

# Affordable Housing Opportunity for Persons age 62 and over



**Tax Credit Studios Available Now!**

**550 24th Street, Oakland CA, 94612**

## Rents and Range of Max Income:

Unit Size	Net Rents	HH Size	Max Annual HH Income
Studio	\$1,050-\$1,500	1 Person	\$62,160
		2 People	\$71,040

Minimum income is 2x the rental rate. Deposit is equal to rental rate. Rates and availability subject to change without notice.



Pet Friendly!



**Contact: Northgate Terrace**  
**[www.liveatnorthgateterrace.com](http://www.liveatnorthgateterrace.com)**  
**Phone: 510-465-9346**

**EQUAL HOUSING OPPORTUNITY**



# Application For Occupancy

Northgate Terrace  
 550 24th Street  
 Oakland, CA 94612  
 Ph: 510-265-9346  
 TTY: 711  
 NorthgateTerrace@related.com

Northgate Terrace is a Smoke-Free Community

For Related Management Company Office Use Only:
Date Received: _____
Time Received: _____
Application #: _____

**This application is to be completed by the head of household. All questions must be answered. If any questions are left blank, the application will be returned. If a question does not apply, please write "N/A." Head of household and all adult family members must sign the last page.**

Head of Household Full Name:		
Street Address/Apartment Number:	City, State:	Zip Code:
Home Phone:	Secondary Phone:	Email Address:
Check which size units you would like to be considered for (contact management for unit sizes specific to the property you are applying):  <input type="checkbox"/> 0BD <input type="checkbox"/> 1BD	Do you require a unit with special accessibility features for any member of your household for the following disabilities? <input type="checkbox"/> Mobility <input type="checkbox"/> Visual <input type="checkbox"/> Hearing	
Check "Yes" if you have been displaced by one of the following state declared disasters: a) Urban Renewal Area; b) Disaster such as fire or flood; c) Government or state action; or d) Presidential-declared disaster: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you are applying for a HUD Elderly/Disabled Property, please answer the following questions: Does the Head of Household meet one of these qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, which one? <input type="checkbox"/> 62 or older <input type="checkbox"/> Individual with a disability		

## Housing Status

Complete each category as applicable, or write "N/A."

Current Landlord Name/Address:		Landlord Phone:
Current Managing Agent Name/Address:		Managing Agent Phone:
Check the size of your current residence: <input type="checkbox"/> Studio <input type="checkbox"/> Two Bedrooms <input type="checkbox"/> One Bedroom <input type="checkbox"/> Other (specify):	How long have you lived at this address? ____ Years   ____ Months	Is the lease in your name? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you sharing your apartment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total monthly rent for your apartment: \$ _____	Your portion of monthly rent: \$ _____
Does your current rent include utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	Average monthly utility expenses: \$ _____	Is your landlord a relative? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you pay your own rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, who does?	Reason for wanting to move:
Do you currently have a portable Section 8 voucher? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your current rent subsidized through Section 8? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently without a regular nighttime residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you relocating due to violent or unsafe conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Landlord Name/Address: (list only if you have lived at your current address for less than 2 years)		Previous Landlord Phone:
Previous Managing Agent Name/Address:		Previous Managing Agent Phone:
Previous monthly rent: \$ _____	Reason for moving:	
Please list <b>all states</b> in which you and all members of your household have previously resided:		

# Household Information

List all persons who will occupy the apartment, including yourself and persons anticipated to join the household (e.g., unborn child/children of expectant household members, children to be adopted, live-in aides, etc.).

Household Member Full Name:	Relationship to Head of Household:	Sex: (Male, Female, or Decline to Answer)	Date of Birth:	Last 4 digits of SSN:
1.	Head of Household			
2.				
3.				
4.				
Please list all household members who have served in the <b>U.S. military</b> :				

# Income from Employment

List all **current** full-time and/or part-time employment income for all household members. (Include self-employment gross earnings and net taxable income.) If you do not currently receive income from employment, please write "N/A." See next page for non-employment sources of income.

Household Member Full Name:	Occupation:	Employer Name/Address/Phone:	Start Date:	Gross Earnings (Before Deductions and Taxes):
1		_____ _____		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
2.		_____ _____		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
3.		_____ _____		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
4.		_____ _____		\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

# Income from Other Sources

List any and all other income sources not previously reported, including but not limited to: Social Security, S.S.I., AFDC/TANF, pension, disability compensation, Armed Forces regular and special pay, unemployment compensation, alimony, child support, annuities, dividends, income from rental property, recurring monetary contributions, etc. If you do not have any sources of additional income, please write "N/A."

Household Member Full Name:	Type of Income:	Income Amount:
1.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
2.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
3.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
4.		\$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

# Assets

Complete each category as applicable, or write "N/A."

<b>Checking Account</b>	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date: \$ _____ as of _____
Name/Address of Bank		
<b>Additional Checking Account</b>	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date: \$ _____ as of _____
Name/Address of Bank		
<b>Savings Account</b>	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date: \$ _____ as of _____
Name/Address of Bank		
<b>Money Market Account/Crypto Currency Account</b>	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date: \$ _____ as of _____
Name/Address of Bank		
<b>Certificate of Deposit Account</b>	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date: \$ _____ as of _____
Name/Address of Bank		
<b>401K/Other Retirement Account</b>	Last 4 Digits of Account Number:	Current Balance as of Last Statement Date: \$ _____ as of _____
Name/Address of Bank		
Do you receive income in the form of a <b>pre-paid debit card</b> (e.g. Direct Express, EBT, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Current Balance as of Last Statement Date: \$ _____ as of _____
Do you own any <b>stocks/bonds</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the current value? \$ _____
Do you own any <b>savings bonds</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the current value? \$ _____
Do you own any <b>real estate</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the current value? \$ _____
Have you ever owned any real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when? _____ When was it sold? _____ For how much? \$ _____

Has any adult family member sold, given away, or otherwise disposed of any assets for less than fair market value during the past two years?  
 Yes  No

If yes, list each asset and the amount received for each asset:  
 Type of Asset \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Type of Asset \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Type of Asset \_\_\_\_\_ Amount \$ \_\_\_\_\_

## Student Status

List all household members that are currently enrolled in an educational program, or write "N/A."

Full Name of Student:	School Name/Address/Phone:	Enrollment Status:
1.	_____ _____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
2.	_____ _____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
3.	_____ _____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
4.	_____ _____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
5.	_____ _____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
6.	_____ _____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
7.	_____ _____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

## Child Care and Medical Expenses

Complete each question as applicable, or write "N/A."

Do you pay for child care expenses for any household member under the age of 13? <input type="checkbox"/> Yes <input type="checkbox"/> No Names of children requiring child care:	If yes, name/address/phone of child care provider: _____ _____	Estimate of monthly child care costs: \$ _____
If you are 62 or older or disabled, do you anticipate any medical and/or health related expenses for the next 12 months that are not reimbursed by any medical plan/insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If yes, please indicate the estimated yearly expense amount: \$ _____	Amount of monthly Medicare premium: \$ _____
		Amount of other medical insurance monthly costs: \$ _____

# Program Information

Complete each category as applicable, or write "N/A."

Do you presently reside in a development where your rent is based upon your income? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
How did you hear about our development?	Why are you applying to our development?
Have you or any member of your household ever been evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
If yes, was the eviction from federally assisted housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain reason for eviction:	
Is anyone in your household currently engaged in the use of illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain circumstances briefly:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain circumstances briefly:	

You have certain rights under federal, state, and local laws with respect to your consumer report. In evaluating your application, a consumer reporting agency listed below may provide us with information.

**Credit Bureaus:**

- Experian (TRW), Attn: NCAC, P.O. Box 2002, Allen, TX 75013 (888) 397-3742
- TransUnion, Consumer disclosure center, 2 Baldwin Place, P.O. Box 1000, Chester, PA 19022 (800) 888-4213
- Equifax (CBI), PO Box 740241, Atlanta, GA 30374 (800) 685-1111

**Civil Records:**

- First American Registry, Inc., Attn: Consumer Relations, 11140 Rockville Pike, PMB 1200, Rockville, MD 20852 (888) 333-2413

Additionally, you have a right to (1) inspect and receive one free copy of such report by contacting the consumer reporting agencies listed above; (2) obtain a free copy of the report from each national consumer reporting agency annually, and/or a report from [www.annualcreditreport.com](http://www.annualcreditreport.com); and (3) dispute any inaccurate information in the report with the consumer reporting agency.

Under the Fair Credit Reporting Act, you have a right to request disclosure of the nature and scope of the investigation. You must be told if information in your file has been used against you. You have a right to know what is in your file, and this disclosure may be free. You have the right to ask for your credit score (there may be a fee for this service). You have the right to dispute incomplete or inaccurate information. Consumer reporting agencies must correct inaccurate, incomplete, or unverifiable information.

Additionally, I hereby acknowledge that I have received a Summary of Rights under the Fair Credit Reporting Act. A copy of the Summary of Rights was provided to me as an attachment to this application.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

Moreover, an investigative consumer report may be obtained regarding your character, general reputation, personal characteristics and/or mode of living. The following investigative consumer reporting agency is used to prepare our investigative consumer reports:

- **LeasingDesk Screening, 2201 Lakeside Blvd., Richardson, TX 75082, (866) 934-1124**

Please check one of the following:

I request a copy of the rental report obtained. It can be sent to me at the following address: \_\_\_\_\_

I decline a copy of the rental report obtained.

Additionally, under *California Civil Code* §1786.22, if you wish to dispute the accuracy or completeness of any item in the consumer report, you may contact the consumer reporting agency above and request an investigation. You may also view the file maintained on you by the above credit reporting agency during normal business hours. You can receive a copy of your file by providing proper identification and paying related copy costs. You may also receive a summary of the file by telephone. The agency is required to have employees available to explain your file to you and they must explain any coded information in your file. You can bring someone with you to view the file, so long as they have identification.

I authorize you to obtain reports that may include credit reports, investigative consumer reports, unlawful detainer (eviction) reports, , social security number verification, and previous tenant and employment history.

In connection with the application to rent the property located at 550 24th Street, Oakland, CA 94614 (“**Applicant**”) hereby authorizes the property owner (either directly or through its designated agents and its employees) to investigate Applicant’s employment, financial, credit, criminal, litigation and rental history and to obtain reports that may include credit reports, investigative consumer reports, criminal record information (in accordance with Oakland’s Fair Chance Ordinance), unlawful detainer (eviction) reports, employment history, , social security number verification, and previous tenant and employment history.

\_\_\_\_\_  
Signature of Head of Household Date

\_\_\_\_\_  
Signature of Applicant Over Age 18 Date

\_\_\_\_\_  
Signature of Applicant Over Age 18 Date

**WARNING: MISLEADING WILLFULL FALSE STATEMENTS OR MISRPRESENTATIONS OF THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION. AN INCOMPLETE APPLICATION WILL BE RETURNED TO THE APPLICANT FOR FULL COMPLETION (ONLY ONCE).**

**I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE**

\_\_\_\_\_  
Signature of Head of Household Date

\_\_\_\_\_  
Signature of Applicant Over Age 18 Date

\_\_\_\_\_  
Signature of Applicant Over Age 18 Date

# Demographic Data

The following information is used only to determine program utilization for statistical purposes. This information will not affect the processing of this application and is optional.

<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>Race:</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
<b>If you are Limited English Proficient and need assistance to communicate (written or verbal) with us, which language do you prefer?</b> _____

## Attention

Please do not submit more than one application per household or copies of an application. The filing of this application in no way guarantees you an apartment. No large appliances, or waterbeds are permitted without the owner's prior written approval and signed agreement. We do not insure your personal property; we encourage you to purchase renter's insurance for your personal belongings.



Northgate Terrace is an Equal Housing Opportunity provider and does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities. A senior executive has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). You may address your request for review or reconsideration to: Fair Housing Officer, Related Management Company, L.P., 410 Tenth Avenue, New York, NY 10001 ☐ (212) 319-1200, NY TTY 1-800-662-1220.

Application 504 HUD/Tax Credit FCO Oakland version 8.01.2020 Rev 2.21.23



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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

## **TENANT SELECTION PLAN UPDATES** **Revisions on 2023 Updated Plans – Combo Sites**

### **Statement of Non-discrimination**

It is the policy of Related Management Company, L.P., hereinafter referred to as the Agent, to promote equal opportunity and non-discrimination in compliance with, but not limited to, the federal and state constitutions and legislative enactments addressing discrimination in housing including, The Fair Housing Amendments Act of 1988, Section 504 of the Rehabilitation Act of 1973, and Title VI of the Civil Rights Act of 1964. In furtherance of this policy:

- In carrying out this Tenant Section Plan, the Agent will not discriminate on the basis of race, color, creed, religion, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, disability, military/veteran status, source of income, age, marital status, gender identity, Equal Access Rule or other basis prohibited by local, state or federal law in any aspect of tenant selection or matters related to continued occupancy. The Affirmative Fair Marketing Plan establishes the minimum minority occupancy goal for the development based on the percentage of minorities in the area. The agent will also affirmatively market to persons with disabilities, as specified in its Affirmative Fair Marketing Plan.
- Applicants with Disabilities and Reasonable Accommodations - The Agent will make reasonable accommodations in policies or reasonable modification of common or unit premises for all applicants with disabilities (as defined in the above listed Acts or any subsequent legislation) who require such changes to have equal access to any aspect of the application process or to the development and its programs and services. The Agent will, for example, arrange for sign language interpreters or other communication aids for interviews during the application process.

### **Income Limits:**

To determine eligibility based on income limits, the Agent must compare the household's gross annual income to the applicable income limit. If the household's income exceeds the income limit, the household may not qualify for assistance.

- a. Tax Credit Income Limits:
  - 17 units at 30% of the area median income limit – see applicable limits posted in the rental office.
  - 17 units at 40% of the area median income limit– see applicable limits posted in the rental office.
  - 85 units at 50% of the area median income limit– see applicable limits posted in the rental office.
  - 49 units at 60% of the area median income limit– see applicable limits posted in the rental office.
  - 2 two-bedroom offline employee units.

- b. Section 8 Income Limits – Post-Universe (10/1/81)
- Very-Low Income (50% of area median income)– see applicable limits posted in the rental office
  - \*Extremely-Low Income (thirty percent (30%) of the area median income or the Federal Poverty Level whichever is greater) – see applicable limit posted in the rental office

\*Extremely low-income limit = Families whose incomes do not exceed the higher of the federal poverty level OR 30% of Area Median Income.

### **Non-Citizen Restrictions:**

Citizen and non-citizen applicants are required to submit evidence of citizenship or eligible immigration status at the time of application. To determine eligibility based non-citizen status, the Agent will process the following documents for all family members including foster children and foster adults: family summary sheets, declaration of citizen status, and verification consent forms, as required.

- For a family member who declares U.S. citizenship, no proof or verification is required.
- For a family member who chooses not to claim eligible citizenship status, no proof or verification is required.
- For a family member who claims eligible non-citizen status, an original DHS document (a list of acceptable forms can be found in the 4350.3, Figure 3-4) and verification consent form is to be obtained. This member's eligibility status must be verified through the Systematic Alien Verification for Entitlements (SAVE) web-based program, DHS' automated system. If eligibility status is not verified, the Agent must notify the applicant household and discuss options available to the household and their right to appeal the decision to the DHS and/or hold an informal meeting with the owner.
- Appeals to DHS should be addressed to:

DHS/USCIS  
300 North Los Angeles Street  
Los Angeles, CA 90012  
Attention: Immigration Status Verifier

- For a family member 62 years of age or older who claims eligible non-citizen status, a signed declaration of eligible non-citizen status and proof of age is to be obtained. Non-citizen status is not required to be verified by the DHS.
- A family with one or more ineligible family members and one or more eligible family members is considered a mixed family may receive prorated assistance.

### **Student Status Restrictions - Section 8:**

A student (full or part-time) must meet all of the following criteria in order to be eligible for HUD assistance programs:

- a. Be of legal contract age under state law;
- b. Have established a household separate from parents or legal guardians for at least one year prior to application for occupancy, or
- c. **Establish Independence from Parents: Owners must use, and the student must meet, one or more of the following criteria:**
  - 1) **The individual is 24 years of age or older by December 31 of the award year;**
  - 2) **The individual is an orphan, in foster care, or a ward of the court at any time when the individual was 13 years of age or older;**
  - 3) **The individual is, or was immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in the individual's State of legal residence;**
  - 4) **The individual is 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;**
  - 5) **The individual is a graduate or professional student;**
  - 6) **The individual is a married individual;**
  - 7) **The individual has legal dependents other than a spouse;**
  - 8) **The individual has been verified during the school year in which the application is submitted as either an unaccompanied youth who is a homeless child or youth or a unaccompanied, at risk of homelessness, and self-supporting by:**
    - **A local educational agency homeless liaison;**
    - **The director of a program funded under the Runaway and Homeless Youth Act or a designee of the director;**
    - **The director of a program funded under subtitle B of title IV of the McKinney – Vento Homeless Assistance Act (relating to emergency shelter grants) or the designee of the director;**
    - **A financial aid coordinator.**
  - 9) **The individual is a student whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstance.**
- d. Not be claimed as a dependent by parents or legal guardians pursuant to IRS regulations; and
- e. Obtain a certification of the amount of financial assistance that will be provided by parents, signed by the individual providing the support. This certification is required even if no assistance will be provided. This certification is not required for vulnerable youth populations, including individuals who are orphans, in foster care, wards of the court, emancipated minors, unaccompanied homeless youth, and youth at risk of becoming homeless.

In addition, an individual cannot reside in a Section 8 unit if that individual:

- a) Is enrolled as either a part-time or full-time student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential; and
- b) Is under the age of 24; and
- c) Is not married; or
- d) Is not a veteran of the United States Military; or
- e) Does not have a dependent child; or
- f) 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; or
- g) Is not living with his or her parents who are receiving Section 8 assistance; **and**
- h) Is not individually eligible to receive Section 8 assistance **or** has parents (individually or jointly) who are not income eligible to receive Section 8 assistance.

If a student becomes ineligible after move-in, their assistance may be terminated in accordance with program guidance. The household's rent may be increased to the market rate rent for the unit.

A student's eligibility requirements for Section 8 assistance will be determined at move-in, annual recertification, initial certification (when an in-place tenant begins receiving Section 8) and due to household changes in enrollment – interim certification.

Financial assistance a student receives (1) under the Higher Education Act of 1965, (2) from private sources, or (3) from an institution of higher education that is in excess of amounts received for tuition is included in annual income, except if the student is over the age of 23 with dependent children or if the student is living with his or her parents who are receiving Section 8 assistance. *Note: HUD has interpreted the term "financial assistance" as used in Section 327(b) to not include loan proceeds for the purpose of determining income. However, all income in excess of tuition fees is to be included as income.*

### **Violence Against Women Act (VAWA)**

The Violence Against Women Act (VAWA) protections apply to households applying for or receiving rental assistance under the project-based Section 8 (project and tenant based), 202, 811, 236, 221(d)(3), HOPWA, HOME programs, and public housing as well as Homeless Programs Under Title IV of the McKinney-Vento Homeless Assistance Act. The following non-HUD programs are also subject to VAWA 2013 but do not fall under HUD's Implementation Rules, unless instructed by your governing / monitoring agency: Rural Housing and LIHTC. The law protects women or men who are victims of domestic violence, dating violence, stalking or sexual assault, as well as

their affiliated persons from being evicted or being denied housing assistance if an incident of violence is reported or if the victim suffers economic and criminal circumstances as a result of the abuse.

The law also creates emergency transfer options for victims and their affiliates, allowing survivors to transfer to a different unit if they are in fear for their life or safety, and provides for bifurcation of the lease to allow for an abuser to be removed and the victim and other household members to remain in the unit even if for a period of time. In addition:

- HUD requires that the VAWA Notice of Occupancy Rights Under the Violence Against Women Act (Form HUD-5380) and Certification of Domestic Violence, dating Violence, Sex Assault or Stalking, And Alternate Documentation (Form HUD-5382) be provided to (1) all applicants at move-in (2) applicants at the time of denial of housing, (3) to each household in the event that eviction or termination of assistance actions are commenced against the household no matter the reason – i.e. arrears.
- The HUD approved lease addendum 91067 must be signed by all adult household members at lease signing.
- An applicant's status as a victim of domestic violence is not a basis for denial of rental assistance or for denial of admission if the applicant otherwise qualifies for assistance and admission. If an applicant is living in a shelter for victims of domestic violence and crimes protected under VAWA, we may accept verification of this in lieu of additional landlord verification.
- Being a victim of a VAWA crime is not a reason to change the eligibility or applicant screening requirements or to waive the requirements of the HUD Model Lease or other lease unless such requirements interfere with the protections provided under VAWA.
- VAWA 2013 does not limit an owner's agent's right to terminate assistance/tenancy for any violation that is not related to a VAWA crime. However, the owner/agent must not subject the victim or a person affiliated with the victim to a more demanding standard than other residents when determining whether to terminate assistance/tenancy.
- VAWA does not limit an owner/agent's right to terminate assistance/tenancy if the owner/agent can demonstrate an actual and imminent threat would be present if that resident or lawful occupant is not terminated. An actual and imminent threat is a physical danger that is real, would occur within an immediate time frame, and could result in death or serious bodily harm. The threat would be to other tenants, employees of the property, or to vendors providing services at the site.
- An incident or incidents of actual or threatened domestic violence will not be taken as serious or repeated violations of the lease or other "good cause" for terminating the assistance, tenancy, or occupancy rights of a victim of abuse.
- Assistance may be terminated or a lease bifurcated (divided) in order to remove an offending household member from the home. Whether or not the individual is a signatory to the lease and lawful tenant, if he/she engages in a criminal act

of physical violence against household/family members or others, he/she stands to be evicted, removed, or have his/her occupancy rights terminated. This action is taken while allowing the victim, who is a tenant or a lawful occupant, to remain. Eviction or termination action against individuals must be in accordance with procedures prescribed by federal, state, and local law.

- In the event that one household member is removed from the unit because he/she engaged in acts of domestic violence, an interim recertification must be processed by staff in a timely manner and in accordance with HUD regulations to reflect the change in household composition. Note: at sites that do not have interim recertifications (i.e. straight tax credit sites), a bifurcated lease addendum must be provided.
- In regard to VAWA lease bifurcation: it does not matter if the household member is a signatory on the lease. Bifurcation must be carried out in accordance with Federal, State or local laws. The remaining members must be given 90 calendar days from the date of bifurcation to: establish eligibility under the covered program; or establish eligibility under another covered program; or find alternative housing. The tenant may be given up to an additional 60 days if allowed by the program.
- VAWA does not require an owner/agent to request that an individual seeking VAWA protections submit documentation of the status of the individual as a victim of domestic violence, dating violence, sexual assault or stalking, however, if such a request is made provide the applicant or resident with a copy of the VAWA Certification (Form HUD-5382) to fill out and process accordingly. Further, at least 14 days must be provided from the date of the request for completion by the applicant/resident.
- Owners/agents may accept the following in lieu of the certification form: a document signed by an employee, agent or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional from whom the victim has sought assistance relating to domestic violence, dating violence, sexual assault or stalking or the effects of abuse; a document signed by the applicant or resident and that specifies, under penalty of perjury, that the professional believes in the occurrence of the incident of domestic violence, dating violence, sexual assault, or stalking that is the ground for protection; a record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or, at the discretion of the housing provider, a statement or other evidence provided by the applicant or resident.
- Residents or applicants who are victims of VAWA crimes may request a VAWA accommodation or an emergency transfer and should be provided with HUD-5383 (VET Request) form to fill out.
- Any information submitted to an Agent regarding domestic violence, dating violence, sexual assault or stalking must be maintained in confidence, and employees must not have access to the information unless explicitly authorized. Staff must retain all documentation relating to such information in a separate file that is kept in a secure location. This documentation must not be incorporated into the standard applicant or resident file for the household or stored in any shared database unless it is requested or consented to in writing by the victim in



a time-limited release; required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program, or otherwise required by applicable law.

- When communicating with an applicant or tenant who has requested VAWA protections, Agents must take precautions to avoid inadvertent disclosure of confidential information. For example, unless given permission from the victim to do so, the Agent must not leave messages that contain confidential information or refer to VAWA, the VAWA protections, or the incident of domestic violence, dating violence, sexual assault, or stalking on the victim's voicemail system or with other individuals, including members of the victim's household. In addition, any communications with a third party must be done consistent with the VAWA rule's confidentiality requirements.

## Waiting Lists

The Agent will administer its waiting lists in accordance with the following policies.

- Waiting lists will be maintained as an electronic file. A printed copy of the waiting lists will be printed monthly and maintained as a historical record. The time and date of the printout will appear on the report file.
- Waiting lists will be organized by type of unit. "Type of unit" may be defined in several ways, including:
  - the number of bedrooms
  - the physical characteristics of the unit, such as accessible features.
  - the type of subsidy attached to the unit, such as project-based subsidy.
- Each applicant must be placed on the appropriate waiting list(s) chronologically according to the date of the completed application or assigned lottery number within the applicable preference categories. Non-preference applicants shall be placed on the waiting list per the date of the completed application.
- If an applicant is eligible for tenancy, but no appropriately sized unit is available, the Agent will place the family on a waiting list for the development. Households that are eligible for more than one size of unit (by bedroom size) may choose to be placed on multiple waiting lists as appropriate and The Agent will respect the bedroom size option chosen by the applicant unless such choice is contrary to the development's occupancy standard. Persons using a wheelchair or requiring similar accommodations may apply for a standard unit, as well as an accessible unit, at their discretion.
- The Agent's records will indicate the date the applicant is placed on the waiting list. All applicant file records, including the application, must be retained for a period of three (3) years.
- Agent will contact applicants on an annual basis (every 12 months) with a notice



included for the applicant to return to confirm continued interest in the property. Response by the applicant may be by electronic form (email), US mail, or drop off at the property's management office. Failure to respond to the Agent's notice to contact the project will result in the applicant's removed from the waiting list.

- Waiting lists will be closed to ensure that the wait for a unit does not become excessive. When the decision is made to close the waiting list, the closing of the waiting list will be advertised according to the Affirmative Fair Housing Marketing Plan (AFHMP).
- When an applicant pool is no longer adequate due to the closure of the waiting list, the list shall be re-opened. The opening of the waiting list will be advertised according to the Affirmative Fair Housing Marketing Plan (AFHMP).

### **Calling Applicants from Waiting List**

Agent shall notify applicants of potential housing opportunities at the property as applicant's name nears the top of the waiting list.

- Agent will attempt to telephonically contact applicant about potential housing opportunity.
- If unable to successfully contact applicant by phone, Agent shall mail applicant a written letter confirming the time and date to visit the property to begin the eligibility and income certification process. Letter will instruct Applicant to confirm availability or reschedule appointment at a mutually convenient time.
- Should applicant not attend appointment or respond to letter, a second letter will be mailed to applicant. This letter shall provide the applicant with five business to respond before their name will be removed from the waiting list.
- If applicant does not respond within the five business days a written notification that they are being taken off the waiting list will be mailed to the applicant.

Should several applicants affirmatively qualify for the available housing opportunity, the applicant with the highest waiting list ranking will be offered the available apartment. Other applicants will maintain their current waiting list position and be considered as additional units become available.

### **Applicants' Right to Request a One Time Pass**

Applicants unable to move to the property at the time an appropriately size unit becomes available will be permitted to refuse processing for an available unit once, for any reason. They will remain at the top of the waiting list and be offered a second unit, not less than thirty days after the first unit was available. If a second offered available

unit is refused, the application will be removed from the waiting list. Special consideration for applicants requiring additional extension as a part of a reasonable accommodation process may be granted.

- If an applicant is removed from the waitlist because of failure to be processed for (second) available unit, the applicant may reapply if the waitlist is open, but the request will be placed on the waiting list in chronological order based on the date of the new application.

### **Transfer Procedure for Existing Residents**

In filling vacancies, the Owner shall process current residents from the internal transfer list on an alternating basis with applicants on the external waiting list. The internal transfer list will consist of transfers for reasons listed below.

1. Permitted transfers - Transfers will be permitted at any time during the tenancy under the following circumstances:
  - a. As reasonable accommodations to qualified individuals with disabilities
  - b. Pursuant to an emergency request for transfer under VAWA.
  - c. As required for the underutilization or overutilization pursuant to HUD regulations
2. How to request a transfer – with the exception of reasonable accommodations, which may be made orally or in writing, Residents who would like to request a transfer must make their request to the management office in writing, stating the reason for the request. If the request is based on a reasonable accommodation for a disability, and the disability/need are not obvious, the resident may need to complete paperwork that will allow the management office to confirm the need for the accommodation with a third party who can provide a professional validation of the need.
3. Transfers will be approved per the following:
  - a. If the resident meets the definition of “Tenant in Good Standing” as defined below.
    - No current or pending legal actions, including actions for non-payment of rent; material non-compliance with the terms of the lease; holdover actions, etc.
    - No uncured lease violations
    - No outstanding balances for other charges, including late fees, damages, legal fees, etc.
    - No material damages or alterations, etc., to the current unit as confirmed by management’s inspection of same. In addition, if any charges are billed to the tenant for other damages, excessive cleaning, repairs, etc.

resulting from this inspection, those charges must be paid before the transfer will be permitted.

- b. If the resident meets all compliance requirements for the transfer.
- c. If the resident meets all obligations per the lease on his/her current unit, including satisfactory care of the unit as confirmed by a management inspection of the unit, and including payment of any and all damage charges that might result from the inspection for repairs/maintenance, etc., beyond normal wear and tear.
- d. Tenant in Good Standing does not apply to transfers based on a medical need or for an accessible unit.

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

#### **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

**You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>

## **Summary of Your Rights under California Civil Code 1786.22**

An investigative consumer reporting agency hereinafter referred to as “Agency” will supply files and information that you have a right to inspect during normal business hours and on reasonable notice.

All files the Agency maintains on you will be made available for your visual inspection as follows:

- In person, if you appear in person and furnish proper identification. A copy of the file will also be available to you for a fee not to exceed the actual cost of copying.
- By certified mail, if you make a written request, with proper identification, for copies to be sent to a specified address. However, agencies complying with a request for such a mailing will not be liable for disclosures to third parties caused by mishandling of mail after it leaves the Agency.
- A summary of all information contained in your file and required to be provided to you under California Civil Code will be provided by telephone, if you have made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.

“Proper identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the Agency require additional information concerning your employment and personal or family history in order to verify your identity.

The Agency will provide trained personnel to explain any information furnished to you pursuant to California Civil Code 1786.10.

The Agency will provide a written explanation of any coded information contained in your file. This written explanation shall be distributed whenever a file is provided to you for visual inspection.

One other person of your choice may accompany you when you come to inspect your file. This person must furnish reasonable identification. The Agency may require you to furnish a written statement granting permission to the Agency to discuss your file in your companion’s presence.