

## APPLICATION PACKAGE INSTRUCTIONS TAX CREDIT/HOME/MARKET

Thank you for your interest in our apartment community. By scheduling an appointment when returning the application package, the application process can often be expedited. If you are unable to deliver the application in person, you may return the application by mail. We will be happy to place you on the Waiting List once we have received a complete application and the application fee. Potential residents must meet certain, verifiable income requirements. It is important that you answer each **question on the application and sign the application and other forms contained within the application package**. Please call The Housing Company at 208-331-4890 to schedule an appointment.

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Before returning the application, make sure that all items are completed. If the question does not apply to you, please write N/A. Do not use white out. If you make an error, draw a single line through the mistake and initial the correction. Make sure that all adults sign and date the application. "Adult" is defined as any person 18 years or older or an emancipated person.

When submitting the application, please include the following items:

- ☐ Valid identification for all adult persons.
  - If you are personally delivering the application, copies of identification will be made at the office.
  - If you are mailing the application, please provide a legible copy of valid identification.
- ☐ Copies of Social Security cards (or other evidence of number) for all household members (TC & HOME only).
  - If social security cards or other evidence of number is not available, contact Resident Manager for the required forms.
- ☐ **Documentation of income sources when applicable**: Includes, but not limited to employment pay stubs, Social Security benefit letters, and child support and child custody documentation.
- ☐ **Certification of Student Status Form**: One per household
- ☐ **Household Demographic Form**: At the option of the applicant(s), a separate form is to be completed and signed by each adult member over the age of 18 years old. Each household member under the age of 18 will also be added to the household demographic form by the parent or guardian.
- ☐ **Application Fee**: Include a check or money order for the application fee of \$25 for each adult.

Eligibility will be determined based upon these factors and applicant(s) will be notified in writing within 10 days of application as to the acceptance or denial of their application. If no unit is available at the time of acceptance, the application will be placed on the waiting list. For additional information about eligibility or screening, please refer to the Resident Selection Policy.

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

*The Housing Company does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person in the position named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24CFR, Part 8 dated June 2, 1988) Position: Regional Property Manager, The Housing Company P. O. Box 6943, Boise, ID 83707-0943 Voice: 208-331-4890; Hearing Impaired (TDD) 1-800-545-1833 ext. 628*



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### FOR OFFICE USE ONLY

Apartment Community: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ Requested Bedroom Size: \_\_\_\_\_  
Special Needs: \_\_\_\_\_ Preference: \_\_\_\_\_ Annual Income: \_\_\_\_\_  
Unit Add On: \_\_\_\_\_  
Resident Manager Signature: \_\_\_\_\_

### APPLICANT DATA

Applicant Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Current Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated

How did you hear about this apartment community?

☐ Website ☐ Newspaper ☐ Flyers/Brochures ☐ Drive By ☐ Housing Agency

☐ Resident Referral (Name \_\_\_\_\_) ☐ Other: \_\_\_\_\_

The following information is being requested to comply with Equal Opportunity requirements and will not affect your housing:

Primary Language: \_\_\_\_\_ Translation Need? ☐ Yes ☐ No

Does anyone in the household have special needs? ☐ Yes ☐ No

Are there any special living accommodations required? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

### HOUSEHOLD COMPOSITION

Please list yourself and all persons living in your household.

| Household Member Name | Relationship<br>(e.g.<br>Head/Spouse/dependent) | Birthdate | Social<br>Security<br>Number | Gender                                                                                                        |
|-----------------------|-------------------------------------------------|-----------|------------------------------|---------------------------------------------------------------------------------------------------------------|
|                       |                                                 |           |                              | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to disclose |
|                       |                                                 |           |                              | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to disclose |
|                       |                                                 |           |                              | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to disclose |
|                       |                                                 |           |                              | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to disclose |



|  |  |  |  |                                                                                                               |
|--|--|--|--|---------------------------------------------------------------------------------------------------------------|
|  |  |  |  | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to disclose |
|  |  |  |  | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to disclose |
|  |  |  |  | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to disclose |

- Are you and all members of your household a United States citizen? ☐ Yes ☐ No *If no, please list non-citizens* \_\_\_\_\_
- Do you anticipate any changes in the household within the next 12 months? ☐ Yes ☐ No \_\_\_\_\_
- Does anyone live with you who is not listed above? ☐ Yes ☐ No \_\_\_\_\_
- Do you anticipate changes in the number of students or student status within the next 12 months?  
☐ Yes ☐ No
- Is any member of the household 18 years of age, a full-time student and employed? ☐ YES ☐ NO

Please list all household members below and complete

| Household Member Name | Student Status                                                                                                     | Name of School |
|-----------------------|--------------------------------------------------------------------------------------------------------------------|----------------|
|                       | <input type="checkbox"/> YES <input type="checkbox"/> NO – <input type="checkbox"/> FT <input type="checkbox"/> PT |                |
|                       | <input type="checkbox"/> YES <input type="checkbox"/> NO – <input type="checkbox"/> FT <input type="checkbox"/> PT |                |
|                       | <input type="checkbox"/> YES <input type="checkbox"/> NO – <input type="checkbox"/> FT <input type="checkbox"/> PT |                |
|                       | <input type="checkbox"/> YES <input type="checkbox"/> NO – <input type="checkbox"/> FT <input type="checkbox"/> PT |                |
|                       | <input type="checkbox"/> YES <input type="checkbox"/> NO – <input type="checkbox"/> FT <input type="checkbox"/> PT |                |
|                       | <input type="checkbox"/> YES <input type="checkbox"/> NO – <input type="checkbox"/> FT <input type="checkbox"/> PT |                |
|                       | <input type="checkbox"/> YES <input type="checkbox"/> NO – <input type="checkbox"/> FT <input type="checkbox"/> PT |                |
|                       | <input type="checkbox"/> YES <input type="checkbox"/> NO – <input type="checkbox"/> FT <input type="checkbox"/> PT |                |

**Answer the following ONLY IF household is comprised of ALL FULL-TIME students**

- Are any of the students married and entitled to file a joint Federal Income Tax Return with their spouse  
☐ Yes ☐ No
- Are any of the students receiving assistance under Title IV of the Social Security Act, which includes but is not limited to TANF? ☐ Yes ☐ No
- Are any of the students enrolled in a job training program receiving assistance under the Workforce Investment Act/Job Training Partnership Act, or under similar Federal, State, or local laws? ☐ Yes ☐ No
- Does the household consist of single-parent(s) and their children, and such parent(s) are not dependent on another individual's tax return and such children are not dependent on another individual other than a parent of such child? ☐ Yes ☐ No
- Does the household consist of at least one student who is or was previously under foster care?  
☐ Yes ☐ No

**UPDATED CONTACT INFORMATION FOR**  
**18+ HOUSEHOLD MEMBERS**

Please provide the most up-to-date information for each 18+ member in the household. Emails must be unique to that member.

Please check on each box for preferred contact method.

Head of Household Name: \_\_\_\_\_

☐ Phone: \_\_\_\_\_

☐ Email: \_\_\_\_\_

☐ Mail: \_\_\_\_\_

2<sup>nd</sup> Member Name: \_\_\_\_\_

☐ Phone: \_\_\_\_\_

☐ Email: \_\_\_\_\_

3<sup>rd</sup> Member Name: \_\_\_\_\_

☐ Phone: \_\_\_\_\_

☐ Email: \_\_\_\_\_

4<sup>th</sup> Member Name: \_\_\_\_\_

☐ Phone: \_\_\_\_\_

☐ Email: \_\_\_\_\_

5<sup>th</sup> Member Name: \_\_\_\_\_

☐ Phone: \_\_\_\_\_

☐ Email: \_\_\_\_\_

6<sup>th</sup> Member Name: \_\_\_\_\_

☐ Phone: \_\_\_\_\_

☐ Email: \_\_\_\_\_

## **HOUSEHOLD ELIGIBILITY QUESTIONNAIRE**

1. Do you currently have a Housing Voucher? ☐ Yes ☐ No
2. Are you on the waiting list to receive a Housing Voucher? ☐ Yes ☐ No
3. Are you a veteran of the US Armed Forces? (optional) ☐ Yes ☐ No
4. Are you or any member of your household disabled according to the Fair Housing Act? (optional)  
☐ Yes ☐ No ☐ Choose not to answer
5. Do you or any member of your household now live in subsidized housing of any kind?  
☐ Yes ☐ No
6. Do you have an animal(s) that will be moving in with you? ☐ Yes ☐ No *If yes, please describe: \_\_\_\_\_*  
\_\_\_\_\_
7. Have you or any members of your household been evicted for non-payment of rent or damages?  
☐ Yes ☐ No
8. Are you or any member of your household currently a user of an illegal controlled substance?  
☐ Yes ☐ No
9. If the answer is yes to the question above, has that person successfully completed a controlled substance recovery program, or are they presently enrolled in a program? ☐ Yes ☐ No ☐ N/A
10. Have you or any member of your household ever been convicted of illegal manufacture or distribution of a controlled substance? ☐ Yes ☐ No
11. Have you or any member of your household been evicted from federally assisted housing for drug-related criminal activity? ☐ Yes ☐ No
12. Have you or any member of your household been convicted of a sexual offense or violent crime? ☐ Yes ☐ No
13. Are you or any member of your household required to register as a sex offender under any lifetime State Sex Offender Registration programs? ☐ Yes ☐ No
14. Have you or any member of your household been convicted of a felony, misdemeanor, or crime involving fraud or dishonesty? ☐ Yes ☐ No *If yes, please list what state, type of conviction and date of conviction: \_\_\_\_\_*  
\_\_\_\_\_
15. Are you or any member of your household currently charged with criminal activity? ☐ Yes ☐ No
16. Has any member of your household ever been responsible for willful damage to property? ☐ Yes ☐ No
17. Are you or any member of your household separated, but not divorced? ☐ Yes ☐ No
18. If applicant or co-applicant is under the legal age of eighteen (18), have you provided proof of emancipation? ☐ Yes ☐ No



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19. I have received a copy and have been given the opportunity to read the Resident Selection Policy.

☐ Yes ☐ No

### **AUTOMOBILE:**

| <b><u>MAKE</u></b> | <b><u>MODEL</u></b> | <b><u>YEAR</u></b> | <b><u>LICENSE PLATE #</u></b> |
|--------------------|---------------------|--------------------|-------------------------------|
|                    |                     |                    |                               |
|                    |                     |                    |                               |
|                    |                     |                    |                               |
|                    |                     |                    |                               |

### **RESIDENTIAL HISTORY**

*Please include the past 5 years rental history. Include places in which you lived with friends, family, or someone else and include their contact information as the landlord. If you own or have owned a home, please check the box*

| <b><u>Household Member</u></b><br><i>(List history of other members if different than HOH)</i> | <b><u>Landlord Name</u></b> | <b><u>Address</u></b> | <b><u>Telephone Number</u></b> | <b><u>Dates of Residency</u></b><br><i>(MM/YY to MM/YY)</i> | <b><u>Monthly Rent</u></b> |
|------------------------------------------------------------------------------------------------|-----------------------------|-----------------------|--------------------------------|-------------------------------------------------------------|----------------------------|
|                                                                                                |                             |                       |                                |                                                             |                            |
|                                                                                                |                             |                       |                                |                                                             |                            |
|                                                                                                |                             |                       |                                |                                                             |                            |
|                                                                                                |                             |                       |                                |                                                             |                            |
|                                                                                                |                             |                       |                                |                                                             |                            |
|                                                                                                |                             |                       |                                |                                                             |                            |
|                                                                                                |                             |                       |                                |                                                             |                            |
|                                                                                                |                             |                       |                                |                                                             |                            |
|                                                                                                |                             |                       |                                |                                                             |                            |
|                                                                                                |                             |                       |                                |                                                             |                            |

☐ OWN(ED) HOME



## EMERGENCY CONTACT

| <u>Name</u> | <u>Relationship</u> | <u>Address</u> | <u>Phone Number</u> |
|-------------|---------------------|----------------|---------------------|
|             |                     |                |                     |
|             |                     |                |                     |

List all states in which you have resided or had an Identification Card or license to drive in the last 5 years:

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## HOUSEHOLD INCOME

| <u>Income Source</u>        |                                                          | <u>Monthly Amount</u> | <u>Household Member</u> |
|-----------------------------|----------------------------------------------------------|-----------------------|-------------------------|
| Employment 1                | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                         |
| Employment 2                | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                         |
| Employment 3                | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                         |
| Employment 4                | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                         |
| Employment 5                | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                         |
| Unemployment Benefits - 1   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                         |
| Unemployment Benefits - 2   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                         |
| Self-Employment             | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                         |
| Social Security / SSI - 1   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                         |
| Social Security / SSI - 2   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                         |
| Social Security / SSI - 3   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                         |
| Social Security / SSI - 4   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                         |
| Pension/Veteran's Pay - 1   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                         |
| Pension / Veteran's Pay - 2 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                         |
| Child Support / Alimony - 1 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                         |
| Child Support / Alimony - 2 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                         |
| TANF / AABD - 1             | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                         |
| TANF / AABD - 2             | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                         |
| Workers Compensation        | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                         |
| Rental Property             | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                         |
| Cash Contributions          | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                         |
| Retirement Funds            | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                         |
| Annuities                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                       |                         |



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|                                                           |                                                          |  |  |
|-----------------------------------------------------------|----------------------------------------------------------|--|--|
| <b>Lump Sum Payments</b>                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| <b>Gig Income (DoorDash, Instacart, Uber, Lyft, etc.)</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| <b>Gig Income (DoorDash, Instacart, Uber, Lyft, etc.)</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| <b>Other Source</b> _____                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| <b>Other Source</b> _____                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| <b>Other Source</b> _____                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |
| <b>Other Source</b> _____                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |

## HOUSEHOLD ASSETS

1. Do you have assets of \$51,600 or more? ☐ YES ☐ NO
  2. Have you disposed of any assets for less than Fair Market Value in the past 2 years? ☐ YES ☐ NO
  3. Have you received a tax refund in the past 12 months? ☐ YES ☐ NO
- If yes, how much was received? \_\_\_\_\_

| <u>Asset</u>                        |                                                          | <u>Current<br/>Balance</u> | <u>Interest<br/>Rate</u> | <u>Household Member</u> |
|-------------------------------------|----------------------------------------------------------|----------------------------|--------------------------|-------------------------|
| Checking Account                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |                          |                         |
| Checking Account                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |                          |                         |
| Checking Account                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |                          |                         |
| Checking Account                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |                          |                         |
| Checking Account                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |                          |                         |
| Savings Account                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |                          |                         |
| Savings Account                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |                          |                         |
| Savings Account                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |                          |                         |
| Savings Account                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |                          |                         |
| Savings Account                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |                          |                         |
| Certificate of Deposit              | <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |                          |                         |
| Stocks, Bonds, Mutual Funds         | <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |                          |                         |
| Annuities                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |                          |                         |
| Life Insurance (Whole or Universal) | <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |                          |                         |
| Real Estate                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |                          |                         |







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|                                   |                                                          |  |  |  |
|-----------------------------------|----------------------------------------------------------|--|--|--|
| Disposed Asset                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |
| Prepaid Debit/Direct Express Card | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |
| Cash on Hand                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |
| Other _____                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |
| Other _____                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |
| Other _____                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |
| Other _____                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |

I/we hereby certify that this information is **TRUE** and **ACCURATE**. I/we understand that any misrepresentation on my/our part will result in my/our housing assistance being terminated. I/we also understand I/we must report any changes in the above information to the housing office in writing. I/we certify I/we have read and understand this information in accordance with federal housing regulations at the time I/we am offered assistance.

By signing below, you are authorizing The Housing Company to access my/our credit profiles, and criminal history from any or all credit repositories and criminal data sources. You are further authorizing The Housing Company to contact present and previous landlords, credit references, and employers and any credit report agency. You have the right to request a written summary of your rights under the Federal Fair housing Act as well as a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to dispute the accuracy of any information provided by the screening service. The name and address of the screening company can be obtained from the Resident Manager.

Please complete all questions fully and sign where indicated. Failure to do so will result in paperwork being returned to you for further information and will delay processing of any necessary changes.

Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse or Co-Head: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_





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Revised 05/08/2025 - APP1

**Resident Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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



**Head of Household Name:** \_\_\_\_\_ **Unit Number:** \_\_\_\_\_

Students include individuals attending a public or private elementary school, middle or junior high school, senior high school, college, university, technical, trade, or mechanical school. Students do not include individuals participating in on-the-job training or correspondence courses.

**PLEASE CHOOSE THE ONE OPTION BELOW THAT BEST DESCRIBES YOUR HOUSEHOLD**

There are **no** full-time or part-time students in this household.

There is **at least one household member who has not been and will not be a student** for five months (can be nonconsecutive) or more of the current calendar year.

Name of non-student: \_\_\_\_\_

**All household members are students, but at least one member is not a student more than **part-time**.**

Name of part-time student: \_\_\_\_\_

*Provide verification of part-time status.*
**All household members have been or will be full-time students** at least five months (can be nonconsecutive) of the current/upcoming calendar year.

*If this option is selected, ALL five of the following questions must be answered.*

- |    |                                                                                                                                                                                                                                    |     |    |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. | Are all adult students married and entitled to file a joint tax return?<br><i>Provide marriage certificate or joint tax return.</i>                                                                                                | Yes | No |
| 2. | Are all adult students single parents with minor children?<br><i>Adult students cannot be dependents of someone else and the minor children can only be claimed by a parent. Provide tax return.</i>                               | Yes | No |
| 3. | Is any student receiving Temporary Assistance to Needy Families (TANF)?<br><i>Provide TANF award letter or third-party verification.</i>                                                                                           | Yes | No |
| 4. | Is any student a former recipient of foster care assistance?<br><i>Provide foster care paperwork from welfare agency.</i>                                                                                                          | Yes | No |
| 5. | Does any student get assistance from Job Training Partnership Act or similar program?<br><i>A similar program must receive federal, state, or local government funding and have a mission similar to Job Training Partnership.</i> | Yes | No |

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in the household's student status. I/we understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in termination of the lease agreement.

**This form must be signed by every household member aged 18 or older.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Demographic Profile Reporting Form

Development Number: \_\_\_\_\_ Development Name: \_\_\_\_\_

Unit Number: \_\_\_\_\_ Household Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_

| Household Composition |            |           |    |                                   | Demographic Information |           |                 |
|-----------------------|------------|-----------|----|-----------------------------------|-------------------------|-----------|-----------------|
| Member #              | First Name | Last Name | MI | Relationship to Head-of-Household | Ethnicity Code          | Race Code | Disability Code |
| 1                     |            |           |    |                                   |                         |           |                 |
| 2                     |            |           |    |                                   |                         |           |                 |
| 3                     |            |           |    |                                   |                         |           |                 |
| 4                     |            |           |    |                                   |                         |           |                 |
| 5                     |            |           |    |                                   |                         |           |                 |
| 6                     |            |           |    |                                   |                         |           |                 |
| 7                     |            |           |    |                                   |                         |           |                 |

| Relationship to HoH            |
|--------------------------------|
| Enter one per household member |
| Head                           |
| Spouse                         |
| Adult/ Co- Resident            |
| Child                          |
| Foster Child/ Adult            |
| Live-in Aid                    |
| Other                          |

| Ethnicity Codes |                        |
|-----------------|------------------------|
| 1               | Hispanic or Latino     |
| 2               | Not Hispanic or Latino |
| 3               | Choose Not to Disclose |

| Disability Code -                          |                        |
|--------------------------------------------|------------------------|
| Disabled according to the Fair Housing Act |                        |
| 1                                          | Yes                    |
| 2                                          | No                     |
| 3                                          | Choose Not to Disclose |

| Race Codes |                                                                                                                                       |
|------------|---------------------------------------------------------------------------------------------------------------------------------------|
| 1          | White                                                                                                                                 |
| 2          | Black / African American                                                                                                              |
| 3          | American Indian / Alaska Native                                                                                                       |
| 4          | Asian (Asian India "4a", Chinese "4b", Filipino "4c", Japanese "4d", Korean "4e", Vietnamese "4f", Other Asian "4g")                  |
| 5          | Native Hawaiian / Other Pacific Islander (Native Hawaiian "5a", Guamanian or Chamorro "5b", Samoan "5c", Other Pacific Islander "5d") |
| 6          | Choose Not to Disclose                                                                                                                |

Resident Signature

Date

Resident Signature

Date

Resident Signature

Date

Resident Signature

Date

## **Supplement to the Demographic Profile Reporting Form**

**To be completed upon initial occupancy and when a change has occurred.**

You currently reside in, a rental housing unit located in a development operating under the Housing Tax Credit Program of Section 42 of the Internal Revenue Code. The collection of certain resident data is authorized by the Housing & Economic Recovery Act of 2008, and will be furnished to the U.S. Department of Housing & Urban Development (HUD). Each household must be offered the opportunity to disclose their ethnicity, race, and disability status. Parents/guardians are asked to disclose on behalf of all children in the household who are under the age of 18. **There is no penalty for those households who do not wish to provide the requested information. However, all adult household members must sign and date at the bottom of this form as proof that the option to disclose was made available.**

**NOTE:** Please note that the information collected assists program administrators and the federal government in evaluating the benefits, needs and continuing existence of the Housing Tax Credit Program.

**The following ethnic and racial definitions are modeled after the OMB-approved form, "Race and Ethnic Data Reporting Form" (HUD 270061), used by the U.S. Department of Housing and Urban Development (HUD):**

Household members can select one of the following applicable ethnic definitions:

**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".

**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.

Household members can select one or more of the following applicable racial definitions:

**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.

**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.

**Black or African American.** A person having origins in any of the black racial groups of Africa. A term such as "Haitian" can be used in addition to "Black" or "African American."

**Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**The following instructions regarding disability status were written and approved by HUD's Office of Fair Housing and Equal Opportunity.**

The [development] must, to the best of its ability, provide this disability status information, pursuant to 42 U.S.C. 1437z-8. However, it is the tenant's voluntary choice whether to provide such information, and questions to the tenant requesting the information must so state. If the tenant declines to provide the information, the [development] shall use its best efforts to provide the information, such as by noting the appearance of a physical disability that is readily apparent and obvious, or by relying on a past year's information. For purposes of gathering this information, no questions with respect to the nature or severity of the disability are appropriate.

**The following definition of "disabled" comes directly from the Fair Housing Act:**

Per the Fair Housing Act, the definition of disabled is:

- A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used in this definition, please see 24 CFR 100.20, available at: [http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs\\_fhr\\_100-201](http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201).
- "Handicap" does not include current, illegal use of or addition to a controlled substance.

**RESIDENT SELECTION PLAN  
AFFORDABLE AND MARKET RENTAL HOUSING  
FOX CREEK APARTMENTS**

**INTRODUCTION:** The procedures used for selection of residents shall be implemented in compliance with the applicable local, state and federal statutes and regulations applicable to the development.

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

**ELIGIBILITY RULES:**

**General Rules:**

1. Household must meet eligibility criteria for the specific apartment community:
  - a. Family Apartment Communities do not restrict occupancy to a certain population.
  - b. Senior Apartment Communities restrict occupancy for the majority of units to households with at least one person 55 years of age or older;
2. Each household member must provide consents for verification of all sources of income or other information relative to occupancy in the community.
3. The household must evidence ability to meet the financial responsibilities of residing in the apartment community including payment of rent and utilities.

**Rules applicable to apartments federally assisted with Housing Credits or a combination of Housing Credits and federal HOME funding:**

1. The household's income may not exceed applicable Income Limits designated for affordable units. The limits which apply vary by county and income target for specific apartments.
  - a. Management will require verification of family composition when it is necessary to do so in order to determine income eligibility.
2. Restrictions apply to households in which all occupants are full-time students as defined herein.
3. Applicants with a Section 8 Tenant Based Assistance Voucher or a comparable HOME tenant-based rental assistance document will not be excluded from consideration solely on the basis of their status as a hold of such a certificate, voucher or document.

**Rules applicable to apartments federally assisted with only federal HOME funding:**

1. The household's income may not exceed applicable Income Limits designated for affordable units. The limits which apply vary by county and income target for specific apartments.
2. Each member of the household who is 6 years or older must provide a valid social security card (or evidence of Social Security Number acceptable to management) or evidence application for the card if social security number has not been assigned.
  - a. Applicant must submit Social Security numbers (for all household members 6 years or older) within 60 days of application in order to remain on the waiting list.

**ELIGIBILITY OF SINGLE PERSONS:** Eligible Single Persons include those persons 18 years of age or older or a Single Person under 18 years of age who has been emancipated through marriage under Idaho law.

**Targeted Population and Affirmative Fair Housing Marketing:** In accordance with our Affirmative Fair Housing Marketing Plan, we will observe any targeted population goals outlined in that plan. Marketing and outreach efforts will be conducted as specified to attract eligible applicants from these populations. All applicants, regardless of their background, will be screened using the same criteria and standards as detailed in this Tenant Selection Plan.

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

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

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

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

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

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

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

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

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

**OVERCROWDED OR UNDER-UTILIZED UNITS IN FEDERALLY ASSISTED UNITS:** Units, which are smaller or larger than needed by the Applicant, may be assigned if doing so will not cause serious overcrowding. The action may not conflict with local codes. Larger units than indicated by the number of household members may only be issued if no units of appropriate size are available. In such cases, the Family must agree to move to the correct sized unit, at its own expense, when one becomes available. After move-in, if a unit becomes overcrowded or under-used because of changes in household composition, the management agent will require the Family to move to an appropriately sized unit when one becomes available. The decision regarding such transfers will be made subject to income eligibility rules and other applicable requirements of governing regulations. In such instances, transfers will take priority over any preference or chronologically placed Applicants on the waiting list.

**OVERCROWDED OR UNDER-UTILIZED UNITS IN MARKET-RATE UNITS:** Management will use the following criteria to determine over-crowded utilization for market rate units. In determining overcrowded status, management will count:

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

Under-utilization is not a consideration in a market rate apartment.

**Preferences:** Preferences for specific housing programs are available at some of our sites. Management will observe the preferences. The number of preferences per household and then the date and time the application was received, will determine the location of the waiting list. To find out if you qualify for any preferences, please contact the resident manager for more information. **Preference will be given for a minimum of 60% of the units to persons who are on Public Authority Waiting Lists. The following preferences apply to this property's resident selection criteria:**

- a.** Persons with HUD Veterans Affairs Supportive Housing ("VASH") vouchers
- b.** Households that contain one or more members with a handicap as defined in the Fair Housing Act.

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

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

**Preference for Applicant's Receiving Rental Assistance or who are on Housing Authority Waiting Lists for Rental Assistance:** Applicants who provide evidence that they are recipients of rental assistance or a statement from a public housing authority indicating that they are on a waiting list for rental assistance will be given priority on the waiting list over applicants who do not receive rental assistance or who are not on a housing authority waiting list. This preference will be given for 100% of the total residential units and applied first to applicants who have received rental assistance and secondly to applicants who are on the waiting list.



**Transfers for Existing Tenants:** Regardless of the Rental Assistance Preference, no waiting list preference shall be granted to households transferring between units in a specific apartment community or between apartment communities located within the same market area which are owned or managed by The Housing Company. Households seeking such transfers shall receive only chronological status on the waiting list.

**PROCESSING STEPS:** The development shall be rented and occupancy maintained on a first-come, first-served basis with preferences taken into consideration. All persons wishing to be admitted to the development or placed on the waiting list must complete an application, supply all documents required and pay an application fee. Prospective tenants submitting incomplete applications will not be considered for occupancy. The initial application shall be timed and dated when received, and the resident manager shall maintain at the rental office a chronological list of all Applicants (categorized on a bedroom size and, when applicable, income target requirement). Applicants may be included on one or more waiting list, depending upon the needs of the Family and management's determination of overcrowding or under-utilization. Preference households and existing residents requiring unit transfers because of accommodation will move ahead of chronological status Applicants. Applicants shall be offered housing (after meeting all selection criteria requirements including the verification process), placed on the waiting list, or declined. Potentially eligible Applicants who have met tenant selection criteria and for whom the right size and/or income target unit is not available will be placed on the waiting list and contacted when an appropriate unit becomes available. The Applicant must contact the development's resident manager every 90 days to remain on the waiting list. Applicants who fail to provide acceptable landlord references, credit history or who have a criminal background will be notified that they have been removed from the waiting list.

When an appropriate unit is available, the waiting list shall be reviewed to identify the Applicant who meets preference criteria or whose name is chronologically at the top of the list. The resident manager shall interview the Applicant; confirm and update all information provided on the application; update credit reports older than one year; obtain current information regarding income and Family composition as applicable and necessary to certify eligibility and determine resident's rent payment. The Applicant shall be informed that a final decision on eligibility cannot be made until all verifications are complete and current income has been verified.

Applicants, whose position on the waiting list enables application processing, will receive only two consecutive notices of housing availability. If the Applicant is unable or decides not to complete the application process, the Applicant shall be removed from the waiting list upon receiving the second notice and must reapply for eligibility. The waiting list shall be updated every three months and may be closed for one or more-unit sizes when the average wait for admission is more than a year.

**Applicants for apartments funded solely with federal HOME funding** will be required to supply a Social Security number and verification of the same for each Family member, age six years or older.

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

1. Demonstrated ability to meet financial obligations and to pay rent on time.
2. History as a good resident.
3. History of disturbing neighbors or destroying property.
4. Applicant's credit history.
5. Ability to maintain (or with assistance would have the ability to maintain) the housing in a decent and safe condition based on living or housekeeping habits and whether such habits adversely affect the health, safety or welfare of the household and other residents in the community.
6. Ability to meet all obligations of tenancy.
7. Current use or history of using illegal drugs or current use or history of abusing alcohol in a way that may interfere with the health, safety or right to peaceful enjoyment of others.
8. History of felony or misdemeanor convictions by any household member involving crimes of physical violence against persons or property, fraud, dishonesty and any other criminal activity including, but not limited to, Drug-Related Criminal Activity.
9. Any household member, including a Live-In Aide, has been evicted from assisted housing within three years as a result of Drug-Related Criminal Activity.

10. Any household member has Registered Sex Offender status, or is subject to a lifetime registration requirement under at State sex offender registration program.
11. Income Limit qualification.
12. Full-time student status for Applicants seeking housing in units federally assisted with Housing Credits. Note: Live-In Aides will be screened for drug abuse and criminal activity and must sign required release forms.

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

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

Applicants, who have had no previous rental or homeownership history, must provide references from present and former employers, teachers or clergy. Further, such Applicants must agree to monthly inspections of their apartment to continue until management deems that the Applicant is maintaining the apartment in a clean, safe and sanitary condition.

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

**Credit History:**

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

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

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

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

**Criminal Activity Reports:**

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

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

1. Failure to meet one or more of the screening criteria.
2. Information required by the application and income verification process is not provided.
3. Failure to respond to written requests for information.
4. Declaration by Applicant that they are no longer interested in housing.
5. Unacceptable credit history.
6. Income exceeds the appropriate Income Limit if applicable.
7. Inability to appropriately maintain housing in a decent safe and sanitary condition.
8. Applicant is single, under 18 years of age and has never been emancipated through marriage under Idaho law.
9. Family size is too large for available units, and serious overcrowding would result in providing a smaller unit.
10. History of unjustified and chronic nonpayment of rent and financial obligations.
11. History of disturbing the quiet enjoyment of others.
12. A risk of intentional damage or destruction to the unit or surrounding premises by the Applicant or those under the Applicant's control.
13. History of violence and harassment of others.
14. History of violations of the terms of previous rental agreements such as destruction of a unit or failure to maintain a unit in a decent, safe, and sanitary condition.
15. Criminal history includes felony or misdemeanor conviction for Drug Related Activity, violent crimes, sexual crimes, physical violence against persons or property, fraud, dishonesty or any other criminal activity (excepting traffic violations) which, at the sole discretion of management is deemed a risk to the wellbeing of the community.
16. Illegally using a controlled substance or abusing alcohol in a way that may interfere with the health, safety and wellbeing of other residents. Waiver of this requirement is subject to Applicant demonstrating they are no longer engaging in such activity and producing evidence of participation in or completion of a supervised rehabilitation program.
17. Applicant or a member of the household is a Registered Sex Offender under any state sex offender registration program.
18. Applicant or a household member has engaged in or threatened abusive or violent behavior towards any staff member of management or another resident.
19. Applicant or a member of household was evicted from housing within three years as a result of Drug-Related Criminal Activity.
20. Application is incomplete, or is found to contain false information.
21. Appropriately sized housing is not and will not be available in the apartment community.
22. Apartments federally subsidized with Housing Credits: All household members are full-time students and do not qualify for student exemptions. If all household members are full-time students, they must meet at least one of the following exemptions to be eligible for an affordable unit:
  - a. Receive assistance under Title IV of the Social Security Act.
  - b. Be enrolled in a job-training program receiving assistance under the JTPA or other similar federal, state or local laws.
  - c. Be a single parent with children who are not dependents of another individual; or
  - d. Students who are married have filed and will file a joint income tax return.
  - e. Previously in foster care.

If an Applicant is declined, Applicant will be notified in writing with an explanation of the reasons for decline. The Applicant will be notified that they have 14 days to respond in writing or to request a meeting to discuss the

decline. All declined applications and supportive documentation shall be maintained at the management agent's home office in a manner that assures confidentiality.

## **VAWA Protections**

This property is a covered housing program under the Violence Against Women Act (VAWA), as reauthorized, and complies with all applicable requirements set forth in 24 CFR § 92.359 and 24 CFR Part 5, Subpart L. The purpose of these protections is to ensure that applicants and residents are not denied admission, assistance, or evicted from a unit on the basis of their status as a victim of domestic violence, dating violence, sexual assault, or stalking. Applicant may request protection under the Act by completing the Certification of Domestic Violence, Dating Violence or Stalking (HUD form 50066) and Management will verify the certification as allowed by the Act.

In compliance with these regulations, our tenant selection process and ongoing tenancy policies include the following:

- **Confidentiality:** All information provided by an applicant or tenant regarding their status as a victim of domestic violence, dating violence, sexual assault, or stalking will be kept confidential and will not be disclosed to any third party without the victim's written consent, unless a legal exception applies.
- **Prohibited Discrimination:** We will not deny admission to an applicant or terminate a tenant's lease, or a household member's lease, solely on the basis of actual or threatened domestic violence, dating violence, sexual assault, or stalking. Criminal activity directly related to the abuse, engaged in by a member of the household or a guest, will not be a cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate family member is the victim or threatened victim of that abuse.
- **Lease Bifurcation:** In cases where a household includes both a victim and a perpetrator of domestic violence, dating violence, sexual assault, or stalking, we will comply with all lease bifurcation requirements. We will work with the victim to remove the perpetrator from the unit and the lease, allowing the victim and other household members to remain in the unit, provided they can continue to meet all eligibility requirements.
- **Notice of Rights:** All applicants will be provided with a copy of the "Notice of Occupancy Rights Under the Violence Against Women Act" and the "Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking" (HUD Form 5380 and 5382, or successor forms) at the time of application, denial, or with any notice of eviction.
- **Documentation:** An applicant or tenant may be required to provide documentation of the abuse. This may include, but is not limited to, a completed HUD certification form (Form HUD-5382), a police report, a court order, or a statement from a professional service provider (e.g., a medical professional, social worker, or victim service provider).
- **Emergency Transfers:** We will refer tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to the Participating Jurisdiction's Emergency Transfer Plan for a safe and available unit, consistent with the requirements of 24 CFR § 5.2005(e). The owner will cooperate with the Participating Jurisdiction in facilitating these transfers.

This property will treat all applicants and tenants fairly and in compliance with VAWA requirements, without regard to sex, gender identity, or sexual orientation. Any violation of these policies will be handled in a manner consistent with fair housing regulations and legal counsel.

## **DEFINITIONS:**

**APPLICANT** includes all adult members of the Family or household.

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

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

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

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

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

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

**FULL-TIME STUDENT** is defined as an individual who attends full-time (for a minimum of five months per calendar year) an educational institution which normally maintains a regular faculty and curriculum. This definition applies to school aged children, including kindergarten and elementary students.

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

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

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

**SENIOR HOUSHOLD** is a household with at least one person 55 years of age or older.

**SINGLE PERSON** is a person who intends to live alone