

Preferences Applicable to the Development Ranked as follows

Property: **South Suburban Senior Apartments**

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. Statutory Preferences

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

C. HUD Regulatory Preferences

None.

D. State and Local Mandated Preferences

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. Optional/Owner Adopted Preferences

1. Households whose Head, Co-Head or Spouds are veterans of the US Military
2. Voluntary transfer for medical reasons, change in household size, or for a unit with a deeper rental subsidy.
3. Voluntary transfers for split households who meet the 12 month occupancy requirement.
4. Households that include a head of household, spouse, or co-head:
 - a. Who has been employed for 90 days prior to application with a minimum of 15 hours per week
 - b. Is 62 or older; or
 - c. Who has disabilities



5. 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: South Suburban Senior (100% SEC. 8 PROPERTIES)

Computation Year: 2024

a. 2023 Annual Turnover b. 10

c. 2022 Annual Turnover d. 29

Average Turnover: 20 X 40% =

8

Units to be
filled by ELI
applicants

Instructions:

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

WAITING LIST RENTAL APPLICATION

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

Household Information							
FULL LEGAL NAME (First, Middle, Last)	SEX	RELATIONSHIP	SOCIAL SECURITY/ ALIEN REG. #	GOVERNMENT ISSUED PHOTO ID #	BIRTH DATE	FULL TIME STUDENT Y/N	DISABLED Y/N
		Head of Household					
Number of Vehicles:	Make on Vehicle #1:		Model on Vehicle #1:		Make on Vehicle #2:		Model on Vehicle #2:
Do you have any Pets? No	# of Pets: 3 Pet		Description:		Pet Breed:		Service Animal: No

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



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

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

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



A POAH Community
Professionally Managed by POAH Communities LLC





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.





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

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

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

這是一個重要的文件。來到辦公室翻譯服務。

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

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

تم جرت ل تا مدخل بتكم لى ل ل ا ع ت . تم اه قق ي شو وه ا ذه

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

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NOTICE OF REJECTED APPLICATION

Date: From:

To:

Dear Applicant:

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

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

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



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

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

For credit only, please contact:

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

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

Please send your written request to:

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

Sincerely,

Management Representative

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NOTICE OF INTERVIEW

Date:

From:

To:

Dear Applicant:

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

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

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

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

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

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





Sincerely,

Management Representative

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

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

تم جرت التام إدخال بتكمم لى لاعت. تم اه قق يثو وه اذه.

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Move-In Application

PROPERTY CONTACT INFORMATION/NEED FOR SPECIAL ACCOMMODATIONS

Property Contact Information

Office Hours	Telephone Number
Property Address	TDD Number
	Fax Number

After we receive your application, we will:

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

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

Need for Special Accommodations

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

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

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

NAME:	_____
ADDRESS:	_____

EMAIL:	_____
PHONE:	_____
TTY:	_____
FAX:	_____



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



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 <small>If decline, put "D"</small>	Marital Status <i>(optional)</i>	Student Status this and/or next calendar year	Is this person... <i>(optional)</i>
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



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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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		\$		
		\$		
		\$		



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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 <i>(including government benefits cards)</i>	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 <i>(ie. from inheritances, insurance settlements, lottery winnings, or capital gains)</i>	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 <i>(excluding Term Life Insurance)</i>	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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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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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
------	-------	-----	-------



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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



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.

Modified 5/11/2023
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NOTICE OF WITHDRAWN APPLICATION

Date:

From:

To:

Dear Applicant:

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

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

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

Sincerely,

Management Representative

A POAH Community
Professionally Managed by POAH Communities LLC





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

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

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

قدم جرتلا تامدخ ل بتاكم لى ل ااعت . قماه قق يثو وه اذه

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

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



A POAH Community
Professionally Managed by POAH Communities LLC





NOTICE OF UNIT AVAILABILITY

Date:

From:

To:

Dear Applicant:

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

This Notice will confirm our telephone conversation on _____.

We were unable to contact you by telephone on _____.

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

Please be advised of the following:

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

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



TRANSFER REQUEST

RESET FORM

Unit #: _____

Resident Name: _____

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

Please check one from each column here:

(1) From

(2) To

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

Or check one below:

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

Reason for transfer: _____

TRANSFER REQUIREMENTS:

Occupancy Qualifications

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

Need for Mobility Accessible Unit

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

Income Requirements

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

Availability Of Requested Unit

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



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

Signature of Resident

Date

Signature of Witness

Date

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Tenant Grievance Procedure Policy: Effective 01/01/2021

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

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

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

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

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

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

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





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

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

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TTY: 7-1-1



South Suburban Senior Housing

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.



South Suburban Senior Housing

Exhibit 23

178 East 155th Street, Harvey, IL 60426

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 South Suburban Senior Housing. 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 South Suburban Senior Housing.

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.

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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
Duelling:	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

Offense Category	1	2	3	4	5	6	7	8	9	10
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



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