

Lakeview Apartments Tenant Selection Plan

SECTION 8 FAMILY WITH OWNERS & HUD APPROVED HOMELESS
PREFERENCE – PRE 1981 UNIVERSE

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KEY CHANGES AND UPDATES, REV 2022

- Added a *Table of Contents*
- Revised language choices the TSP which do not materially change the policy. Examples include:
 - SHP Management Corp. changed to SHP Management
 - Tenants changed to Residents
 - Changed all language to third person
 - Changed all pronouns (he/she changed to they/them)
 - **II.F. Student Eligibility** – Added #6. “Is not a person with disabilities...” to match the language in the 4350.3.
 - **XIV. Waiting List** – Changed “wait list” to “Waiting List.”
 - **II.G. Registered Lifetime Sex Offender** – Changed verbiage to match the SHP Policy Handbook, but no changes to the policy
 - **XIV. Waiting List** - “At the Initial Applicant Interview, the following will occur” changed to state “Management will”
- **IX. Policy and Procedures for Reasonable Accommodations Requests** – Revised section to notate that RAR Requests will be processed as outlined in the SHP *Policy and Procedures for Processing Reasonable Accommodation Requests*, which will now be an exhibit to the TSP. Simplified explanation of how requests will be processed.
- **X. Unit Size Requirement** – Removed expectation that co-tenants will share a bedroom
- **XIII.A.1 – Application**- TSPs for elderly sites added the following to the list of required application items: “Certification of Disability when Disability is a requirement for Occupancy form and any other Federal, State, or Local funding source requirements.”
- **XIV. Waiting List** – Clarified the exceptions to chronological order to include VAWA Emergency Transfers from one SHP managed property to another SHP managed property.
- **XVI. Applicant Screening and Rejection Criteria** – reorganized this section, but no material changes to policy were made. VAWA subsection was moved from this section to the Written Rejection section. Clarified post-conviction 7-year timeframe for criminal background check likely rejections.
- **XVII. Written Rejection** – Elaborated on attachments and moved the VAWA Information into this section
- **XVIII – Unit Transfers** – restructured, included language allowing VAWA emergency transfers from one SHP managed property to another SHP managed property, and added the Unit Transfer Policy exhibit.

TENANT SELECTION PLAN

ON-SITE MANAGEMENT AGREEMENT OF RECEIPT AND ACKNOWLEDGMENT

I have received the updated Tenant Selection Plan for Lakeview Apartments, dated April 24, 2022. I agree to review and abide by the policy and procedures as stipulated in the Tenant Selection Plan put in place by HUD and/or SHP Management Corp.

If I have any questions or concerns, I will address them with my immediate supervisor, otherwise, I will follow this Tenant Selection Plan as written. I understand not following these policies may lead to administrative action against me.

Signature

Date

Printed Name

Position

TENANT SELECTION PLAN
LAKEVIEW APARTMENTS

This Tenant Selection Plan establishes a set policy which will be consistently applied to all applicants.

I. STATEMENT OF NON-DISCRIMINATION

It is the policy of SHP Management Corp. to promote equal opportunity and non-discrimination in compliance with, but not limited to, the federal and state constitutions and legislative enactments addressing discrimination in housing including, The Fair Housing Amendments Act of 1988, 42 U.S.C.A. Sec. 794 *et seq.*, The Americans with Disabilities Act of 1990, 42 U.S.C.A. Sections 12101-12213, Title VI of the Civil Rights Act of 1964, 42 U.S.C.A. Section 2000d, the Age Discrimination Act of 1975, 42 U.S.C.A. Sections 6101-6107, The Violence Against Women Reauthorization Act of 2013 Final Rule, the Equal Access to Housing in HUD Programs – Regardless of Sexual Orientation or Gender Identity (24 CFR 5.105) and Executive Order 13166 (Improving Access to Services for Persons with Limited English Proficiency). In furtherance of this policy:

- A. In carrying out this Tenant Selection Plan, SHP Management Corp. will not discriminate on the basis of race, color, creed, religion, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, gender identity or marital status, familial status, disability, military/veteran status, source of income, age or other basis prohibited by local, state or federal law in any aspect of tenant selection or matters related to continued occupancy. The Affirmative Fair Housing Marketing Plan establishes the minimum minority occupancy goal for the development based on the percentage of minorities in the area. SHP Management Corp. will also affirmatively market to persons with disabilities, as specified in its Affirmative Fair Housing Marketing Plan and contract.
- B. **Applicants with Disabilities and Reasonable Accommodations** – SHP Management Corp. will make reasonable accommodations in policies or reasonable modification of common or unit premises for all applicants with disabilities (as defined in the above-listed Acts or any subsequent legislation) who require such changes to have equal access to any aspect of the application process or to the development and its programs and services. SHP Management Corp. will, for example, arrange for sign language interpreters or other communication aides for interviews during the application process.
- C. **Race and Ethnic Data Reporting (HUD-27061-H)** – Effective January, 2003, HUD issued a Race and Ethnic Data form to be used at all Section 8 properties. This form is for all new move-ins and for any changes to the head of household or household composition. The form is to be retained in each resident's file (**Exhibit A**).

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

Lakeview Apartments
1250 5th Avenue
New York, NY 10029-4439
PHONE: 646-905-3751
FAX: 917-261-5430

II. PROJECT ELIGIBILITY CRITERIA

Prior to being placed on the Waiting List and again during processing for occupancy, an Applicant must qualify under ALL Department of Housing and Urban Development (hereafter referred to as HUD) eligibility criteria. These criteria are as follows:

A. Owner's Preference

Single persons who are either elderly (62 or older) or disabled have a preference over single persons for occupancy in 0-BR and 1-BR units. If there is no elderly or disabled applicant for an available apartment, the unit will be offered to another eligible and qualified applicant.

B. Families – A family includes but is not limited to:

1. A family with or without children (the temporary absence of a child from the home due to placement in foster care shall not be considered in determining family composition and family size);
2. An elderly family;
3. A near-elderly family;
4. A disabled family;
5. A displaced family;
6. The remaining member of a tenant family; and
7. A single person who is not elderly or displaced person, or a person with disabilities, or the remaining member of a tenant family.

C. Preferences for Homeless Households

This property has added a preference to 20% of vacancies (1 in 5) to all HUD-assisted housing, pursuant to HUD notice 2013-21, to establish a preference for those who are homeless. Homeless applicants are defined as “Eligible Homeless Applicant” referred by an agency of the City of New York or an alternate referral source acceptable to the City, or HPD Homeless Services, who, at the time of their application and/or referral are:

1. Eligible to receive Section 8 rental assistance,
2. Resided in emergency shelter facilities operated by or on behalf of the City, or are otherwise in need of emergency shelter as determined by the City, and
3. Have resided in an emergency shelter six (6) months or less and are currently employed.

The Homeless Preference will be in effect for the term of the Regulatory Agreement between the owner and the City of New York Department of Housing & Preservation and Development.

This preference will include:

1. It will become effective when approved by HUD. Preference was approved by HUD on May 22, 2019.
2. The current waiting list will be maintained consistent with the HUD Handbook 4350.3 guidelines and the property's Affirmative Fair Housing Marketing Plan (AFHMP).
3. Current persons on the waiting list will be notified of the additional preference and how they may apply to be considered under it. They will also be granted first right to an available unit under the preference should they meet the definition of homeless. Notice to the waiting list will be done by mail thirty (30) days prior to adoption of the preference.
4. The next vacancy will be offered to a homeless person that is on the existing waiting list who has indicated and verified their Homeless Preference and applicants who have not until the 20% Homeless Preference is achieved.
5. Once the Homeless Preference applicants on the existing waiting list have been exhausted, three (3) referrals from an agency of the City of New York, an alternative referral source acceptable to the City, or HPD Homeless Services will be given for each available Homeless Preference turnover unit. If an appropriate candidate is not identified, then the property will receive three (3) new referrals from a referral agency.
6. Referrals for available units will be accepted primarily from HPD Homeless Services of the City chosen referral agency, pursuant to paragraph V (d) of HUD Notice 2013-21. Note that the applicant must be a referral from HPD Homeless Services or a City approved alternate referral source in order to qualify for the preference. However, if an applicant currently on the waiting list qualifies as homeless, they may also qualify for the preference. All applicants must also comply with other requirements, including income, age, and criminal/credit screening. Applicants who are denied will be provided

with the basis of the denial in writing and offered the opportunity to establish if they are eligible for a reasonable accommodation under the Fair Housing Act.

7. This Preference does not make anyone eligible who was not otherwise eligible.

D. Statutory Preferences – Displacement

In addition to the preferences discussed above, the property has adopted the Statutory Preferences required for 221(d)(4) properties. This preference applies to any applicant who meets all of the project eligibility criteria and shall be applied to any available unit, including those designed for mobility impaired residents. In order to qualify for the Statutory Preference, applicants must provide documentation from the applicable Local, State, Quasi or Federal Government, or Court with jurisdiction, outlining they have been involuntarily displaced by one of the following events:

1. Government Action (i.e., Eminent Domain).
2. Due to a Presidentially Declared Disaster.

E. Section 524 – Single Persons

A single person who is not an elderly or displaced person, a person with disabilities, or the remaining member of a resident family may not be provided a housing unit with two or more bedrooms. As the statutory preference for admission for families before admission of single persons was repealed, a single person will be considered for admission in accordance with established tenant selection and occupancy policies. However, single persons will only be housed in an efficiency (zero bedrooms) or one-bedroom unit. If the property does not contain efficiency or one-bedroom apartments, single persons will not be admitted for occupancy.

F. Section 524 – Occupancy by Police Officers and Security Personnel

QHWRA permits occupancy by police officer/security personnel who are otherwise ineligible to lease an available unit because of income.

SHP Management Corp. will adhere to the following to receive authorization to house over-income personnel in an assisted unit.

1. The police officer/security personnel must be employed full time (not less than 35 hours per week) by a governmental unit or a private employer and compensated expressly for providing police or security services.

2. SHP Management Corp. will submit a written plan to the contract administrator for authorization to lease an available unit to over-income police officers. The plan will include:
 - a. A statement detailing existing social and physical conditions of the property and SHP Management Corp.'s informed assessment of the need for crime deterrence for the property.
 - b. A statement of the anticipated benefits that the presence of police officers will create at the property and in the community.
 - c. Disclosure of any family relationship between the police officer, security personnel and owner.
 - d. A description of the proposed gross rent for the unit and any special conditions for occupancy, including the rent that would ordinarily be charged for the unit and SHP Management Corp.'s annual maintenance costs for the unit. The amount of Housing Assistance Payments will be in conformance with HUD requirements.
 - e. The terms of the lease including a provision that states the police officer's right of occupancy is dependent on the continuation of employment that qualifies the officer for residence at the property.
 - f. Other information as may be requested by HUD or the contract administrator.

SHP Management Corp. may not offer a unit to a police officer if the officer would displace an income eligible tenant from leasing the available unit or would require an existing tenant to move to make the unit available to the officer.

G. Social Security Numbers

Effective January 31, 2010, a valid Social Security Number (SSN) must be furnished by applicant members prior to being housed. Exceptions to this requirement include:

1. Individuals who do not contend eligible immigration status where prorated assistance is applicable for mixed families.
2. Individual(s) age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010. Applicants 62 and older who received federal housing assistance at another federally assisted property prior to January 31, 2010 are also exempt from the SSN disclosure. This must be verified by receiving a copy of the form HUD-50059 or 50058 from the previous assisted property, with an effective date on or before January 31, 2010.

3. Households must also provide documentation of a SSN for household member's age six (6) or under prior to initial certification. If a household member age 6 or under is added to the household within the 6-month period prior to the household's date of admission and the child has not been issued a SSN, the household will have ninety (90) days after the date of admission to provide the documentation. An extension of one ninety (90) day period shall be allowed under certain extenuating circumstances.
4. Applicants do not need to provide verification of their SSN to remain on the waiting list. However, the verification needs to be **provided prior to initial certification**. If the household cannot provide the verification (with the exception of a household member who does not declare eligible immigration status) within **ninety (90) days**, they will be removed from the waiting list.
5. Existing residents who have not previously provided a SSN must do so at the first full certification effective February 1, 2010 or thereafter (annual or interim). Exceptions to this requirement are listed in section 1 and 2 above.

H. Citizenship Status

1. Assistance in subsidized housing is restricted to the following:
 - a. U.S. Citizens or Nationals; and
 - b. Non-citizens that have eligible immigration status as determined by HUD.
2. All applicants for assistance must be given notice of the requirement to submit evidence of citizenship or eligible immigration status at the time of application. (Owner's Notice No. 1, 4350.3 REV-1, Exhibit 3-3) (**Exhibit B-1**)
3. All family members, regardless of age, must declare their citizenship or immigration status.
4. U.S. Citizens must complete and sign a Citizenship Declaration form (block #1) (**Exhibit B-2**). Noncitizens, age 62 years of age and older, must sign the Citizenship Declaration form (block #2) and submit proof of age document as described by the HUD 4350.3 REV-1, Appendix 3. Noncitizens with eligible immigration status must sign the ***Citizenship Declaration and Verification Consent Form*** (HUD 4350.3, REV-1, Exhibit 3-6) (**Exhibit B-3**) and submit proof of eligible citizenship as outlined on the Citizenship Declaration of the Citizenship Declaration form. The SAVE system will be utilized to verify information provided by applicants as applicable. Noncitizens that do not hold eligible immigration status must also sign the Citizenship Declaration (block #3), need not provide further documentation and are not eligible for housing assistance.

5. A mixed family – a family with one or more ineligible family members and one or more eligible family members – will receive prorated assistance.
6. Applicants who hold a non-citizen student visa are ineligible for assistance.

I. Student Eligibility

Students shall not be eligible for admission and/or provided assistance under Section 8 of the 1937 Act if they are:

1. Enrolled as either a part-time or full-time ~~a~~ student at an institution of higher education for the purpose of obtaining a degree, certificate or other program leading to a recognized educational credential, as defined under Section 102 of the Higher Education Act of 1965; and
2. Under 24 years of age; and
3. Not a veteran of the United States Military; and
4. Unmarried; and
5. Do not have a dependent child; and
6. Is not a person with disabilities, as such term is defined in 3(b)(3)(E) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(3)(E)) and was not receiving section 8 assistance as of November 30, 2005; and
7. Not living with his or her parents who are receiving Section 8 assistance; and
8. Not otherwise individually eligible to receive Section 8 assistance or has parents who (individually or jointly) are not eligible on the basis of income to receive assistance under Section 8 of the US Housing Assistance Act of 1937.

NOTE: Under the Supplementary Guidance of the US Housing Act of 1937; if the student (part or full-time) can demonstrate his or her independence from parents (where the income eligibility of the parents is not relevant), the student may be eligible as an independent student for Section 8 assistance. Independent students must meet the following criteria:

- a. Be legal contract age under state law;
- b. Have established a household separate from parents or legal guardians for at least one year prior to application for occupancy or meet the US Department of Education’s definition of an “Independent Student”;

- c. Not be claimed as a dependent by parents or legal guardians pursuant to IRS regulations; and if applicable
- d. Obtain a certification of the amount of financial assistance that will be provided by parents or others, signed by the individual providing the support. This certification is required even if no assistance will be provided.

Verification of a student's independent status for purposes of establishing eligibility as a student may be accomplished by:

- i. Review and verification of previous address information to determine evidence of a separate household or verifying the student meets the U.S. Department of Education's definition of "Independent Student";
- ii. Review of the student's prior year tax return to verify the student is independent or verifying the student meets the U.S. Dept. Department of Education's definition of "Independent Student";
- iii. Verifying income provided by a parent by requiring a written certification from the individual providing the support. Certification is also required if the parent is providing no support to the student.

Individuals that meet the Department of Education's "Independent Student" definition as adopted by HUD are considered "vulnerable youth". Vulnerable youth are further defined as:

- i. Individuals who are/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;
- ii. Individuals who are/were immediately prior to obtaining the age of majority, an emancipated minor or in legal guardianship as determined by a court in the individuals State of legal residence; or
- iii. Individual who 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 an unaccompanied, at risk of homelessness. If the student meets the definition of vulnerable youth; verification of a student's independence is not required.

Financial assistance received by a student under the Higher Education Act of 1965 from private sources or from an institution of higher education shall be considered income when the amount of assistance received exceeds the tuition and other required fees and charges as defined by the institution of higher

education. In general, the amount of tuition and required fees would be the costs of what a typical student would be charged and may not be the same for all students. For example; then tuition is charged on a per-credit-hour basis the average full-time credit hour load for an entire academic year is used to estimate average tuition. Required fees may include fixed charges that would be required of a large population of all students or that may be specific to the student's major or program of study. Examples of costs associated with attendance at an institution of higher education that may not be included as tuition are: room and board, books, supplies, meal plans, transpiration and parking, student health insurance plans and other non-fixed charges. In addition, financial assistance received by a student over the age of 23 with dependent children will not be considered income.

J. Registered Lifetime Sex Offenders

In June 2012, HUD published a new rule clarifying the eligibility of Registered Lifetime Sex Offenders (RLSO) in federally assisted housing (including Section 236 or LIHTC sites). The application will include required questions to be completed by members of the household to determine if any member is subject to a lifetime sex offender registration requirement and provide a complete list of each state in which any household member has resided. Management will perform a search of all adult household members using the Dru Sjodin National Sex Offender website.

Applications already in receipt by management will have an Application Supplement-Sex Offender Registration Disclosure or an updated application completed at the applicant interview to be attached to the original rental application.

Eligibility – any applicant subject to lifetime registration as a sex offender (RLSO) is ineligible for admission to federally assisted housing, **regardless of the date they were added to the registry** (this is an important distinction that differs from existing households outlined below). If we verify an applicant is a RLSO, the remainder of the applicant household must be given an opportunity to remove that member of the applicant household (only applicable if there is more than 1 adult HH member).

Screening – Unless previously noted (at application acceptance) management will perform a search of ALL adult household members using the Dru Sjodin National Sex Offender website at the time of the Applicant Interview.

The sex offender status of all adult household members will be reviewed annually each year at the time of annual recertification.

K. Marijuana & Other Controlled Substances

Although many states have legalized the use of marijuana under certain circumstances, the use of marijuana in any more is illegal under the Controlled Substances Act (CSA) and therefore is an illegal controlled substance under Section 577 of the Quality Housing and Work Responsibility Act (QHWRA) of 1998. In

accordance, Owners of federally assisted housing are required to deny admission to any household member who has been determined, at the time of admission, to be illegally using a controlled substance as defined by the CSA.

III. INCOME LIMITS

Income Limits are established by HUD and adjusted annually. The household's annual income may not exceed the applicable income limit for this location and for the family size. The income limits are available in the Management Office, and may also be found on the internet at www.huduser.org.

This property consists of units covered under a Project-Based Rental Assistance (PBRA) contract and units not covered under the PBRA contract.

Units not covered under the PBRA Contract income limit shall be 110% of area median income (AMI)

Units covered under the PBRA Contract:

A. Income Targeting – Pre 1981

At least 50% of all annual admissions to units covered by the Project-Based Rental Assistance (PBRA) contract must have income at or below 50% of area median income (AMI).

B. Implementation

Based on the current composition of the waiting list and historical income targeting trends (please see below), to achieve this the first of every annual move in will be at or below 50% AMI and thereafter, the property will alternate between households eligible up to 50 AMI and households eligible up to 80% AMI. If any deviation from the chronological order of the list is necessary, management will maintain a unit assignment list clearly documenting why the deviation to the Tenant Selection Plan was required, in accordance with Section 4-25 H (1.) of the HUD Handbook 4350.3.

IV. RENT CALCULATION

The applicant must agree to pay the rental amount established in accordance with the HUD Handbook 4350.3 and after the completion of a HUD Form 50059 and worksheet.

V. SECURITY DEPOSITS

SHP Management Corp. will collect a security deposit at the time of the initial lease execution.

Security deposits provide SHP Management Corp. with some financial protection when a tenant moves out of the unit and fails to fulfill his/her obligations under the lease.

Additionally, SHP Management Corp. places security deposits in an interest-bearing account and returns the interest to the tenant as required by state mandate.

The amount of security deposit established at move-in does not change with a tenant's rent changes.

The amount of security deposit to be collected is the amount of the total tenant payment or tenant rent.

VI. UNIT INSPECTIONS

- A. The move-in inspection is an opportunity to familiarize the tenant with the project and the unit, as well as to document its current condition. By performing move-in inspections, SHP Management Corp. and tenants are assured that the unit is in livable condition and it is free of damages. A move-in inspection gives SHP Management Corp. an opportunity to explain to the new residents the tenant's responsibility for damages caused to the unit by family members and visitors, discuss the house rules, and familiarize tenants with the operation of appliances and equipment in unit.
- B. Upon the unit being vacated by the tenant, SHP Management Corp. Performs a move-out inspection to ensure there are no damages to the unit. SHP Management Corp. should list the damages on the move-out form and compare it with the move-in form to determine if the damage is reasonable wear or tear or excessive damage caused by the tenant's abuse or negligence. The tenant should be given prior notice of the move-out inspection and be allowed to accompany SHP Management Corp. if the tenant chooses. Ideally, the tenant should accompany SHP Management Corp. on the move-out inspection so that any discrepancies can be discussed, and a decision reached as to the extent of the damage and who is responsible for the cost associated with the damage.
- C. Move-in and move-out inspection forms should not be confused with the annual unit inspections performed by SHP Management Corp. and physical inspections performed by HUD and/or HUD contractors. SHP Management Corp. performs unit inspections on at least an annual basis to determine whether the appliances and equipment in the unit are functioning properly and to assess whether a component needs to be repaired or replaced. This is also an opportunity to determine any damage to the unit caused by the tenant's abuse or negligence. If so, make the necessary repairs and bill the tenant for the cost of the repairs.

VII. ONLY RESIDENCE

The unit must be the family's only residence. Assistance will not be provided to families who maintain another residence in addition to the assisted unit.

A household may not be absent from the site for longer than 60 consecutive days or 180 days if the absence is due to medical reasons, without losing its right to tenancy in the unit. If households exceed the limit for absences, management will take appropriate legal action, including termination of assistance and eviction. A household may request

in writing to have a longer absence period approved, but only if there are extenuating circumstances.

In the event a resident requires hospitalization or a convalescent home for recovery, after an illness, the resident may be away from his/her apartment for a period of 180 days as long as the rent is current and the unit is properly maintained.

Management may contact the hospital or convalescent facility to inquire if the resident will be returning to their home.

There will be no time allowed away from the residence due to long- or short-term prison time.

VIII. HOUSEHOLD

A. Elderly Person/Family

Applicants for units designated for the elderly must meet the HUD definition of an “elderly person” or “elderly family”.

Elderly person – A person who is at least 62 years of age.

Elderly family – A family whose head or spouse (or sole member) is an Elderly or Disabled Person. It may include two or more Elderly or Disabled People living together, or one or more of these people living with one or more Live-In Aides.

B. Disabled Person/Family

Applicants for units designated for the mobility impaired must be a Disabled Person or a household containing a Disabled Person. The Disabled Person must meet the HUD eligibility definition of Disabled AND be mobility impaired AND require the special design feature of the unit.

Disabled person – A person having a physical or mental impairment that –

- Is expected to be of long-continued and indefinite duration,
- Substantially impedes the person’s ability to live independently, and
- Is of such a nature that this ability could be improved by more suitable housing conditions.

The definition of “*Disabled Family*” as defined in 24 CFR 5.403, is as follows: A disabled family is a family whose head, spouse, or sole member is a person with disabilities. It may include two or more persons with disabilities living together, or one or more persons with disabilities living with one or more Live-In Aides.

- a. The definition of “Disability” has changed to mean a person who as a disability, as defined in 42 U.S.C. 423 (Social Security Disability Benefits). The term “disability” means:
 - 1) Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months; or
 - 2) In the case of an individual who has attained the age of 55 and is blind, inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity which the individual has previously engaged with some regularity and over a substantial period of time.
- b. Is determined pursuant to HUD regulations, to have a physical, mental or emotional impairment that:
 - 1) Is expected to be of long-continued and indefinite duration;
 - 2) Substantially impedes the individual’s ability to live independently, and
 - 3) Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.
- c. Has a developmental disability as defined in 42 U.S.C. 6001. The term “developmental disability” means a severe, chronic disability of a person 5 years of age or older that:
 - 1) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - 2) Is manifested before the person attains age twenty-two;
 - 3) Is likely to continue indefinitely;
 - 4) Results in substantial functional limitations in three or more of the following areas of major life activity:
 - self-care; receptive and expressive language; learning; mobility; self-direction; capacity for independent living, and economic sufficiency;
 - 5) Reflects the person’s need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of

lifelong or extended duration and are individually planned and coordinated; except that such term when applied to infants and young children, meaning individuals from birth to age 5, inclusive, who have substantial or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided. 42 U.S.C. 6005 (5)

- 6) Does not exclude persons who have the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agent for acquired immunodeficiency syndrome.
- 7) For purposes of qualifying for low-income housing, does not include a person whose disability is based solely on any drug or alcohol dependence; and
- 8) Means person with disabilities (individual with handicaps), as defined in the CFR 8.3, for purposes of reasonable accommodation and program accessibility for persons with disabilities.

C. Family Composition

- When determining family size for income eligibility, SHP Management Corp. will include all persons living in the unit except the following:
 - *Live-In Aides* – A person who resides with one or more elderly persons, near-elderly persons, or persons with disabilities, and who:
 1. Is determined to be essential to the care and well-being of the person(s);
 2. Is not obligated for the support of the person(s); and
 3. Would not be living in the unit except to provide the necessary supportive services

The Live-In Aide qualifies for occupancy only as long as the person(s) requires the Aide's services and remains a tenant and may not qualify for continued occupancy as a remaining family member. Live-In Aides must sign a HUD-approved lease addendum that denies occupancy of the unit to a Live-In Aide after the tenant is no longer living in the unit. (See [**XVII. Applicant Screening and Rejection Criteria**](#) for further information on Live-In-Aides.)

- When determining family size for income limits, SHP Management Corp. must include the following individuals who are not living in the unit:

1. Children temporarily absent due to placement in a foster home;
 2. Children in joint custody arrangements who are present in the household 50% or more of the time;
 3. Children who are away at school but who live with the family during school recesses;
 4. Unborn children of pregnant women;
 5. Children who are in the process of being adopted;
 6. Temporarily absent family members who are still considered family members;
 7. Foster members who will reside in the unit;
 8. Family members in the hospital or rehabilitation facility for periods of limited or fixed duration; or
 9. Persons permanently confined to a hospital or nursing home. The family decides if such persons are included when determining family size for income limits. If such persons are included, they must not be listed as the head, co-head, or spouse on the lease.
- When determining family income eligibility, SHP Management Corp. must count the income of family members only.

IX. POLICY AND PROCEDURES FOR REASONABLE ACCOMMODATION REQUESTS.

In processing a Reasonable Accommodation Request, Management will follow the required steps as outlined in the SHP Management Corp. Policy and Procedures for Processing Reasonable Accommodation Requests (**Exhibit C**).

In accordance with the Policies and Procedures for Processing Reasonable Accommodation Requests, Applicants/Tenants may submit their reasonable accommodation request(s) in writing, orally or by any other effective means of communication. Submission of Request Forms is not mandatory. However, SHP Management Corp. will ensure that all reasonable accommodation requests will be put in writing upon receipt. If needed as a reasonable accommodation, Management will assist the Applicant/Tenant in completing the Request Form.

Within 10 business days of receipt of the request and, if necessary, all supporting documentation SHP Management Corp. will provide written notification to the Applicant/Resident of its decision to approve or deny the request. Prior approval must be

obtained from the Director of Resident Services of SHP Management Corp. before a ten (10) day deadline will be extended.

X. UNIT SIZE REQUIREMENTS

The applicant must abide by the following unit size requirements:

- A. In order to maximize the use of available housing, Management will strive for occupancy of two persons per bedroom. Valid exceptions to this policy include:
 - 1. State or local occupancy laws which restrict the number of occupants
 - 2. A person with disabilities or elderly adult requiring live-in assistance or a reasonable accommodation.

XI. HUD FORMS

The Applicant must agree to sign all forms HUD has mandated, at the time of their application. Examples include but may not be limited to the form HUD 9887, the Applicant's/Tenant's Consent to the Release of Information to HUD; form HUD-9887-A, the Applicant's/Tenant's Consent to the Release of Information Verification by Owners of Information Supplied by Individuals who are Apply for Housing Assistance; and the Citizenship Declaration.

Form HUD-27061-H, Race & Ethnic Data Reporting form will be provided to all Applicant Household Members for completion. The form is optional and Management will not complete the form on behalf of the applicant family. When Applicants opt not to certify race and ethnicity a notation to the file will be made noting the same.

XII. MINIMUM RENT (TOTAL TENANT PAYMENT) REQUIREMENTS

- A. For Section 8 project-based programs (other than moderate rehabilitation programs), the minimum rent or total tenant payment (TTP) is \$25.

This minimum rent (TTP) will apply when the calculated total tenant payments for the family is less than \$25.

The responsible entity (owner/agent) must grant an exemption from the payment of minimum rent if the family is unable to pay the minimum rent because of financial hardship, as described in SHP Management Corp.'s written policies. Financial hardship is described as follows and includes these situations:

- 1. When the family has lost eligibility for or is awaiting an eligibility determination for a Federal, State or Local assistance program;

2. When the family would be evicted because it is unable to pay the minimum rent;
3. When the income of the family has decreased because of changed circumstances, including loss of employment;
4. When a death has occurred in the family; and
5. Other circumstances determined by SHP Management Corp. or HUD

B. Implementation

1. For item “2” above (imminent eviction), management will stop the process only if the family requests a financial hardship exception after they received a “Notice to Vacate” for non-payment of rent. Management will verify and accept **reasonable** explanations. The Notice to Vacate for Delinquency form will include language informing residents to notify management in writing if there is a reason to request a hardship exemption to the minimum rent requirements and the family’s TTP is less than \$25 (**Exhibit D**).
2. For item “3” above (decrease in income), management will verify the change has occurred.
3. For items “4” and “5” above (death in family and other circumstances), Management will evaluate the request for exemption on a case-by-case basis.

C. Timing

When a family requests an exemption, Management must suspend the minimum rent requirement the first of the following month, until verified whether or not it is long term or temporary.

Once status of exception is determined:

- Temporary: At the end of 90 days, minimum rent is reinstated retroactive to the initial suspension date. The tenant will be offered a reasonable repayment agreement for collection of the money owed. In this scenario, recertification is not required.
- Long Term: Minimum rent is exempted so long as the hardship exists. In this scenario management will process a HUD recertification retroactive to the initial suspension date. Management will require the resident to report the status of the exemption on a quarterly basis.

Determinations will be made in a timely manner on resident requests for a hardship exception, usually in one week. Documentation on all determinations will be maintained on file by management.

XIII. MARKETING

All advertisements that announce applications are being accepted for available units will be done in accordance with the Affirmative Fair Housing Marketing Plan. SHP Management Corp will review and revise its marketing goals periodically to conform to the demographic changes in the marketing area. All Federal, State, and Local Fair Housing and Civil Rights Laws will be adhered to.

SHP Management Corp. agrees not to discriminate based upon race, color, creed, religion, national or ethnic origin, citizenship, ancestry, sex, sexual orientation, gender identity or marital status, familial status, disability, military/veteran status, source of income, membership in class, such as unmarried mothers, recipients of public assistance, victims of domestic abuse or violence or other basis prohibited by local, state or federal law in any aspect of tenant selection or matters related to continued occupancy.

A. Application

1. A written **Application (Exhibit F-1)** must be completed in its entirety, including the disclosure of each member SSN unless the household member meets one of the allowable exceptions as discussed earlier in this plan. Applications may be obtained from the Management Office and submitted to the Property as follows:

- In person, at the Management Office;
- U.S. Mail; and
- By facsimile

NOTE: Email attachments cannot be accepted. SHP Management Corp. cannot guarantee that an unknown email sender will clear the Company's 3rd party email host's spam filters. Also, to prevent a violation of confidentiality and limit the potential of identity theft SHP Management Corp. does not send and receive personal information over email.

Attached to each application will be the Supplement to Application for Federally Assisted Housing (Form HUD-92006), an "I Speak" Language Identification Flashcard in order to assist Management in accommodating Applicants with Limited English Proficiency (LEP) and Verification of Disability when Eligibility for Admissions is based on Disability form. (**Exhibit F-2, 3, 4**)

No applications will be issued if the Waiting List is closed.

2. As completed applications are received in the Management Office, they are date and time stamped and processed as described in detail below (See [Section XIV Waiting List](#)). An appointment will be scheduled to complete all required forms; the timing of the appointment is dependent upon availability and the length of the

Waiting List. Should the Applicant miss or cancel their appointment, another appointment will be scheduled within ten (10) business days. If the second scheduled appointment is missed and the Applicant makes no attempt to contact the Management Office within five (5) business days, the application will be withdrawn based on incomplete Application Information (**Exhibits G**).

3. All adult members of the Applicant's household must be present at the initial application meeting.
4. Any Applicant whose application has withdrawn will not be permitted to re-apply within a one (1) year period from the date of initial contact.

NOTE: Applicants are processed, placed on the Waiting List, or rejected because the Applicant does not meet all the HUD eligibility criteria. However, being placed on the Waiting List does not guarantee the Applicant a unit. When an apartment becomes available, it may be necessary to update the information Management has on file and conducted another review of the application. Based on any information Management receives at that time, the Applicant may subsequently be rejected for failing one or more of the Applicant Screening Criteria, and or the HUD Eligibility Criteria.

ALL APPLICANTS WILL NOT BE ELIGIBLE TO BE PLACED ON THE WAITING LIST UNTIL THE APPLICATION PROCESS HAS BEEN FULLY COMPLETED.

XIV. WAITING LIST

Applicants will be placed on the Waiting List in chronological order. The only exceptions are: 1) applicants requesting an accessible unit, and 2) applicants seeking an approved emergency transfer from sister properties managed by SHP Management Corp. per the VAWA Emergency Transfer Plan. Any applicant meeting the HUD eligibility definition of disabled AND mobility impaired AND required the special designed feature of the unit, would take priority for an accessible unit. VAWA emergency transfers from other SHP Management Corp. communities have the highest priority for any other available unit type that is appropriate for their family size. The waiting list(s) for accessible units and VAWA emergency transfers are also maintained in chronological order.

Applicant information to be maintained on the waiting list shall include:

- Date and time the application was received,
- Name of head of household,
- Annual income level in order to estimate levels for income targeting,
- Identification of need for an accessible unit,
- Preference status (if they exist at the property), and

- Requested/required unit size

Applicants placed on the Waiting List will be notified, in writing of their “Apparent Eligibility” status, upon completion of their application process (**Exhibit H-1 & 2**). Based upon the unpredictable nature of the waiting list Management cannot tell an Applicant when a unit may be available. For example, Management cannot predict future unit turnover or subsequent requests by an applicant to be added to the waiting list for another unit type. However, as outlined below, Management will periodically contact Applicants in order to determine if the household is still interested in remaining on the waiting list.

Apparent Eligibility is determined solely on information provided by the applicant on the rental application prior to any formal screening, which is described in detail in the [Applicant Screening & Rejection Criteria](#) below. No determination of final eligibility and approval can be made without a complete review of these items, which will occur approximately one hundred and twenty (120) days from when Management projects an Applicant would be offered a unit, if qualified. If a unit does not become available within that one hundred and twenty (120) day period, Management will need to re-screen the household to make a final determination on eligibility.

The Waiting List may be closed if the average wait for a unit will be one year or longer. This will also apply to mobility accessible units. Once the list has been closed, any inquiries regarding an application should be notified that the list has been closed due to the above reason. Notification of the Waiting List closure will be made in accordance with the Affirmative Fair Housing Marketing Plan.

The Waiting List will be reopened employing the use of a lottery. Notification will be made in the same manner as the notification of the Waiting List closure (if possible) and in accordance with the Affirmative Fair Housing Marketing Plan. The notification (**Exhibit I-1 & 2**) will be processed to include information on where and when to apply along with notification to Applicants that submitted applications received in the stated timeframe will have no effect on how soon they may be offered assistance. Waiting List information for Applicants placed onto the Waiting List through a lottery will include the date and time the lottery was held and will be recorded on the Waiting List.

The Waiting List will be purged at least once a year. The entire Waiting List or at least the first twenty-five (25) Applicants will be contacted to determine their continued interest in remaining on the Waiting List (**Exhibits J-1**). If they do not contact Management within fourteen (14) days of receipt of Management’s letter, they will be removed from the Waiting List. Management will notify them of their removal in writing (**Exhibit J-2**). Applicants who have been removed from the Waiting List within the last ninety (90) days and can provide documented evidence of absence from the home (i.e., reasons they did not receive their mail) may be considered grounds for re-instatement as of the original date of placement on the list. Reasons for re-instatement may include hospitalization, away on vacation, incorrect address used by Management in sending mail, or the Applicant did not respond to the update and/or request for information due to a disability, etc.

All Applicants on the Waiting List are required to report, in writing, to the Management Office any change of address or telephone numbers, as soon as they occur. If an Applicant cannot be reached by the Management Office due to unreported changes, the Applicant will be removed from the Waiting List. If this occurs, and the Applicant still wants to apply for housing, they must start the process over and placement on the Waiting List would be determined by the new application date.

Any Applicant refusing an apartment for a valid reason (such as having to sell a home, medical reason, etc.) may be placed at the bottom of the Waiting List once. If, when the Applicant comes to the top of the list again and they refuse to take that the unit, Applicant will be removed from the Waiting List entirely. Management must notify the Applicant in writing that their name has been removed from the Waiting List.

Once removed from the Waiting List for this reason, the Applicant will not be eligible to reapply for housing for one (1) year.

Applicants and Resident files will be available for review upon the Household's request or by a third party who provides signed authorization for access to the file. Applicant and Resident files will be disposed of in a manner that complies with HUD's length of storage requirements and prevents unauthorized access to personal information.

XV. TENANT SELECTION

Vacant units will first be occupied through in house transfers in accordance with the SHP Management Corp. Transfer Policy. After all transfers have been completed, vacant units will be occupied by Applicants on the Waiting List. This will be done in chronological order. (See [Section XVI. Waiting List](#)). Valid exceptions to the first come, first service occupancy will include units designed for persons with mobility impairments. Tenants for units designed for the mobility impaired will be selected in the following order:

- A. When there is a **current Resident** or **qualified Applicant** with a disability requiring the accessibility features of the unit.
 1. The unit will first be offered to a **current Resident** household whose member has disabilities requiring the accessibility features of the vacant unit.
 2. The unit will then be offered to the next eligible, **qualified Applicant** on the Waiting List whose member has disabilities requiring the accessibility features of the vacant unit.
- B. When there is neither a **current Resident** nor **qualified Applicant** with disabilities requiring the accessibility features of the unit, and the unit has been marketed for at least thirty (30) days to reach Applicants needing the Unit's accessibility features then:
 1. The unit may be offered to another household and may incorporate into the lease an agreement that the Resident will move to a non-accessible unit of the proper

size within the same property when one becomes available. The lease should state the Resident will pay for the cost of such move. The family must also meet all other eligibility requirements for the property.

2. In the case where the disabled person (who required the features of the unit) no longer resides in the unit, the remaining member(s) of the household who do not have a disability or who have a disability not requiring the special features of an accessible unit will be required to move to a non-accessible unit.

Once applications have been solicited and a Waiting List has been developed, SHP Management Corp. selects Applicants from the Waiting List and offers units in the order required by HUD rules and owner policies.

Approximately one-hundred and twenty (120) days before Management expects an appropriate unit will become vacant; the next Applicant will be selected from the Waiting List based on the unit size available, preferences established for the property, income-targeting policies and requirements, and screening policies. The first name on the Waiting List will be selected for the appropriate unit size (or list of names for units reserved for applicants requiring the features of a mobility accessible unit) and Management will interview the Applicant to obtain current information about the Household's circumstances in order to make a final determination of eligibility and suitability for tenancy.

The total time to process an Applicant Household to determine continued eligibility following the initial Applicant Interview should not exceed a thirty (30) day period. Applicants will be notified in writing upon completion of the screening process to include the outcome of the screening and approximate wait time for a unit (**Exhibit K-1**).

At the Initial Applicant Interview, the following will occur:

- A. Management will confirm and update all information provided on the Application. If a pre-Application was submitted, Management will require the Applicant to complete a full Application Form to confirm and update the previously provided information.
- B. Management will explain the Property's program requirements, verification procedures, and penalties for providing false information. The penalties include denial of application, eviction, loss of assistance, fines up to \$10,000, and/or imprisonment up to five years.
- C. Management will obtain household income (includes monetary and non-monetary), composition information, and other data needed to verify eligibility and compute the household's share of the rent.
- D. Management will review the financial information on the Application and specifically ask the Applicant(s) whether any member of the household:

1. Receives any of income as defined by HUD

2. Have any assets as defined by HUD

- E. Management will ask the Head of Household, Spouse, Co-head, and/or Other Household Member(s) age 18 and over to sign the release of information consent portion of the Authorization for Release of Information (Forms HUD 9887 and 9887-A) along with any other necessary verification requests.
- F. Management will obtain a completed Declaration of Citizenship form from all household members as appropriate.
- G. Management will inform the Application(s) of the screening requirements used by SHP Management Corp. A consent to check landlord, credit, and criminal history will be obtained.
- H. Management will require the Head of Household, Spouse, Co-Head, and/or Other Household Member(s) age 18 and over to give a written certification as to whether any family member did/did not dispose of any assets for less than fair market value during the last two years preceding the effective date of the anticipated move-in.
- I. If Social Security Number (SSN) verification has not occurred for all family members, Management will inform the Applicant(s) of the requirement to supply SSN verification as described in ([Section II D \(Project Eligibility Criteria – Social Security Numbers\)](#)) of this plan.
- J. Management will provide the household with a copy of the RHIIP EIV & You Brochure along with an explanation of what EIV (Enterprise Income Verification) is and how it will be utilized during both the application process and the tenancy of all Residents, as defined by the SHP Management. Corp. EIV Policy and Procedure.

Management will advise the family that HUD will compare the information supplied with the information Federal, State, or Local agencies have on the family's income and household composition through the usage of the EIV database.

- K. Management will require all Applicants to sign the *Single Residency Acknowledgement Form*, which provides Applicants a reminder that they may not receive housing assistance in more than one location simultaneously.

Management will then review the information contained in both the Multifamily Housing (MF) and Public and Indian Housing (PIH) data bases for each household member in order to determine if the applicant(s) are currently in receipt of housing assistance in another location (known as an EIV Existing Tenant Search). The Existing Tenant Search will be completed by utilizing each anticipated Household Member's SSN. If the returned report reveals that a household member(s) may be receiving housing assistance at another location, information will be discussed with the household and either confirmed or denied with the third party listed in the Existing Tenant Search report by using the *Verification of Anticipated Move-Out and Subsidy*

Termination form. Management should also request a copy of the Applicant's Intent to Vacate letter they have provided to their current Landlord.

When dual subsidy may be in question, Management will confirm the actual move-out date with the Landlord prior to moving the Applicant in. This will be notated on the *Verification of Anticipated Move-Out and Subsidy Termination* form.

The results of each Existing Tenant Search will be printed and added (along with any required supporting documents) to the Applicant Household's file.

If contacted by the Contract Administrator, receives a dual subsidy response in the OneSite TRACS Inbox, or receives a Multi-Subsidy Error on the Multi-Subsidy EIV Report after the MI certification has been transmitted, Management may be required to terminate the housing assistance effective the date of Move-In. If the household had failed to move-out of the previous unit as agreed, they will be responsible for market rent from the date of the current Move-In until the day after the effective date of a Move-out certification received by TRACS from the prior Landlord.

- L. Management will tell the family that a final decision on eligibility cannot be made until all required documents are received and verifications are complete.

Management will provide written communication (**Exhibit K-2**) to the Applicant household outlining the requirement to provide any missing application materials in order to complete the processing of their application. Although Applicants will retain their position on the Waiting List, failure of the Applicant to provide the information within five (5) business days may result in the offer of a unit to the next fully processed Applicant on the Waiting List.

- M. Management will provide each Applicant Household with a copy of the appropriate HUD Fact Sheet, which describes how a Tenant's rent is calculated.

- N. Management will inform the household that a Federal Law prohibits SHP Management Corp. from discriminating against individuals with disabilities. In summary, Owners have responsibilities for making Reasonable Accommodations in policies, providing auxiliary aids, making units and facilities accessible, and permitting disabled persons to use assistance animals in order to provide the household with equal housing opportunities.

XVI. APPLICANT SCREENING AND REJECTION CRITERIA

SHP Management Corp. will perform a complete review of all household eligibility criteria prior to making a final determination on a Household's application. Management will follow the SHP Management Corp's Applicant Rejection Policy and Procedure (**Exhibit L1 & 2**) when it is determined an Applicant household must be rejected.

The below mentioned refusal criteria will be used for:

- Applicant households during the initial application review for occupancy;
- Applicants wishing to be added to a Resident Household after initial occupancy. These Applicants will be screened for credit, landlord and criminal background prior to occupancy; and
- Live-In Aides will be screened prior to occupancy. The screening will be similar to that of other Applicants with the exceptions of their ability to pay rent on time because Live-In Aides are not responsible for rental payments.

An Applicant household will be refused occupancy for one or more of the following reasons:

- A. If an Applicant fails to meet one or more HUD eligibility criteria.
 - B. If an Applicant fails to meet Management's eligibility criteria.
 - C. If the Applicant submits false information about themselves or any household member.
 - D. If the Applicant does not sign and submit verification consent forms or the Authorization for Release of Information (forms HUD-9887 and HUD 9887-A).
 - E. Has household characteristics that are not appropriate for the specific type of unit available at the time, or has a family of a size not appropriate for the unit sizes that are available.
- NOTE:** In such cases, SHP Management Corp. may deny the Applicant admission to a specific unit, but the Applicant may continue to wait for another unit. See the example below.
- F. Includes household members who did not declare citizenship or non-citizenship status, or signed a statement electing not to contend noncitizen status. However, Management will permit Applicants to revise their application to exclude proposed household members who do not declare citizenship or eligible noncitizen status.
 - G. Unless exempt as described in ([Section II-D \(Project Eligibility Criteria\) – Social Security Numbers](#)) of this plan, if a household member fails to furnish verification of the SSN assigned to them.
 - H. SHP Management Corp. utilizes a third-party provider to obtain credit, criminal, and landlord information on adult applicants who have signed a release allowing Management to collect background information as it relates to the above-mentioned screening criteria. SHP Management Corp. does not warranty the accuracy of the information and cannot be held accountable for the information contained in the background report. The report will be used as a form of “upfront verification”

providing Management the ability to either confirm or negate the information received. A screening result of “Approved” does not guarantee eligibility or acceptance into the property. Applicants must meet all program eligibility and property screening criteria.

The following **mandatory** provisions prohibit admission to Applicants with a household member who fits into the following categories.

1. Applicants with a household member who has been evicted from federally-assisted housing for a drug-related or any other criminal activity within the past three (3) years unless:
 - It can be verified that the evicted household member has successfully completed an approved, supervised drug rehabilitation program; or
 - It can be verified that the circumstances leading to the eviction no longer exist (e.g., the household member no longer resides with the applicant household)
2. Any applicant household member is determined to be engaging in illegal use or a pattern of illegal use of a drug and/or marijuana (as defined under Section 102 of the Controlled Substances Act [21 U.S.C. 802 – see [Section II. Project Eligibility Criteria, I. Use of Marijuana & Other Controlled Substances](#)]) that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents. (An example of evidence of “current illegal use” may include discovery of controlled substances in a dwelling unit occupied by any member of the Applicant’s household.)
3. SHP Management Corp. determines that there is reasonable cause to believe that a household member’s abuse or pattern of abuse of alcohol interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.
4. Any member of the household is subject to a lifetime registration requirement under a state sex offender registration program or has been convicted of any type of sex crime (e.g., rape or attempted rape, sexual abuse, criminal sexual abuse, aggravated criminal sexual abuse or assault, etc.). Additionally, at each Annual Recertification, all adult household members are asked this question and Management checks each member on the Dru Sjodin National Sex Offender website at that time.
5. Has been convicted, as a result of pleading guilty or being found guilty, of any of the following crimes, until at least seven (7) years from the conviction date has passed without any new convictions, indictments, or parole violations:
 - Any drug-related criminal activity. “Criminal activity” means the illegal manufacture, sale, distribution, use, or possession with the intent to manufacture,

sell, distribute, or use a controlled substance (as defined in Section 102 of the Controlled Substances Act [21 U.S.C. 802]).

- A crime of violence or threats of violence or injury to another person, including, but not limited to, the unlawful use or possession of firearms.
 - A crime that would be considered a threat to real or personal property (e.g., retail theft, vandalism, home burglary, damage to property, etc.) to adversely affect the health or safety of other persons (e.g., assault, battery, aggravated battery, disorderly conduct, unlawful use or possession of firearms, stalking, physical abuse of any kind, etc.); or to interfere with the rights and quiet enjoyment of other residents.
6. Has been convicted, as a result of pleading guilty or being found guilty, of fraud associated with the receipt of government assistance.

An Applicant who has been arrested for any of the above crimes and whose case is currently pending will not be automatically accepted or rejected for residency. Management will delay making a determination of an Applicant's eligibility until after final disposition of the Applicant's case, however, an Applicant's file shall not remain pending for more than twelve (12) months from the date the screening process was initiated. During this delay, Management will continue to fill vacant units. It is the Applicant's obligation to inform Management of any changes in the Applicant's pertinent information, including but not limited to change of address. If the application were to remain pending for 12 months without resolution, the Applicant will be relocated to the bottom of the Waiting List.

After final disposition of the Applicant's case, the Applicant shall provide Management with a certified copy of the Court Order showing final disposition, at which time Management will proceed in determining whether the Applicant will be selected for residency based on the criteria in this plan. If the Applicant is selected for residency, the Applicant shall be given the next available unit subjected to the Priorities and Preferences contained in this plan.

If Management rejects an application based upon criminal background information, the Applicant will be provided with the cause for the rejection, a copy of the screening report and given the name of the reporting agency that performed the criminal background check and/or of the governmental body providing and/or releasing the information. Applicants will be advised of the appeal process as part of the rejection letter.

- I. Management will use a screening agency to perform a credit check for the past seven (7) years on all applicant household members 18 years of age and older. Management will consider whether the Applicant has a satisfactory history of meeting financial obligations, including timely payment of rent. Management will give priority to more current activity.

1. Poor credit history which is indicated by the following may be caused for rejection:
 - Any credit rating reflecting a payment history of four instances of over ninety (90) days or more past due or two instances of over one hundred twenty (120) days past due, or
 - Any Applicant, Spouse or Co-Applicant who has filed for bankruptcy within the last five (5) years which has not been discharged or is repaying any debts under the wage-earner plan or similar arrangements, or
 - Any credit history that is an indication of irresponsible behavior that indicates future problems for the development. SHP Management Corp. reserves the right to go back on the Applicant's credit report for a minimum of the last seven (7) years
2. The following will not be considered grounds for rejection:
 - Unpaid medical bills
 - Bankruptcy; provided the bankruptcy has been discharged and there are no new collections or judgments since the date of the bankruptcy
 - Judgements/collections appearing as "satisfied" or "paid". However, there can be no new and outstanding judgments/collections since the date the original debts were paid. This indicates the Applicant's willingness to accept responsibility for debt.
 - Where the credit report is adverse and the Applicant can show via a court document that another individual has been made legally responsible for the debt (i.e., a divorce decree that requires an ex-spouse to pay the debt).
 - Lack of credit history

Management may consider extenuating circumstances related to new collections(s), judgment(s), or negative credit information which may include: job loss, uninsured medical bills, foreclosures on a primary residence due to unfavorable loan terms, and/or an Applicant paying 50% or more of household gross income for rent and utilities. The Applicant will be required to submit a brief, written explanation and provide any applicable documentation, which will be reviewed by a member of the Compliance Department

- J. In accordance with the SHP Management Corp. Landlord Reference Policy (**Exhibit M**); all landlord references will be accomplished by telephone with a record kept of statements made indicating date, time, and person spoken to. After oral representations

are indicated, a written *Landlord Reference Form* will be mailed for written verification. In every case, the previous and present landlords will be contacted and more weight may be given to the previous Landlord's statements. (Endorsement from all Landlords will be required for a minimum of the last five (5) years.)

An Applicant may be rejected for the following report(s) provided by a current or prior Landlord.

1. Failure to disclose a prior residency and/or disclosure of a false residency history on the application;
2. An unpaid balance owing to a prior landlord for rent, damages, or other charges; unless previous arrangements for repayments have been made by the Applicant and regular payments can be verified;
3. History of failure to cooperate with the recertification process (where applicable) or whose assistance has been terminated for fraud and/or has an outstanding repayment agreement to repay HUD for previously overpaid subsidy, unless previous arrangements for repayment have been made by the Applicant and regular payments can be verified;
4. Eviction of any household member, for three (3) years from the date of the eviction, unless eviction was from a non-subsidized unit for non-payment of rent due to a lack of or decrease of income;
5. History of late payment of rent (defined as rent paid late three (3) or more times in any consecutive six (6) month period during the preceding two (2) years);
6. Previous evictions for lease violations, termination of assistance for fraud, or any legal proceedings against any household member;
7. A source of conflict with Management and/or residents;
8. Destructive to their apartment or other public areas;
9. In violation of previous lease agreement or house rules;
10. Poor housekeeping habits, hoarding, or unreasonable clutter that may result in a threat to health and safety;
11. Evidence of a pest (such as bed bugs) infestation, if the Applicant refuses to cooperate with the treatment requirement at move-in;
12. History of permitting person(s) not on the lease or otherwise authorized to reside in their unit without the prior written approval of Management;

13. Disturbance of other tenants, damage to the unit or property, or interference with the management of the property by any household member or their guests;

When determining suitability for housing, SHP Management Corp. does not take into considering Landlord References given by a friend or family member. In cases where the Applicant has resided with a family member or friend (not as a lease holder), management will verify property ownership through the local Assessors Office and once verified, Management will determine if the Property Owner should be contacted to confirm the dates of residency and circumstances related to the residency; in accordance with the SHP Management Corp. Landlord Reference Policy.

The absence of a landlord reference shall not adversely affect the applicant.

- K. Information that indicates an unstable or potentially hazardous relationship between the Applicant(s) and other Residents.
- L. Information that indicates the Applicant or any Household Member would be a threat to the safety and well-being of the Development and/or other Residents.
- M. A member of the Applicant Household's behavior and/or conduct on the property (either as a visitor of another Resident or exhibited to Management during the application process) is unacceptable, or interferes with the rights and convince of other Residents and/or Management (staff, contractors, etc.).

Applicants who were rejected for any of the above reasons may not apply for housing within once in a three (3) year period

XVII. WRITTEN REJECTION

The Applicant Screening and Rejection Criteria ([Section XVI](#)) applies to all applicants; including but not limited to; all adult members of the Applicant's household who are expected to reside in the unit at initial application, additional members who wish to be added to a household after initial occupancy, and Live-In Aides (will not be screened for ability to pay rent on-time).

If an Applicant or a member of the Applicant Household is determined to be ineligible for housing based upon screening, they must be notified of the rejection, in writing, by Management (**Exhibit H – Applicant Initial Rejection Letter**). The Applicant(s) will be given fourteen (14) days to respond (as per HUD's Grievance Procedure), in writing, to request a hearing to discuss the rejection. The notification will include:

A. Request for Hearing (Exhibit N**)**

Should the Applicant(s) request a hearing, the hearing will be conducted by the Property's Regional Senior Manager or a member of the SHP Management Corp. Executive Department who did not make the initial decision.

As the nature of the rejection will be discussed, the assigned hearing official will require the Applicant(s) to sign the Authorization to Discuss Credit Records (**Exhibit O**) prior to any discussion taking place.

During the hearing, the assigned hearing official will provide a copy of all information used in the housing determination to the Applicant(s). By providing copies of the criminal background, credit report, landlord references, and/or other documents used in the housing determination, SHP Management Corp. is allowing the Applicant(s) an opportunity to dispute the accuracy of the documents and an opportunity to provide other documentation which may reverse the original housing determination. Once the hearing has been held, the Hearing Official will have five (5) days to notify the Applicant Household in writing (**Exhibit P**) of the final decision.

If the Applicant does not appear for the rejection hearing they have requested, and make no attempt to call or write Management to reschedule, prior to the meeting, the assigned Hearing Official will adhere to the original rejection decision. The Hearing Official will send a letter (**Exhibit P**) stating this within five (5) days of the scheduled meeting. A rejection hearing will be rescheduled one time only.

SHP Management Corp. will keep the following materials on file for at least three (3) years; Application, Initial Applicant Rejection Letter, any Applicant reply, Management's final response, and all interview and verified information on which SHP Management Corp. has based the rejection.

B. SHP RAR-101 (**Exhibit Q**)

SHP Management Corp. will consider extenuating circumstances when an applicant is a person with disabilities; where a Reasonable Accommodation to the Applicant Screening and Rejection Criteria would allow the Applicant and/or member of the Applicant household to have equal access to housing. All Reasonable Accommodation Requests will be processed in accordance with the SHP Management Corp. Reasonable Accommodation Request Policy and Procedure as noted in [Section IX](#) of this plan.

C. Violence Against Woman Act (VAWA)

Applicant(s) being rejected will be provided with the VAWA Fact Sheet; Notice of Occupancy Rights Under the Violence Against Women Act (form HUD-5380); and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation (form HUD-5382).

NOTE: Domestic Violence, Dating Violence, Sexual Assault, and Stalking are referred to collectively as "covered crimes".

Applicants, member of the Applicant Household, and/or Live-In Aide must claim VAWA protections within fourteen (14) days from the date of receipt of the rejection notice. Requests from Applicants who are victims of covered crimes will be asked to provide

documentation of their status as a victim. If the Applicant, Resident, Addition to Household, and/or Live-In Aide has not provided the requested information by the fourteenth (14th) day none of the protections afforded to victims of covered crimes under the Section 8 Housing Programs apply. Documentation of covered crimes: may include:

1. A Federal, State, Tribal, Territorial, or Local police or court record; or
2. Documentation signed and attested to by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional; from whom the victim has sought assistance in addressing domestic violence, dating violence, sexual assault, stalking, or the effects of abuse; or
3. A completed Certification Form HUD-5382 (Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation).

Only Management Office Staff shall have access to information as it relates to Applicants and Residents concerning incidents of covered crimes. Information will be confidentially stored in a separate file and maintained for the life of tenancy plus three (3) years following date of move-out. The status of a victim cannot be entered into a shared database unless it is:

1. Requested by the individual in a time-limited release,
2. Required for use in an eviction/termination of assistance, or
3. It is otherwise required by law

XVIII. UNIT TRANSFERS

As HUD allows the decision to allow unit transfers be at the sole discretion of the Owner/Agent; SHP Management Corp. has opted to allow unit transfers at this property. All unit transfers will be conducted in the manner set forth by the SHP Management Corp. Unit Transfer Policy and Procedure (**Exhibit R-1**). SHP Management Corp. reserves the right to discontinue or alter the transfer policy should it be in the best interest of the Property as determined by Management.

After move-in, a Resident may be transferred to another unit at the property if one or more of the follow conditions exists:

- A. A Resident currently occupies a unit designated Mobility Accessible and no household member requires the special features of the unit or a change in the Household's circumstances which now requires the need for Mobility Accessible Unit.
- B. The current unit becomes under-utilized due to a change in the Household's size or composition.

- C. The current unit becomes overcrowded due to a change in the Household's size or composition.
- D. A member of the household requires a unit transfer as a result of Reasonable Accommodation. The Reasonable Accommodation Request will be processed as set forth in the SHP Management Corp. Reasonable Accommodation Request Policy and Procedure. When a unit transfer is required as a result of a Reasonable Accommodation Request, SHP Management Corp. will pay for reasonable expenses occurred due to the transfer as outlined in the SHP Management Corp. Unit Transfer Policy and Procedure.
- E. Residents who are victims of covered crimes, who have sought assistance in addressing the covered crimes, and who have provided documentation as referenced in [Section XVII Paragraph C](#) (Written Rejection – Violence Against Woman Act [VAWA]), of this plan; may be eligible for additional protections under VAWA. Additional protections may include lease bifurcation and/or an Emergency Unit Transfer (to include Emergency Transfer to another SHP Management Corp. managed property as per the SHP Management Corp. VAWA Emergency Transfer Plan) if it has been determined that the abuse is clear and present and the law provides SHP Management Corp. the authority to bifurcate the lease while allowing the victim who lawfully occupies the unit to maintain tenancy. To qualify for an emergency, unit transfer under VAWA the Resident must:
1. Expressly request the transfer (form HUD-5383);
 2. Believe there is a threat of imminent harm from further violence if they were to remain within the same unit they are currently occupying; and
 3. In the case of sexual assault, the sexual assault must have occurred on the premises during the ninety (90) calendar day period preceding the date of the request for transfer.

The need for a Reasonable Accommodation as it pertains to the nature of the situation will be considered.

Unit Transfer Requests may be approved based on the guidelines set forth above, however, these guidelines are then broken into three (3) different categories:

- **Category 1:** Emergency Transfer. These transfers are necessary when conditions pose an immediate threat to the life, health, or safety of a household or one of its members. Such situations may involve defects of the unit or building in which it is located, the health condition of a household member, covered crime, a hate crime, the safety of witnesses to a crime, or a law enforcement matter particular to the neighborhood.

In the event an immediate transfer to an appropriately sized unit based on the household size or composition is not available at the property, Management will assist

in identifying other housing providers (to include other SHP Management Corp. managed properties) who may have safe and available units to which the Resident could relocate. When applicable, if requested by the Resident, Management will also assist in contacting local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking, which are attached to form HUD-5381, Model Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking.

- **Category 2:** Immediate Administrative Transfer. These transfers are necessary in order to permit a household needing accessible features to move to a unit with such a feature or to enable modernization, revitalization, deposition or demolition work to proceed.
- **Category 3:** Regular Administrative Transfer. These transfers are made to help meet certain site occupancy goals, to correct occupancy standards where the unit size is inappropriate for the size and composition of the household, to allow for non-emergency but medically advisable transfers, and other transfers in accordance with this plan.

SHP Management Corp. requires a Request for Transfer form (Exhibit L) to be completed for all households requesting a unit transfer (except from those households requesting an Emergency Unit Transfer under VAWA, these households will complete form HUD-5383). A household meeting criteria A, B, C or D above maybe be approved for a unit transfer unless:

- A. The Household is under eviction,
- B. The Household has repeated lease violations documented by Management in their household file,
- C. The Household has unresolved Lease Violations and/or warnings as a result of poor housekeeping, and/or
- D. The Household has a balance due (to include but not limited to: rent, late charges, damages, bounced check charges or any other charges due as allowable by HUD

For unit transfer requests that do not originate as a Reasonable Accommodation Request, the Property Manager will review the request for unit transfer and determine if the request should be approved or denied based off the unit transfer requirements set forth in this plan. The recommendation and all supporting documents are then submitted to the Compliance Department for final determination.

For unit transfer requests that originate as a Reasonable Accommodation Request, Management will process the request in accordance with the SHP Management Corp. Reasonable Accommodation Request Policy and Procedure. Once a determination on the Reasonable Accommodation Request has been made by the appropriate management staff,

the Property Manager will then review the household's standing as set forth in items A, B, C, and D above to determine if the request should be approved or denied. The recommendation and all supporting documents are then submitted to the Compliance Department for final determination.

In both instances households will be notified in writing of the Unit Transfer Approval or Denial (**Exhibit R-2**). If the unit transfer request is approved, the household will be placed on the Waiting List and be housed in accordance with the tenant selection criteria as set forth in [Section XV](#) (Tenant Selection) of this plan.

In general, vacant units will be occupied by Residents requesting a unit transfer prior to selecting Applicants from the Waiting List. However, should excessive category 3 transfers result in high turnover expenses and vacancies, resulting in an undue financial or administrative burden, Management may select from the Waiting List.

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Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204

«CUSTOM_CFFHAProjectNumber»
Project No.

«sitename»
Name of Property

«siteaddressline1and2»
«siteaddresscity», «siteaddressstate»
«siteaddresszipcode»
Address of Property

«CUSTOM_CFPMCName»
Name of Owner/Managing Agent

«CUSTOM_CFContractinfo»
Type of Assistance or Program Title

«memberheadofhouseholdname»
Name of Head of Household

«membername»
Name of Household Member

Date (mm/dd/yyyy): «systemdate»

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 next page.**

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 format 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.

ATTACHMENT 4
OWNER'S NOTICE NO. 1 FOR AN APPLICANT FAMILY

«currentsystemdate»

Dear «memberheadofhouseholdname»:

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 noncitizens in the following HUD programs:

- a. Public and Indian Housing Programs
- b. Section 8 Housing Assistance Payments programs
- c. Section 235 of the National Housing Act
- d. Section 236 of the National Housing Act

- e. 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. Each family member (including you) listed on the Family Summary Sheet must complete a Citizenship Declaration (Attachment 7 Citizenship Declaration). If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Citizenship Declaration. The Citizenship Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Citizenship Declaration.
3. Submit the Family Summary Sheet, the Citizenship Declarations, and any other forms and/or evidence to the name and address listed below by ____/____/____.

«sitepropertymanager»
«vlresponsertnadd1»
«vlresponsertnadd2»
«vlresponsertncity», «vlresponsertnstate» «vlresponsertnzip»

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 «sitepropertymanager» at «sitephonenumber». He/she will be happy to assist you.

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



We Do Business in Accordance With the Federal Fair
Housing Law
(The Fair Housing Amendments Act of 1988)

ATTACHMENT 4

OWNER'S NOTICE NO. 1 FOR AN APPLICANT FAMILY

If this Section 214 review results in a 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 prior to the final determination of this Section 214 review, depending on how far the review has progressed and the information that is available at that point. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Attachments

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



**We Do Business in Accordance With the Federal Fair
Housing Law**
(The Fair Housing Amendments Act of 1988)

APPLICANT CITIZENSHIP DECLARATION

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME: _____

FIRST NAME: _____ MIDDLE NAME: _____

RELATIONSHIP TO HEAD OF HOUSEHOLD: _____ SEX: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NO: _____ ALIEN REGISTRATION NO: _____

ADMISSION NUMBER: _____ If applicable, (this is an 11-digit number found on DHS 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 NO: _____ (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.

Sign and date below and return to the name and address specified in the attached notification letter. 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: _____



APPLICANT CITIZENSHIP DECLARATION

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

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

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

- a. Verification Consent Format (Attachment 8 Verification Consent Form).

AND

- b. One of the following documents:

(1) Form I-551, **Permanent Resident Card**

(2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:

(a) "Admitted as Refugee Pursuant to section 207";

(b) "Section 208" or "Asylum";

(c) "Section 243(h)" or "Deportation stayed by Attorney General"; or

(d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."

(3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:

(a) A final court decision granting asylum (but only if no appeal is taken);

(b) A letter from 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);

(c) A court decision granting withholding or deportation; or

(d) A letter from an DHS 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 that 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 announce by notice published in the *Federal Register*.*

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached



APPLICANT CITIZENSHIP DECLARATION

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.

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

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen 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: _____

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: _____

Return this form to: «sitepropertymanager»
Property Manager
«vlresponsernadd1»
«vlresponsernadd2»
«vlresponserncity», «vlresponsernstate» «vlresponsernzip»
«vlresponsernphone»

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



All properties managed by SHP Management Corp. act in accordance with the Fair Housing Act, HUD, and applicable state and local laws which prohibit discrimination based on an applicant's or resident's actual or perceived inclusion in a protected class or category, which include: race, color, religion (creed), national origin (ancestry), sex / gender, gender identity or expression, genetic information, affectional or sexual orientation (including transgender status), disability (learning, physical or mental), marital/domestic partnership/civil union status, familial/parental status (families with children under the age of 18 or pregnant woman), age, elderliness, lawful source of income, receipt of public and/or rental assistance, military status, veteran status, unfavorable discharge from military service, status as a victim of domestic abuse, order of protection status or political affiliation. The Designated 504 Coordinator may be reached by email at: 504coordinator@shpmanagement.com

APPLICANT VERIFICATION CONSENT FORM

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

CONSENT

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

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or 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 or transmission of the evidence or other information by the DHS.

Signature

Date

Check here if adult signed for a minor: _____

Return form to:

«sitepropertymanager»

Property Manager

«vlresponsertnadd1»

«vlresponsertnadd2»

«vlresponsertncity», «vlresponsertnstate» «vlresponsertnzip»

«vlresponsertnphone»



All properties managed by SHP Management Corp. act in accordance with the Fair Housing Act, HUD, and applicable state and local laws which prohibit discrimination based on an applicant's or resident's actual or perceived inclusion in a protected class or category, which include: race, color, religion (creed), national origin (ancestry), sex / gender, gender identity or expression, genetic information, affectional or sexual orientation (including transgender status), disability (learning, physical or mental), marital/domestic partnership/civil union status, familial/parental status (families with children under the age of 18 or pregnant woman), age, elderliness, lawful source of income, receipt of public and/or rental assistance, military status, veteran status, unfavorable discharge from military service, status as a victim of domestic abuse, order of protection status or political affiliation. The Designated 504 Coordinator may be reached by email at: 504coordinator@shpmanagement.com

**SHP MANAGEMENT CORPORATION
PROCEDURES FOR PROCESSING
REASONABLE ACCOMMODATION REQUESTS**

Applicants and/or Residents may submit reasonable accommodation request(s) in writing, orally or by any other effective means of communication. Submission of **Request for a Reasonable Accommodation and/or Modification** form is not mandatory. However, SHP Management Corp. will ensure that all reasonable accommodation requests will be put in writing upon receipt. If needed as a reasonable accommodation, SHP Management Corp. staff will assist the individual/family in completing the Request Form.

Within ten (10) business days of receipt of the request and, if necessary, all supporting documentation, SHP Management Corp. will provide written notification to the applicant/resident household of its decision to approve or deny the request. Prior approval must be obtained from the Director of Resident Services (DRS) of SHP Management Corp. before a ten (10) day deadline will be extended.

When processing Reasonable Accommodation Request, SHP Management Corp. requires property staff to take the following steps:

1. Upon request of a reasonable accommodation, property management staff will provide the **Request for a Reasonable Accommodation and/or Modification** form (RAR 101) to the applicant/resident. If the property is serviced by a Resident Services Coordinator (RSC), staff will make an immediate referral to the RSC. The Resident Services Coordinator will follow up with an appointment with the resident (within 2 days) to discuss the request and obtain additional information, if applicable.
 - For properties without a Resident Services Coordinator, a copy of the completed Request Form (RAR 101) must be sent to the Director of Resident Services by management staff within **one (1) business day** of the date it is received from the applicant/resident. Requests must be **scanned to llippia@shpmanagement.com or faxed at 1-860-856-5773.**
2. Upon return receipt of the completed **Request for a Reasonable Accommodation and/or Modification** (RAR 101), the request will be date stamped.
3. If the need and/or the disability for the accommodation or modification are not obvious, the Resident Services Coordinator or Director of Resident Services will send out by fax the **Verification – Disability and Need** form (RAR 102) or with the corresponding cover letter (if applicable), **Verification – Disability and Need for Live-In Aide/Caregiver** form (RAR 102A), **Verification – Disability and Need for an Assistance Animal(s)** form (RAR 102B), to the applicant/residents noted verification source (i.e., medical professional, service provider, etc.) along with a copy of the **Request for**

Reasonable Accommodation and/or Modification, within one (1) business day of the request being received.

- If the sent **Verification – Disability and Need** form (RAR 102, 102A or 102B) is not returned within five (5) business days, the Resident Services Coordinator or Director of Resident Services will send the applicant/resident the **Need for Additional Information for Reasonable Accommodation Request** letter (RAR 103A).
4. Upon return receipt of the proper **Verification – Disability and Need** form (RAR 102, 102A, or 102B), the form will be date stamped.
 5. The Resident Services Coordinator or Director of Resident Services will provide written notification to the resident/applicant in writing of approval via the **Reasonable Accommodation Request Approval Letter** (RAR 104), or denial via the **Reasonable Accommodation Request Denial Letter** (RAR 105). Upon request or if the need is obvious, the written notification will be provided in an alternate format.
 - If the accommodation is approved, the applicant/resident will be notified of the projected date for implementation. If the accommodation is denied, the applicant/resident will be notified of the reasons for the denial and the resident will be provided with information regarding the appeal procedure.
 - A copy of the decision will be forwarded to the property's Property Manager and Regional Senior Manager.
 6. Upon approval by Resident Services Coordinator or Director of Resident Services, where applicable, the Property Manager will arrange for the accommodation to be promptly implemented for applicant/resident.

NOTE: For any RAR costing in excess \$1,000 or more, all site staff (Property Manager/Maintenance) are required to receive prior authorization and approval from Vice President of Operations, before any work is to be started.
 7. Upon completion the Resident Services Coordinator or Property Manager will have the applicant/resident sign the **Reasonable Accommodation and/or Modification Agreement** form (RAR 106).
 - If the Reasonable Accommodation Request was for a Unit Transfer the **Reasonable Accommodation Agreement – Unit Transfers** (RAR 106A) must be signed by management and resident once the Unit Transfer has been completed.
 8. The Resident Services Coordinator or Property Manager must complete the **Reasonable Accommodation Request Tracking Log** (RAR 107) and place all pertinent documents and or communication in the Property's Reasonable Accommodation Binder.

- Property Management staff will also save a copy of all pertinent documents within the applicant/resident's household's file.

If additional clarification or assistance with a Reasonable Accommodation Request is needed, property management staff and/or Resident Services Coordinator must contact the Director of Resident Services.

NOTE: Residents are responsible for purchasing any durable medical equipment or environmental control equipment (e.g., walkers, wheelchairs, oxygen tanks, air conditioners, dehumidifiers, humidifiers) that was approved in connection with a reasonable accommodation request. Residents are also responsible for paying any utility surcharges related to the approved equipment. This provision does not apply to the items included in the "List of Common Adaptive Physical Changes to Apartments" set forth on the following page.

LIST OF COMMON
ADAPTIVE PHYSICAL CHANGES
TO APARTMENTS

1. Raised toilet seat
2. Handheld shower
3. Tub grab bars
4. Toilet grab bars
5. Handicap toilet
6. Shower chair/Transfer bench
7. Lever faucet handles
8. Lowering a peephole
9. Lowering a cabinet
10. Lowering a mailbox
11. Installing corner/wall/door protectors
12. Removal of fluorescent lighting
13. Weather-stripping on doors
14. Wireless Doorbell
15. Phone flashers
16. Intercom flashers
17. Cabinet knobs
18. Adapted stove/refrigerator
19. Adapted smoke detectors (flashers)
20. Braille for the mailbox
21. Raising of thermostat

**** There is no need to do a formal RAR for these items; however, you MUST make sure that you generate a maintenance work order and track them in the RAR site log.**

REQUEST FOR HARDSHIP EXEMPTION TO MINIMUM RENT REQUIREMENT

I _____, as head of household, hereby declare that my family is unable to pay the minimum rent required and request an exemption to the minimum rent requirement because of the following hardship or hardships checked.

- ☐ My family has lost eligibility for, or is awaiting an eligibility determination for a Federal, State, or local assistance program resulting in our inability to pay the minimum rent.
- ☐ My family has received a notice to vacate within the next 30 days for non-payment of rent because of our inability to pay the minimum rent.
- ☐ My family income has decreased resulting in our inability to pay the minimum rent.
- ☐ The death of a member of my household has occurred resulting in our inability to pay the minimum rent.

I understand that I must provide documentation proving the hardship as determined by «sitename».

I understand that if it is determined by «sitename» that a hardship does not exist or that the hardship is of a temporary nature, I will be required to pay back any and all minimum rents waived as a result of this request.

I also understand that a determination to waive the minimum rent is based on a hardship as I designated, and that I am required to report in writing any changes in my family circumstances that may have relieved that hardship.

I understand that I have the right to an informal hearing under grievance or hearing procedures of «sitename» determination of no hardship or temporary hardship.

Print Name: Head of Household

Signature: Head of Household

Date

**Lakeview
Apartments**
1250 5th Ave
New York, NY 10029-4438
(646) 905-3751



TTY/TDD – Dial 711
or 800-622-1220
(Voice callers:
800-421-1220)

Date: _____
Applicant: _____
Address: _____

Dear _____:

Thank you for contacting Lakeview Apartments to inquire about submitting an application for housing.

Enclosed is an application for housing, an I-Speak Language Identification Flashcard and a Supplement to the Application form HUD-92006, and, if applicable, additional attachments required for your property as outlined on the application.

Once we receive a completed application and attachments, signed by all household members 18 years of age and older, you will be notified regarding your initial eligibility status. If there is no waiting list for the unit type you are applying for, we will contact you regarding an initial meeting.

At the meeting, we will need to independently verify all of your income and assets, as well as any qualified deductions (medical, disability or childcare expenses) prior to determining eligibility. There are other qualifying criteria which are described in our Tenant Selection Plan, which we will review with you during the interview.

Again, thank you for contacting Lakeview Apartments, and please contact us with any questions.

Sincerely,

Property Manager
Lakeview Apartments



All properties managed by SHP Management Corp. act in accordance with the Fair Housing Act, HUD, and applicable state and local laws which prohibit discrimination based on an applicant's or resident's actual or perceived inclusion in a protected class or category, which include: race, color, religion (creed), national origin (ancestry), sex / gender, gender identity or expression, genetic information, affectional or sexual orientation (including transgender status), disability (learning, physical or mental), marital/domestic partnership/civil union status, familial/parental status (families with children under the age of 18 or pregnant woman), age, elderliness, lawful source of income, receipt of public and/or rental assistance, military status, veteran status, unfavorable discharge from military service, status as a victim of domestic abuse, order of protection status or political affiliation. The Designated 504 Coordinator may be reached by email at: 504coordinator@shpmanagement.com

Revised 10/22/2021

SHP MANAGEMENT CORP.
RENTAL APPLICATION
 "Equal Housing Opportunities"

Name of development: Lakeview Apartments Number of bedrooms desired: _____

How did you hear about these units? _____

Name: _____ Home phone: _____ Work Phone: _____

Street Apt. # City State Zip code
 E-mail address: _____

Applicants who are an **Eligible Homeless Applicant** have a preference for housing as defined by our Tenant Selection Plan. **Eligible Homeless Applicant** shall mean: an applicant referred by an agency of the City of New York or an alternate referral source acceptable to HPD who, at the time of their application and/or referral are (1) eligible to receive Section 8 rental assistance, (2) resided in emergency shelter facilities operated by or on behalf of the City or are otherwise in need of emergency shelter as determined by HPD, and (3) have resided in an emergency shelter six (6) months or less and are currently employed.

The following information is required by HUD for all those who would live in the apartment. Allowable exceptions are:

1. Household members 62 years of age or older as of January 31, 2010 and who were in receipt of rental assistance as of January 31, 2010. Please provide evidence of prior rental assistance, i.e. prior HUD 50059 or 50058.
2. Household members who are non-eligible citizens and are not contending eligible immigration status.
3. Household members age 6 or under added to the applicant household within a 6-month period prior to the household's date of admission if the child has not been issued a SSN. The household will have 90-days after the date of admission to provide the documentation.

Name	Soc. Sec. #	Place of Birth	Date of Birth

Current landlord: _____ Landlord's address: _____
 Landlord's phone: _____ How long have you lived here? _____
 Monthly rent: \$ _____ Monthly Utilities: \$ _____

Previous landlord: _____ Landlord's address: _____
 Landlord's phone: _____ How long have you lived here? _____
 Monthly rent: \$ _____ Monthly Utilities: \$ _____

Apt. address & reason for moving: _____

Have you ever been evicted from housing or currently owe a landlord money? Yes or No If yes, please explain: _____

Insert <u>Recipient's Name</u> on each applicable line below		Source of Income; Address and Phone	Amount Received
Name		Employer Address/Phone	Gross Annual
Name		Employer Address/Phone	Gross Annual
Name	Claim #	Social Security	
Name	Claim #	Social Security	
Name	Claim #	Disability, Social Security Income	
Name	Claim #	Disability, Social Security Income	
Name	Claim #	Death Benefits: Pension, Retirement Fund - Name/Address	

Insert <u>Recipient's Name</u> on each applicable line below		Source of Income; Address and Phone	Amount Received
Name	Claim #	Death Benefits: Pension, Retirement Fund - Name/Address	
Name	Claim #	Unemployment	
Name	Claim #	Veteran's Benefit, Military Pay: VA File #:	
Name	Claim #	Workers' Compensation: Address	
Name	Claim #	Public Assistance, TANF	
Name	Claim #	Alimony / Child Support (circle)	
Name	Claim #	Finances from rent or sale of property	
Name	Claim #	Lottery winnings	
Name	Claim #	Periodic contributions from outside sources/agencies: Name/Address	
Name	Claim #	Severance Pay	
Name	Claim #	Insurance Policy: Address	Monthly Amount
Name	Claim #	Annuity, Non-revocable Trust: Contact Name/Address:	Monthly amount
Other:			

Assets: Checking Accounts

Bank: _____ Acct #: _____ Balance: _____ Interest Rate: _____ %
 Bank: _____ Acct #: _____ Balance: _____ Interest Rate: _____ %
 Bank: _____ Acct #: _____ Balance: _____ Interest Rate: _____ %

Assets: Savings/Certificates/EBT Direct Express Accounts:

Bank: _____ Acct #: _____ Balance: _____ Interest Rate: _____ %
 Bank: _____ Acct #: _____ Balance: _____ Interest Rate: _____ %
 Bank: _____ Acct #: _____ Balance: _____ Interest Rate: _____ %

Assets: Stocks and Bonds:

Bank: _____ Acct #: _____ Balance: _____ Interest Rate: _____ %
 Bank: _____ Acct #: _____ Balance: _____ Interest Rate: _____ %
 Bank: _____ Acct #: _____ Balance: _____ Interest Rate: _____ %

Real Estate:

Description/Address: _____
 Value: _____ Balance due on mortgage: _____

Miscellaneous Information:

- ☐ Person displaced by natural disaster. ☐ Person displaced by private action beyond their control.
☐ Person displaced by government action.

Please explain any item checked above in the following space: _____

Student Status: Are you enrolled at an accredited institution of higher learning? ☐ Yes ☐ No

Veterans Information: If you or any member of your household is an Active, Retired, or Discharged member of the armed services, please list the member's name, branch of service and indicate their current status.

Member's Name	Branch of Service	Active/Retired/Discharged

Pets: Will you be living with a pet? ☐ Yes ☐ No Type of pet: _____
If dog/cat, is pet neutered? ☐ Yes ☐ No Are shots current? ☐ Yes ☐ No
*Evidence of current registration with the local town/municipality may be required prior to move in.

Do you own a vehicle? Yes / No Registration #: _____

Credit References:

Name/Address/Phone: _____
Acct. #: _____
Name/Address/Phone: _____
Acct. #: _____

The following information will be required by the federal government to monitor this owner's compliance with Equal Housing Opportunity and Fair Housing laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below or whether or not the information is furnished.

Please provide your Race/National Origin: This information is for statistical purposes only (Optional):

☐ White ☐ American Indian / Alaskan Native ☐ Black or African American
☐ Hispanic or Latino ☐ Asian ☐ Other _____
☐ Native Hawaiian or Other Pacific Islander ☐ I do not wish to furnish this information

Optional: Do you or any member of your household have a disability as defined in Section 223 of the social Security Act?

☐ Yes ☐ No If so, you may be entitled to a Reasonable Accommodation which would allow you to more fully use and enjoy the program or its facilities. A Reasonable Accommodation may include special unit features such as wheelchair accessibility, grab bars, braille, hearing impaired devices, sign language, use of a service animal, etc. If so, please provide additional information: _____

Additional Required Information:

1. Have you or any member of your household ever been charged or convicted of a misdemeanor or felony?

☐ Yes ☐ No If yes, please explain: _____

2. Has any member of the household had a problem with the use, sale, purchase, or manufacture, either in the past or currently, with illegal drugs? ☐ Yes ☐ No

If yes, please explain: _____

3. Has any member of the household had a problem with alcohol abuse or a pattern of alcohol abuse that would interfere with others' health, safety, and right to peaceful enjoyment of the property? ☐ Yes ☐ No

If yes, please explain: _____

4. Are you or any member of your household subject to a **lifetime sex offender registration** in any state?

☐ Yes ☐ No

If yes, please explain: _____

Please list every state that a member of the applicant household has resided in and who resided there. If additional space is necessary, please list on a separate page.

Applicant Member	State	Applicant Member	State

Please note: HUD may prohibit admission to an applicant subject to lifetime sex offender registration after June 25, 2001. Failure to furnish accurate information may also result in rejection or denial of admission. Management has a no tolerance policy for drugs. If you are applying and have a drug conviction, we will not provide you with housing.

This is to inform you that as part of our procedure for processing your application, an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living, whichever may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

By signing this application, you are hereby authorizing SHP Management Corp. to request a credit report on the applicant(s), which may include rental history, arrest and/or conviction records and retail credit history. A screening result of "Approved" does not guarantee eligibility or acceptance into the property. Applicants must meet all project eligibility and property screening criteria.

Please note that this is a preliminary application and in no way insures occupancy. Additional information may be requested to complete processing of your application. Your signature gives written consent to the management to verify information in this application. A false statement or misrepresentation on your application will be grounds for denial of residency.

By my signature below, I certify the accuracy and completeness of the information provided.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

If mailing application, please send to the address below:

Site Address: 1250 5th Avenue
New York, NY 10029-4439

Telephone: 646-905-3751

TTY/TDD & Voice Callers: 711 or TDD/TTY 800-662-1220 or 800-421-1220 (VC)

"It is unlawful to discriminate against an applicant or tenant because of their race, color, national origin, religion, gender, familial status, disability, age, marital status, sexual orientation or source of income pursuant to Conn. Gen. Stat. Sections 46a-64d and 46a-81e and the Federal Fair Housing Act, 42 U.S.C. Section 6301 et. seq."

Lakeview Apartments does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, ancestry, age, familial status or physical or mental disability.

An aggrieved person may file a complaint of a housing discrimination act with:

Matt Brucker
7 Thomas Drive
Cumberland Foreside, ME 04110
207-829-9200, TTY 800-437-1220

New York Reg. Office of FHEO
U.S. Dept of HUD
26 Federal Place, Room 3532
New York, NY 10278-0068
800-496-4294, TTY 212-265-0927

The New York City Dept. of Housing
Preservation and Development (HPD)
100 Gold Street
New York, NY 10038



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



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: «membername»	
Mailing Address:	«membermailingaddressline1», «membermailingaddressline2» «membermailingcity», «membermailingstate» «membermailingzipcode»
Telephone No: «residentbillingphonenumber»	Cell Phone No: «residentcellphonenumber»
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"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other:
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.	

EH 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.

- | | | |
|--------------------------|--|------------------------|
| <input type="checkbox"/> | ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية. | 1. Arabic |
| <input type="checkbox"/> | Խոսողո՞ւմ ե՞սք նշողո՞ւմ կատարե՞ք այս քանակություն, եթե խոսողո՞ւմ կամ կարողո՞ւմ եք հայերեն: | 2. Armenian |
| <input type="checkbox"/> | যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন। | 3. Bengali |
| <input type="checkbox"/> | ល្អបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។ | 4. Cambodian |
| <input type="checkbox"/> | Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro. | 5. Chamorro |
| <input type="checkbox"/> | 如果你能读中文或讲中文，请选择此框。 | 6. Simplified Chinese |
| <input type="checkbox"/> | 如果你能讀中文或講中文，請選擇此框。 | 7. Traditional Chinese |
| <input type="checkbox"/> | Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik. | 8. Croatian |
| <input type="checkbox"/> | Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky. | 9. Czech |
| <input type="checkbox"/> | Kruis dit vakje aan als u Nederlands kunt lezen of spreken. | 10. Dutch |
| <input type="checkbox"/> | Mark this box if you read or speak English. | 11. English |
| <input type="checkbox"/> | اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بزنید. | 12. Farsi |

<input type="checkbox"/>	Cocher ici si vous lisez ou parlez le français.	13. French
<input type="checkbox"/>	Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	14. German
<input type="checkbox"/>	Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.	15. Greek
<input type="checkbox"/>	Make kazye sa a si ou li oswa ou pale kreyòl ayisyen.	16. Haitian Creole
<input type="checkbox"/>	अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ।	17. Hindi
<input type="checkbox"/>	Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	18. Hmong
<input type="checkbox"/>	Jelölje meg ezt a kockát, ha megérte vagy beszéli a magyar nyelvet.	19. Hungarian
<input type="checkbox"/>	Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	20. Ilocano
<input type="checkbox"/>	Marchi questa casella se legge o parla italiano.	21. Italian
<input type="checkbox"/>	日本語を読んだり、話せる場合はここに印を付けてください。	22. Japanese
<input type="checkbox"/>	한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.	23. Korean
<input type="checkbox"/>	ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ.	24. Laotian
<input type="checkbox"/>	Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	25. Polish

<input type="checkbox"/>	Assinale este quadrado se você lê ou fala português.	26. Portuguese
<input type="checkbox"/>	Însemnați această casuță dacă citiți sau vorbiți românește.	27. Romanian
<input type="checkbox"/>	Пометьте этот квадратик, если вы читаете или говорите по-русски.	28. Russian
<input type="checkbox"/>	Обележите овај квадратик уколико читате или говорите српски језик.	29. Serbian
<input type="checkbox"/>	Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	30. Slovak
<input type="checkbox"/>	Marque esta casilla si lee o habla español.	31. Spanish
<input type="checkbox"/>	Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	32. Tagalog
<input type="checkbox"/>	ให้กาเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย.	33. Thai
<input type="checkbox"/>	Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	34. Tongan
<input type="checkbox"/>	Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.	35. Ukrainian
<input type="checkbox"/>	اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	36. Urdu
<input type="checkbox"/>	Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.	37. Vietnamese
<input type="checkbox"/>	באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.	38. Yiddish

**VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR
ADMISSION IS BASED ON DISABILITY**

FOR USE WITH ALL PROGRAMS EXCEPT SECTION 202 AND 811 PROGRAMS

Date: _____

To: _____

Fax: _____

Email: _____

From: _____

Property Manager
Lakeview Apartments
1250 5th Avenue
New York, NY 10029-4439
(p) 646-905-3751 (f) 917-261-5430

RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE

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

Name: _____

SSN: _____

Address: _____

EXPLANATION OF THIS VERIFICATION

Some Assisted Housing Projects limit eligibility to some or all of the units to persons with disabilities. Some of these units may be limited to persons with particular types of disabilities. This verification is needed only when:

- 1) Your eligibility for admission is dependent on your being disabled; or
- 2) You claim eligibility for allowances that are given to persons with disabilities. An owner may only request the minimum information necessary to determine whether you meet the applicable definition of disabled under the program which provides you with housing assistance.,

The definitions of disabled will vary depending on the project you are applying for or living in. The owner is required to check the definition or definitions that apply to your situation based on the guidance provided in the HUD Handbook 4350.3 Rev 1.

The third party from whom this verification is being requested has knowledge of whether your disability meets the applicable definition(s) of disabled. The owner must verify this information before deciding on your eligibility for allowances given to persons with disabilities. This verification is not to be used in assigning accessible units.

This verification is (**Owner/manager**: You must check the reason why this inquiry is necessary.):

- ☐ Required for determining the applicant's eligibility for a project or units in a project where occupancy is limited to persons who are disabled.



We Do Business in Accordance With the Federal Fair
Housing Law
(The Fair Housing Amendments Act of 1988)

VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR ADMISSION IS BASED ON DISABILITY

- ☐ Required for the applicant/tenant to receive allowances available only to households whose head or spouse is elderly, disabled.

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below.

INFORMATION BEING REQUESTED:

For each numbered item below, check the appropriate box that accurately describes the person listed above.

1. ☐ YES ☐ NO Has a disability, as defined in 42 U.S.C. 423, which means;
- Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months; or
 - In the case of an individual who has attained the age of 55 and is blind, inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time.

NOTE: For the purposes of this definition, the term blindness, as defined in section 416(i)(1) of this title, means central vision acuity of 20/200 or less in the better eye with use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for the purposes of this paragraph as having a central visual acuity of 20/200 or less.

2. ☐ YES ☐ NO Has a physical, mental, or emotional impairment that:
- Is expected to be of long-continued and indefinite duration;
 - Substantially impedes the person's ability to live independently; and
 - Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.
3. ☐ YES ☐ NO Has a developmental disability as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:
- Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - Is manifested before the person attains age 22;
 - Is likely to continue indefinitely;
 - Results in substantial functional limitation in three or more of the following areas of major life activity:
 - Self-care,
 - Receptive and expressive language,
 - Learning,
 - Mobility,
 - Self-direction
 - Capacity for independent living; and
 - Economic self-sufficiency; and
 - Reflects the person's need for a combination and sequence of special,



We Do Business in Accordance With the Federal Fair
Housing Law
(The Fair Housing Amendments Act of 1988)

**VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR
ADMISSION IS BASED ON DISABILITY**

interdisciplinary, or generic care, treatment, or other services that are of
lifelong or extended duration and are individually planned and
coordinated.

4. ☐ YES ☐ NO Is the above a person whose disability is based **solely** on any drug or alcohol
dependence (the person has no other disability which meets the above
definition).

Information provided by:

Print Name and Title of Person Supplying the Information

Firm / Organization

Signature

Date

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

SIGNATURE

DATE

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

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 uses 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 \$5,000. 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 USC **408 (a) (6), (7) and (8). **

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



We Do Business in Accordance With the Federal Fair
Housing Law
(The Fair Housing Amendments Act of 1988)

«Sitename»

«Siteaddressline1and2»

«Siteaddresscity»,

«siteaddressstate»

«siteaddresszipcode»

«sitephonenumber»



TTY/TDD – Dial 711

or «CUSTOM_CFTTYTDD»

(Voice callers:

«CUSTOM_CFTTYTDDVoiceCallers»)

January 26, 2022

«membername»

«membermailingaddressline1»

«membermailingcity», «membermailingstate» «membermailingzipcode»

Re: Admission to «sitename»

Dear «membername»:

I am writing to inform you that we are in receipt of your application for housing. Your application is being returned because your application has been found to be incomplete and we are unable to determine further eligibility for housing. Enclosed please find your submitted application. If you wish to be considered for future housing at «sitename», please complete the following information on your application and return to the management office:

- Missing/Incomplete income information
- Missing/Incomplete asset information
- Missing student information; please answer the question regarding enrollment at an accredited institution of higher learning.
- No response or incomplete response to the question regarding criminal background and or requirement to register as a sex offender.
- No response or incomplete response to the Registered Lifetime Sex Offender (RLSO) question(s) on the application.
- Missing signature(s) of all adult household members ages 18 years of age or older
- Other _____

Please return your application to:

«sitename»

«siteaddressline1»

«siteaddresscity», «siteaddressstate» «siteaddresszipcode»

Once your application has been completed and returned to the management office it will be reviewed and if eligible based on the information provided on the application, your name will be added to the wait list as of the date it is returned.

Please contact us if you have any further questions.

Very truly yours,

«sitepropertymanager»

Property Manager

«sitename»



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«Sitename»

«Siteaddressline1and2»

«Siteaddresscity»,

«siteaddressstate»

«siteaddresszipcode»

«sitephonenumber»



TTY/TDD – Dial 711
or «CUSTOM_CFTTYTDD»
(Voice callers:
«CUSTOM_CFTTYTDDVoiceCallers»)

January 27, 2022

«membername»

«membermailingaddressline1»

«membermailingcity», «membermailingstate» «membermailingzipcode»

OFFICIAL DATE OF APPLICATION: _____

This acknowledges receipt from the above-named person of a completed application for admission to «sitename» on the date specified above. You will be notified of the preliminary decision regarding your eligibility for admission to this project within 20 days of the official date of application listed above.

Very Truly Yours,

«sitepropertymanager»

Property Manager

«sitename»



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Revised 10/28/2021

«Sitename»

«Siteaddressline1and2»

«Siteaddresscity»,

«siteaddressstate»

«siteaddresszipcode»

«sitephonenumber»



TTY/TDD – Dial 711

or «CUSTOM_CFTTYTDD»

(Voice callers:

«CUSTOM_CFTTYTDDVoiceCallers»)

DATE: «systemdate»

NAME OF APPLICANT: «membername»

ADDRESS OF APPLICANT: «membermailingaddressline1»

«membermailingcity», «membermailingstate» «membermailingzipcode»

Re: Admission to «sitename»

Dear «membername»:

I am writing to inform you that, based on the information you have provided us, you appear to be categorically eligible for admission to «sitename» as an "extremely low, very-low or low income" applicant. This means that you meet the income and family composition requirements for admission.

Unfortunately, there are no appropriate-sized apartments available at the present time. Therefore, we have placed you on the _____ bedroom waiting list. Based upon the unpredictable nature of the waiting list, we cannot tell you when we may have an opening. However, as outlined below, we will periodically contact you in order to determine if you are still interested in remaining on the waiting list.

Your eligibility for admission to «sitename» depends upon your meeting all the admission requirements at the time an apartment is available. These include income limits and family composition requirements, as well as other requirements such as satisfactory rent paying history, credit and criminal history, and recommendations from prior landlords. These factors may be considered before you are assigned an apartment.



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«Sitename»

«Siteaddressline1and2»

«Siteaddresscity»,

«siteaddressstate»

«siteaddresszipcode»

«sitephonenumber»



TTY/TDD – Dial 711

or «CUSTOM_CFTTYTTD»

(Voice callers:

«CUSTOM_CFTTYTTDVoiceCallers»)

Please remember that it is your responsibility to keep us informed at all times of your current address. We cannot inform you of an available apartment if we are unable to get in touch with you. In addition, we will periodically attempt to contact you to determine if you remain interested in admission to this project. If we are unable to contact you, your name will be removed from the waiting list. If you move from your current address, please contact us immediately.

Finally, please keep us informed of any changes in your family size. Changes in family size or composition may require that you be assigned to a different waiting list.

Please contact us if you have any questions.

Very truly yours,

«sitepropertymanager»

Property Manager



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Property Name

Street Address

City, State, Zip Code

(T) telephone (F) fax number

TTY/TDD: 711 or applicable number(s)

Property email address

Name of Property: is re-opening its waiting list and taking applications for bedroom size(s) subsidized apartments.

Income Qualifications: All applicants will be screened for eligibility. To qualify for these apartments, the following income limits apply:

1 person	Current income limit
2 person	Current income limit
3 person	Current income limit
4 person	Current income limit
5 person	Current income limit
6 person	Current income limit

How to get an application: Applications will be available beginning date.

You may obtain applications in several ways during the application period:

- 1) in person at the management office located at: property address, dates and times, or
- 2) at a previously determined (list applicable location) public and accessible location in the community to include hours of operation and contact information.

If you or anyone assisting you cannot use these methods to obtain an application, please contact the mgmt. office at one of the numbers listed above and ask that an application be mailed to you. Your place on the waiting list will be decided by lottery so there is no need to come in person, come early, or wait on a long line.

Returning completed applications and lottery selection: Applications may be returned by mailing, faxing, emailing or bringing to the office by date (30 days after the date applications are initially available). Applications received between Initial Available Date and End of 30-day Period from program eligible applicants will be placed onto the waitlist by a lottery held on Lottery date – 7 days following closure of the lottery at location where lottery will be held.

Applications received after Lottery closing date will be numbered, date and time stamped upon receipt, and added to the waitlist chronologically in the order that they are received.

Minimum household size of at least one person per bedroom required. Use and Occupancy restrictions apply. For more information or reasonable accommodations for applicants with disabilities, please contact property name.



SHP Management Corp. does not discriminate on the basis of disability status in the admission or Access to, or treatment or employment in, its federally assisted programs and activities.
Equal Housing Opportunity



SHP Management Corp.
Affordable Housing Opportunity

Property Name

Street Address

City, State, Zip Code

(T) telephone (F) fax number

TTY/TDD: 711 or applicable number(s)

Property email address

Due to the excessive wait period for a bedroom size of closing waitlist family or elderly apartment, as well as an apartment for those applicants who are disabled and are between the ages of 18 and 49, effective date of closing, **Property Name** will be closing their waitlists and no longer taking applications for those apartments. Applications previously provided to applicants must be time and date stamped or postmarked no later than by **date of closing** in order to be added to the waitlist. Applications received day after closing or later will be returned to the applicant with a letter explaining that the waitlist has been closed and therefore management is no longer able to accept applications. The waitlist will be re-opened once the wait period for a unit is one year or less.

How to get an application: Applications will be available upon request until **date a week before closing**. After **date a week before closing**, no applications for housing will be issued. You may obtain applications in the following manner:

- 1) In person at the management office located at address of management office. Office hours are dates and times management office is open;
- 2) Anytime at the kiosk located outside of the Property's name management office door.

If you or anyone assisting you cannot use these methods to obtain an application, please contact the mgmt. office at one of the numbers listed above and ask that an application be mailed to you. Your application will be placed onto the waitlist as long as (1) the application is received or postmarked no later than date of waitlist closing, and (2) the household is program eligible.

Returning completed applications and lottery selection: Applications may be returned by mailing, faxing, or bringing to the office date of waitlist closing. Applications received or postmarked day after waitlist closing or later will be returned to applicants at the current address listed on the application.

Minimum household size of at least one person per bedroom required. Use and Occupancy restrictions apply. For more information or reasonable accommodations for applicants with disabilities, please contact property name.



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Access to, or treatment or employment in, its federally assisted programs and activities.
Equal Housing Opportunity



«Sitename»

«Siteaddressline1and2»
«Siteaddresscity»,
«siteaddressstate»
«siteaddresszipcode»
«sitephonenumber»



TTY/TDD – Dial 711
or «CUSTOM_CFTTYTDD»
(Voice callers:
«CUSTOM_CFTTYTDDVoiceCallers»)

Date: «sitepropertydate»

To: «residentname»
«waitlistmailingaddress1»
«waitlistmailingaddress2»
«waitlistmailingcity», «waitlistmailingstate» «waitlistmailingzipcode»

Dear «residentname»:

Our policy requires that we periodically request all applicants to confirm their interest in remaining on the waiting list for the above property.

If you wish to remain on the waiting list, please sign and return a copy of this letter no later than «waitlistperiodicassessmentresponsedate». If you fail to notify us of your continued interest within that time, your name will be removed from the Waiting List and you will no longer be considered for an apartment at «sitename».

You should notify us in writing by using the attached form. Complete the form, detach it from this letter, and send it to our office by mail or in person letter no later than «waitlistperiodicassessmentresponsedate». If you are a person with disabilities and require a reasonable accommodation, please call or visit the management office. You should keep a copy of the completed form for your own records.

If you are no longer interested in admission to «sitename», you do not have to contact us. Your name will be automatically removed from the waiting list after fourteen (14) days from the above date.

We look forward to hearing from you soon if you are still interested in admission to «sitename».

Sincerely,

«sitepropertymanager»,
Property Manager



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Revised 10/28/2021

NOTICE OF CONTINUED INTEREST IN ADMISSION

«residentname»
«waitlistmailingaddress1»
«waitlistmailingaddress2»
«waitlistmailingcity», «waitlistmailingstate» «waitlistmailingzipcode»

I am still interested in obtaining an apartment at «sitename». Please keep my name on the waiting list.

Signature

Date

Return this form to: «sitepropertymanager», Property Manager / Agent for Owner
«sitename»
«siteaddressline1and2»
«siteaddresscity», «siteaddressstate» «siteaddresszipcode»
«sitephonenumber»
«sitepropertymanageremail»

I have had a change in my household or income since submitting my application: Yes _____ No _____

If yes, please explain: _____

My address and/or contact number has changed since I submitted my application. Yes _____ No _____

My new contact info is: Address:

Telephone: _____

KEEP A COPY OF THIS LETTER FOR YOUR RECORDS
IT IS YOUR PROOF THAT YOU NOTIFIED US
OF YOUR CONTINUING INTEREST IN ADMISSION.

«Sitename»

«Siteaddressline1and2»

«Siteaddresscity»,

«siteaddressstate»

«siteaddresszipcode»

«sitephonenumber»



TTY/TDD – Dial 711
or «CUSTOM_CFTTYTDD»
(Voice callers:
«CUSTOM_CFTTYTDDVoiceCallers»)

Notice of Removal from Wait List

Date: «systemdate»

«membername»

«Membermailingaddressline1»

«Membermailingcity», «membermailingstate» «membermailingzipcode»

Dear «membername»:

On «UMF_dateofwaitlistupdate», this office sent a letter to your last known address to determine if you remain interested in the housing opportunities provided at «Sitename». Fourteen (14) days have passed since that letter was sent and we have not received a response from you. As a result of your failure to reply, we must remove your name from our waiting list.

If there is a valid reason as to why you did not respond, we will take that into account in reconsidering the removal of your name from our waiting list. You must respond to this notice in writing within five (5) days. Otherwise, this determination is final.

Persons with disabilities have the right to request a Reasonable Accommodation (RAR) to continue their participation on the waitlist. If you require a reasonable accommodation as a results of your disability to remain on the waitlist or are a victim of domestic violence, dating violence, sexual assault or stalking and are seeking protections offered under VAWA, complete the attached applicable form(s) and mail it or bring it to the address indicated on the form. You should keep a copy of the completed form for your records.

Alternately, you may file a new application at any time the waiting list is open, or you may apply at any other subsidized development you may choose. The removal of your name does not impair your ability to apply elsewhere.

Please call me at «sitephonenumber» if you have any questions.

Sincerely,

«sitepropertymanager»

Property Manager

Attachments: 1. RAR-101

2. Notice of Occupancy Rights under the VAWA (form HUD-5380)

3. Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation (form HUD-5382)



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Revised 10/28/2021



«Sitename»

«Siteaddressline1and2»

«Siteaddresscity»,

«siteaddressstate»

«siteaddresszipcode»

«sitephonenumber»



TTY/TDD – Dial 711
or «CUSTOM_CFTTYTDD»
(Voice callers:
«CUSTOM_CFTTYTDDVoiceCallers»)

Applicant Interview Letter

«currentsystemdate»

«membername»

«unitaddressline1»

«unitaddresscity», «unitaddressstate» «unitaddresszipcode»

Dear «membername»,

Please be advised that your name is reaching the top of our waitlist. We may not have a unit available at this time; however, we would like to begin the Pre-Approval process.

_____ You have been scheduled for an applicant interview on (*date and time*). Please see attached list of items which are you are expected to bring to the appointment.

If you are unable to attend your scheduled appointment, please contact the office at «sitephonenumber» to reschedule your appointment.

_____ We were unsuccessful in reaching you by telephone on (*date and time*). We would like to schedule an appointment for an applicant interview in order to begin the pre-approval process. Please contact the office at «sitephonenumber».

If we do not hear from you within fourteen (14) days of this letter, we will assume you are no longer interested and will remove your name from the waitlist and notify you of the same.

Very truly yours,

«sitepropertymanager»

«Sitename»



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Revised 10/22/2021

«Sitename»

«Siteaddressline1and2»

«Siteaddresscity»,

«siteaddressstate»

«siteaddresszipcode»

«sitephonenumber»



TTY/TDD – Dial 711
or «CUSTOM_CFTTYTDD»
(Voice callers:
«CUSTOM_CFTTYTDDVoiceCallers»)

DATE: «systemdate»

NAME OF APPLICANT: «membername»

ADDRESS OF APPLICANT: «membermailingaddressline1»
«membermailingcity», «membermailingstate» «membermailingzipcode»

Dear «membername»:

We are unable to complete the processing of your application. We have received all requested information with the exception of:

- ___ Bank Verification
- ___ Pension Verification
- ___ Medical Expense Verification
- ___ Employment Verification
- ___ Other (specify) _____

In order to complete your application, we request you bring the following to the office within five (5) days.

Unless you are notified otherwise, you will maintain your position on the waiting list if you provide the requested information to the office within 5 days of this letter (we also made efforts to contact you by telephone). However, if you do not respond within 5 days, we may offer a unit currently available to the next applicant. Thank you in advance for your cooperation.

Sincerely,

«sitepropertymanager»

Property Manager

«Sitename»



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Revised 10/22/2021



Housing Applicant Denial Process:

It is SHP Management Corp.'s preference to always reject an applicant for two (2) or more reasons, not a single reason. Thus, prior to making any Approval or Denial determinations (other than not meeting income guidelines), the following steps must be completed.

1. Confirm the application is complete, with addresses, income, questions on criminal history and states of residence for National Sex Offender Registry
2. Before running a RealPage Leasing Desk Screening (Criminal and Credit report), CORI, and/or BCI; it is critical that Management obtain Date of Birth (DOB), Social Security Number (SSN), and current address verifications. Suitable examples include:
 - a. Valid Government Issued Photo identification (Passport, Driver's License, State ID, or other identification associated with the applicant and current address)
 - b. Social Security Card or other document deemed acceptable per HUD Handbook 4350.3 Appendix 3
 - c. Proof of birth date (birth certificate, passport (or passport card), I-9 card, or other document deemed acceptable per HUD Handbook 4350.3 Appendix 3)
3. Criminal background check is complete (including CORI and BCI as applicable)
 - a. If an applicant has a criminal history, confirm the housing suitability rejection criteria outlined in the Property's **Tenant Selection Plan** is followed.
4. National Sex Offender Registry check is complete
5. Landlord references/address verifications are complete (in accordance with the SHP Management Corp.'s [Address Verification / Landlord References](#) policy)
6. Existing Tenant Search in EIV has been run

If after all items listed above have been completed and the Property Manager's determination is to deny the Applicant; then an **Applicant Denial Packet** must be submitted to the Compliance Department for final review and approval.



Although, the Property Manager is the **ONLY** employee authorized to reject an applicant (no Assistant Property Manager's (APM) may reject an applicant), it is **SHP Management Corp.'s policy to have **ALL** Applicant Denials reviewed and approved by a member of the Compliance Department.**

NOTE: If the Property is currently without a Property Manager, property staff must verify all items have been completed and contact the Property's dedicated Compliance Analyst and the Compliance Analyst will make a determination on the Applicant's suitability for housing. **Management Staff may NOT elicit the advice or assistance of the Regional Senior Manager on ANY housing denial. The Regional Senior Manager is required to remain unbiased as they will serve as the hearing officer in the event of an appeal or grievance proceeding.**

Submit an Applicant Denial for Review:

As noted above, **ALL** Applicant Denials must be submitted to and reviewed for approval by a member of the Compliance Department. In order to submit the denial for review and approval, Property Manager's must:

- Complete the **Housing Applicant Denial Checklist**
- Generate the **Letter to Applicant-Ineligibility Initial Letter** (letter must notate all identified reasons for the Applicant Denial)
- Upload **Denial Packet** into the Applicant's OneSite Documents. Denial Packet must be uploaded in the following order:
 - **Housing Denial Checklist**
 - **Letter to Applicant-Ineligibility Initial Letter** (all other required forms)
 - All documents supporting the denial
 - **Move-In Approvals Checklist**
 - All remaining forms in **Move-In Approval Checklist** order
- Notify the Compliance Department of the pending denial by emailing miapprovals@shpmanagement.com



- Subject Line – Site Name, Applicant Last Name, and “Pending Denial”
- Body of email should not contain any information, all required notification information is listed in the Subject Line. If Property Staff feel the submitted items need to be explained, then they must re-review the submission and included all necessary explanations in a clarification form with the item(s) in question.

Once the **Denial Packet** has been submitted a member of the Compliance Department will review and respond to the original email submission within three (3) business days. The response will be one of the following:

- Denial Approved
 - If approved, print the email response for the Applicant’s file (attaching it to the **Housing Denial Checklist**)
- Further Information required (and a list of items needed)
 - If further information is required; complete the required list of items, re-upload the denial packet into OneSite, and respond to the original email
 - Email Response should ONLY state – “All listed items completed, re-uploaded to OneSite”.
- Denial Rejected (and a detailed description of why)
 - If the denial is rejected, remove the Denial Checklist and Letter from the Applicant’s file, and proceed with the [Pre-Approval and/or Move-In Approval](#) process.

Housing Applicant Denial Checklist

It is SHP Management Corp.'s preference to always reject an Applicant for two (2) or more reasons, not a single reason. Thus, prior to making any Approval or Denial determinations (other than not meeting income guidelines, the following steps must be completed. ***PM's – initial signifying each activity has taken place prior to issuing a rejection, this form and ALL application material must be submitted to the Property's dedicated Compliance Analyst for review prior to sending a rejection letter to the Applicant Household.**

1. _____ Confirm the Application and Housing Eligibility Questionnaire are complete, with addresses, income, questions on criminal history and states of residence for Sex Offender Registry.
2. _____ Before running a criminal and credit report, it is critical that Management obtain Date of Birth (DOB), Social Security Number (SSN) and current address verifications. Suitable examples include:
 - _____ Driver's license or other Federal, State or Local identification associated with the Applicant and current address
 - _____ Social Security Card or another document as deemed acceptable per HUD Handbook 4350.3 Appendix 3
 - _____ Proof of birth date- birth certificate, passport (or passport card), I-9 card, or another document as deemed acceptable per HUD Handbook 4350.3 Appendix 3

Management is required to obtain the above noted documented **prior** to running any Sex Offender, Criminal or Credit Background reports. If the criminal history or sex offender result comes back with no finding because Management did not enter the correct information into the background search, the results of the background search is worthless. If an Applicant has a criminal history, and Management fails to uncover information because it has not properly verified the Applicant's identity, SHP Management Corp. cannot guarantee the received results are valid.

3. _____ Criminal background check is complete (*including CORI and BCI as applicable*)
 - _____ If an Applicant has a criminal history, confirm the rejection criteria outlined in the TSP is followed.
4. _____ Sex Offender Registry check is complete
5. _____ Landlord References/addresses verified (*in accordance with the Landlord Reference Policy*)
6. _____ Run the Existing Tenant Search in EIV

SHP Management Corp. does not reject Applicants for cause until **ALL** items listed above are completed. If after all items listed above have been completed and the Property Manager's determination is to deny the Applicant; than an **Applicant Denial Packet** must be submitted to the Compliance Department for final review.

Although, the **Property Manager** is the **only** employee authorized to reject an Applicant (no APM's may reject an Applicant), it is SHP Management Corp.'s policy to have **ALL** Applicant Denials reviewed by the Compliance Department.

NOTE: If the Property is currently without a Property Manager, site staff must verify all items have been completed and contact the Property's dedicated Compliance Analyst and the Compliance Analyst will make a determination on the Applicant's suitability for housing. **Management Staff may NOT elicit the advice or assistance of the Regional Senior Manager on ANY housing denial. The Regional Senior Manager is required to remain unbiased as they will serve as the Hearing Officer in the event of an appeal or grievance proceeding.**

Name of SHP Management Corp. Staff Approving Denial

Signature

Date

Name of SHP Management Corp. Compliance Analyst

Signature

Date

«Sitename»

«Siteaddressline1and2»

«Siteaddresscity»,

«siteaddressstate»

«siteaddresszipcode»

«sitephonenumber»



TTY/TDD – Dial 711

or «CUSTOM_CFTTYTDD»

(Voice callers:

«CUSTOM_CFTTYTDDVoiceCallers»)

Date: January 27, 2022

NAME OF APPLICANT: «membername»

ADDRESS: «membermailingaddressline1»

«Membermailingcity», «membermailingstate» «membermailingzipcode»

Your application for an apartment at «sitename» has been rejected for the reason(s) listed below:

- () Does not meet income qualification guidelines
- () Head, Co-Head, or Spouse is not elderly (62 years of age or older) or a Person with Disabilities
- () History of poor rental payments
- () History of behavior as a Tenant which if repeated would substantially interfere with the rights of other Tenants
- () Providing false or inaccurate information on the Housing Application
- () Failure to provide information which «sitename» has requested in order to complete processing your application. Specifically, _____
- () History of criminal activity
- () Background information received from a company other than a consumer credit reporting agency.
- () Applicant is subject to a lifetime registration requirement under any state sex offender registration program.
- () Unfavorable Landlord Reference was provided
- () Poor credit report received without documentation to support mitigating circumstances
- () Other: _____

«sitename»'s decision was based in whole or in part on the information from the consumer reporting agency (CRA") listed below. You have a right under the Fair Credit Reporting Act to know the information contained in your credit file at the CRA. The CRA played no part in «sitename»'s decision and is unable to supply specific reasons for the action «sitename» has taken. You also have a right to a free copy of your report from the CRA, if you request it no later than 60 days after you receive this notice. In addition, if you find that any information contained in the report you receive from the CRA is inaccurate or incomplete, you have the right to dispute the matter with the CRA.



All properties managed by SHP Management Corp. act in accordance with the Fair Housing Act, HUD, and applicable state and local laws which prohibit discrimination based on an applicant's or resident's actual or perceived inclusion in a protected class or category, which include: race, color, religion (creed), national origin (ancestry), sex / gender, gender identity or expression, genetic information, affectional or sexual orientation (including transgender status), disability (learning, physical or mental), marital/domestic partnership/civil union status, familial/parental status (families with children under the age of 18 or pregnant woman), age, elderliness, lawful source of income, receipt of public and/or rental assistance, military status, veteran status, unfavorable discharge from military service, status as a victim of domestic abuse, order of protection status or political affiliation. The Designated 504 Coordinator may be reached by email at: 504coordinator@shpmanagement.com

«Sitename»

«Siteaddressline1and2»

«Siteaddresscity»,

«siteaddressstate»

«siteaddresszipcode»

«sitephonenumber»



TTY/TDD – Dial 711

or «CUSTOM_CFTTYTDD»

(Voice callers:

«CUSTOM_CFTTYTDDVoiceCallers»)

Credit Agency: RealPage, Inc.

Address: 4000 International Parkway, Carrollton, TX 75007-1913

Phone: 866-934-1124

You may request a review of this decision within fourteen (14) days of the date of this letter. Persons with disabilities have the right to request a Reasonable Accommodation (RAR) to participate in the informal hearing process. If you require a reasonable accommodation as a result of your disability to participate in the informal hearing process or are a victim of domestic violence, dating violence, sexual assault or stalking and are seeking protections offered under VAWA, complete the attached applicable form(s) and mail it or bring it to the address indicated on the form. You should keep a copy of the completed form for your records.

You may have additional legal rights if you believe that you are being discriminated against on the basis of race, color, national origin, sex, age, disability, religion, or familial status. If you request a hearing to challenge this decision, you are not foreclosed from exercising any other avenues which may be available to you.

Very truly yours,

«sitepropertymanager»

Property Manager

«sitename»

Attachments: 1. Request for Hearing

2. RAR-101

3. Notice of Occupancy Rights under VAWA (form HUD-5380)

4. Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation (form HUD-5382)

5. A Summary of Your Rights Under the FCRA

SAVE THIS LETTER – YOU WILL NEED IT TO REQUEST A REVIEW OF THIS DECISION.



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Address Verification / Landlord References:

SHP Management Corp. does not require, nor request “Character References” from Applicants. These references tend to be bias and do not give an accurate depiction of the Applicant or Applicant Household.

In order to obtain a non-bias confirmation that the Applicant or Applicant Household will be able to pay rent, understands how to abide by the rules of the community, and will be lease compliant with SHP Management Corp., Management is required to obtain Landlord References on ALL Applicants and household members 18 years of age and older. Management Staff will perform a Landlord Reference Verification on all Live-in Aides with the purpose of verifying the Live-In Aide understands how to abide by the rules of the community and will be lease compliant with SHP Management Corp.

SHP Management Corp. requires a minimum of 5 years’ worth of rental history (per adult household member). Management staff should always request a Landlord Reference from the current and even more important, the prior Landlord. If for some reason the combination of time spent between these two landlords is not a minimum of five (5) years, then we should look to the next previous Landlord for an additional reference. Just because an applicant has 15 years’ worth of addresses in their credit report does not mean we have to verify each and every address listed. However, if there are addresses listed on the credit report within the reviewed five (5) year period, Management must verify and confirm the accuracy of ALL listed addresses. Landlord reference should always be attempted orally first. Management should have the *Landlord Verification* form in front of them during the call to be sure that all questions are asked and answered. If the Landlord brings other information to light – it’s okay to ask more information. Upon completion of the reference, Management will advise the Landlord that they will be mailing a Landlord Verification form to their address for them to complete and return.

Current or Previous Residential Ownership:

There will be times in which an Applicant is either currently living in or has recently lived in a residential property in which they owned. When this happens Management must obtain documentation of the current ownership and/or previous ownership.

Acceptable documentation would be an Assessor’s Report, Mortgage Statement, Realtor’s Assessment, etc.

- If the residential ownership is current and less than 5 years, Management must verify property ownership and follow steps listed above in verifying a minimum of 5 years of history (residential ownership and rental history combined).



- If the residential ownership is current and greater than 5 years, Management must verify property ownership and follow the steps listed above in verifying the prior residence (residential ownership and/or rental history).
- If the residential ownership is previous, Management must verify property ownership and transition of ownership, along with the current rental history from the time of ownership until present in accordance with the **Landlord Reference Policy**.

While verifying residential property ownership, Management must also abide by the **Asset Verification Policy** and determine if the Applicant's residential ownership would be considered an Asset; as determined through the usage of the *SHP_Real Estate Worksheet*.

SHP MANAGEMENT CORP. DOES NOT ACCEPT references from friends or family members. If through the prequalification process Management learns the Applicant has resided with family or friends, Management will obtain an Assessor's report for that property. Management will have the Applicant self-certify whom they lived with, where, and the time frame. Then confirm the Owners (or previous owners, depending on time frame) of the property ARE in fact the friend or family member(s) in question. If so, Management will take no further steps. If the Owners (or previous owners, depending on time frame) of the property ARE NOT the friend or family member(s) in question then Management is required to contact the Owners of the property to obtain a Landlord Reference.

If the Applicant is living with someone but is not on the lease; Management will ask the Applicant who the landlord is and their contact information. Management then will contact the Owner or Management Agent of the building where the Applicant is living and confirm if they knew the Applicant is living at xyz location and then proceed to ask the remaining questions on the Landlord Verification. (The person the Applicant is living with is not the Landlord and cannot provide a Landlord Reference.) If the Applicant fears the person (they are residing with) will receive adverse action against them for having a person or persons not on the lease residing in their unit; Management is required to request the Applicant document such in writing and obtain an Assessor's report for the property to prove ownership.

REQUEST FOR HEARING

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

I hereby request an informal hearing to review the decision of «sitepropertymanager» (Property Manager/Agent for the Owner) that I am ineligible for admission to «sitename».

I believe this decision is wrong because (briefly state your reason):

Signature: _____

Send this form to: «sitepropertymanager», Property Manager / Agent for Owner
 «sitename»
 «siteaddressline1and2»
 «siteaddresscity», «siteaddressstate» «siteaddresszipcode»
 «sitephonenumber»
 «sitepropertymanageremail»

TO THE APPLICANT: Attach a copy of the denial notice to your Request for Review. Keep a copy of the completed form for your records. Persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process.

SAVE THIS LETTER. YOU WILL NEED IT IF YOU WANT AN APPEAL.



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



«Sitename»

«Siteaddressline1and2»

«Siteaddresscity»,

«siteaddressstate»

«siteaddresszipcode»

«sitephonenumber»



TTY/TDD – Dial 711

or «CUSTOM_CFTTYTDD»

(Voice callers:

«CUSTOM_CFTTYTDDVoiceCallers»)

***Authorization for Release of Information and for the
Procurement of a Background Report – Criminal & Sex Offender Record Information Report***

I consent to have a consumer report made as to my credit history, rental history, social security information, criminal record, sex offender record, court records, and other pertinent information for admission purposes. I hereby authorize «sitename» to obtain a background report containing the foregoing information from (a) RealPage, Inc., Leasing Desk Screening, 4000 International Parkway, Carrollton, TX 75007-1913 (b) CoreLogic SafeRent, 312 Crosstown Rd., PMB #223, Peachtree City, GA 30269, (c) the Criminal History Systems Board, 200 Arlington Street, Suite 2200, Chelsea, MA 02150, ATTN: CORI Unit for the Criminal Offender Record Information report, (d) Sex Offender Registry Board, ATTN: SORI Coordinator, P.O. Box 4547, Salem, MA 01970.

I am aware that the background report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, national credit reporting agencies, and others. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to RealPage, Inc., Leasing Desk Screening, CoreLogic SafeRent, the Criminal History Systems Board, Sex Offender Registry Board, and/or BCI Report, within a reasonable time after I execute this authorization.

I also authorize and request every person, firm, company, corporation, governmental agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to the requesting party.

By this Authorization for Release of Information and for the Procurement of a Background Report, Criminal Offender Record Information (CORI) and/or Sex Offender Record Information (SORI) report, I hereby forever release, discharge, exonerate, hold harmless and indemnify, RealPage, Inc., Leasing Desk Screening, CoreLogic SafeRent, the Criminal History Systems Board, the Sex Offender Registry Board, and/or RealPage, its affiliates, employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from RealPage, Inc., Leasing Desk Screening, CoreLogic SafeRent, the Criminal History Systems Board, the Sex Offender Registry Board, BCI, and/or First Advantage Safe Rent, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of RealPage, Inc. Leasing Desk Screening, CoreLogic SafeRent, the Criminal History Systems Board, and/or PATCH, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

Applicant's Signature	Soc. Sec. No.	Date
-----------------------	---------------	------

Printed Name	Birth Date
--------------	------------

Street Address	City	State	Zip
----------------	------	-------	-----

Applicant's Signature	Soc. Sec. No.	Date
-----------------------	---------------	------

Printed Name	Birth Date
--------------	------------

Street Address	City	State	Zip
----------------	------	-------	-----

* Responses to these questions are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another person in the event we discover adverse information during our background investigation.

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 \$5,000. 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).



All properties managed by SHP Management Corp. act in accordance with the Fair Housing Act, HUD, and applicable state and local laws which prohibit discrimination based on an applicant's or resident's actual or perceived inclusion in a protected class or category, which include: race, color, religion (creed), national origin (ancestry), sex / gender, gender identity or expression, genetic information, affectional or sexual orientation (including transgender status), disability (learning, physical or mental), marital/domestic partnership/civil union status, familial/parental status (families with children under the age of 18 or pregnant woman), age, elderliness, lawful source of income, receipt of public and/or rental assistance, military status, veteran status, unfavorable discharge from military service, status as a victim of domestic abuse, order of protection status or political affiliation. The Designated 504 Coordinator may be reached by email at: 504coordinator@shpmanagement.com

Revised 10/25/2021

«Sitename»

«Siteaddressline1and2»

«Siteaddresscity»,

«siteaddressstate»

«siteaddresszipcode»

«sitephonenumber»



TTY/TDD – Dial 711

or 1-800-852-7899

(Voice callers:

1-800-852-7897)

DATE: «systemdate»

NAME OF APPLICANT: «membername»

ADDRESS OF APPLICANT: «membermailingaddressline1»

«membermailingcity», «membermailingstate» «membermailingzipcode»

Re: Admission to «sitename»

Dear «membername»:

I am writing to inform you that based upon information reviewed during an applicant appeal meeting, we have determined that you are not eligible for admission to «sitename».

The specific reasons for this decision are as follows:

You may have additional legal rights if you believe that you are being discriminated against on the basis of race, color, creed, religion, sex, national origin, age or handicap. You are not foreclosed from exercising any other avenues which may be available to you.

Very truly yours,

«sitepropertymanager»

Property Manager



«sitename» does not discriminate on the basis of disability status in the admission or access to, or treatment in, its federally assisted programs and activities.



REQUEST FOR A REASONABLE ACCOMMODATION

Property Name: «sitename»
Name of Head of Household: «membername»
Apartment #: «buildingunitnumber»
Phone #: «residentcellphonenumber»

1. The following member of my household has a disability as defined below:

DEFINITION OF DISABLED: Under federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major activities; has a record of such an impairment; or is regarded as having such an impairment.

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, and alcoholism. This definition does not include any individual who is a drug addict and is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use [24 CFR Part 8.3, and HUD handbook 4350.3, (exhibit 2-2)].

Name of Requesting Person: _____
Relation to Head of Household: _____

2. As a result of this disability, I request the following change(s), which is called a "reasonable accommodation", so that I can have equal access to and enjoyment of my apartment or other facilities or services at the site. Check the kind of change(s) you need:

- ☐ A repair or change in my apartment
☐ A repair or change to some other part of the property
☐ A change in the rules, policies or procedures
☐ A change in the way we communicate with you

3. This reasonable accommodation is necessary because: _____

4. If necessary, you may verify that the person named meets the definition of disabled (not what the disability is) and the need for this request because of the disability by contacting the medical professional or service provider listed below:

Name: _____
Address: _____

Phone: _____

HOUSEHOLD MEMBER RELEASE

YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OR THE VERIFICATION SOURCE IS LEFT BLANK.

Release: I give you permission to contact the above individual for purposes of verifying that I or a family member has a disability and needs the reasonable accommodation requested above. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent. I understand that the information you obtain will be kept completely confidential and used solely for the purpose to determine if you will provide an accommodation.

Signed: _____ Date: _____

«sitename» will try to make the changes you need provided that your request is reasonable, it does not create an undue administrative or financial burden for the property and it does not change the fundamental nature of the program under which the property is regulated.

Within 10 business days of receipt of the request and, if necessary, all supporting documentation, «sitename» will provide written notification to the resident of its decision to approve or deny the request. We will let you know if we need more information or verification from you or if we would like to discuss other ways to meet your needs. Should your request be turned down, we will explain our decision and you may provide us with additional information, if you choose.

PENALTIES FOR MISUSING THIS CONSENT

Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false statements to any Department of the United States Government. HUD and any owner (and any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on consent forms. Use of the information collected on the basis of this verification is restricted for 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. An 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 42 U.S.C. 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408, f, g, and h.



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





Unit Transfer:

SHP Management Corp. Unit Transfer policy varies greatly per property. Property staff must refer to the Property's individualized **Tenant Selection Plan** for specific guidelines on "how a tenant may request" and "what are acceptable requests".

How to initiate a Unit Transfer:

Unit Transfers can be initiated in two (2) different ways. Because of this, how a transfer is requested will determine which initial documents will be required.

1. Resident initiated unit transfer request
 - a. Resident must complete the **Request for Unit Transfer** form
 - b. **Transfer Approval or Denial** letter is sent to the resident. **NOTE:** Management is required to respond to resident-initiated unit transfer requests within ten (10) business days of receipt of the request.
2. Management initiated unit transfer
 - a. Management must send the resident the **Required Unit Transfer Letter**

Unit Transfer Hierarchy:

Unit transfer requests may be approved based on the guidelines set forth in the Property's **Tenant Selection Plan**. These guidelines are then broken into 3 different categories:

- **Category 1:** Emergency Transfer. These transfers are necessary when conditions pose an immediate threat to the life, health, or safety of a family or one of its members. Such situations may involve defects of the unit or the building in which it is located, the health conditions of a family member, covered crime (VAWA), a hate crime, the safety of witnesses to a crime, or a law enforcement matter particular to the neighborhood.

In the event an immediate transfer to an appropriately sized unit based on the household's size or composition is not available at the property, Management will assist in identifying other housing providers who may have safe and available units to which the Resident could relocate. When, applicable, if requested by the resident, Management will also assist in contacting local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking, which are



attached to form HUD-5381, Model Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking.

- **Category 2:** Immediate Administrative Transfers. These transfers are necessary in order to permit a family needing accessible features to move to a unit with such a feature or to enable modernization, revitalization, deposition or demolition work to proceed.
- **Category 3:** Regular Administrative Transfers. These transfers are made to help meet certain site occupancy goals, to correct occupancy standards where the unit size is inappropriate for the size and composition of the family, to allow for non-emergency but medically advisable transfers, and other transfers in accordance with the Property's **Tenant Selection Plan**.

Approval or Denial of a Unit Transfer Request:

It is SHP Management Corp.'s policy to have **ALL** unit transfer requests reviewed and approved by a member of the Compliance Department prior to being added to the Property's waiting list.

For unit transfer requests that do not originate as a Reasonable Accommodation Request, the Property Manager will review the request for unit transfer and determine if the request should be approved or denied based off the unit transfer requirements set forth in the Property's **Tenant Selection Plan**. The recommendation and all supporting documents are then submitted to the Compliance Department for final determination.

For unit transfer requests that originate as a Reasonable Accommodation Request, Management will process the request in accordance with the [Reasonable Accommodation Request](#) policy and procedure. Once a determination on the Reasonable Accommodation Request has been made by the appropriate management staff, the Property Manager will then review the household's standing as set forth in the Property's **Tenant Selection Plan** to determine if the request should be approved or denied. The recommendation and all supporting documents are then submitted to the Compliance Department for final determination.

To submit a Unit Transfer Request to Compliance for review, Property Managers will upload all pertinent request documents (utilizing the **Unit Transfer Request Checklist**) into the Unit Transfer Request place holder within the **Unit Transfer Packet** in the Household's DOCs Tab in OneSite.

Documents to be included in any Unit Transfer Request:

- **Request for Unit Transfer** form or **Over/Under Housed Letter**



- Most recent **Unit Inspection Report**
- If the requesting household is currently **NOT** in good standing, all supporting documentation must be included

Once the documents have been uploaded and the place holder has been marked as final, Property Managers are to inform the Compliance Department of the request, by sending an email to miapprovals@shpmanagement.com.

- Email Subject: Unit Transfer Request – Resident’s Last Name, Unit #
- The body of the email should:
 - State reason for request. Specifically, what conditions exist (per the Property’s **Tenant Selection Plan**) that requires a transfer, and
 - Recommended Transfer Category (as listed in [Unit Transfer Hierarchy](#)), and
 - Recommended Transfer Decision

Once received, the Compliance Department will have three (3) business days to respond to the Transfer Request. To respond Compliance will:

- Comment final determination in the packet’s notes
- Respond to email with final determination

Property Managers will then notify the household in writing of the Unit Transfer Approval or Denial (utilizing the **Unit Transfer Approval** or **Unit Transfer Denial** letter as applicable). If the unit transfer request is approved, the household will be placed on the Property’s waiting list and be housed in accordance with the tenant selection criteria as set forth in the Property’s **Tenant Selection Plan**.

When a Unit Transfer has been either approved or required; the transfer request must be documented on the Property’s waiting list via the *Affordable Waitlist* in OneSite. To do this management staff must:

1. Go to the **Navigation** Menu (three bars) > **Residents**.
2. Locate the household and click **View** next to their name
3. Under the *Actions* pane, click **Move outs/transfers > Transfer Request**
4. Enter the **Application date** (date and time of the Unit Transfer Request, NOT approval date and time), and click **Next**
5. Verify that all information for each following page is accurate and fill out all necessary information needed. Click **Next** to advance each page



6. On the *Summary* page, click **Print Summary**. The summary page will be added to the resident's Transfer Request documents.
7. Click **Finish > OK**

Once the transfer request has been entered onto the proper waiting list. Management will create and mail the **Unit Transfer Approval Letter**. This letter will explain to the resident their responsibilities and time frames for when a unit becomes available.

Processing Unit Transfers:

Unit Transfers in category 3 will be housed after category 1 and 2 residents, but ahead of any other families on the applicant waiting list. However, should excessive category 3 transfers results in high turnover expenses and vacancies, resulting in an undue financial or administrative burden, Management may select from the waiting list.

When an acceptable unit becomes available or is pending availability Management will do their best to inform and offer the unit to the household immediately. This is done by the usage of the **Unit Transfer Offer Letter**. The letter will inform the household which unit is or will be available and when, along with informing them of their responsibilities during the transfer process.

To process the unit offer in OneSite:

1. Go to **Navigation Menu (three bar menu) > Residents**
2. Locate the household and click **View** next to their name
3. Under the *Actions* pane click **Affordable Waitlist > Select Unit**
4. On the unit needed, click **Offer Unit**
5. Enter the **date of transfer**
 - **If Low Income Housing Tax Credit (LIHTC):** Select the Certification Type. Depending on your state compliance, they may require a Transfer Annual, Initial or Interim. If unsure, contact the Property's dedicated Compliance Analyst for assistance. A Tax Credit Initial transfer will report in Electronic Reporting as a move-out and move-in which may cause significant errors IF the household is over 60% of the adjusted income limit.
6. Click **Next** to confirm the household information
7. Click **Next** to confirm the Programs and Rent information
 - **If Low Income Housing Tax Credit (LIHTC):** Update any necessary Set Asides selections and click **Verify Tax Credits**. Address any messages as needed.
8. Click **Next** and enter the **Response Required By** date (typically this will be 5 days from the date of the notice)
9. Click **Generate Offer Letter**. When it prompts the letter ready to print, click **Yes**



10. Finish the wizard

If the household accepts to transfer to the offered unit. Management must complete the offer unit task in OneSite. To do this:

1. Go to **Navigation Menu (three bar menu) > Residents**
2. Locate the household and click **View** next to their name
3. When viewing the resident, under the *Actions* pane, click **Affordable Waitlist > Respond to Offer**
4. **Accept the Unit** and fill out all the necessary information
5. If needed, Update or **Override** the lease end date (Lease start date should be the date of unit transfer and the lease end date should be exactly 1 year from the start. Example, 1/1/2022 – 12/31/2022)
6. Click **Save**
7. Go to **Certifications tab**
8. On the transfer certification, click **View > Approve**
NOTE: If there is a need to change the Transfer Date in advance of the transfer, please see Change the transfer date.
9. Print a copy for the resident to sign, and click **Close**

Upon acceptance management staff must hold a meeting with the household to review the household income and composition in accordance with the **Unit Transfer Checklist**.

To be completed during Unit Transfer Interview:

- Review a newly printed **EIV Income and Income Discrepancy Report**
- Require all adult household members to complete the **EIV Acknowledgement of Accuracy of the Data Contained in EIV** form
- Document and resolve any EIV Discrepancies
- Household must complete an **Interim Recertification Questionnaire**
- Each adult household member must complete a Student Status Form
- If there have been changes to the Household income, assets, or deductions; releases for all relevant 3pv forms must be signed by the appropriate parties
- Review all income, asset, or deductions changes and determine if an Interim Recertification is required. If an interim is required, management must follow the instructions noted in the [Interim Recertification](#) section of this manual.

Unit Rejection After Initial Approval:

The following is the policy for the rejection of an offer to transfer:



- If the transfer is being made at the request of the property and the household rejects the offer with or without good cause, the household will be required to vacate the unit within 30 days. If the household chooses to remain in the inappropriate sized unit, action will be taken to termination their subsidy and the household will be required to pay the HUD Approved Market Rent.

If the reason for the transfer is that the current unit is too small to meet the properties optimum occupancy standards, the household may request in writing to stay in the unit without being transferred so long as their occupancy will not exceed local, state, or federal occupancy standards.

- Although previously approved, a household's request for transfer maybe revoked if they are under eviction, have repeated lease violations documented in their file by Management, have unacceptable housekeeping or have a balance due (to include but not limited to: rent, late charges, damages, bounced check charges, or any other charges in addition to rent that is referenced in the Lease, House Rules, and/or **Repair and Replacement Schedule of Charges**). When this happens, Management staff, must consult with their dedicated Compliance Analyst to review the Property's denial options.

Change of Transfer Date:

Many times, Management will have to change a scheduled transfer to a different day. To do this, Management will need to update the Transfer Date in OneSite and print new leasing documents with the updated date.

The first step in this process is to change the scheduled Transfer Date in OneSite. In order to do this Management must:

1. Go to the **Navigation Menu (three bar menu) > Residents**
2. Locate the household and click **View** next to their name
3. Under the *Actions* panel, click **Move outs/Transfers > Change Transfer dates**
4. Enter the *Move-in* and *Move-out* dates
5. Click **Save**
NOTE: This will delete any Transfer certifications
6. Go to the **Certifications** tab
7. Click **Certify**
8. The certification type will default to your Transfer certifications and the selected effective dates.



NOTE: If Low Income Housing Tax Credits, confirm the Tax Credit **Certification Type**

9. Click **Next** and confirm the household information
10. Click **Next** to confirm the household information
11. Click **Finish and View Forms > Approve**
12. Print a copy for the tenant to sign and click **Close**

NOTE: If the unit was offered, you may need to cancel the offer and reoffer for a new date.

Once the Transfer Date has been updated and approved in OneSite, Management may now create the Leasing Documents. The transfer leasing documents can be found in the **Unit Transfer Packet** in the Household's DOCs Tab. See [Document Management](#) for instructions on how to generate, regenerate, and print documents within a packet.

Cost of the Household's Move:

The cost of the transfer will be borne by the property in the following circumstances:

- When the transfer is needed in order to carry out modernization, disposition, or demolition activities;
- When action or inaction of Management Staff has caused the unit to be unsafe or uninhabitable; or
- Based on a reasonable accommodation transfer for medical reasons or disability.

Upon acceptance and lease signing, the household will be allowed three (3) calendar days to complete a transfer. The household must turn the keys to the previous unit into the management office no later than close of business on the third (3rd) calendar day. The family will be responsible for paying market rent at the old unit for any period of time the family goes above the three (3) calendar day limit.

NOTE: The official lease date will be the date the family receives the keys to the new unit.

As the household's original security deposit will be transferred to the new unit; the household will be responsible for the financial cost for the removal of items or damages beyond normal wear and tear as per the Property's **Repair and Replacement Schedule of Charges**. Management must provide the household with a move-out disposition within 30 days or in accordance with the state or local laws. (See [Move-Out: Monies Owed to the Property](#))



Completion of Unit Transfer:

Upon signing all leasing documents and receiving keys to the previous unit, Management staff is required to upload **ALL** final documents into the *Unit Transfer Leasing Paperwork* place holder in the **Unit Transfer Packet** within the Household's DOCs tab in OneSite.

The packet will be finalized and submitted to the Compliance in the same manner as notated in the [Pre-Approval and/or Move-In Approval](#) section of this manual.

Once Compliance approval has been granted, management staff must then complete the transfer in OneSite. To do this:

1. Find and **View** the household in question
2. Under *Actions* pane, go to **Move Outs/Transfers > Transfer Now > Save**
3. Enter resident and owner **Sign dates**
If Low Income Housing Tax Credits: Address any messages as needed.
4. Click **Complete**

Low Income Housing Tax Credit (LIHTC) Transfers:

For LIHTC units, if the property has multiple buildings, management must first determine if the property is being treated as part of a multiple building project (as noted on question 8b of the Property's 8609).

If the property is being treated as part of a multiple building, project, households can be transferred between buildings:

- Management will not need to requalify the household; a unit transfer TIC will need to be signed pulling forward income and asset information from the last completed certification.
- If at the household's last Annual Recertification they were considered over 104% of the income limit, the household is not eligible to transfer between different buildings. However, they may be transferred within the same building.

«Sitename»

«Siteaddressline1and2»

«Siteaddresscity»,

«siteaddressstate»

«siteaddresszipcode»

«sitephonenumber»



TTY/TDD – Dial 711

or 1-800-852-7899

(Voice callers:

1-800-852-7897)

January 28, 2022

«membername»

«Unitaddressline1»

Dear «membername»:

On (date of request), our office received your request for a unit transfer. Your request has been approved as a Category (1, 2, or 3) transfer. Based off this category, you have been placed on the «Sitename» transfer waitlist.

You will be informed, once your household reaches the top of the transfer waitlist and a unit which meets your transfer request becomes available.

Once a unit becomes available management will notify you and request you to bring the following items into the office within ten (10) days, as required in your lease.

The responsibility for complying with interim certifications is outlined in Section 16 of the HUD Model Lease (Section H (2) of the Mass Housing Occupancy Agreement). If we do not receive the information that was requested above within ten (10) days, your rent **may be increased** to the HUD approved **market rent** of \$«contractrent», effective as of the first of the month following the date of the notice.

Please contact the management office with any questions.

Sincerely,

«sitepropertymanager»

Property Manager

cc: Resident File



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

