

## PROGRAM INFORMATION SHEET

Franklin Square Apartments  
11 East Newton Street  
Boston, MA 02118  
Tel: 617-437-1575

Welcome to Franklin Square Apartments. Our community is operated under the following program types:

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

This Community has been designated for the following resident population:

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

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

Residency at Franklin Square Apartments is limited to those households having incomes under the income limits listed below. In addition to standard wages, income includes monies received from many sources such as alimony, child support, pensions, and social security. All information on income provided by applicants must be verified before occupancy. This qualification and certification process must also be completed annually upon renewal.

The maximum allowable incomes (by household size) are as follows:

### INCOME QUALIFICATIONS

Effective 04/18/22	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons
Sec 8 Extremely Low Income (ELI) - 30%	\$29,450	\$33,650	\$37,850	\$42,050	\$45,450	\$48,800
LIHTC - 60% **	\$58,920	\$67,320	\$75,720	\$84,120	\$90,900	\$97,620

### RENTS

Effective	Unit Size	Unit Type / Program	Maximum Rent
06-22-21	0 BR	Sec 8 TC	\$2,571
06-22-21	1 BR	Sec 8 TC	\$2,680
06-22-21	2 BR	Sec 8 TC	\$3,538

The rents at Franklin Square Apartments are controlled by regulation.

Maximum occupancy limits at Franklin Square Apartments are set at two people per bedroom.

There are no fees for a rental application. The security deposit and rent will be determined based on income and other factors. This Community's security deposit is based on:

- ☐ Total Tenant Payment as calculated on the HUD 50059  
☐ An amount up to, but no greater than the Total Tenant Payment as calculated on the HUD 50059  
☒ One Month's Rent  
☐ Other - \$ \_\_\_\_\_



Revised 2/12  
Final

## TENANT SELECTION PLAN

DEVELOPMENT NAME: FRANKLIN SQUARE HOUSE

MassHousing #: 73-039



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**DEVELOPMENT NAME:**  
**FRANKLIN SQUARE HOUSE**

**MassHousing # 73-039**  
**TENANT SELECTION PLAN**

*for developments financed by MassHousing and subsidized under the Section 8, Section 236, Rental Assistance (RAP), Rent Supplement, Section 13A and/or MR VP programs*

**INTRODUCTION**

This Tenant Selection Plan (the "Plan") for Franklin Square House (the "Development"), a 193 unit multifamily housing development located at 11 E Newton, Boston, MA, has been prepared by Preservation Housing Management, LLC (the "Agent"), as the management agent for Franklin Preservation Associates Limited Partnership ("the Owner").

The Development is currently the recipient of rental housing subsidy under one or more subsidy program, and is subject to applicable laws, regulations and guidelines, as follows:

**[check one or more as applicable]**

**Federal Assistance Programs:**

- X   Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f), as amended
- Section 202 of the Housing Act of 1959 L    U.S.C.    J, as amended
- Section 236 of the National Housing Act (12 U.S.C. 1715z-1)
- Rental Assistance Payments Program, authorized under  
Section 236 of the National Housing Act (12 U.S.C. 1715z-1)
- Rent Supplement Program, authorized under Section 101  
of the Housing and Urban Development Act of 1965 (12 U.S.C. 1701(s))

NOTE: For purposes of the Plan, a development participating in any of the above Programs are included within the definition of "Federally Assisted Housing" found in 24 CFR 5.100, and are subject under the Plan for requirements applicable to Federally Assisted Housing units.

**State Assistance Programs:**

- \_\_\_\_\_ Section 13A of Chapter 708 of the Acts of 1966, as amended  
(M.G.L. c. 23A, App., the MassHousing Enabling Act)
- \_\_\_\_\_ Massachusetts Rental Voucher Program, authorized under Section 21 of  
Chapter 133 of the Acts of 1992 and regulations at 760 CMR 49.

**Other Federal/State Housing Assistance Programs**

- X   Low Income Housing Tax Credits  
(   X   check here if tax credit attachment is included)
- \_\_\_\_\_ Housing Choice Voucher Program  
L \_ check here if program specific attachment is included)
- \_\_\_\_\_ HOME Investment Partnership Program  
L \_ check here if HOME attachment is included)
- \_\_\_\_\_ Housing Stabilization Fund (HSF) Program  
L \_ check here if HSF attachment is included)
- \_\_\_\_\_ \_\_\_\_\_  
L \_ check here if program specific attachment is included)

The objective of the Plan is to consolidate relevant policies and procedures affecting the selection of tenants for subsidized units, pursuant to applicable federal and state laws and the Tenant Selection Regulations published by the Massachusetts Housing Finance Agency ("MassHousing"). The Plan sets out a procedure for processing and selecting applicants for subsidized units, including the establishment of preferences and priorities, occupancy standards, rejection standards, reviews and appeals of rejection decisions, and notice requirements. The Plan may not, however, include all of the policies and procedures affecting the selection of tenants. The Agent is responsible for understanding and following all relevant requirements of the subsidy program applicable to the Development, including, in the case of Federally Assisted

Housing units, HUD Handbook 4350.3 REV-1 (Occupancy Requirements of Subsidized Multifamily Housing Programs). Where, however, a specific subsidy program contains rules or regulations that conflict with the provisions herein, the program's rules and regulations shall govern.

The Plan is designed to promote fairness and uniformity in the selection of tenants for subsidized units, and to promote efficiency in the application process for subsidized units. *Unless otherwise restricted by the subsidy program as set forth herein, the Plan is not applicable to the processing of applications or selection of tenants for non-subsidized (or "market") units.* One of the principal elements of the Plan is that it allows the Agent to make a preliminary determination of eligibility based on the applicant's self-certification of income and priority status. Initial acceptance of the applicant's self-certification allows the Agent to focus on other administrative duties, rather than investing significant staff time in verifying such information at initial application and once again when the applicant is accepted from the waiting list. The election for preliminary determination of eligibility by the Agent should only be exercised if the anticipated waiting period for a unit offer exceeds ninety days. In most cases, the waiting period exceeds ninety days, warranting the effort to save staff time by making a preliminary determination of eligibility.

## **ELEMENTS OF THE TENANT SELECTION PLAN**

### **A. Right to Apply and Referrals from Public Housing Authorities**

No person may be refused the right to apply for housing unless MassHousing has been notified that the Development's waiting list is closed for a particular unit size or type, and notice of the closed waiting list, with MassHousing's phone number, TDD number, fax number and email address, has been posted in a prominent, accessible location. *For further information on the closing of a waiting list, see 'Waiting Lists', Section Gpp.29-31 herein.*

In fulfilling its requirements to rent subsidized units within the Development to low income persons or families, the Agent will accept referrals of tenants from the Public Housing Authority in the city or town in which the Development is located, and will not unreasonably refuse occupancy to any prospective tenants so referred who are otherwise determined to be eligible and suitable for tenancy under this Plan.

### **B. Statement of Non-discrimination**

It is the policy of the Owner and Agent to promote equal opportunity and non-discrimination in compliance with, but not limited to, the federal and state constitutions and legislative enactments addressing discrimination in housing. These enactments include: The Fair Housing Amendments



Act of 1988, 42 U.S.C.A. §§3601-3620, as modified by the Housing for Older Americans Act of 1995, 42 U.S.C.A. §3607(b)(2)(C), Section 504 of the Rehabilitation Act of 1973, 29 U.S.C.A. §794 et seq., The Americans with Disabilities Act of 1990, 42 U.S.C.A. §§ 12101-12213, Title VI of the Civil Rights Act of 1964, 42 U.S.C.A. §2000d, the Age Discrimination Act of 1975, 42 U.S.C.A. §§6101-6107, Executive Order 11,063, Chapter 151B of the Massachusetts General Laws, and the Massachusetts Equal Rights Law, M.G.L. c 93, §103. In furtherance of this policy:

In carrying out the Plan, the Agent shall not discriminate on the basis of race, color, creed, religion, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, disability, military/veteran status, source of income, age or other basis prohibited by local, state or federal law in any aspect of tenant selection or matters related to continued occupancy. The Agent shall affirmatively market to minorities and persons with disabilities as specified in its Affirmative Fair Housing Marketing Plan (AFHMP) as approved by MassHousing and/or HUD.

**All subsidized units available for rent at the Development must be listed with (i) the Massachusetts Accessible Housing Registry (MassAccess) and (ii), if the development is located within Boston Metropolitan Statistical Area, the Boston Fair Housing Commission's Metrolist (Metropolitan Housing Opportunity Clearing House).**

**Applicants with Disabilities and Reasonable Accommodations:** The Agent shall make reasonable accommodations in policies or reasonable modifications of common areas or unit premises for all applicants with disabilities (as defined in the above listed Acts or any subsequent legislation) who require such changes to have equal access to any aspect of the application process or to the Development and its programs and services. The Agent shall, for example, arrange for sign language interpreters or other communication aides for interviews during the application process.

***Appointments for an application or for reasonable accommodations, including materials in alternate formats, may be made by contacting the site office:***

**SITE**            Franklin Square House

**ADDRESS**   11 E Newton Street, Boston, MA

**PHONE**        617-437-1575

**TDD**            -- 711 -- " -- " -----





**FAX** 617-437-7222

**EMAIL** klee@preservationhousing.com

### C. Eligibility and Selection Criteria

1. Eligibility for Tenancy. To be considered for selection, applicants must submit a completed application and relevant consent forms. To determine threshold eligibility, the application may be accepted by a self-certifying statement. Third party verification shall not be required until final screening for occupancy. The Agent must verify the information needed to determine an applicant's eligibility within 90 days prior to the Agent's approval of the tenancy.

***Note: Eligibility does not constitute acceptance and further screening is required to determine an applicant's ability to maintain a successful tenancy.***

Eligibility shall be determined on the following basis:

- (a) Project-Specific Requirements. Units designated within the Development for occupancy by a special population, such as elderly or disabled, may only be occupied by those households meeting the criteria for such designations. The number of designated units and the terms of their designation is set forth in Attachment 1 (Eligibility Criteria and Occupancy Standards).
- (b) Subsidy Program Requirements. Units within the Development receiving federal or state housing subsidies may only be occupied by those households meeting the criteria of the subsidizing program as set forth in Attachment 1 (Eligibility Requirements and Occupancy Standards). Requirements may include:
  - (i) Citizenship/Immigration Status Requirements. Household must submit evidence and meet requirements established by the subsidy program for occupancy by non-citizens. (For Federally Assisted Housing developments only, see Attachments IA and IB)
  - (ii) Maximum Income. Household annual income must not exceed current income limits for the program to which



application is made. Annual income may be below program limits but not so low as to make payment of basic rent obligations impractical. However, a household does not need to have income to be eligible for assisted housing programs that provide assistance to meet basic rent obligations through an assistance contract (i.e. Section 8, RAP,MRVP).

- (iii) Household Characteristics. Household characteristics, such as the number, age, relationship and gender of family members, must be appropriate to the size of the unit and adaptations made therein, pursuant to the subsidy program guidelines.
- (iv) Student Status. Developments with Federally Assisted Housing units are restricted from providing assistance to students enrolled in institutions of higher education (either full or part time) who meet the criteria set forth in Attachment 1C.

2. Screening for Suitability. In selecting tenants under the Plan, the Agent shall consider the essential requirements of tenancy and determine whether an applicant should be rejected for failing to meet such requirements. Rejection of an applicant is appropriate where the Agent has a reasonable basis to believe that the applicant cannot meet the essential requirements of tenancy, which may be summarized as:

- (a) to pay rent and other charges under the lease in a timely manner;
- (b) to care for and avoid damaging the unit and common areas, to use facilities and equipment in a reasonable way, and to not create health or safety hazards;
- (c) not to interfere with the rights and enjoyment of others and not to damage the property of others;
- (d) not to engage in any activity that threatens the health, safety or right to peaceful enjoyment of other residents or staff, not to engage in activity on or near the premises that involves illegal use of controlled substances or weapons, and not to engage in any criminal activity on or off the premises



that would be detrimental to the housing should it occur on the premises;  
and

- (e) to comply with necessary and reasonable rules and program requirements of the housing provider.

Exhibit 2 to MassHousing's Tenant Selection Regulations lists circumstances which create the presumption that an applicant is not suitable for tenancy. Exhibit 2 is Attachment 2 to the Plan, and is the criteria by which applicants shall be screened (the "Screening Criteria"). Under the circumstances identified therein, there is a reasonable risk that the applicant shall not be able to meet the essential requirements of tenancy.

The Agent shall apply the Screening Criteria uniformly to all applicants to prevent discrimination and avoid fair housing violations. The costs of screening shall not be charged to the applicant, but shall be borne by the Development as an operating expense, unless otherwise permitted by the subsidy program and approved in writing by MassHousing.

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

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

In general, the greater degree of danger to the health, safety and security of others or to the security of property of others or the physical condition of the housing, the



greater must be the strength of showing that a recurrence of the behavior which led to an initial determination that the applicant would not be able to meet the essential requirements of tenancy will not occur in the future.

***NOTE - Developments Receiving Project-Based Section 8 Rental Subsidies:***  
**Pursuant to the Violence Against Women Act (42 U.S.C. 1437f and 42 U.S.C. 1437d) and regulations promulgated in accordance therewith at 24 CFR Part 5, Subpart L, admission to the development shall not be denied on the basis that the applicant or household member is or has been a victim of domestic violence, dating violence or stalking, as defined in the aforementioned regulations, if the applicant or household member otherwise qualifies for admission.**

3. Screening Procedures. To obtain information about an applicant's ability to meet the essential requirements of tenancy under the Screening Criteria, the Agent shall secure background information as follows:

- (a) Record of Prior Criminal History. In gathering such record of prior criminal history, the Agent or its agent(s) may obtain Criminal Offender Record Information (CORI) reports as part of the tenant selection process, but access and use of the CORI reports are subject to the provisions of 803 CMR 2.00 et seq. The Agent or its agent(s) should ensure that none of the information obtained is collected or disseminated in violation of state or federal law.
- (b) Sex Offender Registration Status **(Required only for Federally Assisted Housing Developments, but may be gathered by non-federally assisted Mass Housing developments at the option of the Owner and Agent).** The Agent or its agent(s) shall obtain information necessary to determine if the applicant or any household member is subject to registration with the Massachusetts Sex Offender Registry Board, pursuant to M.G.L. c. 6 Section 178C et seq., or a lifetime registration requirement under any state sex offender registration program. (See Attachment 2A) The Agent or its agent(s) may verify the information provided by the applicant by searching the Dru Sjodin National Sex Offender Database (located at <http://www.nsopw.gov>) as recommended and in the manner set forth in HUD Notice H 2009-11.

Note: In completing background checks for (a) and (b) above for units receiving Section 8 assistance, the Agent may request the "PHA" entity to



obtain such information in the manner contemplated by 24 CFR Part 5, Subpart J and HUD Handbook 4350.3 REV-1, Section 4-27.E.

- (c) Verification of Citizenship/Immigration status **(Required only for Federally Assisted Housing Developments or as otherwise necessary to comply with subsidy program requirements. See Attachments 1A and 1B).**

- (d) Enterprise Income Verification (EIV) Existing Tenant Search **(Required only for Federally Assisted Housing Developments)**

As required by HUD Notices H 09-20 and H 10-08, issued pursuant to 24 CFR 5.233, the Agent shall conduct an Existing Tenant Search in *EN*, and use the information contained in the Existing Tenant Search Report, to determine if the applicant or any applicant household members are currently receiving HUD housing assistance (i.e. residing at another HUD Multifamily Housing or Public and Indian Housing (PIH) location).

The Agent's policies for obtaining and using the *EN* Existing Tenant Search Report as part of this Plan are set forth in Attachment 2B (Policies for Accessing and Using *EN* Existing Tenant Search Report during Tenant Selection Screening). In the development of such policies, the Agent may wish to consider the Overview and Suggested Policy Questionnaire/Outline contained in Attachment 2C.

- (e) References from landlords in the last five years or from the last two successive tenancies, whichever is more inclusive.
- (f) Credit references furnished by a credit bureau. Information to be considered should not be more than five years old.
- (g) Personal references provided by the applicant.
- (h) Visits to the applicant's current residence to assess housekeeping habits if such visits are required in connection with all applicants for housing, except that the Agent may elect not to visit an applicant's current residence if such residence is more than thirty (30) miles from the Development. For the purposes of this subsection, an applicant's current residence shall not include a medical treatment facility or rehabilitation facility.



- (i) Verification of income either from a present employer, appropriate agency, financial institution or other appropriate party.
- G) Verification of a disability to determine whether a family or person meets the definition of disability used to determine eligibility for occupancy at the Development or for preferences, or to identify applicant needs for features of accessible units or reasonable accommodations. The Agent may not specifically ask for or verify the nature and extent of the disability. There are ways to verify disability status without obtaining detailed information or information that must not be collected.

Verification of disability may be obtained through a third-party verification form sent by the Agent to an appropriate source of information, including but not limited to the individual's physician, care worker of the elderly, social worker, psychiatrist, or the Veterans Administration. If a third-party form is used, it must be signed by the Applicant authorizing the release of such information to the Agent. The form should provide the definitions of disability used to determine eligibility and rent, and should request that the source completing the form identify whether the Applicant meets the definition. In this way the Agent is not required to make any judgments about whether a condition is considered a disability, and shall not have prohibited information. For examples and further guidance, see Appendix 15 to HUD Handbook 4350.3 REV-1.

In the case of applications for Federally Assisted Housing units, receipt of social security disability payments may be adequate verification of an individual's disability status for housing subsidy programs using the Social Security's definition for a person with disabilities (See HUD Handbook 4350.3 REV-1).

If an applicant claims past tenancy-related problems were the result of a disability and some condition has changed making such behavior unlikely to recur, the Agent shall consider evidence supporting such claims. All applicants are responsible for providing verification for such claims. In instances where the applicant claims some services or treatment shall be available to enable the applicant to correct the problem behavior, the Agent shall require verification that such services are available and that the applicant is likely to continue to use such services or treatment.



4. Mitigating Circumstances. Mitigating circumstances shall be verified. The individual performing the verification must corroborate the reason given by the applicant for unacceptable tenancy-related behavior and indicate the good prospect for lease compliance in the future because the reason for the unacceptable behavior is either no longer in effect or is otherwise controlled.
- (a) Alcohol or Substance Abuse. Where an applicant claims that prior unacceptable tenancy-related behavior resulted from alcohol abuse or use of illegal drugs, acceptable verification of mitigating circumstances would have to establish that:
- (As applicable) There is no current illegal use, which includes activity within the last year, of controlled substances. If such use is documented, applicant must present evidence that such use has stopped and is unlikely to recur.
  - (As applicable) There is no current abuse of alcohol, which includes abuse within the last year, and abuse is unlikely to recur.
  - During the period for which the applicant has claimed no current use, the applicant's behavior as a tenant must have been acceptable.

In any case of confirmed, continued, unacceptable tenancy-related behavior, despite the cessation of drugs or alcohol use, an applicant may be rejected.

- (b) Credit. An Agent may consider an applicant's credit history, but such information may ONLY be used in lieu of rental history to determine an applicant's ability to pay rent when rental history is not available. Where bad credit is the basis for rejection, mitigating circumstances may include:
- (i) a representative payer or other reliable third party who would take written responsibility for payment;
  - (ii) evidence that such poor credit was the result of a disability that is now under control; or
  - (iii) evidence that credit problems were the result of other circumstances that no longer exist and there is reason to believe that applicant will now pay rent promptly and in full.



An applicant's ability and willingness to pay rent must be demonstrated through an identifiable source of sufficient income to pay rent and prior rental history. The lack of credit history, as opposed to poor credit history, is not sufficient justification to reject an applicant. An Agent must also take into account rent burden if an applicant can demonstrate a history of satisfying a higher rent burden than the Agent normally employs. (See Rejection Standards)

The Agent shall have the right to request information reasonably needed to verify the mitigating circumstances, even if such information is of a confidential nature (e.g. verifications from medical professionals that provide confidential information.). If the applicant refuses to provide or give access to such further information the Agent may choose not to give further consideration to the mitigating circumstance.

5. Prohibited Screening Criteria. The Agent may not screen applicants for eligibility on the basis of the following:
- (a) Physical Examinations. The Agent shall not require physical examinations or medical testing as a condition of admission.
  - (b) Meals and Other Services. The Agent shall not require tenants to participate in a meals program that has not been approved by MassHousing.
  - (c) Donations or Contributions. The Agent shall not require a donation, contribution or membership fee as a condition of admission, except that cooperative housing projects may charge a membership fee. Owners may not require any payments not provided in the lease.
  - (d) Disability Status. Except as provided in section C.3(i) above, it is unlawful to make an inquiry to determine if an applicant for a dwelling unit, a person intending to reside in that dwelling unit after it is rented or made available, or any persons associated with the applicant, has a disability or handicap, or to make inquiry as to the nature or severity of an identified disability or handicap.





#### **D. Application to Housing**

1. Application Forms. Application forms (See Attachment 3) shall be distributed and accepted in the manner(s) indicated below:

- ☒ In Person  
☒ By Mail  
☒ By Fax  
☐ By Electronic Submission

NOTE: The electronic transmittal and receipt of applications shall be subject to any applicable federal and state requirements concerning secure data transmission. If applications are accepted electronically, they must be printed and received in accordance with Section D.2(a) below.

Every application must be completed and signed by the head of the household.

The application form shall at a minimum request the information contained in the sample application form in Attachment 3 and shall:

- solicit all the necessary information to determine program and project eligibility;
- provide the opportunity to state the need or desire for an accessible unit;
- provide notice of the right to a reasonable accommodation of a disability;
- include the Equal Opportunity logo and slogan, as well as the Accessibility logo, if required;
- include the non-discrimination statement;
- provide the opportunity to indicate eligibility for a preference; and
- include a notice that the Agent shall communicate with the applicant if necessary because of a disability.

All members of the household must be listed on the application form. In addition to the application form, the Agent shall also obtain the Applicant's consent to obtain third-party verifications or references. Household members 18 years or older, including any personal care attendant (PCA) (or, for Federally Assisted Housing Developments, any Live-in Aide), must sign a release to conduct criminal and landlord history references. In the case of applications for Federally Assisted Housing units, all adult household members (18 years of age and older)



must sign (i) Notice and Consent for the Release of Information (Form HUD 9887), and (ii) Applicant's/Tenant's Consent for the Release of Information (Form HUD 9887-A). In the case of applications for units participating in state subsidy programs, all adult household members must sign the Consent for Release of Information as presented in Attachment 4.

***Note: Credit information for PCAs (or Live-in Aide) is not required since their income is not included in the household income calculation.*** A PCA is defined as a person who resides with a household member with a disability and who (a) provides necessary assistance in activities of daily living to such household member insofar as he or she requires such assistance on account of his or her disability; (b) is not obligated for support of the disabled household member; (c) would not be residing in the unit except to provide such necessary assistance to the household member; and (d) would otherwise move out of the unit upon termination of his or her employment as a personal care attendant or termination of the lease by the disabled client, whichever comes first. (The definition and requirements for a Live-in Aide are found in 24 CFR 5.403 and HUD Handbook 4350.3 REV-1, Section 3-6 (E)(3)(a).)

In accepting applications for occupancy of Federally Assisted Housing units, the following additional requirements shall apply:

CHECK IF APPLICABLE:

  X   Verification of Citizenship/Immigration Status. The Agent shall require the Applicant to submit evidence of citizenship or eligible immigration status as may be required by HUD to establish eligibility for occupancy. The policies and procedures for implementing this requirement are found in Attachment IA (Citizenship/Immigration Status Requirements).

  X   Proof of Social Security Numbers for Household Members. The Agent shall require that the Applicant provide social security numbers (SSN) for all household members. The policies and procedures for implementing this requirement are found in Attachment 4A (Disclosure of Social Security Numbers).

Note: Applicants do not need to disclose or provide verification of a SSN for all household members at the time of application and for placement on the waiting list. However,



applicants must disclose and provide verification of a SSN for all household members before they can be housed.

Failure to respond within 14 days to the Agent's requests for documentation or information to process the application shall result in rejection of the application. The Agent may make exceptions to the procedures described herein to take into account circumstances beyond the applicant's control, including medical problems or extreme weather conditions.

The Agent shall offer assistance to the applicant in completing the application, explain the tenant selection process, define preferences, and explain the verification process with respect to preferences.

It is the policy of the Agent to guard the privacy of individuals in accordance with the Federal Privacy Act of 1974 and the Massachusetts Privacy Act, and to ensure the protection of records maintained by the property concerning the applicants or tenants.

The Agent shall not disclose any personal information contained in its records to any persons or agencies other than MassHousing or other authorized government agencies unless the individual about whom information is requested has given written consent to such disclosure, or unless disclosure is otherwise in accordance with provisions of the state or federal privacy acts.

This privacy policy in no way limits the Agent's ability to collect such information as it may need to determine eligibility, compute rent, determine an applicant's suitability for tenancy, or to gather information to process reasonable accommodations requests under Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, the Fair Housing Act, and state law.

The above policies in no way limit the right or duty of the Agent to make abuse, neglect or other protective service or emergency reports. Additionally, such policies do not forbid management from sharing information in the public domain with relevant service or government agencies.

2. Processing of Applications. In general, applications shall be processed in accordance with the following steps:

- (a) **Receiving and Recording-** Upon receipt of an application to housing, the Agent shall indicate on the application the date and time received,



either by using a date and time stamp, or by writing and initialing the date and time received.

- (b) **Review for completeness** - Applications shall first be reviewed for completeness. Incomplete applications shall be rejected and returned to the applicant. Applications shall not be evaluated until all of the required information has been provided.
- (c) **Determination of program eligibility**- Completed applications shall be reviewed for income eligibility and compliance with any categorical eligibility requirements for the program, such as age or disability. Applicants determined to be ineligible shall be rejected in accordance with procedures outlined herein. When there are more applicants on the waiting list than units currently available, and the anticipated duration of the waiting list exceeds ninety days, the Agent shall make a preliminary determination of eligibility, based on the applicant's self-certified statement as to his or her income, assets, age, disability status, and preference or priority status. Applicant shall be notified of the status of his/her application in accordance with procedures outlined herein.
- (d) **Waiting list placement** - Once a fully completed application is determined to meet income eligibility requirements and the household composition is determined appropriate for a unit at the Development, the applicant shall be placed on the appropriate waiting list(s). Assignment to a position on the waiting list shall be based on the preliminary determination, and shall be formally verified as the applicant's name advances on the waiting list. However, if the anticipated duration on the waiting list is less than 90 days, formal verification shall be required immediately. The applicant shall be placed on the waiting list, by date of receipt of the completed application within the correct income category and then within the correct preference category as applicable. Applicants eligible for handicapped accessible units must be placed on lists for both accessible and standard units.

**NA NOTE: To prevent a disparate impact or discriminatory effect on non-local residents of protected classes, if the Development has adopted a Local (Resident) Preference as specified in Section E.3 below, applicants may not be admitted or added to a waiting list for the duration of the Preference EXCEPT through the use of a lottery**



**process described in Section F below or as otherwise permitted in writing by Massi-lousing.**

(e) **Formal verification** - If, subsequent to the preliminary determination of eligibility, the Agent determines that the formal verification of income, assets, or claimed priority status differs from the applicant's self certification, the applicant may be:

- (i) reassigned to another waiting list (i.e. smaller or larger bedroom size);
- (ii) reassigned to a different preference status; or
- (iii) determined ineligible.

3. **Notification of Decision on Application.** The Agent shall send a written response (See Attachment 5) to the applicant advising such applicant of the status of the application. The response shall be mailed not more than thirty days from the date of receipt of the application. Alternate formats for responding to an applicant with a disability shall be provided upon applicant's request. If the Agent has not made a determination to reject the applicant, the written response shall include the status of the application with respect to:

- result of the preliminary determination of eligibility;
- position on the waiting list;
- SSN disclosure and verification requirements;
- estimate of the time it may take before the applicant will be offered assistance;
- notice that the applicant is responsible for reporting changes in address, phone number, and preference status;
- where applicable, the applicant's qualification for a preference(s) for admission; and
- a statement that the applicant has the right to meet with the Agent to discuss the determination made with respect to the application.

4. **Provisions Relating to Rejection of an Application.** If the applicant is not accepted, or is not placed on the waiting list for admission, the Agent shall follow the procedures outlined in section 3 above, and shall include the following in its written response (See Attachments 6 and 6A) to the applicant:

- the reason(s) for the rejection;



- notice that the applicant or his or her representative, prior to or at the conference with the Agent, has the right to inspect the documentation on the basis of which the rejection was made and any other documentation pertinent to the applicant's eligibility, suitability, qualification or entitlement to priority or preference status. The Agent shall make reasonable arrangements for photocopying any such documentation as the applicant may specify with sufficient advance notice, except that in the case of a credit report, the applicant shall obtain the report from the credit reporting agency;
- notice that the applicant has five business days to request a conference with the Agent (and MassHousing) to contest the rejection, and alternatively, in the case of Federally Assisted Housing units, fourteen days to respond in writing or request a meeting with the Agent to dispute the rejection; and
- notice that the applicant has the right to request a reasonable accommodation if the applicant believes that, with such an accommodation, the applicant would be suitable for admission and that the applicant was rejected for a reason arising from the applicant's disability.

Every rejection notice shall include a copy of the MassHousing Conference Procedures (See Attachment 6B).

5. Special Application Procedures for Project-Based Massachusetts Rental Voucher Program (MRVP) Units

For those developments with project-based Massachusetts Rental Voucher Program (MRVP) units (*see* Introduction and Attachment 1), the local housing agency shall be responsible for taking and processing applications for assistance under the project-based MRVP. The local housing agency shall select applicants for assistance in accordance with Regulations for Eligibility in State-Aided Public Housing and Regulations Prescribing Standards and Procedures for Tenant Selection and Tenant Transfers promulgated by the Massachusetts Department of Housing and Community Development ("DHCD") or its predecessor, the Massachusetts Executive Office of Communities and Development.

Whenever a vacancy occurs, the Agent shall inform the local housing agency, which shall refer the first three (3) interested applicants on its waiting list for the appropriate bedroom size unit to the developer for processing. Units shall be offered to the first person on the top of the list for the appropriate bedroom size



unit as provided by the local housing agency unless reasons exist for rejection as described in the MassHousing Rejection Standards (Attachment 2).

Three exceptions to these procedures are permitted, which give limited preference to existing tenants seeking post occupancy transfers within the Development:

- (a) Overhoused tenants currently receiving project-based MRVP shall be listed on the waiting list for overhoused households (see Section H). After chosen for transfer to a smaller unit, the tenant may continue to receive project-based MRVP subsidy, consistent with rent levels appropriate for the smaller unit.
- (b) Current tenants paying more than 50% of income in rent shall be listed on the waiting list for such households described in Section H. In order to avoid displacement of such tenants who are eligible for project-based MRVP, they may receive preference for a vacant project-based MRVP unit of appropriate size, within the constraints of the bedroom distribution specified in the subsidy contract.
- (c) Current tenants living in overcrowded units shall be listed on the waiting list for such households described in Section H. In order to avoid the displacement of such tenants who are eligible for project-based MRVP assistance, they may receive preference for a vacant project-based MRVP unit only if their transfer to a larger bedroom unit without project-based MRVP would result in their paying more than 50% of their income in rent.

For a current tenant to receive a project-based MRVP subsidy in accordance with the above stated procedures, the manager must refer the tenant to the local housing agency for processing. The local housing agency at all times reserves the right to determine applicant eligibility and the right of continued occupancy by the tenant. Such determination shall be consistent with the appropriate DHCD regulations.

Current tenants who do not qualify for a preference for a project-based MRVP subsidy may apply to the local housing agency waiting list for the project-based MRVP units assigned to the Development. However, their application shall not receive preferential treatment by virtue of their residency in the Development.



6. Special Application Procedures for Project-Based (Section 8) Housing Choice Voucher Units

For developments with project-based Section 8 Housing Choice Voucher units (*see* Introduction and Attachment 1), all contracted units (i.e. covered by a Housing Assistance Payments (HAP) contract with a local housing agency) must be leased to eligible households referred to the Agent by the local housing agency, which shall be responsible for taking and processing applications for occupancy of the contracted units. Specifically, the local housing agency shall (i) determine the eligibility of an applicant household in accordance with HUD requirements; (ii) determine the appropriate unit size for the applicant household based upon the local housing agency's subsidy standards; and (iii) maintain a waiting list of eligible households for the contracted units.

Whenever vacancy in a contracted unit occurs, the Agent shall inform the local housing agency, which shall refer eligible applicant(s) on its waiting list for the appropriate bedroom size unit to the Agent for processing. The Agent shall be responsible for screening and selecting tenants from households referred by the local housing agency, and shall offer referred households units for lease unless reasons exist for rejection as described in the MassHousing Rejection Standards (Attachment 2).

For a current tenant to receive a Housing Choice Voucher subsidy, the Agent must refer the tenant to the local housing agency, which shall determine eligibility and placement on the waiting list for contracted units as provided above.

**E. Preferences, Priorities and Targeting**

This Section describes the preferences, priorities, and targeting that shall be applied in the selection of residents under the Plan for all MassHousing Financed Developments. Applicants with preferences are selected from the waiting list and receive an opportunity for an available unit earlier than those who do not have a preference. Preferences affect only the order of applicants on the waiting list. They do not make anyone eligible who was not otherwise eligible, and they do not change the Agent's right to apply or modify the tenant selection criteria found elsewhere in this plan.

As required in Section D above, the Agent shall inform each applicant about available preferences, and provide an opportunity for each applicant to show that they qualify for available preferences.





1. Required MassHousing Preferences. The Agent shall apply preferences required under Section 7 of the MassHousing enabling statute (M.G.L. c. 23A App., Section 7) in determining the placement of an applicant on the waiting list. In applying such preferences, the Agent shall use the following priority categories in descending order and shall document the sources of information obtained to verify qualification for preferences:
  - (a) 1st Priority- Homelessness due to Displacement by Natural Forces: An applicant, otherwise eligible and qualified, who has been displaced by:
    - (i) fire not due to the negligence or intentional act of applicant or a household member;
    - (ii) earthquake, flood or other natural cause; or
    - (iii) a disaster declared or otherwise formally recognized under disaster relief laws.
  - (b) 2nd Priority - Homelessness due to Displacement by Public Action (Urban Renewal): An applicant, otherwise eligible and qualified, who will be displaced within 90 days, or has been displaced within the three years prior to application, by:
    - (i) any low rent housing project as defined in M.G. L. c. 121B, § 1, or
    - (ii) a public slum clearance or urban renewal project initiated after January 1, 1947, or
    - (iii) other public improvement.
  - (c) 3rd Priority- Homelessness due to Displacement by Public Action (Sanitary Code Violations): An applicant, otherwise eligible and qualified, who is being displaced, or has been displaced within 90 days prior to application, by enforcement of minimum standards of fitness for human habitation established by the State Sanitary Code or local ordinances, provided that:
    - (i) neither the applicant nor a household member has caused or substantially contributed to the cause of enforcement proceedings; and
    - (ii) the applicant has pursued available ways to remedy the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.



Note: For purposes of this subsection, "enforcement" is interpreted as a formal condemnation of the apartment. Citation for code violations does not, without more, constitute a condemnation.

- (d) 4th Priority- Involuntary Displacement by Domestic Violence:  
"Domestic Violence" as defined in M.G.L. c. 209A means actual or threatened physical violence directed against one or more members of the applicant's family by a spouse or other member of the applicant's household. An applicant is involuntarily displaced by domestic violence if:
- (i) The applicant has vacated a housing unit because of domestic violence; or
  - (ii) The applicant lives in a housing unit with a person who engages in domestic violence.

If the applicant is still living in the housing unit with a person who engages in domestic violence at the time of selection, the violence must have occurred within six months or be of a continuing nature.

Priority for Involuntary Displacement by Domestic Violence applies only to households with one or more children under the age of 18.

**Note: The Larger Household Preference, as required by DHCD Guidelines for inclusion of affordable housing units in the Subsidized Housing Inventory (SHI), is omitted here from the list of required preferences. This is to avoid unnecessary confusion because, with the application of the owner's Occupancy Standards set forth in Exhibit 1, units will be sized to applicant households in such a manner that all households eligible to occupy a particular unit size will be of the highest preference category specified by DHCD in the Guidelines, thereby eliminating the need for such a preference.**

2. HUD Section 236 Program - Required HUD Regulatory Preferences

- (a) If the Development is receiving subsidy under the Section 236 Program, or otherwise remains subject to regulatory oversight under the Section 236 Program, the Agent shall apply preferences in determining the order of an applicant's placement on the waiting list for a basic rent unit assisted under the Section 236 Program. Pursuant to 24 CFR Part 236 and HUD Handbook 4350.3 REV-I, preference shall be provided to applicants displaced as a result of:



- (i) government action, or
  - (ii) a Presidentially-declared disaster.
- (b) In addition to the above, if the Development is also receiving Rental Assistance Payments, the Agent shall apply secondary preferences (in descending order of priority), as follows:
  - (i) Applicants eligible for Rental Assistance Payments;
  - (ii) Applicants eligible to pay less than the Section 236 "market rent" approved for the Development; and
  - (iii) Applicants with income sufficient to pay the Section 236 "market rent" approved for the Development.

For purposes of this subsection, the Section 236 "market rent" shall be the market rent as it appears on the most recently approved Section 236 rent schedule for the Development.

Documentation or sources of information, required to verify an Applicant's qualification for a preference under this Section, shall be determined by HUD.

CHECK AS APPLICABLE:

- ☐ The Development is a Section 236 Program Development and is subject to the preference set forth in subsection E.2(a) above.
- ☐ The Development is a Section 236 Program Development and receives Rental Assistance Payments, and is subject to the preference set forth in subsection E.2(a) and 2(b) above.

Note: Section 236 preferences take precedence over the preferences for MassHousing financed Developments (see Section E.1 above).

- ☒ The Development is not a Section 236 Program Development and is not subject to the preferences set forth in subsection E.2

3. Additional Optional Owner Preferences (as allowed under applicable program rules). If specified below, the Agent shall apply Additional Optional Owner Preferences in determining the order of an applicant's placement on the waiting list as may be allowed under applicable program rules. Unless otherwise indicated



below, such preferences are subordinate to the required preferences set forth elsewhere in this section (Section E) and shall be applied in descending order as set forth below.

CHECK AS APPLICABLE:

- ☐ For current residents of housing either financed or administered by MassHousing who seek relocation resulting from:
  - ☐ providing testimony to law enforcement or management agents;  
  
Documentation/Sources of Information Required to Verify  
Qualification for Preference: \_\_\_\_\_  
\_\_\_\_\_
  - ☐ circumstances involving flight from domestic violence or racial/ethnic harassment;  
  
Documentation/Sources of Information Required to Verify  
Qualification for Preference: \_\_\_\_\_  
\_\_\_\_\_
  - ☐ the need to satisfy a reasonable accommodation request.  
  
Documentation/Sources of Information Required to Verify  
Qualification for Preference (Substantiation of such preferences  
must be documented): \_\_\_\_\_  
\_\_\_\_\_
- ☐ Local (Resident) Preference
  - ☐ Current residents: A household in which one or more members is living in the city or town in which the Development is located (the "Municipality") at the time of application. Documentation of residency should be provided, such as rent receipts, utility bills, street listing or voter registration listing.
  - ☐ Municipal Employees: Employees of the Municipality, such as teachers, janitors, firefighters, police officers, librarians or town hall employees.



[ ] Employees of Local Businesses: Employees of businesses located in the Municipality.

[ ] Households with children attending the Municipality's schools, such as METCO students.

[ ] Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Geographic Boundary(ies): \_\_\_\_\_  
(not smaller than municipal boundary(ies))

Applicable Percentage: \_\_\_\_\_ % (not greater than 70%)

Duration of Preference: \_\_\_\_\_ Initial Rent Up Only

\_\_\_\_\_ Other (specify term)

**NOTE: Local (Resident) Preferences are subject to DHCD Guidelines, and may require approval by DHCD and the Municipality in addition to approval by MassHousing's Compliance and Diversity Division. Residency preferences for HUD Assisted Developments are also subject to InJD requirements and require HUD approval. (See HUD Handbook 4350.3 REV-1, Section 4-6.C.1.c). These required approvals (identified below) must be obtained by the Owner or Agent prior to adoption of a residency preference under this Plan. All preferences must comply with non-discrimination, equal opportunity, and Fair Housing requirements, and the Development's Affirmative Fair Marketing Plan must demonstrate what efforts will be taken to prevent a disparate impact or discriminatory effect on non-local residents of protected classes. Specifically, to prevent such disparate impact or discriminatory effect, if the Development adopts a Local (Resident) Preference, applicants may not be admitted or added to a waiting list for the duration of the Preference EXCEPT through the use of a lottery process described in Section F below or as otherwise permitted in writing by MassHousing.**



Approval for Local (Resident) Preference:

Required	Obtained (attach relevant approval for each)
<input type="checkbox"/>	<input type="checkbox"/> MassHousing Compliance & Diversity
<input type="checkbox"/>	<input type="checkbox"/> HUD
<input type="checkbox"/>	<input type="checkbox"/> DHCD
<input type="checkbox"/>	<input type="checkbox"/> _____ (Municipality)

☐ Homeless (general, not otherwise covered by homeless preferences above)

Documentation/Sources of Information Required to Verify  
Qualification for Preference: \_\_\_\_\_

☐ Other - Specify

☐ Preference Description: \_\_\_\_\_

Documentation/Sources of Information Required to Verify  
Qualification for Preference: \_\_\_\_\_

HUD Approval Required/Date Obtained: \_\_\_\_\_

☐ Preference Description: \_\_\_\_\_

Documentation/Sources of Information Required to Verify  
Qualification for Preference: \_\_\_\_\_

HUD Approval Required/Date Obtained: \_\_\_\_\_



4. Housing for Older Persons

If specified below, the Development has been established as housing intended for older persons, and for which tenant selection and occupancy shall be restricted as permitted under exemptions provided under the Fair Housing Act, as amended (46 U.S.C. 3601 et seq.), and regulations promulgated thereto (24 CFR Part 100, Subpart E).

- (a) Housing provided under Federal or State Program specifically designed and operated to assist elderly persons (*see* 24 CFR 100.302).
- (i) ☒ Owner-Adopted Preferences for Elderly, Disabled, Nonelderly Disabled and Near Elderly Disabled Families - as permitted under Section 651 of Title VI, Subtitle D of the Housing and Community Development Act of 1992 ("Title VI-D").

Owners of qualifying developments receiving Section 8 assistance may elect to extend a preference to elderly families and a set-aside for non-elderly persons with disabilities over other disabled applicants, if the development meets Title VI-D criteria (*see* certification below) and such preferences do not otherwise violate Fair Housing Act or Age Discrimination Act standards (*see* HUD Handbook 4350.3 REV-1, Section 3-18.A).

**Certification for Implementation of Title VI-D  
Elderly Preference**

- (A) The undersigned certifies that the Development has adopted the HUD Title VI-D Elderly preference, and that it is both qualified and has the supporting documentation on site as specified in HUD Handbook 4350.3 REV-1, Section 3-18.A to support the adopted elderly preference.

☒ Yes  
☐ No



The number of units **set aside** at the Development for non-elderly disabled families is 10%.

Note: For purposes of this subsection (A) only, a non-elderly disabled family is one in which the head of household, co-head, or spouse is disabled and 18 to 49 years of age.

- (B) The Development has adopted the "near-elderly disabled family" preference.

☐ Yes  
☐ No

Note: For purposes of this subsection (A) only, a near-elderly disabled family is one whose head, spouse, or sole member is a person with disabilities who is at least 50 years of age but below the age of 62; or two or more persons with disabilities who are at least 50 years of age, but below the age of 62, living together; or 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.

- (ii) ☐ Owner-Adopted Elderly Restrictions in Certain Federally Assisted Housing Projects that were Designed to Serve the Elderly- as permitted under Section 658 of Title VI-D.

Owners of qualifying Section 236, Section 221 (d)(3) BMIR and Section 202 developments may restrict occupancy to such developments to elderly families in accordance with the rules and standards in effect at the inception of the development (*see* HUD Handbook 4350.3 REV-1, Section 3-18.B).

#### **Certification for Implementation of Title VI-D Elderly Restriction**

- (A) The undersigned certifies that the Development has adopted the HUD Title VI-D Elderly Restriction





and it is both qualified and has the supporting documentation on site as specified in HUD Handbook 4350.3 REV-I, Section 3-18.B to support the adopted restriction.

☐ Yes  
☐ No

Specify Program and Restriction(s): \_\_\_\_\_

- (iii) ☐ Elderly Preferences and Restriction - Projects Not Covered by Title VI-0 (See HUD Handbook 4350.3 REV-1, Section 3-19).

Specify Program and Restriction(s): \_\_\_\_\_

- (iv) ☐ OTHER:

Specify Program and Restriction(s): \_\_\_\_\_

- (b) ☐ 62 years of age and over - housing intended for, and solely occupied by, persons 62 years of age or older (*see* 24 CFR 100.303). If this designation is checked, the only persons eligible for occupancy of units in the Development are persons 62 years of age or older.
- (c) ☐ 55 years of age and over - housing intended and operated for persons 55 years of age or older (*see* 24 CFR 100.304 et seq.). If this designation is checked, at least 80 percent of occupied units must be occupied by one person 55 years of age or older.



Pursuant to 24 CFR 100.306, in order for the Development to qualify as housing designed for persons 55 years of age or older, the Owner and/or Agent must publish and adhere to policies and procedures (**copies of which are attached**) that demonstrate its intent to operate as housing for persons 55 years of age or older.

Pursuant to above policies and procedures, the Development will maintain its designation as a "55 years of age and older" development through limits on tenant selection and eligibility, as follows:

- ☐ All applicants for occupancy in the Development must be 55 years of age or older.
- ☐ At least one person in each applicant household for occupancy in the Development must be 55 years of age or older.
- ☐ Other [see attached policies and procedures specifying how minimum occupancy requirement will be maintained]

5. HUD Project-Based Section 8 Program - Mandatory Income Targeting

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

(i) the assisted units were available for occupancy under a Section 8 HAP Contract effective before October 1, 1981, and are being leased on or after that date, in which case the assisted units may be leased to families whose income exceeds very low income but does not exceed eighty percent (80%) of the area median income ("low income") at the time of admission, provided that the Agent has used its best efforts to lease the minimum number of units specified in the HAP Contract to families whose income does not exceed very low income (See HUD Handbook 4350.3 REV-1, Section 3-7 (B)); or

(ii) written permission is obtained from HUD pursuant to 24 CFR 5.653(d)(3) as noted below to lease a portion of the assisted units to families whose income exceeds very low income but does not exceed low income at the time of admission.



In addition to the 50% area median threshold, HUD mandates that if the Development is receiving project-based Section 8 housing assistance payments as noted below, the Agent shall make at least forty percent (40%) of the assisted units (i.e. those units in the Development for which the owner receives project-based Section 8 housing assistance payments) that become available in each of the Development's fiscal year available for leasing to families whose income does not exceed thirty percent (30%) of the area median income ("extremely low income") at the time of admission.

In carrying out this requirement, the Agent shall obtain the Income Limits for Section 8 Programs published by HUD periodically.

(a) Applicability of Mandatory Income Targeting Requirements (check one):

☒ [ X ] The Development contains 193 units receiving project-based Section 8 housing assistance payments, which are subject to the Mandatory Income Targeting requirements set forth above.

☐ [ ] The Development does not receive project-based Section 8 housing assistance payments and is not subject to the Mandatory Income Targeting requirements set forth above.

(b) Allowance/Permission to Lease Assisted Units to Other than Very Low Income Families (check one):

☐ [ ] The assisted units in the Development were available for occupancy under a Section 8 HAP Contract effective before October 1, 1981, and are being leased on or after that date, in which case the assisted units may be leased to families whose income exceeds very low income but does not exceed low income. Pursuant to the HAP Contract, best efforts shall be used to lease not less than      percent (     %), or      [insert number of very low income units], of the assisted units to families whose income does not exceed very low income; the remaining      percent (    ) or      [insert number of low income units] of the assisted units shall be available to families whose income does not exceed low income, subject at all times to Mandatory Income Targeting requirements above.



- ☐ In accordance with 24 CFR 5.653(d)(3), the Development has received permission from HUD by letter dated \_\_\_\_\_ allowing the Development to lease up to \_\_\_\_\_ % of the assisted units to low income tenants other than very low income families (attach approval letter), subject at all times to Mandatory Income Targeting requirements above.
- ☐ The Development has not received permission from HUD to lease assisted units to low income tenants other than very low income families.

(c) Method to Comply with Income Targeting Requirements (check one):

NOTE: To be applied only after a determination by the Agent that the composition of the waiting list shall not allow the Development to achieve the income targeting requirement by simply following the standard waiting list order.

The Agent should periodically review the composition of admissions to confirm that the 40% target shall be met for that fiscal year. If this periodic review reveals that admissions of extremely low-income applicants are below the 40% requirement, the Agent shall use one of the methods specified below to ensure that the requirement is met by the end of the fiscal year.

- ☐ Method 1 - Admit only extremely low-income families until the 40% target is met. In chronological order, the Agent shall select eligible applicants from the waiting list whose incomes are at or below the extremely low-income limit to fill the first 40% of expected vacancies in the property. Once this target has been reached, admit applicants in waiting list order.
- ☒ Method 2 - Alternate between the first extremely low-income applicant on the waiting list and the applicant at the top of the waiting list. To implement this method, the Agent shall select the first extremely low-income applicant on the waiting list (which may mean "skipping over" some applicants with higher incomes) for the available unit, and then select the next eligible applicant currently at the top of the waiting list (regardless of income level) for the next available unit. As subsequent units become available,



tenant selection continues to alternate between the next extremely low-income applicant and the eligible applicant at the top of the waiting list until the 40% target is reached. NOTE: It is possible that (i) selection of the "next extremely low-income applicant" may result in selecting the applicant at the top of the waiting list; or (ii) selection of the "eligible applicant at the top of the waiting list" may result in the selection of an extremely low-income family.

- ☐ Method 3 -Alternate between the first extremely low-income applicant on the waiting list and the applicant at the top of the waiting list in groups of 10. In chronological order, the Agent shall admit the first 4 extremely low-income families from the waiting list and then admit the next 6 families from the top of the waiting list, regardless of income. This procedure results in 40% or more of admissions being extremely low-income. After filling the first 10 available units, owners again admit the first 4 extremely low-income families on the waiting list and then the next 6 families currently at the top of the waiting list.

- ☐ Other Method (Please Describe): \_\_\_\_\_ .

#### F. Initial Rent-Up/Lottery *NA*

If this Plan is approved for use in connection with the initial rent-up of a development following completion of construction, or with the re-occupancy of a significant number of housing units following the substantial rehabilitation of a development, the Agent shall conduct a lottery as necessary to establish an initial Waiting List from which selection of the initial residents shall be made.

The lottery shall be conducted in accordance with any applicable state and federal guidelines for the administration of lotteries for multifamily affordable rental housing units, subject to applicable Fair Housing requirements, and with procedures developed by the Agent attached hereto as Attachment 7 (Procedures for Housing Lottery) as reviewed and approved by MassHousing and/or HUD. *[alternate language if procedures will be developed following approval of the Plan:]* which shall be submitted to MassHousing for approval at least sixty (60) days prior to commencement of initial rent-up. These procedures, upon approval by MassHousing, shall be incorporated into this Plan as Attachment 7 (Procedures for Housing Lottery).]



CHECK IF APPLICABLE:

\_\_\_\_\_ The Plan is approved for use with the initial rent-up of the Development or the re-occupancy of a significant number of housing units following the substantial rehabilitation of the Development, and requires the Agent to conduct a lottery as necessary to establish the initial waiting list.

**G. Waiting Lists**

Subject to any requirements for a lottery set forth above, the Agent shall establish and administer its Waiting Lists in accordance with the following policies.

1. Waiting lists shall be maintained in either a bound ledger or on a computer report. A printed copy of the waiting list shall be prepared, prior to the annual update, and maintained for three years.
2. Waiting lists must include the following data taken from the application:
  - (a) Date and time the applicant submitted the application;
  - (b) Name of the head of household;
  - (c) Annual income level (used to estimate levels for income-targeting i.e. extremely low-income, very low-income, low-income and moderate income);
  - (d) Identification of the need for an accessible unit, including the need for accessible feature i.e. visually or hearing impaired;
  - (e) Preference status; and
  - (f) Unit size.
3. Waiting lists shall be organized by type of unit (subsidy, physically adapted unit, etc). A separate list is required for every type of unit. "Type of unit" is defined in several ways, including:
  - (a) the number of bedrooms, as well as the number of bathrooms, or ancillary rooms, such as a den or dining room;
  - (b) the building structure, such as a town-house versus a garden-style unit;
  - (c) the physical characteristics of the unit, such as accessible features;
  - (d) the type of subsidy attached to the unit, such as project-based subsidy;
  - (e) the distinction between subsidy types such as interest subsidy (basic rent units) and deep subsidy (low rent units); and
  - (f) units which are intended for occupancy by elderly persons.



4. Each applicant must be placed on the appropriate waiting list(s) chronologically according to the date and time of the completed application within the applicable preference categories. Non-preference applicants shall be placed on the waiting list per the date and time of the completed application.

**NOTE: To prevent a disparate impact or discriminatory effect on non-local residents of protected classes, if the Development has adopted a Local (Resident) Preference as specified in Section E.3 below, applicants may not be added to a waiting list for the duration of the Preference EXCEPT through the use of a lottery process described in Section F above or as otherwise permitted in writing by MassHousing.**

5. If an applicant is eligible for tenancy, but no appropriately sized unit is available, the Agent shall place the family on a waiting list. Households that are eligible for more than one size of unit (by bedroom size) may choose to be placed on multiple waiting lists, as appropriate, and the Agent shall respect the bedroom size option chosen by the applicant unless such choice violates the state sanitary code, other applicable laws, or the Development's Occupancy Policy. Persons using a wheelchair or requiring similar accommodations may apply for a standard unit, as well as an accessible unit, in their discretion.
6. The Agent's records shall indicate the date the applicant is placed on the waiting list. Whenever a change is made in the waiting list, an action is taken, or an activity specific to an applicant occurs, a notation must be made on the waiting list. In instances where the applicant asks to be passed over until the next vacancy (for non-medical reasons), the Agent may allow applicant to retain his position on the waiting list. However, an applicant's failure to accept the next available vacancy shall result in the applicant being placed on the waiting list as if the application had been received on the date of the second refusal.
7. The Agent should contact applicants in writing annually or semi-annually to verify continued interest in remaining on the Development's waiting list. The Agent may require interested applicants to contact the Development in order to remain on the waiting list, and may remove from the waiting list those applicants who do not respond within thirty (30) days. A model letter to verify continued interest in remaining on the waiting list is attached to the Plan as Attachment 8 (Annual Waiting List Update).



8. The waiting list may be closed for a specific unit size or type if the projected turnover rate indicates that an applicant would be unable to obtain a unit within one year. Before closing a waiting list, the Agent must receive written approval from MassHousing. Thereafter, the Agent shall post a notice at the Development that indicates: (a) the date the list will be closing and (b) MassHousing's telephone number, fax number and TDD number for verification. Notice must be in 14 point (or larger) print and in an accessible location(s). The Agent shall further publish a notice in a publication likely to be read by potential applicants stating that the Development will no longer accept applications and the reasons therefore.
9. When an applicant pool is not large enough to warrant the closure of the waiting list, the list shall be re-opened. MassHousing must receive written notification of the list's reopening, and public notice shall be placed in area publications and as otherwise required by the Development's Affirmative Fair Marketing Plan. The public notice should include rules for applying and the order in which applications will be processed.
10. Waiting lists shall be updated every twelve months.

**NOTE:** Prior to removing an applicant's name from the waiting list, the Agent shall send written notice of the action, or notice in requested alternate format, to the applicant, at the applicant's address of record, or to any person designated by the applicant to receive a copy of such notices as a form of reasonable accommodation. A copy of the standard notice of removal is attached to the Plan. (See Attachment 9)

11. The status of waiting lists (i.e. whether open or closed) shall be reported, upon change but not less frequently than once every twelve months, to (i) the Massachusetts Accessible Housing Registry (MassAccess) and (ii), if the development is located within Boston Metropolitan Statistical Area, to the Boston Fair Housing Commission's Metrolist (Metropolitan Housing Opportunity Clearing House).

## **H. Vacancies**

### **I. Notice of Vacancies**

Vacancies in any unit covered by this Plan must be reported immediately upon turnover (regardless of whether the unit will be leased to a qualified applicant on





the waiting list) to (i) the Massachusetts Accessible Housing Registry (MassAccess) and (ii), if the development is located within Boston Metropolitan Statistical Area, to the Boston Fair Housing Commission's Metrolist (Metropolitan Housing Opportunity Clearing House).

## 2. Transfer of Existing Residents

In filling vacant units, the Agent shall first offer current residents the option to relocate to another unit in the Development, provided such residents meet one of the following transfer conditions:

### Size of Family or Special Condition.

- Residents are housed in over-crowded conditions and have requested a larger unit appropriate for their household size;
- Residents are housed in units providing a greater number of bedrooms than warranted for their household size (such transfers are not volitional, and refusal to relocate by the household shall result in termination from the subsidy program upon thirty days notice);
- Residents who require the features of an accessible unit, or require the features of another unit as necessary to provide a reasonable accommodation, provided that verification of the need has been made by the Agent; and
- Residents who occupy, but do not need the features, of an accessible unit if another resident or applicant needs an accessible unit (such transfers are not volitional, and refusal to relocate by the household shall result in termination from the subsidy program upon thirty days notice).

Economic Circumstances. Residents who are paying more than fifty percent (50%) of their monthly income for the cost of rent and utilities.

### Owner Optional Preferences - Transfers of Existing Residents.

☐ Other - Specify

☐ Preference Description: \_\_\_\_\_  
\_\_\_\_\_

☐ Preference Description: \_\_\_\_\_  
\_\_\_\_\_



The Agent shall maintain a formal waiting list for current residents seeking to relocate to other units pursuant to these conditions. When a vacancy occurs, the Agent shall determine if a transfer is warranted from the internal waiting list before proceeding to the external waiting list to select an applicant for the vacant unit.

3. Filling of Vacancies

In the event that there are no current residents of the Development to fill the vacant unit, the Agent shall offer the vacant unit to the next qualified applicant for that unit type found on the waiting list. If there are no qualified applicants for the unit type on the waiting list, the Agent shall advertise the unit for rent in accordance with the Development's AFHM Paid/or offer the unit to a qualified applicant for the unit type not on the waiting list.

**I. Additional Policies Regarding Special Use Units**

1. Accessible Units. These are units which have been constructed according to the ADAAG and AAB codes for accessible units. Accessible units shall be listed with the Massachusetts Accessible Housing Registry (MassAccess). For more details, see <http://www.chapa.org>. Pursuant to M.G.L. c. 151B, Section 7A, upon vacancy of an accessible unit, the Agent shall give the Registry fifteen (15) days notice of the vacancy to MassAccess and persons on the waiting list or other applicants who have identified the need for the features of an accessible unit, during which time the Agent may not lease the unit to someone who does not need the accessibility features. If an accessible unit must thereafter be offered to someone who does not need the accessibility features, the lease shall include a clause requiring the tenant to relocate to the first available comparable unit if a tenant or eligible applicant requires the unit's accessible features.
2. DMH/DDS Set-Aside Agreement. These units are restricted, by agreement with MassHousing and the Department of Mental Health (DMH) and Department of Developmental Services (DDS), formerly the Department of Mental Retardation, for use by eligible DMH/DDS clients. The agreement reserves three percent (3%) of the low-income units or moderate income units, where applicable, for eligible applicants referred by DMH/DDS:

☒ Yes  
☐ No



As a DMH/DDS set aside development, three percent (3%) of the low rent (or low and moderate rent) units shall be reserved for eligible DMH/DDS clients.

#### **J. Record-Keeping**

- I. The Agent must retain current applications as long as their status on the waiting list is active.
2. Once the applicant is taken off the waiting list, the Agent must retain the application, initial rejection notice, applicant reply, copy of the Agent's final response, and all documentation supporting the reason for removal from the list for three years.
3. When an Applicant moves in, the Agent must retain the application, supporting documentation (including the Agent's verification efforts) for the duration of the tenancy and for three years after the tenant leaves the property.
4. The Agent must maintain the applicant and tenant information in a way to ensure confidentiality. **The confidentiality of records containing criminal background checks and other personal information are regulated by state and federal law and carry penalties for negligent disclosure and improper use. The Owner should consult with counsel to ensure compliance with state and federal record retention and disclosure laws.**

#### **K. Limited English Proficiency (LEP) Services**

The Agent shall determine, as part of its obligation to take reasonable steps to ensure meaningful access to the Development and its programs by persons with Limited English Proficiency (LEP), those Oral Language Services (i.e. Interpretation) and Written Language Services (i.e. Translation) that may be required in connection with the implementation of this Plan.

#### **L. Modification of Tenant Selection Regulations**

The Agent acknowledges that HUD or MassHousing may, from time to time, modify the requirements of their respective tenant selection regulations or policies. The Agent agrees that, upon reasonable notice, the Agent shall amend the Plan to satisfy such changes.

#### **M. Review and Modification of Tenant Selection Plan**

The Agent shall review periodically, but not less than once per calendar year, the Plan for compliance with the MassHousing Tenant Selection Regulations and Subsidy Program Requirements. The Agent may modify the Plan and the policies related to the selection of tenants at any time, subject to prior approval by MassHousing. The Agent shall send notice of

the modification and a description of the changes made to the Plan to applicants on the waiting list within thirty (30) calendar days of the effective date of the modification. MassHousing may also require that the Agent, upon thirty (30) calendar days notice, amend the Plan as directed by MassHousing. Any changes made in a Tenant Selection Plan shall be prospective unless otherwise required by MassHousing or applicable law.

**N. Plan Available to Public Upon Request**

The Agent shall make copies of the Plan available to the public, including Applicants and residents of the Development, upon request.

**[signatures on the following page]**




### CERTIFICATION/REQUEST FOR APPROVAL

As an authorized representative of the Agent, I have reviewed this plan and by signing below certify that the information contained herein is true and complete. The plan shall be effective as of the date approved by MassHousing.

DEVELOPMENT NAME: Franklin Square House

MASSHOUSING NO.: 7-9-039

AGENT: Preservation Housing Management, LLC

By: 

Name: Lee John Felgar

Title: President

Date: 5/24/2012

APPROVED:

MASSACHUSETTS HOUSING FINANCE AGENCY

By: 

Date: 6/7/2012





**ATTACHMENTS:**

- Attachment 1:** Eligibility Criteria and Occupancy Standards
- Attachment 1A:** Verification of Citizenship or Eligible Immigration Status
- Attachment 1B:** List of Department of Homeland Security Approved Documents
- Attachment 1C:** Restrictions on Eligibility of Students for Section 8 Assistance
- Attachment 2:** Rejection Standards (Exhibit 2 to the Tenant Selection Regulations)
- Attachment 2A:** Request for Sex Offender Registry Information
- Attachment 2B:** Policy for Accessing and Using HUD's EIV for Existing Tenant Search Report during Tenant Selection Screening
- Attachment 2C:** Overview and Suggested Policy Questionnaire/Outline
- Attachment 3:** Model Application Form
- Attachment 4:** Applicant's Consent for Release of Information
- Attachment 4A:** Disclosure of Social Security Numbers
- Attachment 5:** Application Acceptance Letter
- Attachment 6:** Rejection Notice
- Attachment 6B:** MassHousing Conference Procedure
- Attachment 7:** Procedures for Housing Lottery
- Attachment 8:** Annual Waiting List Update
- Attachment 9:** Notice of Removal from Waiting List



Attachment 1

**Eligibility Criteria and Occupancy Standards**

Development Name: Franklin Square House

MassHousing Project Number: 73-039

Total Units: 193 "-----"

Place indicate the number of contracted units and the applicable subsidy program(s) for this development:

\_K\_ Section 8 Project-based subsidy program

193 Low Income Units (available to families earning more than 50% and less than **80%AMI**)

-- Very Low Income Units (available to families earning less than 50% AMI)

Note: For each project assisted under a contract for project-based Section 8 assistance, the owner must lease not less than 40% of the dwelling units (assisted under the contract) that become available for occupancy in any project fiscal year to extremely low-income families.

\_\_\_\_\_ Section 236 Interest Reduction Subsidy program

\_\_\_\_\_ Rental Assistance program (RAP)

\_\_\_\_\_ Rent Supplement program (RS)

\_\_\_\_\_ Section 13A Interest Subsidy program

\_\_\_\_\_ Massachusetts Rental Voucher program (MRVP)-

Note: Selection for occupancy of MRVP Units shall be conducted by the local housing agency pursuant to Section D.5 of Plan

\_1M\_ Low Income Housing Tax Credits

Specify applicable income mix/limitations: 10% of units leased to 30% AMI



Please detail the number of units provided under the contract by bedroom size, where specified, and by Family or Elderly designation. Note: only Section 8 contracts specify elderly units. other subsidy types may either be deed restricted or designated during underwriting.

	<b>Unit Types:</b> E = elevator W=walkup R =row TH= townhouse A = accessible	0-BR	1-BR	2-BR	3-BR	4-BR	5-BR	6-BR	Total
Unsubsidized Market:		-	-	-	-	-	-	-	
Subsidized (by type):									
Section 8 - Elderly		51	121	21	-	-	-	-	193
*10% of the units will be leased to non-elderly disabled families									
Section 8 - Family		-	-	-	-	-	-	-	
Section 236 - Elderly*		-	-	-	-	-	-	-	
Section 236 -Family		-	-	-	-	-	-	-	
Section 13A - Elderly*		-	-	-	-	-	-	-	
Section 13A - Family		-	-	-	-	-	-	-	
Rent Supplement (RS)		-	-	-	-	-	-	-	
(from mortgage application)									
Rental Assistance (RAP)		-	-	-	-	-	-	-	
(from mortgage application)									
Mass Rental Vch(MRVP)		-	-	-	-	-	-	-	
Total:		51	121	21					193

Specify the current income eligibility criteria for each subsidy program. **The income eligibility criteria in this table must be updated as the federal income limits and/or project based specific rents in the case of the Section 13A Developments change.** For Section 13 A



Developments, attach a copy of the Income Eligibility Calculation spreadsheet provided by MassHousing.

Effective as of: 12/1/2011 [insert date last updated]

<b>Persons in the household:</b>	<b>Maximum annual income:</b> Indicate applicable program: PBS8 80%	<b><i>For Section 8 Contracts only:</i></b> Indicate the Extremely Low Income target level
One	\$45,500	\$18,100
Two	\$52,000	\$20,700
Three	\$58,500	\$23,300
Four	\$65,000	\$25,850
Five	\$70,200	\$27,950
Six	\$75,400	\$30,000
Seven	\$80,600	\$32,100
Eight	\$85,800	\$34,150
Nine	\$	\$

<b>Persons in the household:</b>	<b>Maximum annual income:</b> Indicate applicable program: LHITC 60%
One	\$36,240
Two	\$41,400
Three	\$51,720
Four	\$55,860
Five	\$60,000
Six	\$64,140
Seven	\$68,280
Eight	\$
Nine	\$

<b>Persons in the household:</b>	<b>Maximum annual income:</b> Indicate applicable program:
One	\$
Two	\$
Three	\$
Four	\$
Five	\$
Six	\$

Seven	\$
Eight	\$

The Agent shall consider housing applicants for residency who, at the time of admission, meet all of the following conditions as outlined in HUD 4350.3 REV-I, and any applicable federal/state guidelines, and who have submitted an application for occupancy. The following criteria shall be used to determine an applicant's eligibility:

- ◆ A household is a family or single person who is eligible under applicable federal/state requirements.
- ◆ The Agent must develop a written method for assigning units and have it available on-site.
- ◆ Household annual income does not exceed current program income limits.
- ◆ Households who have provided verified social security numbers (SSN) for all family members.
- ◆ Households who have not committed any fraud in connection with any Federal or State Housing Assistance Program, and owe no rent or other amounts in connection with housing assistance.

## OCCUPANCY STANDARDS

Occupancy is usually based on two people per bedroom unless the square footage allows or requires otherwise. Household size must comply with unit size based on the current State Sanitary Code Minimum Square Footage Requirements or any applicable Federal regulations or requirements, including those found in Section 3-23 (Occupancy Standards) and Exhibit 3-2 (Fair Housing Enforcement - Occupancy Standards Notice of Statement of Policy, 63 FR 70256) of the HUD 4350.3 REV-I.

### EXAMPLE

#### Massachusetts State Sanitary Code Minimum Square Footage Requirements

<i># Occupants</i>	<i>S.F. Per Bedroom*</i>	<i>Total Habitable Area*</i>
1	70 sq. ft.	150 sq. ft.
2	100 sq. ft.	250 sq. ft.
3	150 sq. ft.	350 sq. ft.

\*Square footage excludes bathrooms, connecting hallways, closets and laundry rooms.



Acceptance of a unit at maximum occupancy does not give the tenant the right to claim overcrowded conditions and request a transfer to a larger unit, unless the family size changes.

Based on the average square footage for \_\_\_\_\_ unit type, specify the maximum and minimum number of occupants permitted for each unit:

Unit type & size	Average Square Footage:	Maximum occupants:	Minimum occupants* :
Studio	450	2	1
1 Bedroom	643	2	1
2 Bedroom	916	4	2
3 Bedroom			3
4 Bedroom			4
5 Bedroom			5
6 Bedroom			6

\* subject to exception on the basis of reasonable accommodation, or as otherwise permitted by the subsidy program.

#### Other Occupancy Standards:

(i) A husband and wife, or those in a similar living arrangement, shall be required to share a bedroom, unless the consequence of sharing would be a severe adverse impact on his or her mental or physical health and the Agent receives reliable medical documentation as to such impact or sharing.

(ii) [insert other applicable occupancy standards] \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Attachment I A

### VERIFICATION OF CITIZENSHIP OR ELIGIBLE IMMIGRATION STATUS

The following summary represents an overview of the federal regulations dealing with verification requirements for citizenship or eligible immigration status in Federally Assisted Housing developments **except** Section 202 with Project Assistance Contracts (PACs), Section 202 with Project Rental Assistance Contracts (PRACs) or Section 202 without Assistance. **The summary below is an incomplete overview of the key requirements of the federal regulations dealing with verification of citizenship or eligible immigration status. Please refer to the HUD Handbook 4350.3 REV-1, Section 3-12 prior to and during the administration of the verification process.**

#### Key Requirements:

1. Assistance in subsidized housing is restricted to (a) U.S. citizens or nationals and (b) noncitizens who have eligible immigration status as determined by HUD.
2. All applicants for assistance must be given notice of the requirements to submit evidence of citizenship or eligible immigration status. Owner should arrange to provide the notice in a language that is understood by the applicant if the applicant is not proficient in English. (see Exhibit 3-4 of the HUD Handbook). Applicants must be notified in writing if they are found to be ineligible. (see Exhibits 3-8 and 3-9 of the HUD Handbook for sample notifications of ineligibility)
3. All family members, regardless of age, must declare their citizenship or immigration status.
4. (a) U.S. citizens must sign a declaration of citizenship. Owners may establish a policy of requiring additional proof of citizenship for those declaring to be U.S. citizens or nationals (i.e. U.S birth certificate or U.S. Passport).  
  
(b) Noncitizens under age 62 (must sign a Verification Consent Form (see Exhibit 3-6 of the HUD Handbook for an example) and submit documentation of their status or sign a declaration that they do not have eligible status. Noncitizens under the age of 62 claiming eligible status must submit a signed declaration of eligible immigration status, a signed consent form and one of the OHS-approved documents listed in Figure 3-4 of the HUD Handbook (attached hereto as Attachment 18)



- (c) Noncitizens age 62 or older must sign a declaration of eligible immigration status and provide a proof of age document.
5. A mixed family - a family with one or more ineligible family members and one or more eligible family members may receive either prorated assistance, continued assistance, or a temporary deferral of termination of assistance.
  6. Applicants who hold a noncitizen student visa are ineligible for assistance as are any noncitizen family members living with the student. For noncitizen students with a citizen spouse or citizen children, see the rules in the HUD Handbook Section 3-12 R.2.
  7. Owners are required to verify with the Department of Homeland Security (DHS) the validity of documents provided by non-citizen applicants claiming eligible immigration status. To do this the Owner must:
    - a. obtain computer software to install on the owner's personal computer, an access code and user ID by calling the Office of Multifamily Housing at HUD headquarters and follow the instructions; or
    - b. if the owner does not have a personal computer or a CD drive and Windows on their personal computer, it shall be necessary to verify immigration status using the paper process. This process consists of completing the Document Verification Request (Form G-845S) and mailing copies of the immigration documentation to the local immigration office to receive verification of validity of the documents.
- If using computer software, see Appendix 2 of the HUD Handbook in the instruction manual providing instructions on use of the Systematic Alien Verifications for Entitlements System (SAVE) and interpretation of results of OHS verification information.
8. Applicants must submit required documentation of citizenship/immigration status no later than the date the owner initiates verification of other eligibility factors. Because of the prohibition against delaying assistance to obtain verification of citizenship/immigration status, owners are advised to implement procedures to verify eligible immigration status in advance of other verification efforts. The Owner may grant the applicant an extension of not more than 30 days to submit documentation if the applicant certifies that the documentation is temporarily unavailable. Owners may not delay the family's assistance if the family submitted its immigration information in a timely manner but the OHS verification or appeals process has not been completed. If a unit is available, the family has come to the top of the waiting list, and at least one member of the family has submitted the required documentation in a



timely manner, the owner must offer the family a unit and provide prorated assistance to those family members whose documents were received on time.

9. The Owner must notify the applicant as soon as possible if the verification process returns a negative result. (see the sample notice in Exhibits 3-10 and 3-11 of the HUD Handbook.) The notice must inform the applicant of the right to appeal the owner's decision and provide the applicant with the options to (a) appeal the decision to DHS; (b) request an informal hearing with the Owner's representative; or (c) pursue eligibility for prorated assistance.

**Attachment 1B: Acceptable DHS Documents (Figure 3-4 from HUD Handbook 4350.3 REV-1) is reproduced on the following page.**



## Attachment 1B

4350.3 REV-I

Section I:  
Program Eligibility

Figure 3-4 Acceptable DHS Documents

- 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 to Section 207";
  - "Section 208" or "Asylum";
  - "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - "Paroled Pursuant to 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 an 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 was before October 1, 1990);
  - A court decision granting withholding of 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 21 O'.
- Form I-668B, *Employment Authorization Card* annotated "Provision of Law 274a.12(1 l)" 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*.





## Attachment IC

### **Restrictions on Eligibility of Students for Section 8 Assistance**

Owners must determine a student's eligibility for Section 8 assistance in accordance with the restriction set forth in 24 CFR 5.612, which provides generally as follows: No assistance shall be provided under Section 8 to any individual who:

1. Is enrolled as a student at an institution of higher education;
2. Is under 24 years of age;
3. Is not a veteran;
4. Is unmarried;
5. Does not have a dependent child;
6. Is not a person with disabilities and was not receiving assistance under Section 8 as of November 30, 2005; and
7. Is not otherwise individually eligible, or has parents, individually or jointly, who are not eligible to receive assistance under Section 8.

The Agent must consider the student's income to determine where the applicant meets the income eligibility criteria unless the student can demonstrate their independence from their parents. In order to establish independence, the student must meet all of the following criteria:

1. Be of legal age to contract;
2. Have established a household separate from the student's parents for at least one year before applying OR meet the United States Department of Education's definition of an independent student by satisfying one or more of the following criteria:
  - Be at least 24 years old by December 31 of the award year for which aid is sought;
  - Be an orphan or ward of the court through the age of 18;
  - Be a veteran of the U.S. Armed Forces;
  - Have legal dependents other than a spouse;
  - Be a graduate or professional student; or
  - Be married.
3. The student must not be claimed as a dependent on their parent or guardian's taxes.

The Agent must obtain a certification of the amount of financial assistance that will be provided by the parents. This must be provided even if the parents or guardians do not provide any financial assistance. The certification must contain a penalty of perjury statement. If the parent or guardian refuses to provide the certification, the applicant shall be denied.





## Exhibit 2 to the Tenant Selection Regulations

### Rejection Standards

An applicant and the applicant household shall be disqualified for a unit in a MassHousing administered or financed development for any of the following reasons:

- a) The applicant or a household member has disturbed a neighbor or neighbors in a prior residence by behavior, which, if repeated by a tenant in MassHousing administered or financed housing, would substantially interfere with the rights of other tenants to peaceful enjoyment of their units.
- b) The applicant or a household member has caused damage or destruction of property at a prior residence, and such damage or destruction of property, if repeated by a tenant in MassHousing administered or financed housing, would have a material adverse effect on the housing development or any unit in such development.
- c) The applicant or a household member has displayed living habits or poor housekeeping at a prior residence, and such living habits or poor housekeeping, if repeated by a tenant in MassHousing administered or financed housing, would pose a substantial threat to the health or safety of the tenant or other tenants or would adversely affect the decent, safe and sanitary condition of all or part of the housing.
- d) The applicant or a household member in the past has engaged in criminal activity, or activity in violation of M.G.L. c. 151B, §4, which, if repeated by a tenant in MassHousing administered or financed housing, would interfere with or threaten the rights of other tenants to be secure in their persons or in their property or with the rights of other tenants to the peaceful enjoyment of their units and the common areas of the housing development [\*], **or would threaten the health and safety of the owner or MassHousing, or any employee, contractor, subcontractor or agent of the owner or MassHousing who is involved in the housing development. Notwithstanding the foregoing, and pursuant the Violence Against Women Act (42 U.S.C. 1437f and 42 U.S.C. 1437d) and regulations promulgated in accordance therewith at 24 CFR Part S, Subpart L, admission to the development shall not be denied on the basis that the applicant or household member is or has been a victim of domestic violence, dating violence or stalking, as defined in the aforementioned regulations, if the applicant or household member otherwise qualifies for admission - \*1**.



- e) The applicant or any household member who will be assuming part of the rent obligation has a history of non-payment of rent and such non-payment, if repeated by a tenant in MassHousing administered or financed housing, would cause monetary loss; provided, however, that if the applicant or household member paid at least 50% of his/her household's monthly income for rent each month during a tenancy but was unable to pay the full rent, an eviction for non-payment of the balance shall not disqualify such individual from housing pursuant to this paragraph. If the applicant or household members assuming part of the rent obligation are unable to provide a favorable prior landlord reference, the credit report of the applicant or household member may be used to determine the applicant's ability to pay rent. In such circumstances, a bad credit history may be used as the basis of rejection, but the applicant may provide evidence of mitigating circumstances, which may include (i) a representative payer or reliable third party who would take responsibility for payment; (ii) evidence that such poor credit was a result of a disability that is now under control or (iii) evidence that credit problems were the result of other circumstances that no longer exist and there is reason to believe that the applicant will now pay the rent promptly and in full. Lack of credit history, as opposed to poor credit history, is not sufficient justification to reject an applicant.
- f) The applicant or a household member has a history of failure to meet material lease terms or the equivalent at one or more prior residences, and such failure if repeated by a tenant of MassHousing administered or financed housing, would be detrimental to the housing development or to the health, safety, security or peaceful enjoyment of other tenants.
- g) The applicant has failed to provide information reasonably necessary for the housing provider to process the applicant's application.
- h) The applicant has misrepresented or falsified any information submitted as part of the applicant's application or a prior application submitted within the last three years, and the applicant fails to establish that the misrepresentation or falsification was unintentional.
- i) The applicant or a household member has directed abusive or threatening behavior which was unreasonable and unwarranted towards a management agent's employee during the application process or any prior application process within three (3) years.
- j) The applicant does not intend to occupy housing, if offered, as his/her primary residence.
- k) **[\* The applicant or household member has been evicted from Federally Assisted Housing for drug-related criminal activity, for three years from the date of eviction; provided, however, that if the evicted applicant or household member who engaged in drug-related criminal activity has successfully completed a supervised drug rehabilitation program or circumstances leading to the eviction no longer exist (for**



**example, the criminal household member has died or is imprisoned), the owner may, but is not required to, admit the household.\*]**

- l) The applicant or household member is a current illegal user of one or more controlled substances as defined in M.G.L. c. 94C §1. A person's illegal use or possession of a controlled substance within the preceding twelve months shall create a presumption that such person is a current illegal user of a controlled substance, but the presumption may be overcome by a convincing showing that the person has permanently ceased all illegal use of controlled substances. This disqualification of current illegal users of controlled substances shall not apply to applicants for housing provided through a treatment program for illegal users of controlled substances.
- m) **[\* There is reasonable cause to believe that the applicant or household member's illegal use of a drug may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents. Examples of evidence of illegal activities may include a conviction record, former landlord references, etc.)\*]**
- n) **[\* The applicant or household member is subject to registration with the Massachusetts Sex Offender Registry Board pursuant to M.G.L. c. 6 Section 178C et §92 or a lifetime registration requirement under any state sex offender registration program.\*]**
- o) **[\* There is reasonable cause to believe that the applicant or household member's abuse or pattern of abuse of alcohol may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents. \*]**

**\*Note: Bracketed Inserts are required criteria for admission to Federally Assisted Housing developments, but may be adopted by non-federally assisted MassHousing developments at the option of the Owner and Agent.**



Attachment 2A

COMMONWEALTH OF MASSACHUSETTS  
SEX OFFENDER REGISTRY BOARD

REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

**All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board. Attn: SORI Coordinator, P.O. Box 4547, Salem, MA 01970. along with a self-addressed stamped envelope.** The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). *Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.* All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

Requestor's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility, care or custody.

Requestor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusetts.

Subject's name (PLEASE PRINT): \_\_\_\_\_

Date of birth or approximate age: \_\_\_\_\_

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

Personal identifying characteristics:

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Other information (e.g. license plate number, parents' names, etc.): \_\_\_\_\_

\*\*\*\*\*WARNING\*\*\*\*\*

**SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6 § 178C-178P FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 1/2) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6 § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).**



## **Attachment 2B**

### **Policy for Accessing and Using HUD's EIV System Existing Tenant Report During Tenant Selection Screening**

Note: Pursuant to HUD Notice H 09-20, the Agent is responsible for including written policies for using the EIV Existing Tenant Search in its Tenant Selection Plan. The Agent's "Policy for Accessing and Using HUD's EIV System Existing Tenant Report During Tenant Selection Screening" should be attached hereto.

**[attach relevant EIV policies]**





## Attachment 2C

### **OVERVIEW AND SUGGESTED POLICY QUESTIONNAIRE/OUTLINE**

#### **Accessing and Using HUD's EIV System Existing Tenant Report During Tenant Selection Screening**

NOTE: The Overview and Suggested Policy Questionnaire/Outline set forth below are provided for informational purposes only and may not be a complete list of policy requirements.

#### **A. Overview - Accessing and Using EIV Existing Tenant Search Report**

Only approved EIV System Users may access the Existing Tenant Search Report in HUD's Web Access Secured System (WASS). However, the report may be viewed by either an approved EIV System User or Non-System User. Both types of users are required to attend a Security Awareness Training program that covers HUD's Security Requirements and the Privacy Act of 1974 as amended.

In accordance with HUD regulations, an executed Form HUD 9887 is not required to access the EIV Existing Tenant Search Report.

At the time of application processing, the Existing Tenant Search Report will be viewed in EIV to determine if the applicant or any applicant household member is currently residing at another location in HUD's Multi-Family (MF) or Public and Indian Housing (PIH) divisions.

Both the HUD MF Tenant Rental Assistance Certification System (TRACS) and PIH's Information Center (PIC) databases will be queried in EIV at the time the search is conducted.

Prior to scheduling the applicant interview, each applicant household member will be searched using his/her social security number (SSN). The report/s will be printed and securely retained with the application during application processing.

If the Existing Tenant Search Report identifies the applicant or any applicant household member is receiving rental assistance in another location, the information contained in the report will be addressed with the household member. The household member will be given an opportunity to explain any circumstances relative to his/her being assisted at the other location.

The applicant household member may be approved for admission to the Development, as permitted by HUD rules, in cases where the applicant wants to move from his/her existing

location or where two assisted families share custody of a minor child. In such cases, **written correspondence will be conducted to follow up** with the respective PHA or owner/agent of the existing location to confirm the individual's program participation status prior to admission, including the coordination of move-in/move-out dates and the termination of HUD assistance to the applicant household **member/s** at the existing location prior to occupancy at the Development.

Conversely, if the Existing Tenant Search Report identifies the applicant or any applicant household member is not receiving assistance at another location, the report/s will be printed and retained with the application during application processing.

Once approved for occupancy at the Development, the report/s and any written correspondence pertaining to the report/s will be securely retained in the tenant file for the entire term of tenancy plus three years upon move-out. After the three-year period has expired, disposal of the EIV Existing Tenant Search Report is in accordance with the Agent's policy for document disposal.

## **B. Suggested Policy Questionnaire/Outline**

In developing a policy for obtaining and using existing tenant information from the Enterprise Information Verification (EIV) system, it is suggested that the Agent consider the following:

1. Obtaining EIV Existing Tenant Information
  - a. What information and/or reports should be requested from EIV for purposes of tenant selection screening?
  - b. How and when, in the application process, is such information requested?
  - c. What additional authorizations by the applicant or members of the applicant household, if any, are required for obtaining EIV existing tenant information?
  - d. Who on Agent's staff is authorized and/or responsible for obtaining EIV?
2. Handling EIV Existing Tenant Information



- a. How should EIV existing tenant information be handled and stored?
  - b. Who is permitted to review EIV existing tenant information?
- 3. Use of EIV Existing Tenant Information in Tenant Selection Screening
  - a. What specific information is produced from the EIV existing tenant information inquiry(ies)?
  - b. How should the information produced by the EIV existing tenant information inquiry(ies) be used in tenant selection screening.
  - c. How and when should EIV existing tenant information be presented to applicants?
  - d. What follow-up steps must be taken, and with who, in response to information indicating that a member of the applicant household is receiving HUD housing assistance at another location?
- 4. Retention or Disposal of EIV Existing Tenant Information
  - a. When should EIV existing tenant information be retained?
  - b. If the EIV existing tenant information should be retained, how and where should it be saved and for what time period?
  - c. If EIV existing tenant information is to be disposed, how should it be destroyed?





## Move-In Application

1 of 12

## 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:



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

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**FOR APPLICANT USE ONLY**

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

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

**HOUSEHOLD COMPOSITION**

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

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



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## CITIZENSHIP STATUS &amp; SOCIAL SECURITY NUMBER DISCLOSURE

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

## HOUSEHOLD QUESTIONS

2.	Will any member of the household require a live-in aide?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>Yes</b> , list name(s) below:
3.	Is any member of this household temporarily absent, but under normal conditions would live in the unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>Yes</b> , list name(s) below:
4.	Have you or any member of your household ever used different names from the names given on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>Yes</b> , explain:
5.	Have you or any member of your household ever used social security numbers different from those listed on this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>Yes</b> , explain:
6.	Are you or any member of your household subject to a lifetime sex offender registration requirement in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>Yes</b> , explain:
7.	Do you anticipate any change in your household (someone moving in or out) during the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>Yes</b> , 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>No</b> , list name(s) below: <input type="checkbox"/> 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. <b>Employment wages/salaries</b> (include tips, bonuses, commissions, and seasonal employment)	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. <b>Regular pay for a member of the military</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. <b>Self-Employment</b> (Including digital income sources such as app-based driving services, e-commerce sales, and video-based platforms)	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. <b>Unemployment benefits or severance pay</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. <b>Workers' compensation or other insurance settlements</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. <b>Social Security Income</b> (including Social Security, Social Security Disability Insurance (SSDI), and Retirement, Survivors, and Disability Insurance (RSDI))	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. <b>Supplemental Security Income (SSI)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. <b>Disability benefits</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. <b>Public assistance</b> (TANF, GA, W2, AFDC, cash assistance, etc. - excluding food stamps and medical assistance)	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. <b>Child support</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. <b>Alimony/Spousal maintenance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. <b>Regular cash and non-cash contributions</b> (including assistance with paying rent, bills or gifts from individuals not living in the unit - excluding groceries)	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. <b>Student financial aid</b> (public or private - excluding student loans)	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. <b>Veterans benefits</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. <b>Regular payments from pensions</b> (including PERA, railroad, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. <b>Regular payments from retirement benefits</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. <b>Periodic payments from Indian Trusts</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. <b>Death benefits</b> (receiving income as a beneficiary of annuities, pensions, life insurance, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. <b>Regular payments from annuities or life insurance dividends</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. <b>Other (list):</b>	<input type="checkbox"/> Yes <input type="checkbox"/> 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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## 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. <b>Checking accounts</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. <b>Savings accounts</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. <b>Cash Card</b> (including government benefits cards)	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. <b>Stocks</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. <b>Bonds</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. <b>Money Market/Mutual Funds</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. <b>Certificate of Deposit</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. <b>Trust</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. <b>Lump Sum Receipts</b> (ie. from inheritances, insurance settlements, lottery winnings, or capital gains)	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. <b>401(k) or 403(b) Account</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. <b>IRA Account</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. <b>Keogh Account</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. <b>Capital Investments</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
44. <b>Real Estate</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
45. <b>Land Contracts</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
46. <b>GoFundMe/Crowdsourcing Funds</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. <b>Bitcoin/Cryptocurrency</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. <b>Life Insurance Policies</b> (excluding Term Life Insurance)	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. <b>Pension/Annuity/Other Retirement Accounts</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
50. <b>Cash on Hand</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
51. <b>Personal items held as an investment</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. <b>Other (list):</b>	<input type="checkbox"/> Yes <input type="checkbox"/> 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 any assets within the last two years where the amount received was \$1,000 or more below the total fair market value

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

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



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## ASSET DETAILS

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



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**EXPENSE INFORMATION**

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

**Child Care Expenses**

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



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

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## EXPENSE DETAILS

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



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**SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE**67. **Applicant name**68. **Applicant signature****Date**

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

69. **Would you like to provide information to help determine your eligibility for special accessible housing features?**
☐ **Yes**    ☐ **No** (If No, skip to the next page)

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

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

70. **Do you or a household member have a mobility impairment which meets the definitions stated above?** ☐ Yes ☐ No71. **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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## Move-In Application

## 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 of my/our household suggest or offer bribes of money, material goods, etc., to the management staff responsible for determining either my/our placement on the waiting list or processing of my/our housing application is grounds for management to decline my/our application for housing. I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate federal, state or local agencies. If my/our application is approved, and move-in occurs, I/we certify that only the occupants listed on this application will occupy the unit, and that this will be my/our only residence. I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition. My/Our signature(s), as indicated below, acknowledge that I/we have read and completed each section of this rental application, as applicable.

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

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

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



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

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## Disclosure of Social Security Numbers

**Applicants must disclose social security numbers (SSNs) of all non-exempt applicant household members in order for the Agent to make an eligibility determination. This Attachment explains the requirements and responsibilities of applicants or residents to supply the Agent with this information.**

1. Disclosure and Certification. The head of household/spouse/co-head must disclose SSNs for all non-exempt applicant household members.
2. Required Documentation. Applicants must provide documentation of SSNs. Adequate documentation means a Social Security card issued by the Social Security Administration (SSA) or other acceptable evidence of the SSN, which may include the following: (i) Driver's license with SSN; (ii) Identification card issued by a federal, State, or local agency; a medical insurance provider, or an employer or trade union; (iii) Earnings statements on payroll stubs; (iv) Bank statement; (v) Form 1099; (vi) Benefit award letter; (vii) Retirement benefit letter; (viii) Life insurance policy; or (ix) Court records. Unless an original Social Security card is provided, the Applicant must certify that the document provided to evidence the SSN is complete and accurate.

NOTE: Individuals who have applied for legalization under the Immigration and Reform Control Act of 1986 will be able to disclose the SSNs, but are unable to supply the cards for documentation. SSNs are assigned to these persons when they apply for amnesty. The cards go 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 SSNs have been assigned.

### 3. Timeframe for Providing Social Security Numbers.

- (a) Applicants currently on or applying to waiting list

Applicants do not need to disclose or provide verification of a SSN for all non-exempt household members at the time of application and for placement on the waiting list. However, applicants must disclose and provide verification of a SSN for all non-exempt household members before they can be housed.

- (b) Housing applicants from the waiting list

If all non-exempt household members have not disclosed and/or provided



verification of their SSNs at the time a unit becomes available, the next eligible applicant must be offered the available unit.

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





**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 traduccion.

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

這是一個重要的文件。來到辦公室翻譯服務。

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

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

ہم جرحرئال تادمدخل بتكم ىلل لاعت .ہماہ قق يثو وہ اذہ

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

---

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

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

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



A POAH Community  
Professionally Managed by POAH Communities LLC







NOTICE OF REJECTED APPLICATION

Date: From:

To:

Dear Applicant:

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

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

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



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

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

For credit only, please contact:

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

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

Please send your written request to:

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

Sincerely,

---

Management Representative

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

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



## Attachment 6B

### MassHousing Conference Procedure

- [ ] Option: The Agent will provide a pre-conference meeting with the applicant to resolve issues before formally offering a conference.(Define procedures below.)

The following conference procedure is to be made available to applicants to MassHousing-financed developments who are rejected or reclassified to a lower tenant-selection priority category.

#### 1. THE TIME FOR REQUESTING A CONFERENCE:

An applicant who wishes to contest the rejection of his or her application or reclassification to a lower tenant-selection preference category must request a conference within five (5) business days from the applicant's receipt of the notice of rejection or reclassification.

#### 2. THE APPLICANT'S REQUEST:

The request for a conference must be made in writing, or in an alternative format necessary because of a disability, to the development's management agent (the Agent) It may be mailed or delivered by hand. The Agent must immediately notify MassHousing's General Counsel by mail or electronic mail of the applicant's request.

#### 3. MASSHOUSING'S APPOINTMENT OF CONFERENCE OFFICER AFTER RECEIVING APPLICANT'S REQUEST:

Within three (3) business days of receipt of applicant's request from the Agent, MassHousing shall appoint an impartial conference officer and notify the Agent and the applicant thereof, in alternate format if necessary.

#### 4. SETTING UP THE CONFERENCE:

The conference officer shall establish a mutually convenient date and place to hold the conference, but in no event will the conference be held later than twenty (20) days from the date of the written rejection notice unless otherwise agreed to by the applicant, the Agent and the General Counsel of MassHousing. The Agent shall make any necessary reasonable accommodations, such as a sign language interpreter. Failure of an applicant to appear on the scheduled conference date will result in a decision upholding the Agent's rejection of the application.

#### 5. THE CONFERENCE:



The conference is an informal proceeding intended to determine whether the Agent's rejection of an applicant or reclassification of an applicant's selection priority is reasonable in light of the evidence presented. At the conference, it is the Agent's burden to present evidence in support of its decision, but the rules of evidence applicable in a court of law shall not apply. Both the Agent and the applicant are permitted, but not required, to have a representative or advocate present during the conference proceedings. Generally, conference proceedings will be limited to one half hour in length and each party should be prepared to present its case within the time allotted.

#### 6. THE DECISION OF THE CONFERENCE OFFICER

The conference officer must determine whether the Agent reasonably rejected or reclassified the applicant in accordance with the selection criteria, program requirements and/or MassHousing policies. The conference officer's decision must be in writing, and, if necessary, in an alternate format, must be dated, and must state his or her findings of fact and the basis for his or her decision. Unless the parties mutually agree otherwise, the conference officer shall only consider evidence presented at the conference. A copy of the conference officer's decision will be forwarded within five (5) business days of the conference to the Agent and the applicant.

#### 7. APPEAL OF CONFERENCE OFFICER'S DECISION

The decision of the conference officer may be appealed to the General Counsel within five (5) business days of receipt of the decision. The appealing party (appellant) must simultaneously notify the Agent of the appeal and provide copies of any statement submitted in support of such appeal. The Agent may submit a response to the appeal within three (3) business days. In determining whether to uphold or overturn the conference officer's decision, the General Counsel will consider only the evidence presented at the conference, unless the Agent and the applicant agree to supplement the record. The General Counsel's decision will be in writing or in an alternate format, if necessary, and will state the specific reasons for his or her decision. A copy in alternate format, if necessary, of the decision will be forwarded to both the Agent and the applicant within eight (8) business days of the request for an appeal.

#### 8. WAIVER OF TIME LIMITS

For good cause shown, the MassHousing may in its discretion waive any of the applicable time limits stated herein.



## Attachment 7

### GUIDELINES FOR ADMINISTRATION OF LOTTERIES FOR AFFORDABLE RENTAL HOUSING UNITS

**[NOTE: Unless otherwise determined by MassHousing, the most recent DHCD guidelines for the administration of lotteries in connection with multifamily affordable rental housing units shall be utilized herein. The following is taken from Affirmative Fair Housing Marketing Plan guidelines issued by DHCD on February 22, 2008 (and updated as of June 25, 2008):**

#### **Lotteries**

Resident selection must generally be based on a lottery, although in some cases it may be based on another fair and equitable procedure approved by the Subsidizing Agency. A lottery procedure is preferred over a "first-come, first-serve procedure," as the latter procedure may disadvantage non-local applicants.

The application period should be at least 60 days. To ensure the fairness of the application process, applicants should not be required to deliver application materials and instead should be permitted to mail them.

The lottery application must address a household's:

- income
- assets
- size and composition
- minority status (optional disclosure by the household)
- eligibility as a first-time buyer (for ownership units)
- eligibility for local preference

The lottery administrator shall request verification (e.g., three prior year tax returns with the W2 form; 5 most recent pay stubs for all members of the household who are working, three most recent bank statements and other materials necessary to verify income or assets).

Only applicants who meet qualification requirements should be included in the lottery.

#### **Lottery Procedure**

Once all required information has been received, qualified applicants should be assigned a registration number. **Only applicants who meet the eligibility requirements shall be entered into a lottery. The lottery shall be conducted after any appeals related to**



**the project have been completed and all permits or approvals related to the project have received final action.**

Ballots with the registration number for applicant households are placed in all lottery pools for which they qualify. The ballots are randomly drawn and listed in the order drawn, by pool. If a project has units with different numbers of bedrooms, units are then awarded (largest units first) by proceeding down the list to the first household on the list that is of appropriate size for the largest unit available according to the appropriate-unit-size criteria established for the lottery. Once all larger units have been assigned to appropriately sized households in this manner, the lottery administrator returns to the top of the list and selects appropriately sized households for smaller units. This process continues until all available units have been assigned to appropriately sized applicant households.

If the project includes units accessible or adaptable for occupancy by disabled persons, first preference (regardless of applicant pool) for those units shall be given to such disabled persons, including single person households, in conformity with state and federal civil rights laws.

The lottery administrator should retain a list of households who are not awarded a unit, in the order that they were drawn. If any of the initial renters/buyers do not rent/purchase a unit, the unit shall be offered to the highest ranked household on that retained list. This list may generally be retained and used to fill units for up to one year. However, other factors such as the number of households remaining on the list, the likelihood of the continuing eligibility of such households, and the demographic diversity of such households may inform the retention time of the list, subject to the approval of the Subsidizing Agency.

After the initial lottery, waiting lists should be analyzed, maintained, and updated (through additional marketing) so that they remain consistent with the objectives of the housing program and are adequately representative of the racial, ethnic, and other characteristics of potential applicants in the housing market region.

*(April 8, 2008 change to the third paragraph: addition of "(regardless of applicant pool)").*

NOTE: IN DEVELOPMENTS WITH APPROVED LOCAL PREFERENCES, THE ADDITIONAL DHCD GUIDANCE (TAKEN FROM SECTION C OF THE FEBRUARY 2008 AFHMP GUIDELINES), SHALL APPLY AS FOLLOWS:

Avoiding Potential Discriminatory Effects

The local selection preferences must not disproportionately delay or otherwise deny admission of non-local residents that are protected under state and federal civil rights laws. The AFHMP should demonstrate what efforts will be taken to prevent a disparate impact or discriminatory effect. For example, the community may move minority applicants into the local selection pool to ensure it reflects the racial/ethnic balance of





the HUD defined Metropolitan Statistical Area as described below. <sup>1</sup> However, such a protective measure may not be sufficient as it is race/ethnicity specific; the AFHMP must address other classes of persons protected under fair housing laws who may be negatively affected by the local preference.

To avoid discriminatory effects in violation of applicable fair housing laws, the following procedure should be followed unless an alternative method for avoiding disparate impact (such as lowering the original percentage for local preference as needed to reflect demographic statistics of the MSA) is approved by the Subsidizing Agency. If the project receives HUD financing, HUD standards must be followed.

A lottery for projects including a local preference should have two applicant pools: a local preference pool and an open pool. After the application deadline has passed, the Developer should determine the number of local resident minority households there are in the municipality and the percentage of minorities in the local preference pool. If the percentage of minority local resident households in the local preference pool is less than the percentage of minorities in the surrounding HUD-defined area, the Developer should make the following adjustments to the local preference pool:

- The Developer should hold a preliminary lottery comprised of all minority applicants who did not qualify for the local preference pool, and rank the applicants in order of drawing.
- Minority applicants should then be added to the local preference pool in order of their rankings until the percentage of minority applicants in the local preference pool is equal to the percentage of minorities in the surrounding HUD-defined area.
- Applicants should be entered into all pools for which they qualify. For example, a local resident should be included in both pools.
- Minorities should be identified in accordance with the classifications established by HUD and the U.S. Census Bureau, which are the racial classifications: Black or African American; Asian; Native American or Alaska Native; Native Hawaiian or Pacific Islander; or other (not White); and the ethnic classification Hispanic or Latino.

---

<sup>1</sup> Note: This protective measure may not be dispositive with respect to discriminatory effects. For example, the non-local applicant pool may contain a disproportionately large percentage of minorities, and therefore adjusting the local preference pool to reflect demographics of the regional area may not sufficiently address the discriminatory effect that the local preference has on minority applicants. Therefore, characteristics of the non-local applicant pool should continually be evaluated.



### Lottery Example

This theoretical lottery has an OPEN pool that includes all applicants and a LOCAL PREFERENCE pool with only applicants from the local area.

- Total applicants in lottery: 100
  - Total minority applicants: 20
  - The community in which the lottery takes place falls within the HUD Boston Metropolitan Statistical Area which has a minority population of 20.7%.
1. Determine the number of applicants who claim a LOCAL preference according to approved criteria.
  2. Determine the number of minority applicants in the LOCAL preference pool.
  3. Determine the percentage of minority applicants in the LOCAL preference pool.

Total Applicants in Local Preference Pool	Total Minority Applicants in Local Preference Pool	% Minority Applicants in Local Preference Pool
60	10	16.7%

Since the percentage of minority applicants in the LOCAL preference pool is below the percentage of minority residents in the HUD defined statistical area (16.7% as opposed to 20.7%), a preliminary lottery is required.

4. The 10 minority applicants who do not have LOCAL preference are entered into a preliminary drawing and assigned a rank based on the order of their draw. Minority applicants are added to the LOCAL preference pool in order of their rank until the LOCAL preference pool has at least as great a percentage of minority applicants as the larger statistical area. In this example, 4 applicants will be added to the LOCAL preference pool to bring the percentage of minority applicants up to 21.8%.

Applicants in Supplemented Local Preference Pool	Total Minority Applicants in Supplemented Local Preference Pool	% Minority Applicants in Supplemented Local Preference Pool
64	14	21.8%

5. Draw all ballots from the adjusted LOCAL pool and assign rankings to each





household. Preference for appropriately sized households will still apply and all efforts should be made to match the size of the affordable units to the legitimate need for bedrooms of each household.

6. Once all units for LOCAL residents have been allocated, the OPEN pool should proceed in a similar manner. All LOCAL residents should have ballots in both pools, and all minority applicants that were put in the LOCAL pool should remain in the OPEN pool as well.



## **Attachment 7A**

### **PROCEDURES FOR HOUSING LOTTERY**

**[to be developed by Agent, if applicable]**





Franklin Square Apts  
11 East Newton Street  
Boston, MA 02118

Attachment 8

Phone: (617) 437-1575 Fax: (617) 437-7222 TTY: 711  
Email: franklin@poahcommunities.com

### Annual Waiting List Update

Applicant Name  
Address  
State, MA 01105

October 03, 2022

Dear Applicant Name

You are currently on the waiting list for an apartment at Baymeadows Apts. 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 Baymeadows Apts.

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):

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

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

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

- ☐ Priority 1 - Homeless due to Displacement by Natural Forces
- ☐ Priority 2 - Homeless due to Displacement by Public Action (Urban Renewal)
- ☐ Priority 3 - Homeless due to Displacement by Public Action (Sanitary Code Violations)
- ☐ Priority 4 - Homeless due to Domestic Violence, Rape, Dating Violence, Sexual Assault or Stalking
- ☐ Working, Elderly, or Disabled
- ☐ Other or Local Preference: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date



Professionally Managed by POAH Communities, LLC



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

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

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

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

這是一個重要的文件。來到辦公室翻譯服務。

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

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

قسم جرت التامدخل بتكم ىل لاعت .قدمه ققىثو وه اذه

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

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

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

**Section 504 Coordinator**

POAH Communities, LLC

2 Oliver Street, Suite 500

Boston, MA 02109

Telephone: 773-552-9679

TTY: 7-1-1



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 – a copy of the record is attached.
- ☐ 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.

Questions on any of the above checked reasons should be addressed to the Leasing Office at

\_\_\_\_\_.

☐ This document is to advise you that your application has been rejected due to criminal and/or eviction history and/or credit screening report reviewed during the qualifying process.

If you have been rejected due to criminal and/or eviction history, you may contact Screening Reports, Inc at 1-866-389-4042 or go to [www.screeningreports.com](http://www.screeningreports.com) for assistance.

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:

Equifax Credit Information Services, Inc.  
PO Box 740241  
Atlanta, GA 30374  
(T) 800-465-7166

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

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

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

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



Professionally Managed by POAH Communities, LLC



**MODIFICATION TO  
TENANT SELECTION PLAN**

**OWNER-ADOPTED ADMISSIONS PREFERENCE FOR  
INDIVIDUALS OR FAMILIES EXPERIENCING  
HOMELESSNESS**

**DEVELOPMENT NAME:**  
**Franklin Square House**

**MassHousing # 73-039**

This Modification to Tenant Selection Plan (the "Modification") modifies a Tenant Selection Plan for Franklin Square House (the "Development"), a 193 unit multifamily housing development located at 11 E Newton Street, dated as of 06/07/12 (the "Plan") as prepared by POAH Communities, LLC (the "Agent"), as the management agent for Franklin Preservation Associates LP ("the Owner"), as follows:

1. In accordance with HUD Notice H 2013-21 issued July 25, 2013, the Owner has elected to adopt an admissions preference for individuals or families experiencing homelessness.
2. Add to the Plan: ***in Section [E.2]/[E.3] as an Additional Optional Owner Preference for Admission***, an owner adopted preference for the admission of homeless or formerly homeless individuals or families (as specified herein, the "Homeless Preference"), as follows:

(a) A preference will be given to homeless or formerly homeless individuals and families meeting the criteria specified below (check one or more):

- ☐ Homeless families with children
- ☐ Homeless seniors, age 62 and over
- ☐ Homeless person with a disability
- ☐ Homeless Veterans
- ☒ Homeless Veterans served by City of Boston Consortium of Supportive Services for Veterans Families (SSVF) Providers
- ☐ Any individual or family that is homeless
- ☒ MovingOn Program Participant (formerly homeless)

Other: -----

(b) Definition of **Homeless**. For purposes of this preference (excluding the preference for MovingOn Program Participant), the term "homeless" shall be defined as (select one or more):

☐ Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009

An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning (select one or more as appropriate):

☐ (i) an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport or camping ground;

☐ (ii) an individual or family living in a supervised publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs for low-income individuals); or

☐ (iii) an individual who is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

☒ An individual or family who is eligible for services to the homeless as provided by See Attachment A, a partnering homeless service organization.

☐ Other (definition): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) Definition of **MovingOn Program Participant**. For purposes of this preference, the term "MovingOn Program Participant" shall be defined as formerly homeless individuals or families who are currently residing in, and exiting, permanent supportive housing units designated for homeless households

(d) Referrals by Partnering Organization (select one, if applicable)

☐ Eligibility for the preference shall be limited to only those individuals or families who are referred to Agent by a partnering homeless service



organization(s) or consortium of organizations, as follows:

----- [insert name of partnering organization]  
(subject to DHCD approval if the Development is subsidized by DHCD) -  
REQUIRED FOR PREFERENCE TO MOVING ON PROGRAM  
PARTICIPANT

-- Eligibility for the preference will include all individuals or families who meet the selected criteria in section (a) above, including but not limited to persons referred to Agent by a partnering homeless service organization or consortium of organizations, as follows: -----  
[insert name of partnering organization] --

(e) Documentation

If not referred by a partnering homeless service organization, the Agent may require the individual or family to provide such reasonable documentation to prove that they qualify for the preference, which may include the following:  
**Landlord verification which includes contact information.**

(f) Use of Alternating Selection

  X   If selected, the admission preference for homeless individual or family as specified above shall be applied in one out of every   5   vacancies.

Priority: The Homeless Preference shall at all times (i) ***remain subject to the Required Mass Housing Preferences set forth in Section E.1 of the Plan (and HUD Section 236 Program set forth in Section E.2 of the Plan), and (ii)*** be superior to any other owner preferences set forth in the Plan.

Notwithstanding the foregoing, the Homeless Preference shall at all times be administered in such a manner as not to violate the Fair Housing Act or other Federal or State anti-discrimination laws.

3. Transfer of Existing Residents and Filling of Vacancies

If selected below, and notwithstanding anything to the contrary set forth in ***Section H.2 and H.3 of the Plan***, the Owner elects to offer vacant units to individuals or families qualifying for the Homeless Preference in advance of existing residents of the Development on the internal waiting list for transfer to another unit within the Development.

-- the Agent shall offer vacant units to individuals or families who qualify for the Homeless Preference on an alternating basis with existing residents on the internal waiting list.

\_\_\_\_\_ the Agent shall offer units to individuals or families who qualify for the Homeless Preference on a rotating basis of \_\_\_\_\_ homeless applicant for every \_\_\_\_\_ existing resident on the internal waiting list.

**In adopting this preference for homeless individuals or families, the Owner and Agent acknowledge compliance with applicable HUD requirements, as follows:**

1. The preference will be implemented and become effective \_\_\_\_\_ (30 days from notification letter to persons on the waiting list) and/or when approved by HUD, whichever is later;
2. The current waiting list for the Development will be maintained consistent with HUD 4350.3 guidelines and the property's Affirmative Fair Housing Market Plan (AFHMP);
3. Current persons on the waiting list will be notified of the additional preference and how they may apply for the preference and will be granted a first right to an available unit under the preference should they meet the definition of "homeless." Notice to persons on the waiting list will be done by mail thirty (30) days prior to implementation of the preference;
4. Upon unit turnover one in every 5 \_\_\_\_\_ vacancies will be offered to a homeless person that is either on the existing waiting list or who is referred to the respective property by an organization that refers people transitioning out of a shelter or temporary housing program of your choice;
5. [If applicable,] Referrals for available units will be accepted from (attached) referral agency (owner/management choice), pursuant to paragraph V(d) and (f) of HUD Notice 2013-21. All applicants must comply with current requirements for applicants of the Development, including income, age, and criminal/credit screening. Applicants who are denied will be provided with the basis of the denial in writing and offered the opportunity to establish if they are eligible for a reasonable accommodation under the Fair Housing Act;

If an appropriate candidate is not identified after 5 \_\_\_\_\_ referrals from the selected referral agency for an available turnover unit, or after 30 \_\_\_\_\_ days from the initial notification to the selected referral agency that a unit was available, then the unit will revert back to its standing waiting list to fill the vacancy ;tone

6. This preference can be amended as needed and/or removed with proper notification of such to all affected parties, including written notification to HUD.

[The remainder of this page intentionally left blank.]

## CERTIFICATION/REQUEST FOR APPROVAL

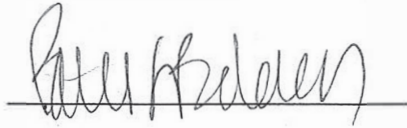
As an authorized representative of the Agent, I have reviewed this Modification and by signing below certify that the information contained herein is true and complete. The Modification shall be effective *as of the date approved by MassHousing.*

DEVELOPMENT NAME: \_\_\_ Franklin Square House \_\_\_

[MASSHOUSING NO. \_\_\_ 73-039 \_\_\_]

AGENT: \_\_\_ POAH Communities \_\_\_

By:



Name: \_\_\_ Patricia Belden \_\_\_

Title: \_\_\_ President \_\_\_

Date: \_\_\_ 1/9/2019 \_\_\_

*MassHousing joins in the execution of this Modification solely to evidence its approval of the terms and conditions herein. Although MassHousing has approved the Modification and consents to the application of these additional requirements, MassHousing is not responsible for, and shall have no liability for regulation or oversight of, the requirements set forth in this Modification.*

**APPROVED:**

**MASSACHUSETTS HOUSING FINANCE AGENCY**

**By:** \_\_\_\_\_

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

Approvals (attached):

\_\_\_ HUD Approval (required)

\_\_\_ DHCD Approval (required if the Development is subsidized by DHCD)

**Attachment A**

List of eligible Referring Partner Agencies for MovingOn Preference:

Massachusetts Housing and Shelter Alliance  
New England Center for Homeless Veterans  
Pine Street Inn  
St. Francis House

List of eligible Referring Partner Agencies for Homeless Veterans in Boston Preference (Supportive Services for Veteran Families Rapid Re-Housing Programs Provider Agencies):

Boston Public Health Commission  
HomeStart  
New England Center for Homeless Veterans  
Pine Street Inn  
Volunteers of America