



RENTAL APPLICATION



The Duffy School

225 W. Second Street
Florence NJ 08518
Phone: (609) 447-3211, TTY: (800) 852-7899

ALL ADULTS 18 YEARS OF AGE OR OLDER MUST BE INCLUDED ON THE APPLICATION.

APPLICANT CONTACT INFORMATION			
APPLICANT NAME		STREET ADDRESS (Present)	
HOME PHONE ()		CITY, STATE, ZIP	
MOBILE PHONE ()	WORK PHONE ()	CURRENT MONTHLY RENT \$	
REASON FOR MOVING		EMAIL	
HOW DID YOU HEAR ABOUT US? PLEASE DESCRIBE:			

HOUSEHOLD INFORMATION

Please list all household members that are applying to live in the apartment with you. Also list any new members that you anticipate will be living in the apartment in the next 12 months. (Please include unborn children.) Please list **all** states in which **every** household member has lived. (This disclosure is mandatory under HUD rules; criminal screening will be reviewed for each state via national criminal and sex offender databases. Failure to provide a complete list will result in rejection of the application.)

*S = SINGLE / M = MARRIED / W = WIDOWED / SEP = SEPARATED / D = DIVORCED

FOR THE HEAD OF HOUSEHOLD: Please complete this section for the Head of Household only.

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD HEAD	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO

FOR ADDITIONAL HOUSEHOLD MEMBERS: Please complete each of the following sections for each individual household members.

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO

FOR ADDITIONAL HOUSEHOLD MEMBERS:

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO

FOR ADDITIONAL HOUSEHOLD MEMBERS:

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO

FOR ADDITIONAL HOUSEHOLD MEMBERS:

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO

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NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO

FOR ADDITIONAL HOUSEHOLD MEMBERS:

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #	DRIVER'S LICENSE #
STATES LIVED IN, INCLUDING WASHINGTON DC:	MARITAL STATUS S/M/W/SEP/D*	BIRTH DATE (MM/DD/YY)	STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO

A. General Information:

Do you own a pet?	TYPE	BREED	WEIGHT	<input type="checkbox"/> YES <input type="checkbox"/> NO
Would you benefit from special features of an accessible apartment?	Check all that apply: <input type="checkbox"/> WHEELCHAIR ACCESSIBLE <input type="checkbox"/> HEARING IMPAIRED <input type="checkbox"/> VISUALLY IMPAIRED			<input type="checkbox"/> YES <input type="checkbox"/> NO
Has anyone listed on this application been evicted from or are in the process of being evicted from an apartment?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Has anyone listed on this application been convicted or are in the process of being convicted of a felony?		If YES, date of conviction: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO
Has anyone listed on this application been convicted for or are in the process of being convicted for manufacturing and/or distribution of a controlled substance?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Has anyone listed on this application been evicted from Federally Assisted housing for drug-related activity in the last 3 years?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Is anyone listed on this application subject to any state lifetime sex offender registration requirement?				<input type="checkbox"/> YES <input type="checkbox"/> NO

B. Household Composition:

If applicable, do all of the children in the household live with you 50% or more of the time?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any absent household members who under normal conditions would live with you?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Will you or any adult household member require a live-in care attendant to live independently?	NAME	RELATIONSHIP
		<input type="checkbox"/> YES <input type="checkbox"/> NO

C. Additional Household Eligibility:

What size bedroom are you applying for?	Check all that apply: <input type="checkbox"/> STUDIO <input type="checkbox"/> 1 BEDROOM <input type="checkbox"/> 2 BEDROOM <input type="checkbox"/> 3 BEDROOM <input type="checkbox"/> OTHER		
Would you consider yourself or your spouse frail elderly?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you enlisted in the US Military or a veteran of the US Military?		Check all that apply: <input type="checkbox"/> ENLISTED <input type="checkbox"/> RESERVE <input type="checkbox"/> VETERAN	
Are you the spouse of a deceased veteran of the US Military?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you displaced from a recent presidentially declared disaster, a government action or a Covered Storm?		Please explain: _____	
Do you receive any assistance in paying your utility bills?		Check all that apply: <input type="checkbox"/> HEAP <input type="checkbox"/> LEAP <input type="checkbox"/> OTHER _____	
Are you currently receiving housing assistance from HUD or a Public Housing Authority?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently on a Public Housing or subsidized housing waitlist?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently homeless or living in a homeless shelter?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your reason for moving due to a domestic violence situation?			<input type="checkbox"/> YES <input type="checkbox"/> NO

D. Emergency Contact: (Not someone listed on the application. Please list someone in the immediate area if possible.)

CONTACT NAME(S)		RELATIONSHIP
HOME PHONE ()	MOBILE PHONE ()	WORK PHONE ()

INCOME AND ASSETS
Include income and assets for ALL household members, including children's income and assets.

A) LIST ALL INCOME SOURCES.

This includes, but is not limited to, Full- and/or Part-time Employment, Self-Employment, Welfare Agencies, Social Security, Pensions, SSI, Disability, Armed Forces/Reserves, Unemployment, Child Care, Alimony, Child Support, Student Grants/Stipends, Rental income, Gift Income, and Regular Payouts from Annuities, 401ks and IRAs.

HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PYMT
HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PYMT
HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PYMT
HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PYMT

B) LIST ALL ASSETS.

This includes, but is not limited to, Accounts for Checking, Savings, Money Market, 529 (College Savings), and UTMA's, CDs, Brokerage accounts, Stocks, Bonds, Retirement accounts including IRA, Roth, Keogh, 401k, and 403b, Annuities, Whole Life Insurance policies, Funded/Pre-paid Debit cards, and Online accounts (PayPal, DraftKings, etc.).

CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	CD <input type="checkbox"/>	STOCK <input type="checkbox"/>	RETIREMENT <input type="checkbox"/>	LIFE INSURANCE <input type="checkbox"/>	FUNDED DEBIT <input type="checkbox"/>	OTHER <input type="checkbox"/>	TOTAL VALUE OF ASSETS:
DO YOU OWN REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	MARKET VALUE	IF "OTHER" SELECTED ABOVE, PLEASE EXPLAIN:						

Signature Clause: (please read)

My/Our signature(s) below serves as written permission to obtain a Criminal Background/Sex Offender Check, Consumer Report (credit history) and other references deemed necessary. I understand that management is relying on this information to prove my household's eligibility for an apartment. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. The Resident acknowledges that the Owner is also relying on information provided by the Resident, or by employers and others on the Resident's behalf, and the Resident agrees that if any information relied on by the Owner in approving residency, regardless of its source, including, without limitation, any information contained in the Application or the Certification or any re-certification, is incorrect or untrue, this constitutes a material breach of the Lease and the Owner may evict the Resident from the premises and exercise any other remedies permitted by law. I also understand that such action may result in criminal penalties. I understand that my occupancy is contingent upon meeting management's resident selection criteria and the Housing Program requirements. I understand the responsibility to report to management any changes in family composition for the changes in eligibility, income and assets they represent, whenever they occur. Submission of false statements of information are punishable under Federal Law, and could result in the cancellation of a lease agreement.

APPLICANT SIGNATURES:

_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date

FOR OFFICE USE ONLY

DATE RECEIVED	TIME RECEIVED	RECEIVED BY:	CHECK ALL THAT APPLY: <input type="checkbox"/> WAITLIST <input type="checkbox"/> LOTTERY <input type="checkbox"/> OTHER _____
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MULTIPLE DWELLING REPORTING RULE TENANT/APPLICANT INQUIRY

The **New Jersey Law Against Discrimination**, *N.J.S.A. 10:5-1 to -49*, makes it unlawful to discriminate in the sale or rental of housing based on a person's race, creed, color, national origin, ancestry, nationality, affectional or sexual orientation, disability, gender, marital status, familial status (whether you have a child, a parent-child relationship with a minor, or you are pregnant), lawful source of income or rental subsidy used for rental payments.

The **New Jersey Division on Civil Rights** is the State agency that is authorized to enforce the Law Against Discrimination. Under the Division's **Multiple Dwelling Reporting Rules**, *N.J.A.C. 13:10-1.1 to -2.6*, the Division requires landlords to collect and record information about applicants for apartment rentals and tenants in apartment complexes throughout New Jersey. The **Multiple Dwelling Reporting Rule** requires landlords to provide a summary of this information to the Division and to retain the information on this form. **The information is used to prevent and eliminate discrimination in housing.** Your cooperation in filling out this form will assist the Division in enforcing the Law Against Discrimination.

Please note that, although landlords must record certain information about the race and ethnicity of applicants and tenants, it is unlawful to record or ask applicants or tenants about other characteristics such as religion, gender, marital status or affectional or sexual orientation.

If you feel you have been denied housing or treated differently for one of the reasons listed above, you may contact the Division on Civil Rights at (609) 984-3138 for referral to a local Division office for additional information or assistance.



Visit the Division on Civil Rights Web site at: www.NJCivilRights.org



Tenants/applicants: Fold & tear along dotted line and retain top portion for your records

MULTIPLE DWELLING REPORTING RULE TENANT/APPLICANT INQUIRY

If the tenant/applicant chooses not to complete this form, the landlord or the landlord's representative is required to conduct a visual observation of the tenant or applicant and then complete this form as accurately as possible.

This form is not intended to be a part of the rental application process and must be kept separate and apart from rental records.

Tenant Applicant Name: _____

Address: _____

City: _____ State: _____ Zip code: _____ Phone Number: _____

Race/Ethnicity: Please check all that apply to leaseholders (tenants) or applicants.

- Black or African American:** a person having origins in any of the original peoples of Africa
- Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish origin or culture, or a person having a Spanish surname
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- American Indian or Alaska Native:** a person having origins in any of the original peoples of North or South America
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White or Caucasian:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Date: _____ Completed by: Tenant Applicant Landlord

If you have any questions regarding this inquiry please contact the Division on Civil Rights, Multiple Dwelling Unit at 609-984-3138 between the hours of 9:00 to 5:00 Monday through Friday, or e-mail the MDRR unit at DCRMDRR@njcivilrights.org





Resident Selection Plan

**The Duffy School
HFMA# 1332
225 W. Second Street
Florence, NJ 08518**

**(609) 447-3211
TTY (800) 852-7899**

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I. PURPOSE AND GENERAL PROVISIONS

The RESIDENT SELECTION PLAN (the Plan) describes relevant policies and procedures for the selection of residents pursuant to applicable laws, policies and regulations. However, the Plan may not include all of the policies and procedures affecting the selection of residents and where the specific affordable housing program contains rules or regulations that conflict with the provisions herein, the program's rules and regulations shall govern. The Plan is designed to promote fairness and uniformity in the selection of Residents and to preclude the admission of Applicants whose habits and practices may reasonably be expected to have a detrimental effect on the Residents', staff or property environment.

Non-discrimination

It is our policy to promote equal housing opportunity and to establish practices that do not subject any person to discrimination, including discrimination based on race, color, religion, sex, disability, familial status, national origin, sexual orientation, gender identity, marital status, or other basis prohibited by local, state or federal law.

Limited English Proficiency

Limited English Proficient (LEP) persons are persons who, as a result of national origin, do not speak English as their primary language and who have limited ability to speak, read, write, or understand English and may be entitled to language assistance. It is our policy to ensure that LEP persons have reasonable and meaningful access to all services.

Reasonable Accommodations/Modifications

In accordance with Fair Housing Laws, the Agent encourages Applicants and Residents with disabilities to request reasonable accommodations and modifications if such an accommodation is necessary to afford an individual with a disability equal use and enjoyment of an apartment, including public and common area spaces.

Violence Against Women and Justice Department Reauthorization Act (VAWA)

VAWA protects victims of domestic violence, dating violence, sexual assault, or stalking, as well as their immediate family members generally, from being evicted or being denied housing assistance if an incident of violence is reported and confirmed. Agent, responding to an incident of actual or threatened domestic violence, dating violence, sexual assault, or stalking that could potentially have an impact on a tenant's participation in the housing program, may request that an individual complete, sign and submit the HUD certification form within 14 business days of the request. Alternatively, in lieu of the certification form or in addition to it, Agent may accept (i) a federal, state, tribal, territorial, or local police record or court record or (ii) documentation signed and attested to by a professional (employee, volunteer of a victim service provider, an attorney, medical personnel, etc.) from whom the victim has sought assistance.

Unacceptable Behavior During Application Process

Any Applicant that is threatening, abusive in language or actions, or is belligerent to management staff, Residents or guests during application will not be considered for acceptance to the Community.

II. ELIGIBILITY REQUIREMENTS

Applicants who apply for admission to the Community must meet the eligibility requirements set forth herein before any further screening steps are taken regarding the selection criteria. These eligibility requirements cannot be waived, nor are they subject to mitigating circumstances. An Applicant for admission must meet all statutory eligibility requirements for admission to the housing program(s) that govern that apartment.



A. Eligibility Preference

There are no additional preferences in resident selection at this community.

B. Apartment Set Aside

There are five (5) apartments that are set aside for homeless seniors with a priority to victims of domestic violence. Referrals for these apartments will come from an outside agency.

C. Income Eligibility

1. The Applicant must be income eligible. An income eligible household is a household whose annual income does not exceed the applicable household income limit for the household size in the area as published periodically by HUD. The Applicant must meet the income limits of Section 42 of the Code in accordance with the Tax Credit Regulatory Agreement. The Agent will seek third party verification in conformance with the Tax Credit Regulatory Agreement and IRS requirements. This may include tax returns.
2. An Applicant must: (i) meet all income requirements; (ii) otherwise comply with all requirements of the Tax Credit Program, and HOME; and (iii) satisfy the screening standards as set out in the Plan.
3. This community has 53 apartments. This community has 21 apartments at 60% Area Median Income (AMI), 25 apartments at 50% AMI and 7 apartments at 30% AMI. There are 11 designated HOME-Lo apartments at 50%.
4. Maximum income limits will be based on the published HUD income limits.
5. The following minimum income limits apply:
 - a. Total household income must be at least two and a half (2.5) times the monthly rent plus utility allowance.
 - b. Minimum income limits do not apply to Applicants with rental assistance.

D. Student Eligibility

1. Tax Credit Student Rule: A household that consists entirely of full-time students (as defined in the tax credit Code) is not eligible. However, this exclusion does not prevent an apartment from being occupied by (i) an individual who is (A) student and receiving assistance under Title IV of the Social Security Act, or (B) enrolled in a job training program receiving assistance under the Workforce Investment Act or under similar Federal, State, or Local Laws, or (ii) entirely full-time students if such students are (A) single parents and their children are not dependents of another individual, or (B) married, including legally married same sex couples, and are entitled to file a joint Federal income tax return, or (C) were previously under the care and placement responsibility of a foster care program.
2. HOME/HUD Student Rule: The student must be 24 years of age or older to qualify, or meet one of the following exceptions: If under 24 years of age, the student may qualify as an independent student if the student is:
 - an orphan, in foster care, or a ward of the court; or was an orphan, in foster care, or a ward of the court at any time when the individual was 13 years of age or older;
 - the individual is, or was immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by court of competent jurisdiction, in the individual's State of legal residence;
 - the individual is a veteran of the Armed Forces (as defined in subsection (c)(1) of HEA) or is currently serving on active duty for other than training purposes;
 - the individual is a graduate or professional student;
 - the individual is married;
 - the individual has legal dependents other than a spouse;
 - the individual has been verified during the school year in which the application is submitted as either an unaccompanied youth who is a homeless child or youth, or as unaccompanied, at risk of homelessness, and self-supporting;
 - the individual is a student for whom financial aid administrator makes documented determination of independence by reason of other unusual circumstances;



- the individual is disabled and receiving Section 8 as of 11/30/2005;
- the individual is living with his/her parents who are receiving section 8 assistance;
- the individual is individually eligible to receive section 8 assistance AND has parents (individually or jointly) who are income eligible to receive section 8 assistance.

*Student must demonstrate independent status

E. Age Requirement

62 and older housing – Every resident must be 62 or older.

F. Household and Apartment Size Criteria

1. Agent will balance the need to avoid overcrowding with the objective of maximum utilization of space, as per the minimum occupancy standard illustrated below:

Number of Bedrooms	Number of Persons	Number of Persons
	<i>Minimum</i>	<i>Maximum</i>
1	1	2

2. The Applicant household may select any apartment size for which the household qualifies. For the purpose of determining apartment size at move-in, Agent will count all full time members of the household, all children anticipated to reside in the apartment, live-in aides, deployed members of the Military, and children who are away at school but live with the household during school recesses. Agent will not provide additional bedroom space for permanently institutionalized household members, or visitors.
3. Elderly or disabled households may request the assistance of a live-in aide. Written, medical verification from the qualified 3rd party must be provided documenting the need for a live-in aide. The existence of a live-in aide must be reported to and approved by the Agent. All live-in aides must be screened for criminal history. Each live-in aide must sign an agreement and must abide by all Community rules. Live-in aides are not considered to be remaining members of a tenant household, and therefore must move upon tenant household vacating the apartment. This provision is applicable for both admission and continued occupancy.
4. In accordance with the Fair Housing Act and Section 504 of the Rehabilitation Act, the Agent will make reasonable accommodations or modifications for individuals with disabilities (Applicants or Residents) unless these modifications would change the fundamental nature of the housing program or result in undue financial and administrative burden.

G. Other Eligibility Qualifications.

1. The head and co-head of the Applicant household must have the ability to enter into a legally binding contract as provided by the state and local laws with respect to contracts for the rental of housing. If no one in the household can enter into a legally binding contract, the application will be rejected.
2. Rental assistance cannot be duplicated. A Resident cannot have project based rental assistance and Resident based rental assistance.
3. The apartment applied for by the Applicant must be the Applicant's primary residence.
4. The Applicant(s) must fill out an application. If Applicant is unable to complete the application due to a medical or other reason, this must be communicated to the Agent so that appropriate steps can be taken to ensure all persons interested in applying for an apartment are able to do so.

III. SCREENING CRITERIA

In making any determination with respect to an Applicant for admission, the Agent shall not reject such Applicant unless a preponderance of the information available demonstrates that such Applicant, if admitted, would be likely to interfere with other Residents in such a manner as to diminish their enjoyment of the Community, adversely affecting their health, safety or welfare, or the physical environment. All Applicants will be screened through an electronic, non-discriminatory credit



and qualification system. The Agent will enter the Applicant's information into a third-party Resident screening software system in order to determine compliance with credit, criminal and sex offender status requirements in an objective manner. Applicants screened receiving a "Decline" would render the Applicant ineligible. Relevant information respecting habits or practices to be considered for each Applicant in making such determinations is as follows:

- A. Criminal history
- B. Record of being a lifetime registered sex offender
- C. Credit history and financial standing
- D. Mitigating Circumstance

A. Criminal History

1. Agent will conduct a criminal background screening including sex offender screening on each adult member of an applicant household. An adult means a person 18 or older or a person convicted of a crime as an adult under federal, state, or tribal law. We will also conduct a criminal screening on a Live In Aide ("LIA").
2. Evidence that an applicant, family member or LIA is (a) subject to a registration requirement under a state sex offender registration program or (b) has been convicted of any other felony or misdemeanor within the look-back periods listed in Table 1 below constitutes a Disqualifying Criminal Record (as defined below) and may disqualify the applicant and/or its family from housing.
3. If agent identifies Disqualifying Criminal Records with respect to any adult member of an applicant household, agent will conduct an individualized assessment and inform the applicant of that Disqualifying Criminal Record by letter (the "Notification Letter"). The Notification Letter will identify the disqualifying criminal record.
4. The Notification Letter will inform the applicant that (a) he/she may present verifiable written evidence of mitigating circumstances, and (b) in the absence of any such evidence of mitigating circumstances, the application may be denied. Examples of allowed mitigating circumstances are presented in "Mitigating Circumstances," below (including Table 2).
5. The Notification Letter will describe the procedure for the applicant to offer any evidence of mitigating circumstances and that the response must be received by us within a specified period.
6. Agent will consider any written reliable evidence of mitigating circumstances presented by an applicant within the time period stated in the Notification Letter. In considering that evidence, we may decide
 - a. The evidence of mitigating circumstances is reliable and sufficient to show that the applicant or its family members are suitable for housing or
 - b. The evidence of mitigating circumstances is not reliable and/or is not sufficient to show that the applicant or its family members are suitable for housing (a "Negative Decision").
7. If no response is received within the time period stated in the Notification Letter, agent will issue a notice of denial. If a Negative Decision is made, agent will issue a notice of denial to the applicant, which will state the specific reason for denial, enclose any information we used to make that determination and inform the applicant that he or she may request an informal hearing to contest the decision pursuant to the "Appeal of Rejection" section below.

Disqualifying Criminal Records

- Agent will deny admission to a household if a member is subject to a registration requirement under a state sex offender registration program. Only evidence of factual error will be considered as mitigating circumstances.
- Agent will deny admission to a household if a member has been convicted of manufacturing or distributing of a controlled substance. Only evidence of factual error will be considered as mitigating circumstances.
- If the applicant's past criminal activity was proven to be the consequence of acts of domestic violence, dating violence, or stalking against him or her, we will not deny admission.



- Table 1 below indicates the look-back periods only and is not an automatic disqualifying factor. Any applicant with a criminal record within the look-back periods will have an individual assessment, in which the applicant can present mitigating circumstances including, but not limited to, the mitigating circumstances indicated in Table 2.

Table 1		
Type of Criminal Conduct	Look-back periods:	
	Felonies	Misdemeanors
Sex offender registry status	Duration of Registration	Duration of Registration
Offenses related to Homicide, Kidnapping, Forcible sex	20 years	10 years
Drug distribution or manufacture conviction	10 years	5 years
Other Violent or sex related crime conviction	10 years	5 years
Non-violent crimes including drug possession conviction	5 years	1 year
Any arrest for a violent crime, arson, sex offender crime, drug distribution or drug manufacture.	Any arrest within the last 1 Year that has not been adjudicated	

Mitigating Circumstances

The applicant may provide specific evidence that there are mitigating circumstances as indicated below:

Table 2		
Mitigating Circumstance:	Evidence of registration requirement under state sex offender registration program or evidence of conviction for manufacturing/distributing controlled substance	All other Disqualifying Criminal Records
Factual error in the record (including evidence of mistaking identity)	Allowed	Allowed
Successful completion of a rehabilitation course	Not Allowed	Allowed
Evidence applicant has not violated any rental terms for the last 3 years and that the landlord would re-rent again	Not Allowed	Allowed
Evidence the applicant has been employed for the last 3 years and that the employer would re-hire again	Not Allowed	Allowed

Appeal of Rejection

The applicant may appeal this decision using our grievance procedure.

B. Record of being a lifetime registered sex offender

Persons subject to a lifetime sex offender registration requirement are not eligible for residency. If at any point during residency any household member becomes subject to a lifetime sex offender registration requirement and/or if a household member was erroneously admitted and is subject to a lifetime sex offender registration requirement, the specific household member is no longer eligible for residency.

C. Credit and Financial Standing

Agent will consider whether the Applicant has a satisfactory history of meeting financial obligations, including timely payment of rent. Outstanding judgments, collections or a history of late payment of bills may be cause for rejection. If Agent rejects an application based upon the report from the third-party Resident screening software program, the Applicant(s) will be provided with the cause for rejection and given the name of the credit bureau which performed the credit check.



D. Mitigating Circumstances.

In instances where unfavorable information would cause an Applicant household to fail to meet the screening criteria, Applicant may present mitigating information to management for review. Sources of information may include, but are not limited to, the Applicant (by means of interview), landlord, employers, household social workers, parole officers, court records, drug treatment centers, clinics physicians or police departments where warranted by particular circumstances and as allowable by law. Presenting mitigating circumstances does not guarantee admission.

IV. APPLICATION PROCESS

- A. A non-refundable credit check fee in the amount of \$35.00 will be collected at time of applicant qualification interview.
- B. When an interested party contacts the Management Office, he/she will be mailed or given an application packet to complete and return to the Rental Office. An individual who may have questions on the completion of this packet may either telephone the manager, or discuss the packet in person.
- C. When a completed application packet is returned to the Rental Office, a Household Number will be assigned. A preliminary review of the information will be completed to determine the following:
1. Income eligibility.
 2. Whether the Applicant's reported household size can be accommodated by the apartment size mix available at the Community and meets the Occupancy Standards.
 3. Whether the Applicant's household composition meets the definition of "household" as outlined in housing regulations.
 4. Whether the Applicant's household will require the features of a barrier-free or modified apartment.
 5. The income category into which the Applicant falls, and any applicable priority or program preference categories, if any.
- D. Once an Applicant qualifies under the review guidelines, then final determination of eligibility for admission will be made after screening and interviews are conducted, as described below.
- E. If the application is incomplete (e.g. missing forms, missing signatures, missing information, etc.) the packet will be returned to the Applicant with an explanation of the items missing and/or incomplete. Once the packet is complete and returned to the Rental Office, it will be date and time stamped, and will thereafter be reviewed for eligibility.
- F. Each Applicant for admission must submit a completed signed application listing all household members. Adequate procedures are in place to obtain, verify, and protect confidentiality of information with respect to each Applicant. Information relative to the acceptance or rejection of an Applicant on eligibility or suitability grounds, or the grant or denial of any applicable preference, will be documented and placed in the Applicant's file.
- G. Application Selection Procedures.
1. Applicants for admission will be placed on the appropriate wait list in chronological order based on the basis of the Agent's preliminary determination of income and other eligibility requirements and preference status, if any, based on information provided in the pre-application, subject to verification of all information and to satisfaction of screening criteria following submission of full application. Information regarding the availability at the Community, and the policies and procedures regarding the pre-application and selection will be made available upon request.
 2. The pre-application form will elicit information regarding household size and composition, and claimed qualification, if any, for an admission preference. Pre-applications will be mailed to Applicants upon request.
 3. The Agent will date and time-stamp any completed pre-application form taken at the site upon receipt.
 4. Applicants will be contacted and invited to complete and sign a full application and sign the necessary release forms in the order of Wait List number. The Agent will then process the



application for verification of preference status, if any, and then as to eligibility and suitability in accordance with the eligibility factors and the screening criteria herein. Offers of apartments will be made to Applicants whose full applications are approved in an order and manner which preserves the numerical ranking determined as described above.

5. An Applicant for admission to an apartment who receives an adverse eligibility or suitability determination, or denial of preference, if any, will be offered an opportunity for informal review, consisting of an opportunity to meet with a person or persons designated by the Agent, other than the person who made the original determination.

H. Wait Lists

1. If the Agent determines that the then-existing wait list contains an adequate pool of Applicants for apartments of one or more size and type reasonably anticipated to become available for occupancy during a succeeding period of not less than twelve months, the Agent may stop accepting new pre-applications for such apartment size or type with agency approval. The Agent will provide public notice of such stoppage. When the Agent reopens a closed wait list for any apartment size or type, or for any category of Applicants, the Agent will give public notice of such reopening.
2. Wait lists will be updated annually or as needed to ensure that Applicant information is current and that any names that should no longer be on the list are removed.

V. ACCESSIBLE APARTMENTS

- A. Certain apartments are designed for persons with mobility, sight or hearing impairments. These apartments will be designed and constructed specifically to meet the needs of persons requiring the use of wheelchairs and persons requiring other modifications.
- B. Preference for occupancy to these apartments will be given to households with disabled household members who require the modifications of facilities provided in the apartments.
- C. Households that do not require these apartments will not be offered these apartments until all eligible Applicants who do require these apartments have been considered.
- D. Accessible apartments will be offered and accepted by non-disabled Applicants only with the understanding that such Applicants must accept a transfer to a non-accessible apartment at a later date if a person who requires an accessible apartment applies for housing and is determined eligible. Moving costs will be the responsibility of the household.
- E. In the event the household member who required the features of the apartment vacates the apartment, remaining household member(s) will be required to move to a different apartment at Agent's request. Moving costs will be the responsibility of the household.

VI. FINAL ELIGIBILITY

A. Contacting Applicants for Final Screening and Interview

1. As an Applicant approaches the top of the wait list, Agent will commence the final screening and interview process for the Applicant. If the Agent communicates with the Applicant, a mutually convenient time for the interview will be established. If the Applicant cannot be reached, the Agent will send a letter to the Applicant setting a date and time for an interview. If Agent does not receive a response to the letter within seven (7) calendar days from the day the letter was sent, the Applicant's application packet will be rejected and a final letter will be sent informing the Applicant that his/her name has been removed from the respective wait list.
2. It is the responsibility of the Applicant to keep Agent informed of any changes in their address and/or telephone number. If correspondence sent to the Applicant is returned due to the inability of the US Postal Service to deliver same, the individual's application packet will be rejected and his or her name removed from the wait list.
3. If an interview with the Applicant is scheduled and the Applicant fails to attend, an attempt will be made to contact the Applicant. If there is no response after seven (7) calendar days, the



Applicant's application will be rejected. If the Applicant is contacted, another appointment will be scheduled. If the Applicant again fails to attend the interview, the Applicant's application will be rejected and his or her name removed from the wait list. Mitigating circumstances will be considered on a case by case basis.

B. Interview/Screening Stage for all Applicants

1. Each Applicant household member age eighteen (18) and older will be required to sign all applicable forms. It is the responsibility of the Applicant to provide complete and accurate information in a timely manner when requested. It is also the Applicant's responsibility to supply the Agent with complete names, addresses and telephone numbers of all verifying agencies (banks, landlords, child care providers, health insurance carriers, etc.). Failure of an Applicant to provide necessary information in a timely manner at the time of an interview appointment will result in the Agent rejecting the application for housing. The following forms may require completion by each Applicant household (specific forms will vary depending upon the household composition, sources of income, household allowances, and category of apartment):
 - a. A complete current application;
 - b. Authorization for Release of Information;
 - c. Applicable Verification Forms.
2. Applicants will be required to document the following information for all household members at the time of the interview:
 - a. Social Security numbers;
 - b. Originals or copies of birth certificates;
 - c. Verification, if not apparent, of any disability claimed ONLY in those instances when the Applicant household is requesting a barrier-free or modified apartment or other reasonable accommodation based upon disability or when the Applicant is claiming the disability as a household eligibility factor.
 - d. Documentation of legal custody of minors, or evidence that the child/children will reside with the Applicant.

C. The Interview

1. The program requirements, verification procedures and penalties for submission of false and/or incomplete information will be explained to each Applicant during the application interview. Such penalties may include eviction, fines and imprisonment.
 - a. All adult household members must present a photographic identification card at the interview session. The card will be photocopied and held in the Applicant file.
2. All household members will be required to disclose and document their Social Security numbers.
3. Applicants submitting false information, omitting or misrepresenting information will be grounds for rejection of the application.
4. A final decision on their eligibility cannot be made until all verifications are complete.
5. Upon Request, Applicants will be given a blank copy of the current lease agreement and Community rules in effect at the time of request.

D. Completion of Application Process

1. Upon completion of the application process, all Applicants will be informed of the determination of eligibility.
2. If the application is accepted, the written communication will include instructions regarding the next step in the move-in process.
3. If the application is rejected the written communication will include the specific reason(s) for the rejection and the steps the Applicant may take (if so desired) to appeal the decision in accordance with and pursuant to the grievance procedures.
4. If at any time during the processing of an application for housing, information indicates that an individual member of the household does not meet one or more of the conditions governing eligibility for admission, including income guidelines, household composition guidelines, credit



history or criminal background history, is verified, or if at any time the Agent determines that the information supplied on the application or a person's declaration is false, application will be rejected.

VII. DECISION DETERMINATION

- A. Once the verification process is complete the Applicant will be contacted and informed of either acceptance or rejection.
- B. Once an Applicant has been accepted for residency, the Applicant will be contacted when an appropriate apartment is available for occupancy. Each Applicant will also be provided with information regarding the total amount due upon move-in (first month's rent and security deposit).
- C. The Applicant will have three (3) business days from receipt of a phone call, or if notified by letter, seven (7) business days from the date of mailing to indicate their acceptance or refusal of the available apartment. Applicant will be removed from the wait list if mail is returned undeliverable or if unanswered within seven (7) business days from the date of mailing or if a telephone number is disconnected or incorrect or unreturned within three (3) business days from receipt of a phone call. An Applicant who refuses an apartment will remain at the top of the wait list for one (1) more offer. If the Applicant refuses an available apartment a second time, their application will be rejected and they will be removed from the wait list. Rejection of an apartment from one application list will not affect the Applicant standing on any other wait list on which he/she chose to be placed on. Any eligible person who refuses an apartment due to a medically necessary reason will not lose his/her place on the wait list.
- D. The approved Applicant will receive a move-in appointment. The procedures to be followed at this appointment are set out in the section titled MOVE-IN/LEASE SIGNING.
- E. If an Applicant chooses to have their application withdrawn, they will be removed from the wait list. A letter will be sent to the Applicant confirming withdrawal of their application and removal from the wait list.

VIII. REJECTION PROCEDURES

Written Notification.

Each rejected Applicant will be given written notice thereof, by US Mail. The rejection notice will indicate the reason(s) for the rejection, and stating that, the Applicant may appeal the rejection. The notice will advise the Applicant that they have fourteen (14) calendar days of receipt of the notice to respond, in writing, or request to meet with the Agent to discuss the notice. If the Applicant requests such a meeting, it must be in writing. The Agent will give the Applicant a reasonable opportunity prior to such meeting to review the information used by the Agent in reaching an adverse decision and will send a final, written decision to the Applicant within five (5) business days following the Applicant's meeting. Appeals will be reviewed by someone other than the person who made the initial determination. If after the review, Agent's decision is reversed, the Applicant will be placed on the wait list in the same position they would have been had the application been accepted at inception. Applicants who are rejected must wait six (6) months before reapplying to the community.

IX. MOVE-IN/LEASE SIGNING

A. Review of Lease and Community Rules

Once an Applicant is approved for housing, an appointment will be scheduled for all adult members of the household to review and sign all documents. The Resident lease, Community rules, annual income review requirements, grievance procedures, maintenance service procedures will be reviewed with all adult household members. Signatures will be obtained on the lease agreement and other required documents. All applicants approved for housing are required to comply with the lease terms, including provisions in lease attachments/addendums.



B. Payments Required Upon Move-In

Prior to receiving keys to the apartment and taking possession of the new apartment, the Resident must pay the first month's rent (or prorated rent) and security deposit. These payments must be in the form of a bank check or money order only. If the Resident's rent will be paid by an outside agency (ie: Department of Social Services, etc.) the Resident must provide a written guarantee of payment from that specific agency prior to receiving the keys to the new apartment.

C. Move-in Inspection

All Residents at the property will receive a move in inspection form that records the condition of their specific apartment at the initiation of their lease term. This form will be used as a basis to determine the amount of damage charges, if any, which must be assessed against the Resident for unusual wear and tear, at the time of lease termination.

X. TRANSFERS

Our transfer policy objectives are to avoid overcrowding by insuring the residents are in the appropriate size apartment, to provide a Reasonable Accommodation to those with a disability, to provide option for those seeking VAWA protections or to allow for emergency transfers. Residents are responsible for their personal moving costs.

A. Types of Transfer

1. Emergency Transfers:

At management's sole discretion, we may transfer Residents to abate dangerous conditions, to perform major repairs, to achieve occupancy goals or in the event of fire or natural disaster.

2. Reasonable Accommodation Transfer:

This transfer may occur for a disability-related need.

3. VAWA Transfers:

Management will allow transfers based on the VAWA Emergency Transfer Plan.

4. Accessible Apartment Transfer:

Transfer will be allowed to achieve appropriate occupancy for those persons in need of an accessible apartment.

5. Appropriate Apartment Size Transfer:

If the size or composition of the household has changed so that the apartment occupied contains a number of bedrooms less or greater than necessary, management shall transfer the resident to another apartment of proper size. If the resident fails to accept the apartment offered, we may terminate the lease as allowed by law.

B. Eligibility for Transfers

1. A Resident who is in arrears in rent or otherwise not in good standing is not eligible for a transfer unless the transfer is due to a reasonable accommodation, VAWA request or emergency situation.
2. A Resident must complete one year of occupancy prior to any transfer, unless the transfer is needed for a Reasonable Accommodation, VAWA request or emergency situation.
3. Where the specific affordable housing program contains rules or regulations that conflict with the provisions herein, the program's rules and regulations shall govern.
4. The Agent will maintain a transfer list for the Community. The list will further be divided by bedroom size required and notations will be included to indicate current household size and whether the household will require features of an accessible apartment.
5. If a transfer is denied, the Resident has the right to utilize the grievance procedure.

C. Priority for Internal Transfers

Current residents have priority for transfer over placement of applicants from the waitlist. The following priority is assumed for all internal transfers:

1. Occupancy for Accessible or Hearing/Visual Impaired Apartments
2. Reasonable Accommodation transfer
3. VAWA Emergency Transfer



4. Other Emergency Housing (Natural Disaster, etc.)
5. Under-housed/Over-housed

XI. DEFINITIONS

1. Agent: The managing agent, employees and/or Owner as applicable.
2. Applicant: A person or household who is applying for admission to an apartment in the Community.
3. Community: The land, property, buildings, facilities, parking areas owned by Owner.
4. Household Number: The number assigned to an application when the Agent receives the application. The household number acts as a permanent identifying number for the Applicant, for the entire period in which the application is valid. The household number does not indicate placement or position on a wait list but is a number assigned in the property management software system.
5. Disabled Household: A household with any member who is person with disabilities; two or more persons with disabilities living together; or one or more persons with disabilities living with one or more live-in aides.
6. Head Of Household: The household member who is legally responsible for the household. Both the head and spouse or other responsible adult (if any) shall sign the lease.
7. Live-In Aide: A person who resides with one or more elderly persons, or near-elderly persons, or persons with disabilities, and who:
 - a. Is determined to be essential to the care and well-being of the persons;
 - b. Is not obligated for the support of the persons; and,
 - c. Would not be living in the apartment except to provide the necessary supportive services.
7. Over-Housed Household: A Resident household with more bedrooms than required for the number of members in accordance with the standards set in the Plan.
8. Persons with Disabilities: a person who:

As defined in the Fair Housing Act; the person has a physical or mental impairment which substantially limits one or more of such person's major life activities; a record of such impairment; or being regarded as having such an impairment. The term does not include current, illegal use of or addiction to a controlled substance. As used in this definition, physical or mental impairment includes:

 - (i) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine;
 - (ii) Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance), and alcoholism;
 - (iii) Major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.
9. Under-housed Household: A Resident household with an insufficient number of bedrooms for the number of persons in the household, in accordance with the standards set in the Plan.
10. Wait List Number: The number indicating the Applicant's position on a wait list, based on
 - a. date and time of application and
 - b. the number of preceding applications filed by other Applicants and/or priorities or preferences met by the application relative to other application fields.