

APPLICATION PACKAGE INSTRUCTIONS

Thank you for your interest in our apartment community. By scheduling an appointment when returning the application package, the application process can often be expedited. If you are unable to deliver the application in person, you may return the application by mail. We will be happy to place you on the Waiting List once we have received a complete application. Potential residents must meet certain, verifiable income requirements. It is important that you answer each **question on the application and sign the application and other forms contained with in the application package.**

Please call _____ at _____ to schedule an appointment.

“ADULT” DEFINED: Any person 18 years or older, or an emancipated person.

When returning the application package, please bring the following forms of identification:

- ◆ Valid identification for all adults.
 - If you are personally delivering the application, copies of identification will be made at the office.
 - If you are mailing the application, please provide a legible copy of valid identification
- ◆ Copies of Social Security cards (or other evidence of number) for all household members.
 - If social security cards or other evidence of number is not available, contact Resident Manager for required forms.
- ◆ Copies of Birth Certificates for all persons under 18.

The application package includes the following forms, which must be filled out completely.

1. **Application (App 1)**, Pages 1 thru 4: Answer *every* question. Be sure to provide complete mailing addresses and accurate telephone numbers. Please sign and date the application.
2. **Supplement to Application (App 1A)**: If there is more than one adult in your household and they have different landlord or professional references, this form must be completed and signed by the adult(s).
3. **Student Certification to Application (App 1B)**: Complete when any member of the household is a student (full or part time) in a non-compulsory institution of higher education (college, technical institutions, trade schools, etc.)
4. **Each adult member** of the household **must complete and sign a separate form** for each of the following documents:
 - **Records Release & Hold Harmless**
5. **Credit & Criminal Report Request**: This form accommodates a Head of Household and Co-Head. If there are more than two adult applicants, complete additional forms.
6. **Landlord Verification**: Please sign this form, which will be used to obtain references from your former landlords. If co-applicants have separate landlord references, the co-applicant(s) must also sign Landlord Verification form(s).
 - a. **Residency References**: If you do not have 5-years’ previous landlord history, please sign the Residency Reference form, which will be used to obtain references from persons who you lived with for the last five years. If co-applicant(s) do not have Landlord references, they, too, must sign Residency Reference form(s).
7. **Application Process Acknowledgement**: The *Resident Selection Policy* is enclosed for your review. Please read this document, then sign the acknowledgement.
 - a. **Form HUD-1141 Fraud Prevention Pamphlet**: Read the pamphlet carefully as it explains information required, and penalties for falsifying records, when applying for Federally-assisted housing.
8. **Child Support and Child Custody Documentation when applicable**: Divorce decree or court order when available.
9. **Citizenship Information Forms**:
 - a. **Owner’s Notice**: Please read this notice. It explains the Federal Government’s limitations for housing assistance if you are an ineligible applicant because of citizenship status.
 - b. **Family Summary Sheet**: List all members of the household on this form.
 - c. **Applicant Declaration Format**: This form must be completed separately for **each person in the household**.
 - d. **Applicant Verification Consent**: Complete for all non-citizens declaring eligible immigration status on Declaration Format (item c).
10. **Race & Ethnic Data Reporting Forms**: At the option of applicant(s), separate forms are to be completed by each adult member of household, and separate forms are to be completed by Guardian or Parent for each child under 18.
11. **Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants (HUD-92006)**: At the option of applicant(s), separate forms are to be completed by each adult member of household. **Even if declining to provide contact information, box must be checked; form must be signed, and returned with application documents.**

The Housing Company provides equal opportunity to all persons with disabilities and provides accommodations to meet the needs of persons with disabilities upon request, if the accommodation is both reasonable and financially feasible. Management may require verification that the applicant resident is disabled and is in need of the accommodation because of the disability. Request for accommodation will be promptly processed.

The Housing Company does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person in the position 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 (24CFR, Part 8 dated June 2, 1988). Position: Regional Property Manager, The Housing Company P. O. Box 6943, Boise, ID 83707-0943 Voice: 208-331-4890; Hearing Impaired (TDD) 1-800-545-1833 ext. 628





Revised 05/21/2019

FOR OFFICE USE ONLY:

Date: _____ Requested Bedroom Size: _____ Special Needs: _____
 Time: _____ Date Occupancy Desired: _____ Gross Annual Income: \$ _____
 Resident Manager Signature: _____ Unit # - Add on to Existing Household _____

Please return this application once all items are complete. DO NOT LEAVE ANY QUESTION BLANK & DO NOT USE WHITE OUT. If the section or question does not apply to you, write N/A in the blank. If you make an error and need to make a correction, draw a line through the incorrect information and initial the change. Incomplete applications will not be processed.

THE HOUSING COMPANY RESIDENTIAL APPLICATION FORM

Name of Apartment Complex: _____

Applicant Name: (Last, First, Middle Initial) _____

Telephone: (_____) _____ Cell Phone (_____) _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

How did you hear about this apartment community? [] Flyers/Brochures; [] Newspaper; [] Yellow Pages;
[] Website; [] Drive By; [] Housing Assistance Listing; [] Resident Referral (Name of Resident _____)

ETHNICITY: Completing this section is optional.

The information will only be used for Fair Housing Reporting Requirements. Please check the appropriate space below:

____ Hispanic ____ Non-Hispanic ____ Do not wish to answer

RACE: Completing this section is optional.

The information will only be used for Fair Housing Reporting Requirements. Please check the appropriate space below:

____ White, ____ African American, ____ American Indian or Alaskan Native, ____ Asian or Pacific Islander, ____ Other
____ Do not wish to answer

Veteran Status (optional): Are you a veteran of the US Armed Forces? [] YES [] NO [] Decline to Answer

A. HOUSEHOLD COMPOSITION - Please list all names of those who will occupy the unit, even on a part time basis:

Name (Last, First, Middle Initial)	Date of Birth	Social Security #	Relationship to Applicant	Individual is a Full or Part Time Student (Yes or No)

1. Are any members of your household U.S. military veterans? If so, who? _____ **YES** **NO**
[] []

2.. Do you have an animal that will be moving with you? [] []

B. RESIDENCE HISTORY - The last 5 years (If you need additional space, please attach a separate sheet of paper):

Please provide detailed information regarding where you lived for the last five years. Include places where you lived with friends, family, or someone else and include their contact information as the "landlord". If you owned a home, complete section 1, cross out the remaining sections, and check the box at the bottom.

1. Name of Present Landlord: _____ Monthly Rent: \$ _____
 Address of Present Landlord: _____ City _____ State _____ Zip _____
 Relationship: Landlord Family Friend Other _____
 Your Present Address: _____ City _____ State _____ Zip _____
 Telephone of Present Landlord: _____ Dates of Residency: _____ to _____

2. Name of Prior Landlord: _____ Monthly Rent: \$ _____
 Address of Prior Landlord: _____ City _____ State _____ Zip _____
 Relationship: Landlord Family Friend Other _____
 Your Prior Address: _____ City _____ State _____ Zip _____
 Telephone of Prior Landlord: _____ Dates of Residency: _____ to _____

3. Name of Prior Landlord: _____ Monthly Rent: \$ _____
 Address of Prior Landlord: _____ City _____ State _____ Zip _____
 Relationship: Landlord Family Friend Other _____
 Your Prior Address: _____ City _____ State _____ Zip _____
 Telephone of Prior Landlord: _____ Dates of Residency: _____ to _____

4. Name of Prior Landlord: _____ Monthly Rent: \$ _____
 Address of Prior Landlord: _____ City _____ State _____ Zip _____
 Relationship: Landlord Family Friend Other _____
 Your Prior Address: _____ City _____ State _____ Zip _____
 Telephone of Prior Landlord: _____ Dates of Residency: _____ to _____

Owned Home []

C. ELIGIBILITY FOR ALL HOUSEHOLD MEMBERS - *Note: Members do not need to be related to be members of the household:

	YES	NO
1. Have you or any member of your household been evicted for non-payment of rent or damages?	[]	[]
2. Are you or any household member(s) currently a user of an illegally controlled substance?	[]	[]
If the answer is YES, has that person successfully completed a controlled substance recovery program or are they presently enrolled in such a program?	[]	[]
3. Have you or any member(s) of your household ever been convicted of illegal manufacture or distribution of a controlled substance?	[]	[]
4. Have you or any member(s) of your household been convicted of a misdemeanor (other than a traffic violation), a felony, sexual offense, dishonesty, fraud or a violent crime?	[]	[]

If YES: In what State? _____; Type of Conviction: _____; Date of Conviction: _____

5. Have you or any member(s) of your household been evicted from federally assisted housing for drug-related

- criminal activity?..... [] []
YES NO
6. Are you or any member(s) of your household required to register as a Sex Offender under any lifetime State sex offender registration program? [] []
7. Are you or any member(s) of your family currently abusing alcohol? [] []
8. Is any member(s) of your household currently charged with criminal activity? [] []
9. Has any member(s) of your household ever been responsible for willful damage of property? [] []
10. Do you understand that only persons listed on this application may live in the apartment unit, unless you obtain prior written approval from management? [] []
11. Do you understand that if any false or incomplete information is included on this application, it is grounds for decline of your application or termination of your tenancy?..... [] []
12. Do you or any member(s) of your household now live in subsidized housing of any kind?..... [] []
 If **YES**, do you understand that you cannot sign a lease with any other subsidized project until you have moved out of the current subsidized housing project? [] []

D. INCOME INFORMATION - Please list the name of the household member receiving the type of income and circle the correct source. If none, write N/A:

Household Member Name	Source of Income	Gross Monthly Amount
	<i>Employment</i>	
	<i>Unemployment - Worker's Comp</i>	
	<i>Social Security - SSI - SSD - SSDI</i>	
	<i>Food Stamps - Public Assistance</i>	
	<i>Child Support - Alimony</i>	
	<i>Family Support (Not living in the unit)</i>	
	<i>Veteran's Benefits - Military Pay</i>	
	<i>Cash Assistance (AFDC-TANF-AABD)</i>	
	<i>Student Income (Financial Aid, scholarships, grants)</i>	
	<i>Medicare - Medicaid</i>	
	<i>Pensions - Annuities - Life Insurance</i>	
	<i>Other: Self Employment - Real Estate Rentals - Bank Account Interest</i>	
	<i>Lump sum payments from inheritances, lottery winnings, insurance settlements, capital gains, etc.</i>	

E. ASSETS - List all assets owned by household members:

	Account Balance	Location of Account	Asset Owner (Household Member)	% Annual Interest
<i>Checking Accounts</i>				

Assets (cont.)	Account Balance	Location of Account	Asset Owner (Household Member)	% Annual Interest
<i>Stocks/Bonds/CDs</i>				
<i>Savings Accounts</i>				
<i>Real Estate</i>				
<i>Pensions/Retirement & Trusts</i>				
<i>Cash</i>				
<i>Personal Property held as an Investment</i>				
<i>Other</i>				

Have you sold or given as gifts any real property or other assets in the past two years? [] YES [] NO

If YES, please explain: _____

F. AUTOMOBILE:			
Make _____	Model _____	Year _____	License # _____
Make _____	Model _____	Year _____	License # _____

G. List all states in which you have lived or had a license to drive in the last five years:

PLEASE NOTE: This is a preliminary application. Additional information may be requested at a later date to complete the application process. Your signature below certifies that the statements made in this application are true and correct, and gives consent to the Management to verify the information contained in this application, to order credit reports and to request criminal background histories.

TO REMAIN ON THE WAITING LIST YOU MUST CONTACT THE RESIDENT MANAGER AND UPDATE THIS APPLICATION EVERY SIX (6) MONTHS. BY SIGNING BELOW YOU ARE REQUESTING NOTIFICATION (INCLUDING TELEPHONE NOTIFICATION) RELATING TO THE AVAILABILITY OF APARTMENTS UNTIL SUCH TIME YOU ARE REMOVED FROM THE WAITING LIST OR HAVE RECEIVED HOUSING.

Applicant Signature _____ **Date** _____

Spouse Signature _____ **Date** _____

Co-Applicant Signature _____ **Date** _____

Co-Applicant Signature _____ **Date** _____

<u>APARTMENTS ARE RENTED TO ALL ELIGIBLE APPLICANTS IN ACCORDANCE WITH FAIR HOUSING LAWS</u>
The Housing Company does not discriminate on the basis of race, color, creed, religion, sex, age, handicap, familial status, national origin or because applicant is a recipient of federal, state or local public assistance.
<u>REASONABLE ACCOMMODATIONS POLICY STATEMENT</u>
The Housing Company does not discriminate against persons with disabilities in its housing services and structures. The Housing Company provides equal opportunity to all persons with disabilities and provides accommodations to meet the needs of persons with disabilities upon request if the accommodation is both reasonable and financially feasible. Management may require verification that the applicant/resident is disabled and is in need of accommodation because of the disability, if need is not readily apparent to management. Requests for accommodation will be processed as quickly as possible.

SUPPLEMENT TO RENTAL APPLICATION TO BE COMPLETED BY CO-APPLICANT

CO-APPLICANT NAME: (Last, First, MI) _____

RESIDENCE HISTORY - The last 5 years (If you need additional space, please attach a separate sheet of paper):
Please provide detailed information regarding where you lived for the last five years. Include places where you lived with friends, family, or someone else and include their contact information as the "landlord". If you owned a home, complete section 1, cross out the remaining sections, and check the box at the bottom.

1. Name of Present Landlord: _____ Monthly Rent: \$ _____
Address of Present Landlord: _____ City _____ State _____ Zip _____
Relationship: Landlord Family Friend Other _____
Your Present Address: _____ City _____ State _____ Zip _____
Telephone of Present Landlord: _____ Dates of Residency: _____ to _____

2. Name of Prior Landlord: _____ Monthly Rent: \$ _____
Address of Prior Landlord: _____ City _____ State _____ Zip _____
Relationship: Landlord Family Friend Other _____
Your Prior Address: _____ City _____ State _____ Zip _____
Telephone of Prior Landlord: _____ Dates of Residency: _____ to _____

3. Name of Prior Landlord: _____ Monthly Rent: \$ _____
Address of Prior Landlord: _____ City _____ State _____ Zip _____
Relationship: Landlord Family Friend Other _____
Your Prior Address: _____ City _____ State _____ Zip _____
Telephone of Prior Landlord: _____ Dates of Residency: _____ to _____

4. Name of Prior Landlord: _____ Monthly Rent: \$ _____
Address of Prior Landlord: _____ City _____ State _____ Zip _____
Relationship: Landlord Family Friend Other _____
Your Prior Address: _____ City _____ State _____ Zip _____
Telephone of Prior Landlord: _____ Dates of Residency: _____ to _____

Owned Home []

STUDENT CERTIFICATION

1. Establishing student eligibility for Section 8 Assistance:

If a member of the Household is a student (full or part time) at an institution of higher education the following information is required to determine eligibility for Section 8 rental assistance.

Check "Yes" or "No" to the following question.

Yes No

Is ANY member of the household a student (part or full time) in an institution of higher education (any form of education beyond K-12)? If "yes", list the names of the student household members: _____

Each student applicant/resident listed must complete a separate addendum. (If a household member is an ineligible student, the entire household is ineligible for rental assistance).

Part A:

Yes No

I am a student who is or will be living with my parents in Section 8 assisted housing.

If you answered "yes" sign and date the form. If you answered "no" proceed to Part B.

Part B: Eligibility – Please check all that apply.

Primary Eligibility: If you check at least one of these items a. through e. you meet HUD's definition of an eligible student under the Section 8 program rules. Information must be verified.		
a.	<input type="checkbox"/>	I am 24 years old
b.	<input type="checkbox"/>	I am a veteran of, or am currently serving in, the US Military. <i>(If checked, you must provide a copy of your discharge or service documentation)</i>
c.	<input type="checkbox"/>	I am married. <i>(If checked, you must provide a copy of your marriage license)</i>
d.	<input type="checkbox"/>	I have legal dependents other than a spouse. <i>(If checked, you must provide a tax return or birth certificate for dependents.)</i>
e.	<input type="checkbox"/>	I am a person with a disability and was receiving rental assistance as of November 30, 2005.
f.	<input type="checkbox"/>	My parents are receiving or eligible to receive Section 8 Assistance.
Secondary Eligibility: If you did not answer yes to any questions above, you may still be eligible.		
g.	<input type="checkbox"/>	I will be 24 by December 31 st of the year in which I am requesting assistance.
h.	<input type="checkbox"/>	I am or was an orphan, in foster care, or ward of the court after the age of 13;(If checked, you must provide legal documentation to verify your situation)
i.	<input type="checkbox"/>	I am, or was immediately prior to the age of majority, an emancipated minor or in legal guardianship. <i>(You must provide a copy of marriage license or certificate)</i>
j.	<input type="checkbox"/>	I am a graduate or professional student; <i>(If checked, a third-party Verification of Student Status must be secured prior to determining your eligibility)</i>
k.	<input type="checkbox"/>	I meet the definition of an unaccompanied youth, at risk of homelessness and self-supporting. <i>(documentation required, ask the property manager for details)</i>
l.	<input type="checkbox"/>	None of the above applies. I can, however, provide documentation from a financial aid administrator that I meet the independence rule by reason of other unusual circumstances.

Yes No

Do your parents claim you as a dependent on tax returns?

Part C: Verifications: *In addition to the specific documentation listed in Part B, please provide copies of the following.*

- _____ List of previous addresses for at least the last year (see application)
- _____ Copy of Income Tax Return for previous year
- _____ Verification of income from parents (INC 15) even if there is no financial support provided (not required if claiming independent status under Part B: items h, i, or k.)

2. Financial Assistance to be included in income:

I understand that unless I am over 23 and have dependent child(ren) or I am a student living with my parents, the calculation of annual income on which rent is calculated will include all financial assistance (exclusive of loans) received in excess of tuition. *(Applicant/Resident must provide the name of the institution of higher learning; evidence of all financial assistance; and an official statement of tuition fees, all of which will be verified). Financial assistance means grants, scholarships, financial assistance from family members or other persons, financial assistance from any federal, state or local agency, work study, etc.)*

3. If you are ineligible for rental assistance because of student status, you and your household are prohibited from participating in the Section 8 program and may not move into a Section 8 assisted apartment.

I hereby certify that all of the above questions have been answered truthfully, and that I understand when financial assistance will be included in the calculation of annual income, which determines the amount of rent I will pay. I also understand that if any member of my household is ineligible for assistance because of student status, the household is prohibited from moving into a Section 8 assisted apartment, and that should any member of the household become an ineligible student after initial occupancy, the household will no longer be eligible for rental assistance and rent will be increased to market rent.

Applicant/Resident

Date

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6) (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



RECORDS RELEASE AND HOLD HARMLESS

I, the undersigned, hereby authorize the management and authorized representatives of the The Housing Company to contact any agencies, police departments, including the Idaho State Police, or any other organization for the purposes of obtaining background information to assist in determining whether or not I will be suitable as a tenant in the Apartments. I hereby grant The Housing Company authority to request such background information including but not limited to criminal records, specifically to include felony convictions, history of violent crimes or behavior, injury to persons or damage to property, production and sale of illicit drugs, and sexual offenses. Further, I hereby authorize such agencies and police departments to release such records to the Apartments' management and/or authorized representatives.

I hereby hold harmless and indemnify The Housing Company, its owners, management, employees and authorized representatives from any and all liability associated with the obtaining, using and retaining of all information released hereunder pursuant to review of my eligibility as a tenant in the complex, or subsequently during my tenancy, if such tenancy is approved. I further authorize that all information provided below be verified.

I understand that The Housing Company through its management, including the resident manager, may receive inquiries from police or other law enforcement officers concerning information about me and/or other household members residing with me or my guests. I agree that The Housing Company through its representatives may provide information regarding identification, work and residence addresses and telephone numbers, and information directly related to a law enforcement agency's criminal investigation, or in case of emergency as determined by such law enforcement or emergency agency. I understand that, other than the release of this specific information for an emergency or criminal investigation, my files or information contained therein will be released only if a subpoena is presented for such information. I agree to hold harmless and indemnify The Housing Company, its directors, management, employees, and authorized representatives from any and all liability associated with release of information in the event of a criminal investigation or emergency or if released in response to a subpoena.

NAME OF APPLICANT: _____

MAIDEN NAME OR OTHER NAMES USED: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

RESIDENT MANAGER'S SIGNATURE: _____ DATE: _____

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CREDIT & CRIMINAL REPORT REQUEST

COMPLEX: _____

RESIDENT MANAGER: _____

I/we hereby authorize The Housing Company to access my/our credit profiles and criminal history from any or all credit repositories and criminal data sources.

Signature of Applicant

Date Signed

Signature of Spouse/Co-Applicant

Date Signed

APPLICANT NAME: (please print)

(First Name) (MI) (Last Name)

Social Security Number _____ DOB ____ / ____ / ____

Current Street Address: _____ City: _____ State: _____ Zip: _____

Current Mailing Address: _____ City: _____ State: _____ Zip: _____
(if different than Current Street Address)

Previous Street Address: _____ City: _____ State: _____ Zip: _____

Employer's Name: _____ Phone # (____) _____

Employer's Address: _____ City: _____ State: _____ Zip: _____

SPOUSE/CO-APPLICANT: (please print)

(First Name) (MI) (Last Name)

Social Security Number _____ DOB ____ / ____ / ____

Current Street Address: _____ City: _____ State: _____ Zip: _____

Current Mailing Address: _____ City: _____ State: _____ Zip: _____
(if different than Current Street Address)

Previous Street Address: _____ City: _____ State: _____ Zip: _____

Employer's Name: _____ Phone # (____) _____

Employer's Address: _____ City: _____ State: _____ Zip: _____

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6) (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



LANDLORD VERIFICATION

Date: _____

To Former Management Company or Landlord:

From: _____

Return this verification to the person listed here

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

Signature of Applicant

Date

Subject: Verification of Information, Supplied by an Applicant, for Housing Assistance.

Name of Applicant: _____ Applicant's Former Address: _____

Information Being Requested: _____

1. How long was tenancy: Move In Date: _____ Move Out Date: _____
2. Was Proper Notice Given: Yes () No () Was Lease fulfilled? Yes () No ()
3. Was deposit returned? Yes () No () How was unit left at move-out? _____
4. Amount of Monthly Rent \$ _____ Paid on time? Yes () No ()
5. How many times was rent late? _____ How many NSF checks? _____
6. Did Tenant maintain the housing safe, clean, and in good condition? Yes () No ()
Explain: _____
7. Did Tenant have unauthorized person or pet at any time? Yes () No ()
Explain: _____
8. Did Tenant have a history of violating rental agreement? Yes () No ()
Explain: _____
9. Did Tenant or household members cause destruction/damage to housing? Yes () No ()
Explain: _____
10. Did Tenant have a history of violence or harassment to neighbors? Yes () No ()
Explain: _____
11. Was there any knowledge of drug related or criminal activity? Yes () No ()
Explain: _____
12. Would you rent to this Tenant again? Yes () No ()
Explain: _____

Information Provided By:

Please Print Name Title Date

Signature Telephone Number

PENALTIES FOR MISUSING THIS CONSENT:

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RESIDENCY REFERENCE
(Family, Friends, Other)

Date: _____

From: _____

To: _____

Return this verification to the person listed here

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

Signature of Applicant

Date

Subject: Verification of Information Supplied by an Applicant for Housing Assistance.

Name of Applicant: _____

Information Being Requested

1. Please list the dates of residency that the individual named above resided with you during the last five years:

From _____ / _____ to _____ / _____

From _____ / _____ to _____ / _____

2. What is your relationship to the individual named above? _____

3. How long have you known the Applicant? _____

4. Does the Applicant keep their portion of the residence clean and in good condition? YES() NO()

Comments: _____

6. To your knowledge does this applicant have a history of drug related or criminal activity? YES() NO()

Explain: _____

7. If you were a Landlord would you rent to this Applicant? YES() NO()

Comments: _____

8. Are there any other comments that you would like to make about this applicant?

Information provided by:

Please Print Name

Title

Date

Signature

Telephone Number

Time

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6) (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



APPLICATION PROCESS ACKNOWLEDGEMENT

RE: Resident Selection Plan,
HUD-1141 *Fraud Prevention Pamphlet*.

I have been given the opportunity to read a copy of the **Resident Selection Plan** for _____ Complex, and also have been given a copy of the U.S. Department form **HUD-1141 *Fraud Prevention Pamphlet***.

Please check one of the following:

I have read and understand the Resident Selection Plan.

I have declined the opportunity to read the Resident Selection Plan.

(Applicant Signature)

(Date)

(Co-Applicant Signature)

(Date)

(Resident Manager Signature)

(Date)

Resident Manager: Forward this Acknowledgement to the main office with application.





APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

**OWNER'S NOTICE NO. 1
FOR AN APPLICANT FAMILY**

Date: _____

Dear: _____

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than United States citizens, nationals, or certain categories of eligible non-citizen in the following HUD Programs:

- a. Section 8 Housing Assistance Payments programs
- b. Section 236 of the National Housing Act
- c. Section 101/Rent Supplement Program

You have applied, or are applying for assistance under one of these programs; therefore, **you are required** to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. To do this you should:

1. Complete a *Family Summary Sheet*, using the attached blank format (identified as *Attachment 5*) to list all family members who will reside in the assisted unit.
2. Have a *Declaration Format (Attachment 7)* completed by each family member (including yourself) who is listed on the *Family Summary Sheet*. If there are 10 people listed on the *Family Summary Sheet*, you should have 10 completed copies of the *Declaration Format*. The *Declaration Format* has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each *Declaration Format*.
3. Submit the *Family Summary Sheet*, the *Declaration Formats* and any other forms and/or evidence to the name and address listed below at the time you turn in your application.

Complex: _____

Address _____

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached formats or determining the type of documentation required, please contact the Resident Manager _____ at _____ apartments. He/she will be happy to assist you.

If you are unable to provide the required documentation by the date shown above, you should immediately contact the Resident Manager and request an extension, using the block provided on the *Declaration Format*. **Failure to provide this information or establish eligible status may result in you not being considered for housing assistance.**

If this section 214 review results in determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family, based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, it may be provided to you if at least one member of your household has submitted the required documentation. Following verification of all the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Notification of Nondiscrimination on the Basis of Disability (504):
The Housing Company does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person in the position 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 (24CFR, Part 8 dated June 2, 1988).
Position: Regional Property Manager, The Housing Company, P.O. Box 6943, Boise, ID 83707-0943. Voice: 208-331-4890, TDD: 800-545-1833, ext. 628



FAMILY SUMMARY SHEET

Mbr. No.	Last Name of Family Member	First Name	Relationship	Sex	Date of Birth

Return this form to: _____

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



APPLICANT DECLARATION

INSTRUCTIONS: Complete this format for each member of the household listed on the Family Summary Sheet (Attachment 5).

LAST NAME: _____

FIRST NAME: _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ DATE OF BIRTH: _____

SOCIAL SECURITY NO: _____

ALIEN REGISTRATION NO: _____
(if applicable, this is an 11-digit number found on INS Form I-94, Departure Record).

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

SAVE verification number: _____ (to be entered by owner if and when received.)

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

DECLARATION:

I, _____ hereby declare, under penalty of perjury, that I am:
(Print or type first name, middle initial, last name)

_____ 1. A citizen or national of the United States

If you checked this block, no further information is required. Sign and date below and forward this declaration to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child, should sign and date below.

Signature Date

Check here if adult signed for a child: _____

_____ 2. A non-citizen with eligible immigration status.

If block 2 is checked, sign and date below and submit the documentation required on page 2 of this declaration to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature Date

Check here if adult signed for a child: _____

If you do not wish to complete the form or provide us with evidence of your eligible immigration status, complete block 3 below.

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

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

Signature Date Check here if adult signed for a child: _____

If for any reason, the documents shown below are not currently available, complete the request for extension block below.

REQUEST FOR EXTENSION

I hereby certify that I am a non-citizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date

Check here if adult signed for a child: _____

If you checked block 2 (a non-citizen with eligible immigration status), please submit the following documents:

- a. The Verification Consent Form (Attachment 9) AND:
- b. One of the following documents:
 - (1) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
 - (2) Form I-94, Arrival-Departure Record, with one of the following annotations:
 - (i) Admitted as Refugee Pursuant to Section 207";
 - (ii) "Section 208" or "Asylum
 - (iii) "Section 243(h)" or "Deportation stayed by Attorney General";
 - (iv) "Paroled pursuant to Sec. 212(d)(5) of the INA";
 - (3) If for I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
 - (i) A final court decision granting asylum (but only if no appeal is taken);
 - (ii) 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 (if application was filed before October 1, 1990).
 - (iii) A court decision granting withholding or deportation; or
 - (iv) A letter from an INS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
 - (4) 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 the applicant's entitlement to the document has been verified.
 - (5) 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.

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6) (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

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



APPLICANT VERIFICATION CONSENT

INSTRUCTIONS: Complete this format for each noncitizen member of the household who declared eligible immigration status on the Declaration Format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT (print or type first name, middle initial, last name)

I, _____ hereby consent to the following:

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use of transmission of the evidence by the entity receiving it, to:
 - (i) HUD, as required by HUD; and
 - (ii) The DHS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO APPLICANTS:

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

Signature of Applicant

Date

Check here if adult signed for a child: _____

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6) (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

South Meadow **ID05H020030** 475 Caswell W., Twin Falls, ID 83301

Name of Property **Project No.** **Address of Property**

The Housing Company **Section 8 - New Construction**

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

RESIDENT SELECTION PLAN - SECTION 8 NEW CONSTRUCTION SUBSIDIZED RENTAL HOUSING

Apartment Community: _____ **Project Designation:** _____

INTRODUCTION: The procedures used for selection of residents shall be implemented in compliance with the Department of Housing and Urban Development (HUD) Handbook 4350.3, as amended, and all other applicable federal statutes and regulations.

NON-DISCRIMINATION: The management agent shall comply with all federal, state and local fair housing and civil rights laws and with all equal opportunity requirements as required by law, including without limitation HUD administrative procedures. Federal laws forbid discrimination based on race, color, creed, religion, sex, age, disability, familial status, or national origin. Discrimination against a particular social or economic class is also prohibited (for example: welfare recipients; single parent households, etc.) These requirements apply to all aspects of tenant relations including without limitation: accepting and processing applications, selecting residents from among eligible Applicants on the waiting list, assigning units, certifying and re-certifying eligibility for assistance, granting accommodation and terminating tenancies.

ELIGIBILITY FOR RENTAL ASSISTANCE: Applicants seeking rental assistance in subsidized rental developments must meet the following eligibility factors:

1. Household must meet eligibility criteria for the specific apartment community:
 - a. Family Apartment Communities do not restrict occupancy to a certain population.
 - b. Elderly Apartment Communities restrict occupancy to:
 - i) Elderly Households of two or more persons with at least one person who is 62 years of age or older;
 - ii) A Single Person who is 62 years of age or older;
 - iii) A household whose head, spouse or sole member is Disabled.
2. The household's annual income may not exceed applicable Income Limits, which include Low and Very Low Income Households. The limits that apply vary by county, and the numbers of Low Income Households are restricted by HUD programmatic requirements. Management will require verification of family composition when it is necessary to do so in order to determine income eligibility.
3. The Applicant agrees to pay the portion of rent required by the subsidy program under which the Applicant will be admitted.
4. The unit must be the Family's only residence.
5. At the time of admission, the Applicant may not be receiving Section 8 assistance on another housing unit.
6. Household must meet citizenship or immigration status requirements as follows and submit applicable documentation:
 - a. A Family shall not be eligible for assistance unless every member of the Family residing in the unit is determined to have eligible status, with the exception noted herein.

Exception: Despite eligibility of one or more Family members, a mixed Family (a family with one or more ineligible family members and one or more eligible family members) may be eligible for pro-rata assistance.
 - b. Applicants must submit documentation required by the Department of Housing and Urban Development at the time the application is submitted. Management will supply, to the Applicant, a list of acceptable documents to verify citizenship or immigration status. Applicants will be placed on the waiting list pending verification of immigration status. Upon receipt of the application, Management will verify documentation provided by non-citizens utilizing the Systematic Alien Verification for Entitlements (SAVE) Program. If eligible immigration status cannot be verified, Applicant will be removed from the waiting list and notified of the action.
 - c. If a noncitizen Applicant is waiting to receive appropriate documentation, Applicant must wait to submit a complete application for an apartment until the documentation is received. Management does not provide temporary deferrals for this requirement.
7. Each member of the household must provide a valid social security card (or evidence of Social Security Number acceptable to management). A household may be placed on the wait list prior to providing verification of a SSN for all non-exempt household members. In such a case, the applicant must submit verification of valid Social Security Numbers for all household members within 90 days from the date they are first offered an available unit. During that time, the applicant may, at their discretion, remain on the waiting list. After 90 days, if the applicant is unable to disclose or verify the SSNs of all non-exempt household members, the applicant will be determined to be ineligible and removed from the wait list.

The head-of-household will be notified if screening through the Enterprise Income Verification system (also see "Processing Steps" below) determines that a household member has provided an invalid SSN.

8. Individuals who are students in institutions of higher learning will not be eligible for assistance unless the student is living with his or her parents or the individual is a student who:
 - i. Is 24 years old; or
 - ii. Is a veteran of the U.S. Military, or
 - iii. Has dependent children (child); or
 - iv. Is married; or
 - v. Is otherwise individually eligible, or has parents who, individually or jointly, are eligible on the basis of income to receive assistance under Section 8 of the 1973 Act.
 - i. to be individually eligible, the student must establish his or her independence from their parents as prescribed by HUD (see definitions for "Independent Student") or
 - ii. both the student and the parents are income eligible for Section 8 Assistance.
 - vi. Is a person with disabilities (as defined in Section 3(b)(3)(E) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(3)(e)), and said person was receiving assistance under Section 8 as of November 20, 2005.
 - vii. Students must meet all income eligibility requirements and other criteria for occupancy.
 - a. Unless the student is living with his or her parents or 24 or older and has dependent child(ren), the calculation of annual income on which rent is calculated will include all financial aid (exclusive of loans) received in excess of tuition.
 - b. Section 8 Rental Assistance will not be prorated between eligible and ineligible students. If a household includes an ineligible student, the entire household is ineligible.
9. Each household member must provide consents for verification of all sources of income or other information relative to occupancy in the community.

ELIGIBILITY OF SINGLE PERSONS: Eligible Single Persons include those persons 18 years of age or older or a Single Person under 18 years of age who has been emancipated through marriage under Idaho law. Eligible single persons may not be offered a two-bedroom apartment except: (1) in situations requiring reasonable accommodation; (2) for an elderly person with a verifiable need for the larger apartment or (3) for a Displaced Person if there are no one-bedroom apartments available.

APPLICATION REQUIREMENTS: Anyone who wishes to secure housing must fully complete the application form provided by management. The information provided must contain enough information for management to make an initial determination of the income eligibility of the household; the size of unit desired or needed and sufficient information to screen Applicant's prior landlord history. Applicants must consent to management's requirement to secure a credit and criminal background history and must provide sufficient information to enable management to secure such reports. Incomplete applications will not be processed.

CHANGES IN INCOME OR FAMILY COMPOSITION FOR WAITING LIST APPLICANTS: If an Applicant's income changes to an amount which is no longer eligible under the limitations of the assistance program by the time the application reaches the top of the waiting list, written notice will be given advising the Applicant that: (1) they are not presently eligible for assistance under the Section 8 program; (2) the Applicant could become eligible if the household income decreases, the number of household members changes, the Income Limit changes, or HUD grants an exception to the Income Limits, and (3) asks whether or not the Applicant wishes to remain on the waiting list.

If an Applicant's Family composition changes resulting in a need for a different apartment size, management will, upon notification by Applicant, place the Family on the appropriate waiting list, maintaining their current waiting list status.

OCCUPANCY STANDARDS: Occupancy standards have been established to ensure that units are not overcrowded or underutilized. The number of occupants in a unit must be in accordance with the occupancy standards as set forth by The Housing Company based upon local law and Agency regulations. These occupancy standards are subject to change during the lease term if changes in laws, ordinances, or regulations make such changes necessary. The minimum occupancy limit will correspond to the number of bedrooms. The maximum occupancy limit will depend on local law and regulations, and the square footage of usable sleeping areas as defined by local law and suggested Agency guidelines. Notwithstanding the above, The Housing Company shall have the right to make reasonable accommodations for individuals with disabilities and may adjust occupancy limits to further the goal of providing reasonable accommodations. Minimum and maximum limits are as follows:

UNIT SIZE	MINIMUM	MAXIMUM
1	1	3
2	2	5
3	3	7
4	4	9

Generally, the presumptive standard is two (2) persons per bedroom. Household composition will be considered when applying this general rule.

DETERMINING UNIT SIZE AT MOVE-IN: The management agent must balance the need to avoid overcrowding with the need to make the best use of available space, and to avoid unnecessary subsidy. To determine how many bedrooms a Family may have, the management agent shall count:

1. all full-time members of the household;
2. children who are away at school but live with the Family during school recesses;
3. children who are subject to a joint custody agreement but live in the unit at least 50% of the time;
4. an unborn child or children who are in the process of being adopted or whose custody is being obtained by an adult;
5. foster children or children who are temporarily absent due to placement in a foster home;
6. live-in attendants; and
7. foster adults.

The management agent shall not provide bedroom space for persons who are not members of the household, such as adult children on active military duty, permanently institutionalized Family members, or visitors.

OVERCROWDED OR UNDER-UTILIZED UNITS: Units, which are smaller or larger than needed by the Applicant, may be assigned if doing so will not cause serious overcrowding. The action may not conflict with local codes and larger units than indicated by the number of household members may only be issued if no units of appropriate size are available. In such cases, the Family must agree to move to the correct sized unit, at its own expense, when one becomes available. After move-in, if a unit becomes overcrowded or under-used because of changes in household composition, the management agent will require the Family to move to an appropriate sized unit when one becomes available. If the resident refuses to move, the household must pay HUD-approved market rent to remain in the same unit. In such instances, transfers will take priority over any preference or Applicants on the waiting list.

PREFERENCES: Management will observe preferences listed below, prioritized in the order of the list:

Accommodation for Existing Residents: Requests for reasonable accommodation from existing residents requiring unit transfers will take priority over all waiting list Applicants. Accommodation results when a third-party-verified disability requires a change or repairs which make it easier for the existing resident to reside in the community. Reasonable costs associated with unit transfers or repairs will be covered by management, unless doing so will cause an undue financial and administrative burden.

Units Specifically Designed for Disabled or Handicapped Persons: When attempting to fill a unit that has features designed to meet the needs of disabled persons, management will grant a preference to households with Disabled members (who otherwise qualify) and need the accessible features of the unit. For example, units designed for accessibility to individuals with mobility, hearing or vision impairments, will be rented to households that require the features provided in those units. This preference will be granted upon proper notification by Applicant and verification of need by management.

Elderly Properties: Properties that are designed for the elderly must verify that the applicant household qualifies as an elderly household. An elderly household is one in which the head of household, spouse and/or co-head is 62 years of age or older, or disabled. A disabled person need not be 62 or older in order to qualify at certain properties designated for the elderly.

Extremely Low Income Households: Extremely Low Income Households, defined as households with income not exceeding 30% of the area median income (AMI) established by HUD and periodically updated, shall receive preference over households on the waiting list with incomes exceeding 30% AMI. Extremely Low Income Households will be selected from the waiting list in chronological order, and other eligible households will be housed after all Extremely Low Income Households on the waiting list have been housed. The Housing Company will continue to market units with efforts to reach the Extremely Low Income population. If there are no Extremely Low Income Households on the waiting list, other households will be housed in the order in which they have applied. This preference will be determined utilizing income stated on the application, but will be revoked at the discretion of management if Applicant has misstated income as determined by verification. The preference will be in place during the first six months of each calendar year or until such time during the year that the number of new move-ins rented to Extremely Low Income Households is equal to 40% of the average turn-over in the previous three years.

Transfers for Existing Tenants: No waiting list preference shall be granted to households seeking transfers (for reasons other than accommodation) between units in a specific apartment community or between apartment communities located within the same market area which are owned or managed by The Housing Company. Exceptions will be made for Emergency Transfers under VAWA. Other households seeking such transfers shall receive only chronological status on the waiting list.

PROCESSING STEPS: The development shall be rented and occupancy maintained on a first-come, first-served basis with preferences taken into consideration. All persons wishing to be admitted to the development or placed on the waiting list must complete an application and supply all documentation required. Prospective tenants submitting incomplete applications will not be considered for occupancy. The initial application shall be timed and dated when received, and the resident manager shall maintain at the rental office a chronological list of all Applicants (categorized on a bedroom size requirement). Applicants may be included on one or more waiting list, depending upon the needs of the Family and management's determination of overcrowding or under-utilization. Preference households and existing residents requiring unit transfers because of accommodation will move ahead of chronological status Applicants. Applicants shall be offered housing (after meeting all selection criteria requirements including the verification process), placed on the waiting list, or declined. Potentially eligible Applicants who have met tenant selection criteria, and for whom the right size unit is not available, will be placed on the waiting list and contacted when an appropriate unit becomes available. The Applicant must contact the development's resident manager every three (3) months to remain on the waiting list. Applicants who fail to provide acceptable landlord references, credit history, or who have a criminal background will be notified that they have been removed from the waiting list.

All Applicants will be provided with a copy of the Enterprise Income Verification brochure prior to move-in. The Housing Company utilizes EIV to determine if an applicant is receiving subsidy at another complex or through the Section 8 Voucher program. Each applicant's social security number will be used to run an "Existing Tenant Search" prior to move-in. Should other subsidy be discovered, the resident manager will work with the applicant to ensure that a dual subsidy situation does not occur. During tenancy, the EIV system will also be used to confirm that the tenant is not receiving subsidy elsewhere, and verify certain types of income, including social security, wages, and unemployment. It will also be monitored periodically to determine if a household member has obtained new employment during tenancy.

When an appropriate unit is available, the waiting list shall be reviewed to identify the Applicant who meets preference criteria or whose name is chronologically at the top of the list. The resident manager shall interview the Applicant; confirm and update all information provided on the application; update credit reports older than one year; obtain current information of income, expense and Family composition as applicable and necessary to certify eligibility and compute the resident's share of the rent. Each Applicant will be required to evidence citizenship and comply with the Social Security Disclosure Regulations which means each Family member must supply his/her Social Security number and verification of the same. The Applicant shall be informed that a final decision on eligibility cannot be made until all verifications are complete and current income has been verified.

Applicants, whose position on the waiting list enables application processing, will receive only two consecutive notices of housing availability. If the Applicant is unable or decides not to complete the application process, the Applicant shall be removed from the waiting list upon receiving the second notice and must reapply for eligibility.

OPENING & CLOSING THE WAITING LIST: The waiting list shall be updated every three months and may be closed for one or more unit sizes when the average wait for admission is excessive (e.g. one year or more). If the waiting list is closed, a notice will be published in the local newspaper, posted on our website and posted at the apartment community office. The same process will be followed when the waiting list is re-opened.

SCREENING CRITERIA: The following factors shall be considered in screening Applicant for occupancy:

1. Demonstrated ability to meet financial obligations and to pay rent on time.
2. History as a good resident.
3. History of disturbing neighbors or destroying property.
4. Applicant's credit history.
5. Ability to maintain (or with assistance would have the ability to maintain) the housing in a decent and safe condition based on living or housekeeping habits and whether such habits adversely affect the health, safety or welfare of the household and other residents in the community.
6. Ability to meet all obligations of tenancy.
7. Current use or history of using illegal drugs or current use or history of abusing alcohol in a way that may interfere with the health, safety or right to peaceful enjoyment of others.

8. History of felony or misdemeanor convictions by any household member involving crimes of physical violence against persons or property, fraud, dishonesty and any other criminal activity including but not limited to Drug-Related Criminal Activity.
9. Any household member, including a Live-in Aide, has been evicted from assisted housing within three years as a result of Drug-Related Criminal Activity.
10. Any household member has Registered Sex Offender status, or is subject to a lifetime registration requirement under a state sex offender registration program.
11. Income Limit qualification.

Note: Live-In Aides will be screened for drug abuse and criminal activity, and must sign required release forms.

REFERENCES; CRIMINAL AND CREDIT HISTORY: Management will require consent of all adult household members and Live-In Aides for verification of references and permission to seek criminal background history.

Landlord References: Landlord references will be required for up to five (5) years, including the present landlord. Applicants, who have been previous homeowners, must be able to demonstrate that they have made mortgage payments in a timely manner.

Applicants, who have had no previous rental or homeownership history, must provide references from people they lived with during the last five years. Further, such Applicants must agree to monthly inspections of their apartment to continue until management deems that the Applicant is maintaining the apartment in a clean, safe and sanitary condition.

Unfavorable landlord or professional references may result in removal from the waiting list.

Credit History: Credit reports will be ordered for each Applicant. The credit report will be reviewed to determine the Applicant's history of meeting financial obligations including payments for rent, utilities, loans, revolving credit cards, and other obligations. Applicant's credit history must be acceptable to management before they will be approved to occupy a unit. The credit report will be reviewed to:

1. confirm current address;
2. confirm credit sources included on the application;
3. confirm current and past employment listed on the application; and
4. to determine whether the Applicant has an acceptable credit history.

Applicants, whose credit histories are unacceptable, will be declined and removed from the waiting list. An unacceptable credit history may include the following: past-due payments of more than 90 days; a history of repeated insufficient fund checks; derogatory credit (repossessions, foreclosures, judgments, collections, charge-offs, liens, bankruptcy not yet discharged, etc); delinquent or charge off debt due other apartment communities; or unpaid utility company collections which would prohibit applicant from obtaining services. The lack of credit history or past due payments or derogatory credit relating to medical expense or student loans will not be considered as grounds for declining an Applicant. Consideration will be granted when current credit history demonstrates a pattern of improvement; history of rent payment overshadows other debt issues or Applicant can demonstrate acceptable reasons for credit history. Applicants may wish to provide an explanation that evidences efforts to correct credit deficiencies through payment plans or other work out solutions. If such explanation is acceptable to management, further screening may be conducted and written confirmation of payment plans may be required from the creditor(s).

In the event of decline based upon credit, the Applicant has 14 days to provide an explanation and request further consideration. Management will provide a copy of Applicant's credit report upon request. It is the Applicant's responsibility to contact the credit-reporting agency to resolve any items that have been incorrectly reported.

Criminal Activity Reports:

A criminal activity report will be ordered for each Applicant, and an Applicant with a history that includes felonious crimes, serious misdemeanors, Drug-Related crimes, violent crimes, or sexual crimes will be declined and removed from the waiting list. Reports will be obtained from local and/or state records. Consideration may be granted to Applicants with past criminal records occurring five or more years in the past with no further criminal record. If the Applicant has resided in a state other than Idaho and has a past felony conviction, a report will be required from that state or federal organization. Applicants will be required to certify that they or members of their household are not Registered Sex Offenders. Registered Sex Offenders will not be admitted to the apartment community.

DECLINING APPLICANTS: Applicants may be declined if any one of the following categories applies:

1. Failure to meet one or more of the screening criteria.
2. Information required by the application and income verification process is not provided.

3. Failure to respond to written requests for information.
4. Declaration by Applicant that they are no longer interested in housing.
5. Unacceptable credit history.
6. Income exceeds the appropriate Very Low Income Family Income Limit (when dictated by Federal programmatic requirements).
7. Inability to appropriately maintain housing in a decent safe and sanitary condition.
8. Applicant is single, under 18 years of age and has never been emancipated through marriage under Idaho law.
9. Family size is too large for available units, and serious overcrowding would result in providing a smaller unit.
10. History of unjustified and chronic nonpayment of rent and financial obligations.
11. History of disturbing the quiet enjoyment of others.
12. A risk of intentional damage or destruction to the unit or surrounding premises by the Applicant or those under the Applicant's control.
13. History of violence and harassment of others.
14. History of violations of the terms of previous rental agreements such as destruction of a unit or failure to maintain a unit in a decent, safe, and sanitary condition.
15. Criminal history includes felony or misdemeanor convictions for Drug Related Activity, violent crimes, sexual crimes, physical violence against persons or property, fraud, dishonesty or any other criminal activity (excepting traffic violations) which, at the sole discretion of management, is deemed a risk to the well being of the community.
16. Illegally using a controlled substance or abusing alcohol in a way that may interfere with the health, safety and well being of other residents. Waiver of this requirement is subject to Applicant demonstrating they are no longer engaging in such activity and producing evidence of participation in or completion of a supervised rehabilitation program.
17. Applicant or a member of the household is a Registered Sex Offender under any state sex offender registration program.
18. Applicant or a household member has engaged in or threatened abusive or violent behavior towards any staff member of management or another resident.
19. Applicant or a member of household was evicted from housing within three years as a result of Drug-Related Criminal Activity.
20. Applicant, requesting rental assistance, does not meet the eligibility criteria when household members include students in institutions of higher education (any educational facility beyond K-12).
21. Application is incomplete, or is found to contain false information.
22. Appropriately sized housing is not and will not be available in the apartment community.

If an Applicant is declined, Applicant will be informed in writing with an explanation of the reasons for decline. The Applicant will be notified that they have 14 days to respond in writing or to request a meeting to discuss the decline. All declined applications and supportive documentation shall be maintained at the management agent's home office in a manner that assures confidentiality.

Violence Against Women and Justice Department Reauthorization Act of 2005: In accordance with the Act, admission to the apartment community will not be denied on the basis that the Applicant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking if Applicant otherwise qualifies for admission. Applicant may request protection under the Act by completing the Certification of Domestic Violence, Dating Violence or Stalking (HUD form 5382) and Management will verify the certification as allowed by the Act.

DEFINITIONS:

APPLICANT includes all adult members of the Family or household.

DISABLED PERSON is a person with a disability as defined by Section 223 of the Social Security Act or as generally defined in 42 USC Section 6001(8) as a severe, chronic disability which:

1. is attributable to a mental/or physical impairment or combination of mental and physical impairments;
2. was manifested before age 22;
3. is likely to continue indefinitely;

4. results in substantial limitations in three (3) or more of the following areas of major life activities: self care, receptive and responsive language, learning mobility, self direction, capacity for independent living, and economic Self Sufficiency; and
5. reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or the other services, which are of lifelong, or extended duration and are individually planned and coordinated.
6. is a person with a physical or mental impairment that:
 - a. is expected to be of long, continued and indefinite duration;
 - b. substantially impedes the person's ability to live independently; and
 - c. is such that the person's ability to live independently could be improved by more suitable housing conditions.
7. is a person with a developmental disability.

DISPLACED PERSON is a person displaced by governmental action or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws.

DRUG RELATED CRIMINAL ACTIVITY Drug Related Activity means the illegal manufacture, sale, distribution or use of a drug or the possession with the intent to manufacture, sell or distribute a controlled substance. Drug-Related Criminal Activity does not include the use or possession, if the household member can demonstrate that they:

1. have an addiction to a controlled substance, has a record of such an impairment, or is regarded as having such an impairment; **and**
2. have recovered from such addictions and do not currently use or possess controlled substances. The household member must submit evidence of participation in, or successful completion of, a treatment program as a condition to being allowed to reside in the unit.

ELDERLY PERSON is a person who is at least 62 years old.

ELDERLY HOUSEHOLD is a household whose head, spouse, or co-head qualifies as elderly or disabled. The household may be two or more Elderly or Disabled Persons who are not related, or one or more such persons living with a Live-in Aide(s) essential to their care or well being. A household may NOT designate a Family member as head of household solely to qualify the Family as an Elderly Household.

FAMILY is one or more persons in a household whose income and resources are available to meet the Family's needs.

INCOME LIMITS are defined as those income limitations published by organizations regulating the development.

INDEPENDENT STUDENT: The individual must be of legal contract age under state law; the individual must have established a household separate from parents or legal guardians for at least one year prior to application for occupancy or the individual meets the U.S. Department of Education's definition of an independent student (which includes the following criteria: must be at least 24 years old before December 31 of the award year for which aid is sought; be an orphan or a 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 (for example, dependent children or elderly dependent parent); be a graduate or professional student, or be married); the individual must not be claimed as a dependent by parents or legal guardians pursuant to IRS regulations and the individual must obtain a certification of the amount of financial assistance that will be provided by parents, signed by the individual providing the support (this certification is required even if no assistance will be provided.).

LOW INCOME HOUSEHOLD is a Family whose income does not exceed eighty percent (80%) of the area median income as determined by HUD.

LIVE-IN AIDE/ATTENDANT is a person who lives with an Elderly or Disabled individual(s), is essential to that individual's care and well being, is not obligated for the support of the person, and would not be living in the unit except to provide the support services. While a relative may be considered to be a Live-in Aide/Attendant, the relative can reside in the unit as a Live-in Aide/Attendant only if the tenant requires special care. The Live-in Aide qualifies for occupancy only as long as the tenant requires supportive services and may not qualify for continued occupancy as a Remaining Family Member. Live-In Aides may be evicted for violation of house rules.

REMAINING MEMBER HOUSEHOLD is a person who remains in a unit following a decrease in Family composition.

SINGLE PERSON is a person who intends to live alone.

VERY LOW INCOME FAMILY is a Family whose income does not exceed fifty per cent (50%) of the area median income as determined by HUD.



**EQUAL HOUSING
OPPORTUNITY**

**We Do Business in Accordance With the Federal Fair
Housing Law**

(The Fair Housing Amendments Act of 1988)

**It is illegal to Discriminate Against Any Person
Because of Race, Color, Religion, Sex,
Handicap, Familial Status, or National Origin**

- In the sale or rental of housing or residential lots
- In the provision of real estate brokerage services
- In advertising the sale or rental of housing
- In the appraisal of housing
- In the financing of housing
- Blockbusting is also illegal

Anyone who feels he or she has been discriminated against may file a complaint of housing discrimination:

1-800-669-9777 (Toll Free)

1-800-927-9275 (TTY)

U.S. Department of Housing and
Urban Development
Assistant Secretary for Fair Housing and
Equal Opportunity
Washington, D.C. 20410