_\_\_ (barred individual) to be arrested for CRIMINAL TRESPASS if found on the property.

Furthermore, if a \_\_\_\_\_ (Development Name) resident admits a "BARRED PERSON" to the premises, it is grounds for termination of tenancy.

Resident Acknowledgement: \_\_\_\_\_ Date: \_\_\_\_\_

Managing Agent: \_\_\_\_\_ Date: \_\_\_\_\_

CC: Tenant File



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這是一個重要的文件。來到辦公室翻譯服務。

Ovo je važan dokument. Dođite u uredu za usluge prevođenja.

Jest to ważny dokument. Przyjdź do urzędu na usługi tłumaczeniowe.

دمجرتل تاددخ ل بتكم ىل لاعت . قماه قق يثو وه اذه .

Điều này là một tài liệu quan trọng. Hãy đến với các văn phòng cho các dịch vụ dịch thuật.

---

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Section 504 Coordinator  
POAH Communities, LLC  
2 Oliver Street, Suite 500  
Boston, MA 02109  
(877)489-0101 TTY 7-1-1



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## Preferences Applicable to the Development Ranked as follows

Property: **Hawthorne Place Apartments**

### **1. Existing Tenant Preferences Required for Federally Assisted Housing Programs**

- a. A unit transfer for a household under- or over-housed based on occupancy standards.
- b. A unit transfer based on the need for an accessible unit.
- c. A unit transfer of a household that occupies an accessible unit for which no household member needs the features of the unit to accommodate an applicant on the Waiting List with a need for the accessible unit.
- d. Bifurcated household as a result of domestic violence, dating violence and stalking (VAWA).

### **2. Statutory and HUD Regulatory Preferences**

- a. Applicants who have been displaced by government action or a presidentially declared disaster.

### **3. State and Local Mandated Preferences**

- a. None.

### **4. Owner Adopted Preferences**

- a. Owner adopted preferences are ranked in the following order:
  - i. Voluntary transfers to a larger or smaller unit because of a change in household size
  - ii. Applicant households that include a head of household, spouse, or co- head who:
    1. has been employed for 90 days prior to application with a minimum of 15 hours per week
    2. is 62 or older
    3. is Disabled
  - iii. Applicants who are the victim of domestic violence, dating violence or stalking (VAWA)



## EXTREMELY LOW INCOME TARGETING COMPUTATION

Property: Hawthorne Place Apartments (100% SEC. 8 PROPERTIES)

Computation Year: 2023

a. 2022 Annual Turnover b. 141

c. 2021 Annual Turnover d. 167

Average Turnover: 154 X 40% = 62

# Units to be  
filled by ELI  
applicants

### Instructions:

- a. enter the past year, i.e. 2006
- b. enter the number of total units that turned over in the year entered in a.
- c. enter the previous year from entered in a., i.e. 2005
- d. enter the number of total units that turned over in the year entered in c.

# WAITING LIST RENTAL APPLICATION

<b>Apartment Type: Eligibility is based on occupancy standards defined in the Resident Selection Criteria.</b>				
1 <sup>st</sup> Choice:		2 <sup>nd</sup> Choice:		
3 <sup>rd</sup> Choice:		<b>Housing Preferences Selected</b>		
How did you hear about the property?				
Name:		Home Phone:		Cell Phone:

Household Information							
FULL LEGAL NAME (First, Middle, Last)	SEX	RELATIONSHIP	SOCIAL SECURITY/ ALIEN REG. #	GOVERNMENT ISSUED PHOTO ID #	BIRTH DATE	FULL TIME STUDENT Y/N	DISABLED Y/N
		Head of Household					
Number of Vehicles:	Make on Vehicle #1:	Model on Vehicle #1:	Make on Vehicle #2:	Model on Vehicle #2:			
Do you have any Pets?	# of Pets:	Description:	Pet Breed:	Service Animal:			

Residency Information (Past 36 months)				
<b><u>CURRENT</u> FULL STREET ADDRESS:</b>				<b>OWN, RENT OR OTHER:</b>
<b>CITY:</b>			<b>STATE:</b>	<b>ZIP CODE:</b>
<b>HOME PHONE:</b>	<b>CELL PHONE:</b>	<b>EMAIL ADDRESS:</b>	<b>MOVE IN DATE:</b>	<b>MOVE OUT DATE:</b>
<b>LANDLORD NAME:</b>		<b>PROPERTY/LANDLORD PHONE:</b>		<b>CURRENT RESIDENCE MONTHLY RENT/MORTGAGE:</b>
<b><u>PAST</u> FULL STREET ADDRESS:</b>				<b>OWN, RENT OR OTHER:</b>
<b>CITY:</b>		<b>STATE:</b>	<b>ZIP CODE:</b>	
<b>LANDLORD NAME:</b>				<b>PROPERTY/LANDLORD PHONE:</b>
				<b>MONTHLY RENT/MORTGAGE:</b>



**Apartment Type:** Eligibility is based on occupancy standards defined in the Resident Selection Plan.

Would you or anyone in your household benefit from an apartment with special features?

Mobility Accessible	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Communication Accessible (Hearing)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Communication Accessible (Visual)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**Household Questions**

Y/N

Explain

Do you expect any additions to the household within the next twelve months?		Name of New Member:
Are there any absent household members who under normal conditions would live with you (For example, a spouse away in the military or living in another state or country)?		Name of Absent Member:
Will you or any ADULT household member require a live-in caregiver or aide?		Name of Caregiver:

**Student Information**

Does this household contain any full-time students for any part of 5 months or more during the current and/or upcoming calendar year (months need not be consecutive)?

Members of your household who are attending or plan to attend "Institutions of Higher Learning", full or part-time.

Member Name:	Member Name:
Institution:	Institution:
<input type="checkbox"/> Full Time    Or <input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time    Or <input type="checkbox"/> Part Time

**Criminal History**

Y/N

If Yes Explain

Is any member of your household subject to any state sex offender or violent offender lifetime registration requirement?		
Is any member of your household currently using, selling, distributing or in possession of an illegal drug (under state or federal laws) or illegal drug paraphernalia or facing drug related charges?		
Are there any criminal convictions (misdemeanor or felony) or pending charges not already disclosed for any household members?		



### Household Income

Member Name	Income Type	Annual Amount

### Household Assets

Member Name	Asset Type	Value	Interest Earned	Cost to Convert



## Household Signatures

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

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

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_





NOTICE OF REJECTED PRE-APPLICATION

Date:

From:

To:

Dear Applicant:

This notice is to advise you that a review of your pre-application indicates that you do not qualify for the following reason(s):

- The household's annual income exceeds the applicable HUD income limit.
- The unit size requested will not accommodate the number of members in the household based on the occupancy guidelines.
- After review of citizenship/eligible immigration status you do not qualify.
- Ineligibility due to household student status.
- Information found on a public record source disqualifies the household.

If you disagree with this decision, you have 14 days to respond in writing or to request an informal hearing to discuss the rejection. Also, persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process. If we do not hear from you by the close of business within 14 days, the rejection shall be considered final.

Sincerely,

---

Management Representative

**This is an important document. Come to the office for translation services.**

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這是一個重要的文件。來到辦公室翻譯服務。

Ovo je važan dokument. Dođite u uredu za usluge prevođenja.

Jest to ważny dokument. Przyjdź do urzędu na usługi tłumaczeniowe.

تم جرتل تادمدخل بتكمم ىل لاعت. قماه قق يثو وه اذه.

Điều này là một tài liệu quan trọng. Hãy đến với các văn phòng cho các dịch vụ dịch thuật.

A POAH Community

Professionally Managed by POAH Communities LLC





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The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

Section 504 Coordinator  
POAH Communities, LLC  
2 Oliver Street, Suite 500  
Boston, MA 02109  
(877)489-0101 TTY 7-1-1



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**Application Acceptance Letter**

Date:

From:

To:

Dear Applicant:

Thank you for your interest in \_\_\_\_\_ . We have your completed application and at this time, your household appears eligible for residency.

Your application is being placed on the waiting list for a \_\_\_\_\_ bedroom apartment home at this community. We anticipate that an apartment home may become vacant within the \_\_\_\_\_ based on our current turnover rate. This is only an estimate and can vary widely based on several factors.

Please notify the community immediately at \_\_\_\_\_ if your home address changes, the number of household members changes, your household income or assets change or you are no longer interested in an apartment home at our community.

Sincerely,

\_\_\_\_\_  
Management Representative

Please call \_\_\_\_\_ if you have any questions.





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### NOTICE OF REJECTED APPLICATION

Date: From:

To:

Dear Applicant:

This Notice is to advise you that the Tenant screening process has been completed. We sincerely regret to inform you that your application has been rejected for the following reason(s):

- The household's annual income exceeds the applicable HUD income limit.
- The unit size requested will not accommodate the number of members in the household based on the occupancy guidelines.
- The unit will not be the household's only place of residence.
- The household does not meet the economic criteria established for the housing program.
- The household does not meet the housing program's age or handicap/disability requirements.
- The rent amount the household would be required to pay using the applicable HUD rent formula equals or exceeds the Contract/Market Rent for the unit.
- A household member age 6 and older was unable to provide a Social Security number or execute a certification when the number has not been assigned by SSA.
- After review of citizenship/eligible immigration status you do not qualify.
- The spouse, co-head or room-mate does not meet the screening criteria.
- The head of household, spouse, co-head or room-mate is a student.
- History of criminal activity
- History of violent behavior.
- Abusive/threatening behavior during the application process.
- Non-Compliance with Rental Agreements.
- Owe present or previous Landlord a balance.
- Record of not meeting financial obligations.
- Misrepresentation of any information related to eligibility, preference for admission, allowances, household composition, screening or calculation of rent.

If you have been rejected due to your credit, please use the contact information below. However, the credit reporting agency did not make the decision to deny your account and will be unable to provide you with the reason for the denial.





You are entitled to a free copy of the credit report from the credit reporting agency within sixty days of this notice. You are entitled to review the credit report and dispute the accuracy with the credit reporting agency.

You will have two weeks after receiving the notice of the cause for rejection to send corrected information directly to the management office.

For credit only, please contact:

BetterNOI  
220 Gerry Drive Wood Dale, IL 60191  
(T) 866-389-4042  
(W) [www.screeningreports.com](http://www.screeningreports.com)

If you disagree with the decision to reject your application, you have 14 days to respond in writing or to request a meeting to discuss the rejection.

Please send your written request to:

Also, persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process. If we do not hear from you by the close of business within 14 days, the rejection shall be considered final.

Sincerely,

---

Management Representative

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NOTICE OF INTERVIEW

Date:

From:

To:

Dear Applicant:

- This Notice will confirm our telephone conversation on \_\_\_\_\_. At that time you were advised that we have reached your name on the Waiting List and scheduled an appointment to begin processing your Application.
- Please be advised that we were unable to contact you by telephone on \_\_\_\_\_. This notice is to advise you that we have reached your name on the Waiting List and have scheduled an appointment to begin processing your Application.

This interview is scheduled to take place on \_\_\_\_\_ at \_\_\_\_\_.  
If you are unable to attend this interview, you must contact the Management Office in advance to reschedule this interview.

**PLEASE PROVIDE THE INFORMATION REQUESTED ON THE ATTACHED SHEET AT THE TIME OF YOUR INTERVIEW IN ORDER TO ASSIST US PROCESS YOUR APPLICATION.**

You must have “good cause” for refusing or failing to attend this interview. If you can verify the circumstances to support “good cause” we will reschedule the interview. Examples of “good cause” include hospitalization, a person with a disability does not understand this request or requires program communications be in a format appropriate for the hearing or vision impaired.

If you refuse or fail to attend this interview for reasons other than “good cause”, your Application will be withdrawn from the waiting list.

**DO NOT TERMINATE YOUR EXISTING LEASE AGREEMENT NOR SELL YOUR EXISTING RESIDENCE UNTIL WE AVE COMPLETED THE APPLICATION PROCESS AND YOU HAVE RECEIVED A NOTICE OF UNIT AVAILABILITY.**





Sincerely,

---

Management Representative

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## Move-In Application

## PROPERTY CONTACT INFORMATION/NEED FOR SPECIAL ACCOMMODATIONS

## Property Contact Information

Office Hours	Telephone Number
Property Address	TDD Number
	Fax Number

**After we receive your application, we will:**

- Determine your preliminary eligibility
- Then your application will either be processed for admission or placed on our waiting list.

This does not guarantee that your household will be eligible for a unit.

**Need for Special Accommodations**

If you need help in completing this application, please contact us and advise us of your needs when you receive this application.

\_\_\_\_\_ does not discriminate on the basis of disability status in the admission, access to, treatment, or employment in its federally-assisted programs and activities.

We designate the person named below to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24CFR, part 8 dated June 2, 1988.)

NAME: _____		
ADDRESS: _____		
_____		
_____		
EMAIL: _____		
PHONE: _____	TTY: _____	FAX: _____



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, creed, religion, sex, sexual orientation, gender identification, national origin, familial status, age, or handicap.

Modified 7/28/2021  
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**FOR OFFICE USE ONLY****Property Name:****Unit Number:****Effective Date:****TO BE COMPLETED BY APPLICANT****Head of Household Name:****State Issued ID # (Head of Household):****State:****Home phone:****Cell phone:****Email:****Preferred Number of Bedrooms:**

We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, creed, religion, sex, sexual orientation, gender identification, national origin, familial status, age, or handicap.



**FOR APPLICANT USE ONLY**

Please answer all applicable questions. Each household member age 18 years or older and under 18 if head, spouse, or co-head must sign and date the application.

NOTE: Any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility, or submits inaccurate and/or incomplete information on this application or during the interview, may be rejected for housing.

**HOUSEHOLD COMPOSITION**

1. List the Head of Household and all other persons who will be living in the unit. Give the relationship of each household member to the head of household.

Member #	Household member First name, middle initial, and last name	Relationship	Date of Birth	Sex <small>If decline, put "D"</small>	Marital Status	Student Status this and/or next calendar year	Is this person...
1		HEAD					<input type="checkbox"/> Disabled? <input type="checkbox"/> A veteran of the US Military? <input type="checkbox"/> Temporarily housed due to a declared disaster?
2							<input type="checkbox"/> Disabled? <input type="checkbox"/> A veteran of the US Military? <input type="checkbox"/> Temporarily housed due to a declared disaster?
3							<input type="checkbox"/> Disabled? <input type="checkbox"/> A veteran of the US Military? <input type="checkbox"/> Temporarily housed due to a declared disaster?
4							<input type="checkbox"/> Disabled? <input type="checkbox"/> A veteran of the US Military? <input type="checkbox"/> Temporarily housed due to a declared disaster?
5							<input type="checkbox"/> Disabled? <input type="checkbox"/> A veteran of the US Military? <input type="checkbox"/> Temporarily housed due to a declared disaster?
6							<input type="checkbox"/> Disabled? <input type="checkbox"/> A veteran of the US Military? <input type="checkbox"/> Temporarily housed due to a declared disaster?
7							<input type="checkbox"/> Disabled? <input type="checkbox"/> A veteran of the US Military? <input type="checkbox"/> Temporarily housed due to a declared disaster?
8							<input type="checkbox"/> Disabled? <input type="checkbox"/> A veteran of the US Military? <input type="checkbox"/> Temporarily housed due to a declared disaster?
9							<input type="checkbox"/> Disabled? <input type="checkbox"/> A veteran of the US Military? <input type="checkbox"/> Temporarily housed due to a declared disaster?



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## CITIZENSHIP STATUS & SOCIAL SECURITY NUMBER DISCLOSURE

Member #	Citizenship Status	Social Security Number	If a member does not have a Social Security Number, visa, or alien registration number, please check the statement that applies:
1			<input type="checkbox"/> Does not contend eligible immigration status <input type="checkbox"/> Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance <input type="checkbox"/> Is a new household member under 6 years old
2			<input type="checkbox"/> Does not contend eligible immigration status <input type="checkbox"/> Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance <input type="checkbox"/> Is a new household member under 6 years old
3			<input type="checkbox"/> Does not contend eligible immigration status <input type="checkbox"/> Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance <input type="checkbox"/> Is a new household member under 6 years old
4			<input type="checkbox"/> Does not contend eligible immigration status <input type="checkbox"/> Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance <input type="checkbox"/> Is a new household member under 6 years old
5			<input type="checkbox"/> Does not contend eligible immigration status <input type="checkbox"/> Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance <input type="checkbox"/> Is a new household member under 6 years old
6			<input type="checkbox"/> Does not contend eligible immigration status <input type="checkbox"/> Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance <input type="checkbox"/> Is a new household member under 6 years old
7			<input type="checkbox"/> Does not contend eligible immigration status <input type="checkbox"/> Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance <input type="checkbox"/> Is a new household member under 6 years old
8			<input type="checkbox"/> Does not contend eligible immigration status <input type="checkbox"/> Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance <input type="checkbox"/> Is a new household member under 6 years old
9			<input type="checkbox"/> Does not contend eligible immigration status <input type="checkbox"/> Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance <input type="checkbox"/> Is a new household member under 6 years old

## HOUSEHOLD QUESTIONS

1. <b>Will any member of the household require a live-in aide?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>Yes</b> , list name(s) below:
2. <b>Is any member of this household temporarily absent, but under normal conditions would live in the unit?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>Yes</b> , list name(s) below:
3. <b>Have you or any member of your household ever used different names from the names given on this application?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>Yes</b> , explain:
4. <b>Have you or any member of your household ever used social security numbers different from those listed on this application?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>Yes</b> , explain:
5. <b>Are you or any member of your household subject to a lifetime sex offender registration requirement in any state?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>Yes</b> , explain:
6. <b>Do you anticipate any change in your household (someone moving in or out) during the next 12 months?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>Yes</b> , list name(s) below:
7. <b>Will all minor household members live in this unit with a parent or guardian who has at least 50% custody?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>No</b> , list name(s) below: <input type="checkbox"/> N/A
8. <b>List all states and counties in which all household members have ever lived:</b>		



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**INCOME INFORMATION**

For each household member (including temporarily absent and/or foster family members), list current and anticipated income sources for the twelve-month period beginning on the anticipated move-in date. All information must be verified. Include all full-time, part-time, or seasonal income even if completing this application in the off-season.

*Include income for all members of the household*

1. <b>Employment wages, salaries</b> (include tips, bonuses, commissions, and seasonal employment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. <b>Regular pay for a member of the military</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. <b>Self-Employment income</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. <b>Unemployment Benefits or Severance Pay</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. <b>Workers' Compensation or other Insurance Settlements</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. <b>Social Security Income</b> (including Social Security, Social Security Disability Insurance (SSDI), and Retirement, Survivors, and Disability Insurance (RSDI))	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. <b>Supplemental Security Income (SSI)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. <b>Disability Benefits</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. <b>Public Assistance</b> (TANF, GA, W2, AFDC, cash assistance, etc., excluding food stamps and medical assistance)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. <b>Child Support</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. <b>Alimony/Spousal Maintenance</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. <b>Regular cash and non-cash contributions</b> (including assistance with paying rent, bills or gifts from individuals not living in the unit - excluding groceries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. <b>Student Financial Aid</b> (public or private, not including student loans)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. <b>Veterans Benefits</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. <b>Regular payments from Pensions</b> (PERA, railroad, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. <b>Regular payments from Retirement Benefits</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. <b>Periodic payments from Indian Trusts</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. <b>Death Benefits</b> (receiving income as a beneficiary of annuities, pensions, life insurance, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. <b>Regular payments from Annuities or Life Insurance dividends</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. <b>Other (list)</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

21. **Does any adult member of the household have zero income?**  Yes If Yes, please list name(s):  No



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**INCOME DETAILS**

Member	Income Source	Gross Annual Income	Name and mailing address	Contact phone or fax number
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		



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## ASSET INFORMATION

For each household member (including children), list all assets. All information must be verified.

*Include assets for all members of the household*

22. <b>Checking Accounts</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. <b>Savings Accounts</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. <b>Stocks</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. <b>Bonds</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. <b>Money Market Funds</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. <b>Certificate of Deposit</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. <b>Trusts</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. <b>Lump Sum Receipts</b> <i>(ie. from inheritances, insurance settlements, lottery winnings, or capital gains)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. <b>401(k) Accounts</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. <b>IRA Accounts</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. <b>Keogh Accounts</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. <b>Capital Investments</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. <b>Real Estate</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. <b>Land Contracts</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. <b>Life Insurance Policies</b> <i>(excluding Term Life Insurance)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37. <b>Pension/Other Retirement Accounts</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38. <b>Personal items held as an investment</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39. <b>Cash on Hand</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
40. <b>Safety Deposit Box</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
41. <b>Other (list):</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE

42. I/We hereby certify that I/We  have  have not sold or given away any assets within the last two years where the amount received was \$1,000 or more below the total fair market value

*If applicable: Identify assets sold or disposed of for fair market value*

Household Member	Asset Type	Market Value	Date Sold/Disposed	Amount Received
		\$		\$
		\$		\$
		\$		\$
		\$		\$



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**ASSET DETAILS**

Member	Asset and Financial Institution	Market Value	This asset... <small>* indicate only if owned with someone outside of the household</small>	Interest Rate <small>(if applicable)</small>	Annual Income <small>(if applicable)</small>
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$
		\$	<input type="checkbox"/> Is jointly owned* <input type="checkbox"/> Earns income	%	\$



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**EXPENSE INFORMATION**

Households may be able to deduct all or part of the household's expenses from the total annual income.

**Child Care Expenses**

43. **Anticipated expenses for the care of children under age 13 (including foster children) may be deducted from annual income if the care is necessary to enable a family member to work, seek employment, or further their education.**

Does this household incur child care expenses that meet the criteria above?  Yes  No

**Disability Expenses**

44. **Families are entitled to a deduction for unreimbursed, anticipated costs for attendant care and auxiliary apparatus for each family member who is a person with disabilities, to the extent these expenses are reasonable and necessary to enable any family member 18 years of age or older to be employed. (This may or may not be the member who is a person with disabilities)**

Does this household include any member who is a person with disabilities?  Yes  No

*If Yes, please indicate whether or not the household incurs any of the following unreimbursed expenses, which are necessary for a member of the household to be employed:*

45. **Expenses from attendant care?**  Yes  No

46. **Expenses from the cost of an auxiliary apparatus or service animal, including costs for maintenance and upkeep?**  Yes  No

**Medical Expenses**

47. **Households in which the head, spouse, or co-head is at least 62 years old or is a person with disabilities are eligible to deduct unreimbursed medical expenses for all family members.**

Does this household meet this qualification?  Yes  No

*If Yes, please indicate whether or not any member of the household incurs any of the following unreimbursed expenses:*

48. **Expenses from Medicare premiums?**  Yes  No

49. **Expenses from other medical insurance premiums?**  Yes  No

50. **Expenses from medical assistance through a public assistance agency?**  Yes  No

51. **Expenses incurred from ongoing visits to a dentist or doctor's office?**  Yes  No

52. **Expenses from prescription medications?**  Yes  No

53. **Expenses from over-the-counter medication prescribed by a healthcare professional?**  Yes  No

54. **Outstanding medical bills for which you or a member of your household are currently paying?**  Yes  No

55. **Additional out-of-pocket medical expenses?**  Yes  No



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**EXPENSE DETAILS**

Member	Description	Frequency	Cost	Name and Phone Number
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	



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**SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE**

56. **Applicant name**

57. **Applicant signature**

**Date**

The following section is optional and is used to help determine eligibility for special accessible housing features. All answers will be verified.

58. **Would you like to provide information to help determine your eligibility for special accessible housing features?**

- Yes**     **No** *(If No, skip to the next page)*

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

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

59. **Do you or a household member have a mobility impairment which meets the definitions stated above?**     Yes     No

60. **If yes, list name(s) of family members:**

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

- a separate bedroom
- a unit for a visually-impaired person
- a unit for a hearing-impaired person
- a barrier-free apartment
- a one-level unit
- a bathroom on the first floor
- other physical modifications, please explain: \_\_\_\_\_

62. **Please explain exactly what you need to accommodate your situation:**

63. **Who should we contact to verify your need for the above housing features?**

Name

Address

City	State	Zip	Phone
------	-------	-----	-------



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## SIGNATURES

I/We understand the information in this application will be used to determine eligibility for housing assistance programs and that this information will be verified. I/We understand that any false information may make me/us ineligible for a unit. I/We hereby affirm that the foregoing information is true and complete to the best of my/our knowledge, and authorized the owner to make inquiries to verify the statement herein. I/We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate my/our lease agreement. I/We understand that any action(s) by myself/ourselves or my/our household members, whether verbal or nonverbal, that harass, intimidate, threaten or are perceived by management to harass, intimidate or threaten the health or safety of the management staff or interfere with the management of the property is grounds for management to decline my/our application for housing. I/We understand that if I/we or any member or my/our household suggest or offer bribes of money, material goods, etc., to the management staff responsible for determining either my/our placement on the waiting list or processing of my/our housing application is grounds for management to decline my/our application for housing. I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate federal, state or local agencies. If my/our application is approved, and move-in occurs, I/we certify that only the occupants listed on this application will occupy the unit, and that this will be my/our only residence. I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition. My/Our signature(s), as indicated below, acknowledge that I/we have read and completed each section of this rental application, as applicable.

**All household members age 18 or older (and under age 18 if Head, Spouse, or Co-Head) must sign and date below:**

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

1.	<b>Applicant Signature</b>	<b>Date</b>
2.	<b>Applicant Signature</b>	<b>Date</b>
3.	<b>Applicant Signature</b>	<b>Date</b>
4.	<b>Applicant Signature</b>	<b>Date</b>
5.	<b>Applicant Signature</b>	<b>Date</b>
6.	<b>Applicant Signature</b>	<b>Date</b>
7.	<b>Applicant Signature</b>	<b>Date</b>
8.	<b>Applicant Signature</b>	<b>Date</b>
9.	<b>Applicant Signature</b>	<b>Date</b>



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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.





NOTICE OF WITHDRAWN APPLICATION

Date:

From:

To:

Dear Applicant:

Your Application for residency has been withdrawn from the Waiting List for the following reason(s):

- Your request
- Failing to respond to Waiting List Update Notice
- You no longer qualify
- Refusal or failing to attend Application processing interview
- Refusal to accept unit when available (Notice of Unit Availability)
- Failing to respond to Notice of Unit Availability
- Failing to confirm move-in date
- Cancellation of move-in or failing to move-in
- Failure to provide necessary information to complete certification process

We regret that you cannot join our community as a Tenant at this time. Should you change your mind in the future, you will need to contact the Management Office to determine if the Waiting List is open, and if so, reapply.

Sincerely,

---

Management Representative

A POAH Community  
Professionally Managed by POAH Communities LLC





**This is an important document. Come to the office for translation services.**

Este es un documento importante. Presentese a la oficina para servicio de traducción.

Это важный документ. Приезжайте в офис за услуги по письменному переводу.

這是一個重要的文件。來到辦公室翻譯服務。

Ovo je važan dokument. Dođite u uredu za usluge prevođenja.

Jest to ważny dokument. Przyjdź do urzędu na usługi tłumaczeniowe.

قدم جرتلا تامدخ ل بتاكم ىل لاعت . قماه قق يثو وه اذه .

Điều này là một tài liệu quan trọng. Hãy đến với các văn phòng cho các dịch vụ dịch thuật.

---

POAH Communities does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

Section 504 Coordinator  
POAH Communities, LLC  
2 Oliver Street, Suite 500  
Boston, MA 02109  
(877)489-0101 TTY 7-1-1



A POAH Community  
Professionally Managed by POAH Communities LLC





NOTICE OF UNIT AVAILABILITY

Date:

From:

To:

Dear Applicant:

Your Application has been approved and we look forward to having you as a Tenant.

This Notice will confirm our telephone conversation on \_\_\_\_\_.

We were unable to contact you by telephone on \_\_\_\_\_.

You must contact the Management Office within five (5) business days from the date of this Notice to confirm a move-in date. You must have "good cause" for not responding to this Notice. Examples of "good cause" include hospitalization, a person with a disability does not understand this request or requires program communications to be in a format appropriate for the hearing or vision impaired. If you do not contact the Management Office within five (5) business days for reasons other than "good cause" your Application will be withdrawn from the Waiting List. If you can verify the circumstances to support "good cause" we will reinstate your Application to the waiting list.

Please be advised of the following:

- 1. Confirmed move-in date is: \_\_\_\_\_
- 2. Your monthly rent payment is: \_\_\_\_\_
- 3. Your Security Deposit amount is: \_\_\_\_\_
- 4. Your Pet Deposit amount is: \_\_\_\_\_
- 5. Other: \_\_\_\_\_

In the near future we will schedule an appointment for you to sign necessary move-in documents, payment of rent, applicable deposits and the issuance of keys.





Sincerely,

---

Management Representative

**This is an important document. Come to the office for translation services.**

Este es un documento importante. Presentese a la oficina para servicio de traducción.

Это важный документ. Приезжайте в офис за услуги по письменному переводу.

這是一個重要的文件。來到辦公室翻譯服務。

Ovo je važan dokument. Dođite u uredu za usluge prevođenja.

Jest to važny dokument. Przyjdź do urzędu na usługi tłumaczeniowe.

قدم جرت التامد دخل بتكم ى لل ل اع ت. قماه قق ي شو وه اذه.

Điều này là một tài liệu quan trọng. Hãy đến với các văn phòng cho các dịch vụ dịch thuật.

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POAH Communities does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

Section 504 Coordinator  
POAH Communities, LLC  
2 Oliver Street, Suite 500  
Boston, MA 02109  
(877)489-0101 TTY 7-1-1



A POAH Community  
Professionally Managed by POAH Communities LLC





## Landlord Verification

**TO:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FROM:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PHONE # \_\_\_\_\_  
 FAX # \_\_\_\_\_

PHONE # \_\_\_\_\_ TTY 711  
 FAX # \_\_\_\_\_

**Please return this form to the address listed here.**

**SUBJECT:** Verification of Information Supplied by an Applicant for Housing Assistance and/or Eligibility

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

ADDRESS \_\_\_\_\_ DOB \_\_\_\_\_  
 \_\_\_\_\_

### HOUSEHOLD MEMBER RELEASE

YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE PROJECT OR RECIPIENT IS LEFT BLANK.

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

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

**Be sure to complete all sections and questions. If the section or question does not apply, enter N/A or None.**

Please list all persons named on the lease. Full Legal Name ( <i>First, MI, Last</i> )	Relationship to the Head of Household
	Head of Household



<b>Occupancy:</b>	
Move In Date:	Move Out Date:
Reason for Moving? _____	
<b>Payment History:</b>	
Current Rental Rate: \$	Amount Past Due: \$
Number of Late Payments:	Number of NSF's:
Does the resident have a repayment agreement for subsidy incorrectly received under a Federal Housing Program?	
<b>Resident History:</b>	<b>Yes/No</b>
Did the resident have any pets? If yes, what type of pet(s) _____	
Did the resident get along with his/her neighbors?	
Did the resident allow unauthorized people to reside in the apartment?	
Were there any issues with insect or rodent infestations in the resident's apartment during his/her occupancy?	
Did the resident take proper care of the apartment regarding damages and housekeeping?	
Did the resident give adequate advance notice he/she was moving?	
Did Management issue the resident a Notice to Vacate?	
Would you rent to the resident again?	
Please identify any violations issued to the resident. Check all that apply:	
<input type="checkbox"/> Failure to recertify <input type="checkbox"/> Did not abide by House Rules <input type="checkbox"/> Disruptive Behavior <input type="checkbox"/> Eviction Filed	

By signing this form, I certify that the above information is true and correct.

Signature	Date
Name (please print)	email address
Phone	Fax

**PENALTIES FOR MISUSING THIS FORM**

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 and any owner (or any employee of HUD 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 willingly 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 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 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).



**TRANSFER REQUEST**

RESET FORM

Unit #: \_\_\_\_\_

Resident Name: \_\_\_\_\_

I, \_\_\_\_\_, request a transfer from a  
(Resident's name)

Please check one from each column here:

(1) From

(2) To

- |   |   |
|---|---|
| <input type="checkbox"/> studio unit<br><input type="checkbox"/> one bedroom unit<br><input type="checkbox"/> two bedroom unit<br><input type="checkbox"/> three bedroom unit<br><input type="checkbox"/> four bedroom unit | <input type="checkbox"/> studio unit<br><input type="checkbox"/> one bedroom unit<br><input type="checkbox"/> two bedroom unit<br><input type="checkbox"/> three bedroom unit<br><input type="checkbox"/> four bedroom unit |
|---|---|

Or check one below:

- non-mobility accessible unit to a mobility accessible unit
- upgrade in unit from apartment to townhome

Reason for transfer: \_\_\_\_\_

**TRANSFER REQUIREMENTS:**

**Occupancy Qualifications**

The household must meet the occupancy qualifications of the requested unit (no more than 2 people per bedroom and no less than one person per bedroom).

**Need for Mobility Accessible Unit**

The resident must provide verification from a doctor or other health professional verifying the need for an accessible unit.

**Income Requirements**

The Resident's household may need to be recertified to determine continued eligibility to the Housing Credit Program. If a request to transfer is to a Housing Credit Unit in another building, the Resident must complete the initial certification process. All income, assets, and other eligibility requirements will need to be reviewed for Program eligibility. All paperwork must be completed and appropriate paperwork signed prior to the transfer taking place. If the Resident does not meet the initial eligibility requirements of the Housing Credit Program, the unit transfer to a Housing Credit Unit in another building may be denied.

**Availability Of Requested Unit**

I understand that if the type of unit I have requested is not available, I will be put on a waiting list according to the date and time I have made this request.





**I hereby state that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties**

\_\_\_\_\_  
**Signature of Resident**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Date**

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Ovo je važan dokument. Dođite u uredu za usluge prevođenja.

Jest to ważny dokument. Przyjdź do urzędu na usługi tłumaczeniowe.

دمجرتلا تادمخل بتكم لى للاعت. قماه ققى شو وه اذه.

Điều này là một tài liệu quan trọng. Hãy đến với các văn phòng cho các dịch vụ dịch thuật.

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### **Tenant Grievance Procedure Policy: Effective 01/01/2021**

The lease is a legally binding contract between the resident(s) and the landlord. The lease clarifies the provisions that effect and govern the relationship and behavior of both parties.

If the resident(s) has a concern or dispute regarding their Lease or tenancy they may request a hearing. The request can be verbal or in writing. The request should be addressed to the Property Manager.

And if the landlord has reason to believe that the resident has violated a lease provision(s), the resident will be notified in writing of the violation. The written notice, Lease Violation, will inform the resident that they have a period of time in which to respond to the violation. If the resident has any concern or complaint the landlord should be notified in writing with a request for a hearing by the resident.

With minor lease violations a written response is strongly recommended. A resident can always request a hearing regarding a lease violation or any complaint or concern. When there are several lease violations or a serious infraction of the lease, management will send a Lease Termination Notice. Failure to pay rent is a serious lease violation and a breach of the contract. The Lease Termination Notice provides a ten (10) day period of time to request a hearing.

A timely response requesting a hearing must be in writing. A hearing will be scheduled within 7-days with the Property Manager of the property in all cases involving money owed to the property. For cases involving violations of other lease provisions or any complaint or concern of the resident, a hearing will be scheduled with a trained member of the resident service department or other trained POAH Communities office staff.

The hearing provides the resident with the opportunity to explain either why they feel management has made a mistake or to explain extenuating circumstances and a re-evaluation of the proposed lease termination, lease violation or dispute. The hearing also provides the resident with the opportunity to voice any concerns or complaints they have.

POAH Communities is required by federal and state law to make adjustments in the grievance process to accommodate the needs of individuals with disabilities. While POAH Communities, is not required to make adjustments that will change the fundamental nature of the grievance process or that create an undue financial burden, POAH Communities will make adjustments in the process when necessary to permit individuals with disabilities to participate in, or attend a Grievance Hearing. Requests for reasonable accommodation shall be made in writing, if possible, shall be directed to the Property Manager and shall state specifically the nature of the accommodation requested. For individuals seeking an accommodation that will permit them to attend or participate in a specific grievance panel hearing, the request for accommodation shall be made sufficiently in advance of the hearing to permit the Regional Property Supervisor or Compliance Manager or Senior Vice President to make appropriate arrangements.





After the hearing, the staff member conducting the hearing will make a recommendation to the Property Supervisor and the resident will be notified in writing within 5-days of the results of the hearing. The ultimate decision with tenancy disputes or lease terminations lies with the Property Supervisor.

POAH Communities Customer Service: 877-489-0101 extension 275 or  
customerservice@poahcommunities.com

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تم جرت ل تا مدخل بتاكم ل ل ل ا ل ا ع ت . تم اه ق ق ي ث و ه ا ذه .

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**Section 504 Coordinator**

POAH Communities, LLC

2 Oliver Street, Suite 500

Boston, MA 02109

Tel: 877-489-0101

TTY: 7-1-1



NOTICE OF OCCUPANCY RIGHTS UNDER  
THE VIOLENCE AGAINST WOMEN ACT

U.S. Department of Housing and Urban Development  
OMB Approval No. 2577-0286  
Expires 06/30/2017

### **Hawthorne Place Apartments**<sup>1</sup>

#### **Notice of Occupancy Rights under the Violence Against Women Act**<sup>2</sup>

##### **To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>3</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **1-Sec 8** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

##### **Protections for Applicants**

If you otherwise qualify for assistance under **1-Sec 8**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

##### **Protections for Tenants**

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<sup>1</sup> The notice uses HP for housing provider but the housing provider should insert its name where HP is used. HUD’s program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights.

<sup>2</sup> Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

<sup>3</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

If you are receiving assistance under **1-Sec 8**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **1-Sec 8** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

### **Removing the Abuser or Perpetrator from the Household**

HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

### **Moving to Another Unit**

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR**

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

**Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

HP can, but is not required to, ask you to provide documentation to “certify” that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

### **Confidentiality**

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.



VAWA does not limit HP's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

### **Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to

additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

**Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with .

**For Additional Information**

You may view a copy of HUD's final VAWA rule at <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>.

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **Property Manager, Hawthorne Place Apartments, 16995 E Dover Lane, Independence, MO 64056**.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY).

You may also contact **your local police department**.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact **your local police department**.

Victims of stalking seeking help may contact **your local police department**.

**Attachment:** Certification form HUD-5382

**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

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

OMB Approval No. 2577-0286  
Exp. 06/30/2017

**Purpose of Form:** The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,  
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: \_\_\_\_\_

2. Name of victim: \_\_\_\_\_

3. Your name (if different from victim's): \_\_\_\_\_

4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_

5. Residence of victim: \_\_\_\_\_

6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_

7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_

9. Location of incident(s): \_\_\_\_\_

In your own words, briefly describe the incident(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

### **Application Appeal Process: Effective 11-9-2009**

An applicant can request a hearing regarding the rejection of an application for housing. The Rejected Application Notice provides a fourteen (14) day period of time to request a hearing. A timely response requesting a hearing must be in writing and should be addressed to the Property Manager. A hearing will be scheduled within 7-days with a member of the POAH Communities staff not involved with the rejection of the application.

The hearing provides the applicant with the opportunity to explain either why they feel management has made a mistake or to explain extenuating circumstances and a re-evaluation of the proposed rejected application. The hearing also provides the applicant with the opportunity to voice any concerns they have.

After the hearing, the staff member conducting the hearing will make a recommendation to the Property Supervisor. The ultimate decision to proceed with the rejection of the application lies with the Property Supervisor. The Property Supervisor will notify the applicant within 5-days in writing of the hearing outcome.

Please send your written request to:

**This is an important document. Come to the office for translation services.**

Este es un documento importante. Presentese a la oficina para servicio de traducción.

Это важный документ. Приезжайте в офис за услуги по письменному переводу.

這是一個重要的文件。來到辦公室翻譯服務。

Ovo je važan dokument. Dođite u uredu za usluge prevođenja.

Jest to ważny dokument. Przyjdź do urzędu na usługi tłumaczeniowe.

تم جرت اتمام ادخال بتكمم ىل ل لاعت . تم اه قق يثو وه اذه .

Điều này là một tài liệu quan trọng. Hãy đến với các văn phòng cho các dịch vụ dịch thuật.

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POAH Communities does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

Section 504 Coordinator  
POAH Communities, LLC  
2 Oliver Street, Suite 500  
Boston, MA 02109  
(877)489-0101 TTY 7-1-1

A POAH Community

Professionally Managed by POAH Communities LLC





Hawthorne Place Apartments  
 13662 E Dover Lane  
 Independence, MO 64056  
 Phone: (816)257-2335 Fax: (816) 257-0320 TTY: 711  
 Email: hawthorne@poahcommunities.com

Exhibit 22

**Annual Waiting List Update**

Applicant Name  
 Applicant Address  
 Applicant City, ST Zip

Applicant Date

Dear Applicant

You are currently on the waiting list for an apartment at Hawthorne Place Apartments. We are now in the process of updating the wait list. Please help us determine if you are still interested and eligible for an apartment at Hawthorne Place Apartments

It is requested that you complete all relevant information requested on this form. Please return it to the address shown above. **If we do not receive your updated information within fourteen (14) calendar days from the date of this letter, your application will be placed in our inactive file and your name will be removed from the waiting list.**

Change of address (complete only if your address is different from the one above):

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

What is your approximate total yearly income? \_\_\_\_\_ (include gross income and income from assets)

Number of people in family: \_\_\_\_\_

Are you claiming a "Preference"? - Certain preferences are assigned to applicants to provide housing opportunities for households with special circumstances. See *Tenant Selection Plan Exhibit 9* for greater detail.

- Displaced by Government Action or Presidentially Declared Disaster.
- Victim of Domestic Violence (VAWA).
- Working, Elderly, or Disabled.
- Other or Local Preference: \_\_\_\_\_

**I hereby certify that the information contained herein is true and correct:**

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

\_\_\_\_\_  
 Date



If you have a disability, you have the right to request a reasonable accommodation in connection with your application for housing. All information is voluntary and will be treated as confidential.

**This is an important document. Come to the office for translation services.**

Este es un documento importante. Presentese a la oficina para servicio de traducción.

Это важный документ. Приезжайте в офис за услуги по письменному переводу.

這是一個重要的文件。來到辦公室翻譯服務。

Ovo je važan dokument. Dođite u uredu za usluge prevođenja.

Jest to ważny dokument. Przyjdź do urzędu na usługi tłumaczeniowe.

تم جرت التامدخال بتكمى لى لاعت. قدمه ققى شو وه اذه.

Điều này là một tài liệu quan trọng. Hãy đến với các văn phòng cho các dịch vụ dịch thuật.

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**Section 504 Coordinator**

POAH Communities, LLC

2 Oliver Street, Suite 500

Boston, MA 02109

Telephone: 773-552-9679

TTY: 7-1-1





# Criminal Screening Guidelines

## NATIONAL SEX OFFENDER REGISTRY RECORDS

National Sex Offender Record Found

Decline

## CRIMINAL RECORDS

Offenses	Felony (Years)	Misdemeanor (Years)	Patterns of Misdemeanors	Return Records
1) Alcohol Related	3	0		N/A
2) Arson	7	0		
3) Assault &/or Battery	7	0		
4) Bad Checks	2	0		
5) Burglary	7	0		
6) Crimes Against Animals	7	0		
7) Crimes Against Children	10	0		
8) Crimes Against Gov't or Gov't Officials	7	0		
9) Crimes Involving Computers (Cybercrime)	2	0		
10) Destruction/Damage/Vandalism of Property	7	0		
11) Disturbance to Peace & Order	3	0		
12) Domestic Crimes	7	0		
13) Drug	2	2		
14) Drug - Sale, Manufacture, Distribution	Any	2		
15) Embezzlement	2	0		
16) Fraud	2	0		
17) Gambling	2	0		
18) Harassment	7	0		
19) Homicide	10	0		
20) Kidnapping	10	0		
21) Organized Crime/Conspiracy	10	0		
22) OUI, OVI, DWI	5	0		
23) Petit Theft	5	0		
24) Purposefully Obstructs, Impairs or Perverts the Law	7	0		
25) Robbery	7	0		
26) Sex Crimes - Other	10	0		
27) Sex Crimes Against a Person	10	0		
28) Theft/Larceny	7	0		
29) Traffic Violations	2	-	-	
30) Trespassing	3	0		
31) Weapons	7	0		
32) Incarceration (Due to Conviction) Release Date	0	0	-	
33) Any Offense Not Listed	0	0		





## **Fair Housing Federal and Missouri State Protected Classes**

In Missouri, it is unlawful for a housing provider to discriminate against a current or prospective tenant based on:

### **Federal Protected Classes:**

1. Race
2. Color
3. National Origin
4. Religion or Creed
5. Sex (including gender, pregnancy, sexual orientation and gender identity)
6. Familial Status (i.e., children, in housing only)
7. Disability

### **Missouri State Protected Classes:**

1. Marital Status
2. Age
3. Sexual Orientation
4. Gender Identity
5. Gender Expression
6. Citizenship Status
7. Victims of domestic violence, sexual assault, or stalking
8. Order of Protection Status