



For Office Use Only

Date Received: _____

Time Received: _____

Received by: _____

Original Updated Add-on

If updated, use original date and time stamps.

HOH Name : _____

Use to link multiple apps due to add'l adults

MERCY HOUSING MANAGEMENT
HOUSING APPLICATION

PROPERTY NAME: Trailside Terrace Apartments PROPERTY TELEPHONE # 530-387-4243

NOTICE: Discrimination Prohibited: The landlord will not discriminate based upon race, color, religion, creed, national origin, sex, age, familial status, or disability. In addition, our housing programs are open to all eligible persons regardless of sexual orientation, gender identity, marital status, and ancestry. Anyone who wishes to be admitted to the property or placed on a property's waiting list must complete an application. In addition to providing applicants the opportunity to complete applications at the project site, owners may also send out and receive applications by mail. Owners shall accommodate persons with disabilities who, as a result of their disabilities, cannot utilize the owner's preferred application process by providing alternative methods of taking applications.

The information you provide on this application will be treated as confidential. This application gives no lease or rental rights. It includes both information necessary for determining your eligibility for housing and information required for statistical purposes. If you and your household appear to be eligible, you will need to submit additional information to complete the processing of this application. **All information you provide will be verified by Mercy Housing Management Group.** Incomplete and/or falsified information will cause the application to be denied and not processed.

It is the policy of Mercy-managed properties to take reasonable steps to provide meaningful access to limited English proficient (LEP) individuals applying or residents at our apartment communities, or otherwise encountering our property's facilities, programs, and activities. The policy is to ensure that language will not prevent staff from communicating effectively with LEP residents, applicants, and others to ensure safe and orderly operations, and that limited English proficiency will not prevent applicants from participating in the application process, or residents from accessing important programs and information, understanding rules and regulations, and participating in meetings, events or activities.

MARKETING:

Please let us know how you heard of us:

Newspaper Ad Drove by Resident Referral Web Site Other: _____

*Please provide the following information for all persons that will live in the household
ALL AREAS MUST BE COMPLETED IN ITS ENTIRETY*

Date of Application: _____ Unit Size Needed: _____

Applicant Name: _____ Applicant Name: _____

**Applicant SS#: _____ **Applicant SS#: _____

Applicant Date of Birth: _____ Applicant Date of Birth: _____

Gender*: _____ Gender*: _____

Applicant Race*: _____ Ethnicity*: _____ Applicant Race*: _____ Ethnicity*: _____

*Race Options: American Indian/Alaska Native Asian African American/Black Native Hawaiian/Other Pacific Islander White Other: _____

*Ethnicity Options: Hispanic/Latino or Non-Hispanic/Latino

*This information is requested by the apartment owner in order to assure the Federal Government, acting through federal, State and local agencies that Federal Laws prohibiting discrimination against resident applicants. **You are not required to furnish this information, but are encouraged to do so.** This information will not be used in evaluating your application or to discriminate against you in any way.

**Not Required: Information from applicants who were age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010.

X _____
I decline to provide my race and ethnicity data or Gender

X _____
I decline to provide my Race and Ethnicity data or Gender

General Information: Please complete each field below. Answer each question as completely as possible. Enter N/A for all blank fields.

GENERAL INFORMATION		
	<u>Applicant</u>	<u>Applicant</u>
Full Name (First, Middle, Last):		
Mailing Address:		
City, State, Zip:		
County:		
Home Phone:		
Work Phone:		
Alternate Phone:		
Marital Status (circle one):	Single, Separated, Married, Divorced, Widowed	Single, Separated, Married, Divorced, Widowed

Applicant

Applicant

Yes No

Yes No

Are you a student enrolled in an institute of higher education?

Yes No

Yes No

Are all household members U.S. Citizens? (*N/A for PRAC 202/811 & Tax Credit*)

Yes No

Yes No

Do you anticipate a change in household composition (i.e., addition of adult household member, household member moving out, birth or adoption of child, etc.) in the next twelve months? Explain: _____

Yes No

Yes No

Have you or any household member disposed of, sold, donated, or gifted any assets (including cash) for less than fair market value during the last two (2) years? Explain: _____

Yes No

Yes No

Have you ever been convicted of a felony or do you have a criminal history? If yes, when and what were the circumstances? _____

Yes No

Yes No

Do you or any household member currently engage in the illegal use of drugs or your/their behavior from this illegal use interferes with the health, safety, and right to peaceful enjoyment of the property by other residents?

Yes No

Yes No

Have you been evicted in the last three years from federally-assisted housing for drug-related criminal activity?

Yes No

Yes No

Have you or anyone in your household's behavior, from abuse or pattern of abuse of alcohol, interfered with the health, safety, and right to peaceful enjoyment by other residents?

Yes No

Yes No

Has your tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent, or failure to comply with recertification procedures?

Yes No

Yes No

Are you or anyone in your household subject to a nationwide Sexual Offender's Registration?

Yes No

Yes No

Will this apartment be your sole place of residency?

Yes No

Yes No

Have you been involuntarily displaced by Government Action or Natural Disaster?

Yes No

Yes No

Are you a U.S. Veteran and/or in Active Duty? (*Optional*)

Yes No

Yes No

Do you have an **existing** Section 8 voucher?

Employment Status:

Please answer each applicable question if you are currently employed or have been employed within the last year. Enter N/A for fields that do not apply. If you have been unemployed over the last year or have never worked, enter N/A in ALL fields.

EMPLOYMENT STATUS		
	<u>Applicant</u>	<u>Applicant</u>
Are you currently employed? If yes, where?		
If employed, what is your occupation?		
If employed, list current wage and frequency:		
If unemployed within last year , enter last day worked. Otherwise enter N/A.		
If unemployed, did you receive layoff notice?		
Are you receiving unemployment benefits?		
If unemployed, have you received any employment income in the past 12 months? If yes, from what source(s)?		
If unemployed, why?(<i>IDAHO only</i>) Otherwise, enter N/A here:		

Income/Cash Benefits:

Please enter dollar amounts as *estimated GROSS monthly* figures for *all sources of income*. Please round your figures to the nearest dollar amount. For income that does not apply, enter zero (0) in each field. Do not use N/A in this section.

INCOME/CASH BENEFITS		
	<u>Applicant</u>	<u>Applicant</u>
Alimony	\$ _____	\$ _____
Business/Self-Employment - NET	\$ _____	\$ _____
Child Support Income	\$ _____	\$ _____
Employment Wage Earnings	\$ _____	\$ _____
Pension Income	\$ _____	\$ _____
Recurring Assistance from Others	\$ _____	\$ _____
Retirement Income	\$ _____	\$ _____
School Financial Assistance	\$ _____	\$ _____
Social Security Benefits	\$ _____	\$ _____
SSI Benefits	\$ _____	\$ _____
TANF/AFDC/Monetary Public Assistance	\$ _____	\$ _____
Tribal per Capita Income	\$ _____	\$ _____
Unearned Income for Members Under18	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____
Veterans Benefits	\$ _____	\$ _____
Other Income	\$ _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____	\$ _____

Assets:

List each household member (including minors) & indicate assets held for each member in the asset table below. *Type of assets to include: checking, savings, money market, house, land, stocks, bonds, certificates of deposit, retirement, pension funds, insurance policies, trusts, annuities, pay cards, prepaid debit cards, cash or other forms of capital investments. DO NOT LIST THE VALUE OF PERSONAL AUTOMOBILES OR HOUSEHOLD FURNISHINGS. [NOTE: Each member must be listed. Enter member name in designated field followed by "None" in the Type of Asset field for those who do not have any. Otherwise, list assets held per member & value]

HOUSEHOLD ASSETS		
<u>Household Member's Name</u>	<u>Type of Asset*</u>	<u>Value (\$)</u>

Household Composition:

In the table below, list the additional household members who will reside in the household not already listed on page 1 or on an additional application. Include total number of household members in field at bottom of table to include members who may be listed on an additional application. Please also include any "unborn" children.

HOUSEHOLD COMPOSITION									
<u>Name (First/Last)</u>	<u>*Gender M/F</u>	<u>Birth date</u>	<u>Age</u>	<u>Grade in School</u>	<u>Do you have full custody?</u>	<u>If not, list percent age of custody</u>	<u>**Social Security Number regardless of age</u>	<u>*Race (See Pg 1)</u>	<u>*Ethnicity (See Pg 1)</u>
a.									
b.									
c.									
d.									
e.									
f.									
Total # of HH Members									
Include Members on page one									

Household Member #: a. _____, b. _____, c. _____, d. _____, e. _____, f. _____

*I decline to provide my Gender, Race and Ethnicity data (Each Household Member has the option to sign above if they're declining to provide this information.)

**Not Required: Information from applicants who were age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010.

Special Needs (Optional):

Please answer the following questions.

Are you or another household member disabled? Yes No

Do you or a household member require a special accommodation in your unit or need accessible features in the unit?

Yes No

Special Needs (Optional) Continued:

If yes, select applicable accessibility needs below:

	Accommodation
	Wheelchair Accessible
	Walker/Cane Accessible
	Other Mobility Impairment Accessible
	Other Vision Impairment Accessible
	Other Hearing Impairment Accessible
	Other Permanent Disability Accessible
	Accessible Parking Space
	Live-in Attendant

If attendant is needed, please give name of attendant & ordering physician:

Name of Live-in Attendant

Name and Phone Number of Physician

Emergency Contact (Optional):

Please list the name and phone number of the person we should contact if we cannot reach you in the event of an emergency.

First/Last Name

Phone Number

Expenses (HUD-assisted units only):

Please enter dollar amount as *estimated monthly* figure for *all applicable expenses*. For fields that do not apply, enter zero (0). Do not use N/A in this section.

EXPENSES		
	<u>Applicant</u>	<u>Applicant</u>
Caregiver/Caregiver Duties	\$ _____	\$ _____
Child Care	\$ _____	\$ _____
Companion Animal Related	\$ _____	\$ _____
Dependent Care	\$ _____	\$ _____
Disability Related Equipment	\$ _____	\$ _____
Disability Related- Other	\$ _____	\$ _____
Health Insurance Related- Other	\$ _____	\$ _____
Medical Related- Other	\$ _____	\$ _____
Medicare Premium	\$ _____	\$ _____
Other Anticipated Medical	\$ _____	\$ _____
Over-the-Counter Medication Approved by Physician	\$ _____	\$ _____
Prescription Medication	\$ _____	\$ _____
Service Animal Related	\$ _____	\$ _____
TOTAL MONTHLY EXPENSE	\$ _____	\$ _____

Residential History: Please provide consecutive residential history. This includes the addresses for family/friends you reside with, whether or not you pay rent, current/previous landlords & homeless shelters.

RESIDENTIAL HISTORY		
	<u>Applicant</u>	<u>Applicant</u>
Name of CURRENT Housing Provider OR Property:		
List affiliation (circle one):	Family/ Friend/ Landlord/ Owned/Shelter	Family/ Friend/ Landlord/ Owned/Shelter
Address of Provider:		
Address of Applicant (<i>if different</i>):		
Provider/Property Phone Number:		
Dates of Occupancy : (mm/yy – mm/yy)		
Did you pay rent? If so, how much per month?		
Where you evicted or is eviction pending? If so, why?		
	<u>Applicant</u>	<u>Applicant</u>
Name of PREVIOUS Housing Provider OR Property:		
List affiliation (circle one):	Family/ Friend/ Landlord/ Owned/Shelter	Family/ Friend/ Landlord/ Owned/Shelter
Address of Provider:		
Address of Applicant (<i>if different</i>):		
Provider/Property Phone Number:		
Dates of Occupancy: (mm/yy – mm/yy)		
Did you pay rent? If so, how much per month?		
Were you evicted or is eviction pending? If so, explain why:		
	<u>Applicant</u>	<u>Applicant</u>
Name of PREVIOUS Housing Provider OR Property		
List affiliation (circle one):	Family/ Friend/ Landlord/ Owned/Shelter	Family/ Friend/ Landlord/ Owned/Shelter
Address of Provider:		
Address of Applicant (<i>if different</i>):		
Provider/Property Phone Number:		
Dates of Occupancy: (mm/yy – mm/yy)		
Did you pay rent? If so, how much per month?		
Were you evicted or is eviction pending? If so, explain why:		

Please list all states and counties you, and all household members, have resided in:

Applicant 1:

ST: _____ ST: _____ ST: _____ ST: _____ ST: _____

COUNTY: _____ COUNTY: _____ COUNTY: _____ COUNTY: _____ COUNTY: _____

Applicant 2:

ST: _____ ST: _____ ST: _____ ST: _____ ST: _____

COUNTY: _____ COUNTY: _____ COUNTY: _____ COUNTY: _____ COUNTY: _____

POLICY STATEMENT & CERTIFICATION

Any general information included as part of an individual household member's records will be made accessible between departments. Other information not routinely in a household's records may be shared between professional staff on a need-to-know basis at the discretion of the department or site head staff person. Information, which involves criminal acts, including use of physical force, offenses against other persons, child abuse and neglect, etc., will be automatically reported to appropriate authorities as required by law.

I/We am/are applying for housing and state that all information provided herein is true, accurate, and complete to the best of my knowledge and belief. Application includes pages 1 through 6 of this application. The information obtained will be used for management purposes only and will be held in confidence.

Acknowledgment of being informed of the above:

Signature of Applicant

Date

Signature of Applicant

Date

ACKNOWLEDGEMENT

Any changes to your income, assets, household composition or student status from the date you signed your application up to your move in date, must be reported to Mercy Housing Management. Failure to do so could result in denial of your move in. If after move in we discover that changes were not reported, Mercy Housing Management may be required to take steps that could result in eviction.

Initials Initials

PENALTIES FOR MISUSING THIS CONSENT

*Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8) **.* 6/29/2007



APPLICATION CLARIFICATION NOTES

This section is to be used only to clarify items listed on the application itself.

Item:

Item:

Item:

Item:

Item:

Item:



Discrimination Prohibited: The landlord will not discriminate based upon race, color, religion, creed, national origin, sex, age, familial status, or disability.

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION/MODIFICATION

If you have a disability and as a result of your disability you need . . .

- a change in the rules or policies or how we do things that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site,
- a change or repair in your apartment or a special type of apartment that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site,
- a change or repair to some other part of the housing site that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site.

If you can show that you have a disability and if your request is reasonable (***does not pose “an undue financial or administrative burden”**), we will try to make the changes you request.

We will give you an answer in 10 working days unless there is a need for verification of the request. In that case, the response time is 15 working days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out a REASONABLE ACCOMMODATION/MODIFICATION REQUEST FORM or if you want to give us your request in some other way, we will help you.

You can get a REASONABLE ACCOMMODATION/MODIFICATION REQUEST FORM at the Property office

Or by emailing 504adacoordinator@mercyhousing.org

Fax: (877)-245-7121

NOTE: All information you provide will be kept confidential and be used only to help you have an equal opportunity to use and enjoy your housing and the common areas.

** This legal phrase means if it is not too expensive and too difficult to arrange.*



Sunset Lane Apartments
RESIDENT SELECTION CRITERIA
 Tax Credit/Section 42 - Family Housing

I. INTRODUCTION

This Resident Selection Criteria Plan (this “Plan”) outlines the procedures that will be followed in selecting tenants for the property. Management is responsible for implementing these procedures. The property offers affordable rents for tenants. These programs also have household size and income limitations. There are **40** units that follow the Tax Credit program of which **39** units that follow the HOME program. (Check all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Tax Credit | <input type="checkbox"/> Section 8 – Project-Based |
| <input type="checkbox"/> HUD _____ | <input checked="" type="checkbox"/> HOME |
| <input checked="" type="checkbox"/> MHSA | <input checked="" type="checkbox"/> Accept Section 8 Vouchers |

A. The Property is serving the following selected population(s): (Check all that apply)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Elderly (62 years of age and older) | <input checked="" type="checkbox"/> Disabled Individuals |
| <input checked="" type="checkbox"/> Families with Children | <input checked="" type="checkbox"/> Single Individuals |

II APPLICATION PROCESS

A. **Initial applications for a new property will be processed by Random Drawing or Lottery:** All qualifying applications submitted by the due date will be entered into the random drawing. A qualifying application is one that visually meets the eligibility criteria. At the drawing, each application will receive a number which will be pulled at random. These numbers indicate the order in which applications will be processed; it does not guarantee that the applicant will get an apartment. All applications received after the due date for the Random Drawing will be placed on the waiting list in order of date and time application was received.

B. Priority determines the order of processing only, and in no way changes the requirement that all potential tenants must meet the other criteria for resident selection. Applications will be ranked for consideration (and units will be offered) according to the following descending order of priorities:

1. In numerical order of the number given at the Random Drawing.
2. Date and time-stamped of received original application
2. Date of completion of verification/certification process; and
3. Date of availability for move-in.

Applications are located at 4050 Sunset Lane, Shingle Springs, CA 95682, or if you are unable to pick up one, we can mail it to you.

C. **INCOME LIMITS** - The income limits checked below are for this property and are posted in the Leasing Office (management should mark all that apply):

- Extremely Low Income - 30%
- 40%
- Very Low Income - 50%

D. **UNIT SIZE/OCCUPANCY STANDARDS** – Households will be accommodated in accordance with the following occupancy standards:

	<u>Minimum</u>	<u>Maximum</u>
1. One Bedroom	1	3
Two Bedroom	2	5
Three Bedroom	3	7

2. The head of household must be eighteen years of age or older, or be an emancipated minor.

E. **TAX CREDIT STUDENT ELIGIBILITY RULE** – We cannot accept a household entirely occupied by full-time students unless one or more of the following criteria are met:

1. The students receive assistance under Title IV of the Social Security Act (Temporary Assistance to Needy Families or TANF, formerly AFDC);
2. The students are enrolled in a job training program receiving assistance under the Job Training Partnership Act or under other similar Federal, State or local laws;
3. The students are single parents with child(ren) and such parents and the child(ren) are not dependents of another individual;
4. The students are married and file a joint tax return or are eligible to file a joint tax return.
5. At least one household member was previously (not currently) under the care and placement responsibility of the State Agency responsible for administering a plan under Part B or Part E of Title IV of the Social Security Act (Foster Care).

A full-time student is defined as:

- a. Anyone who is currently enrolled in any type of school and the school they attend defines the hours they attend as full time.
- b. Anyone who will attend full time any type of school any time in the next twelve (12) months.
- c. Anyone who has attended school full time for five (5) months of this calendar year. This does not have to be consecutive. Example 1: If an applicant attends school full time from January 20th through May 13th, this is considered five months. If they attend one day in any month, that counts as a full month. Example 2: If you attended full time one day in January, one day in February, one day in April, one in June and one in July, you are considered a full-time student until January 1st of the following year.

III. WAITING LISTS

A. The Waiting Lists will be maintained according to family size, the percentage of area median income the annual income is, and type of unit for applicant households. The Waiting List is open with the understanding that those who are listed are fully informed of its length and the policies/procedures for selecting individuals and updating the list when they apply and are added to the list.

1. If no units are available, an eligible applicant will be placed on a Waiting List.
2. If the existing Waiting List contains so many names that the average wait for a unit is a year or more, the property may decline to accept additional applications. In this case, the Waiting List is "closed". An announcement (via posting in property office, on property voicemail and advertising in local newspapers) will be made when the Waiting List closes and when the Waiting List reopens.
3. The Waiting List shall be updated after the first year, and at minimum, each year thereafter.
4. Following initial rent-up for each size/type of unit, there will be a Waiting List for each of the following, as applicable:
 - (a) Current residents who need to transfer to a different unit (See Transfer Policy below);
 - (b) Outside applicants wishing to move into the property.

B. FILLING VACANT UNITS – Applicants are selected from the Waiting List and offered units in the order required by HUD rules and our policies.

1. When a unit becomes available, we will select the next applicant from the Waiting list based on the unit size available, preferences established for the property (This property has no preferences), and our screening policies. We will select the first name on the Waiting List for the appropriate unit size (or list of names for units reserved for disabled applicants) and make a final determination of eligibility and suitability for tenancy, using the criteria described in the Applicant Screening section.
2. Applicants will be contacted by telephone in the order as stated above, and the first applicant to complete the process, notifies management of their decision, and pays their rent and deposit, will be offered the unit.
3. If an applicant declines or does not respond to the first offer of an available unit when contacted, his/her name will remain in their current order on the Waiting List. If an applicant declines or does not respond to a second offer of an available unit when contacted, his/her name will be placed on the bottom of the Waiting List. If an applicant declines an apartment a third time, his/her application may be cancelled. Written notification of the attempt to contact, and cancellation of the application, will be mailed to the applicant.

IV. TRANSFER POLICY – Transfers from one unit to another type of unit within the property will take precedence over new move-ins, and may be required by management for the following reasons only:

1. For verifiable medical necessity, (Reasonable Accommodation) i.e. wheelchair accessible unit or additional space for medical equipment or a live-in Aide.
2. To alleviate overcrowding (Household has more members than the Occupancy Standards allow);
3. To avoid occupancy by too few people (Household is under the minimum Occupancy Standards and is required to transfer to the next available unit of appropriate size);
4. Splitting a Household: When a household requests to transfer one or more lessees out of an existing household into another unit on the property, the transferring lessee will be treated as a new applicant. He/she must be of legal contract age or an emancipated minor, complete an application, and then they will be placed at the bottom of the Waiting List. As any other applicant, they must meet eligibility and qualify as a new move-in by going through the screening process regarding verifying income, criminal and credit history, etc;
5. Emergency temporary relocation will take precedence over all the above. (If a unit becomes

uninhabitable due to a catastrophe, the resident family will be given any open unit for temporary living quarters until their own unit is repaired. An “open unit” is a unit for which the keys are in the possession of the management company.)

Depending upon the circumstances of the transfer, a tenant may be obligated to pay all costs associated with the move. However, if a tenant is transferred as a reasonable accommodation due to a household member’s disability, then the owner must pay the costs associated with the transfer, unless doing so would be an undue financial and administrative burden.

V. POLICIES TO COMPLY WITH SECTION 504 OF THE REHABILITATION ACT OF 1973, THE FAIR HOUSING AMENDMENTS ACT OF 1988 AND TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, AND EQUAL ACCESS TO HOUSING IN HUD PROGRAMS:

A. **Section 504** prohibits discrimination based upon disability in all programs or activities operated by recipients of federal financial assistance. Although Section 504 often overlaps with the disability discrimination prohibitions of the Fair Housing Act, it differs in that it also imposes broader affirmative obligations on owners to make their programs as a whole, accessible to persons with disabilities. These obligations include the following:

1. Making and paying for reasonable structural modifications to units and/or common areas that are needed by applicants and tenants with disabilities, unless these modifications would change the fundamental nature of the project or result in undue financial and administrative burdens;
2. Operating housing that is not segregated based upon disability or type of disability, unless authorized by federal statute or executive order;
3. Providing auxiliary aids and services necessary for effective communication with persons with disabilities;
4. Developing a transition plan to ensure that structural changes are properly implemented to meet program accessibility requirements (*for properties built before June 1988*); and
5. Performing a self-evaluation of the owner’s program and policies to ensure that they do not discriminate based on disability;
6. Operating their programs in the most integrated setting appropriate to the needs of qualified individuals with disabilities;
7. Allowing a larger apartment to accommodate a Live-In Aide (Aides must pass the same criminal criteria as a new move-in would).

Furthermore, the Section 504 regulations establish affirmative accessibility requirements for newly constructed or rehabilitated housing, including providing a minimum percentage of accessible units. In order for a unit to be considered accessible, it must meet the requirements of the Uniform Federal Accessibility Standards (UFAS).

1. Units designed specifically for individuals with a physical impairment:
 - a. For this development, "physical impairment" is defined as mobility impairment which necessitates the permanent use of a wheelchair. For all units designed specifically for wheelchair accessibility, priority will be given to those applicants needing such modifications;
 - b. Priority will be given to households where a member is required to use a wheelchair;

- c. If there are not enough such households to fill all specially equipped units, owners may give preference to households with members whose physical or mobility impairment would be eased by the design of the accessible unit.
- B. **The Fair Housing Act** prohibits discrimination in housing and housing-related transactions based on race, color, religion, sex, disability, familial status, or national origin. It applies to housing, regardless of the presence of federal financial assistance.
- C. **Title VI of the Civil Rights Acts of 1964** prohibits discrimination on the basis of race, color or national origin in any program or activity receiving federal financial assistance from HUD.
- D. **Protections Provided Based on Sexual Orientation, Gender Identity or Marital Status:** *Equal Access to Housing in HUD Programs – Regardless of Sexual Orientation or Gender Identity* – The Owner/Agent will comply with the requirements established in the Final Rule which ensures that HUD’s core housing programs are open to all eligible persons regardless of sexual orientation, gender identity or marital status in any phase of the occupancy process.

Persons with disabilities have the right to request reasonable accommodations and to participate in the informal hearing process. The 504 Coordinator for Mercy Housing is: Melanie Kibble, 303-830-3300; TTY number 1-800-855-2880.

VI. APPLICANT SCREENING & FINAL SELECTION OF RESIDENTS

- A. **The following priority for processing will also be used:**
 - 1. Units designed specifically for individuals with a physical impairment:
 - (a) For this development, "physical impairment" is defined as mobility impairment which necessitates the permanent use of a wheelchair. For all units designed specifically for wheelchair accessibility, priority will be given to those applicants needing such modifications;
 - (b) Priority will be given to households where a member is required to use a wheelchair;
 - (c) If there are not enough such households to fill all specially equipped units, owners may give preference to households with members whose physical or mobility impairment would be eased by the design of the accessible unit.
- B. **Home Visits (Property Applicable)**
 - Home Visits will be conducted to inspect the current dwelling of the applicant to determine that the housekeeping habits are acceptable. Home Visits will be conducted for all applicants who reside within 50 miles of the property. A Home Visit report will be completed.
 - Home Visits will not be conducted.
- C. **Initial Interview – All adult household members must be present at the initial interview. If this is not possible, prior arrangements must be made with Property Management.**

At the scheduled interview, all eligibility factors will be explained to the applicants, with particular emphasis on the Applicant Screening Requirements. During the interview, the staff person will do the

following:

- Clarify any information provided by the applicant;
- Income qualification verification: soliciting third-party verification from all sources in order to determine annual household income (the maximum income levels apply to this program), and all assets, including bank accounts;
- Make copies of photo identification, i.e. Driver's License or state I.D. card, I-94s or employment cards for adults 18 years of age and older, and birth certificates for children under the age of 18 years of age.
- Schedule a Home Visit (if applicable) with the applicant in keeping with the Resident Selection Criteria and screening procedures;
- Answer any questions the applicant may have.
- All household members must sign move-in paperwork in person.

D. Applicant Screening

Application Fee

An Application Fee of **\$25.00**, paid by money order, is required for all adults over the age of 18 who will reside in the apartment and should be submitted at the time of interview. After background screening is completed, the Application Fee is non-refundable.

A separate money order in the amount of **\$50** for a holding deposit is required after application has passed the Credit and Eviction history check in order to hold an apartment off the market. If the application is denied for any reason, the Deposit *is* refundable. If the applicant cancels after acceptance, it must be done within 3 days of making the payment (see holding deposit agreement for exact date). If cancellation is after the 3 days, this Deposit is considered liquidation damages for non-performance and will be forfeited by applicant as compensation for holding the apartment off the market. When an application is approved, the holding deposit will be applied toward the Security Deposit.

It is the policy of Mercy Housing Management Group to deny admission to applicants whose habits and practices may reasonably be expected to have a detrimental effect on the operations of the property or on the quality of life for its residents. As a part of the final eligibility determination, Mercy Housing Management Group will screen each applicant household to assess suitability. Factors to be considered in the screening are housekeeping habits, rent paying habits and credit records, prior history as a tenant and criminal records. Following is a description of each of these factors and the method of verification to be employed:

Rent Paying Habits and Credit History

Staff will request credit histories on each adult member of each applicant household and will request written references from the applicant's current landlord and former landlords for the past three (3) years. Based upon these verifications, the staff will determine if the applicant(s) was chronically late with rent payments, was evicted at any time during the past three (3) years for non-payment of rent, or had other legal action initiated for actions within their control. Any one of these circumstances shall be grounds for an ineligibility determination. **A written reference from social workers and/or others involved with the applicant in a professional capacity may be acceptable, if no landlord reference is available.**

Applicants who have failed to pay amounts due or failed to reach a satisfactory agreement to pay those amounts will also be considered ineligible.

Management will initiate an eviction history and credit report. The applicant shall be notified of such action in advance. Applicants will be charged the actual costs of the credit and criminal records reports OR the maximum allowable fee set by statute, whichever is less. Applicants to properties with HUD rental subsidies will not be charged for the reports.

If there is a finding of any kind which would negatively impact an application, the applicant will be notified in writing. The applicant then shall have 14 calendar days in which such a filing may be appealed to staff for consideration.

Applicants will not be considered to have a poor credit history when they were occasionally late paying bills or rent in the past (fewer than 3 times per year); were delinquent in rent because they were withholding rent due to substandard housing conditions in a manner consistent with local ordinance; or had a poor rent paying history clearly related to an excessive rent relative to their income, and responsible efforts were made to resolve the non-payment problem. Applicants may be required to complete a personal income/expense statement form to determine their ability to pay rent.

Any currently open bankruptcy proceeding of any of the household members will be considered a disqualifying condition.

Any unpaid utility bill (gas and electricity) for any household member will be considered a disqualifying condition until proof is received that it has been paid off.

Applicants who have resided in homes they owned during the prior three (3) years or more can provide proof of timely mortgage, insurance or property tax payments in order to demonstrate their ability to meet the financial requirements of the lease.

Applicants who have been homeless or who have lived in housing for which they were not financially responsible must provide references from person(s) with whom they have had a professional relationship to demonstrate their ability to meet the financial conditions of the lease. **(Letters of reference from family members will not be accepted.)**

History of Responsible Tenancy, Behavior and Conduct

Staff will request written references from the applicant's (or applicants') current landlord and former landlords for the past three (3) years. **A written reference from social workers and/or others involved with the applicant in a professional capacity, if no landlord reference is available, may be acceptable.** Based upon these verifications, it will be determined if the applicant has demonstrated an ability and willingness to live peacefully with neighbors and refrain from behavior that jeopardizes the safety and security of the housing community.

Gross Rent as Percentage of Gross Income

1. To protect the project from rent loss and rent delinquency, persons spending more than 50% of the household's combined monthly income for rent may not be accepted. On a case-by-case basis, staff may approve, pending receipt of suitable current documentation of rent paying history, a higher threshold -- but in no case shall more than 55% of a resident's income be allowed for rent. Those household members listed on the application must be the same as those

- who have contributed to a household's history of paying more than 50% of gross household income for rent.
2. Current documentation of ability to pay higher rent above 50% must be within the past twelve months for a period of no less than eight (8) months. Suitable documentation shall include the following: cancelled checks, rent receipts or mortgage statements, lease agreement, and landlord verification.
 3. All income must be third-party verified by management.

Behavior and Conduct

Based upon verification of tenancy, it will be determined if the applicant has demonstrated an ability and willingness to live peacefully with neighbors and refrain from behavior that jeopardizes the safety and security of the housing community. Inappropriate behavior during the interview process would constitute as a disqualifying condition.

Criminal Records Check

Staff will hire a contractor to run a credit check and criminal background check on all applicants and it will check court records for evidence of evictions or judgments against the applicant and evidence of criminal convictions. The purpose of these checks is to obtain information on the applicant's past history of meeting financial obligations and future ability to make timely rent payments and to abide by the federal laws regarding the prohibition of admitting any applicant with specific criminal activity including drug-related activity.

E. Final Eligibility Determination

The Compliance Department will make a final eligibility determination on each applicant only after all factors have been adequately verified including household's annual income. Eligible applicants will be notified in writing of their status and given an approximate date when they can expect to receive an offer of a unit. Ineligible applicants will be notified in writing of their ineligibility and the reason, and informed of their right to an informal review.

Once the final approval is received, the staff will proceed to calculate the rent, execute lease documents, and assign the next unit available for which the household has been deemed eligible.

Applicants determined ineligible for admission may request an informal review of the determination. They must make the request within 14 days of the date of the notice of ineligibility. Within 5 days of receiving the request, the staff must schedule the review and notify the applicant of the place, date and time.

Informal reviews will be conducted by an impartial review officer who had no involvement in the ineligibility determination. The review officer will be selected by the Area Director of Operations. The applicant may bring to the review any documentation or evidence he/she wishes and the evidence along with the data compiled by staff will be considered by the review officer.

The review officer will make a determination based upon the merits of the evidence presented by both sides. Within 10 days of the date of the review, the review officer will mail a written decision to the

applicant and place a copy of the decision in the applicant's file.

VII. DENIED APPLICATIONS

1. **These standards are established to comply with the federal laws, and a household member who has been involved in the following will not be admitted under any circumstances:**

- Any household containing a member(s) who was evicted in the last three (3) years from federally assisted housing for drug-related criminal activity. To be admitted, the household member would have to provide the following;
 - 1) Proof of successful completion of an approved supervised drug rehabilitation program; or
 - 2) Proof that the circumstance leading to the eviction and/or conviction no longer exists and the applicant has been clean and sober for at least one (1) year.
- A household in which any member is currently engaged in illegal use of drugs for which the owner has 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 right to peaceful enjoyment of the property by other residents;
- Any household member who is subject to a nationwide sex offender lifetime registration requirement will not be admitted under any circumstances; and
- Any household member if there is a reasonable cause to believe that member's behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety, and right to peaceful enjoyment by other residents. The screening standards are based on behavior, not the condition of alcoholism or alcohol abuse.

A background reference check is conducted to determine that applicants and/or members of an applicant's household have:

- No record of felony convictions within the past five (5) years;
- No record of misdemeanor convictions within the past three (3) years;
- No record of petty offenses within the past one (1) year;
- No record of terrorist activity ever.
- Sexual Offense: Any person convicted of committing, attempting, conspiring or soliciting to commit any of the following violations (or any offense committed in this state which has been re-designated from a former statute number, or analogous offenses in another jurisdiction):
 - **F.S. 787.025** (Luring or enticing a child under the age of 12 into a structure, dwelling or conveyance for other than a lawful purpose);
 - **Any Chapter 794 offense**;
 - **F.S. 796.03** (Procuring a person under age of 18 for prostitution);
 - **F.S. 800.04** (Lewd, lascivious, or indecent assault or act upon or in presence of child under the age of 16 years);

- **F.S. 827.071** (Sexual performance by a child of less than 18 years of age);
- **F.S. 847.0133** (Distribution of obscene materials to minor under the age of 18);
- **F.S. 847.0135** (Computer pornography involving minor);
- **F.S. 847.0145** (Selling or buying of minors for sexually explicit conduct).

And who is released on or after October 1, 1997, from the sanction imposed by reason of conviction of his or her sexual offender offense.

Sexual predator designations apply to offenses committed from October 1, 1993, forward. In contrast, the sexual offender definition applies to any listed offense, committed on any date, for which an offender is being "released on or after October 1, 1997, from the sanction imposed" for the offense. "A sanction imposed" includes, but is not limited to, fine, probation, community control, parole, conditional release, control release, or incarceration. "Conviction" means the person has been determined guilty as a result of a plea or a trial, regardless of whether adjudication is withheld. (See F.S. 943.0435).

A sexual predator will also meet the "sexual offender" definition. When dealing with a sexual predator, the sexual predator registration and notification obligations supersede the sexual offender procedures. (See F.S. 943.0435(5).)

2. Evictions Records Check

No evictions within 5 years. **Unpaid Deficiency (Rent, Damages or Security Deposit) on previous move out without an acceptable payment plan (Automatic Disqualifications).** At least two payments must be made on payment plan prior to acceptance for occupancy at Sunset Lane.

3. Applicants may be denied for any of the following:

- (a) Failure to present all members of the family at the full family interview, except for hospitalization, medical reasons, emergency, etc., (or some other time acceptable to management) prior to completion of Initial Certification;
- (b) Blatant disrespect or disruptive behavior toward management, the property or other residents exhibited by an applicant or family member any time prior to move-in (or a demonstrable history of such behavior);
- (c) A negative landlord or other reference, encompassing failure to comply with the lease, poor payment history, poor housekeeping habits, or evictions for cause including current notices to pay or quit;
- (d) A negative credit report; including open bankruptcy proceedings and any adverse credit information which documents the applicants' inability to meet the financial requirements of the lease;
- (e) Over-extension of monthly obligations, as indicated by an income/expense statement or credit report;
- (f) Falsification of any information on the application;
- (g) Eligibility income exceeding the maximum allowed;
- (h) Family composition not appropriate for available bedroom size;

- (i) All members of household are full-time students and do not meet any of the criteria outlined in the Student Eligibility Rule section;
- (j) Failure to update application for the Waiting List within specified time when notified;
- (k) Other good cause: including, but not limited to, failure to meet any of the selection criteria in this document;
- (l) Failure to provide photo identification for adults 18 years of age and older;
- (m) Failure to provide birth certificates for household members below 18 years of age;
- (n) Consideration may be given for extenuating circumstances where this would be required as a reasonable accommodation when determining the acceptability of tenancy. Persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process.

VIII. PET POLICY

1. No pets are allowed (except fish and small birds).
2. Service animals or Companion animals (Assistance Animals) are allowed with a medical provider's verification. Please review the Reasonable Accommodation and Modification Policy.

IX. MODIFICATION OF THE RESIDENT SELECTION CRITERIA PLAN

This Resident Selection Criteria Plan will be reviewed annually to ensure that it reflects current operating practices, program priorities and requirements. If this Resident Selection Criteria Plan is substantially updated, you may be notified.

