

TENANT SELECTION PLAN

(For Other Non-Section 8 Program Developments)

DEVELOPMENT NAME

IHDA PROJECT IDENTIFICATION NUMBER (PID)

DEVELOPMENT ADDRESS, CITY, STATE AND ZIP CODE

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TENANT SELECTION PLAN



(For Other Non-Section 8 Programs and Developments)

DEVELOPMENT NAME

IHDA PROJECT IDENTIFICATION NUMBER (PID)

OWNER'S ORGANIZATION NAME (the "Owner")

I. INTRODUCTION

This Tenant Selection Plan ("Plan") outlines the procedures that will be followed in selecting tenants for the Development. Management is responsible for implementing these procedures in accordance with guidelines set forth by the Illinois Housing Development Authority ("IHDA").

A. Development Description *(Check the one that applies)*

- The Development does not offer subsidized rents.
- The Development offers subsidized rents. This means the rent that a tenant pays is based upon the tenant's household income. Therefore, the rent paid by tenants may vary among individual households and other tenants. The rents attached to this Plan as Exhibit A reflect the market or contract rent for the Development and not the typical tenant portion of the rent. (Subsidized rents are usually made available through participation in rental assistance housing programs: (i) the HUD Section 8 Program or (ii) Section 811 PRA. It should be noted that such programs have household income limitations.

In addition, the Development **does** **does not** accept Housing Choice Vouchers. *(Check the one that applies)*

B. Tenant Type

The Development is designated as housing for: *(check all that apply)*

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Near Elderly |
| <input type="checkbox"/> Elderly Special Needs | <input type="checkbox"/> Family |
| <input type="checkbox"/> Special Needs | |

If the “Elderly” and/or “Special Needs” designation is selected, the age restriction, for the units designated Elderly will be: *(check all that apply)*

- 55 and above (households whose head or spouse or co-head or sole member is at least 55 years of age) or;
- 62 and above (a requirement for **all** household members) or;
- 62 and above (households whose head or spouse or co-head or sole member is at least 62 years of age) or;

The age restriction for the units designated “Near Elderly Family” will be: *(check the one that applies)*

- 50 but below the age of 62 (households whose head or spouse or co-head, or sole member is a person who is at least 50 years of age) or;
- 50 but below the age of 62 (households consisting of one or more persons who are at least 50 years of age but below the age of 62, living with one or more live-in aides).

Identify all applicable special needs population(s) served by the Development: *(Check all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> Victims of Domestic Violence | <input type="checkbox"/> Foster Care Families |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Transient Families |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Ex-offenders |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Substance Abusers |

Veterans

Mental Illness

Other

C. Unit Distribution

1. Development

The Development will offer a total of _____ rental units.

This **includes** **does not include** a management unit.
(Check the one that applies)

The income limitations of these units are as follows:

Market rate (no income restriction) units

Units at _____ % Median Income

Units at _____ % Median Income

Units at _____ % Median Income

Units at _____ % Median Income

Total Number of Management Units

2. Development (Unit Breakdown per Written Agreement)

Per Regulatory Agreement Program:

Per Extended Use Agreement:

Market rate units

Market rate units

Units at _____ % Median Income

Units at _____ % Median Income

Units at _____ % Median Income

Units at _____ % Median Income

Units at _____ % Median Income

Units at _____ % Median Income

Units at _____ % Median Income

Units at _____ % Median Income

Management Units

Management Units

Per Regulatory Agreement Program:

Market rate units
Units at % Median Income
Units at % Median Income
Units at % Median Income
Units at % Median Income
Management Units

Per Extended Use Agreement:

Market rate units
Units at % Median Income
Units at % Median Income
Units at % Median Income
Units at % Median Income
Management Units

3. Other Agreements

Per SRN Written Agreement (if applicable)

Market rate units
Units at % Median Income
Units at % Median Income
Units at % Median Income
Units at % Median Income
Management Units

Per Section 811 PRA Contract (if applicable)

Market rate units
Units at % Median Income
Units at % Median Income
Units at % Median Income
Units at % Median Income
Management Units

Per LTOS Agreement (if applicable)

Market rate units
Units at % Median Income
Units at % Median Income
Units at % Median Income
Units at % Median Income
Management Units

D. Rent Structure

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

E. Civil Rights and Non-Discrimination Requirements

1. General

Federal civil rights laws addressing fair housing prohibit discrimination against applicants or tenants based on race, color, national origin, religion, sex, familial status, and disability. The Illinois Human Rights Act addressing fair housing prohibits discrimination against applicants or tenants on the basis of race, color, religion, sex (including sexual harassment), pregnancy, national origin, ancestry, age (40 and over), order of protection status, marital status, sexual orientation (which includes gender-related identity), unfavorable military discharge, physical and mental disability, and familial status.

HUD's Office of General Counsel issued a memo dated [April 4, 2016](#), providing guidance on the Fair Housing Act and how it applies to the use of criminal history by providers or operators of housing and real estate related transactions.

The remaining paragraphs in this section provide brief descriptions of key federal civil rights laws regarding fair housing and accessibility.

The owner and management shall be familiar and comply with the regulations implementing these applicable federal civil rights laws and any state civil rights laws or local ordinance regarding fair housing and accessibility.

2. Fair Housing Act

The Fair Housing Act Amendment of 1988 ("Fair Housing Act") prohibits discrimination in housing on the basis familial status, disability, religion, race, skin color, nationality (national origin), and sex regardless of any federal financial assistance.

Under the Fair Housing Act, the owner and management shall not take any of the actions listed below based on familial status, disability, religion, race, skin color, nationality (national origin), and sex:

- a. Deny anyone the opportunity to apply to rent housing, or deny to any qualified applicant the opportunity to lease housing suitable to his or her needs;

- b. Provide anyone housing that is different from that provided to others;
- c. Subject anyone to segregation, even if by floor or wing;
- d. Restrict anyone's access to any benefit enjoyed by others in connection with the housing program;
- e. Treat anyone differently in determining eligibility or other requirements for admission, in use of the housing amenities, facilities or programs, or in the terms and conditions of a lease;
- f. Deny anyone access to the same level of services;
- g. Deny anyone the opportunity to participate in a planning or advisory group that is an integral part of the housing program;
- h. Publish or cause to be published an advertisement or notice indicating the availability of housing that prefers or excludes persons; and
- i. Retaliate against, threaten, or act in a manner to intimidate someone because he or she has exercised rights under the Fair Housing Act.

The Fair Housing Act provides additional protections for persons with disabilities. It requires that management make reasonable accommodations in rules, policies, practices, or services as may be necessary to afford handicapped persons equal opportunity to use and enjoy a dwelling. Moreover, it contains specific accessibility requirements that apply to the design and construction of new multi-unit housing.

Owners of federal assisted housing programs shall display the [Fair Housing Poster](#) as required by the Fair Housing Act.

3. Title VI of the Civil Rights Act of 1964

Title VI of the Civil Rights Act of 1964 ("Civil Rights Act") prohibits all recipients of federal financial assistance from discriminating based on race, color, or national origin.

4. Age Discrimination Act of 1975

The Age Discrimination Act of 1975 ("Age Discrimination Act") prohibits discrimination based upon age in federally funded and assisted programs, except in limited circumstances. It is not a violation of the Age Discrimination Act to use age as screening criteria in a particular program if age distinctions are permitted by statute for that program, or if age

distinctions are a factor necessary for the normal operation of the program, or the achievement of a statutory objective of the program or activity.

5. Section 504 of the Rehabilitation Act of 1973 (for Federal Programs)

Section 504 of the Rehabilitation Act of 1973 ("Section 504") prohibits discrimination based upon disability in all programs or activities operated by recipients of federal financial assistance. Although Section 504 often overlaps with the disability discrimination prohibitions of the Fair Housing Act, it differs in that it also imposes broader affirmative obligations on the owner to make their programs, accessible to persons with disabilities. Section 504 obligations include the following:

- a. Making and paying for reasonable structural modifications to units and/or common areas that are needed by applicants and tenants with disabilities, unless these modifications would change the fundamental nature of the project or result in undue financial and administrative burdens;
- b. Operating housing that is not segregated based upon disability or type of disability, unless authorized by federal statute or executive order;
- c. Providing auxiliary aids and services necessary for effective communication with persons with disabilities;
- d. Performing a self-evaluation of Management's programs and policies to ensure that they do not discriminate based on disability; and
- e. Developing a transition plan to ensure that structural changes are properly implemented to meet program accessibility requirements.
- f. Section 504 also establishes accessibility requirements for newly constructed or rehabilitated housing, including providing a minimum percentage of accessible units.

If the owner, management agent and/or development company employ 15 or more persons, regardless of their location or duties, a Section 504 Coordinator must be designated.

Does the Section 504 Coordinator requirement apply?
(Check the one that applies)

Yes No

If “Yes” was checked, provide the name of the Section 504 Coordinator:

Name:

Telephone Number:

TDD Number:

6. Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (for Federal Programs)

Effective March 5, 2012, HUD implemented new regulations intended to ensure that their core housing programs are open to all eligible persons regardless of actual or perceived sexual orientation, gender identity or marital status (HUD Notice 2015-01).

Owners and operators of HUD-assisted housing, or housing whose financing is insured by HUD, must make housing available without regard to sexual orientation, gender identity, or marital status.

All otherwise eligible families, regardless of marital status, sexual orientation, or gender identity, will have the equal opportunity to participate in HUD programs.

Owners and operators of HUD-assisted housing or housing financially insured by HUD are prohibited from asking about an applicant or occupant’s sexual orientation and gender identity for the purpose of determining eligibility or otherwise making housing available.

7. Executive Order 13166 – Limited English Proficiency (for Federal Programs)

Executive Order 13166 requires the owner and/or management to take reasonable steps to ensure meaningful access to the information and services they provide for persons with Limited English Proficiency. This may include interpreter services and/or written materials translated into other languages.

8. Violence Against Women and Justice Department Reauthorization Act of 2005 and 2013 (for Federal Programs and LIHTC Developments ONLY)

The Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA 2005, and reinstated in the HUD Reauthorization Act of 2013 and 2019) protects victims of domestic violence, sexual assault, dating violence or stalking, as well as their immediate family members

generally, from being evicted or being denied housing assistance if an incident of violence is reported and confirmed. In accordance with federal and IRS guidelines, owners and agents must obtain tenant signatures on the [Violence Against Women's Act Lease Addendum](#).

Owners and managers responding to an incident of actual or threatened domestic violence, dating violence or stalking that could potentially have an impact on a tenant's participation in the housing program may request in writing that an individual complete, sign and submit within 14 business days of the request, the HUD-approved certification form ([HUD-5382](#)).

Alternatively, in lieu of the certification form or in addition to it, the owner or manager may accept (i) a federal, state, tribal, territorial, or local police record or court record or (ii) documentation signed and attested to by a professional (employee, agent or volunteer of a victim service provider, an attorney, medical personnel, etc.) from whom the victim has sought assistance.

The owner or manager is encouraged to carefully evaluate abuse claims to avoid conducting an eviction based upon false or unsubstantiated accusations.

II. PREFERENCES

A. Establishing Preferences

Preferences are not permitted if they in any way negate affirmative marketing efforts or fair housing requirements. The following preferences apply to the Development:

1. Existing Tenant Preferences

The following actions are always given priority if applicable. If not, State Mandated Preferences take precedence.

- a. A unit transfer based on household size.
- b. A unit transfer based on the need for an accessible unit.
- c. A unit transfer must occur for a tenant who actively occupies but does not require the features of an accessible unit to accommodate a physically disabled applicant on the Waiting List. To ensure a full and complete understanding of this requirement, a Lease Addendum (**Exhibit B**) will be entered into with non-physically disabled tenants living in an accessible unit.

2. State Mandated Preferences

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

- a. Displaced from an urban renewal area.
- b. Displaced as a result of a governmental action.
- c. Displaced as a result of a major disaster.

3. Optional Preferences

In addition to the preferences mandated by the State of Illinois and the Existing Tenant Preferences listed above, the Development may establish the following preferences. The preferences listed below are subordinate to State Mandated Preferences and Existing Tenant Preferences.

(Check all that apply and rank in the order of highest preferences (1) to lowest preference):

- a. Pre-Approved Preferences
 - i. Preference for Working Families Order #
 - ii. Preference for Persons with Disabilities including SRN or 811 Order #
 - iii. Preference for Victims of Domestic Violence Order #
 - iv. Preference for elderly, displaced, homeless, or disabled single person over other single persons Order #
- b. Residency Preferences (with HUD approval) Order #
- c. Local Preference – Public Housing Agency governing the jurisdiction in which a property is located (as established by HUD) Order #
- d. Veterans Preference Order #
- e. Existing Tenant Transfers (other) – A deeper rent subsidy Order #

B. Verification of Preferences

The State Mandated Preferences will be verified by third-party verification (**Exhibit C**). Third party verification will also be utilized if the owner has adopted any of the Former Federal Preferences. If management has selected any of the optional preferences and will not be using third-party verification the following means of verification will be utilized:

C. Selection of Families for Program Participation based upon Preference

1. An eligible applicant who qualifies for a preference will receive housing before any other applicant who is not so qualified. These preferences take precedence over other applicant's placed on the Waiting List, or date of submission of application.
2. Applicants will be informed of the availability of preferences and will be given an opportunity to certify that they qualify for a preference. Applicants may claim a preference at any time during the application process.

D. When a Preference is Denied

1. 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 from Management (**Exhibit D**). The notice will contain a brief statement of the reasons for the determination, further informing the applicant of their right to meet with the Management's designee to review this decision. If the applicant requests a meeting, it will be conducted by a person or persons designated by Management.
2. Denial of a preference does not prevent the applicant from exercising any legal rights the applicant may have against Management and/or the Owner.

E. Exceptions to the Preference Rule

1. Relocation and/or Unit Transfers - Management must give priority to current households:
 - a. When their units are designated for rehabilitation and/or;

- b. 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.

III. PRE-APPLICATION CARD PROCESSING

Application Intake

Owners must accommodate persons with disabilities who cannot utilize the owner's preferred application process, by providing alternative methods of application intake (e.g. accepting mailed or on-line applications).

(Please check which method will be used)

The Development will use Pre-Application Cards or;

The Development will use Pre-Applications

A. Distribution of Pre-Application or Pre-Application Cards

1. A letter will be sent to households who respond to the marketing efforts **(Exhibit E)**. This letter will include a Pre-Application Card or Pre-Application **(Exhibit F)** to be completed and mailed to Management. This letter will also inform persons about the Development's preferences and will indicate that all applicants will be given an opportunity to show that they qualify for a preference.
2. The letter will state that those persons qualifying for a preference will receive housing any other applicant who is not so qualified.
3. In addition, the letter will inform all applicants that for those persons not claiming a preference, screening will be conducted according to the order in which the Pre-Application Cards or Pre-Applications are received.
4. All returned Pre-Application Cards or Pre-Applications will be logged in, indicating the time and date received **(Exhibit G)**. The Pre-Application log will indicate whether the applicant has claimed a preference or has requested an accessible unit.

B. Processing Pre-Application Cards or Pre-Applications

1. Pre-Application Cards or Pre-Applications will be filed in the order of receipt. In addition, Pre-Application Cards or Pre-Applications will also be categorized according to preferences, unit size and Special Occupancy Categories (as described in **Section X**).

2. All persons making inquiries will be provided a Pre-Application Card or Pre-Application with instructions to mail the Pre-Application Card or Pre-Application to Management. Pre-Application Cards or Pre-Applications received after initial sorting will be categorized in accordance with the process stated above.
3. For Developments beginning their initial marketing efforts (start-up), no Pre-Application Cards or Pre-Applications will be accepted after the date on which 95% occupancy of the Development has been reached and the applicable Waiting List has been closed.
4. For Developments, which have completed their initial marketing efforts (Up and Running), no Pre-Application Cards or Pre-Applications will be accepted after the date on which the applicable Waiting List has been closed.
5. All Pre-Application Cards or Pre-Applications **will** be retained on-site permanently and must not be purged, destroyed nor discarded.

IV. WAITING LIST PROCEDURES

A. Creation of Waiting List

If an applicant is eligible for tenancy, but no appropriately sized unit is available (as referred to in **Section VII**), Management will place the applicant on a waiting list (the "Waiting List") for the Development (**Exhibit H**). The Waiting List will be maintained in either:

(Check the one that applies)

- Basic File Management System
- Digitally in electronic systems or tools

The Waiting List will contain the following information for each applicant listed:

1. Applicant Name
2. Household unit size (number of bedrooms household qualifies for based upon the developments occupancy standards. *(*Note: Applicant may qualify for multiple unit sizes).*)
3. Date and time application received
4. Qualification for any preferences and ranking

5. Annual income level
6. Targeted program qualifications
7. Accessibility requirements
8. Number of persons in the household

The Waiting List will be maintained in accordance with the following guidelines:

1. The Pre-Application Card or Pre-Application will remain on file permanently.
2. All applicants will be maintained in the order of preference. Applications of equal preference will be maintained by date and time sequence.

B. Changes to Income or Household Composition

Once placed upon the Waiting List, applicants will be informed to notify Management when the following change occurs:

- Address and/or phone number
- Household composition
- Preference status
- Income

If an applicant's income changes to an amount which is no longer eligible, written notice will be given advising the applicant that: (1) they are not presently eligible; (2) the applicant could be eligible if the household income decreases, the number of household member changes, or the Income Limit changes; and (3) they may choose to remain or not remain on the Waiting List.

If an applicant's household composition changes resulting in a need for a different apartment size, Management will, upon notification by applicant, place the applicant on the appropriate Waiting List. Management's policy for handling changes in household composition are indicated below: (*check the one that applies*)

- Applicant will maintain the original application date. (*Note: Applicant will be placed on a new bedroom list according to the original application date)
- Applicant will receive a new application based on redetermination. (*Note: Applicant will be placed at the bottom of the new bedroom list.)

C. Contacting Persons on the Waiting List

1. Applicants on the Waiting List will be contacted as follows:

When a unit becomes or will become available within _____ days, Management will select the next applicant who meets applicable preference criteria or whose name is chronologically at the top of the appropriate Waiting List. Management will contact the selected applicant utilizing the following procedure: (*i.e. certified mail, regular mail, telephone or other.*) Modifications will be made to reasonably accommodate persons with disabilities who request or require such modifications.

Describe process:

- a. If Management does not receive a response within _____ days, the applicant will forfeit the opportunity to apply for the offered unit: (*Check the one that applies*)

and will be removed from the applicable Waiting List.

but will remain at the top of the applicable Waiting List. When a second unit becomes available, Management will again attempt to contact the applicant and will explain that if the applicant does not respond within _____ days or fails to accept the second unit, the applicant's name will be removed from the applicable Waiting List.

Other

- b. If Management receives a timely response but the applicant rejects the first offered unit, the applicant: (*Check the one that applies*)

will be removed from the applicable Waiting List.

will remain at the top of the applicable Waiting List. When a second unit becomes available, Management will again attempt

to contact the applicant and will explain that if the applicant does not respond within _____ days, or fails to accept the second unit, the applicant's name will be removed from the applicable Waiting List.

(Other)

2. If after an interview has been scheduled, the applicant fails to attend or to contact Management to reschedule the interview, the policy regarding how applicants will be addressed is: (Indicate Management's policy below)

3. If applicable, SRN/811 Applicants: Management must request a referral of an applicant from IL Housing Search Wait List Manager (Emphasys).
 - a. If Management does not receive a response within **5 business days** as stated in the SRN Agreement, the applicant will forfeit the opportunity to apply for the offered unit.
 - b. Management will send an email to the Wait List Manager that the applicant did not respond and will remain on the IL Housing Search Pre-Screening, Assessment, Intake, and Referral (PAIR) Module Wait List.

D. Updating the Waiting List

1. The Waiting List will be updated at least one every twelve months in the following manner:
 A letter will be sent via regular/certified mail to each applicant on the Waiting List(s) (**Exhibit I**). The letter will include a Reply Card (**Exhibit J**) to be returned if the applicant is still interested in living at the Development. The applicant will be given _____ days (excluding weekends and designated federal holidays) from the date the letter was mailed in which to respond. If no response is received, the applicant's Pre-Application Card will be removed from the Waiting List and a letter will be sent informing the applicant of this action. If the letter is returned with a forwarding

address, it will be re-sent to the mailing address provided and a new response time as outlined above will begin.

(Other)

2. After each of the Waiting List(s) is updated based upon the Reply Cards received, an acknowledgement letter (**Exhibit K**) will will not (Check the one that applies) be sent to each applicant. It is the applicant's responsibility to notify the Management office of any change in Address, Telephone Number or Telecommunications Device for the Deaf (TDD) number (if applicable).
3. If it is determined an applicant failed to respond to a Waiting List update due to a disability and as such, the applicant was either removed or lowered on the Waiting List, the applicant must be reinstated at the original place on the Waiting List.

E. Closing and Re-opening the Waiting List

1. Closing the Waiting List

The Waiting List for the Development will be closed when the following occurs:

- i.
- ii.
- iii.
- iv.

When Management decides to close the Waiting List, future applicants will be advised that the Waiting List is closed, and additional applicants will not be taken. Once Management decides to no longer accept applications, a notice to that effect will be published in the following publication(s):

- i.
- ii.
- iii.

iv.

The notice must state the reasons for Management's refusal to accept additional applications.

2. Re-opening the Waiting List

Prior to each re-opening of the Waiting List, a notice announcing the re-opening and providing information on the rules regarding how, when, and where to apply, will be placed in the advertisements/publications listed below:

Note: IHDA now requires all Tenant Selection Plans to include ILHousingSearch.org, a housing locator resource for marketing purposes. Include a screen shot of the "Property Profile" with the Tenant Selection Plan as evidence of enrollment.

The Waiting List will be re-opened once the following occurs:

i.

ii.

iii.

iv.

3. Affirmative Marketing Plan Requirements

Management will affirmatively market the Development in its outreach efforts during the re-opening of the Waiting List. Management will provide a copy of the Affirmative Fair Housing Marketing Plan to applicants upon request for review.

V. THE (INTERVIEW) SCREENING PROCESS

A. Application Requirements

The following information will be used to determine program eligibility for anyone who is seeking housing at the Development.

Live-in aides, new household members and police officers, security personnel or managers residing in HUD subsidized units will be subject to the same screening for drug abuse and other criminal activity applied to other applicants.

1. The head of household must complete a written application certifying the accuracy of all information that is provided. The applicant will be provided with the appropriate disclosures concerning the [Privacy Act \(5 U.S.C. § 552a\)](#). In addition to providing applicant(s) the opportunity to complete applications at the Development, Management may also send out and receive applications by mail. Management shall accommodate persons with disabilities who, because of their disabilities, cannot utilize the Management's preferred application process by providing alternative methods of taking applications.
2. A credit report will be ordered.
 A credit report will not be ordered.
3. A criminal background search will be obtained.
 A criminal background search will not be obtained.
4. Verification of employment, income, bank accounts, and other assets, etc. is required as applicable for each applicant.
5. Verification of previous housing for _____ years is required. This will include references from previous landlords. If applicable, it will also include verification for those who were homeowners or lived with parents or guardians. Applicants will not be rejected solely for a lack of rental history.
6. Verification of Social Security Numbers **for all members** of the household is required.
7. **Section 811 PRA ONLY** – All household member(s) 18 and older will be screened using the Enterprise Income Verification (EIV) Existing Tenant Search to determine if any household member is currently receiving rental assistance. [The EIV & You Brochure](#) further explains this requirement.
8. Other:

B. Home Visits

- Home Visits will be conducted to inspect the current dwelling of the applicant to determine that the housekeeping practices

are acceptable. Details of this process are outlined in (**Exhibit L**). Home Visits will be conducted for all applicants who reside within _____ miles of the Development. Home Visits will be conducted for every applicant household reaching the final stages of the approval process.

Home Visits will not be conducted.

C. Completion of Application Process

All applications will be processed within thirty (30) days after the date of the applicant's initial interview or within five business days of receipt of all required documentation, whichever is later (*excluding weekends and designated federal holidays*).

VI. ELIGIBILITY REQUIREMENTS

A. Income

The annual gross income of the applicant(s) must be equal to or less than the Income Limit established by the applicable program's administrative rules for the appropriate household size.

B. Date of Birth

Dates of birth must be disclosed for all household members.

C. Social Security Numbers

The head of household/spouse/co-head must disclose Social Security Numbers (SSN) for all household members. An explanation of acceptable documentation is provided in Addendum 1.

*Note: For household members without a SSN living in properties that do not require tenants to be citizens, you should enter the 9-digit code "000-00-0000" in place of a SSN.

D. Student Eligibility Requirements (Tax Credit Only)

Households consisting entirely of full-time students are not eligible for Tax Credits unless the household is income eligible and one or more of the following exceptions applies to the household:

1. All members of the household are married (they do not need to be married to each other) and are entitled to file a joint return.

2. The household consists of single parent(s) and their child/ren, and no other household member is a dependent of a third-party.
3. At least one member of the household receives assistance under Title IV of the Social Security Act (i.e. TANF).
4. At least one member of the household is participating in an officially sanctioned job training program.
5. At least one member of the household was formerly in foster care.

*Note: Full-time student status for the purpose of the LIHTC program include regular attendance at such facilities for five or more months during the calendar year in which the taxable year for the taxpayer begins.

In 2013, HUD revised regulations governing the HOME program and decided that HOME funded properties should follow HUD's student restrictions.

E. Student Restrictions for HUD/HOME Programs

A household is not eligible for occupancy if the household contains a full or part-time student at an institution of higher education and each of the following statements are true for the student:

1. Is under the age of 24
2. Is not a veteran of the United States military
3. Is unmarried (if married, the couple cannot live apart from each other)
4. Does not have a dependent child who resides with the household member at least 50% of the time.
5. Is not a person with disabilities receiving Section 8 assistance as of November 30, 2005
6. Is not otherwise individually eligible or has parents who (individually or jointly) are not income-eligible to receive Section 8 assistance, unless the student can demonstrate his or her independence from his/her parents
7. Not residing with parents who are receiving or applying for Section 8 assistance

VII. OCCUPANCY STANDARDS

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.

1. To determine the unit size for which a household may be eligible, the following will be counted as members of the household:

- a. Full-time household members
- b. Unborn children
- c. Children in the process of being adopted
- d. Children whose custody is being determined
- e. Foster children
- f. Children temporarily in a foster home
- g. Children in joint custody 50% of the year or more
- h. Children away at school but home for recess
- i. Live-in aides
- j. Foster adults

The Occupancy Standards for the development are:

- 2. Upon request, an applicant or tenant may be placed on as many of the Development's Waiting List that the household size qualifies.
- 3. A household may be required to provide proof of custody of related or unrelated occupants to be considered for a change in unit size.

VIII. SECURITY DEPOSITS

If applicable, a security deposit equal to one month's total tenant payment or tenant rent will be collected. The security deposit must be paid upon signing the lease for the unit. The amount of the security deposit established at move-in does not change when a tenant's rent changes.

***Note:** The Owner may collect the security deposit on an installment basis ([HUD Handbook 4350.3, rev.1 Chapter 6, Section 2](#)).

IX. REJECTION CRITERIA

The ability of the applicant to fulfill Lease obligations will be considered. An applicant may be rejected for one or more of the following reasons:

A. Insufficient/Inaccurate Information on Application

Refusing to cooperate fully in all aspects of the application process or supplying false information will be grounds for rejection.

B. Credit and Financial Standing

1. Unsatisfactory history of meeting financial obligations (including, but not limited to timely payment of rent, outstanding judgements, or a history of late payment of bills) will be considered. If an applicant is rejected based on the credit report, they will be provided with the reasons for rejection and given the name of the credit bureau that performed the credit check. Applicants will also be given the name of the credit bureau that performed the credit check. Applicants will also be given two weeks to dispute any information on the credit report.
2. The inability to verify credit references may result in rejection of an applicant. Special circumstances will be considered in which credit has not been established (income, age, marital status, etc.) and lack of credit history will not cause an applicant to be rejected. In such circumstances, a person with a history of creditworthiness may be required to guarantee the Lease.
3. The applicant's financial inability to pay his/her monthly contribution toward the rent of the unit may be assessed. Ordinarily, the total of the applicant's monthly contributions plus other long-term obligations (payments extending more than twelve months) should be less than % of their monthly gross income. Income ratios may be considered in the context of the applicant's credit and employment history and potential for increases in income.
4. The attached Rejection Criteria addendum is attached hereto and incorporated herein.

C. Criminal Convictions/Current Drug Use

1. Applicants who fall into the following categories will be rejected:
 - a. any household in which any member uses marijuana, or whose use of marijuana, or current addiction to or engagement in the illegal use of a controlled substance interferes with the health, safety or right to peaceful enjoyment of the premises by other residents will be denied admission and, if an occupant, will be subject to termination of tenancy. ***See note at the bottom of this paragraph.**
 - b. any household containing a member(s) who was evicted in the last three years from housing for drug-related criminal activity. Exception: if the evicted household member has successfully completed an approved supervised drug rehabilitation or the circumstances leading to the eviction no longer exist (e.g. the household member no longer resides with the applicant household).
 - c. any household member that is subject to a state sex offender lifetime requirement. In order to comply with this provision, a criminal

background check will be conducted on all applicants over the age of 18 that includes a check of all state sex offender registration program lists, or a national registration list that includes the information from all states.

- d. any household member for whom there is a reasonable cause to believe that the member's behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety, and right to peaceful enjoyment by other tenants. The screening standards must be based on behavior, not the condition of alcoholism or alcohol abuse.
2. Applicants who fall into the following categories may be rejected. In addition, if other persons that will be living in the unit fall into these categories, the applicant may be rejected.

The Owner shall ensure that the relevant "reasonable" time- period is uniformly applied to all applicants in a non-discriminatory manner and in accordance with applicable local fair housing and civil rights laws.

- a. criminal convictions that involved physical violence to persons or property or endangered the health and safety of other persons within the last year(s).
- b. criminal convictions in connection with the manufacture or distribution of a controlled substance within the last year(s); or
- c. Other:

***Note:** Developments with federal funding must adhere to the 2014 HUD Memorandum for Multifamily Assisted Properties titled, [Use of Marijuana in Multifamily Assisted Properties](#), which "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 is permitted under state law."

D. Household Characteristics

Household size or household characteristics were not appropriate for the specific type of unit available at the time of application.

E. Unsanitary Housekeeping

- Housekeeping will be considered because Home Visits are conducted. Housekeeping criteria is not intended to exclude households whose housekeeping is only superficially unclean or disorderly if such conditions do not appear to affect the health, safety, or welfare of other tenants.
- Housekeeping will not be considered because Home Visits are not conducted.

F. Exception to Rejection Criteria

The Development has adapted the following policy regarding Extenuating Circumstances:

Extenuating circumstances will be considered in cases when applicants would normally be rejected. The applicants will have to provide in writing, the circumstances under which they would be considered an acceptable tenant in the future.

If the applicant is a person with disabilities, Management must consider extenuating circumstances in matters involving Reasonable Accommodation.

Note: Additional references include the Guidance for PHA's and Owners of Federally Assisted Housing on Excluding the Use of Arrest Records in Housing Decisions, [HUD Notice H-2015-10](#) dated November 2, 2015. Additionally, [HUD Memo dated April 4, 2016](#), 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.

X. REJECTION PROCEDURES

A. Written Notification

Each rejected applicant will be promptly notified in writing of the reason(s) for rejection (Exhibit M). This notice will advise the applicant that they may, within 14 days of receipt of the notice (excluding weekends and designated federal holidays), respond in writing or request to meet with Management to discuss the notice.

B. Review of Rejected Applications

Meeting with the applicant or review of the applicant's written response will be conducted by a member of Management's staff who did not participate

in the initial decision to reject the applicant.

If the applicant appeals the rejection, the applicant will be given a final written decision from Management within five-days (*excluding weekends and designated federal holidays*) of the applicant's written response if it does not change the outcome of the rejection. If the response needs further discussion, a meeting will be scheduled, and the applicant will be notified within five-days. If the decision is reversed, the applicant will be offered a suitable vacant unit. If no such unit is available, the applicant will be offered the next appropriate unit.

XI. SPECIAL OCCUPANCY CATEGORIES

Applicants will be interviewed and processed as authorized in Sections V through VIII, with exceptions made as follows:

A. Persons with Disabilities

An applicant with disabilities will be given priority for an accessible unit if such applicant deems that this type of unit is appropriate for their household.

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

XII. AMENDING THE TENANT SELECTION PLAN

This Plan may be amended only with the prior written approval of the Illinois Housing Development Authority.

XIII. CERTIFICATION

By signing this Plan, Management certifies that the contents of this Plan will be followed as written, and that no other Tenant Selection Plan has been executed for the Development at this time, or will be executed in the future without written approval from the Illinois Housing Development Authority.

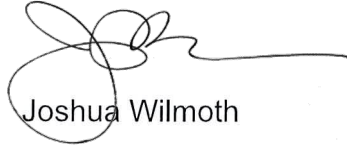
Counterparts and Electronic Signatures. This Plan may be executed in counterparts, each of which shall be deemed an original, and all which together shall constitute one and the same instrument. A signed copy of this Plan transmitted by facsimile, email, or other means of electronic transmission shall be deemed to have the same legal effect as delivery of an original executed copy of this Plan.

This Plan is acknowledged and agreed to.

MANAGEMENT:

Organization Name: Full Circle Management LLC

Signature:



Print Name: Joshua Wilmoth

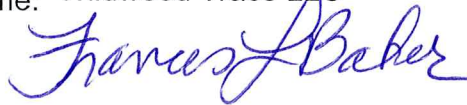
Title: President & CEO

Dated:

OWNER:

Organization Name: Wildwood Trace LLC

Signature:



Print Name: Frances L. Baker

Title: *President & CEO*

Dated:

This Plan has been reviewed by IHDA as of this day of , 20 .

ILLINOIS HOUSING DEVELOPMENT AUTHORITY:

Signature:

Print Name:

Title:

This Plan is acknowledged and agreed to.

MANAGEMENT:

Organization Name:

Signature:

Print Name:

Title:

Dated:

OWNER:

Organization Name:

Signature:

Print Name:

Title:

Dated:

This Plan has been reviewed by IHDA as of this day of , 20 .

ILLINOIS HOUSING DEVELOPMENT AUTHORITY:

Signature:

Print Name:

Title:



EXHIBIT A

INITIAL RENT STRUCTURE

# of Units	Unit Type	Market Rate	Low-Income	Very Low-Income	Utility Allowance
	Studio				
	1 Bedroom				
	2 Bedroom				
	3 Bedroom				
	4 Bedroom				
	5 Bedroom				

NOTE: The rents shown above are the initial rents for the development. After the initial rents, this Exhibit will be replaced with a copy of the most recently approved Rent Schedule for the Development.

EXHIBIT B

LEASE ADDENDUM FOR ACCESSIBLE UNIT AVAILABILITY

This addendum to the Lease Agreement between _____
(Lessor)

and _____
(Lessee)

entered into a lease agreement on _____
(Date)

To comply with Section 8.27 of Section 504 of the Rehabilitation Act of 1973, the landlord or its agent must first lease vacant accessible units to current occupants requiring accessibility features of the vacant unit and occupying a unit not having such features. If no such occupants exist, the unit would be leased to an eligible qualified applicant on the waiting list, who requires the accessibility features of the vacant unit. When offering an accessible unit to an applicant not having a disability requiring the accessibility features of the unit, the landlord must require the applicant to agree to move to a non-accessible unit when available.

The resident noted above has been offered an accessible unit and does not have a disability requiring such a unit. The resident noted above hereby agrees, upon request of the landlord to transfer to a non-accessible unit to accommodate a person or person(s) on the wait list who have required such an accessible unit. The resident noted above will be responsible for all moving expenses they incur.

Agreed to this _____ day of _____, 20____

(Lessor)

Date Signed: _____

(Lessee)

Date Signed: _____

Accepted:

Owner or its Agent

Date Signed: _____

EXHIBIT C

VERIFICATION OF PREFERENCE STATUS

Dear _____:

_____ (Applicant) SSN# _____,

has applied for housing at _____ and has indicated that they are eligible for a housing preference given the following circumstance:

1. State Preferences

- A. Displaced from an urban renewal area.
- B. Displaced by a disaster, such as a fire or flood, that resulted in extensive damage or has destroyed the unit.
- C. Displaced by an activity carried on by an agency of the United States or by any State or local government body or agency.

2. Former Federal Preferences

- A. An action by an owner which resulted in the applicant's having to vacate his/her unit where:
 - * the reason for the owner's action is beyond the applicant's ability to control or prevent.
 - * the action occurred despite the applicant's having met all previously imposed conditions of occupancy.
 - * the action taken is other than a rent increase.
- B. Actual or threatened physical violence directed against applicant or one or more members of the applicant's household by a spouse or other member of the applicant's household; or, the applicant lives in a housing unit with such an individual who engages in such violence
- C. Applicant is living in substandard housing because:

- D. Applicant lacks a fixed, regular, and adequate nighttime residence.
- E. Existing Tenant transfer for a deeper rent subsidy.



**ILLINOIS HOUSING
DEVELOPMENT AUTHORITY**

WWW.IHDA.ORG

111 E. Wacker Drive
Suite 1000
Chicago, IL 60601
312.836.5200

To determine the preference status, we are required to verify the preference. Therefore, we would appreciate you completing the certification below and returning this form in the enclosed envelope. This information will be used only for purpose of determining the preference for this applicant.

Sincerely,

I hereby authorize the release of the requested information.

Property Manager

Signature of Applicant

.....
(Please complete items below, sign and date).

I verify that _____ (Applicant's) current living situation meets
_____ preference(s) as cited on the previous page.

Firm or Agency Name _____

Signature

Print Name _____

Title _____

Firm or Agency Address _____

Phone Number _____ Date _____

EXHIBIT D

REJECTION LETTER FOR PREFERENCES

Re: _____ Apartments

Dear _____:

In your recent application for _____ Apartments,
you indicated that you qualify for the following preference(s):

- Displaced from an urban renewal area.
- Displaced by a disaster, such as a fire or flood, that resulted in extensive damage or has destroyed the unit.
- Displaced by an activity carried on by an agency of the United States or by any State or local government body or agency.
- (List the preferences adopted by the owner)

After reviewing the documentation, which you submitted, we regret to inform you that you do not meet the criteria for receiving a preference based on the following reason(s):

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).



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DEVELOPMENT AUTHORITY**

WWW.IHDA.ORG

111 E. Wacker Drive
Suite 1000
Chicago, IL 60601
312.836.5200

Name

Address

City

State

Zip

Telephone (voice)

Telephone (TDD)

If you feel this decision has been made in error and wish to provide additional documentation,
please contact the rental office at _____ (voice) or

_____ (TDD).

Sincerely,

Property Manager



111 E. Wacker Drive
Suite 1000
Chicago, IL 60601
312.836.5200

EXHIBIT E

APPLICANT INQUIRY

Date: _____

Dear _____:

Thank you for your initial inquiry regarding housing at _____ . Residents will be selected only from those eligible persons who make formal application. We had numerous inquiries for our apartments.

We are now accepting pre-application cards from interested households. If you are still interested in living at _____ , please return the enclosed pre-application card by mail as soon as possible.

You may be eligible for a preference if one of the following conditions applies to you have been displaced: from an urban renewal area; by a disaster, such as a fire or flood, or by an activity carried on by an agency of the United States or by any State or local government body or agency. (Also list the preferences adopted by the owner). Households qualifying for a preference will receive assistance before any other applicant households that are not so qualified. If you feel you qualify for a housing preference, complete the appropriate certification form attached to this letter and return it along with your pre-application card by mail.

For households not claiming housing preference, screening will be conducted according to the order in which the pre-application cards were received.

Interviews will be conducted at _____ . Leasing personnel will be unable to see applicants prior to their scheduled interview. If you have any questions, we will be happy to answer them at the time of your interview.



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312.836.5200

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).

Name

Address

City

State

Zip

Telephone (voice)

Telephone (TDD)

Sincerely,

Property Manager

EXHIBIT F
PRE- APPLICATION CARD

Date
Received: _____

Time Received: _____

Interested person for 1 BR 2 BR 3 BR other _____
(Check all that apply)

Name (Head of Household): _____

Address: _____

Phone
(Home): _____

Phone
(Work): _____

Cell phone: _____

E-Mail: _____

Would you be interested in an accessible unit? Yes No

Do you feel you qualify for a housing preference? Yes No

Do you live/work in
the _____

Community? Yes No

Annual Household \$
Income: _____

Date Apartment Needed? _____



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312.836.5200

Household data: Please list all persons who will occupy the unit:

Name

Age

Relationship



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Suite 1000
Chicago, IL 60601
312.836.5200

EXHIBIT H

SAMPLE WAITING LIST

Date Rec'd	Time Rec'd	Head of Household	Unit Size	Income Level			Need for Accessible Unit		Comment/Contact	Remove/Rejected Date	Move-in Date	Preference Type
				EL	VL	L	Y	N				
12/3/01	10:30 AM	Mary Tate	2	X				X				Working household preference; Elderly Preference
12/4/01	1:00 PM	Hiroshi Kihara	2		X		X					



111 E. Wacker Drive
Suite 1000
Chicago, IL 60601
312.836.5200

EXHIBIT I

ANNUAL WAITING LIST UPDATE

Date: _____

Dear _____:

We are currently in the process of updating our waiting list for _____

_____. Some time ago, you expressed an interest in living at our development, and your name was placed on the waiting list.

If you are still interested in living at _____,

enclosed is a card that must be returned to _____, management office, within 15 days (excluding weekends and designated Federal Holidays). Failure to return this information within this time period will result in your name being permanently removed from the waiting list.

It is not necessary to call or come into the office at this time, as we do not have anything immediately available.

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).

Name



**ILLINOIS HOUSING
DEVELOPMENT AUTHORITY**
WWW.IHDA.ORG

111 E. Wacker Drive
Suite 1000
Chicago, IL 60601
312.836.5200

Address

City

State

Zip

Telephone (voice)

Telephone (TDD)

Thank you for your interest in _____.

Sincerely,

Property Manager



**ILLINOIS HOUSING
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111 E. Wacker Drive
Suite 1000
Chicago, IL 60601
312.836.5200

EXHIBIT J

REPLY CARD

I AM STILL INTERESTED IN LIVING AT

DEVELOPMENT
NAME

APPLICANT NAME

CURRENT
ADDRESS

HOME PHONE#

WORK PHONE#

E-MAIL
ADDRESS

CELL PHONE #

UNIT SIZE DESIRED

0 BR

1 BR

2 BR

3 BR

OTHER



111 E. Wacker Drive
Suite 1000
Chicago, IL 60601
312.836.5200

EXHIBIT K

WAITING LIST ACKNOWLEDGEMENT

Date _____

Dear _____:

This letter is to acknowledge receipt of your waiting list update card. Currently you are on

_____ bedroom waiting list(s).

We do not have an exact time in which you will be contacted regarding an apartment; however, please remember to keep us advised of your current address and phone number.

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).

Name

Address

City

State

Zip

Telephone (voice)

Telephone (TDD)

Sincerely,

Property Manager

EXHIBIT L

HOME VISIT REPORT

Applicant Name _____

Current Address _____

- The person conducting the Home Visit report is employed by the Management
- The person conducting the Home Visit is a hired agent of the Management and is employed by _____

Person Conducting Home Visit _____

Date of Applicant's Tenancy in this Unit: From _____ To _____

1. GENERAL CLEANLINESS

A. Bedrooms, Living/Dining Room Good Acceptable

Explain: _____

B. Kitchen Appliances Good Acceptable

Explain: _____

C. Bathroom Good Acceptable



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Chicago, IL 60601
312.836.5200

Explain:

D. Are there any cleaning supplies in the unit?

Yes

No

E. Is there evidence of vermin infestation?

Yes

No

Explain:

2. OTHER COMMENTS

A. Did the applicant have any comments on the unit or its conditions?

B. Other comments by staff

**3. I HAVE READ THE ABOVE HOME VISIT REPORT AND I AM AWARE OF ITS
CONTENTS.**

Applicant Signature

Date

Inspector's Signature

Date



111 E. Wacker Drive
Suite 1000
Chicago, IL 60601
312.836.5200

EXHIBIT M

APPLICANT REJECTION

Date _____

Dear _____:

Thank you for your interest in renting an apartment at _____. After careful consideration and review of your application, we regret we are not able to accept your application for tenancy currently for the following reasons:

If you wish to appeal this decision, please contact the _____

Management office at _____ (voice) or _____ (TDD) within 14 days of the date of this letter (excluding weekends and designated federal holidays) to schedule an appointment.

Regardless of whether you decide to respond to this notice, you may still exercise other avenues of relief available to you if you believe that you have been discriminated against on the basis of race, color, religion, sex (including sexual harassment), pregnancy, national origin, ancestry, age (40 and over), order of protection status, marital status, sexual orientation (which includes gender related identity), unfavorable military discharge, physical and mental disability, and familial status.

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).



**ILLINOIS HOUSING
DEVELOPMENT AUTHORITY**

WWW.IHDA.ORG

111 E. Wacker Drive
Suite 1000
Chicago, IL 60601
312.836.5200

Name

Address

City

State

Zip

Telephone (voice)

Telephone (TDD)

Sincerely,

Property Manager

ADDENDUM 1

CITIZENSHIP REQUIREMENTS

Only United States citizens and eligible non-citizens may benefit from federal rental assistance. These requirements apply to households making application to the property, households on the waiting list and existing tenants. *(If the applicant is not proficient in the English language, Management will arrange to provide this request in a language that is understood by the applicant.)*

A mixed household (*a household with one or more eligible and one or more ineligible household members*) may receive prorated assistance, continued assistance or a temporary deferral of termination of assistance.

NOTE: A household receiving federal assistance on June 19, 1995 under one of the programs covered by the non-citizen rules is eligible for temporary deferral of termination of assistance when the following applies: (i) household has no eligible members or (ii) mixed household qualifies for prorated assistance (and does not qualify for continued assistance) and chooses not to accept the partial assistance. The deferral allows the household time to find other suitable housing before HUD terminates assistance. During the deferral period, the household continues to receive its current level of assistance. The initial deferral period is for six months and may be extended for an additional six-month period, not to exceed 18 months.

All applicants for assistance will be required to submit evidence of citizenship or eligible immigration status at the time of application. This includes all household members, regardless of age. Please note that financial assistance is contingent on submission and verification of citizenship or eligible immigration status.

In order to verify citizenship or eligible immigration status, **Exhibit 1** must be completed for each member of the household by the following date _____. In addition, management will also require verification of this declaration by requiring the following documentation:

- **From U.S. citizens**, presentation of a U.S. birth certificate or U.S. passport.
- **From non-citizens 62 years and older**, a signed declaration and proof of age.
- **From non-citizens under the age of 62**, a signed consent form (**Exhibit 2**) and one of the DHS-approved documents listed in **Figure 1** (attached).

Non-citizens **not** claiming eligible immigration status may elect to sign a statement that they acknowledge their ineligibility for assistance.

If an applicant cannot supply the documentation within the specified timeframe, Management may grant an extension of not more than 30 days, but only if the applicant certifies that the documentation is temporarily unavailable and additional time is needed to collect and submit the documentation. Management may establish a shorter extension period. Management will inform the applicant in writing if an extension period is granted or denied. If the request is granted, Management will state (in writing) the new deadline. If the request is denied, Management will state the reasons for the denial in writing.

Management cannot delay the household's assistance if the household submitted its immigration information in a timely manner but the Department of Homeland Security ("DHS") verification or appeals process has not been completed. If at least one member of the household has submitted the required documentation in a timely manner, the owner must offer the household a unit and provide prorated assistance to those household members whose documentation were received on

time. Management must continue to provide prorated assistance to such households until information establishing the immigration status of any remaining non-citizen household members has been received and verified. The prorated assistance is calculated by multiplying a household's full assistance by a fraction. This is based upon the number of household members who are eligible compared with the total number of household members.

Once Management has determined the final citizenship/immigration status of a household assisted prior to completion of the verification or appeal process, Management will:

- Offer full assistance to a household that has established the eligibility of all of its members; or
- Offer continued prorated assistance to a mixed household, or temporary deferral of termination of assistance if the household does not accept the offer of prorated assistance;

Management will notify all households in writing as soon as possible if the secondary verification process returns a negative result and applicants may appeal Management's decision directly to the DHS. The household must send a copy of the appeal directly to the Management. The DHS should respond to the appeal within 30 days.

Acceptable Department of Homeland Security Documentation

- Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens)
- Form I-94, *Arrival-Departure Record* annotated with one of the following:
 - “Admitted as a Refugee Pursuant for Section 207”;
 - “Section 208” or “Asylum”;
 - “Section 243(h)” or “Deportation stayed by Attorney General”;
 - “Paroled Pursuant for Section 212(d)(5) of the INA.”
- Form I-94, *Arrival-Departure Record* (with no annotation) accompanied by one of the following:
 - A final court decision granting asylum (but only if no appeal is taken);
 - A letter from DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed before October 1, 1990);
 - A court decision granting withholding or deportation; or
 - A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- Form I-688, *Temporary Resident Card* annotated “Section 245A” or “Section 210”.
- Form I-668B, *Employment Authorization Card* annotated “Provision of Law 274a.12(11)” or “Provision of Law 274a.12.”
- A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant’s entitlement to the document has been verified.
- Form I-151, *Alien Registration Receipt Card*.
- Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.

DECLARATION FORM

INSTRUCTIONS: Complete this Declaration for each member of the household.

LAST NAME _____ FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____

SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY # _____

ALIEN REGISTRATION # _____

ADMISSION NUMBER _____ If applicable
(This is an 11-digit number found on the DHS I-94, Departure Record)

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

SAVE VERIFICATION # _____
(To be entered by owner if and when received.)

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

DECLARATION

I, _____ hereby declare, under Penalty of perjury,

that I am _____
(Print or type first name, middle initial, last name):

1. A citizen or national of the United States.

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

Signature

Date

Check here if adult signed for a child:

2. A non-citizen with eligible immigration status as evidenced by one of the documents listed below:

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

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

A. Verification Consent Form (Exhibit 2)

AND

B. One of the following documents:

- 1) Form I-551, *Alien Registration Receipt Card (for permanent resident aliens)*.
- 2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - a) "Admitted as Refugee Pursuant to Section 207";
 - b) "Section 208" or "Asylum";
 - c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - d) "Paroled Pursuant to Sec. 212(d)(5) of INA".
- 3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - a) A final court decision granting asylum (but only if no appeal is taken);
 - b) A letter from a DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from a DHS district director granting asylum (if application was filed before October 1, 1990);
 - c) A court decision granting withholding or deportation; or
 - d) A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- 4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- 5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
- 6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- 7) Form I-151 Alien Registration Receipt Card.

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

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

Signature _____ Date _____

Check here if adult signed for a child:

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

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

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

Signature _____ Date _____

Check here if adult signed for a child:

Verification Consent Form

INSTRUCTIONS:

Complete this form for each non-citizen household member who declared eligible immigration status on the Declaration Form. If this form is being completed on behalf of a child, the adult responsible for the child must sign it.

CONSENT

I, _____ hereby consent to the following:
(Print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by Management without responsibility for the further use or transmission of the evidence by the entity following entities:
 - a. HUD, as required by HUD; and
 - b. The DHS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO HOUSEHOLD:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

Signature

Date

Check here if adult signed for a child:

ADDENDUM 2

SOCIAL SECURITY NUMBER REQUIREMENTS

The head of household/spouse/co-head must disclose social security numbers (SSN's) for all household members. In addition, applicants must provide adequate documentation or acceptable evidence of the SSN including any of those listed below:

- 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

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

If household members have not disclosed and/or provided verification of the SSN at the time a unit becomes available, the next eligible applicant must be offered the available unit.

The applicant who has not provided required SSN has 90 days from the date they are first offered an available unit to disclose/verify the SSN. During this 90-day period, the applicant may retain its place on the waiting list. After 90 days, if the applicant has been unable to supply the SSN documentation the applicant will be determined ineligible and removed from the waiting list. An additional 90 days will be granted if the failure to provide documentation of a SSN is due to circumstances that are outside the control of the applicant.

Individuals who have applied for legalization under the Immigration and Reform Control Act of 1986 will be able to disclose their SSN, but unable to supply the cards for documentation. SSN are assigned to these persons when they apply for amnesty. The cards are forwarded to the Department of Homeland Security (DHS) until the persons are granted temporary lawful resident status. Until that time, their acceptable documentation is a letter from the DHS indicating social security numbers have been assigned.

The Social Security Number requirements do not apply to:

- Individuals who do not contend eligibility immigrant status; and
- Individuals age 62 or older as of January 31, 2010, whose initial determination was begun before January 31, 2010.

ADDENDUM 3

ENTERPRISE INCOME VERIFICATION (EIV)

HUD has developed a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs.

The EIV system provides the owner and/or manager of the property with income information and employment history for applicants and residents. This information is used to meet HUD's requirement to independently verify employment and/or income when applicants certify for rental assistance.

This development will use EIV to perform an Existing Tenant Search Report for all applicants. This report identifies applicants applying for assisted housing that may be receiving rental assistance at the time of application processing at another location.

Owners/Agents must:

1. Run this report at the time they are processing an applicant for admission to determine if the applicant or any applicant household members are currently being assisted at another Multifamily Housing or Public and Indian Housing (PIH) location.
2. Provide a copy of the handout "EIV & You" (see attached) for all new applicants.