

UKIAH AUTUMN LEAVES

425 E. Gobbi Street, Ukiah, CA 95482

(707) 462-5550

TTY: (925) 627-7015

UkiahAutumnLeaves@barcelon.com

Date: ____/____/20____

Thank you for your interest in Ukiah Autumn Leaves. Our application packet is enclosed. You have now begun the first step in our application process.

We realize that the entire process is lengthy, due to HUD regulations, however, it is important that you fill out all forms in their entirety by answering all questions with a yes or no, initialing, signing, and dating where needed.

Ukiah Autumn Leaves is a HUD-regulated property, whose units are to be leased to eligible elderly persons. **Before you complete and submit an application, please refer to the attached Resident Selection Policy for details on qualifying for admission.**

Enclosed you will find our application packet with the following documents:

1. Information and Inquiry Form
2. Resident Selection Policy (*return last page*)
3. Application for Move-In Checklist & Questionnaire (*return*)
4. Special Unit Requirements Questionnaire (*return*)
5. HUD-27061-H form "Race and Ethnic Data Reporting Form" (*return*)
6. Reasonable Accommodation Policy – Notice to All Applicants
7. Application Requirements – Credit and Criminal Backgrounds (*return*)
8. Section 214 Citizenship documents (*return one for each family member*)
9. HUD-92006 form "Optional Contact Person or Org." (*return one for each family member*)
10. Applying for HUD Housing Assistance and Fraud

Please review these documents closely. You will need to complete, sign, and return items: #2 (last page), #3, #4, #5, #7, #8, and #9 when you submit your application.

Upon receiving your completed application, you will be placed on the waiting list. Incomplete applications will not be placed on the waiting list until all pertinent documents have been received.

It is important that you inform us – either in writing or by phone – if there is a change in your address or phone number to reach you.

We will annually send out an inquiry as to whether you wish to remain on the waiting list. You must respond that you are still interested in remaining on the waiting list when we mail out the annual letters.

If you have any questions while completing our application, please feel free to call the office at (707) 462-5550, Monday- Friday, 10:00 AM – 4:00 PM, excluding holidays.

Sincerely,

UKIAH AUTUMN LEAVES



Ukiah Autumn Leaves accepts applications, admits residents, and employs staff without regard to race, color, religion, national origin, age, familial status, disability, actual or perceived sexual orientation gender identity, or marital status.



UKIAH AUTUMN LEAVES
 425 E. GOBBI STREET, UKIAH, CA 95482
 (707) 462-5550 UkiahAutumnLeaves@barcelon.com
 TTY MACHINE (925) 627-7015

INFORMATION & INQUIRY FORM

“RESIDENCE FOR THE ELDERLY & PERSONS WITH MOBILITY IMPAIRMENTS”

SPONSORED BY Ukiah Autumn Leaves, A CA NP, 425 E. Gobbi Street, Ukiah, CA 95482

LIVING UNITS 16 studio apartments, 72 one-bedroom apartments, and 3 two-bedroom apartments. Each unit has carpet, blinds, individual bathroom, and a kitchen, which includes a stove, refrigerator, and garbage disposal.

5 studio and 1 one-bedroom units are *barrier-free* apartments, designed for persons with mobility impairments needing the accessibility features of the unit. The special design feature includes a walk-in shower.

FACILITIES As of May 1, 2022, Ukiah Autumn Leaves is a No Smoking building/property. Community/recreation room and dining room. Laundry room (1) equipped with coin-operated machines. Parking available.

HUD RULE The office of the Housing and Urban Development (HUD) has a 40% Rule which is currently in effect.

This rule states that HUD property owners must make at least 40% of the assisted units that become available each fiscal year to applicants who are in the extremely low-income bracket at the time of admission to the property. The HUD rule also states, “Owners may not select tenants in an order different from that of the waiting list for the purpose of selecting higher income families for residence. While higher-income applicants may be skipped in order to achieve 40% extremely low-income, lower-income tenants may not be skipped in favor of others who have higher income. Based on this ruling, your position on the active waiting list could change.

STATE REGISTERED SEX OFFENDERS IN FEDERALLY ASSISTED HOUSING NOTICE 2012-11 Effective 06/11/2012, HUD requirements state that all applicants must provide a complete list of all states in which any household member has resided. Criminal background checks must be performed for the state of California and for all states where an applicant and members of the applicant’s household may have resided.

QUALIFYING Applicant must be 62 years of age or older. If a couple, one person must be at least 62 years of age. For *barrier-free* units, qualified mobility impaired applicants may be 18 years or older.

ANNUAL INCOME MAY NOT EXCEED CURRENT HUD LIMITS

<u>Unsubsidized Units</u>	<u>Section 8 Program</u>
FY 2022 <i>Low Income</i> Limit	FY 2022 <i>Very Low Income</i> Limit
1 person: \$45,000	1 person: \$28,150
2 people: \$51,400	2 people: \$32,150
	FY 2022 <i>Extremely Low Income</i> Limit
	1 person: \$16,900
	2 people: \$19,300

These amounts are effective 04/18/2022 and are subject to change, per HUD guidelines.

RENTAL RATES

If resident is under the Section 8 Project Housing Rental Assistance Contract Program, the resident will pay 30% of their adjusted monthly income for rent.

Inquire for rental rates on Unsubsidized units.

We accept Housing Vouchers for non-Section 8 units.

Monthly rent will include water and garbage.

Residents will pay for telephone, cable television, electricity, and gas. Residents under the Section 8 Project Housing Rental Assistance Contract Program will receive a Utility Allowance, as approved by HUD.

OCCUPANCY

Ukiah Autumn Leaves is currently open for occupancy and accepting applications.

Applications may be returned to:

Ukiah Autumn Leaves – Leasing Office

425 E. Gobbi Street

Ukiah, CA 95482

**POSSIBLE GROUNDS
FOR REJECTION**

See attached Resident Selection Policy.

MANAGEMENT**Management services provided by:**

BARCELON ASSOCIATES MANAGEMENT CORPORATION

590 Lennon Lane, Suite 110

Walnut Creek, California 94598

(925) 627-7000 • (925) 627-7015 TTY machine



Ukiah Autumn Leaves **RESIDENT SELECTION POLICY**



I. FAIR HOUSING AND EQUAL OPPORTUNITY REQUIREMENTS, STATEMENTS OF NON-DISCRIMINATION

It is this community's policy to fully comply with Title VI of the Civil Rights Act of 1964, Title VIII and Section 3 of the Civil Rights Act of 1968 (As amended by the Community Development Act of 1974), Executive Order 11063, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Fair Housing Act of 1988, and any legislation protecting the individual rights of residents, applicants, or employees which may subsequently be enacted.

Ukiah Autumn Leaves shall not discriminate because of race, color, sex, religion, age, disability, familial status, or national origin in the leasing, rental, or other disposition of housing or related facilities, (including land), included in any Development or Developments under its jurisdiction or in the use or occupancy thereof.

Ukiah Autumn Leaves shall not because race, color, religion, national origin, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status:

- A. Deny to any family the opportunity to apply for housing, nor deny to any eligible applicant the opportunity to lease housing suitable to its needs;
- B. Provide housing which is different than that provided others;
- C. Subject a person to segregation or disparate treatment;
- D. Restrict a person's access to any benefit enjoyed by others in connection with the housing program;
- E. Treat a person differently in determining eligibility or other requirements for admission;
- F. Deny a person access to the same level of services; or
- G. Deny a person the opportunity to participate in a planning or advisory group which is an integral part of the housing program.

The Landlord agrees to allow resident and resident organizers to conduct on the property the activities related to the establishment or operation of a resident organization set out in accordance with HUD requirements.

This site will seek to identify and eliminate situations or procedures, which create a barrier to equal housing opportunity for all. In accordance with Section 504, this site will make reasonable accommodation for individuals with handicaps or disabilities (applicants or residents). Such accommodations may include changes in the method of administering policies, procedures, or services.

The Pet Rules (24 CFR Part 5 HUD regulations) do not apply to an animal used by a resident or visitor that is needed as a reasonable accommodation for the resident or visitors' disability.

Service animals [HUD ref 4350.30, 4-14 (b)] that assist persons with disabilities are auxiliary aids and are exempt from the pet policy and from the refundable pet deposit. Examples include guide dogs for persons with vision impairments, hearing dogs for persons with hearing impairments, and emotional assistance animals for persons with chronic mental illness.

In addition, this site may perform structural modifications to housing and non-housing facilities on sites where such modifications would be necessary to afford full access to the housing program for qualified individuals with disabilities.

In reaching a reasonable accommodation with, or performing structural modifications for, otherwise qualified

This site accepts applications, admits residents, and employs staff without regard to race, color, religion, national origin, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. [Selection Policy 05.18](#) Page 1 of 24

individuals with disabilities, this site is not required to:

- a. Make structural alterations that require the removal or altering of a load-bearing structural member;
- b. Provide support services that are not already part of this site's programs;
- c. Take any action that would result in a fundamental alteration the program or service; or
- d. Take any action that would result in an undue financial and administrative burden on this site including structural impracticality as defined in the UFAS.

If requested structural modification poses a substantial and administrative hardship; the Landlord must then allow the resident to make and pay for the modification in accordance with the Fair Housing Act.

To reach the Section 504 Coordinator, please contact the Ted Barcelon, at 2525 Cleveland Avenue, Santa Rosa, CA, via telephone at (707) 575-3002.

PRIVACY POLICY

It is this community's policy to guard the privacy of individuals conferred by the Federal Privacy Act of 1974 and ensure the protection of such individuals' records maintained by this site.

Therefore, neither Ukiah Autumn Leaves, nor its agents shall disclose any personal information contained in its records to any person or agency unless the individual about whom information is requested shall give written consent to such disclosure.

This privacy policy in no way limits this site's ability to collect such information as it may need to determine eligibility, compute rent, or determine an applicant's suitability for tenancy.

Consistent with the intent of Section 504 of the Rehabilitation Act of 1973, any information obtained on disability will be treated in a confidential manner.

II. NON-CITIZEN

This policy is being put forth to implement Section 214 of the Housing and Community Development Act of 1981 which prohibits persons without proper citizenship or residency documentation from receiving Federal housing assistance (see HUD-4350.3, Chapter 3, Section 3-11 & 3-12, dated 6/07).

All applicants as well as future residents of the household must comply with Section 214 by completing the appropriate non-citizen documents such as, but not limited to:

Family/Owner's Summary Sheet

- Applicant/Resident Declaration Form
- Applicant/Resident Verification Consent Form
- Applying for HUD Housing Assistance (form HUD -1141)

The applicant is required to provide one of the following documents in order to be eligible for assistance:

- A. If declaring to be a citizen of the United States or a national
 1. Birth certificate
 2. U.S. passport
 3. Voter registration card
- B. If declaring eligible immigration status, provide 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:

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- "Admitted as Refugee Pursuant to section 207";
 - "Section 208" or "Asylum";
 - "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - "Paroled Pursuant to section 212(d) (5) of the INA".
3. If Form I-94, *Arrival-Departure Record* is not annotated, then accompanied by one of the following documents:
 - A final court decision granting asylum (but only if no appeal is taken);
 - A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - A court decision granting withholding or deportation; or
 - 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 the DHS determines other documents to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.

The applicant's failure to comply with the non-citizen requirements can result in not receiving assistance for the household. The applicant must notify management before anyone is added to the current household in order for the necessary non-citizen documents to be completed before the household actually moves in.

The applicant needs to know that the outcome of this new documentation may affect the percentage of housing assistance the household can receive. If all household members are eligible citizens or eligible non-citizens, the household rent is based on 30% of the household's total income. However, if some household members are eligible citizens or eligible non-citizens, and some household members are ineligible citizens or ineligible non-citizens, the household rent is based on a prorated amount of total household income. If the entire household is ineligible citizens or just ineligible, the household is not entitled to subsidy.

III. DRUG FREE

It is this community's intention is to provide a safe, clean, and drug-free environment. This site upholds, in accordance with federal law, a strict, drug-free policy. The illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell distribute, or use, of a controlled substance as defined in Section 102 of the Controlled Substance Act (21 U.S.C. 802) will not be tolerated.

It is understood that the use, attempted use, or possession, manufacture, sale, or distribution of an illegal, controlled substance (as defined by local, state, or federal law) while in or on any part of this apartment complex or cooperative is an illegal act. It is further understood that such action is a material lease violation. Such violations (hereinafter called a "drug violation") may be evidenced upon the admission to or conviction of a drug violation.

The Landlord may require any lessee or other adult member of the Resident household occupying the unit (or other non-adult person outside the Resident household who is using the unit) who commits a drug violation to vacate the leased unit permanently, within time frames set by the Landlord, and not thereafter enter upon the Landlord's premises or the lessee's unit without the Landlord's prior consent as a condition for continued occupancy by members of the Resident household. The Landlord may deny consent for entry unless the person agrees to not commit a drug violation

in the future and is either actively participating in a counseling or recovery program, complying with court orders related to a drug violation, or completed a counseling or recovery program.

The Landlord may require any lessee to show evidence that any non-adult member of the Resident household occupying the unit, who committed a drug violation, agrees to not commit a drug violation in the future, and to show evidence that the person is either actively seeking or receiving assistance through a counseling or recovery program, complying with court orders related to a drug violation, completed a counseling or recovery program within time frames specified by the Landlord as a condition for continued occupancy in the unit. Should a further drug violation be committed by any non-adult person occupying the unit the Landlord may require the person to be severed from tenancy as a condition for the continued occupancy of the lessee.

If a person vacating the unit, because of the above policies, is one of the lessees, the person shall be severed from the tenancy and the Lease shall continue among any other remaining lessees and the Landlord. The Landlord may also, at the option of the Landlord, permit another adult member of the household to be a lessee.

Should any of the above provisions governing a drug violation be found to violate any of the laws of the land, the remaining enforceable provisions shall remain in effect. The provisions set out above do not supplant any rights of Residents afforded by law.

IV. VIOLENCE AGAINST WOMEN ACT

It is the policy of this property to comply fully with the Violence Against Reauthorization Women Act (VAWA) of 2013 regulations, effective 12/16/2016.

Applicants that qualify for assistance under the Housing Assistance Payments Program, may not be denied admission or denied assistance because he/she is or has been a victim of domestic violence, dating violence, sexual assault, or stalking.

VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation, protecting those subject to:

- Domestic violence: any felony or misdemeanor crimes of violence committed by a current or former spouse, intimate partner, person with whom the victim shares a child, person who is or has cohabitated with the victim.
- Dating violence: violence committed by a person who is/was in a social relationship of intimate nature with victim as determined by considering three factors.
- Sexual assault: any nonconsensual sexual act prohibited by law.
- Stalking: any conduct directed toward a specific person that would cause a reasonable person to fear for safety or suffer substantial distress.

Upon move-in, you will be provided with HUD Forms 5380, 5382, and 91067, as part of your lease signing documents:

1. HUD-5380 "Notice of Occupancy Rights under the Violence Against Women Act" defines the protections for applicants and tenants, discusses guidelines for removing the abuser/perpetrator from the household, and provides instructions for moving to another unit.
2. HUD-5382 "Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation" is the form to complete, much like an incident report, providing details including dates/times of incidents (if known), location, and space to briefly describe the incident(s). The form also addresses confidentiality and the period to submit the appropriate documentation.
3. HUD-91067 "Lease Addendum: Violence Against Women and Justice Department Reauthorization Act of 2005".

Time Frames: Should you determine that you need an emergency transfer to another unit because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, we will request in

writing that you provide documentation to “certify” that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, providing you with 14 business days to deliver the documents to our office.

Confidentiality: Once this process begins, we will keep confidential any information you provide related to exercising your rights under VAWA. None of your information related to VAWA will be maintained on any computer database or in your resident file.

V. STATE REGISTERED LIFETIME SEX OFFENDERS IN FEDERALLY ASSISTED HOUSING

HUD requirements, effective 06/11/2012, states that all applicants must provide a complete list of all states in which any household member has resided. Criminal background checks must be performed for the State of California and for all states where an applicant and members of the applicant’s household may have resided.

HUD regulations prohibit admission after June 25, 2001, if any member of a household is subject to a state lifetime sex offender registration requirement. The Dru Sjodin National Sex Offender database will be used to verify all applicants.

On an annual basis, all household members ages 18 and above will be verified that they are not subject to a state lifetime sex offender registration requirement. If a household member shows up after move-in, they are subject to eviction or termination of assistance.

VI. QUALIFYING FOR ADMISSION

Based on Ukiah Autumn Leaves’ Project Rental Assistance Contract execution date of _____, this site may not admit ineligible applicants. To be eligible, a household must meet the eligibility criteria outlined below:

- A. Owners must make at least 40% of the assisted units that become available in each year of the property’s fiscal year available for leasing to households whose income does not exceed 30% of the area median income (“extremely low income”) at the time of admission:

Section 8 Program – Extremely Low Income

Extremely Low-Income Limit for 1 person:	\$12,750
Extremely Low-Income Limit for 2 people:	\$16,460

Extremely low-income limits are set at 30% of the area’s median income and are used only for Section 8 residents. Effective 04/01/2018

Section 8 Program – Very Low Income

Very Low-Income Limit for 1 person:	\$21,250
Very Low-Income Limit for 2 people:	\$24,250

Very Low-Income Limits are set at 50% of the area’s median income and are used only for Section 8 residents. Effective 04/01/2018

- B. The resident must comply with the unit size standards as outlined in this policy.
- C. The applicant agrees to pay the rent required by the subsidy program under which the applicant will be admitted. **NOTE:** Under HUD Notice H00-18, a minimum rent of \$25 per month is required.

This site accepts applications, admits residents, and employs staff without regard to race, color, religion, national origin, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. Selection Policy 05.18 Page 5 of 24

- D. The unit will be the family's only residence.
- E. At the time of admission, the applicant is not receiving assistance in any unit. **NOTE:** This paragraph prevents residents from receiving assistance on two units at the same time. It does not prevent a person who is currently receiving assistance from applying for an assisted unit in another community. Management staff will review the Existing Tenants Report in HUD's Enterprise Income Verification System to help determine compliance with this requirement.
- F. The applicant meets the eligibility criteria as outlined: Ukiah Autumn Leaves is a Section 8 community whose units are to be leased to eligible elderly persons. This site also has a number of barrier free units designed for adult non-elderly and elderly persons with mobility impairments needing the accessible features of these units.
1. To qualify for admission to one of the units for the elderly the applicant must be an elderly person or "elderly family". The definition of an elderly family is:
 - a. Families of two or more persons, one of whom is 62 years of age or older;
 - b. The surviving member or members of any family in paragraph "A." above living in an assisted apartment with the deceased member of the family at the time of his or her death;
 - c. A single person who is 62 years of age or older; or
 - d. Two or more "elderly persons" living together, or one or more such persons living with another person who is determined by HUD, based upon a licensed physician's certificate provided by the family, to be essential to their care or wellbeing.
 2. To qualify for admission to one of the mobility impaired units specifically designed for persons who need the special design features of the apartment the head or spouse, must have a mobility impairment requiring the special design features of the apartment. The special design features include: lower shelves, cabinets, sinks, stoves, and light switches; roll-in showers; higher electrical outlets; a five-foot turning radius; grab bars in the bathrooms; lowered peephole in entry door; and doorways that are accessible for wheelchairs. In assigning units designed for persons with mobility impairments, owners must treat equally elderly applicants with mobility impairments and nonelderly applicants with mobility impairments. **NOTE:** Persons with degenerative conditions (e.g., AIDS, muscular sclerosis, or cancer) qualify for one of these accessible units if their condition results in a mobility impairment that makes the applicant able to benefit from the special design features of the unit.
 3. Persons who meet the definition of "disabled person" and who do not have mobility impairments requiring the special design features of these units may be admitted to the other units at this community if they meet the eligibility criteria as outlined in paragraph F.1. above.

A disabled person is defined as an adult having 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.
- G. Restrictions on assistance to students enrolled in an institution of higher education. No assistance shall be provided under Section 8 of the 1937 Act to any individual who:
1. Is enrolled as either a part-time or full-time student at an institution of higher education for obtaining a degree, certificate, or other program leading to a recognized educational credential;

2. Is under the age of 24;
 3. Is not a veteran of the United States military;
 4. Is not married;
 5. Does not have a dependent child;
 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;
 7. Is not living with his or her parents who are receiving Section 8 assistance; and
 8. Is not individually eligible to receive Section 8 assistance **and** has parents (the parents individually or jointly) who are not income eligible to receive Section 8 assistance.
- H. The independent student must meet all of the following criteria to be eligible for Section 8 assistance. The student must:
1. Be of legal contract age under state law;
 2. Have established a household separate from parents or legal guardians for at least one year prior to application for occupancy or meet the U.S. Department of Education’s definition of an independent student as per Federal Register dated 9/21/16 – Student Rule.
 3. Not be claimed as a dependent by parents or legal guardians pursuant to IRS regulations.

Every applicant must meet the Resident Selection Criteria. The resident selection criteria are used to demonstrate the applicant’s suitability as a resident using verified information on past behavior to document the applicant’s ability, either alone or with assistance, to comply with essential lease provisions and any other rules governing tenancy. The applicant family will be judged on past habits and practices related to tenancy and not on any attribute or behavior which may be imputed to a group or category of persons of which an applicant may be a member. **NOTE: Per HUD Notice H00-18, for deterring crime, this community reserves the right to lease a Section 8 unit to an employed police officer or security person who is over the HUD income limits set for this property.**

VII. OCCUPANCY STANDARDS

To determine how many bedrooms a Household may have, Ukiah Autumn Leaves:

- A. Will count all full-time members of the household;
- B. Will count all *persons under the age of 18* anticipated to reside in a unit (**EXAMPLES** include children expected to be born to pregnant women, children who are in the process of being adopted by an adult, children whose custody is being obtained by an adult, children who are subject to a joint custody agreement but who live in the unit at least 50% of the time, foster children who will reside in the unit, children who are temporarily absent due to placement in a foster home); and
- C. Will count live-in attendants.

Occupancy standards for this community are as follows:

<u>Apartment Size</u>	<u>Number of Residents</u>
Studio	1-2
One Bedroom	1-3
Two Bedroom	2-4

After move-in, if an apartment becomes under-utilized or overcrowded because of changes in household composition, or if a Resident accepts an apartment with special design features and does not require the accessible features of this apartment, HUD regulations require the family to either move within 30 days after Management notifies him/her that an apartment of the required type is available or remain in the same apartment and pay HUD-approved market rent.

VIII. APPLICATION INTAKE, PROCESSING, & INTERVIEW

Application Intake and Processing

It is this community's policy to accept and process applications in accordance with applicable HUD Handbooks and Regulations.

When the Waiting list is open, applications may be obtained from Ukiah Autumn Leaves during the hours of 9:00 a.m. to 12:00 p.m. and 1:00 p.m. to 5:00 p.m., Monday through Friday, excluding weekends and holidays.

All applications are to be either taken or mailed to the site at the following address:

**UKIAH AUTUMN LEAVES
425 E Gobbi Street, Ukiah, CA 95482 (707) 462-5550**

When an application is received, a staff member of this site will review the application to verify that the application is completely filled out. If the application is missing information, a call will be made to the applicant to allow the applicant the opportunity to complete the application. After the application is filled out, the application will be date and time stamped and applicant's name will be added to the waiting list per the process currently in place (see Waiting List Management section).

All communication with applicants will be by first class mail. Failure to respond to letters may result in withdrawal of an application from further processing. Management may make exceptions to the procedures described herein to take into account circumstances beyond the applicant's control, for example, medical emergencies, or extreme weather conditions.

Anyone who wishes to be admitted to this site or to be placed on the waiting list must complete an application. This site may refuse to take a family's application only if the waiting list is so long that the average wait for a unit will be a year or longer and the waiting list has been officially closed.

Every application must be completed and signed by the head of the household, spouse, and each household member that is 18 years or older. All other members of the household will be listed on the application form. Staff will assist any applicant who might have trouble completing the application form. This assistance might take the form of answering questions about the application; helping applicants who might have literacy, vision, or language problems; and, in general, make it possible for interested parties to apply for assisted housing.

Application Interview

The top 5 applicants on the waiting list will be verified at all times. When an applicant becomes one of the top 5 on the waiting list, site staff will interview the applicant and obtain current information about the family's circumstances. When an apartment becomes available, if there are no *extremely low-income* applicants within the top 5, site staff will continue the qualifying process down the waiting list until an *extremely low-income* applicant has been found, to meet the 40% rule (see "Qualifying for Admission").

When an apartment becomes available, if we have not met our 40% requirement, we will endeavor to rent this apartment to someone in the *extremely-low income* bracket. When an apartment becomes available:

- The top person on the waiting list will be reviewed. If that person is an *extremely low-income* applicant, the apartment will be offered to them.

- If they are not an *extremely low-income* applicant and the property has not met the 40% requirement, the next person on the waiting list will be reviewed. This process will continue through the waiting list until an *extremely low-income* applicant has been found.
- If the property is within their 40% requirement, the top person on the waiting list would then be offered an apartment.

All household members *18 years of age and older* must attend the interview. At the interview, site staff will:

- A. Confirm and update all information provided on the application.
- B. Go over HUD Fact Sheet, HUD Form 9887, and HUD Form 9887a which requires the owner to give the applicant or resident a copy of all verifications, HUD Form 9887, HUD Form 9887a, and allows the applicant or resident the opportunity to bring home the forms, before signing, to read or to discuss them with a third party of their choice. The owner will give the applicant or resident another date to return to sign the forms.
- C. Review the financial information on the application.
- D. Explain eligibility requirements including family composition and income requirements. Obtain other family income and composition information and other data needed to certify eligibility and compute the applicant's share of the rent.
- E. Explain non-citizen requirements, obtain non-citizen data to certify eligibility and compute the applicant's share of rent.
- F. Explain program requirements, verification procedures, and penalties for false information. The penalties include eviction, loss of assistance, fines of up to \$10,000, and imprisonment for up to 5 years.
- G. Explain allowances (if applicable), including dependent deductions, child care expenses, disability care/expenses, elderly household allowances, and medical expenses.
- H. Review the Notice to all Applicants: Options for Applicants with Disabilities or Handicaps form.
- I. Review and complete a Special Unit Requirements Questionnaire and explain why information is needed. Review responses on the application and obtain signed releases as necessary. Give explanation of reasonable accommodation and limitations.
- J. Ask the head of household, spouse, and household members age 18 and over to sign the release of information consent portion of any verification request used for them.
- K. Require the head of household and spouse 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 two years preceding the effective date of the certification/ recertification. The certification must include: a list of all assets disposed of for less than fair market value; the dates disposed; the amount received; and the asset's market value at the time of disposition.
- L. Require the head of household, spouse and all family members to disclose and document all social security numbers.
 - a. Applicants. Applicants currently on or applying to the waiting list do not need to disclose or provide verification of an SSN for all non-exempt household members at the time of application and for placement on the waiting list. However, applicants must disclose and provide verification of an SSN for all non-exempt household members before they can be housed.
 - b. Housing applicants from the waiting list. If all non-exempt household members have not disclosed and/or provided verification of their SSNs at the time a unit becomes available, the next eligible applicant must be offered the available unit. The applicant

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

- c. Individuals who have applied for legalization under the Immigration Reform and Control Act of 1986 (IRCA) will be able to disclose the social security numbers but unable to supply the cards for documentation. Social security numbers are assigned to these persons when they apply for amnesty. The cards go to INS until the persons are granted temporary lawful resident status. Until that time, their acceptable documentation is a letter from INS indicating social security numbers have been assigned.

Individuals have 90 days from the date of the certification in paragraph a. above to obtain and supply documentation to verify the disclosed social security numbers.

Individuals who have not been assigned a social security number must execute a certification. The certification must state the individual's name, that a social security number has not been assigned, and must be signed and dated.

The certification for individuals under 18 years of age will be executed by a parent or guardian.

No further action is required for these individuals.

- M. Advise the family that HUD is requiring management to compare the information provided by the family with information provided by Federal, State, or local agencies regarding the family's income and household composition, and credit, and criminal background history.
- N. Explain that at the time of processing admission, management will run an "Existing Tenant Search" from HUD's Enterprise Income Verification (EIV) system. This search produces a report that identifies applicants who are applying for assisted housing that are already receiving rental assistance at another location, which is called double subsidy. Management will follow up to confirm the applicant's program participation status prior to admission. This report will give us the ability to coordinate move-out and move-in dates with management at the other location. This process is designed to prevent double subsidy, a violation of HUD regulations.
- O. Tell the family that a final decision on eligibility cannot be made until all verifications are complete.
- P. Inform the family that Federal laws prohibit this site from discriminating against individuals with disabilities.
- Q. Inform all applicants of housing for the elderly or disabled about the rules on owning pets.

IX. PREFERENCES FOR RESIDENT SELECTION

Selection of In-Place Residents versus Waiting List Applicants

It is this community's policy to give a vacant unit to a family already in occupancy before an applicant on the waiting list if an apartment transfer meets the transfer policy requirements due to one of the followings:

- A unit transfer because of changes in family size/composition;
- Medical reason with written verification; or
- A unit transfer based on the need for an accessible unit.

This site accepts applications, admits residents, and employs staff without regard to race, color, religion, national origin, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. [Selection Policy 05.18](#) Page 10 of 24

Selection of Waiting List Applicants

It is this site's policy that a preference does not guarantee admission. Every applicant must still meet Ukiah Autumn Leaves' Resident Selection Standards before being accepted as a resident.

Preferences for Accessible Units for Mobility-Impaired Persons

Where no such applicants or current residents are at hand, management reserves the right to hold such units available while outreach efforts are in process to obtain applicants with need for such units.

Preferences for Adaptable Units for Visual or Hearing Impairments

For units accessible to or adaptable for persons with mobility, visual, or hearing impairments, households containing at least one person with such impairment will have priority (as applicable for a unit's features). **NOTE: Current residents in good standing requiring accessible/adaptable units shall be given priority over applicants requiring the same type of apartment. Where no such applicants or current residents are at hand, management reserves the right to hold such units available while outreach efforts are in process to obtain applicants with need for such units.**

Where non-disabled persons are moved into units designed to meet special needs, they shall do so only after signing a lease addendum agreeing to move to an apartment with no such design features should an applicant or current resident require an accessible apartment of the type currently occupied by the non-disabled person.

X. WAITING LIST MANAGEMENT

It is this community's policy to administer its Waiting list as required by HUD handbooks and regulations.

In-House Transfer Waiting list

Upon notice of a vacant unit and if there is no current resident on the in-house transfer list, we would immediately qualify the next applicant on the waiting list. This site will not hold up the qualification of an applicant when a vacancy occurs if there is no one on the in-house transfer list. Applications and in-house transfers are always based on date of receipt.

Upon notice of vacancy of an appropriate sized unit for the in-house transfer waiting list, the individuals on the in-house transfer list would be required to move within 30 days of notice from management or remain in the unit and pay HUD market rent. Applicants on the regular waiting list would be contacted for qualification for the unit that the current resident is transferring from. If a resident household is being moved to a different unit as a reasonable accommodation, the owner will pay for the move.

Opening and Closing Waiting Lists

In order to maintain a balanced applicant pool, this site may, at its discretion, restrict application taking, suspend application taking, and close waiting lists in whole or in part. This site will also update the waiting list by removing the names of those who are no longer interested in or no longer qualify for housing.

If this site has sufficient applications which will make the wait period exceed one year, it may elect to: (a) close the waiting list completely; (b) close the list during certain times of the year; or (c) restrict intake by preference or priority.

Decisions about closing the waiting list will be based on the number of applications available for a particular size and type of unit and the ability of this site to house an applicant in an appropriate unit within a reasonable period of time.

Closing the waiting lists, restricting intake, or opening the waiting lists will be publicly announced in local and regional media outlets, as well as other agencies. If a waiting list is closed, it will be posted in the property's office in plain view.

During the period when the waiting list is closed, this site will not maintain a list of individuals who wish to be notified when the waiting list is reopened as outlined in the Affirmative Fair Housing Marketing Plan.

Applicants will be contacted every January to confirm their continued interest in obtaining a unit. It is applicant's responsibility to respond in writing to maintain their place on the current waiting list.

This site accepts applications, admits residents, and employs staff without regard to race, color, religion, national origin, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. Selection Policy 05.18 Page 11 of 24

It is also applicant's responsibility to notify management in writing of any change of address or other pertinent information submitted on the initial application.

If a family's income changes from very low to low income by the time they reach the top of the waiting list, the owner must give the family a written notice that:

- A. Informs the family they are not presently eligible to be selected for assistance under the Section 8 program because their income is above 50% of median income and by law assistance must be given first to persons whose income is at or below 50% of median income;
- B. Advises them that they could become eligible if their household income decreases, the number of household members changes, or HUD grants an exception to the income limits; and
- C. Asks if they want to remain on the waiting list. If the family asks to remain on the waiting list, the owner must permit them to do so.

Opening the waiting list will be announced in the locations listed in the HUD approved Affirmative Fair Marketing Plan (a copy will be available upon applicant's request); the announcement will include where and when to apply.

Failure to Return Required Verification Documents

- A. Once an applicant is on the Waiting list, if he/she fails to return required verification documents by the date specified, the applicant's application will be re-dated as of the failed date to return verification documents, and applicant's name will be moved to the end of this site's waiting list.
- B. If an applicant fails to return required verification documents a second time, applicant's name will be removed from this site's waiting list. In this case, the applicant may not reapply to this site for 18 months from the date of the second failure to return required documents.
- C. If an applicant is unable to return verification documents due to hospitalization, the applicant's name will stay in place on this site's waiting list. However, if the applicant is unable to return verification documents a second time for any reason, applicant's name will be removed from this site's waiting list. In this case, the applicant may not reapply to this site for 18 months from the date of the second failure to return required documents.

Failure to be Available for a Personal, Qualifying Interview

- A. If an applicant should refuse or seem to be resistant (keep changing interview date or unsure when they will be available to interview) to a personal, qualifying interview, applicant's application will be re-dated, and applicant's name will be moved to the end of this site's waiting list.
- B. If an applicant should refuse or seem to be resistant (keep changing interview date or unsure when they will be available to interview) to a personal, qualifying interview a second time, applicant's name will be removed from this site's waiting list. In this case, the applicant may not reapply to this site for 18 months from the date of the second refusal to a personal interview.
- C. If an applicant is unable to take part in a personal interview due to hospitalization, the applicant's name will stay in place on this site's waiting list. However, if the applicant is unavailable for a personal interview a second time, the applicant's name will be removed from this site's waiting list. In this case, the applicant may not reapply to this site for 18 months from the date of the second refusal to a personal interview.

Failure to Accept Offered Apartment

- A. If an applicant is offered an apartment and refuses to accept the offered apartment, applicant's application will be re-dated as of the date of the refusal, and applicant's name will be moved to the end of this site's waiting list.

This site accepts applications, admits residents, and employs staff without regard to race, color, religion, national origin, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. Selection Policy 05.18 Page 12 of 24

- B. If an applicant is offered an apartment a second time and refuses to accept the offered apartment, applicant's name will be removed from this site's waiting list. In this case, the applicant may not reapply to this site for 18 months from the date of the second refusal to the offer of an apartment.
- C. If an applicant is unable to accept an apartment due to hospitalization, the applicant's name will stay in place on this site's waiting list. However, if the applicant is unavailable to accept an apartment a second time, the applicant's name will be removed from this site's waiting list. In this case, the applicant may not reapply to this site for 18 months from the date of the second refusal to the offer of an apartment.

Removal of Applicants from the Waiting list

This site will not remove an applicant's name from the waiting list unless:

- A. The applicant fails to return required verification documents; or
- B. The applicant fails to keep a personal qualifying interview appointment; or
- C. The applicant refuses an offered apartment; or
- D. The applicant requests that the name be removed; or
- E. The applicant was clearly advised of the requirements to tell this site of his/her continued interest in housing by a particular time and failed to do so; or
- F. This site made a reasonable effort to contact the applicant to determine if there is continued interest in housing but has been unsuccessful; or
- G. This site has notified the applicant of its intention to remove the applicant's name because the applicant no longer qualifies for assisted housing.

XI. VERIFICATION REQUIREMENTS

This site shall obtain verifications in compliance with requirements set forth in Appendix 3, Acceptable Forms of Verification of the HUD Handbook 4350.3.

No decision to accept or reject an application shall be made until all verifications have been collected and the necessary Follow-Up Interview has been performed.

Types of Verifications Required

All information relative to the following items must be verified as described in these procedures:

- A. Eligibility for admission, such as:
 - Income, assets, and asset income
 - Family composition
 - Social Security numbers
- B. Allowances, such as:
 - Age, disability, or handicap of family members
 - Full time student status
 - Child care costs
 - Handicap expenses
 - Medical costs (Elderly Families only)

- C. Compliance with Applicant Selection Criteria, such as:
- Documented ability and willingness to abide by lease requirements
 - Previous history of tenancy, rent paying, caring for a home
 - No criminal activity of any family member
- D. Special Program Requirements, such as:
- Transitional housing
 - Congregate housing
 - Special needs housing

All the above information must be documented, and appropriate verification forms or letters placed in the applicant or resident file.

Period for Verification

Only verified information that is less than 120 days old may be used for certification or recertification. Verified information not subject to change (such as a person's date of birth) need not be re-verified.

Information obtained that is subject to change, and for which verifications are more than 120 days old, must be re-verified.

Attempted Fraud

Any information provided by the applicant that verification proves to be untrue may be used to disqualify the applicant for admission based on attempted fraud. This site considers false information about the following to be grounds for rejecting an applicant:

- Income, assets, family composition
- Social security numbers
- Allowances
- Previous resident history or criminal history

Unintentional errors that do not secure an advantage about program eligibility, preferences, or rent will not be used as a basis to reject applicants.

Sources of Information

Sources of information to be checked may include, but are not limited to:

- The applicant by means of interviews;
- Present and former landlords or housing providers;
- Present and former employers;
- Credit and criminal background checks;
- Family social workers, parole officers, court records, drug treatment centers, clinics, physicians, clergy.

Verifications and Rent Computations

Income and rent computations: Annual income (used to determine eligibility) and adjusted income (the income upon which rent is based), will be computed in accordance with the definitions and procedures established in Federal law and set forth in the applicable HUD regulations.

Preferred forms of Verification

Verifications shall be attempted in the following order:

- Third-party written;
- Third-party oral with a record kept in the file;
- Review of documents provided by the family;
- Forms faxed, e-mail or from the Internet (such as governmental agencies websites),
- In the absence of any of the above: affidavits (self-certifications) from the family.

Each file will be documented to show that site staff attempted to obtain third-party written documentation before relying on some less acceptable form of information.

Verifying Annual Income

- A. Projections of annual income shall be based on the best available information, considering the past year's income, current income rate, and effective date; and shall include estimates for each income recipient in the family group.
- B. The income of irregular workers will be estimated based on the best information available, considering earning ability and work history.
- C. When a resident or applicant reports zero income, site staff will visit the resident/applicant in his/her apartment to determine the likelihood of the resident/applicant's report. If the resident/applicant is found to have a car, a telephone, to smoke, uses disposable diapers on a baby or have other evidence of some form of income, the applicant will be asked to explain the source of income supporting cash expenditures when zero income is present. Investigations may include ordering a credit report on the resident/applicant.
- D. Overtime income will be computed in accordance with verification obtained from the employer, in the absence of more reliable or accurate information.
- E. Income is the most important factor in determining a family's eligibility and rent. This site has established methods of verifying income which include:
 1. Enterprise Income Verification (EIV), a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance program.
 2. Written third-party verification through an employer or public agency. Site staff may update this verification by phone provided a memorandum to the file is prepared.
 3. This site's review of documentation provided by the family such as:
 - Benefit checks
 - Income tax returns
 - W-2 forms
 4. In the absence of any of the above, affidavits from the family describing the amount and type of income are acceptable documentation.

XII. DETERMINATION OF APPLICANT ELIGIBILITY

Information needed to determine applicant eligibility shall be obtained and verified, and the determination of applicant eligibility performed in accordance with HUD requirements.

XIII. DETERMINATION OF APPLICANT QUALIFICATION

The Applicant Screening Policy

All applicants for assisted housing will be screened for drug-related and criminal activity (including registrations as a sex offender), and Landlord rental history, according to the criteria set forth in this Resident Selection Plan. This site prohibits the admission of individuals who have been evicted from a federally subsidized property in the past 3 years for drug/criminal activity, or engaged in drug related criminal behavior, or are subject to a state lifetime sex offender registration program, or all individuals whose abuse or pattern of abuse of alcohol interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents (see HUD Handbook 4350.3, Chapter 4, Paragraph 4-7). These criteria, which are based on those set forth in the HUD Regulations, relate to the individual behavior of each applicant household.

General Principles of Screening

This site will be the final judge of what constitutes adequate and credible documentation. If staff have doubts about the authenticity or reliability of information received, they may pursue alternative methods until they are satisfied that their documentation is the best available.

A distinction is drawn in this document between verifications provided by landlords and information from other housing providers. This is because landlords have a relationship with applicants that is more like that which a management agent has with its residents than do other housing providers such as friends, relatives, shelters or institutions. Also, landlords are more likely to use leases that are comparable to assisted housing leases than are other housing providers.

Site staff will be prepared to explain, if necessary, to landlords and other housing providers what the obligations of assisted housing tenancy entail, to help these verification sources provide informed references about applicant's future ability to comply with these requirements.

The Application Form and Screening

Certain key questions relating to the applicant's eligibility, preferences, and resident history will be asked as a part of the application form such as, but not limited to, the Social Security numbers of all family members and the name, address, and telephone numbers of either current and former landlords or the housing provider with whom they are currently living. Failure to provide this information will result in a delay or possible termination of application processing. Site staff will assist applicants, as needed, in understanding the application process and completing this site's forms.

Obtaining Applicant Releases

When applicants are interviewed prior to the eligibility and preference determination, all adult family members will be required to execute the following releases, at a minimum:

- A. At least 3 copies of the Landlord Reference Form: 1 each for the current and 2 former landlords, plus others as needed;
- B. 1 copy of the Detoxification Verification Form for each Detox Center, if applicable; and
- C. 1 copy of the Verification of Ability to Comply with Lease Terms Form, but only if applicants are currently residing in some setting other than a unit with a lease and a landlord.

How Applicant's History Will Be Checked

This site accepts applications, admits residents, and employs staff without regard to race, color, religion, national origin, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. [Selection Policy 05.18](#) Page 16 of 24

Outlined below are the methods by which every applicant's performance, relative to each of the criteria, will be checked:

- A. Past performance in meeting financial obligations, especially rent:
 - 1. This will be checked first by contacting the current landlord and at least one prior landlord and utility suppliers (if applicable). The Landlord Verification Form will be used to gather information about past performance meeting rental obligations.
 - 2. The reason for checking with prior landlords is that current landlords of dangerous, destructive, or costly applicants may misrepresent information about them to get this site to take over their problem. Contacts with all prior landlords for at least the past five years are to be pursued.
 - 3. This site will run a credit check and a criminal background investigation on all applicants. In addition, this site may check court records for evidence of eviction or judgments against the applicant. The purpose of these checks is to obtain information on the applicant's history of meeting financial obligations and future ability to make timely rent payments.
 - 4. If verified records of timely rental payments (and utility payments, if applicable) are received from landlord(s) and utility supplier(s), no further documentation of past performance in meeting financial obligations, especially rent, need be collected.
 - 5. If the applicant has no landlord reference (e.g. because of living with friends or family or in an institution or shelter) or if the landlord reference is ambiguous or not credible, this site will run a credit check on the applicant. In addition, this site may check court records for evidence of eviction or judgments against the applicant. The purpose of these checks is to obtain information on the applicant's history of meeting financial obligations and future ability to make timely rent payments.
 - 6. In the absence of credible landlord references with respect to past performance meeting rental obligations, in addition to credit check, this site will contact the current housing provider with a request that someone with knowledge of the applicant's behavior and abilities complete the Verification of Ability to Comply with Lease Terms form. Staff will also use the Checklist: Ability to Comply with Lease Terms in an interview with the applicant. If the current housing provider is a relative, this site may collect additional information on the applicant's ability to comply with lease terms.
 - 7. If site staff has questions about information received, they may contact the housing provider to get reliable and credible documentation.
- B. A record of disturbance of neighbors, destruction of property, or living or housekeeping habits at prior residences that may adversely affect the health, safety, or welfare of other residents, or cause damage to the unit or development;
 - 1. Staff will check for these potential problems with the current landlord and at least one former landlord using the Landlord Verification Form.
 - 2. If the applicant is not currently living under a lease with a landlord, the housing provider will be asked to verify the applicant's ability to comply with this site's lease terms as it relates to this standard. Any area for which the applicant has upkeep responsibility will be verified.
 - 3. An applicant's behavior toward site staff will be considered in relation to future behavior toward neighbors. Physical or verbal abuse or threats by an applicant toward site staff will be noted in the file.
- C. Involvement in criminal activity by any member of an applicant family that would adversely affect the health, safety, or welfare of other residents will be verified using the Landlord Verification Form. The

current and former landlord will be asked to indicate problems in this area during the applicant's tenancy. If these verifications or any other verifications when returned and indicate possible criminal activities, court records will be examined. The Landlord may reject an applicant for the following conditions at his/her current or previous housing:

1. drug related criminal activity engaged in, on, or near the premises, by any resident, household member, or guest, and any such activity engaged in on the premises by any other person under the resident's control;
 2. determination made by the Landlord that a household member is illegally using a drug;
 3. determination made by the Landlord that a pattern of illegal use of a drug interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents;
 4. any household member who is subject to a state sex offender lifetime registration requirement;
 5. criminal activity by a resident, any member of the resident's household, a guest or another person under the resident's control:
 - a. that threatens the health, safety, or right to peaceful enjoyment of the premises by other residents (including property management staff residing on the premises); or
 - b. that threatens the health, safety, or right to peaceful enjoyment of their residences by persons residing in the immediate vicinity of the premises;
 6. if the resident is fleeing to avoid prosecution, or custody or confinement after conviction, for a crime, or attempt to commit a crime, that is a felony under the laws of the place from which the individual flees, or that in the case of the State of New Jersey, is a high misdemeanor; or
 7. if the resident is violating a condition of probation or parole under Federal or State law;
 8. determination made by the Landlord that a household member's abuse or pattern of abuse of alcohol threatens the health, safety, or right to peaceful enjoyment of the premises by other residents;
 9. if the Landlord determines that the resident, any member of the resident's household, a guest or another person under the resident's control has engaged in criminal activity, regardless of whether the resident, any member of the resident's household, a guest or another person under the resident's control has been arrested or convicted for such activity.
- D. A record of eviction from housing or termination from residential programs:
1. Staff will check Ukiah Autumn Leaves records, landlord records, and other court records to determine whether the applicant has been evicted from this site, any other assisted housing, or any other property in the past.
 2. Record of termination from residential programs will be checked with police, service agencies, and with any housing providers referred by the applicant.
 3. Conditions of former tenancy may not apply to an applicant, individual or group, where the new lessee is to be a person other than the former lessee. If there has been a change in head of household, or a family member other than the former lessee is now seeking assisted housing as an individual, the applicant will in no way be held accountable by this site for the rental delinquency or other problems of the former lessee unless the applicant or other members of the applicant's household contributed to the cause of the involuntarily termination. A spouse of a former resident who signed a previous lease will be considered responsible for the family's former actions.

4. Staff must consider the date and circumstances of any past eviction or termination in determining its relevance to tenancy at this site.
- E. An applicant's ability and willingness to comply with the terms of this site's lease.
 1. If an applicant can document that he or she is complying with lease terms in current and former residences, through landlord references, this standard will be considered to have been satisfied. Ability to comply with this site's lease terms will be checked only in the absence of satisfactory landlord's documentation.
 2. If the applicant is currently living in a setting that does not require compliance with lease terms comparable to the lease used by this site, staff will send the Verification of Ability to Comply with Lease Terms form to the housing provider. Staff will also complete the Checklist: Ability to Comply with Lease Terms. These forms may bring to light justifying circumstances or reasonable accommodations an applicant may need (to care for the unit or manage money, for example) and enables this site to be sure such services are in place before the applicant is admitted.
- F. An applicant's misrepresentation of any information related to eligibility award of preference for admission, allowances, family composition, or rent.
 1. The application shall be rejected if, during processing an application, it becomes evident that an applicant has falsified or otherwise misrepresented any facts about his/her current situation, history, or behavior in a manner that would affect eligibility, applicant selection criteria qualification, allowances, or rent.
 2. This provision shall not be applied to minor mistakes in fact that produce no benefit to the applicant.
- G. If anyone in your household is subject to a lifetime registration requirement under a state sex offender registration program, your admission to the program will be denied.

Preliminary Recommendation of Admission or Rejection

When the verification forms have been returned or telephone verifications obtained, site staff will make a preliminary recommendation of Admission or Rejection. This preliminary determination will be based on the following:

- A. Response from current and at least one former landlord. The responses must be positive or neutral. If applicants have been evicted from a federally subsidized property in the past 3 years for drug/criminal activity their application will be rejected.
- B. Responses from utility suppliers. The responses must be positive or neutral and be consistent with the landlord information.
- C. Responses from landlord reports, credit reports, court records, etc. No member of the applicant family should be involved in current drug-related or criminal activity or subject to a state lifetime sex offender registration program. If any member of the applicant household is currently involved with criminal activity, the applicant will be denied admission.
- D. Response from housing provider other than a private landlord (if applicable). The applicant must be considered capable of and willing to comply with this site's lease terms.
- E. Credit Report or Landlord Record Service Report (if applicable). The applicant must have a neutral or good record.
- F. Response from the Detoxification Center. The applicant must have no current record of detoxification center admission for abuse of illegal drugs. If the applicant has had prior drug abuse, applicant must have graduated from an accredited rehabilitation treatment center. With respect to alcohol abuse, the applicant must have no history of disturbance of the peace or violence to persons or property when

using alcohol.

The following list of factors may not be considered in making a decision to reject an application: race, color, religion, national origin, age, familial status, disability, actual or perceived sexual orientation, gender identity or marital status.

After examining the screening criteria if the applicant appears to be unsuitable and the applicant is known to have a disability or handicap, the applicant will be contacted and an interview set up to determine whether extenuating circumstances or reasonable accommodations would make it possible to house the applicant. If the applicant is not known to have a disability or handicap, the application will be rejected.

Applicants with Disabilities or Handicaps

It is illegal to reject an applicant because he or she has a handicap or disability, or for reasons that could be overcome by this site's reasonable accommodation of the applicant's disability or handicap. If, even with reasonable accommodation, applicants with disabilities or handicaps cannot meet essential program requirements, it is permissible to reject them.

Site staff will hold a second interview with any applicant known to have a disability or handicap who cannot meet one or more of the applicant screening criteria. The purpose of this interview is to determine whether it is possible to admit the applicant through consideration of mitigating circumstances or by applying reasonable accommodation.

Mitigating circumstances are facts relating to the applicant's record of unsuitable rental history or behavior, which, when verified, would indicate both the reason for the unsuitable rental history and/or behavior; and that the reason for the unsuitable rental history and behavior is no longer in effect or is under control, and applicant's prospect for lease compliance at this site is an acceptable one, justifying admission. Mitigating circumstances will be verified. If the evidence of mitigating circumstances presented by the applicant relates to a change in medical condition or course of treatment, this site shall have the right to refer such information to person or persons qualified to evaluate the evidence and verify the mitigating circumstances.

Where applicants claim that prior unsuitable behavior resulted from alcoholism or drug addiction and that they are not currently engaging in alcohol abuse or use of illegal drugs, acceptable verification or mitigating circumstances would have to establish that:

- There is no verified current use of alcohol or illegal drugs.
- During the period for which the applicant has claimed no current use, the applicant's behavior in the previously unsuitable area must have shown improvement. Unimproved behavior shall be taken to imply that either the applicant's unsuitable behavior was not caused by alcohol or drug abuse, or the applicant is still engaging in alcohol or drug abuse. In any case, a lack of improvement in a previously unsuitable area shall result in a rejected application for applicants in this category.

This site shall also have the right to request further information reasonably needed to verify the mitigating circumstances, even if such information is of a medically confidential nature. If the applicant refuses to provide or give access to such further information, this site will not give further consideration to the mitigating circumstances.

If no mitigating circumstances exist that satisfy this site's applicant selection criteria, this site must consider reasonable accommodations that this site could make to eliminate barriers to housing the applicant. Reasonable accommodations may take the form of adjustment of policies, practices, and services, where such adjustment offers an acceptable prospect of lease compliance in a previously unsuitable area of behavior.

A reasonable accommodation is one which would not result in either altering the fundamental nature of the housing program or placing an undue financial and administrative burden on the property. If a service is necessary for compliance with the lease, this site cannot be required to provide it to an applicant with a disability or handicap if it is not provided to other residents, but this site must consider admitting that applicant if he/she can document that the service will be provided by others at no cost to this site.

This site accepts applications, admits residents, and employs staff without regard to race, color, religion, national origin, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. Selection Policy 05.18 Page 20 of 24

Any applicant with a disability or handicap who cannot meet the applicant screening criteria, considering possible mitigating circumstances, reasonable accommodations by this site, or services needed for lease compliance verified to be provided to the applicant by others, will be rejected.

XIV. REJECTION OF INELIGIBLE OR UNQUALIFIED APPLICANTS

This site complies with applicant rejection requirements set forth in Paragraph 4-9 of the HUD Handbook 4350.3. Applicants who do not pass the eligibility process, who do not meet resident selection criteria, or who are unable to disclose and provide all required documents will be sent a written "Proposed Rejection" letter explaining the following:

- A. Reason or reasons for the rejection;
- B. The applicant has 14 days to respond in writing to request a meeting to discuss the rejection;
- C. If the applicant is an individual with disabilities or handicaps, the applicant may inform the site of this fact and may request this site to make reasonable accommodations in nonessential policies or practices to enable the applicant equal opportunity.

XV. GRIEVANCE PROCEDURES

The Owners and Management will make every effort to resolve grievances presented by Applicants in an informal manner. Open communication is the basis for resolution of most disputes. If a satisfactory resolution cannot be made informally, then the Applicant has the right to file a grievance using the following guidelines:

- A. **APPLICANT:** If an Applicant is rejected for residency at this site following the written Application/Selection policies, the Applicant may request a meeting to discuss the rejection. The Applicant must request a meeting in writing no later than 14 days from date of notice of rejection.
 1. Requests for a meeting must be mailed to: Ukiah Autumn Leaves, 425 E Gobbi Street, Ukiah, CA 95482.
 2. After receipt of request, Management will set up a meeting within 5 days after request. The notice will provide the date, time, and place for the meeting. Management will allow one postponement in the event the first date is inconvenient. The meeting will be scheduled within the time frame of 5-10 days after receipt of request. An Applicant's family member is welcome at this informal meeting.
 3. Management will have the Director of Asset Management conduct the meeting with the presence of the Administrator or person who made the decision for the rejection.
 4. Within 5 days after the meeting, a written decision will be sent to the Applicant.
- B. **504 GRIEVANCE PROCEDURE:** If you have a Fair Housing and/or discrimination complaint, and you are either an applicant for housing at, or a resident of this site, the following steps are to be taken:
 1. Immediately bring your concern to the administrator of the property site, at which you are applying or currently residing. When possible, put your concerns in writing. If you cannot put your concerns in writing, site staff will assist you with this documentation. If you are not satisfied with the response that you receive from the site administrator, move to step 2.
 2. Bring your concern to the 504 Coordinator, Ted Barcelon, at Barcelon Associates Inc. at 2525 Cleveland Avenue, Santa Rosa, CA 95482. Ted Barcelon office phone number is (707) 575-3002. The 504 Coordinator will respond to complaints in writing within 7 business days, after reviewing Company policies and procedures to determine whether your assertions have any

merit and make corrections as necessary to ensure compliance with Fair Housing requirements. If you are not satisfied with the response that you receive from the 504 Coordinator, move to step #3.

3. Contact the Regional Office of Fair Housing and Equal Opportunity for the U.S. Department of Housing and Urban Development at (415) 489-6524 or (800) 347-3739. For TTY, call (415) 436-6594. Alternatively, you may contact California Assisted Housing Initiatives' Call Center at (800) 982-5221.

XVI. ACCEPTANCE AND MOVE-IN OF ELIGIBLE AND QUALIFIED APPLICANTS

If an applicant is clearly eligible and passes the screening criteria, admission shall be authorized.

Determination of Rent and Security Deposit

Monthly rent and security deposit amount will be determined in accordance with the Federal regulations governing the housing program and state law.

Offering a Unit

When an apartment becomes available for occupancy, it will be offered to the applicant at the top of the waiting list for that unit type. However, to meet the 40% rule (see "Qualifying for Admission"), if there are no *extremely-low income* applicants within the top 5, site staff will continue the qualifying process down the waiting list until an *extremely-low income* applicant has been found.

The HUD rule states that "Owners may not select residents in an order different from that of the waiting list for selecting higher-income families for residence. While higher-income applicants may be skipped to achieve 40% *extremely low-income* applicants, lower-income applicants may not be skipped in favor of others who have higher income." Because of this ruling, your position on the active waiting list could change. When an apartment becomes available, if we have not met our 40% requirement, we will endeavor to rent this apartment to someone in the *extremely low-income* bracket. When an apartment becomes available:

- The top person on the waiting list will be reviewed. If that person is an extremely low-income applicant, the apartment will be offered to them.
- If they are not an extremely low-income applicant and the property has not met the 40% requirement, the next person on the waiting list will be reviewed. This process will continue through the waiting list until an extremely low-income applicant has been found.
- If the property is within their 40% requirement, the top person on the waiting list would then be offered an apartment.

If the household cannot be contacted within 5 working days, the offer will be canceled, and the unit will be offered to the next qualified applicant on the waiting list. In that event, the first household will be sent a letter requesting confirmation of its interest in remaining on the waiting list. If the household replies affirmatively, its application will retain its position on the waiting list; if the reply is negative or if no reply is received within five working days, the application will be withdrawn.

Prior to Move-in

- A. Credit check and criminal background investigation must be obtained on all household members of legal age;
- B. Non-citizen data on all household members must be obtained and applicant and household members must sign all of the required non-citizen paperwork;

This site accepts applications, admits residents, and employs staff without regard to race, color, religion, national origin, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. [Selection Policy 05.18](#) Page 22 of 24

- C. All household members 18 years of age or older will be required to sign the lease and related documents;
- D. The applicant and management will inspect the apartment and will sign the move-in inspection form;
- E. The applicant will pay the security deposit (and pet deposit, if applicable);
- F. The applicant will pay the rent of the first month or partial month of occupancy, as set forth in the lease; and
- G. Payment of the first month's rent must be by cashier's check, money order, or personal check. A separate cashier's check, money order, or personal check will be required for the security deposit.

The required documents will be reviewed with the applicant and a copy of these documents will be given to the applicant thereafter. These documents include, but are not limited to, the following:

- HUD Fact Sheet
- HUD Form 9887 and 9887a
- Lease
- Lease addendum
- Lease attachments
- Move-in inspection form
- House rules
- Security deposit agreement
- Annual recertification notice
- Receipt for the security deposit
- First month's rent
- Other move-in related documents

Applicant is responsible for notifying telephone, internet, and cable television companies of his/her interest in contracting for the services provided by the individual company.

At Move-in

Each household will be issued 1 apartment key, 1 mailbox key, and all other keys necessary for occupancy.

Failure to Move in on Time

If a household fails to move in on the agreed date, the application will be declined, and the apartment will be offered to the next applicant on the waiting list.

(Page 24 is the signature page)

Page 24 must accompany your application forms for submission to the site office!

This Page must accompany your application forms for submission to the site office!

PENALTIES FOR SUBMITTING FALSE INFORMATION:

Knowingly giving Management false information regarding income or other factors considered in determining Resident's eligibility and rent is a material noncompliance with the Lease subject to termination of tenancy. In addition, Resident could become subject to penalties available under Federal law. Those penalties include fines of up to \$10,000 and imprisonment for up to 5 years.

I/we have read and understand the Resident Selection Policy and understand and agree that by my/our signature(s) this Resident Selection Policy will become a part of my/our initial application file. Violation of any of portion of this policy can be cause for termination of my/our tenancy at Ukiah Autumn Leaves.

Resident

Date

Resident

Date

Resident

Date

Management Agent

Date



UKIAH AUTUMN LEAVES
 425 E. GOBBI STREET
 UKIAH, CA 95482
 (707) 462-5550 (office) (707) 468-0250 (fax)



APPLICATION / MOVE-IN CERTIFICATION
CHECKLIST & QUESTIONNAIRE

Move-In Date ____/____/____ or Effective Date ____/____/____

Current Rent \$ _____ **Section 8 Recipient Check Here:**

Head of Household Name: _____

Address: _____

City, State, ZIP Code: _____ County _____

Home Phone: (____) _____ - _____ Alternate Phone: (____) _____ - _____

Drivers License #: _____ (or other ID for credit check)

Please check one of the following:

- Married Separated Widow/Widower
 Single Divorced

If married, does your spouse live with you? Yes No

If you answered NO above, can you provide proof of legal separation or divorce? Yes No

Co-Head Name: _____

Co-Head Address (if different from your current address): _____

Drivers License #: _____ (or other ID for credit check)

Please provide a complete list of **all states** in which any household member has resided:

Household Member Name	State of residency	Dates of residency

Are you or any member of your household subject to a lifetime sex offender registration requirement in any state? If so, which household member and which state subject to lifetime sex offender registration?

How did you hear about us? Please explain: _____

Unit Size Requested:

- Section 8 Units: Studio 1-Bedroom 2-Bedroom
 Unsubsidized Units: Studio 1-Bedroom 2-Bedroom

I. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of the Household and all other members who will be living in the unit. Give the relationship of each family member to the Head of Household.

#	Member's Full Name	Relationship	Birth date	Age	Social Security #
			/ /		- -
			/ /		- -
			/ /		- -

II. PREVIOUS RENTAL HISTORY

For current address: _____
 Landlord/Contact Name: _____
 Address & Phone: _____
 Data of Move-In: ____/____/____ Date of Move-Out: ____/____/____
 Reason for Leaving: _____

For former address: _____
 Landlord/Contact Name: _____
 Address & Phone: _____
 Data of Move-In: ____/____/____ Date of Move-Out: ____/____/____
 Reason for Leaving: _____

Please provide the name, address, and phone number of two personal references. You may provide the name of your next of kin or someone who knows you well.

1. _____ 2. _____

 (____) _____ - _____

Are you now living in a federally subsidized housing unit? Yes (answer below) No

Name of Complex: _____

Name of Manager: _____

Manager's Telephone Number: (____) _____ - _____

Provide the following IF:

- A. your household will be receiving Section 8 rental assistance at time of move-in; **OR**
- B. your household will be eligible or be applying to receive Section 8 rental assistance in the next 12 months?

Agency: _____

Contact Person: _____ Expected Date (if applicable): ____/____/____

The following questions are to be completed by all applicants/residents. For each "yes" answer, provide details in the space provided after each question.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Does anyone live with you now who is not listed above? <i>(If yes, explain)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |
| 2. Does anyone plan to live with you in the future who is not listed above?
<i>(If yes, explain)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |
| 3. Is the head of household or spouse handicapped or disabled? <i>(Optional)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |
| 4. Are any other household members handicapped or disabled? <i>(Optional)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |
| 5. Please identify any special housing needs your household has if you answered yes to 3 or 4 above: | | |
| _____ | | |

III. INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "yes" answer, provide details in the space provided after each question.

A. ASSETS

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Does any member of your household have a <u>checking</u> account? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____ | | |
| Bank/Company Name: _____ | | |
| Address: _____ | | |
| Account Number: _____ | | |
| b. Household member: _____ | | |
| Bank/Company Name: _____ | | |
| Address: _____ | | |
| Account Number: _____ | | |
| c. Household member: _____ | | |
| Bank/Company Name: _____ | | |
| Address: _____ | | |
| Account Number: _____ | | |
| 2. Does any member of your household have a <u>savings</u> account? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____ | | |
| Bank/Company Name: _____ | | |
| Address: _____ | | |
| Account Number: _____ | | |
| b. Household member: _____ | | |
| Bank/Company Name: _____ | | |
| Address: _____ | | |
| Account Number: _____ | | |
| c. Household member: _____ | | |
| Bank/Company Name: _____ | | |
| Address: _____ | | |
| Account Number: _____ | | |

- | | YES | NO |
|--|--------------------------|--------------------------|
| <p>3. Does any member of your household have any time certificates or Certificates of Deposit, Money Market accounts, or any other interest-bearing accounts <i>in this country or any other country?</i></p> <p>a. Household member: _____
 Bank/Company Name: _____
 Address: _____
 Account Number: _____</p> <p>b. Household member: _____
 Bank/Company Name: _____
 Address: _____
 Account Number: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>4. Does any member of your household have any new accounts, transferred accounts, or certificates that have matured for which we will need new addresses and account numbers?</p> <p>a. Household member: _____
 Bank/Company Name: _____
 Address: _____
 Account Number: _____</p> <p>b. Household member: _____
 Bank/Company Name: _____
 Address: _____
 Account Number: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>5. Does any member of your household have any stocks or bonds?</p> <p>a. Household member: _____
 Institution Name: _____
 Address: _____
 Account Number: _____</p> <p>b. Household member: _____
 Institution Name: _____
 Address: _____
 Account Number: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>6. Does any member of your household hold control of any trust funds?</p> <p>a. Household member: _____
 Institution Name: _____
 Address: _____
 Account # _____ Is trust irrevocable? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>b. Household member: _____
 Institution Name: _____
 Address: _____
 Account # _____ Is trust irrevocable? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | YES | NO |
|---|--------------------------|--------------------------|
| 7. Does any member of your household have any IRA, 401K, Keogh, and/or any other Retirement accounts? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Bank/Company Name: _____
Address: _____
Account Number: _____ | | |
| b. Household member: _____
Bank/Company Name: _____
Address: _____
Account Number: _____ | | |
| 8. Do you have a safe deposit box or any lump sum moneys in your household? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Source: _____ Amount: \$ _____
Describe: _____ | | |
| 9. Does any member of your household have any personal property that is being held as an investment (examples: antiques, cars, jewelry, etc.)? If yes, please list below: | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | |
| 10. Does any member of your household hold title to any real estate (including mobile homes) in this state, any other state, or in any other country? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Location: _____
Type of Real Estate: _____ | | |
| b. Household member: _____
Location: _____
Type of Real Estate: _____ | | |
| 11. Does any member of your household now have equity in or expect to have equity in rental property or other capital investment? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Property Located: _____
Capital investment in or with: _____ | | |
| b. Household member: _____
Property Located: _____
Capital investment in or with: _____ | | |
| 12. Does any member of your household receive payments from a personal loan? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Source: _____
Amount: \$ _____ <input type="checkbox"/> Monthly / <input type="checkbox"/> Quarterly | | |
| b. Household member: _____
Source: _____
Amount: \$ _____ <input type="checkbox"/> Monthly / <input type="checkbox"/> Quarterly | | |

- YES NO
13. Has any member of your household disposed of any assets for less than fair market value during the 2 years preceding the effective date of this certification?
(If yes, complete the next portion:)

Household Member	Asset(s)	Fair Market Value of Asset	Disposed for (dollar amount)
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

- YES NO
14. Does any member of your household have or expect to have assets held jointly with another person?
(If yes, complete the next portion:)

Household Member	Asset(s)	Asset Value	Ownership Percentage
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

- YES NO
15. Does any member of your household have a life insurance policy?
- a. Household member: _____
Describe: _____
- b. Household member: _____
Describe: _____

- YES NO
16. Does any member of your household have other accounts not listed above?
- a. Household member: _____
Describe: _____
- b. Household member: _____
Describe: _____

B. INCOME - PERIODICAL PAYMENTS

- YES NO
1. Does any member of your household receive or expect to receive Social Security?
- a. Household member: _____
SSN: _____ - _____ - _____ Amount \$ _____
- b. Household member: _____
SSN: _____ - _____ - _____ Amount \$ _____
- c. Household member: _____
SSN: _____ - _____ - _____ Amount \$ _____
- d. If applicable, does any member of your household receive a SSA/SSI Direct Express Debit Card?

- | | YES | NO |
|---|--------------------------|--------------------------|
| <p>2. Does any member of your household receive Social Security benefits under another Social Security number (example: widow benefits under husband's social security number)?</p> <p>a. Household member: _____
 List Qualifying SSN: _____ - _____ - _____ Amount \$ _____</p> <p>b. Household member: _____
 List Qualifying SSN: _____ - _____ - _____ Amount \$ _____</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>3. Does any member of your household receive or expect to receive Supplemental Security Income (SSI), General Assistance, CAPI, SSDI, and/or other Federal or State sponsored income?</p> <p>a. Household member: _____
 SSN: _____ - _____ - _____ Amount \$ _____</p> <p>b. Household member: _____
 SSN: _____ - _____ - _____ Amount \$ _____</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>4. Does any member of your household receive or expect to receive armed forces pay, Veteran's, Civil Service, or Railroad benefits?</p> <p>a. Household member: _____
 SSN: _____ - _____ - _____ Amount \$ _____</p> <p>b. Household member: _____
 SSN: _____ - _____ - _____ Amount \$ _____</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>5. Does any member of your household receive or expect to receive any <i>pensions or annuities</i>; <u>OR</u>, does any member of your household receive or expect to receive any <i>quarterly increases or allowances</i> deriving from your pensions, annuities, or other sources of income?</p> <p>a. Household member: _____
 SSN: _____ - _____ - _____ Amount \$ _____</p> <p>b. Household member: _____
 SSN: _____ - _____ - _____ Amount \$ _____</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>6. Does any member of your household receive or expect to receive any income from insurance policies, death or disability benefits?</p> <p>a. Household member: _____
 Company Name: _____
 Address: _____
 Account Number: _____</p> <p>b. Household member: _____
 Company Name: _____
 Address: _____
 Account Number: _____</p> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|---|--------------------------|--------------------------|
| | YES | NO |
| 7. Does any member of your household receive or expect to receive any income from retirement, or pension, or any type of income from another country? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Company Name: _____
Address: _____
Account Number: _____ | | |
| b. Household member: _____
Company Name: _____
Address: _____
Account Number: _____
Account #: _____ Amount \$ _____ | | |

- | | | |
|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does any member of your household now receive or expect to receive regular contributions from organizations or from individuals not living in the unit? | | |
| a. Household member: _____
Source: _____
Address: _____
Amount: \$ _____ <input type="checkbox"/> Monthly / <input type="checkbox"/> Periodically | | |
| b. Household member: _____
Source: _____
Address: _____
Amount: \$ _____ <input type="checkbox"/> Monthly / <input type="checkbox"/> Periodically | | |

- | | | |
|---|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you or any other adult household member claiming zero income (<i>if yes, explain</i>)? | | |
| a. Household member: _____
Explanation: _____ | | |
| b. Household member: _____
Explanation: _____ | | |

C. INCOME - LUMP SUM (One-Time; Not Periodical) PAYMENTS

Have you or any member of your household received any lump sum payments such as:

- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| 1. Inheritances? Amount: \$ _____ | | |
| 2. Lottery Winnings? Amount: \$ _____ | | |
| 3. Insurance Settlements (health, Workers Comp., etc.)? Amount: \$ _____ | | |
| 4. Capital Gains? Amount: \$ _____ | | |
| 5. Social Security benefits, Unemployment Compensation, etc.? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Source: _____
Address: _____
Account #: _____ Amount \$ _____ | | |

YES NO

b. Household member: _____
Source: _____
Address: _____
Account #: _____ Amount \$ _____

6. Other (i.e. Alimony, Money from children, child support, etc.)? YES NO

a. Household member: _____
Source: _____
Address: _____
Reference #: _____ Amount \$ _____

b. Household member: _____
Source: _____
Address: _____
Reference #: _____ Amount \$ _____

How is support received? (check all that apply)

- Child Support Enforcement (Agency Name): _____
- Court of Law (Name of Court): _____
- Directly from Individual (Person's Name): _____
- Other (Explain): _____

7. If money is not actually received, are you taking legal action to remedy? YES NO
Explanation: _____

D. EMPLOYMENT

YES NO

1. Is any member of your household employed full-time, part-time, or seasonally? YES NO

a. Household member: _____
Name of employer: _____
Employer's address: _____
How long employed: _____ Salary Amount \$ _____
 Hourly Monthly Full-Time Part-Time Seasonal

b. Household member: _____
Name of employer: _____
Employer's address: _____
How long employed: _____ Salary Amount \$ _____
 Hourly Monthly Full-Time Part-Time Seasonal

2. Did any member of your household work in any capacity during the past 12 months? YES NO

a. Household member: _____
Name of employer: _____
Employer's address: _____
How long employed: _____ Salary Amount \$ _____
 Hourly Monthly Full-Time Part-Time Seasonal

YES NO

b. Household member: _____
Name of employer: _____
Employer's address: _____
How long employed: _____ Salary Amount \$ _____
 Hourly Monthly Full-Time Part-Time Seasonal

3. Is any member of your household expecting to work for any period of time during the coming 12 months? YES NO

a. Household member: _____
Name of employer: _____
Employer's address: _____
How long employed: _____ Salary Amount \$ _____
 Hourly Monthly Full-Time Part-Time Seasonal

b. Household member: _____
Name of employer: _____
Employer's address: _____
How long employed: _____ Salary Amount \$ _____
 Hourly Monthly Full-Time Part-Time Seasonal

4. Does any member of your household expect a leave of absence from work due to lay-off, medical, maternity, or military leave? YES NO

a. Household member: _____
Explain: _____

b. Household member: _____
Explain: _____

5. Do you or any member of your household receive any income under Title V of the Older Americans Act (such as RSVP, Green Thumb, Senior Aides, Older American Community Service Employment Program, Foster Grandparent Program)? YES NO

a. Household member: _____
Source: _____
Address: _____
Account #: _____ Amount \$ _____

b. Household member: _____
Source: _____
Address: _____
Account #: _____ Amount \$ _____

E. UNEMPLOYMENT BENEFITS

YES NO

1. Does any member of your household receive or expect to receive unemployment benefits? YES NO

a. Household member: _____ Amount \$ _____
b. Household member: _____ Amount \$ _____

F. MEDICAL (*This allowance is permitted only for households whose head or spouse is 62 years of age or older, or disabled*)

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Is any member of your household receiving or expecting to pay premiums for medical insurance, such as Medi-Cal, Blue Cross/Blue Shield, AARP, Medicare, Kaiser, etc. | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Company Name: _____ Premium \$ _____ | | |
| b. Company Name: _____ Premium \$ _____ | | |
| 2. Does any member of your household have or expect to have any prescription drug expenses which are NOT covered by insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Expense Type: _____ Amount \$ _____ | | |
| b. Expense Type: _____ Amount \$ _____ | | |
| 3. Does any member of your household anticipate any medical expenses which are NOT covered by insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Expense Type: _____ Amount \$ _____ | | |
| b. Expense Type: _____ Amount \$ _____ | | |
| 4. Does any member of your household anticipate any major dental, vision, or hearing-aid expense in the coming year, which are NOT covered by insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Expense Type: _____ Amount \$ _____ | | |
| b. Expense Type: _____ Amount \$ _____ | | |
| 5. Do you anticipate expenses in the coming year for the cost of a care attendant or for the cost of equipment for any disabled household member necessary to permit that person or someone else in the household <i>to work</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Expense Type: _____ Amount \$ _____ | | |
| b. Expense Type: _____ Amount \$ _____ | | |

G. OTHER

- | | | |
|--|--------------------------|--------------------------|
| 1. Do you have full custody of your child(ren)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Explanation: _____ | | |
| 2. Are there any absent household members who under normal conditions would live with you? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Name: _____ Relationship: _____ | | |
| Explanation: _____ | | |
| b. Name: _____ Relationship: _____ | | |
| Explanation: _____ | | |
| 3. Are any household members temporarily absent? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Name: _____ Relationship: _____ | | |
| Explanation: _____ | | |
| b. Name: _____ Relationship: _____ | | |
| Explanation: _____ | | |

- | | YES | NO |
|---|--------------------------|--------------------------|
| 4. Have you listed any household members who will be permanently absent from the unit?
a. Name: _____ Relationship: _____
Explanation: _____
b. Name: _____ Relationship: _____
Explanation: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Will you or any other adult household member require a live-in care attendant to live independently?
Name of Attendant: _____
Relationship (if any): _____
Explanation: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are any household members 18 years of age and a Full or Part time Student?
a. Name: _____ Relationship: _____
b. Name: _____ Relationship: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are any members of your household anticipating becoming a Full or Part time Student in the next 12 months?
a. Name: _____ Relationship: _____
b. Name: _____ Relationship: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are there any Foster Children who are part of the household?
a. Names: _____ Ages: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does any member of your household receive or expect to receive alimony?
a. Household member _____
Amount: \$ _____ <input type="checkbox"/> Monthly / <input type="checkbox"/> Quarterly | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is any member of your household entitled to receive alimony that is not currently receiving alimony?
a. Household member: _____
Amount: \$ _____ <input type="checkbox"/> Monthly / <input type="checkbox"/> Quarterly | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does any member of your household receive or expect to receive any monetary gifts on a regular basis?
a. Household member: _____ Amount \$ _____
Source: _____
Address: _____
b. Household member: _____ Amount \$ _____
Source: _____
Address: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

- | | YES | NO |
|---|--------------------------|--------------------------|
| 12. Does anyone named on this application benefit from Handicap Assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____ Amount \$ _____
Explanation: _____ | | |
| b. Household member: _____ Amount \$ _____
Explanation: _____ | | |
| 13. Has anyone named on this application filed for bankruptcy? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Explanation: _____ | | |
| b. Household member: _____
Explanation: _____ | | |
| 14. Has anyone named on this application been convicted of a felony? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Explanation: _____ | | |
| b. Household member: _____
Explanation: _____ | | |
| 15. Has anyone named on this application been convicted for dealing or manufacturing illegal drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Explanation: _____ | | |
| b. Household member: _____
Explanation: _____ | | |
| 16. Has anyone named on this application been convicted of property damage? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Explanation: _____ | | |
| b. Household member: _____
Explanation: _____ | | |
| 17. Has anyone named on this application been evicted from a rental unit of any type including an apartment, home, mobile home, or trailer? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Explanation: _____ | | |
| b. Household member: _____
Explanation: _____ | | |
| 18. Are you receiving or will you receive in the future an Earned Income Tax Credit from your IRS tax return? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Household member: _____
Explanation: _____ | | |
| b. Household member: _____
Explanation: _____ | | |
| 19. Do you have any expense for child care of a child aged 12 or younger? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Amount \$ _____ Explanation: _____ | | |

I/we acknowledge that I/we have been advised that the making of any misrepresentation or misstatement in this questionnaire will constitute a material breach of my/our agreement with the Landlord to lease the unit and will entitle the Landlord to prevent or terminate my/our occupancy of the unit by institution of an action for ejection or other appropriate proceedings.

Applicant/Tenant Initial(s) _____

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/HUD/CalHFA/PHA to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information, including but not limited to a credit and criminal background check, which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under federal law. All information provided is considered confidential and will be handled accordingly.

Applicant/Tenant Initial(s) _____

Every household member 18 years and older must sign below:

Signature of Head

Date

Signature of Spouse/Co-Head

Date

Signature of Other Household Member 18 or older

Date

Signature of Management Agent

Date

FOR OFFICE USE ONLY

Reviewed By: _____

Date Reviewed: ____/____/____

Follow-up Needed: Yes No If Yes, what is needed: _____

Date(s) of Follow-up: ____/____/____ ____/____/____ ____/____/____

Follow-up Notes:



SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE



This questionnaire is to be given to every applicant. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be verified to assure that the limited number of units with special features go to families that need these features.

Name: _____

I choose **not** to complete this form. (*Please initial*) _____

1. Do you or does any member of your family have a condition that requires any of the following:

- | | |
|--|---|
| <input type="checkbox"/> A separate bedroom | <input type="checkbox"/> Unit for Vision-Impaired |
| <input type="checkbox"/> Walk-in shower | <input type="checkbox"/> Unit for Hearing-Impaired |
| <input type="checkbox"/> Bathtub with shower | <input type="checkbox"/> Bedroom/bath on 1 st floor |
| <input type="checkbox"/> A barrier-free unit | <input type="checkbox"/> Physical modifications to a typical unit |
| <input type="checkbox"/> One-level unit | |

2. Are you and all your family members able to go up and down stairs unassisted? Yes No
If no, please indicate how we could accommodate your family: _____

3. Will you or any of your family members require a live-in aide to assist you? Yes No
If yes, please explain: _____

4. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation: _____

5. What is the name of the family member who needs the features identified above?

6. Who should be contacted to verify your need for the features you have identified above?

Name: _____

Address: _____

Phone Number: _____

Signature: _____

Date: _____

Race and Ethnic Data Reporting Form

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

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

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

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

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

Date (mm/dd/yyyy): _____

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

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

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

Signature

Date

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

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the 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.



**NOTICE TO ALL APPLICANTS / RESIDENTS:
OPTIONS FOR APPLICANTS / RESIDENTS WITH DISABILITIES**

This property is managed by Barcelon Associates, Inc. We provide low-rent housing to families and the elderly. We are not permitted to discriminate against applicants or residents on the basis of their race, color, religion, national origin, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. In addition, we have a legal obligation to provide "reasonable accommodations" to applicants or residents if they or any family members have a disability. Compliance actions may include reasonable accommodations, as well as structural modifications to the unit or premises.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant or current resident with a disability to take advantage of the program. Examples of reasonable accommodation and structural modifications include some of the following:

- Making alterations to a unit so it could be used by a family member with a wheelchair;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a seeing eye dog to assist a vision-impaired family member in a family development where dogs are not usually permitted;
- Making large type documents or a reader available to a vision-impaired applicant during the application process;
- Making a sign-language interpreter available to a hearing-impaired applicant during the interview or for a resident during their annual recertification appointment; or
- Permitting an outside agency to assist an applicant with a disability to meet the property's applicant screening criteria.

An applicant or resident’s family that has a member with a disability must still be able to meet essential obligations of tenancy - they must be able to pay rent, to care for their apartment, to report required information to the manager, avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission – this is up to you. If you would prefer not to discuss your situation with management, that is your right.

Explained by: _____ Date _____
Administrator

Received by: _____ Date _____
Applicant/Resident



APPLICATION REQUIREMENTS CREDIT & CRIMINAL BACKGROUNDS



It is Ukiah Autumn Leaves' intent to provide a healthy and safe environment for our residents; therefore, it is necessary for all applicants to fully complete the application.

In addition, you will be required to sign a waiver, which gives management the right to contact the persons/businesses you have listed as references.

Our staff will require the following information:

- 1) A minimum of 2 prior Landlord Verifications. A total of 5 years must be verified.
 - a. If the applicant has no prior rental history, and if the unit is not subsidized, an additional deposit equal to 1 month's rent will be required once all other items have been verified and approved, based on Asset Manager's approval.
 - b. If Applicant has no prior rental history, the Asset Manager MAY require a co-signer. If a co-signer is approved, the Asset Manager may remove the co-signer after 1 YEAR.
 - c. Verification that there is no record of disturbance of neighbors, destruction of property, or housekeeping habits that may adversely affect the health, safety, or welfare of other residents, or cause damage to the unit or development.
 - d. If there is proof of prior evictions, the applicant must be denied access, if eviction is within 5 years of the date application is submitted. Once all information has been verified, the **Asset Manager MUST REVIEW AND ACCEPT OR DENY THIS APPLICANT.**

- 2) Credit checks must be completed on all applicants 18 years of age and older.
 - a. A positive credit check report is a must. If there are any negative findings, applicant must show proof that it has been corrected.
 - b. Bankruptcies will only be accepted if all current credit history is positive and the filing is older than 3 years.

Example: 6 lines of credit are reflected on the credit check, 4 of which are "Revolving Individual" (R-I) accounts. One (1) is in collections and another (1) has been 60 days past due twice. The one in collections must be paid in full or there must be proof that payments are being made as arranged with the vendor. The account that has been 60 days late twice must be a minimum of 6 months old.
 - c. **A criminal background check must be completed on all applicants 18 years of age and older. Management must verify there is no history of alcohol/drug abuse or criminal activity that would interfere with the health/safety or peaceful enjoyment of other residents or staff, including, but not limited to:**
 - (1) **Drug-related criminal activity**
 - (2) **Illegally using a drug**
 - (3) **Criminal activity by Applicant, any member of Applicant's household, a guest or another person under Applicant's control**

This site accepts applications, admits residents, and employs staff without regard to race, color, religion, national origin, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

- (4) **If Applicant is fleeing to avoid prosecution, or custody or confinement after conviction, for a crime or attempt to commit a crime that is a felony under the laws of the place from which the individual flees**
- (5) **If Applicant is violating a condition of probation or parole under the Federal or State law**

Example Only: If Applicant or any household member is known to have been evicted from Federally Assisted Housing for drug-related criminal activity within the past 3 years, Applicant shall not be approved for occupancy. If it has been longer than 3 years, Applicant must provide proof that all requirements set forth by a court order were met.

If Applicant has been charged with a felony but has not been convicted, additional information may need to be provided. This application must be approved or denied by the Asset Manager.

- (6) **The Dru Sjodin National Sex Offender database, nsopw.gov, will be used to verify all applicants.**

On an annual basis, all household members ages 18 and above will be verified that they are not subject to a state lifetime sex offender registration requirement. If a household member shows up after move-in, they are subject to termination of tenancy.

At no time will an applicant who is required to register under a State SEX OFFENDER REGISTRATION PROGRAM BE GRANTED ADMISSION.

- 3) Employment/Income verification will be completed. Applicants are required to provide proof that they are capable of the financial obligation of the lease.
 - a. Income limits for HUD, CalHFA, and Tax Credit sites vary from site to site; refer to the Resident Selection Policy for each property.
 - b. When income is from employment, employment must be verified in writing, and should confirm regular status.
 - c. When income is from SDI, SSI, or state aid, income must be verified in writing by the agency (Award Letters are acceptable if dated within the same year).

All items of application will be reviewed prior to final determination for approval or denial of Applicant.

I/we have read and understand the above. By signing below, I/we agree that the above background checks will be obtained by management, to be used in determining my/our eligibility for occupancy.

_____	_____
Applicant	Date
_____	_____
Co-Applicant	Date
_____	_____
Co-Applicant	Date
_____	_____
Co-Applicant	Date



SECTION 214 OWNER'S NOTICE NO. 1 FOR AN APPLICANT FAMILY



Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than United States citizens, nationals, or certain categories of eligible non-citizens in the HUD Section 8 Housing Assistance Payments program.

You have applied or are applying for assistance under the Section 8 program; 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.

You must do the following:

1. Complete the Family Summary Sheet, using the attached blank form 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 Declaration form. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration Form. The Declaration Form has easy-to-follow instructions and explains what, if any, other forms and/or evidence must be submitted with each Declaration Form.
3. Submit the Family Summary Sheet, the Declaration Form, and any other forms and/or evidence with your application.

This Section 214 Review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have questions or difficulty in completing the attached forms or determining the type of documentation required, please call the administrator at the property to let them know.

Also, if you are unable to provide the required documentation with your application, you should request an extension, using the block provided on the Sec. 214 Declaration Form (page3). Failure to provide this information or establish status may result in your not being considered for housing assistance.

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 pro-ratio 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 that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.



SECTION 214 FAMILY / OWNER SUMMARY SHEET



Member #	Last Name	First Name	Relationship To Household	Date of Birth	OFFICE USE ONLY	
					Declaration	Date Verified
Head			Head of household			
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

<p><u>DECLARATION LEGEND</u></p> <ol style="list-style-type: none"> 1. Citizen/National 2. Non-Citizen 62 or older 3. All other Non-Citizens 4. Not Contending Eligibility



SECTION 214 DECLARATION FORM



LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

RELATIONSHIP TO HEAD OF HOUSEHOLD: _____ DATE OF BIRTH: ____/____/____

SOCIAL SECURITY NUMBER: ____-____-____ ALIEN REGISTRATION NO: _____

ADMISSION NUMBER: _____ NATIONALITY: _____
(If applicable, from DHS form I-94, Departure Record) (Country to which you owe legal allegiance. May or may not be country of birth.)

DECLARATION

INSTRUCTIONS: Complete the Declaration below by reviewing all 4 boxes and signing the ONE box that applies. A separate Declaration must be signed for each household member listed on the Family Summary Sheet.

I, _____, hereby declare, under penalty of perjury:

1. I am a citizen or national of the United States of America.

Signature: _____ Date: _____, 20____

I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, no further action is required

2. I am a non-citizen with eligible immigration status, as described on the next page.

Signature: _____ Date: _____, 20____

I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, complete the next page including the Verification Consent section

EXTENSION REQUEST

I hereby certify that I am a non-citizen with eligible immigration status as noted in #2 above, and as described on the next page, 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 taken to obtain this evidence.

Signature: _____ Date: _____, 20____

I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, complete the next page including the Verification Consent section

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

Signature: _____ Date: _____, 20____

I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, no further action is required. You are NOT eligible for housing assistance.

MANAGEMENT TO COMPLETE: SAVE Verification # (if applicable) _____

If you signed Box 2 on the previous page, are claiming to be a non-citizen with eligible immigration status, and are under 62 years of age, one of the following boxes MUST be checked:

NOTE: if you are 62 years of age or older, you need only submit a proof of age document with this form.

- A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101 (a)(15) of the INA (8 USC 1001 (a)(20) and 1101 (a)(15), respectively). [immigrants] (This category includes a non-citizen admitted under section 210 or 210A of the INA (8 USC1160 or 1161), [special agricultural worker], who has been granted lawful resident status);
- A non-citizen who entered the U.S. before 1-1-1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under Section 249 of the INA (8 USC 1259);
- A non-citizen who is lawfully present in the U.S. pursuant to an admission under section 207 of the INA (8 USC 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 USC 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a)(7) of the INA (8 USC 1153 (a)(7) before 4-1-1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by a catastrophic national calamity;
- A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d)(5) of the INA (8 USC 1182 (d)(5)) [parole status];
- A non-citizen who is lawfully in the U.S. as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 USC 1253 (h)) [threat to life or freedom]; or
- A non-citizen lawfully admitted for temporary or permanent residence under section 245 A of the INA (8 USC 1255a) [amnesty granted under INA 245 A].

If you checked one of the above boxes, you MUST submit one of the following documents:

- USCIS Form I-551, **Permanent Resident Card**;
- 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 Section 212(d)(5) of INA".
- If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following:
 - (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 is filed on or after 10-1-1990) or from an DHS district director grant asylum (if application filed before 10-1-1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application filed on or before 10-1-1990).
- A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.
- *Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by noticed published in the *Federal Register*.*

VERIFICATION CONSENT

I, _____ (name), hereby consent to the following:

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

NOTIFICATION: Evidence of eligible immigration status shall be released only to 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 DHS.

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

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

--	--

Signature of Applicant

Date

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

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



APPLYING FOR HUD HOUSING ASSISTANCE?

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

Do You Realize...

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

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

Do You Know...

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

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

So Be Careful!

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

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

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

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

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

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

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

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

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

Ask Questions

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

Watch Out for Housing Assistance Scams!

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

Report Fraud

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



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