



Anoka County Community Action Program

Dear Applicant,

Thank you for your interest in Grasslands Housing. We are currently accepting applications for one- and two-bedroom units on our Section 8/Subsidized waiting list. Please read this letter entirely before completing an application.

Please complete the following instructions when filling out your application:

- Read the selection criteria completely. All adults must sign and date. Each adult must complete a separate ACCAP Rental Application form.
- Complete all pages of the waitlist application COMPLETELY. Do not leave any part blank. Please make sure to include two full years of addresses in the “housing history section”. This includes all addresses you have lived regardless of whether you were listed on the lease, lived with family, etc. You must provide a current mailing address.
- Complete the emergency contact form (titled Supplement to Application). Please fill in your information on the first 3 lines of the form.
 - If you choose to provide an emergency contact person, you may fill in their information starting on the 4th line of the form and check the boxes designating the reason(s) for contact.
 - If you do not want to provide an emergency contact, fill in your information at the top, and select “choose not to provide” at the bottom of the form. Sign and date regardless of your choice.
- **All documents must be completed in full. Failing to provide all required information will result in your application being rejected.**
- **Whiteout/correction tape cannot be used on the paperwork. Paperwork received with whiteout is void and cannot be accepted.**
- **You must print and sign the forms with a pen.**
- **We cannot provide you with the status of your name on the waiting list. You will receive a letter 30 days after the acceptance period closes letting you know if your application was accepted for the waiting list. Phone calls regarding the waiting list application cannot be returned due to the large volume of inquiries we receive.**
- **You will not be notified if your application is not accepted.**

Applications will be accepted through the following methods: fax, email, or mail. Applications can also be picked up and dropped off at the ACCAP office during business hours of 8:00am to 4:30pm.

ACCAP attn: Housing 1201 89th Ave NE Suite 3500 Blaine, MN 55434 / Fax: 763-783-4700 / rental@accap.org

Being placed on the waiting list does not guarantee you a unit. All applicants will need to meet our Tenant Selection Criteria. A full background check will be completed prior to approving any applicant for a unit.

Sincerely,
Compliance Department



ACCAP Rental Application

APPLICANT INFORMATION (Each adult applicant must complete a separate Rental Application)

Applicant (Complete Legal Name): First _____ Middle _____ Last _____

Date of Birth: _____ Social Security Number: _____

Driver's License or State ID number: _____ State Issued in: _____

Phone Number of Applicant: _____ E-mail Address of Applicant: _____

HOUSING HISTORY (You must provide a current mailing address and 2 years of housing history, whether with family, friends or not on the lease. Continue on back of application if needed.)

A current mailing address is required

Present Address: _____ City: _____ State: _____ Zip: _____

Landlord Name: _____ Phone Number: _____ E-mail Address: _____

Dates of Occupancy: From _____ To _____ Amount of Rent Paid: \$ _____ Reason for Leaving: _____

Have you given notice to vacate? YES or NO Move out Date? _____

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

Landlord Name: _____ Phone Number: _____ E-mail Address: _____

Dates of Occupancy: From _____ To _____ Amount of Rent Paid: \$ _____ Reason for Leaving: _____

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

Landlord Name: _____ Phone Number: _____ E-mail Address: _____

Dates of Occupancy: From _____ To _____ Amount of Rent Paid: \$ _____ Reason for Leaving: _____

Does/will the household receive rent assistance? If so, indicate from what source
(Section 8, Rural Development RA, etc.) YES or NO

X _____
Signature of Applicant

Date





The following questions pertain to all members of the household that will occupy this unit. Answer each question by circling "yes" or "no" and add an explanation if necessary.

Yes or No Are you currently living in Project Based Section 8 Housing?

If yes, when, is you lease up? _____

Yes or No Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification process, drug related or criminal offenses, or for any other reason?

Yes or No Do you have sole legal and physical custody of your children?

If not, please explain: _____

Yes or No Will any member of your household be temporarily absent from the home?

If yes, who and why? _____

Yes or No Has any member of the household ever been arrested or convicted of a felony or misdemeanor?

If yes, when? _____

Yes or No Has any member of the household ever lived in another state?

If yes, provide a list of all states: _____

Yes or No Is any member of the household subject to a lifetime sex offender registration in any state?

Yes or No Does any member of the household have a pattern of alcohol abuse that would interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents?

Yes or No Does any member of the household use illegal drugs or control substances?

Yes or No Has any member of the household ever issued a different name other than the name given on the application?

If yes, who? _____ List all other names used: _____

Yes or No Has any member of the household ever used a different social security number for the names given on the application?

Yes or No Are you in the process of filing bankruptcy?

Yes or No The property is set aside for elderly or disabled households. Does the household claim eligibility because the head-of- household, co-head, or spouse is 62 years or older OR has one or more disabilities?

Yes or No Does any member of the household request any accommodations (ADA unit or other accommodation) that

Management should know about? If yes, describe? _____

*Applicant processing by Rental Research Services, 7525 Mitchell Road, Suite 301, Eden Prairie, MN 55344, 800-328-0333. The foregoing information is supplied to the management to induce them to rent to me and is true and correct in all respects. I authorize whatever investigation the management considers appropriate. This investigation may include the exchange of information and a report from a credit reporting agency. I authorize the release of housing history from all present and previous landlords, income, and employment history from present or previous employers, and criminal history from all state repositories and/or county criminal courts. This release is valid for this transaction only and continues in effect for one year, unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed one year, or as allowed by law.

Signature

Date

Signature

Date

Affordable Housing Program Pre-Application

Please print legibly. This must be filled out completely. If anything is left blank your application will not be accepted.

List **all** anticipated occupants of the apartment including unborn children and live-in aides.

*Relationship to the head of household **must be** spouse (legal), co-head, other adult, dependent, foster child/adult or live-in aide.

	First Name	Last Name	Date of Birth	Relationship to the Head of Household*	Are you or will you be a student in K– 12 th grade, or at college or university in 2024? Check Yes or No	Check full-time OR part-time for each student.
1				Head	Yes No	Full Part
2					Yes No	Full Part
3					Yes No	Full Part
4					Yes No	Full Part

List the monthly income before taxes or any deductions for each occupant. Income includes employment, Social Security, SSI, public assistance, self-employment (such as Uber, Lyft, Door Dash, etc.), unemployment, disability benefits, pension payments, and any other income.

Occupant # _____ Monthly income \$ _____ Source of Income _____

Occupant # _____ Monthly income \$ _____ Source of Income _____

Occupant # _____ Monthly income \$ _____ Source of Income _____

Occupant # _____ Monthly income \$ _____ Source of Income _____

List the total balance of assets for each occupant including checking, savings, 401K, other retirement accounts, pensions, annuities, money market, Go Fund Me, Venmo, Cash App, house or land owned, stocks, investments, and any other assets.

This includes any accounts for minors listed above.

Occupant #1 total assets _____ Occupant #2 total assets _____

Occupant #3 total assets _____ Occupant #4 total assets _____

I/We certify the information provided in this pre-application is true and correct. I understand my having provided any false information will result in my/our application being canceled or denied or in termination of my housing. I understand I/we am required to provide documentation of income, assets, and student status for all occupants with seven days of my initial application with Management. Failure to provide documentation timely will result in cancellation or denial of my application.

All adults (18 and older) listed above must sign and date this pre-application.

Head of Household Signature Date

Adult Signature Date

Adult Signature Date

Adult Signature Date

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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input checked="" type="checkbox"/> Other: <u>Remove belongings in event of death</u> </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input checked="" type="checkbox"/> Other: <u>Remove belongings in event of death</u>
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input checked="" type="checkbox"/> Other: <u>Remove belongings in event of death</u>		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

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

--	--

Signature of Applicant**Date**

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

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



Resident Selection Criteria

Section 8 Housing for Seniors and Persons with Disabilities

An Equal Housing Opportunity Provider

To be eligible for admission and Section 8 assistance subsidy, adult household members must meet the following requirements. Live-in aides also are subject to criminal, credit and rental history criteria.

- 1) The assisted unit must be the household's sole residence.
- 2) The applicant must qualify as an elderly household. An elderly household consists of:
 - a) A single person or a family where the head of household or spouse is:
 - i) 62 years of age or older.
 - ii) A Handicapped person. Any adult having a physical, mental or emotional impairment which is expected to be of long continued and indefinite duration, substantially impedes their ability to live independently, and is of such a nature that such ability could be improved by more suitable housing conditions, or
 - iii) A Disabled person, who has an inability to engage in substantial gainful activity by reason of a medically determinable physical impairment which can be expected to result in death, or which has lasted or which can be expected to last for a continuous period of not less than twelve months. In the case of an individual who has attained the age of 55 and is blind, inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time.
 - iv) Has a developmental disability, as defined in Section 102(7) of the Developmental Disabilities and Bill of Rights Act, i.e. a person with a severer chronic disability that is attributable to a mental or physical impairment or combination of mental and physical impairments, is manifested before the person attains age 22, is likely to continue indefinitely, results in substantial functional limitation in three or more of the following areas of major life activity: a. self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living and economic self-sufficiency; and reflects the person's need for a combination and sequence of special, interdisciplinary, or genic care, treatment or other services that are of lifelong or extended duration and are individually planned and coordinated.
 - v) Two or more elderly, handicapped, or disabled persons living together or one or more such persons living with another person who is determined to be essential to his or her care and well-being.
- 3) Persons with AIDS or any conditions arising from the etiologic agent for AIDS are eligible.



- 4) Persons whose disability is based solely on drug or alcohol dependence are not eligible
- 5) Only U.S. citizens and noncitizens with eligible immigration status may benefit from federal rental assistance.
 - a) All applicants must declare their citizenship or immigration status.
 - b) Noncitizens must submit documentation of their status or sign a declaration that they do not claim to have eligible status.
 - c) Noncitizen eligibility must be confirmed through the SAVE program prior to applicant approval.
 - d) A family with ineligible members may receive prorated assistance, continued assistance, or a temporary deferral of termination of assistance.
 - e) Students with a noncitizen student visa are ineligible for assistance, as are noncitizen family members living with the student.
- 6) Income Requirements: HUD requires this property to use 30% and 50% income limits, based upon the median income for the area in which the property is located, adjusted for family size, to admit most families. The Low Income Housing Tax Credit Program requires that we use 60% income limits for other units. To be eligible, applicants' income and assets must be verified, and the household's income cannot exceed the required limits for the unit available and number of people in household.
- 7) Screening:

Acceptable applicants should meet the following criteria:

 - a) No complaints from landlords or debts owed to any landlord. Landlords for the past 3 years will be contacted for rental references. All debts owed to a previous Landlord must be paid in full before an applicant will be accepted. Failure of a landlord to respond to our request for rental reference may be cause for denial.
 - b) No unlawful detainers/evictions within the last 7 years.
 - c) No civil judgments within the last 7 years.
 - d) Credit history –Fewer than 5 late payments in last 12 months and fewer than 4 collection accounts totaling less than \$5,000. Exceptions may be made for medical collection accounts, lack of credit history, or extenuating circumstances. Exceptions may be made for households with great rental references and no criminal history.
 - e) Criminal Background check. See the attached spreadsheet for our treatment of Criminal Convictions. ACCAP does not release background checks to applicants. Please request a copy from Rental Research, 7525 Mitchell Road, Suite 301, Eden Prairie, MN 55344, or at 800-328-0333.
 - f) Have a valid and verifiable Social Security Number for all household members. If all non-exempt household members have not provided verification of their Social Security Numbers at the time a unit becomes available, the next eligible applicant will be offered the available unit. Applicants have 90 days to provide documentation of Social Security



numbers for children under the age of 6. The applicant who has not provided required Social Security Number information for all non-exempt household members has 90 days from the date they are first notified of an available unit to disclose/verify the Social Security Numbers. During this 90 day period, the applicant may retain his/her place on the waiting list. After 90 days, if the applicant is unable to disclose/verify the Social Security Numbers of all non-exempt household members, the applicant will be determined ineligible and removed from the waiting list. Existing households can only add household members with valid, documented Social Security Numbers, except that minors under the age of 6, who are added to a Lease within the last six months will have 90 days to provide documentation of Social Security Numbers – and may be given a 90 day extension to provide documentation. If a household does not provide adequate Social Security documentation within the prescribed timeframe, HUD requires that the Owner terminate tenancy. The Social Security Number requirements do not apply to individuals who do not contend eligible immigration status and individuals age 62 or older as of January 31, 2010 whose initial determination of eligibility was begun before January 31, 2010. HUD does not allow exceptions to the Social Security Number documentation requirements. Owners may accept and allow move-in of applicant households that include a family member under the age of 6 who cannot provide a SSN, if the child was added to the household within the six months prior to move-in. The households will have 90 days and one additional 90 day extension to provide the SSN. The extension also applies to in-place households wishing to add a new family member under the age of 6 to the unit.

- g) All household members are US Citizens or Eligible Non-Citizens.
- h) Capable of living independently or have adequate assistance to live independently
- i) Meet all Section 8 and Section 42 requirements, including income eligibility and student eligibility, if applicable.

Any history of the following may be sufficient cause for denial:

- a) Non-payment of rightful obligations including, but not limited to, rent or utilities
- b) Bankruptcy within the last 7 years
- c) Disturbance of neighbors
- d) Destruction of property
- e) Poor living or housekeeping habits
- f) Problems involving chemical dependency, including use of, or distribution of, illegal or controlled substances or sale of same
- g) Rude, uncooperative or disruptive behavior of the applicant or applicant's family, or persons associated with applicant, during the application process
- h) Manipulating household size or income to influence position on waiting list or to impact rent calculation
- i) Failure to keep scheduled appointments during the admission/interview process
- j) Criminal activity involving crimes of physical violence to persons or property or a record of criminal acts that may adversely affect the health, safety or welfare of



other residents or staff. See the attached spreadsheet for our treatment of Criminal Convictions.

- k) Any individual who has engaged in certain drug related criminal behavior, or whose alcohol abuse or pattern of abuse interferes with the health, safety or right to peaceful enjoyment of the premises, or who is subject to a State lifetime sex offender registration program will be denied.

Applications can be obtained by visiting the management office when the waiting list is open. Interested parties may check www.accap.org to see if a property's waiting list is open or can contact the property. Fully completed applications with attachments must be submitted to the management office for the property. Accommodations will be made for applicants with disabilities who request a reasonable accommodation.

All application information is subject to verification. Applicants determined to be ineligible will be notified by letter and given 14 days to appeal the decision.

- 8) EIV Reports: The Enterprise Income Verification (EIV) system will be used to identify applicants who are already receiving housing subsidy at another property, to verify Social Security Numbers, and to verify income. If EIV indicates an applicant receives subsidy at another property, the applicant will have 3 days to produce a letter from their current property manager stating the date that their tenancy ends. If EIV determines that a household member has provided an invalid Social Security Number, the household will have 90 days to provide verification of the correct Social Security Number or be subject to termination of tenancy, according to HUD rules.
- 9) Students: Section 8 Assistance will not be provided to an individual who is enrolled full-time or part-time at an institution of higher education or other program leading to recognized education credential, who is under the age of 24, is not married, is not a veteran of the US Military, does not have a dependent child, is not disabled and was not receiving Section 8 assistance as of November 30, 2005, is not living with his/her parents who are receiving Section 8 assistance, **AND** Is not individually eligible to receive Section 8 assistance or has parents (the parents individually or jointly) who are not income eligible to receive Section 8 assistance. Students living with their parents who are receiving Section 8 assistance are eligible for assistance, as are students who are individually eligible to receive Section 8 assistance.

In order for a student to be eligible, independent of his/her parents, the student must meet **one or more** of the following criteria. The individual is/was:

- 24 years of age or older by December 31;
- An orphan, in foster care, or a ward of the court at any time when the individual was 13 years of age or older;



- An emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in the individual's State of legal residence either currently or immediately before turning 18;
- A Veteran of the Armed Forces of the United States or is currently serving on active duty in the Armed Forces for other than training purposes;
- A graduate or professional student;
- A married individual;
- The guardian of a legal dependent other than a spouse;
- An unaccompanied youth who is homeless (as defined in section 725 of the McKinney-Vento Homeless Assistance Act) or as unaccompanied, at risk of homelessness, and self-supporting, by (i) a local education agency homeless liaison, pursuant to section 722(g)(1)(J)(ii) of the McKinney-Vento Homeless Assistance Act; (ii) The director or designee of a program funded under the Runaway and Homeless Youth Act ; (iii) The director or designee of a program funded under subtitle B of title IV of the McKinney-Vento Homeless Assistance Act; or (iv) A financial aid administrator; or
- The individual is a student for whom a financial aid administrator documents independence by reason of other unusual circumstances.

In order to verify a student's independence from parents, the owner must:

- Verify previous address information to determine evidence of separate household from parents/legal guardians, **or** verify the student meets the U.S. Department of Education's definition of independent student;
- Review a student's prior year tax returns to verify student is independent or meets the U.S. Department of Education's definition of independent student; and
- Obtain written certification from a parent/guardian providing support income. Certification is also required if the parent(s) is not providing support to the student.

Additionally, households that consist entirely of full-time students living in properties participating in the Housing Tax Credit Program are considered ineligible unless they meet one of the following conditions:

- a. Students who are married and entitled to file a joint tax return;
- b. Single-parent with child(ren) and the parent is not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than a parent;
- c. At least one member of the household receives assistance under Title IV of the Social Security Act (Minnesota Family Investment Program)
- d. At least one member of the household participates in a program receiving assistance under the Job Training Partnership Act or Workforce Investment Act or similar federal, state, or local laws
- e. A household member was in foster care within the last 5 years.



Some criteria, such as student status, income eligibility and citizenship requirements, will not apply to “market rate” units.

- 10) Occupancy Standards: Units are assigned based on household size and verified need of an accessible unit or additional bedroom.

<u>Unit Size</u>	<u>Minimum</u>	<u>Maximum</u>
1-Bdrm	1 persons	2 persons
2-Bdrm	2 persons	4 persons

A larger unit may be assigned if no eligible household requiring the larger unit will be available to occupy the larger unit within 60 days and the family agrees to move to the correct size unit, at their own expense, when an appropriate unit becomes available.

Household composition will be allowed to increase by 1 person in the case of the addition of a child under the age of 2. Once the child turns 2, the household may be required to move to a larger unit. Special consideration may be given if a family is in the largest unit the property offers.

- 11) Unit Transfers: Unit transfers may be required based on above Occupancy Standards or HUD standards. Transfer fees will not be charged if the property requires a transfer or the transfer is required as a Reasonable Accommodation. Unit transfers of existing residents will be considered before taking a household from the property’s waiting list. When transferring units, households will be required to pay anticipated costs of damages to the original unit within 30 days. Where non-handicapped persons are moved into units designed to meet special needs, they must agree to move to the first available appropriately sized unit with no such design features should an applicant or current resident require an accessible unit of the type currently occupied by the non-handicapped person.

- 12) Fair Housing: This property does not discriminate against applicants or residents on the basis of race, color, creed, religion, sex, sexual orientation, national origin, age, marital status, familial status, handicap, disability, or socioeconomic class (public assistance). Our policies are designed to comply with Section 504 of the Rehabilitation Act of 1973, the Fair Housing Act Amendments of 1988, and Title IV of the Civil Rights Act of 1964.

- 13) Violence Against Women’s Act: An applicant’s or resident’s status as a victim of domestic violence, dating violence, sexual assault, or stalking is not a basis for denial of rental assistance or for denial of admission, if the applicant/resident otherwise qualifies for assistance or admission. Residents will be given HUD Forms 5380 and 5382 at application, and each adult applicant/resident must sign a VAWA Lease Addendum. If an applicant/resident wishes to invoke VAWA protections, the applicant/resident must complete HUD Form 5382, attaching a statement designating the action desired (lease bifurcation, early termination of tenancy, special



consideration of application, etc) and give it to the property manager. Applicants/residents may provide proof of their status as a victim allowed VAWA protection, such as copies of police reports or Orders for Protection. All documentation provided will be confidential and will not be given to others unless owner is legally required to do so. Assistance may be terminated or a lease “bifurcated” in order to remove an offending household member from a home.

- a) VAWA - Emergency Transfers: A resident who is a victim of domestic violence, dating violence, sexual assault, or stalking, may be eligible for an emergency transfer. The resident’s written request for an emergency transfer should include a statement: 1) that the resident reasonably believes that there is a threat of imminent harm from further violence if the resident were to remain in the same unit; or 2) that the resident was a sexual assault victim and the sexual assault occurred on the premises during the 90 days preceding resident’s request for an emergency transfer. Owner cannot guarantee that a transfer request will be approved or how long it will take for a unit to become available.
- b) VAWA - Confidentiality: All records relating to VAWA protections will be placed in a file marked Confidential VAWA Information, and will be stored separately from the person’s file, in a locked office. These records will be released only if the victim consents to the release in writing, the information is necessary for an eviction action or otherwise is required to be released by applicable law. These documents will not be entered into any shared database.

14) Waiting List: When all units have been rented, a waiting list will be created. A completed application that provides desired unit size, household composition, estimated income and assets, citizenship declaration, marketing and contact information will be kept in chronological order based on the time and date the application was received.

- a) The waiting list will open when the number of people on the waiting list is 10% or less of the total contract units on the property.
- b) The waiting list may be closed when the average wait is a year or more. An advertisement will announce the opening and closing of the waiting list and will state the reasons for closing the waiting list. Applications received after that date will be refused.
- c) Waiting lists will be updated annually through a mailing to applicants on the list.
 - i) Applicants not responding to the mailing will be removed from the waiting list. Applicants may update their information at any time by providing updated information in writing.
 - ii) Households which do not provide copies of Social Security cards, or other documentation acceptable to HUD (such as any of the following if they show the name AND Social Security Number: original document issued by a federal or state government agency, a drivers license, earnings statements on payroll



stubs, bank statement, form 1099, SSA benefit award letter, retirement benefit letter, life insurance policy, court records), within 90 days of being offered an available unit will be removed from waiting list, unless the individual is exempt from the HUD Social Security disclosure requirement. Social Security Number requirements do not apply to individuals who do not contend eligible immigration status and individuals age 62 or older as of January 31, 2010 whose initial determination of eligibility was begun before January 31, 2010. If all non-exempt household members have not disclosed and provided verification of their SSNs at the time a unit becomes available, the next eligible applicant will be offered the available unit.

- d) **Income Targeting:** The property is required to rent a specific number of units to households meeting the 30% or 50% income limits, based upon the median income for the area in which the property is located, adjusted for family size. We will admit households meeting the 30% and 50% income limits until our required income-targeting is met. If that requires that we skip applicants on the waiting list who exceed the 30% or 50% income limits, we will go back to applicants that were skipped after we have achieved the property's income targeting requirements.
- e) Current tenants needing a unit transfer due to medical reasons, changes in household composition, or VAWA rights will have priority for all vacancies.
- f) Applicants have the right to appeal to be reinstated to the waiting list when they have been removed.

REVIEW AND AMENDMENT OF POLICIES

The foregoing policies are subject to review and amendment by the property management agent from time to time when deemed necessary.



Resident Selection Criteria -- Criminal Convictions

Type of Crime	Description	Felony	Years	Misdemeanor	Years
Drug/Alcohol related crimes					
	Description				
High	Items such as manufacture for sale, trafficking, smuggling, DUI causing injury	Fail	All Years	Fail	All Years
Medium	Items such as attempt to purchase, maintain place for drug use, possession of controlled substances (heroin, methamphetamine, cocaine, etc, - not marijuana), three or more DUIs in 5 years, possession of large amount of marijuana	Fail	10 years	Fail	5 Years
Low	Items such as possession of marijuana, possession of drug paraphernalia, drunk and disorderly, minor in possession, open container in vehicle, providing alcohol to minor, sell without a licence, DUI, public intoxication, two or more DUIs in 5 years	Fail	5 years	Fail	3 years
Family Relations related crimes					
	Description				
High	Items such as abandonment, abuse, domestic violence or assault, endangering a child, injury to a child	Fail	15 Years	Fail	10 Years
Medium	Items such as contributing to the delinquency of a minor, harboring a runaway child	Fail	5 Years	Fail	5 Years
Low	Items such as non-support, truancy, minor consumption, minor curfew violations	Pass		Pass	
Fraud related crimes					
	Description				
Medium	Items such as counterfeiting, credit card abuse, embezzlement, forgery, identity theft, insurance fraud, obtain by false pretenses, welfare fraud	Fail	10 Years	Fail	7 Years
Low	Items such as altered license plate/registration, use false ID, worthless check	Fail	5 Years	Fail	5 years
Property related crimes					
	Description				
High	Items such as arson	Fail	All Years	Fail	All Years
Medium	Items such as breaking & entering, burglary, criminal damage, grand larceny, malicious injury to property, receiving stolen property, theft, aid and abet theft, petty theft, shoplifting, tampering, vandalism	Fail	12 Years	Fail	7 Years
Public related crimes					
	Description				
High	Items such as assault on police officer, deliver drugs/weapons to prisoner, escape, dog fighting	Fail	All Years	Fail	All Years
Medium	Items such as bribery, failure to appear/contempt, fleeing police, hindering apprehension, false statement to officer, probation violation, abandonment or neglect of an animal, trespassing	Fail	7 Years	Fail	5 Years
Low	Items such as disobey police officer, misuse of 911, obstruction of justice, resisting arrest, fireworks, littering	Fail	3 Years	Fail	2 Years
Public Order related crimes					
	Description				
Medium	Items such as criminal mischief, engage in riot, fighting, hit and run, harassment, accessory to crime, disorderly conduct, loitering with intent	Fail	10 years	Fail	5 Years
Low	Items such as loitering without intent, fail to pay fare, public swearing	Pass		Pass	
Sex related crimes					
	Description				
High	Items such as first to third degree sexual assault, child pornography, rape, current sex offender registrant under any jurisdiction's sex offender registration program or the national sex offender registration system	Fail	All Years	Fail	All Years
Medium	Items such as a fourth and fifth degree sexual assault, stalking and rape, failure to register as sex offender, indecent exposure, peeping, public lewdness, sex abuse, stalking, sex exploitation of minor, voyeurism, exhibitionism	Fail	All Years	Fail	All Years
Low	Items such as prostitution	Fail	7 Years	Fail	5 years
Transportation related crimes					
	Description				
Low	Items such as driving without license, reckless driving, blocking highway or intersection, child restraint, expired tags, fail to yield right of way, jaywalking, no seat belt, speeding, minor or moderate offense, reckless driving	Pass		Pass	
Violence/Weapons related crimes					
	Description				
High	Items such as murder, manslaughter, assault with deadly weapon, discharging firearm, manufacture destructive device, throwing missiles, terrorism, blackmail, extortion, racketeering, conspiracy, deadly conduct, injury to child or elderly, kidnapping, robbery	Fail	All Years	Fail	All Years
Medium	Items such as assault, battery, carrying a concealed weapon with no gun permit, gang participation	Fail	12 Years	Fail	10 Years
Low	Items such as menacing, reckless endangerment, terroristic threats	Fail	10 years	Fail	5 Years

NOTE: Convictions will be evaluated individually and collectively. An applicant with a PATTERN of criminal behavior may be rejected, even though an individual conviction might be accepted.

Revised 8/30/2019

For convictions in the medium and low categories, an individual may submit for consideration evidence of mitigating circumstances including the facts and circumstances surrounding the criminal conduct, the age of the individual at the time of the conduct, evidence that the individual has maintained a good tenant history before and/or after the conviction and evidence of rehabilitation efforts.