TENANT SELECTION PLAN

Martin Farrell House

May 31, 2024

The complete **Tenant Selection Plan** is on file in the management office for review.

Reasonable accommodations for non-English speakers are available upon request.



POAH Communities LLC, Agent for Owner, does not discriminate based on handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

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TENANT SELECTION PLAN

I. INTRODUCTION

A. Development Description

The Development name, number of units, 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 1, "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, Unit Type and Rent Structure

See Exhibit 1, "Program Information Sheet" for the specific tenant types, unit types and rent structures for the Development.

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, based on **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** (for specific details, see Exhibit 24, "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 using language-related criteria, or through a failure to provide housing-related language assistance services to persons with LEP as required.

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 based on 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. 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.

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. 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.

A Community Impact Service Coordinator (CIC) is an employee of the Agent or under contract to serve in the CIC role for the Agent. As such, the CIC is authorized to access the tenant files and related electronic tenant information, as a tool for purposes relating to the execution of their job. All Agent employees and contracted CICs are required to keep confidential and secure all tenant information subject to the following paragraph. The Agent 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 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."

III. ELIGIBILITY REQUIREMENTS

A. Income

1. The owner/agent shall obtain income verifications in compliance with requirements set forth by the Department of Housing and Urban Development (HUD), which may include Streamlined Verification, Streamlined Certification or Means-tested verification.
2. Affordable Housing Units

    a. The annual income of affordable applicant households must not exceed the amounts set forth in the Program Information Sheet, as they may be adjusted from time to time. The applicable income limits for this Development are listed in Exhibit 1, "Program Information Sheet".
    b. Applicants without rent subsidy must show proof of gross income at least two times the amount of the monthly rent to qualify.
3. Market Units

    a. Applicants must show proof of gross income at least two times the amount of the monthly rent to qualify.
    b. The only exceptions to the minimum income requirement are households with a current rental assistance voucher and households applying for a rent-assisted unit in the Development.

B. 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. Generally, 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
    Four Bedroom – Four to eight persons
2. However, the following factors should also be considered:

    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 determining the unit size for which a household may be eligible; the following will be counted as members of the household:

    - Fulltime household members
    - Unborn children
    - Children in the process of being adopted.
    - Children whose custody is being determined.
    - Foster children
    - Children temporarily in a foster home
    - Children in joint custody fifty percent (50%) of the year or more
    - Children away at school but home for recess
    - Live in aides

- Foster adults
  Note: Proof of Custody/Guardianship will be required for all household members that are minor children. Acceptable proof of custody documents include;
  - Birth Certificate, or
  - 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.
  - A household may be required to provide proof of custody of related or unrelated occupants to be considered for a change in unit size.

C. Disclosure of Social Security Numbers (SSN)

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

   This rule applies to all household members including live-in aides, foster children, and foster adults. Adequate documentation includes a Social Security card issued by the Social Security Administration (SSA) or other acceptable evidence of the SSN such as:
   - Original Social Security card;
   - Driver's license with SSN;
   - Identification card issued by a federal, State, or local agency, a medical insurance provider, or an employer or trade union;
   - Earnings statements on payroll stubs;
   - Bank statement;
   - Form 1099;
   - Benefit award letter;
   - Retirement benefit letter;
   - Life insurance policy;
   - Court records.
   - If the applicant cannot provide any of the above, the applicant will advise the owner/agent. The owner/agent may accept self-certification of SSN *and* at least one third-party document, such as a bank statement, utility or cell phone bill, benefit letter, etc., that contains the name of the individual. When none of the other accepted methods is available and if verifying an individual's SSN using this method, the owner/agent must document why the other SSN documentation was not available. If the resident's SSN becomes verified in EIV, then no further verification is required. If the resident's SSN fails the SSA identity match, then the owner/agent must obtain a valid SSN card issued by the SSA or an original document issued by a federal or state government agency that contains the name of the individual and the SSN of the individual, along with other identifying information of the individual. The resident family's assistance must be terminated if they fail to provide the required documentation.

2. Exceptions to Disclosure of Social Security Number

   The Social Security Number requirements do not apply to:

   - Individuals aged 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010.
   - Individuals who do not contend eligible immigration status.
   - A child under the age of 6 years added to the applicant family 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.

- A minor under the age of 6 years being added to the household after move-in. The household will have a maximum of 90-days after adding the child 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.
- Foster children or adults when:
  1. The foster agency will not provide the SSN or adequate documentation to verify the SSN; and
  2. HUD approves.

If, at the time a unit becomes available, all non-exempt household members have not provided adequate documentation necessary to verify Social Security Numbers, the next eligible applicant family must be offered the available unit.

All non-exempt household members have ninety (90) days-from the date they are first notified that a unit is available-to provide documentation necessary to verify the Social Security Numbers. During this 90-day period, the household may retain its place on the waiting list but will not be considered again until the required documentation is provided.

If, after ninety (90) days, the applicant family is unable to disclose/verify the Social Security Numbers of all non-exempt household members, the household will be determined ineligible and removed from the waiting list.

The applicant family may apply again, after obtaining the appropriate documentation. The applicant family will be placed on the waiting list based on the date and time the **new** Pre-Application or Application is received.

3. Secondary Verification of the Social Security Number

The Social Security Number provided will be compared to the information recorded in the Social Security Administration database through HUD's Enterprise Income Verification System (EIV) to ensure that the Social Security Number, birth date and last name match.

If EIV returns an error that cannot be explained or resolved, assistance and/or tenancy may be terminated, and any improper payment must be returned to HUD.

If an applicant/resident deliberately provides an inaccurate Social Security Number, the owner/agent and/or HUD may pursue additional penalties due to attempted fraud.

D. 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.

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.

2. Prohibition of Assistance to Noncitizen Students

Noncitizen students and their noncitizen families may not receive assistance. Noncitizen students are not eligible for continuation of assistance or temporary deferral of termination of assistance. A noncitizen student is defined as an individual who is as follows:

- A resident of another country to which the individual intends to return;
- A bona fide student pursuing a course of study in the United States; and
- A person admitted to the United States solely for the purpose of pursuing a course of study as indicated on an F-1 or M-1 student visa.

This prohibition applies to the noncitizen student's noncitizen spouse and noncitizen children. However, spouses and children who are U.S. citizens may receive assistance. For example, a family that includes a noncitizen student married to a U.S. citizen is a mixed family.

E. Asset Restriction – Section 8 Only including PBRA RAD & 202/8

The following Section 8 Asset Restrictions are considered when determining eligibility of families applying for Section 8 Housing Assistance.

Note: Asset Restrictions apply only to families applying for Section 8 Assistance. This rule does not apply to existing residents currently receiving Section 8 assistance.

1. Restrictions Based on Net Assets – Asset Cap: Section 8 Only

Agent must deny admission of an applicant family if the net family assets (as defined in 24 CFR § 5.618) exceed $100,000. This "cap" may be adjusted annually in accordance with the Consumer Price Index for Urban Wage Earners and Clerical Workers. In addition, the Agent must enforce the asset limitation at initial certification for families who lost their assistance because they failed to recertify timely or began to pay market rent, remained in the unit, and then lost income, once again requiring assistance.

The following assets will be excluded from the calculation when determining the net cash value of assets. The cash value of:

- ABLE Account;
- Amounts recovered in any civil action or settlement based on a claim of malpractice, negligence, or other breach of duty that resulted in a member of the family being disabled;
- Value of any Coverdell Education Savings Account or any qualified tuition program under Section 529;
- Family Self Sufficiency (FSS) Accounts;
- Interest in Indian trust land;
- Irrevocable Trust;
- Necessary Personal Property;
- Non-necessary Personal Property if the net cash value of all Non-necessary Personal Property does not exceed HUD's Asset Threshold ($50,000 in 2024 but subject to annual adjustment);
- Revocable Trusts when no one in the family (living in the unit) controls the trust;

- Retirement Accounts as defined by the IRS;
- Real property when the family does not have legal authority to sell such property;
- Equity in property for which a family receives HCV homeownership assistance from a PHA;
- Equity in a manufactured home where the family receives Section 8 tenant-based assistance;
- Other assets as announced by HUD through Federal Register Notice.

2. Home Ownership – Real Property Rule: Section 8 Only including PBRA RAD, 202/8

Per requirements in Section 104 of HOTMA, 24 CFR 5.618 creates a restriction on the eligibility of a family to receive assistance if the family owns real property that is suitable for occupancy by the family as a residence.

Agent must deny admission of an applicant family if the family has a present ownership interest in, legal right to reside in, and the effective legal authority to sell the real property (based on laws of the state or locality in which the property is located) that is suitable for occupancy by the family as a residence. This includes, but is not limited to a home, condominium, townhome, duplex, mobile home, etc.

This restriction does not apply if:

- The property is jointly owned by a member of the family and at least one non-household member who does not live with the family, if the person resides in the jointly owned property;
- The property is not large enough for the size of the family;
- If there are any disabled family members, the home does not provide for the disability-related needs. (e.g., physical accessibility requirements, disability-related need for additional bedrooms, proximity to accessible transportation, etc.);
- The property is currently offered for sale. Under this proposed rule, to demonstrate that a family is offering property for sale, the owner/agent may require that the family provide evidence that the property has been listed for sale;
- The property is considered unsafe to reside in when the property's physical condition poses a risk to the family's health and safety and the condition of the property cannot be easily remedied;
- The family may not reside in the property under State or local laws of the jurisdiction where the property is located;
- The property is owned by a survivor of a VAWA crime *(domestic violence, dating violence, sexual assault, stalking)* and such status prevents access to or use of the home or is there a possibility that the survivor could be in imminent danger if the survivor attempted to access the home;
- The property is located so that the distance or commuting time between the property and the family's place of work or a family member's educational institution would create a hardship for the family. *(e.g., the distance or commuting time between the property and the family's place of work or school would be a hardship to the family, as determined by the owner/agent);*
- The property is a manufactured home for which the family is receiving Section 8 tenant-based assistance;
- The family receives homeownership assistance from a PHA;
- The property part of an irrevocable trust.

F. Students

1. Eligibility of Students Enrolled at an Institute for Higher Education for Section 8, including PBRA, RAD, 202/8, and HOME.

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

1. Is not living with his or her parents who are receiving Section 8 assistance;
2. Is individually eligible to receive Section 8 assistance and has parents who are income eligible to receive Section 8 assistance;
3. Is a graduate or professional student;
4. Is a veteran of the United States military or is an active member of the United States military;
5. Is married;
6. Has a dependent other than a spouse (e.g., dependent child);
7. Is at least 24 years of age;
8. Is a person with disabilities, as such term is defined in section 3(b)(3)(E) of the 1937 Act and was receiving assistance under section 8 of the 1937 Act as of November 30, 2005;
9. Is classified as Vulnerable Youth; A student meets HUD's definition of a vulnerable youth when:
    a. The individual is an orphan, in foster care, or a ward of the court or was an orphan, in foster care, or a ward of the court at any time when the individual was 13 years of age of older;
    b. The individual is, or was immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in the individual's State of legal residence;
    c. The individual has been verified during the school year in which the application is submitted as either an unaccompanied youth who is a homeless child or youth (as such terms are defined in section 725 of the McKinney-Vento Homeless Assistance Act) (42 U.S.C. 11431 et seq.), or as unaccompanied, at risk of homelessness, and self-supporting, by
        - 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; or
        - The individual is a student for whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstances.

If a student does not meet the eligibility criteria above, but can prove independence from parents under HUD rules, then the student would meet HUD's student eligibility criteria. Please see property staff if you need additional information about proving independence from parents.

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

2. 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 member of the household receives assistance under Title IV of the Social Security Act (TANF);
- 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;
- 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
- 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. The Agent will verify the suitability by 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. This includes any possession or use of marijuana, including medical uses.

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 except for 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. 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.

IV. PREFERENCES, PRIORITIES, AND TARGETING FOR ADMISSION

Certain preferences are assigned to applicants 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 this plan. 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".

If it is determined that an applicant does not meet the criteria for receiving a preference, the applicant will promptly receive written notice of this determination. The notice will contain a brief statement of the reasons for the determination and will offer the family an opportunity for a conference with the Agent as described in Section XI of this TSP. The applicant will remain on the waiting list, but the preference will be removed. This action may change the applicant's position on the waiting list.

All preferences apply to this Development unless specified by unmarked selection.

A. Existing Tenant Preferences

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

Required for Federally Assisted Housing Programs

1. A household member requests an emergency transfer for domestic violence, dating violence, sexual assault, or stalking (VAWA).
2. A household requiring a unit transfer as a reasonable accommodation for a disability or medical reasons.
3. A household member requests a unit transfer for harassment based on protected status.
4. There is a change in household size or family composition that necessitates a unit of a different size, in accordance with the occupancy standards defined in this plan.
5. 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.
6. 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.

Voluntary Unit Transfers Adopted by Owner

I. 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.

B. Statutory and HUD Regulatory Preferences

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

C. State and Local Preferences

Additional preferences based on state or local requirements are described in Exhibit 8, "Preference Form".

D. 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 Exhibit 8, "Preference Form", for priority and ranking of the Owner Adopted Preferences checked below.

☐ **VAWA Relocation from another POAH-Owned Development**

☐ **Working, Elderly or Disabled Applicants for Project-Based Section 8 Units** (only if marked)**:** Applicant households will be given a preference for units covered by the Development's Section 8 contract if a head of household, spouse, or co-head is:

- Continuously employed for 90 days prior to application with a minimum of 15 hours per week,
- 62 or older, or
- Disabled

☐ **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 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 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 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.

E. Other Preferences

Other Preference Households whose Head, Co-Head, or Spouse are veterans of the US Military

F. Preference Exceptions

Relocation and/or Unit Transfers:

Management must give priority to current households:

1. When their units are designated for rehabilitation

2. 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.

G. Priorities for Special Use Units

Priorities that apply to this Development are indicated by a check mark next to the preferences below:

☐ **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 the family determines the accessible unit is not appropriate for the household's needs, the household's name will be returned to its place on the Development Waiting List, as applicable.

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 a tenant or applicant household requires the accessibility features of the unit.

☐ **Direct Referral Units:** The development receives housing subsidies for specified units. Applicants for these units require direct referral for admission by the source of the subsidy (or the source's designee). The source or designee agency is responsible for determining eligibility based on the applicable guidelines for the program.

☐ **Project-Based Voucher (PBV) Units:** The development has specific units covered by a Housing Assistance Payments (HAP) contract with a local or regional Public Housing Agency (PHA). The waiting lists for applicants for these units will be handled as selected below.

☐ **PHA maintains waiting list of eligible households.** Whenever vacancy in a contracted unit occurs, the Agent shall inform the PHA, which shall refer eligible applicant(s) on its waiting list for the appropriate bedroom size to the Agent. The Agent will determine applicant eligibility based on the guidelines for applicable programs.

☐ **Agent maintains waiting list of eligible households.** Whenever vacancy in a contracted unit occurs, the Agent shall select applicants from the in-house waiting list for the appropriate bedroom size unit. The Agent will determine applicant eligibility based on the guidelines for applicable programs, and then send the applicant to the PHA to apply for the voucher.

H. HUD Project-Based Section 8 Mandatory Income Targeting (for Section 8 Assisted Units Only)

The Agent may only lease assisted units to families whose income does not exceed fifty percent (50%) of the area median income ("very low income") at the time of admission, unless:

- The assisted units were available for occupancy under a Section 8 HAP Contract effective before October 1, 1981, and are being leased on or after that date, in which case the assisted units may be leased to families whose income exceeds very low income but does not exceed eighty percent (80%) of the area median income ("low income") at the time of admission, provided that the Agent has used its best efforts to lease the minimum number of units specified in the HAP Contract to families whose income does not exceed very low income (See HUD Handbook 4350.3 REV-1, Section 3-7 (B); or
- Written permission is obtained from HUD pursuant to 24 CFR 5.653(d)(3) as noted below to lease a portion of the assisted units to families whose income exceeds very-low income but does not exceed low income at the time of admission. In addition to the 50% area median threshold, HUD mandates that if the Development is receiving project based Section 8 housing assistance payments as noted below, the Agent shall make at least forty percent (40%) of the assisted units (i.e. those units in the Development for which the owner receives project-based Section 8 housing assistance payments) that become available in each of the Development's

fiscal year available for leasing to families whose income does not exceed thirty percent (30%) of the area median income ("extremely low income") at the time of admission (the "Mandatory Income Targeting"). In carrying out this requirement, the Agent shall obtain the Income Limits for Section 8 Programs published by HUD periodically. The Agent should periodically review the composition of admissions to confirm that the 40% target shall be met for that fiscal year. If this periodic review reveals those admissions of extremely low-income applicants are below the 40% requirement; the Agent shall use one of the methods specified below to ensure that the requirement is met by the end of the fiscal year.

1. The Agent has chosen to admit only extremely low-income families until the 40% target is met. In chronological order, the Agent shall select eligible applicants from the waiting list whose incomes are at or below the extremely low-income limit to fill the first 40% of expected vacancies in the property. Once this target has been reached, admit applicants in waiting list order.
2. The number of units included in this target will be determined at the beginning of each calendar year as reflected on Exhibit 9, "Extremely Low-Income Computation Worksheet".
3. Marketing to comply with this income target will include at a minimum advertising in the locality and outreach to local organizations serving extremely low-income families for no less than 30 days.
4. The Agent will maintain records that demonstrate reasonable steps were taken to fill these units with extremely low-income tenants, including, but not limited to, a software-generated "Sec-8 Income Targeting" report.

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.

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 Development uses the following method to add households on to the Waiting List:

☒ Waiting List Applications are used at this Development.

☐ Waiting List Applications are NOT used at this Development. 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 prior to move in.

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 XI 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. The number of people in the household;
4. Information about household income.
5. Information about the household's need for a unit with accessibility features;
6. 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. See Exhibit 8, "Preference Form" and consult with the Agent;

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. Household eligibility for preferences, special needs unit priority, and 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.
5. Applications will be removed from the waiting list in the following additional situations:

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

1. 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 waiting list, the Agent will:
      - advise potential applicants that the waiting list is closed and refuse to take additional Waiting List Applications or applications.
      - publish a notice to that effect in the publications listed in the Development's current Affirmative Fair Housing Marketing Plan. The notice will state the reasons for the Owner's

refusal to accept additional applications.
- post a written Waiting List Closed Notice 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 Development'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

1. 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 or to electronically complete the application through a secured applicant portal. 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 or complete the online application process will result in the withdrawal of the Application. Applicants must contact the Management Office in advance to reschedule interviews.
2. For Direct Referral/SRN/811 Units, Agent must request a referral of an applicant from applicable Wait List Manager. If Agent does not receive a response from the applicant within five business days as stated in the SRN Agreement, the applicant will forfeit the opportunity to apply for the offered unit and Agent will request the next referral from the Wait List Manager.

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 an application in writing or by digital means. 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 housing.
5. The Application and Agent will explain qualifying procedures to the applicant.
6. 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 XI 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 (required for Section 8 units);
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 only when all required documentation has been completed and submitted to the Agent.

D. Failure to Attend Interviews and Complete Applications

1. 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 and removal from the waiting list.
    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
        - To provide reasonable accommodations for persons with disabilities.
2. If the application is withdrawn, a Notice of Withdrawn application will be sent to Applicant. 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 XI of the TSP.
3. For Direct Referral/SRN/811 Units, Management will send an email to the Wait List Manager that the applicant did not respond.

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, 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 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 person under the tenant's control, if the tenant or an immediate member of the 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 related to the situation of domestic violence, sexual violence, dating violence, or stalking would jeopardize the safety of the applicant or the applicant's children;
5. Have no evictions or judgements for possession within the last 5 years.
6. Meet all other qualification criteria set forth in the TSP.

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, the Agent 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 the Agent 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 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. This includes use of marijuana for medical purposes.
   - The Controlled Substances Act (CSA), 21 U.S.C. Section 801 Et. Seq. categorizes marijuana as a Schedule 1 substance and therefore the manufacture, distribution, or possession of marijuana is a federal criminal offense. Because the CSA prohibits all forms of marijuana use, the use of "medical marijuana" is illegal under federal law even if it is permitted under state law. Regarding questions concerning the use of marijuana in Multifamily assisted properties in states that have decriminalized the use of marijuana, the controlling authority is Section 577 of the Quality Housing and Work Responsibility Act of 1998 (QHWRA), P.L. 105-276 (October 21, 1998), 42 U.S.C Section 13662.
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 guidance with respect to the use of criminal history, the Agent 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.
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 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 residence within 5 years of applying will be rejected.
    a. 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.
5. If the applicant or any member of the applicant household fails to disclose rental history fully and

accurately, the application may be denied based on the applicant's "misrepresentation of information."

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

C. Credit History

1. Applicant will not be responsible for payment of the cost of a credit report.
2. 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.
3. 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.
    a. 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.
4. Medical expense obligations and outstanding educational loans will not be considered.
5. 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.
6. 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.
7. 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.
    a. 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:
        - A representative payer or reliable third party who would take responsibility for payment.
        - Evidence that such poor credit was a result of a disability that is now under control.
        - 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.
8. Lack of credit history, as opposed to poor credit history, is not sufficient justification to reject an applicant.
9. 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 11, "Notice of Rejected Application".

NOTE: With respect to credit reports and evaluation of credit and financial standing and notwithstanding any requirement to the contrary herein, Management Agent acknowledges and agrees that an applicant with a poor (or no) credit report and/or a poor (or no) prior rental payment history will not be denied tenancy solely because the applicant's income certification and financial documentation evidences that he/she/they have extremely limited or no financial means to pay rent and fees (provided, however, the applicant must otherwise meet the tenant selection criteria). In contract, a poor rental payment history for an applicant who has the financial means to pay rent is appropriate grounds for denial of tenancy.

D. Enterprise Income Verification (EIV) Existing Tenant Search (Section 8 programs only)

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

E. Methods of Verification

The owner/agent shall obtain verifications in compliance with requirements set forth by the Department of Housing and Urban Development. After the preliminary eligibility determination, no decision to approve an application shall be made until information provided on the application form and during subsequent interviews has been collected and any necessary follow-up interviews have been performed.

All information relative to the following items must be verified as described in these procedures. Verifications will be attempted as follows:

I. Means-tested Verification (also known as Safe Harbor). PHAs/MFH When verifying income at Move-in/Initial Certification, Annual Recertification and Interim Recertification, the owner/agent may determine a family's annual income, including income from assets, prior to the application of any deductions based on income determinations made within the previous 12-month period, using income determinations from the following types of means-tested federal public assistance programs:

- The Temporary Assistance for Needy Families block grant (42 U.S.C. 601, et seq.).
- Medicaid (42 U.S.C. 1396 et seq.).
- The Supplemental Nutrition Assistance Program (42 U.S.C. 2011 et seq.).
- The Earned Income Tax Credit (26 U.S.C. 32).
- The Low-Income Housing Tax Credit (26 U.S.C. 42).
- The Special Supplemental Nutrition Program for Woman, Infants, and Children (42 U.S.C. 1786).
- Supplemental Security Income (42 U.S.C. 1381 et seq.).
- Other programs administered by the Secretary.
- HUD's Public & Indian Housing Program using HUD form 50058;
- HUD's Multifamily Housing Programs using HUD form 50059;
- The Treasury's Low Income Housing Tax Credit Program (26 U.S.C. 42) TIC.
- Other means-tested forms of federal public assistance for which HUD has established.
- a memorandum of understanding.
- Other federal benefit determinations made by other means-tested federal programs that the Secretary determines to have comparable reliability and announces through a Federal Register notice.

a. The Means-tested verification must state the family size, must be for the entire family (i.e., the family members listed in the documentation must match the family's composition in the assisted unit, except for non-family members), and must state the amount of the family's Annual Income. The Annual Income need not be broken down by family member or income type.

b. Annual income includes income earned from assets, therefore when using Means-tested Verification (also known as Safe Harbor) to verify a family's income, the owner/agent will not inquire about a family's net family assets, nor about the income earned from those assets. For any applicants applying for HUD's Section 8 assistance, the owner/agent will confirm that:
   - The net cash value of all family assets does not exceed HUD's current Asset Cap; and
   - That no member of the applicant family owns real property suitable for occupancy (See the explanation of the Real Property Rule as explained in this document).

c. The Means-tested Verification (Safe Harbor) must show that the family's income determination was made within the 12 months prior to the receipt of the verification by the owner/agent. The Means-tested Verification (also known as Safe Harbor) documentation will be considered acceptable if any of the following dates fall into the 12-month period prior to the receipt of the documentation by the owner/agent.
   - Income determination effective date;
   - Program administrator's signature date;
   - Family's signature date;
   - Report effective date; or
   - Other report-specific dates that verify the income determination date.

d. The only information that owner/agents are permitted to use to determine income under this Means-tested Verification (also known as Safe Harbor) is the total income determination made by the federal means-test program administrator. Other federal programs may provide additional information about income inclusions and exclusions in their documentation; however, these determinations and any other information will not be considered by the owner/agent for purposes of the Means-tested Verification (also known as Safe Harbor) provision. Owner/agents are not permitted to mix and match Safe Harbor income determinations and other income verifications.;

e. The owner/agent will not use Means-tested Verification (Safe Harbor) when:
   - The family wishes to use a Childcare Deduction when childcare enables a member to work;
   - The family wishes to use the Attendant Care & Auxiliary Apparatus Expense Deduction;
   - Any member of the family is participating in HUD's Family Self-Sufficiency (FSS) program.

2. Upfront Income Verification (UIV) using HUD's Enterprise Income Verification (EIV) system.
   - EIV may be used as the sole verification of Social Security income.

3. Upfront Income Verification (UIV) using non-EIV resources.
   - e.g., Work Number, web-based state benefits system, etc.

4. Written, third-party verification from the source, also known as "tenant-provided verification." An original or authentic document generated by a third-party source dated within 120 days of the date received by the owner/agent. (e.g., resident provided bank statement). For fixed-income sources, a statement for the appropriate benefit year is acceptable documentation. Owner/agents may also accept third-party verification directly from the verification source. For example, owner/agents may (but are not required to) obtain verification of disability directly from a medical care provider (e.g., physician, physical therapist, etc.) or may accept a letter provided by the provider to the resident.

5. EIV with Self-Certification (Employment or Unemployment Income). The EIV Income Report may be used to verify and calculate income if the family self-certifies that the amount is accurate and representative of current income. The family will be provided with the information from EIV.

6. A Written Third-party Verification Form (as appropriate).

7. Oral verification. When verifying information over the telephone or via the internet, it is important to be certain that the person is the party he or she claims to be. When verifying information by phone, the owner must record and include in the tenant's file the following information:
   a. Third-party's name, position, and contact information;
   b. Information reported by the third party;
   c. Name of the person who conducted the telephone/internet interview; and
   d. Date and time of the call.

8. Family Self-Certification. In the absence of any of the above or as provided in HUD guidance, notarized or witnessed self-certification from the household member Except when accepted based on HUD guidance (e.g., Streamlining, Assets Disposed, etc.), when the owner/agent accepts Family Self-Certification, the tenant file will be documented, when appropriate, to show that staff attempted other acceptable verification before relying on family self-certification.

F. Streamlined Determination of Income, Streamlined Verification of Assets & Streamlined Certification for Fixed Income Families

The owner/agent has implemented the following Streamlining processes.

1. Streamlined Certification for Fixed Income Families.

   When 90% or more of the total annual income is derived from a fixed income source (e.g., Social Security, Pension, Annuity), at move-in and at least every three years, owner/agents will verify the cash value of assets that are not specifically excluded, any fixed income amounts and the amount of any income that is not fixed. In Year 2 and in Year 3, the owner/agent will apply Streamlined Determination of Fixed Income and Streamlined Verification of Assets. The owner/agent will also accept self-certification of amounts that are not fixed, or the owner/agent will use the amount of income that is not fixed on the most recent 50059 in effect at the time of any certification interview.

2. Streamlined Determination of Fixed Income.

   At move-in and at least every three years, owner/agents will verify income from any fixed income source using verification methods described above. In Year 2 and in Year 3, owner/agents will apply any published/ documented COLA or Fixed Percentage Increase to the previous year's fixed income amount.

3. Streamlined Verification of Assets When the Net Cash Value of Assets Is At Or Below The Current Asset Threshold Established By HUD ($50,000 in 2024 But Subject To Annual Adjustment by HUD).

   At move-in and at least every three years, owner/agents will verify the cash value of assets that are not specifically excluded and will verify the income from those assets when possible. In Year 2 and in Year 3, owner/agents will conduct such verification only if the net cash value of all family assets exceeds the current Asset Threshold. If the net cash value of all family assets (except those specifically excluded), is equal to or less than the current Asset Threshold, the owner/agent will accept the families notarized or witnessed self-certification providing the net cash value of assets not specifically excluded and any known income from those assets.

4. Streamlining will not be utilized if any member of the family has received a lease violation for failing to fully and accurately report income information or if any member of the family has been required to return an improper payment to the Department of Housing & Urban Development.

5. 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 special use unit, 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 (See Exhibit I)), the *Tenant Income Certification* (for units governed by the Low-Income Housing Tax Credit Program and/or the HOME Program as defined in the Program Information Sheet (See 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 rejection Exhibit 11, "Notice of Rejected Application". The notice will offer the family an opportunity for a conference with the Agent as described in Section XI of this TSP.

X. TRANSFER AND SPLIT HOUSEHOLD POLICY

A. Definitions

- TRANSFER: ALL members of the household move from one unit to another.
- SPLIT HOUSEHOLD: A split household occurs when one or several of the adult household members request to relocate to another unit.

B. Transfers Required by Federally Assisted Housing Programs

1. The Agent may require a resident household to transfer to another unit in the Development in the following circumstances:
   - A household member requests an emergency transfer for domestic violence, dating violence, sexual assault, or stalking (VAWA). (Exhibit 20)
   - A household requiring a unit transfer as a reasonable accommodation for a disability or medical reasons.
   - A household member requests a unit transfer for harassment based on protected status.
   - There is a change in household size or family composition that necessitates a unit of a different size, in accordance with the occupancy standards defined in this plan.
   - 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.
   - 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.

C. Voluntary Unit Transfers Adopted by Owner

Voluntary transfers will be processed even if the Development's waiting list is closed.

1. A resident may request a transfer to another unit of appropriate size in the development if the resident is requesting a larger or smaller unit due to a change in family size.
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:
   - The household is compliant with the requirements of the lease;
   - The household is current on all rent and other charges that may be due under the lease;
   - The household accepts a return of any previously paid security deposit and pays a new security deposit for the new unit, if the current security deposit is not transferred to the new unit;
   - A unit inspection indicates there is no damage or violation of the House Rules in the household's current unit;
   - The household complies with the verification requirements of the Agent and qualifies for the new unit.

D. Split Household

1. 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 departing household members 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 to reflect the household composition change and may be required to transfer to a smaller unit.

E. Processing Transfers

1. Mandatory transfers will be processed by the Agent for any vacant unit at the Development before the unit is offered to an applicant household on the waiting list that is not residing at the Development. The Exhibit 17, "Transfer Request Form" must be completed with Agent

representative.

2. Mandatory transfers will be processed even if the Development's waiting list is closed.
   Note: All costs associated with a reasonable accommodation transfer move will be paid by the Development. All costs associated with a resident requested non-reasonable accommodation transfers move will be paid by the resident.

F. Verifications

1. Requests for voluntary transfers based on medical need 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 for both units.
3. The Agent may request other documentation of eligibility from applicants for mandatory or voluntary transfers.

XI. REQUIRED HOTMA RULES

A. Reporting Changes Between Annual Recertification (AR)

1. Resident family composition, income and expenses are reviewed at least Annually.
2. Residents are required to report changes, between Annual Recertification, based on requirements outlined in the HUD Model Lease. Changes that result in an income increase or removal of a member must be reported within 30 days. The addition of a new resident (except minors) must be approved before the new member moves into the unit. Failure to notify the owner/agent before a new member is added is a material lease violation and will result in termination of tenancy. Addition of new minors must be reported as quickly as possible, but not later than the date the next rent payment, is due after the minor is added.
3. If the change reported results in a reduction to family income, the owner/agent will process an Interim Recertification (IR), adjusting rent, when that reduction results in a decrease of the family's Annual Adjusted Income of 10% or more.
4. If the change is not related to earned income, and results in an income increase of the family's Annual Adjusted Income of 10% or more, the owner/agent will complete an Interim Recertification adjusting rent.
5. If the reported change includes an increase to earned income, but an Interim Recertification reducing earned income has not been completed since the last AR, the owner/agent will document the resident file, but will not recalculate the rent. However, if an IR reducing earned income has been completed since the last AR, the owner/agent will not complete an IR adjusting earned income/rent. Residents are still required to report within 30 days as required by the lease and the owner/agent's policies.
6. If the residents comply with reporting requirements, rent changes will be implemented as follows:
   - Rent increases. If the rent increases, the owner will give the tenant 30 days advance notice of the increase. The effective date of the increase will be the first of the month after the end of the 30-day period.

   - Rent decreases. If the rent will decrease, the change in rent is effective on the first day of the month after the date of action (e.g., first of the month after the date of loss of employment.) A 30-day notice is not required for rent decreases.

7. If the residents do not comply with the reporting requirements, and the owner discovers the tenant has failed to report changes as required, the owner will implement rent changes as follows:
   - Rent increases. Owners must implement any resulting rent increase retroactive to the first of the month following the date that the action occurred.

- Rent decreases. Any resulting rent decrease must be implemented effective the first rent period following completion of the recertification. The owner/agent will make rent decreases retroactive under certain circumstances.

B. De Minimis Errors in Income Determinations.

1. Pursuant to 24 CFR 5.609(C)(4), the Agent must take corrective action to credit or repay a family if the family was overcharges tenant rent because of de minimis errors in calculating family income. De minimis errors occur when an Agent's determination of a family's income deviates from the correct income determination by no more than $30 per month in monthly adjusted income (or $360 in annual adjusted income). HUD may revise the threshold amount that constitutes a 'de minimis error' through rulemaking.

   Families will not be required to repay the Agent in instances where the Agent miscalculated income resulting in a family being undercharged for rent. The Agent is obligated to correct the error(s) retroactive to the effective date of the action the error was made regardless of the dollar amount associated with the error.

   The Agent will apply the overpayment to any outstanding and/or future monthly rent payments.

C. Student Financial Assistance Counted as Income

1. Student financial assistance that is not specifically excluded will be included as part of the family's Annual Income unless the student is the HOH, co-HOH/spouse and is over 23 (24) with a dependent child. Student loans are not considered.

   - For Section 8 programs, any financial assistance that is provided through a qualified Coverdell Education Savings Account (ESA) or other qualified ESA, is excluded when determining Annual Income for the family.

   - For non-Section 8 programs, any financial assistance a student receives under the Higher Education Act of 1965, is excluded when determining Annual Income for the family.

   - For non-Section 8 programs, any financial assistance that is provided through a qualified Coverdell Education Savings Account (ESA) or other qualified ESA, is excluded when determining Annual Income for the family.

2. Any financial assistance a student receives (1) from private sources, (2) from an institution of higher education, or (3) under the Higher Education Act of 1965, that is in excess of amounts received for tuition and other qualified fees, is included when determining Annual Income for the family, except if the student is the HOH, co-HOH or spouse and is at least 24 years of age with a dependent child or children (as defined by HUD).

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

4. Covered fees include tuition, books, supplies (including supplies and equipment to support students with learning disabilities or other disabilities), room and board, and fees required and charged to a student by an institution of higher education (as defined under section 102 of the Higher Education Act of 1965). For a student who is not the Head-of-Household, Co-HOH/Spouse, actual covered costs also include the reasonable and actual costs of housing while

attending the institution of higher education and not residing in an assisted unit.

5. Any financial assistance a student receives (1) from private sources, or (2) from an institution of higher education, that is in excess of amounts received for tuition and other qualified fees, is included when determining Annual Income for the family, except if the student is the HOH, co-HOH or spouse and is at least 24 years of age with a dependent child or children (as defined by HUD).

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

7. The definition of tuition is consistent with the definition provided by the Department of Education and includes tuition, books, mandatory fees, room, and board for a student (who is not the HOH, co-HOH/spouse) and costs for reasonable accommodations when the student is disabled.

D. Hardship Exemptions

1. The owner/agent, may, at the owner/agent's discretion, grant a Hardship Exemption waiving a family's requirement to pay Section 8 Minimum Rent. The owner/agent may also approve a request for a Hardship Exemption related to:

   - The Childcare Deduction.
   - The Health & Medical Expense Deduction; and/or
   - The Attendant Care & Auxiliary Apparatus Deduction.

2. The owner/agent will grant a Financial Hardship Exemption (General Relief) if:
   - The resident requests a Minimum Rent Hardship Exemption, a Financial Hardship Exemption, or a Childcare Hardship Exemption;
   - The resident participates in a review meeting;
   - The resident provides required information and signatures within ten (10) business days;
   - There is an increase to TTP as described in a, b, and c below:
     a. The net Cash Value of Assets for the entire family is $50,000 or less; and
     b. The family's total Annual Income is at or below the current Extremely low-Income Limit, and;
     c. The change results in a TTP that exceeds 20% of the family's Annual Income.
   - The resident has not provided Notice to Move;
   - The resident is a resident in good standing and the owner/agent has not indicated intent to terminate assistance and/or terminate tenancy (eviction);
   - The resident agrees to participate and participates in a review meeting at least every 90 days or upon request by the owner/agent.

3. If the Request for the Financial Hardship Exemption (General Relief) is approved, the Health & Medical Expense or Attendant Care & Auxiliary Apparatus Expense will be reduced by 5% of the family's Annual Income instead of reducing the Expense by 10% of the family's Annual Income.

4. The Hardship Exemption (General Relief) ends at the earliest of:
   - Ninety (90) calendar days from the Effective Date of the Certification implementing the exemption;
   - Such time the owner/agent determines the need for the Financial Hardship Exemption no longer exists and the family can pay their rent without the Financial Hardship Exemption;
   - Assistance is terminated;

- The resident fails to meet with property staff or provide information/signatures, as required, at least every 90 days or upon request from the owner/agent.

a. The resident may request, and the owner/agent may extend the Financial Hardship Exemption (General Relief), for increments of no more than 90 days, based on the parameters outlined in the owner/agent's Hardship Exemption Policy. There is no limit to the number of times the Hardship Exemption may be extended.

For additional information related to Hardship Exemptions, please contact the property staff, or access the policy from the applicant portal.

XII. 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 21, "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 regarding 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 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 five 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 which they must accept.

XIII. VIOLENCE AGAINST WOMEN ACT (VAWA)

A. VAWA protections

1. VAWA protections apply equally to all individuals regardless of sex, gender identity or sexual orientation. VAWA protections are provided to affiliated persons including:
2. 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
3. Any individual, resident/applicant, or lawful occupant living in the household of that individual.

B. Applicant and Tenant Rights and Responsibilities

1. The Agent shall not deny admission to the Development 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 qualifies for 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 relating to domestic violence, dating violence, sexual assault, or stalking.

3. Nonretaliation: The owner/agent will not discriminate against any person because that person has opposed any act or practice made unlawful by the Violence Against Women Act or because that person testified, assisted, or participated in any matter related to the Violence Against Women Act or a VAWA crime.

4. Noncoercion: The owner/agent shall not coerce, intimidate, threaten, or interfere with, or retaliate against, any person in the exercise or enjoyment of, on account of the person having exercised or enjoyed, or on account of the person having aided or encouraged any other person in the exercise or enjoyment of, any rights or protections under the Violence Against Women Act including:
    - Intimidating or threatening any person because that person is assisting or encouraging a person entitled to claim the rights or protections under the Violence Against Women Act.
    - Retaliating against any person because that person has participated in any investigation or action to enforce the Violence Against Women Act.

5. Protection to Report Crimes from Home: Owner/agents, residents, occupants, service providers, guests, and applicants:
    - Shall have the right to seek law enforcement or emergency assistance on their own behalf or on behalf of another person in need of assistance; and
    - Shall not be penalized based on their requests for assistance or based on criminal activity of which they are a victim or otherwise not at fault under statutes, ordinances, regulations, or policies adopted or enforced by covered governmental entities. Prohibited penalties include:
        - Actual or threatened assessment of monetary or criminal penalties, fines, or fees.
        - Actual or threatened eviction.
        - Actual or threatened refusal to rent or renew tenancy.

- Actual or threatened refusal to issue occupancy permit or landlord permit.
- Actual or threatened closure of the property, or designation of the property as a nuisance or a similarly negative designation.

C. 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 Development if the tenancy is not terminated.

D. Transfers and Split Households

1. The Development has established a VAWA Emergency Transfer Plan (Exhibit 20) which includes a transfer preference for victims of domestic violence, dating violence, sexual assault, and stalking.
2. The Agent may 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.
3. The Agent will follow all court orders addressing the rights of access to or control of the Development, including orders of protection.

E. Certification

If an applicant or resident seeks to assert the protections of the VAWA and of this Section, the Agent may, but is not required to, request the applicant or resident certify 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 fourteen 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 XII of the Tenant Selection Plan, the Agent may extend the 14 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 (See 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.

F. 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.

XIV. 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 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. Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (form HUD-5381)
21. Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking and Alternate Documentation (form HUD-5382)
22. Application Appeal Process
23. Waiting List Update Letter
24. Criminal Screening Guidelines
25. State Specific Protected Classes

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 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. **VAWA Emergency Transfer Policy**
21. **Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking and Alternate Documentation (form HUD-5382)**
22. **Application Appeal Process**
23. **Waiting List Update Letter**
24. **Criminal Screening Guidelines**
25. **State Specific Protected Classes**

Exhibit 1

PROGRAM INFORMATION SHEET

Farrell House

1415 E. 65th Street, Chicago, IL 60637

Phone: 773-288-2405 TTY: 711 Email: farrellhouse@poahcommunities.com

Welcome to Farrell House! Our affordable units are 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 applicant provided income information must be verified before occupancy, and annually recertified. Qualifications are subject to change.

This community has been designated for the following resident population:

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

MAXIMUM INCOME QUALIFICATIONS

Effective 4/1/2024 - per Person	1	2
Section 8 Extremely Low Income	$ 23,600	$ 26,950
Section 8 Very Low Income	$ 39,250	$ 44,850

SECTION 8 SUBSIDIZED RENTS **Effective 7/1/2024**

# of Units	Unit Size	Unit Type / Program	Maximum Rent	Minimum Income
18	0 BR	0 BR FL S8-HAP TC 60 CMF	$ 1,359	*Not Applicable
41	1 BR	1 BR FL S8-HAP TC 60 CMF	$ 1,565	*Not Applicable

RECOMMENDED OCCUPANCY LIMITS

Occupancy is restricted to those persons listed on the lease application only. No one else may occupy the apartment without prior management approval. Recommended occupancy limits are as follows:

Studio	1 Bedroom
1 Person	1-2 People

There are no fees for a rental application. Security Deposit will be collected at time of move in based on the following:

_____ Total Tenant Payment as calculated on the HUD 50059 for Section 8 Rent Subsidized units.
X The greater of Total Tenant Payment per the HUD 50059 or $50 for Section 8 Rent Subsidized units.
_____ An amount up to, but no greater than the Total Tenant Payment as calculated on the HUD 50059.
_____ One Month's Rent for units without rent subsidy.
_____ Other - _____

The Income limits, Rent limits and qualification requirements are regulated by the following program types:

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

To expedite the processing of your application, please provide the following documents:

- Completed application with signatures from all applicants over 18 years old.
- Copies of 4-6 most recent consecutive paycheck stubs, current social security award letter, pension statements, child support documentation, the last two years of income tax statements (for self-employment), or any other acceptable forms. If taking a position with a new employer, a letter indicating salary and start date is required from the employer.
- Copies of the most recent bank statements for checking and savings accounts. For prepaid debit card, Cash App, PayPal, and Venmo, a current balance inquiry is required.
- Photo ID for all adults 18 years of age and older.
- Social Security Cards for **ALL** household members.
- Birth Certificates for **ALL** household members.

RENTAL HISTORY:

The last 3 years of current rental references are checked. Verifications will be processed to determine where the applicant resides/ed and the length of time in the residence. Rental verifications showing past evictions, judgments for possession and rent, property damage, failure to pay rent or unlawful detainers will cause the subject's application to be denied.

CREDIT REQUIREMENTS:

Applicants must meet the credit qualifications listed below:

- An applicant may be denied if there is an outstanding debt to a 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.
- Applicants who owe funds or judgment debts to any utility company or cannot obtain utility connections will be rejected.
- 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.
- Applicants must be at least 18 years of age to enter into a lease agreement.
- No cosigners permitted.

BACKGROUND/CRIMINAL CHECK:

Upon pre-approval, a letter will be mailed to you notifying you that a background check will be conducted on all applicants. Applicants may be denied if they are subject to conviction or convicted of any crime involving firearms, possession, sale, manufacturing, or distribution of controlled substances (drugs), prostitution, theft, fraud, physical violence to other persons, damage to property, endangerment to the health and safety of other persons, domestic violence, disorderly conduct/disturbing the peace, assault, battery, offenses against any government agents (such as police, FBI, etc.) or any sex-related crimes. Applicants classified as sex offenders will be denied automatically. See the Tenant Selection Plan Exhibit 23, "*Criminal Screening Guidelines* " for specific information.

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.

Farrell House

OWNER-AGENT DISCLOSURE

The Owner and the Lessor is:

Farrell House

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: 1415 E. 65th Street, Chicago, IL 60637

POAH COMMUNITIES

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 Manger 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 traduccion.
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.
هذه وثيقة هامة. تعال إلى مكتب الخدمات الترجمة.
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

POAH COMMUNITIES

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:

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

- Consideration of language needs and inclusion of second language skills in recruitment, hiring, and promotion plans and criteria.
- Providing training opportunities to improve existing language skills for staff.
- 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 traduccion.
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.
هذا وثيقة هام. تعال إلى مكتب الدخل المترجمة.
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

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)**

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

HUD-9887/A Fact Sheet

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

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)

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

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.): Farrell House 1415 E. 65th Street, Chicago, IL 60637	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.):

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 verity 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 Barters 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 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.

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

POAH COMMUNITIES

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

This is an important document. Come to the office for translation services.
Este es un documento importante. Presentese a la oficina para servicio de traduccion.
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.
هذه وثيقة هامة. تعال إلى مكتب خدمات الترجمة.
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

Preferences Applicable to the Development
Ranked as follows

Property: **Martin Farrell House**

A. Existing Tenant Preferences:

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

1. A household member requests an emergency transfer for domestic violence, dating violence, sexual assault, or stalking (VAWA).
2. A household requiring a unit transfer as a reasonable accommodation for a disability or medical reasons.
3. A household member requests a unit transfer for harassment based on protected status.
4. There is a change in household size or family composition that necessitates a unit of a different size, in accordance with the occupancy standards defined in this plan.
5. 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.
6. 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. <u>Statutory Preferences</u>

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

C. <u>HUD Regulatory Preferences</u>

None.

D. <u>State and Local Mandated Preferences</u>

The Development must comply with the three Illinois mandatory preferences in Section 11 and 12 of 20 ILCS 3805 as described below:

Applicants who are:

a. Displaced from an urban renewal area.

b. Displaced as a result of a government action.

c. Displaced as a result of a major disaster.

E. <u>Optional/Owner Adopted Preferences</u>

1. Households whose Head, Co-Head, or Spouse are veterans of the US Military
2. Applicants who are the victim of domestic violence, dating violence, sexual assault or stalking (VAWA).

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 on this form.

EXTREMELY LOW INCOME TARGETING COMPUTATION

Property: Farrell House **(100% SEC. 8 PROPERTIES)**

Computation Year: 2024

a. 2023 **Annual Turnover** b. 4

c. 2022 **Annual Turnover** d. 4

Average Turnover 4 **X** **40%** **=** 2

 # 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
b. enter the number of total units that turned over in the year entered in **c.**

WAITING LIST RENTAL APPLICATION

Name: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

Number of Household Members: _____ Total Annual Household Income: _____

FULL LEGAL NAME (First, Middle, Last)	RELATIONSHIP	SOCIAL SECURITY/ ALIEN REG. #	GOVERNMENT ISSUED PHOTO ID #	BIRTH DATE	FULL TIME STUDENT Y/N
	Head of Household				

Residency Information

Current Full Street Address:					
City:		State:		Zip Code:	
Move In Date:					

Apartment Type: Eligibility is based on occupancy standards defined in the Tenant Selection Plan

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

Mobility Accessible		Yes		No
Communication Accessible (Hearing)		Yes		No
Communication Accessible (Visual)		Yes		No

Application has disabled member:

Household Questions	Y/N	
Are you currently receiving rental assistance where you are currently living?		
Will your household be receiving rental assistance from a federal, state, or local government?		Type of Rental Assistance:
Do you have a voucher (i.e. rent assistance through a Housing Authority or similar agency) that you would like to use at this property?		List the type of Voucher:

Apartment Type:
Eligibility is based on occupancy standards defined in the Tenant Selection Criteria.

Preferred Move In Date: _____

Unit Size Requested:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Housing Preferences:

___ Displaced-Government Action or Presidentially Declared Disaster

___ Domestic violence/Dating violence/Stalking

___ Section 8-Applicant Need for Project-Based Section 8

How did you hear about the property? _____

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:** _____

POAH COMMUNITIES

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.
Este es un documento importante. Presentese a la oficina para servicio de traduccion.
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.
هذه وثيقة هامة. تعال إلى مكتب المدخلات الترجمة.
Điều này là một tài liệu quan trọng. Hãy đến với các văn phòng cho các dịch vụ dịch thuật.

EQUAL HOUSING OPPORTUNITY

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

POAH COMMUNITIES

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.

EQUAL HOUSING OPPORTUNITY

POAH COMMUNITIES

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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.
هذا وه وثيقة هامة. تعال إلى مكتب لخدمات الترجمة.
Điều này là một tài liệu quan trọng. Hãy đến với các văn phòng cho các dịch vụ dịch thuật.

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2 Oliver Street, Suite 500
Boston, MA 02109
(877)489-0101 TTY 7-1-1

POAH COMMUNITIES

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

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

POAH COMMUNITIES

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.

POAH COMMUNITIES

Sincerely,

_____

Management Representative

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Это важный документ. Приезжайте в офис за услуги по письменному переводу.
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هذه وثيقة هامة. تعال إلى مكتب خدمات الترجمة.
Điều này là một tài liệu quan trọng. Hãy đến với các văn phòng cho các dịch vụ dịch thuật.

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Boston, MA 02109
(877)489-0101 TTY 7-1-1

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:

EQUAL HOUSING OPPORTUNITY

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, marital status, or handicap.

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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:	





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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 If decline, put "D"	Marital Status *(optional)*	Student Status this and/or next calendar year	Is this person... *(optional)*
1		HEAD					Disabled? A veteran of the US Military? Temporarily housed due to a declared disaster?
2							Disabled? A veteran of the US Military? Temporarily housed due to a declared disaster?
3							Disabled? A veteran of the US Military? Temporarily housed due to a declared disaster?
4							Disabled? A veteran of the US Military? Temporarily housed due to a declared disaster?
5							Disabled? A veteran of the US Military? Temporarily housed due to a declared disaster?
6							Disabled? A veteran of the US Military? Temporarily housed due to a declared disaster?
7							Disabled? A veteran of the US Military? Temporarily housed due to a declared disaster?
8							Disabled? A veteran of the US Military? Temporarily housed due to a declared disaster?
9							Disabled? A veteran of the US Military? 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			Does not contend eligible immigration status Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance Is a new household member under 6 years old
2			Does not contend eligible immigration status Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance Is a new household member under 6 years old
3			Does not contend eligible immigration status Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance Is a new household member under 6 years old
4			Does not contend eligible immigration status Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance Is a new household member under 6 years old
5			Does not contend eligible immigration status Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance Is a new household member under 6 years old
6			Does not contend eligible immigration status Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance Is a new household member under 6 years old
7			Does not contend eligible immigration status Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance Is a new household member under 6 years old
8			Does not contend eligible immigration status Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance Is a new household member under 6 years old
9			Does not contend eligible immigration status Was 62 years or older as of January 31st, 2010 and was eligible to receive assistance Is a new household member under 6 years old

HOUSEHOLD QUESTIONS

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



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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

10. **Employment wages/salaries** *(include tips, bonuses, commissions, and seasonal employment)*	Yes	No
11. **Regular pay for a member of the military**	Yes	No
12. **Self-Employment** *(Including digital income sources such as app-based driving services, e-commerce sales, and video-based platforms)*	Yes	No
13. **Unemployment benefits or severance pay**	Yes	No
14. **Workers' compensation or other insurance settlements**	Yes	No
15. **Social Security Income** *(including Social Security, Social Security Disability Insurance (SSDI), and Retirement, Survivors, and Disability Insurance (RSDI))*	Yes	No
16. **Supplemental Security Income (SSI)**	Yes	No
17. **Disability benefits**	Yes	No
18. **Public assistance** *(TANF, GA, W2, AFDC, cash assistance, etc. - excluding food stamps and medical assistance)*	Yes	No
19. **Child support**	Yes	No
20. **Alimony/Spousal maintenance**	Yes	No
21. **Regular cash and non-cash contributions** *(including assistance with paying rent, bills or gifts from individuals not living in the unit - excluding groceries)*	Yes	No
22. **Student financial aid** *(public or private - excluding student loans)*	Yes	No
23. **Veterans benefits**	Yes	No
24. **Regular payments from pensions** *(including PERA, railroad, etc.)*	Yes	No
25. **Regular payments from retirement benefits**	Yes	No
26. **Periodic payments from Indian Trusts**	Yes	No
27. **Death benefits** *(receiving income as a beneficiary of annuities, pensions, life insurance, etc.)*	Yes	No
28. **Regular payments from annuities or life insurance dividends**	Yes	No
29. **Other (list):**	Yes	No

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

EQUAL HOUSING OPPORTUNITY

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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

31. **Checking accounts**	Yes	No
32. **Savings accounts**	Yes	No
33. **Cash Card** *(including government benefits cards)*	Yes	No
34. **Stocks**	Yes	No
35. **Bonds**	Yes	No
36. **Money Market/Mutual Funds**	Yes	No
37. **Certificate of Deposit**	Yes	No
38. **Trust**	Yes	No
39. **Lump Sum Receipts** *(ie. from inheritances, insurance settlements, lottery winnings, or capital gains)*	Yes	No
40. **401(k) or 403(b) Account**	Yes	No
41. **IRA Account**	Yes	No
42. **Keogh Account**	Yes	No
43. **Capital Investments**	Yes	No
44. **Real Estate**	Yes	No
45. **Land Contracts**	Yes	No
46. **GoFundMe/Crowdsourcing Funds**	Yes	No
47. **Bitcoin/Cryptocurrency**	Yes	No
48. **Life Insurance Policies** *(excluding Term Life Insurance)*	Yes	No
49. **Pension/Annuity/Other Retirement Accounts**	Yes	No
50. **Cash on Hand**	Yes	No
51. **Personal items held as an investment**	Yes	No
52. **Other (list):**	Yes	No

ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE

53. **I/We hereby certify that I/We HAVE HAVE NOT sold or given away assets for less than their fair market value within the last two years.**

If applicable: Identify assets sold or disposed of for less than 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... *indicate only if owned with someone outside of the household	Interest Rate (if applicable)	Annual Income (if applicable)
		$	Is jointly owned* Earns income	%	$
		$	Is jointly owned* Earns income	%	$
		$	Is jointly owned* Earns income	%	$
		$	Is jointly owned* Earns income	%	$
		$	Is jointly owned* Earns income	%	$
		$	Is jointly owned* Earns income	%	$
		$	Is jointly owned* Earns income	%	$
		$	Is jointly owned* Earns income	%	$
		$	Is jointly owned* Earns income	%	$
		$	Is jointly owned* Earns income	%	$
		$	Is jointly owned* Earns income	%	$
		$	Is jointly owned* Earns income	%	$
		$	Is jointly owned* Earns income	%	$
		$	Is jointly owned* Earns income	%	$
		$	Is jointly owned* Earns income	%	$
		$	Is jointly owned* Earns income	%	$
		$	Is jointly owned* 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

54. **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

55. **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:

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

Medical Expenses

58. **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:

59. **Expenses from Medicare premiums?**	Yes	No
60. **Expenses from other medical insurance premiums?**	Yes	No
61. **Expenses from medical assistance through a public assistance agency?**	Yes	No
62. **Expenses incurred from ongoing visits to a dentist or doctor's office?**	Yes	No
63. **Expenses from prescription medications?**	Yes	No
64. **Expenses from over-the-counter medication prescribed by a healthcare professional?**	Yes	No
65. **Outstanding medical bills for which you or a member of your household are currently paying?**	Yes	No
66. **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

67. **Applicant name**

68. **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.

69. **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

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

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

72. **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: _____

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

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

Name

Address

City	State	Zip	Phone

EQUAL HOUSING OPPORTUNITY

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, marital status, or handicap.

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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.	**Applicant Signature**	**Date**
2.	**Applicant Signature**	**Date**
3.	**Applicant Signature**	**Date**
4.	**Applicant Signature**	**Date**
5.	**Applicant Signature**	**Date**
6.	**Applicant Signature**	**Date**
7.	**Applicant Signature**	**Date**
8.	**Applicant Signature**	**Date**
9.	**Applicant Signature**	**Date**

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POAH COMMUNITIES

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

EQUAL HOUSING OPPORTUNITY

POAH COMMUNITIES

This is an important document. Come to the office for translation services.
Este es un documento importante. Presentese a la oficina para servicio de traduccion.
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.
هذا وه وثيقة هامة. تعال إلى مكتب لخدمات الترجمة.
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

POAH COMMUNITIES

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.

POAH COMMUNITIES

Sincerely,

_____

Management Representative

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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.
هذه وثيقة هامة. تعال إلى مكتب لخدمات الترجمة.
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Housing History Disclosure

Exhibit 16

Property name **Farrell House** **Head of household**

Unit number **Member name**

Please provide the last 36 months of housing history. Each adult household member must complete this form at move-in.

D **This member has no address history from the required timeframe.**

1. Street Address:

City: **State:** **Zip Code:**

Reason for leaving:

Start *(Month/Year):* **End** *(Month/Year):*

(Check One) ☐ **Rent** ☐ **own** D **Other**_____ **Rent per month:**

Landlord Name: **Landlord Phone:**

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

2. Street Address:

City: **State:** **Zip Code:**

Reason for leaving:

Start *(Month/Year):* **End** *(Month/Year):*

(Check One) ☐ **Rent** Down D **Other**_____ **Rent per month:**

Landlord Name: **Landlord Phone:**

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

3. Street Address:

City: **State:** **Zip Code:**

Reason for leaving:

Start *(Month/Year):* **End** *(Month/Year):*

(Check One) ☐ **Rent** Down D **Other**_____ **Rent per month:**

Landlord Name: **Landlord Phone:**

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

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

Signature **Printed name** **Date**

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 use 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). Violation of these provisions are cited as violations of 42 u.s.c. 408 (a) (6), (7) and (8).••

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POAH COMMUNITIES

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**
☐	**studio unit**	☐	**studio unit**
☐	**one bedroom unit**	☐	**one bedroom unit**
☐	**two bedroom unit**	☐	**two bedroom unit**
☐	**three bedroom unit**	☐	**three bedroom unit**
☐	**four bedroom unit**	☐	**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.

POAH COMMUNITIES

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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POAH COMMUNITIES

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.

POAH COMMUNITIES

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MODEL EMERGENCY TRANSFER PLAN FOR VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

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

Farrell House

Model Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

Emergency Transfers

(hereafter referred to as Management) is concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA), Management allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.[1] The ability of Management to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether Management has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that Section 8 is in compliance with VAWA.

Eligibility for Emergency Transfers

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

Emergency Transfer Request Documentation

[1] 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.

To request an emergency transfer, the tenant shall notify the Management office and submit a written request for a transfer. Management will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under the Management program; OR
2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

Confidentiality

Management will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives Management written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the Notice of Occupancy Rights under the Violence Against Women Act For All Tenants for more information about the responsibility of Management to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

Emergency Transfer Timing and Availability

Management cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. Management will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. Management may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If Management has no safe and available units for which a tenant who needs an emergency is eligible, Management will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, Management will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

Safety and Security of Tenants

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.

Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan.

For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at https://ohl.rainn.org/online/.

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.

Attachment: Local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking.

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.

POAH COMMUNITIES

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:

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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.
هذه وثيقة هامة. تعال إلى مكتب خدمات الترجمة.
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

EQUAL HOUSING OPPORTUNITY

POAH COMMUNITIES

Farrell House

1415 E. 65th Street, Chicago, IL 60637

Phone (816) 630-6600 Fax (816) 630-6969 Email colonyplaza@poahcommunities.com

Annual Waiting List Update

Dear

You are currently on the waiting list for an apartment at Farrell House
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 Farrell House .

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: _____

Do you live in rent subsidized housing? Yes ____ No ____

Does your household receive rental assistance from a federal, state, or local government? Yes ___ No ___
If yes, provide name of government agency _____

Are any household members applicants on a Public Housing Waiting List? Yes ____ No ____
If yes, provide agency name and type of program _____

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 traduccion.
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.
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POAH COMMUNITIES

POAH Communities Criminal Screening Guidelines

Criminal Model

Category	Felony Convict	Felony Charge Only	Gross Convict	Gross Charge Only	Misd Convict	Misd Charge Only	Petty Convict	Petty Charge Only	Unkwn Convict	Unkwn Charge Only
Offenses Against Property										
Stealing:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Theft:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Embezzlement:	2 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Arson:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Burglary:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Larceny:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Shoplifting:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Vandalism:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Destruction of Property:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Hazardous Waste Disposal:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Offenses Against Animals										
Cruelty to Animals:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Animal Fighting:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Own Dangerous Animals:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Animals at Large:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Offenses Against Person										
Homicide:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Manslaughter:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Kidnapping:	10 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Hostage:	10 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Robbery:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Attempted Murder:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Assault:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Attempted Assault:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
False Imprisonment:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Battery:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Vehicular Manslaughter:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Offenses Involving Fraud										
Bribery:	2 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Fraud:	2 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Deception:	2 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Corruption:	2 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Forgery:	2 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Falsifying Documents:	2 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Counterfeiting:	2 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Insurance Fraud:	2 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Misuse of Official Information:	2 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Libel:	2 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Passing Bad Checks:	2 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Offenses Involving Computers										
Interception of Comm:	2 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Crimes against Computers:	2 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Telecommunications Fraud:	2 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Wire Tapping:	2 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Offenses Involving Family Relations										
Abandonment:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Neglect of Children:	10 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Spousal Abuse:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Domestic Violence:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Child Abuse:	10 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Child Abduction:	10 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Bigamy:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Incest:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Trafficking in Children:	10 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Offenses Against Government										
Escape and Rescues:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Obstructing Justice:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Crimes Against Officers:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Tampering:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Intimidate Jurors,Witnesses:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Endangering Public Transport:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Eluding Law Enforcement:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Resisting Arrest:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Terrorism:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Treason:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Insurrection:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Offenses Against Public Peace										
Aiding and Abetting:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Disturbing the Peace:	3 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Disorderly Conduct:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Loitering:	3 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Malicious Mischief:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Invasion of Privacy:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Harassment:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Eavesdropping:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Inciting a Riot:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Mayhem:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Leaving Scene of Crime:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Fighting by Agreement:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Dueling:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs

POAH Communities Criminal Screening Guidelines

Offenses Involving Gambling										
Illegal Lotteries:	2 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Bookmaking:	2 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Gaming:	2 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Horse Racing:	2 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Possession of Gaming Devices:	2 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Offenses Involving Firearms										
Possession of Firearm:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Weapon:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Explosive or Harmful Substance:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Weapons Careless:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Reckless/Negligent Use Weapon:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Offenses Involving Organized Crime										
Conspiracy:	10 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Money Laundering:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Extortion:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Loan Sharking:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Racketeering:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Offenses Involving Illegal Drugs										
Possession of Drugs:	2 yrs	0 yrs	2 yrs	0 yrs	2 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Possession of Drug Para:	2 yrs	0 yrs	2 yrs	0 yrs	2 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Possession W/Intent to Sell:	99 yrs	0 yrs	99 yrs	0 yrs	99 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Use of Illegal Drugs:	7 yrs	0 yrs	7 yrs	0 yrs	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Sale of Illegal Drugs:	99 yrs	0 yrs	99 yrs	0 yrs	99 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Drug Trafficking:	99 yrs	0 yrs	99 yrs	0 yrs	99 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Offenses Involving Sex										
Sexual Assault:	99 yrs	0 yrs	0 yrs	0 yrs	99 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Rape:	99 yrs	0 yrs	0 yrs	0 yrs	99 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Seduction:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Molestation:	99 yrs	0 yrs	0 yrs	0 yrs	99 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Indecent Exposure:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Sexual Exploitation of Child:	99 yrs	0 yrs	0 yrs	0 yrs	99 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Sodomy:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Prostitution:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Pimping:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Obscenity:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Offenses Involving Alcohol										
Alcohol / Drunkenness:	3 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Driving Under Influence:	5 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Other Victimless Offenses										
Destruction of Document:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
False Impersonation:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Illegal Assistance to Suicide:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Crimes Involving Contraband:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Parole:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Bail or Probation Violations:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Trespassing:	3 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs
Offenses Against Public Peace										
Violate Order of Protection:	7 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs	0 yrs

POAH COMMUNITIES

Fair Housing Federal and Illinois State Protected Classes

In Illinois, 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
5. Sex
6. Familial Status (i.e., children)
7. Disability

Illinois State Protected Classes:

1. Marital Status
2. Citizenship Status
3. Military and Veteran Status
4. Unfavorable Military Discharge
5. Arrest Record
6. Victims of Domestic Violence
7. Status as being under an order of protection
8. Lack of permanent address or using the mailing address of a shelter or social service provider
9. Gender Identity
10. Sexual Orientation
11. Age (40 or older)
12. Genetic Information