



Dear Applicant(s):

Thank you for requesting an application for housing with Glenridge Terrace Apartments.

In addition to the application, there is a Tenant Selection Plan for you to keep and there are also three additional forms for you to complete, sign and return with the application. The credit check form will be held until prior to your interview for an available apartment.

Please return the following forms with your application:

- Application
- Housing Disability Status Reporting Form *
- Credit Check Form
- Race and Ethnic Data Form *
- Supplement to Application For Federally Assisted Housing *

*Forms marked with an * are not required to be completed or signed, but please return them with completed application packet.

Please keep the Tenant Selection Plan.

If you have any questions regarding the application or any of the included forms, please feel free to call, (541) 779-8393 or 800-714-9177. Thank you again and we look forward to working with you.

Sincerely,

Donelle Evans
Facility Manager



690 Black Oak Drive • Medford, OR 97504
(541) 779-8393 • TDD: (800) 735-2900 or dial 711 • Fax: (541) 772-7637

www.senioraffordablehousing.org

All facilities comply with federal Fair Housing regulations, accepting age-qualified residents without regard to national origin or gender, race, color, religion, disability, or familial status. We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.





**Application for Housing
 Glenridge Terrace Apartments
 690 Black Oak Drive, Medford, Oregon 97504
 (541) 779-8393**

Gross Income Limit by Number of Persons per Household			
Number of Persons	30% of Median	Very Low Income	Low Income
2	13,300	22,150	35,450
3	14,950	24,950	39,850
4	16,600	27,750	44,300
5	17,950	29,900	47,850
6	19,250	32,150	51,400
7	20,600	34,350	54,950
8	21,900	36,550	58,500

Apartment Size Requested	2 Bedroom	3 Bedroom	4 Bedroom

Fair Housing:

Community Housing by Pacific Retirement Services' facilities comply with Federal, State, and Local Fair Housing regulations, housing persons without regard to race, color, national origin, religion, gender, familial status, or disability. We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, Federal, State or Local assisted programs and activities.

Smoke-Free Community:

Smoking is not permitted in apartments or interior common areas. All other communities are smoke-free unless a resident moved in PRIOR to January 1, 2007, as they are permitted to smoke only in their apartment. Effective January 1, 2010, Community Housing by Pacific Retirement Services' facilities will all be Smoke-Free. Smoking is not permitted within apartment units, as well as within 20 feet of the entrances and exits of the Office and Computer Learning Center building. Smoking in the laundry rooms, on the play area and immediate area around the mailboxes is also prohibited. The distance may be greater if required by local city ordinances.

Water Beds:

Glenridge Terrace Apartments does not allow the use of waterbeds in the apartments. We also have a written pet policy that must be adhered to at all times.

APPLICANT INFORMATION			
Applicant First Name:	Middle:	Last:	
Date of Birth:	Social Security Number: - -	Sex: M / F	
Required at least one of the following			
Telephone Number: ()	Contact/Message Number: ()	Email Address:	
Are you student of higher education: Yes / No		Marital Status:	
Present Address: Street	City	State	ZIP
Mailing Address (if different): Street	City	State	ZIP
SPOUSE/CO-HEAD INFORMATION			
Spouse/Co-Head First Name:	Middle:	Last:	
Date of Birth:	Social Security Number: - -	Sex: M / F	
Required at least one of the following			
Telephone Number: ()	Contact/Message Number: ()	Email Address:	
Are you student of higher education: Yes / No		Marital Status:	
Present Address: Street	City	State	ZIP
Mailing Address (if different): Street	City	State	ZIP
PREVIOUS RENTAL HISTORY			
Has ANY member of the applying household ever lived at Glenridge Terrace Apartments before? Yes / No			
If yes, when:			
Current Landlord Name:	Address:		Telephone Number: () How long at this residence?
Previous Landlord Name:	Address:		Telephone Number: () How long at this residence?
Previous Landlord Name:	Address:		Telephone Number: () How long at this residence?
Has ANY member of the applying household been evicted OR served with a Notice of Termination?	Yes / No		
If YES, was the eviction related to drug activity?	Yes / No		
If YES, was a drug treatment program successfully completed?	Yes / No		
NOTE: HUD prohibits the admission for any household member who has been evicted from any federally subsidized housing for drug related activity in the past 3 years unless they have successfully completed a drug treatment program.			

BACKGROUND INFORMATION

Note: We conduct criminal background checks on ALL adult members of the household.

Please list all states and counties in which ALL of the members of the applying household have lived the last **10** years:

States: _____

Counties: _____

Has ANY members of the applying household ever been convicted of a felony or a misdemeanor?

Yes / No

If yes, please explain:

Are ANY members of the applying household subject to a lifetime sex offender registration?

Yes / No

Are ANY members of the applying household currently using illegal drugs or abusing alcohol?

Yes / No

FAMILY MEMBER INFORMATION

List each member that will reside in the apartment

Full Name First, Middle, and Last	Social Security # All members 6 years and up, if applicable	Relationship to Head of Household (Spouse, Son, Daughter, Foster Child)	Pregnant/Adopting/ Legal Guardian Indicate custody status/ # of expected children	Sex	Date of Birth Mo/Day/Yr
	- -			M / F	/ /
	- -			M / F	/ /
	- -			M / F	/ /
	- -			M / F	/ /
	- -			M / F	/ /
	- -			M / F	/ /
	- -			M / F	/ /
	- -			M / F	/ /

INCOME SOURCES

Includes Child Support, Alimony, Unemployment, Gifts, Welfare, Social Security Income, etc.

Source:	Address:	Gross Monthly Amount:
Source:	Address:	Gross Monthly Amount:
Source:	Address:	Gross Monthly Amount:
Source:	Address:	Gross Monthly Amount:

NOTE: This does NOT include deductions from federal, state, local, or private pension funds, or from Social Security paid directly to an applicant's former spouse pursuant to the terms of a court decree of divorce, annulment, or legal separation are not counted as annual income. If the applicant, however, is receiving such funds, it IS counted as annual income.

CHILDCARE EXPENSES			
Expenses which enable you to work, look for work, or attend school/training.			
Provider's Name:	Address:	Monthly Out of Pocket Cost:	
CREDIT REFERENCES			
Bank #1:	Branch:	Checking Account #:	Savings Account #:
Bank #2:	Branch:	Checking Account #:	Savings Account #:
Savings & Loan/Others:	Branch:	Account #:	
PERSONAL REFERENCES			
Reference #1 Name:		Relationship:	
Address:		Telephone Number:()	
Reference #2 Name:		Relationship:	
Address:		Telephone Number:()	
ADDITIONAL INFORMATION			
Is ANY member of the applying household in need of a "Mobility Accessible Unit"?			
Yes / No			
Is ANY member of the applying household in need of a Reasonable Accommodation for a disability? (For example, an apartment feature that helps with a hearing, mobility or vision impairment).			
Yes / No			
If yes, a Reasonable Accommodation Form will be provided at interview, if you need the forms prior, please notify the office.			
Is ANY member of the applying household in need of interpretive services?			
Yes / No			
If yes, what type of interpretive services are you requesting? _____			
NOTE: The use of medical marijuana is not allowed in federally subsidized facilities. You would be in violation of your lease if used on facility property.			

The undersigned hereby certify and verify that the foregoing rental application form has been completed and filled out truthfully and accurately. Undersigned understand that the landlord will be relying answers and statements in this application in considering household as prospective residents. Perjury or omission of facts can be grounds for denial.

Return Completed Application to:

Glenridge Terrace Apartments
690 Black Oak Drive
Medford, OR 97504

ORIGINAL SIGNATURES REQUIRED

Applicant Signature:

Signature Date:

Application must be dated to be placed on wait list.

Spouse/Co-Head Signature:

Signature Date:

Application must be dated to be placed on wait list.

Applicant Signature:

Signature Date:

Application must be dated to be placed on wait list.

IMPORTANT

Providing false, incomplete or inaccurate information on your application and future recertification forms is considered fraud and punishable by law.

Household Disability Status Reporting Form

Property Name: _____

Property Address: _____

Date: _____

Name of Head of Household: _____

As the _____ is a recipient of federal funding, the property is required to report to HUD the number of disabled applicants/tenants who apply/live at our property. Providing this data is voluntary and will be used for reporting purposes only.

Please understand declaring disability status is voluntary. This information will not be used to determine eligibility for residency. If an applicant/resident chooses not to disclose their disability status, that choice will not prevent an applicant/resident from being housed or receiving housing assistance unless such declaration is necessary to determine project eligibility for housing.

Are you or any member of your household disabled?

YES NO

Signature

Date

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

This facility houses persons without regard to race, color, religion, disability, familial status, national origin or gender and does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.





ASSOCIATED CREDIT SYSTEMS, INC
 PO Box 790
 MEDFORD, OR 97501
 (866) 460-3117 * (541) 734-7055 * FAX (888) 391-9919
www.associated-credit.com

APPLICANT AUTHORIZATION TO RELEASE CREDIT INFORMATION

I understand that ASSOCIATED CREDIT SYSTEMS, INC. (ACS, Inc.) will be processing my rental application & may access my credit information from the national repositories. I authorize my references and creditors to release, to ACS, Inc., all information necessary to complete said report. I further authorize my references and creditors to release said information telephonically and/or by fax, and request it be done in this manner whenever possible. Furthermore, I understand ACS, Inc. has my authorization to research all public records for my criminal and eviction history. I also understand that it may be necessary to verify my current employment. I authorize my current employer to release any and all information that may be required to complete the credit report. I further authorize ACS, Inc. to use a photocopy of this form when it is necessary to verify more than one of my references. I request that such a photocopy be fully honored.

Dated this _____ Day of _____ Year _____

Applicant Full Name: _____

Applicant's Signature: _____

Spouse or Co-Head Full Name: _____

Spouse or Co-Head's Signature _____

Applicant SS#: _____ Applicant Date of Birth: _____

Spouse SS#: _____ Spouse or Co-Head Date of Birth: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Applicants Phone # _____

Business Requesting Report:

Ordered By	Phone Number	Fax Number	Account Number
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Please email results to: _____

IMPORTANT: IF APPLICANT'S ARE NOT MARRIED, SEPARATE APPLICATIONS MUST BE FILLED OUT
 Please select the type of report you require by checking the appropriate box

PRS REPORT
 AIM, Credit Report, Felony & Misdemeanor
 Check, Eviction Check, Federal, County Search – If Needed

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 may mark one or more.

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.

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.

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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.

**Glenridge Terrace Apartments
Community Housing
Tenant Selection Plan**



Community Housing by Pacific Retirement Services' facilities comply with Federal, State, and Local Fair Housing regulations, housing persons without regard to race, color, national origin, religion, gender, familial status, or disability. We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, Federal, State or Local assisted programs and activities.

Low income subsidies are provided by the U.S. Department of Housing and Urban Development (HUD). Project Rental Assistance Contracts (PRACs) are intended to house very low income families.

The guidelines stated below are to determine who can be admitted to reside at the facility (final approval will be subject to all verified material):

I. Information

All of the required information in an Application Packet (Application, Supplement to Application, Credit Check Form, Race and Ethnicity Form, Household Disability Status Reporting Form) should be included and signed where applicable by the applicant. The Credit Check is not ran until an apartment is being offered, but it must be signed and with the application materials.

If information is revealed on the application that would not meet our Applicant Screening Criteria referenced below, the application will be rejected. It is not necessary to proceed with any information below (i.e. landlord or personal references, credit or criminal background screening) if information provided on or with the application shows the applicant would not qualify based on Applicant Screening Criteria.

II. Pre-Screening/Project Eligibility Requirements

All of the following requirements are necessary before an applicant can be added to the wait list.

A. Project Specific Requirements

The head of household must be eighteen (18) years of age or older or a legally emancipated minor.

B. Citizenship Requirements

At Glenridge Terrace Apartments, HUD restricts assistance to non-citizens with ineligible immigration status and requires all applicants and household members to complete citizenship declaration forms and submit evidence of citizenship or eligible immigration status at the time of application.

C. Social Security Number Requirements

All household members, age six and older, must disclose and document Social Security numbers (SSN). Those who have not been assigned a Social Security number must sign a certification stating that no SSN has been assigned. Documentation of the SSN must be provided once an SSN has been assigned. The effective date of the Refinement of Income and Rent Determination Requirements in Public and Assisted Housing Programs, Final Rule, is under review. Once the Final Rule is in effect, applicants will be required to disclose and provide verification of the SSN for **ALL** members of their household before they can be admitted.

D. Student Eligibility Requirements

Any student who is enrolled at an institution of higher education who is under the age of 24, is not a veteran, unmarried, and does not have any children, and is individually ineligible for Section 8 assistance, or the student's parents are individually or jointly, ineligible for assistance, no Section 8 assistance can be provided to the student. Unless the student is determined independent (by PHAs) from his or her parents, the eligibility of a student seeking Section 8 assistance will be based on both the student and the parents being determined income eligible for Section 8 assistance OR whether the student's parents, individually or jointly, are income eligible for Section 8 assistance.

Both the student's income and the parents' income must be separately assessed for income eligibility. Additionally, the financial assistance of the student in excess of tuition will be included in annual income when determining the student's eligibility for Section 8 assistance, unless the student is over the age of 23 with dependant children.

E. Income Limit Requirements

A resident must meet the income guidelines for the county in which the facility is located as set forth by HUD. Income limits are updated by HUD annually.

III. Applicant Screening Criteria

All of the following requirements are necessary before an applicant is offered an apartment.

A. Landlord References

Two positive landlord references are required. If landlord references are unavailable, two positive personal references will be accepted. In the event just one landlord reference is available, then a personal reference will also be required.

A positive landlord reference requires that rent was paid in a timely manner and all balances paid in full. Also, requires that tenant complied with facility policies and lease agreement; including leaving the property in an acceptable condition.

NOTE: See Section V – “Other Community Housing Policies” – for exception guidelines regarding victims of domestic violence or stalking.

B. Credit / Eviction History

Credit history that shows no collection or outstanding balance due for rental or housing related activity such as utility payments, property management companies, or eviction;

Any Real Estate Loans that were included in a bankruptcy where restitutions were required may not be viewed as housing related, as long as the restitution payments are current. Foreclosures may not be viewed as housing related discrepancies. Whether bankruptcy or foreclosure, statements are required of verification.

C. Information / Criminal Screening

Information/Criminal screening that does NOT reveal the following:

1. Drug Related Criminal Activity

- a. Felony or misdemeanor history related to any household member's eviction from federally-assisted housing for drug-related activity in the past three (3) years.

There are two exceptions to this provision:

- o The evicted household has successfully completed an approved, supervised drug rehabilitation program; or
- o The circumstances leading to the eviction no longer exist (e.g., the household member no longer resides with the applicant household).

- b. Any household member currently engaging in illegal drug use, or for which the owner has a reasonable cause to believe that a member's illegal use or pattern of illegal use of a drug may interfere with the health, safety, and the right to peaceful enjoyment of the property by other residents, employees, guests, contractors, subcontractors or agents of the owner.

2. Violent Criminal Activity

Any household member is currently engaging in or has engaged in violent criminal activity or other criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the property by other residents, employees, guests, contractors, subcontractors or agents of the owner.

3. Other Criminal Activity
 - a. Felony history relating to other criminal activity that threatens the health, safety, and right to peaceful enjoyment of the property by other residents, employees, guests, contractors, subcontractors, or agents of the owner.
 - b. Misdemeanor history in which the criminal activity threatens the health, safety, and right to peaceful enjoyment of the property by other residents, employees, guests, contractors, subcontractors, or agents of the owner.
 - c. Any household member being subject to a lifetime sex offender registration program.
 - d. Any household member if there is reasonable cause to believe that the member's behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents, employees, guests, contractors, subcontractors, or agents of the owner. The screening standards must be based on behavior, not the condition of alcoholism or alcohol abuse.

D. Other Allowable Screening Criteria

1. All household members must be able to live according to and abide by the terms of their lease agreement.
2. All household members must conduct themselves in a manner which does not constitute a direct threat to the health and safety of self, other residents, employees, guests, contractors, subcontractors, or agents of the owner.
3. All household members must conduct themselves in a manner which does not cause any substantial property damage to the property of other residents, employees, guests, contractors, subcontractors, or agents of the owner.

In the event that an applicant is rejected, the applicant will receive written notification. The applicant shall have fourteen (14) days from the date of the letter to respond in writing or to request a meeting to discuss the rejection. Responses may be directed to Housing Director, Pacific Retirement Services, 1200 Mira Mar Ave., Medford, OR 97504. When an applicant is rejected, more detailed information concerning appeal rights will be furnished at the time of rejection.

IV. Procedures for Accepting Applications and Selecting From the Wait List

A. Procedures for Accepting Applications

An applicant must submit a completed Application. Each site maintains a wait list for residency. Once received, an application will be evaluated; any application meeting the requirements as stated in the "Pre-Screening/Project Eligibility Requirements" will be placed on the wait list. Any application not meeting these requirements will be rejected and will not be placed on the wait list. In the event that an applicant is rejected, the applicant will receive written notification.

The applicant shall have fourteen (14) days from the date of the letter to respond in writing or to request a meeting to discuss the rejection. Responses may be directed to Housing Director, Pacific Retirement Services, 1200 Mira Mar Ave., Medford, OR 97504. When an applicant is rejected, more detailed information concerning appeal rights will be furnished at the time of rejection.

Placement on the wait list is determined by the date on which all application materials are received at the office; however, acceptance to the wait list does not automatically guarantee eligibility for an apartment. Further screening as described in the applicant screening criteria section will be completed at the time an apartment is offered. Apartments are rented to eligible persons in the order of receipt.

B. Wait List Procedures

An offer of an apartment will be made by telephone or email. A person offered an apartment has 48 hours from the time the phone call or email was initiated, to notify the office of their intention to accept or reject the offered apartment. If no response is received within the allowed 48 hours the offer will be considered rejected by the applicant. Any deviation from this time frame must be approved in writing by the Housing Director.

Any eligible person who is offered an apartment and refuses (does not accept) a third time, for any reason including medical reasons, will be removed from the wait list. The individual may reapply at any time. However, their position on the wait list will be determined by the date their most recent application is submitted.

NOTE: If an applicant has written or included a preference (first floor, second floor, west side of building, #101, etc.) for an apartment, it is no longer Community Housing's practice to acknowledge these preferences. Every applicant is offered an available apartment based on availability not preferences. If the applicant refuses (does not accept) the apartment, it will be considered one of the three refusals an applicant is allowed, before having to reapply. If an applicant has a medically necessary reason for a preferred floor it must be accompanied by a Reasonable Accommodation Request, and if the request is approved, it would not be considered a refusal.

The applicant is responsible for informing each facility they applied to, of any changes to their contact information (address, phone numbers, email address, etc.). An applicant will be removed from the wait list if mail is returned due to incorrect mailing information or if a number is disconnected or incorrect.

At any time there are changes to the Tenant Selection Plan (TSP) all applicants on wait list will receive a copy of the updated TSP.

Note: Privacy laws require release of information to applicants only.

C. Procedures for Applying Preferences

HUD requires that no less than 40% of the admissions to any project assisted through the project based Section 8 program in any fiscal year must be extremely low income households. Income targeting will be analyzed quarterly to ensure the 40% target is met. In keeping with HUD's Income Targeting Policies, applicants at Glenridge Terrace Apartments whose incomes are below the Extremely Low Income limit (30% of the area median income) may receive preference over another applicant in a higher position on the wait list when an apartment becomes available.

To implement this preference, the first extremely low income applicant on the wait list (which may mean "skipping over" some applicants with higher incomes) for the available apartment, and then select the next eligible applicant currently at the top of the wait list regardless of income level for the next available apartment. As subsequent apartments become available, tenant selection continues to alternate between the next extremely low income applicant and the eligible applicant at the top of the wait list until the 40% target is reached.

HUD regulations require that preference is given to applicants who have been displaced by government action or a presidentially declared disaster.

D. Occupancy Standards

Residents will be required to meet the following State and HUD standards for occupancy (information must be verified):

	OCCUPANCY STANDARDS	
	FEDERALLY SUBSIDIZED PROGRAMS (SECTION 8, 236, BMIR, PHA)	
	Household Members	
	Min	Max
1 bedroom	1	2
2 bedroom	2	4
3 bedroom	3	6
4 bedroom	4	8

Household members include:

- Ø All full-time members of the household
- Ø Children who are away at school but live with the family during school recesses
- Ø Children who are subject to a joint custody agreement but live in apartment at least 50% of the time

- Ø An unborn child
- Ø Foster children
- Ø Live-in attendants

E. Policy for Opening/Closing the Wait List

It is not our policy to close the wait list for the property.

V. Other Community Housing Policies

A. Move-in Policies

Once an apartment is offered to an applicant and is accepted, the move in date must occur within 45 calendar days.

B. Unit Transfer Policies

Residents have the option to transfer between apartments for medically necessary reasons. Also, at move-in, management may offer prospective residents/applicants the option of moving to a more desirable apartment at a later date should one become available to aid in reducing vacancy loss in difficult to rent apartments, due to size, location, limited view and/or light. A written request for transfer to a more desirable apartment would be made to management, during the move in process.

Transfer requests will be placed on an in-house wait list, in the order of the date they are received. In-house transfers have priority in regard to apartment availability.

A transfer request for medically necessary reasons must be accompanied by a note from the Resident's physician or care provider stating the need for the transfer based on a medical condition or disability.

For a transfer requested as a "Reasonable" Accommodation to a household member's disability, the owner may be responsible for the moving expenses. The expenses are those incurred in moving the household member's personal belongings, unless doing so would be an undue financial and administrative burden.

C. Fair Housing

The Fair Housing Act Amendment of 1988 prohibits discrimination on the basis of race, color, religion, gender, national origin, disability or familial status. We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Sexual Harassment is a form of discrimination according to the Fair Housing Act. **If you feel you have been discriminated against because of race, color, religion, national origin, familial status, sex or disability, or any other protected class per federal, state, or local regulations, please contact the Housing Director or VP of Housing at 1-800-714-9177 or TDD 1-800-735-2900 or dial 711.**

D. Policies to comply with Section 504 of the Rehabilitation Act of 1973 & Fair Housing Act Amendments of 1988.

Section 504 prohibits discrimination based upon disability in all programs or activities operated by recipients of federal financial assistance.

A Reasonable Accommodation as defined by the Fair Housing Act is any accommodation by management in rules, policies (including acceptance of assistance animals as an exception to a "no pets" rule), and practices of services to give a person with a disability an equal opportunity to use and enjoy a dwelling unit or common space. It is your responsibility to inform management of any situation where a Reasonable Accommodation is needed.

Reasonable Accommodations should be submitted in writing. If unable to provide the request in writing, please notify management. Reasonable structural modifications to an apartment and/or common areas that are needed by applicants and tenants with disabilities may be approved and funded by the project,

unless these modifications would change the fundamental nature of the project or result in undue financial and administrative burdens.

If you feel that you have been discriminated against because of disability, call Dena Smith 504 Coordinator, at 1-800-714-9177 or TDD 1-800-735-2900 or dial 711.

E. Security Deposit Requirements

HUD requires collection of a security deposit at the time of the initial lease execution. The amount of the required deposit is equal to the Total Tenant Payment, on the HUD 50059 form, or \$50, whichever is greater.

F. Financial Information

Upon applying for residency at Community Housing facilities, the applicant must provide all financial information required by HUD (a list of financial information requirements will be provided) during a certification interview prior to being accepted for residency.

G. Existing Tenant Search

After applicants have signed a Consent of Release of Information, an Existing Tenant Search is printed from the Enterprise Income Verification System from the HUD Website. This report shows whether an applicant is currently living at another HUD site (multi-family or Public Housing) so sites can coordinate move-outs and move-in dates.

H. Violence Against Women Act

The VAWA protections apply to families applying for or receiving rental assistance payments under the project-based Section 8 program. The law protects victims of domestic violence, dating violence or stalking, as well as their immediate family members generally, from being evicted or being denied housing assistance if an incident of violence that is reported and confirmed. The VAWA also provides that an incident of actual or threatened domestic violence, dating violence or stalking does not qualify as a serious or repeated violation of the lease nor does it constitute good cause for terminating the assistance, tenancy, or occupancy rights of the victim. Furthermore, criminal activity directly relating to domestic violence, dating violence or stalking is not grounds for terminating the victim's tenancy. Owners/Agents may bifurcate a lease in order to evict, remove, or terminate the assistance of the offender while allowing the victim, who is a tenant or lawful occupant, to remain in the unit.

VAWA Protections

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.