



**BAYSIDE VILLAGE**  
Management Office  
143 Third Street Newport, RI 02840  
TEL: (401) 849-0101 / FAX: (401) 619-5419



Thank You for your interest in Bayside Village. Attached is the Rental Application Packet for this development. Please complete the application as directed below.

### **INSTRUCTIONS TO APPLICANT**

- Each household member 18 years of age and older must complete and sign the background check consent.
- ALL lines must be filled in. You may write "NONE" or "NO" in a line, but DO NOT leave a line blank or write N/A.
- All information should be complete and correct. False, incomplete or misleading information will cause your application to be declined.
- If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
- As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes, or whenever you need to add or remove a household member from your application.
- After we receive your completed application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List. This does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible, or does not meet our screening criteria, your application will be declined and you will receive a notice from this office.
- We will process your application according to our standard procedures which are summarized in the Resident Selection Plan, posted in the Management Office. If your application is approved and accepted, the unit for which the household is applying must be your only residence.

# BAYSIDE VILLAGE

401-849-0101

Answers to common questions

2020

Bayside Village is an attractive HUD Section 8 subsidized apartment complex dedicated to serving families as well as individuals. It is located at 143 Third Street in Newport, RI.

The property has 95 one-bedroom, 21 two-bedroom and 4 three-bedroom apartments.

## ➤ Amenities

All units include the following:

- Air conditioner
- Stove, refrigerator, and dishwasher
- On-site laundry
- On-site parking
- Close to everything

In addition, the property has a 24-hour emergency maintenance service. The management office is located on site.

## ➤ Income Limits

Bayside Village Apartments' subsidized units are restricted to households that fall under HUD income limit guidelines per family size.

## ➤ Rent and Utilities

Residents pay 30% of their adjusted income for rent. A security deposit equal to one month's rent is required. Heat and hot water are included. Residents pay their own electricity, cable TV and telephone bills, but there is a monthly utility credit set by HUD.

\*\*\*Bayside Village is a smoke free property\*\*\*

## ➤ Application requirements

All members of an applicant household **must** present a valid Social Security number and supporting documentation before the household can be accepted.

All members of an applicant household **must** declare their citizenship and provide proper supporting documentation to qualify for rent subsidy.

## ➤ Screening of applicants

All applicants will be screened to determine suitability for residency according to our Tenant Selection Plan. This screening will include but may not be limited to:

- Previous landlord checks
- Use of Enterprise Income Verification (EIV) system to determine if currently resident of subsidized housing
- Credit report
- Criminal background check
- Sex offender screening
- Verification of income and assets
- Verification of medical expenses as applicable.
- Verification of disability if applicable

It is important to remember that falsification of any information is grounds for rejection of your application.

If you have any questions, require assistance or require a reasonable accommodation, we are happy to help. Please contact our office.



## APARTMENT APPLICATION

**For Office Use Only:**  
Date/Time Received: \_\_\_\_\_

Number of Bedrooms Desired: \_\_\_\_\_

Name (Head of Household) \_\_\_\_\_ U.S.Citizen? Y / N  
 Spouse OR Co-Head of Household Name \_\_\_\_\_ U.S.Citizen? Y / N  
 Present Address \_\_\_\_\_ Telephone #: \_\_\_\_\_

NAME EACH PERSON WHO WILL OCCUPY THE UNIT (INCLUDING APPLICANT)

Name	Soc. Sec. #	Relationship	Sex	D.O.B.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have pets? \_\_\_\_\_ What Type? \_\_\_\_\_

**RESIDENCE HISTORY**

We need FIVE (5) YEARS of residence / landlord history – If you need additional space, you may list additional addresses / landlord information on a separate piece of paper, and attach to the application. If you lived with someone else (such as a relative ) who owned or rented the dwelling where you resided, please note that as well.

**CURRENT LANDLORD**

Landlord Name \_\_\_\_\_ Telephone# \_\_\_\_\_  
 Landlord Address \_\_\_\_\_  
 Current Rent \_\_\_\_\_ Occupancy Dates: \_\_\_\_\_ to \_\_\_\_\_ Current \_\_\_\_\_

**PREVIOUS ADDRESS / LANDLORD:**

Previous Address: \_\_\_\_\_  
 Previous Landlord Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Occupancy Dates: \_\_\_\_\_ to \_\_\_\_\_

**INCOME INFORMATION**

**EMPLOYMENT:** Company Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Current Annual Wages \_\_\_\_\_ Dates of Employment \_\_\_\_\_  
 Previous Employment \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**LIST ALL INCOME FOR OTHER MEMBERS OF THE HOUSEHOLD , PLEASE COMPLETE:**

Name \_\_\_\_\_ Where Employed \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Annual Wages \_\_\_\_\_

**OTHER INCOME AND/OR BENEFITS:**

Child support \_\_\_\_\_ Alimony \_\_\_\_\_ Public Assist \_\_\_\_\_  
 Pension \_\_\_\_\_ SS/SSI \_\_\_\_\_ Veteran's Benefits \_\_\_\_\_  
 Do you receive recurring cash gifts from anyone? \_\_\_\_\_

ASSET INFORMATION

(If you need additional room, you may write the information on a separate piece of paper, and attach to the application)

Savings Acct. Bank Name \_\_\_\_\_ Acct.No. \_\_\_\_\_ Amount \_\_\_\_\_
Checking Acct. Bank Name \_\_\_\_\_ Acct.No. \_\_\_\_\_ Avg. Balance \_\_\_\_\_
C/D Amt. \_\_\_\_\_ Bank Name \_\_\_\_\_

Investments:
Stocks \_\_\_\_\_ Value \_\_\_\_\_ Dividends \_\_\_\_\_
Bonds \_\_\_\_\_ Value \_\_\_\_\_ Dividends \_\_\_\_\_

Do You Own Real Estate? Yes \_\_\_ / No \_\_\_ Describe: \_\_\_\_\_ What Is The Value? \_\_\_\_\_

Have you disposed of any assets in the last two years for less than fair market value? Yes \_\_\_ / No \_\_\_
If yes please explain :
\_\_\_\_\_
\_\_\_\_\_

OTHER INFORMATION

Are you or any member of your household (Age 18 or Older) a student at an institution of higher education? Yes \_\_\_ / No \_\_\_
If yes: Full Time \_\_\_ / Part Time \_\_\_

Have you ever been evicted or violated your lease? Yes \_\_\_ / No \_\_\_ If yes, explain \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ / No \_\_\_ If yes, explain \_\_\_\_\_

Are you or any member of your household a registered sex offender subject to a lifetime registration requirement? Yes \_\_\_ / No \_\_\_

How did you hear about this development? \_\_\_\_\_

Do you need a special accommodation for your unit for accessibility reasons, such as a barrier-free design? If yes, explain:
\_\_\_\_\_
\_\_\_\_\_

AUTOMOBILES: 1 Year \_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_
2 Year \_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

SECTION 8 PROGRAM INFORMATION

DO YOU HAVE A SECTION 8 CERTIFICATE/VOUCHER? Yes \_\_\_ / No \_\_\_

If yes, please state what type, housing authority & attach copy \_\_\_\_\_

Section 8 Priority Categories: Check If You Qualify:

- A. Homelessness due to displacement by natural forces: \_\_\_\_\_
B. Homelessness due to displacement by public action (urban renewal) \_\_\_\_\_ violations: \_\_\_\_\_
C. Homelessness due to displacement by public action (sanitary code violations.) \_\_\_\_\_
D. Involuntary displacement by domestic violence: \_\_\_\_\_

REQUIRED FEDERAL PREFERENCES FOR SECTION 236 DEVELOPMENTS

- A. Government Action \_\_\_\_\_
B. Presidential Disaster Declaration \_\_\_\_\_

The following information will be required by the federal government to monitor this owners compliance with Equal Housing Opportunity and fair housing laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below or whether or not the information is provided.

\_\_\_ White / Not Hispanic Origin \_\_\_ Black / Not Hispanic Origin
\_\_\_ Hispanic \_\_\_ Asian or Pacific Islander
\_\_\_ I do not wish to furnish this information \_\_\_ American Indian or Alaskan Native

An aggrieved person may file a complaint of a housing discrimination with:

U.S. Dept of Housing and Urban Development - 121 South Main Street - Providence, Rhode Island 02903 - Tel: (401) 277-8300

EVERY EFFORT TO CARRY OUT THE PROVISION AND FULFILL THE OBJECTIVES OF THE FAIR HOUSING ACT OF 1988 AND THE HUD REGULATIONS IMPLEMENTING SECTION 504 OF THE REHAB. ACT OF 1973 WILL BE MADE.

Note: The information you have given on these forms will be kept as confidential as possible, however, we feel you should be aware that the information you report to us may possibly be seen by someone other than an employer, for example, an auditor.

I / WE HEREBY AUTHORIZE BAYSIDE VILLAGE ASSOCIATES, AND IT'S STAFF TO CONTACT ANY AGENCIES, OFFICERS, GROUPS OR ORGANIZATIONS TO OBTAIN ANY INFORMATION OR MATERIALS WHICH ARE DEEMED NECESSARY TO COMPLETE MY APPLICATION. ALL INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SPOUSE / CO-APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

MANAGER OR REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

NOTICE TO APPLICANTS: THIS IS A PRIVATELY FINANCED APARTMENT DEVELOPMENT BUILT UNDER THE NATIONAL HOUSING ACT. Eligibility is for families whose gross income, as defined by the Internal Revenue Service, does not exceed the maximum income limitations established by the Federal Housing Administration for this development. A family means a current spouse (by operation of law or cohabitation), children (natural or adopted), parent, brother, sister, stepfather, stepmother, stepsister, stepbrother, mother-in-law, father-in-law, brother-in-law and includes person who is pregnant or is in the process of adopting a child or securing legal custody of any individual under the age of 18. Please inquire for eligibility information as related to your application.

08/2018

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**AUTHORIZATION FOR  
 CREDIT AND BACKGROUND RELEASE**

In making this application, I/we authorize BAYSIDE VILLAGE to obtain information it deems desirable in the processing of my application including:

- \* Credit reports
- \* Civil and/or Criminal actions/information/history
- \* Rental history
- \* Employment/Salary/Other Income details
- \* Police and vehicle records
- \* Any other relevant information

I/We release the Landlord, its employees and agents for all liability for any damage whatsoever incurred in furnishing or obtaining such information.

**Applicant (Head of Household):**

\_\_\_\_\_  
 Applicant's Signature Date

\_\_\_\_\_  
 Last Name First Name Middle Initial

**Co-Applicant (Spouse or Co-Head of Household):**

\_\_\_\_\_  
 Co-Applicant's Signature Date

\_\_\_\_\_  
 Last Name First Name Middle Initial

**Other Adult Member of Household:**

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Last Name First Name Middle Initial



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.



# STUDENT QUESTIONNAIRE

Applicant/Resident \_\_\_\_\_ Date \_\_\_\_\_

Property Bayside Village Apartments Social Security Number \_\_\_\_\_

## TO BE COMPLETED BY APPLICANT / RESIDENT

Yes No

Are you student at an institution of higher education?

*\*Institutes of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation", and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it.*

If you have answered **no**, please skip the following questions and sign below.

If you answered **yes**, the owner agent is required to determine your eligibility as a student. Please complete the following questions:

Yes No

- |                                                                            |                          |                          |
|----------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Are you a full-time student?                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will you be living with your parents?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If no:                                                                  |                          |                          |
| a. Are your parents receiving or eligible to receive Section 8 assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are you claimed as a dependent on your parent's tax return?             | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you a graduate or professional student?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you at least 24 years of age?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you a veteran of the United States military?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you married?                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have a dependent child?                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have dependents other than a child or spouse?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you been independent of your parents for at least one year?       | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you disabled?                                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, were you receiving housing assistance as of 11/30/2005?         | <input type="checkbox"/> | <input type="checkbox"/> |



## STUDENT QUESTIONNAIRE

12. Are you receiving any financial assistance to pay for your education?

 

If so – Please list all sources of financial assistance including the school, any providers of scholarships or grants, parents, associations, etc.

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### PENALTIES FOR MISUSING THIS FORM

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, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses 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 willfully 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, the PHA 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).

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



Bayside Village Apartments  
143 Third Street  
Newport, RI 02840  
401-849-0101

APPLICANT CHANGE FORM

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Change being reported:

Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone Number:

\_\_\_\_\_

I confirm that the information above is correct and give Bayside Village Apartments authorization to update my application according to the new information provided above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Tenant Selection Plan

## The Plan

This Plan outlines the procedures in which an application is processed as well as how applicants are selected. It outlines occupancy standards, rejection standards and appeals of rejection decisions, and notice requirements.

This Plan will allow The Simon Companies, herein after called “the Agent”, to make a preliminary determination of eligibility based on the applicant’s declaration of income. The preliminary acceptance of an application based solely on the applicant’s information will be for the waiting list purposes only. In cases where the wait for a unit does not exceed ninety days, staff will immediately begin the processing procedure to determine eligibility.

### A. Right to apply

The Agent will not refuse anyone the right to apply for housing, unless the development’s waiting list is closed for a particular unit size or type. If the waiting list is closed, the Agent will advertise in a local newspaper to potential applicants that the waiting list is closed and the Agent we will refuse to take additional applications. The notice will state that the waiting list has been closed and that no further applications will be taken.

*For further information on closing of waiting list, see the Waiting List section.*

### B. Statement of Non-discrimination

It is the policy of the Agent to promote equal opportunity and non-discrimination, in compliance with all federal and state constitutions and legislative enactments addressing discrimination in housing, including, The Fair Housing Amendments Act of 1988, 42 U.S.C.A. " 3601-3620, Section 504 of the Rehabilitation Act of 1973, 29 U.S.C.A ' 794 et seq., The Americans with Disabilities Act of 1990, 42 U.S.C.A. " 12101-12213, Title VI of the Civil Rights Act of 1964, 42 U.S.C.A ' 2000d, the Age Discrimination Act of 1975, 42 U.S.C.A. " 6101-6107, Executive Order 11,063 and the State of New Hampshire Landlord and Tenant Act.

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, perceived sexual orientation and gender or other basis prohibited by local, state or federal law in any aspect of tenant selection or matter related to continued occupancy.

In addition to the Affirmative Fair Marketing Plan and Contract for the site, which establishes the minimum minority occupancy goal for the development, the agent will also affirmatively market to persons with disabilities for handicapped accessible units.



### **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 communications aides for interviews during the application process.

Appointments for an application or for reasonable accommodations, including materials in alternate formats, may be made by contacting the site office:

<i>SITE</i>	<i>Bayside Village Apartments</i>
<i>ADDRESS</i>	<i>143 Third Street</i>
	<i>Newport, RI 02840</i>
<i>PHONE</i>	<i>401-849-0101</i>

### **C. Selection Criteria**

To be considered for housing, applicants must submit a completed application and sign all relevant consent forms. Information needed to determine an applicant’s eligibility shall be verified within 120 days of formal acceptance for occupancy and will be updated accordingly if verification forms will be older than 120 days on day of move-in.

Nothing prohibits a HUD housing recipient from applying to this property. However, the applicant must move out of the current property before HUD assistance on this property will begin. Special consideration applies to

1. Minor children where both parents share 50% CUSTODY
2. Recipients of HUD assistance in another unit who are moving to establish a new household when other family members will remain in the original unit

If the applicant or any member of the applicant’s household fails to fully and accurately disclose rental or criminal history, the application may be denied based on the applicant’s “misrepresentation” of information.

This information will be reviewed on an annual basis at each annual certification. If any household member receives or attempts to receive assistance in another HUD assisted unit while still receiving assistance on this property, the household member will be required to reimburse HUD for assistance paid in error. This is considered a material lease violation and may result in penalties up to and including eviction and pursuit of fraud charges.

*Note: Eligibility does not constitute acceptance and further screening is required to determine an applicant’s ability to maintain a successful tenancy.*



1. **Preferences:** None

**Eligibility will be determined on the following basis:**

**Maximum Income** – The household annual income must not exceed current income limits for the program to which application is made. (See Eligibility Criteria, Attachment 1) Annual income may be below program limits but not so low as to make payment of basic rent obligations burdensome. Minimum rent obligations are applicable to participants in low rent programs, such as Section 8.

**Other Eligibility Criteria** – Household characteristics, such as the number of family members or their age, must be appropriate to the size of the unit and adhere to the subsidy program guidelines. See Attachment 1 for detailed requirements applicable to this development.

**Program Eligibility Requirements**

This paragraph identifies key regulatory citations.

Program Eligibility. The citations and their titles (or topics) are listed below. Refer to HUD's Code of Federal Regulations (CFR) for updates or changes.

A. Income Limits

- 24 CFR 5.609, and 5.653 (Annual income and income eligibility)

**§ 5.609 Annual income.**

(a) Annual income means all amounts, monetary or not, which:

(1) Go to, or on behalf of, the family head or spouse (even if temporarily absent) or to any other family member; or

(2) Are anticipated to be received from a source outside the family during the 12-month period following admission or annual reexamination effective date; and

(3) Which are not specifically excluded in paragraph (c) of this section.

(4) Annual income also means amounts derived (during the 12-month period) from assets to which any member of the family has access.



(b) Annual income includes, but is not limited to:

(1) The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services;

(2) The net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family;

(3) Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation is permitted only as authorized in paragraph (b)(2) of this section. Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD;

(4) The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (except as provided in paragraph (c)(14) of this section);

(5) Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except as provided in paragraph (c)(3) of this section);

(6) Welfare assistance payments.

(i) Welfare assistance payments made under the Temporary Assistance for Needy Families (TANF) program are included in annual income only to the extent such payments:

(A) Qualify as assistance under the TANF program definition at 45 CFR 260.31; and

(B) Are not otherwise excluded under paragraph (c) of this section.

(ii) If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in



accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income shall consist of:

(A) The amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; plus

(B) The maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities. If the family's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this paragraph shall be the amount resulting from one application of the percentage.

(7) Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling;

(8) All regular pay, special pay and allowances of a member of the Armed Forces (except as provided in paragraph (c)(7) of this section).

(9) For section 8 programs only and as provided in 24 CFR 5.612, any financial assistance, in excess of amounts received for tuition and any other required fees and charges, that an individual receives under the Higher Education Act of 1965 (20 U.S.C. 1001et seq.), from private sources, or from an institution of higher education (as defined under the Higher Education Act of 1965 (20 U.S.C. 1002)), shall be considered income to that individual, except that financial assistance described in this paragraph is not considered annual income for persons over the age of 23 with dependent children. For purposes of this paragraph, "financial assistance" does not include loan proceeds for the purpose of determining income.

(c) Annual income does not include the following:

(1) Income from employment of children (including foster children) under the age of 18 years;

(2) Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone);

(3) Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses (except as provided in paragraph (b)(5) of this section);

(4) Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;

(5) Income of a live-in aide, as defined in § 5.403;





(6) Subject to paragraph (b)(9) of this section, the full amount of student financial assistance paid directly to the student or to the educational institution;

(7) The special pay to a family member serving in the Armed Forces who is exposed to hostile fire;

(8)

(i) Amounts received under training programs funded by HUD;

(ii) Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS);

(iii) Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program;

(iv) Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the PHA or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, resident initiatives coordination, and serving as a member of the PHA's governing board. No resident may receive more than one such stipend during the same period of time;

(v) Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs (including training programs not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment training program;

(9) Temporary, nonrecurring or sporadic income (including gifts);

(10) Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era;

(11) Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household and spouse);

(12) Adoption assistance payments in excess of \$480 per adopted child;



(13) [Reserved]

(14) Deferred periodic amounts from supplemental security income and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts, or any deferred Department of Veterans Affairs disability benefits that are received in a lump sum amount or in prospective monthly amounts.

(15) Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit;

(16) Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home; or

(17) Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions set forth in 24 CFR 5.609(c) apply. A notice will be published in the Federal Register and distributed to PHAs and housing owners identifying the benefits that qualify for this exclusion. Updates will be published and distributed when necessary.

(d) Annualization of income. If it is not feasible to anticipate a level of income over a 12-month period (e.g., seasonal or cyclic income), or the PHA believes that past income is the best available indicator of expected future income, the PHA may annualize the income anticipated for a shorter period, subject to a redetermination at the end of the shorter period.

[61 FR 54498, Oct. 18, 1996, as amended at 65 FR 16716, Mar. 29, 2000; 67 FR 47432, July 18, 2002; 70 FR 77743, Dec. 30, 2005; 79 FR 36164, June 25, 2014; 81 FR 12370, Mar. 8, 2016]

and

**§ 5.653 Section 8 project-based assistance programs: Admission - Income-eligibility and income-targeting.**

(a) Applicability. This section describes requirements concerning income-eligibility and income-targeting that apply to the Section 8 project-based assistance programs, except for the moderate rehabilitation and the project-based certificate or voucher programs.

(b) Who is eligible? -

(1) Basic eligibility. An [applicant](#) must meet all eligibility requirements in order to receive housing assistance. At a minimum, the [applicant](#) must be a [family](#), as defined in [§ 5.403](#), and must be income-eligible, as described in this section. Such eligible [applicants](#) include single persons.



(2)Low income limit. No [family](#) other than a [low income family](#) is eligible for admission to the Section 8 project-based assistance programs. (This paragraph (b) does not apply to the Section 8 project-based voucher program under [part 983](#) of this title.)

(c)Targeting to extremely low income families. For each project assisted under a contract for project-based assistance, of the dwelling units that become available for occupancy in any fiscal year that are assisted under the contract, not less than 40 percent shall be available for leasing only by families that are extremely low income families at the time of admission.

(d)Limitation on admission of non-very low income families -

(1)Admission to units available before October 1, 1981. Not more than 25 percent of the Section 8 project-based dwelling units that were available for occupancy under Section 8 Housing Assistance Payments Contracts effective before October 1, 1981 and that are leased on or after that date shall be available for leasing by low income families other than very low income families. [HUD](#) reserves the right to limit the admission of low income families other than very low income families to these units.

(2)Admission to units available on or after October 1, 1981. Not more than 15 percent of the Section 8 project-based dwelling units that initially become available for occupancy under Section 8 Housing Assistance Payments (HAP) Contracts on or after October 1, 1981 shall be available for leasing by low income families other than families that are very low income families at the time of admission to the Section 8 program. Except with the prior approval of [HUD](#) under paragraphs (d)(3) and (d)(4) of this section, the [owner](#) may only lease such units to very low income families.

(3)Request for exception. A request by an [owner](#) for approval of admission of low income families other than very low income families to section 8 project-based units must state the basis for requesting the exception and provide supporting [data](#). Bases for exceptions that may be considered include the following:

(i) Need for admission of a broader range of [tenants](#) to preserve the financial or management viability of a project because there is an insufficient number of potential [applicants](#) who are very low income families;

(ii) Commitment of an [owner](#) to attaining occupancy by families with a broad range of incomes;

(iii) Project supervision by a State Housing Finance Agency having a policy of occupancy by families with a broad range of incomes supported by evidence that the Agency is pursuing this goal throughout its assisted projects in the community, or a project with financing through Section 11(b) of the 1937 Act ([42 U.S.C. 1437i](#)) or under Section 103 of the [Internal Revenue Code](#) ([26 U.S.C. 103](#)); and

(iv) Low-income families that otherwise would be displaced from a Section 8 project.



(4) Action on request for exception. Whether to grant any request for exception is a matter committed by law to HUD's discretion, and no implication is intended to be created that HUD will seek to grant approvals up to the maximum limits permitted by statute, nor is any presumption of an entitlement to an exception created by the specification of certain grounds for exception that HUD may consider. HUD will review exceptions granted to owners at regular intervals. HUD may withdraw permission to exercise those exceptions for program applicants at any time that exceptions are not being used or after a periodic review, based on the findings of the review.

(e) Income used for eligibility and targeting. Family annual income (see § 5.609) is used both for determination of income-eligibility and for income-targeting under this section.

(f) Reporting. The Section 8 owner must comply with HUD-prescribed reporting requirements, including income reporting requirements that will permit HUD to maintain the data necessary to monitor compliance with income-eligibility and income-targeting requirements.

[65 FR 16719, Mar. 29, 2000]

## B. Disclosure of Social Security Numbers

- 24 CFR 5.216

### **§ 5.216 Disclosure and verification of Social Security and Employer Identification Numbers.**

(a) General. The requirements of this section apply to applicants and participants as described in this section, except that this section is inapplicable to individuals who do not contend eligible immigration status under subpart E of this part (see § 5.508).

(b) Disclosure required of assistance applicants. Each assistance applicant must submit the following information to the processing entity when the assistance applicant's eligibility under the program involved is being determined.

(1) The complete and accurate SSN assigned to the assistance applicant and to each member of the assistance applicant's household; and

(2) The documentation referred to in paragraph (g)(1) of this section to verify each such SSN.

(c) Disclosure required of individual owner applicants. Each individual owner applicant must submit the following information to the processing entity when the individual owner applicant's eligibility under the program involved is being determined:



(1) The complete and accurate SSN assigned to the individual owner applicant and to each member of the individual owner applicant's household who will be obligated to pay the debt evidenced by the mortgage or loan documents; and

(2) The documentation referred to in paragraph (g)(1) of this section to verify each such SSN.

(d) Disclosure required of certain officials of entity applicants. Each officer, director, principal stockholder, or other official of an entity applicant must submit the following information to the processing entity when the entity applicant's eligibility under the program involved is being determined:

(1) The complete and accurate SSN assigned to each such individual; and

(2) The documentation referred to in paragraph (g)(1) of this section to verify each SSN.

(e) Disclosure required of participants -

(1) Initial disclosure.

(i) Each participant, except those age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010, must submit the information described in paragraph (e)(1)(ii) of this section, if the participant has:

(A) Not previously disclosed a SSN;

(B) Previously disclosed a SSN that HUD or the SSA determined was invalid; or

(C) Been issued a new SSN.

(ii) Each participant subject to the disclosure requirements under paragraph (e)(1)(i) of this section must submit the following information to the processing entity at the next interim or regularly scheduled reexamination or recertification of family composition or income, or other reexamination or recertification for the program involved:

(A) The complete and accurate SSN assigned to the participant and to each member of the participant's household; and

(B) The documentation referred to in paragraph (g)(1) of this section to verify each such SSN.

(2) Subsequent disclosure. Once a participant has disclosed and the processing entity has verified each SSN, the following rules apply:



(i) Addition of new household member who is at least 6 years of age or under the age of 6 and has an assigned SSN. When the participant requests to add a new household member who is at least 6 years of age, or is under the age of 6 and has an assigned SSN, the participant must provide the following to the processing entity at the time of the request, or at the time of processing the interim reexamination or recertification of family composition that includes the new member(s):

(A) The complete and accurate SSN assigned to each new member; and

(B) The documentation referred to in paragraph (g)(1) of this section to verify the SSN for each new member.

(ii) Addition of new household member who is under the age of 6 and has no assigned SSN.

(A) When a participant requests to add a new household member who is under the age of 6 and has not been assigned a SSN, the participant shall be required to provide the complete and accurate SSN assigned to each new child and the documentation referred to in paragraph (g)(1) of this section to verify the SSN for each new child within 90 calendar days of the child being added to the household.

(B) The processing entity shall grant an extension of one additional 90-day period if the processing entity, in its discretion, determines that the participant's failure to comply was due to circumstances that could not have reasonably been foreseen and were outside the control of the participant. During the period that the processing entity is awaiting documentation of a SSN, the processing entity shall include the child as part of the assisted household and the child shall be entitled to all the benefits of being a household member. If, upon expiration of the provided time period, the participant fails to produce a SSN, the processing entity shall follow the provisions of § 5.218.

(iii) Assignment of new SSN. If the participant or any member of the participant's household has been assigned a new SSN, the participant must submit the following to the processing entity at either the time of receipt of the new SSN; at the next interim or regularly scheduled reexamination or recertification of family composition or income, or other reexamination or recertification; or at such earlier time specified by the processing entity:

(A) The complete and accurate SSN assigned to the participant or household member involved; and

(B) The documentation referred to in paragraph (g)(1) of this section to verify the SSN of each individual.



(f) Disclosure required of entity applicants. Each entity applicant must submit the following information to the processing entity when the entity applicant's eligibility under the program involved is being determined:

- (1) Any complete and accurate EIN assigned to the entity applicant; and
- (2) The documentation referred to in paragraph (g)(2) of this section to verify the EIN.

(g) Required documentation -

(1) SSN. The documentation necessary to verify the SSN of an individual who is required to disclose his or her SSN under paragraphs (a) through (e) of this section is:

- (i) A valid SSN card issued by the SSA;
- (ii) An original document issued by a federal or state government agency, which contains the name of the individual and the SSN of the individual, along with other identifying information of the individual; or
- (iii) Such other evidence of the SSN as HUD may prescribe in administrative instructions.

(2) EIN. The documentation necessary to verify an EIN of an entity applicant that is required to disclose its EIN under paragraph (f) of this section is the official, written communication from the Internal Revenue Service (IRS) assigning the EIN to the entity applicant, or such other evidence of the EIN as HUD may prescribe in administrative instructions.

(h) Effect on assistance applicants.

(1) Except as provided in paragraphs (h)(2) and (3) of this section, if the processing entity determines that the assistance applicant is otherwise eligible to participate in a program, the assistance applicant may retain its place on the waiting list for the program but cannot become a participant until it can provide the documentation referred to in paragraph (g)(1) of this section to verify the SSN of each member of the household.

(2) For applicants to the Section 8 Moderate Rehabilitation Single Room Occupancy (SRO) Program for Homeless Individuals under 24 CFR part 882, subpart H, the documentation required in paragraph (g)(1) of this section must be provided to the processing entity within 90 calendar days from the date of admission into the program. The processing entity shall grant an extension of one additional 90-day period if the processing entity, in its discretion, determines that the applicant's failure to comply was due to circumstances that could not have reasonably been foreseen and were outside the control of the applicant. If, upon expiration of the provided time period, the individual fails to produce a SSN, the processing entity shall follow the provisions of § 5.218.



(3) If a child under the age of 6 years was added to the assistance applicant household within the 6-month period prior to the household's date of admission (or, for the HCV program, the date of voucher issuance), the assistance applicant may become a participant, so long as the documentation required in paragraph (g)(1) of this section is provided to the processing entity within 90 calendar days from the date of admission into the program (or, for the HCV program, the effective date of the Housing Assistance Payment contract). The processing entity must grant an extension of one additional 90-day period if the processing entity determines that, in its discretion, the assistance applicant's failure to comply was due to circumstances that could not reasonably have been foreseen and were outside the control of the assistance applicant. If the applicant family fails to produce the documentation required in paragraph (g)(1) of this section within the required time period, the processing entity must follow the provisions of § 5.218.

(i) Rejection of documentation. The processing entity must not reject documentation referred to in paragraph (g) of this section, except as HUD may otherwise prescribe through publicly issued notice.

[74 FR 68932, Dec. 29, 2009, as amended at 81 FR 12369, Mar. 8, 2016]

#### § 5.218 Penalties for failing to disclose and verify Social Security and Employer Identification Numbers.

(a) Denial of eligibility of assistance applicants and individual owner applicants. The [processing entity](#) must deny the eligibility of an [assistance applicant](#) or [individual owner applicant](#) in accordance with the provisions governing the program involved, if the assistance or [individual owner applicant](#) does not meet the applicable [SSN](#) disclosure, documentation, and verification requirements as specified in [§ 5.216](#).

(b) Denial of eligibility of entity applicants. The [processing entity](#) must deny the eligibility of an [entity applicant](#) in accordance with the provisions governing the program involved; if:

(1) The [entity applicant](#) does not meet the [EIN](#) disclosure, documentation, and verification requirements specified in [§ 5.216](#); or

(2) Any of the officials of the [entity applicant](#) referred to in [§ 5.216\(d\)](#) does not meet the applicable [SSN](#) disclosure, and documentation and verification requirements specified in [§ 5.216](#).

(c) Termination of assistance or termination of tenancy of participants.

(1) The [processing entity](#) must terminate the assistance or terminate the tenancy, or both, of a [participant](#) and the [participant's household](#), in accordance with the provisions governing the program involved, if the [participant](#) does not meet the applicable [SSN](#) disclosure, documentation, and verification requirements specified in [§ 5.216](#).

(2) The [processing entity](#) may defer termination and provide the [participant](#) with an additional 90 calendar days to disclose a [SSN](#), but only if the [processing entity](#), in its discretion, determines that:





- (i) The failure to meet these requirements was due to circumstances that could not have reasonably been foreseen and were outside the control of the [participant](#); and
- (ii) There is a reasonable likelihood that the [participant](#) will be able to disclose a [SSN](#) by the deadline.
- (3) Failure of the [participant](#) to disclose a [SSN](#) by the deadline specified in [paragraph \(c\)\(2\)](#) of this section will result in termination of the assistance or tenancy, or both, of the [participant](#) and the [participant's household](#).
- (d) Cross reference. Individuals should consult the regulations and administrative instructions for the programs covered under this subpart B for further information on the use of [SSNs](#) and [EINs](#) in determinations regarding eligibility.

[[61 FR 11113](#), Mar. 18, 1996, as amended at [74 FR 4840](#), Jan. 27, 2009; [74 FR 68933](#), Dec. 29, 2009]

#### C. Consent Forms

- 24 CFR 5.230, 5.232 (Consent by applicants and assisted participants and penalties for failing to sign consent forms)

#### **§ 5.230 Consent by assistance applicants and participants.**

(a) Required consent by assistance applicants and participants. Each member of the family of an assistance applicant or participant who is at least 18 years of age, and each family head and spouse regardless of age, shall sign one or more consent forms.

(b) Consent authorization -

(1) To whom and when. The assistance applicant shall submit the signed consent forms to the processing entity when eligibility under a covered program is being determined. A participant shall sign and submit consent forms at the next regularly scheduled income reexamination. Assistance applicants and participants shall be responsible for the signing and submitting of consent forms by each applicable family member.

(2) Subsequent consent forms - special cases. Participants are required to sign and submit consent forms at the next interim or regularly scheduled income reexamination under the following circumstances:

- (i) When any person 18 years or older becomes a member of the family;
- (ii) When a member of the family turns 18 years of age; and
- (iii) As required by HUD or the PHA in administrative instructions.



(c) Consent form - contents. The consent form required by this section shall contain, at a minimum, the following:

(1) A provision authorizing HUD and PHAs to obtain from SWICAs any information or materials necessary to complete or verify the application for participation and to maintain continued assistance under a covered program; and

(2) A provision authorizing HUD, PHAs, or the owner responsible for determining eligibility for or the level of assistance to verify with previous or current employers income information pertinent to the assistance applicant's or participant's eligibility for or level of assistance under a covered program;

(3) A provision authorizing HUD to request income return information from the IRS and the SSA for the sole purpose of verifying income information pertinent to the assistance applicant's or participant's eligibility or level of benefits; and

(4) A statement that the authorization to release the information requested by the consent form expires 15 months after the date the consent form is signed.

and

#### **§ 5.232 Penalties for failing to sign consent forms.**

(a) Denial or termination of benefits. In accordance with the provisions governing the program involved, if the assistance applicant or participant, or any member of the assistance applicant's or participant's family, does not sign and submit the consent form as required in § 5.230, then:

(1) The processing entity shall deny assistance to and admission of an assistance applicant;

(2) Assistance to, and the tenancy of, a participant may be terminated.

(b) Cross references. Individuals should consult the regulations and administrative instructions for the programs covered under this subpart B for further information on the use of income information in determinations regarding eligibility.

#### **D. Restrictions on Assistance to Noncitizens**

- 24 CFR part 5, subpart E – Restrictions on Assistance to Noncitizens

#### **§ 5.500 Applicability.**

(a) Covered programs/assistance. This subpart E implements Section 214 of the [Housing and Community Development Act of 1980](#), as amended ([42 U.S.C. 1436a](#)). Section 214 prohibits [HUD](#) from making financial assistance available to persons who are not in eligible status with



respect to citizenship or [noncitizen](#) immigration status. This subpart E is applicable to financial assistance provided under:

- (1) Section 235 of the [National Housing Act \(12 U.S.C. 1715z\)](#) (the Section 235 Program);
- (2) Section 236 of the [National Housing Act \(12 U.S.C. 1715z-1\)](#) (tenants paying below market rent only) (the Section 236 Program);
- (3) Section 101 of the [Housing and Urban Development Act of 1965 \(12 U.S.C. 1701s\)](#) (the Rent Supplement Program); and
- (4) The [United States Housing Act of 1937 \(42 U.S. C. 1437](#)et seq.) which covers:
  - (i) HUD's [Public Housing](#) Programs;
  - (ii) The Section 8 Housing Assistance Programs; and
  - (iii) The Housing Development Grant Programs (with respect to low income units only).

(b) Covered individuals and entities -

- (1) Covered individuals/persons and families. The provisions of this subpart E apply to both [applicants](#) for assistance and persons already receiving assistance covered under this subpart E.
- (2) Covered entities. The provisions of this subpart E apply to [Public Housing](#) Agencies (PHAs), project (or housing) owners, and mortgagees under the Section 235 Program. The term “responsible entity” is used in this subpart E to refer collectively to these entities, and is further defined in [§ 5.504](#).

#### § 5.502 Requirements concerning documents.

For any notice or document (decision, declaration, consent form, etc.) that this subpart E requires the [responsible entity](#) to provide to an individual, or requires the [responsible entity](#) to obtain the signature of an individual, the [responsible entity](#), where feasible, must arrange for the notice or document to be provided to the individual in a language that is understood by the individual if the individual is not proficient in English. (See [24 CFR 8.6](#) of HUD's regulations for requirements concerning communications with persons with disabilities.)

#### § 5.504 Definitions.

(a) The definitions 1937 Act, HUD, Public Housing Agency (PHA), and Section 8 are defined in [subpart A](#) of this part.

(b) As used in this subpart E:

Child means a member of the [family](#) other than the [family](#) head or spouse who is under 18 years of age.

Citizen means a [citizen](#) or [national](#) of the United States.



Evidence of citizenship or eligible status means the documents which must be submitted to evidence citizenship or eligible immigration status. (See [§ 5.508\(b\)](#).)

Family has the same meaning as provided in the program regulations of the relevant Section 214 covered program.

Head of household means the [adult](#) member of the [family](#) who is the head of the [household](#) for purposes of determining income eligibility and rent.

Housing covered programs means the following programs administered by the Assistant [Secretary](#) for Housing:

- (1) Section 235 of the [National Housing Act \(12 U.S.C. 1715z\)](#) (the Section 235 Program);
- (2) Section 236 of the [National Housing Act \(12 U.S.C. 1715z-1\)](#) (tenants paying below market rent only) (the Section 236 Program); and
- (3) Section 101 of the [Housing and Urban Development Act of 1965 \(12 U.S.C. 1701s\)](#) (the Rent Supplement Program).

INS means the U.S. Immigration and Naturalization Service.

Mixed family means a [family](#) whose members include those with citizenship or eligible immigration status, and those without citizenship or eligible immigration status.

National means a person who owes permanent allegiance to the United States, for example, as a result of birth in a United States territory or possession.

Noncitizen means a person who is neither a [citizen](#) nor [national](#) of the United States.

Project owner means the person or entity that owns the housing project containing the assisted dwelling unit.

Public Housing covered programs means the [public housing](#) programs administered by the Assistant [Secretary](#) for Public and Indian Housing under title I of the 1937 [Act](#). This definition does not encompass HUD's Indian [Housing programs](#) administered under title II of the 1937 [Act](#). Further, this term does not include those programs providing assistance under section 8 of the 1937 [Act](#). (See definition of "Section 8 Covered Programs" in this section.)

Responsible entity means the person or entity [responsible](#) for administering the restrictions on providing assistance to [noncitizens](#) with ineligible immigration status. The entity [responsible](#) for administering the restrictions on providing assistance to [noncitizens](#) with ineligible immigration status under the various covered programs is as follows:

- (1) For the Section 235 Program, the mortgagee.
- (2) For [Public Housing](#), the Section 8 Rental Certificate, the Section 8 Rental Voucher, and the Section 8 Moderate Rehabilitation programs, the [PHA](#) administering the program under an ACC with [HUD](#).



(3) For all other Section 8 programs, the Section 236 Program, and the Rent Supplement Program, the [owner](#).

Section 8 covered programs means all [HUD](#) programs which assist housing under Section 8 of the 1937 [Act](#), including Section 8-assisted housing for which loans are made under section 202 of the [Housing Act of 1959](#).

Section 214 means section 214 of the [Housing and Community Development Act of 1980](#), as amended ([42 U.S.C. 1436a](#)).

Section 214 covered programs is the collective term for the [HUD](#) programs to which the restrictions imposed by Section 214 apply. These programs are set forth in [§ 5.500](#).

Tenant means an individual or a [family](#) renting or occupying an assisted dwelling unit. For purposes of this subpart E, the term [tenant](#) will also be used to include a homebuyer, where appropriate.

#### § 5.506 General provisions.

(a)Restrictions on assistance. Financial assistance under a Section 214 covered program is restricted to:

(1)Citizens; or

(2)Noncitizens who have eligible immigration status under one of the categories set forth in Section 214 (see [42 U.S.C. 1436a\(a\)](#)).

(b)Family eligibility for assistance.

(1) A [family](#) shall not be eligible for assistance unless every member of the [family](#) residing in the unit is determined to have eligible status, as described in [paragraph \(a\)](#) of this section, or unless the [family](#) meets the conditions set forth in [paragraph \(b\)\(2\)](#) of this section.

(2) Despite the ineligibility of one or more [family](#) members, a [mixed family](#) may be eligible for one of the three types of assistance provided in [§§ 5.516](#) and 5.518. A [family](#) without any eligible members and receiving assistance on June 19, 1995 may be eligible for temporary deferral of termination of assistance as provided in [§§ 5.516](#) and 5.518.

(c)Preferences.[Citizens](#) of the Republic of Marshall Islands, the Federated States of Micronesia, and the Republic of Palau who are eligible for assistance under [paragraph \(a\)\(2\)](#) of this section are entitled to receive local preferences for housing assistance, except that, within Guam, such [citizens](#) who have such local preference will not be entitled to housing assistance in preference to any United States [citizen](#) or [national](#) resident therein who is otherwise eligible for such assistance.

[[61 FR 5202](#), Feb. 9, 1996, as amended at [67 FR 65273](#), Oct. 23, 2002]

#### § 5.508 Submission of evidence of citizenship or eligible immigration status.



(a)General. Eligibility for assistance or continued assistance under a Section 214 covered program is contingent upon a [family](#)'s submission to the [responsible entity](#) of the documents described in [paragraph \(b\)](#) of this section for each [family](#) member. If one or more [family](#) members do not have citizenship or eligible immigration status, the [family](#) members may exercise the election not to contend to have eligible immigration status as provided in [paragraph \(e\)](#) of this section, and the provisions of §§ 5.516 and 5.518 shall apply.

(b)Evidence of citizenship or eligible immigration status. Each [family](#) member, regardless of age, must submit the following evidence to the [responsible entity](#).

(1) For U.S. [citizens](#) or U.S. nationals, the evidence consists of a signed declaration of U.S. citizenship or U.S. nationality. The [responsible entity](#) may request verification of the declaration by requiring presentation of a United States passport or other appropriate documentation, as specified in [HUD](#) guidance.

(2) For [noncitizens](#) who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on September 30, 1996 or applying for assistance on or after that date, the evidence consists of:

(i) A signed declaration of eligible immigration status; and

(ii) Proof of age document.

(3) For all other noncitizens, the evidence consists of:

(i) A signed declaration of eligible immigration status;

(ii) One of the [INS](#) documents referred to in [§ 5.510](#); and

(iii) A signed verification consent form.

(c)Declaration.

(1) For each [family](#) member who contends that he or she is a U.S. [citizen](#) or a [noncitizen](#) with eligible immigration status, the [family](#) must submit to the [responsible entity](#) a written declaration, signed under penalty of perjury, by which the [family](#) member declares whether he or she is a U.S. [citizen](#) or a [noncitizen](#) with eligible immigration status.

(i) For each [adult](#), the declaration must be signed by the [adult](#).

(ii) For each [child](#), the declaration must be signed by an [adult](#) residing in the assisted dwelling unit who is [responsible](#) for the [child](#).

(2)For Housing covered programs: The written declaration may be incorporated as part of the application for housing assistance or may constitute a separate document.

(d)Verification consent form -



(1)Who signs. Each [noncitizen](#) who declares eligible immigration status (except certain [noncitizens](#) who are 62 years of age or older as described in [paragraph \(b\)\(2\)](#) of this section) must sign a verification consent form as follows.

(i) For each [adult](#), the form must be signed by the [adult](#).

(ii) For each [child](#), the form must be signed by an [adult](#) residing in the assisted dwelling unit who is [responsible](#) for the [child](#).

(2)Notice of release of evidence by responsible entity. The verification consent form shall provide that evidence of eligible immigration status may be released by the [responsible entity](#) without responsibility for the further use or transmission of the evidence by the entity receiving it, to:

(i)[HUD](#), as required by [HUD](#); and

(ii) The [INS](#) for purposes of verification of the immigration status of the individual.

(3)Notice of release of evidence by HUD. The verification consent form also shall notify the individual of the possible release of evidence of eligible immigration status by [HUD](#). Evidence of eligible immigration status shall only be released to the [INS](#) for purposes of establishing eligibility for financial assistance and not for any other purpose. [HUD](#) is not [responsible](#) for the further use or transmission of the evidence or other information by the [INS](#).

(e)Individuals who do not contend that they have eligible status. If one or more members of a [family](#) elect not to contend that they have eligible immigration status, and other members of the [family](#) establish their citizenship or eligible immigration status, the [family](#) may be eligible for assistance under [§§ 5.516](#) and 5.518, or [§ 5.520](#), despite the fact that no declaration or documentation of eligible status is submitted for one or more members of the [family](#). The [family](#), however, must identify in writing to the [responsible entity](#), the [family](#) member (or members) who will elect not to contend that he or she has eligible immigration status.

(f)Notification of requirements of Section 214 -

(1)When notice is to be issued. Notification of the requirement to submit evidence of citizenship or eligible immigration status, as required by this section, or to elect not to contend that one has eligible status as provided by [paragraph \(e\)](#) of this section, shall be given by the [responsible entity](#) as follows:

(i)Applicant's notice. The notification described in [paragraph \(f\)\(1\)](#) of this section shall be given to each [applicant](#) at the time of application for assistance. [Applicants](#) whose applications are pending on June 19, 1995, shall be notified of the requirement to submit evidence of eligible status as soon as possible after June 19, 1995.

(ii)Notice to tenants. The notification described in [paragraph \(f\)\(1\)](#) of this section shall be given to each [tenant](#) at the time of, and together with, the [responsible entity](#)'s notice of regular reexamination of income, but not later than one year following June 19, 1995.



(iii)Timing of mortgagor's notice. A mortgagor receiving Section 235 assistance must be provided the notification described in [paragraph \(f\)\(1\)](#) of this section and any additional requirements imposed under the Section 235 Program.

(2)Form and content of notice. The notice shall:

(i) State that financial assistance is contingent upon the submission and verification, as appropriate, of evidence of citizenship or eligible immigration status as required by [paragraph \(a\)](#) of this section;

(ii) Describe the type of evidence that must be submitted, and state the time period in which that evidence must be submitted (see [paragraph \(g\)](#) of this section concerning when evidence must be submitted); and

(iii) State that assistance will be prorated, denied or terminated, as appropriate, upon a final determination of ineligibility after all appeals have been exhausted (see [§ 5.514](#) concerning [INS](#) appeal, and [informal hearing](#) process) or, if appeals are not pursued, at a time to be specified in accordance with [HUD](#) requirements. [Tenants](#) also shall be informed of how to obtain assistance under the preservation of families provisions of [§§ 5.516](#) and 5.518.

(g)When evidence of eligible status is required to be submitted. The [responsible entity](#) shall require evidence of eligible status to be submitted at the times specified in [paragraph \(g\)](#) of this section, subject to any extension granted in accordance with [paragraph \(h\)](#) of this section.

(1)Applicants. For applicants, [responsible](#) entities must ensure that evidence of eligible status is submitted not later than the date the [responsible entity](#) anticipates or has knowledge that verification of other aspects of eligibility for assistance will occur (see [§ 5.512\(a\)](#)).

(2)Tenants. For tenants, evidence of eligible status is required to be submitted as follows:

(i) For financial assistance under a Section 214 covered program, with the exception of Section 235 assistance payments, the required evidence shall be submitted at the first regular reexamination after June 19, 1995, in accordance with program requirements.

(ii) For financial assistance in the form of Section 235 assistance payments, the mortgagor shall submit the required evidence in accordance with requirements imposed under the Section 235 Program.

(3)New occupants of assisted units. For any new occupant of an assisted unit (e.g., a new [family](#) member comes to reside in the assisted unit), the required evidence shall be submitted at the first interim or regular reexamination following the person's occupancy.

(4)Changing participation in a HUD program. Whenever a [family](#) applies for admission to a Section 214 covered program, evidence of eligible status is required to be submitted in accordance with the requirements of this subpart unless the [family](#) already has submitted the evidence to the [responsible entity](#) for a Section 214 covered program.





(5) One-time evidence requirement for continuous occupancy. For each [family](#) member, the [family](#) is required to submit evidence of eligible status only one time during continuously assisted occupancy under any Section 214 covered program.

(h) Extensions of time to submit evidence of eligible status -

(1) When extension must be granted. The [responsible entity](#) shall extend the time, provided in [paragraph \(g\)](#) of this section, to submit evidence of eligible immigration status if the [family](#) member:

(i) Submits the declaration required under [§ 5.508\(a\)](#) certifying that any person for whom required evidence has not been submitted is a [noncitizen](#) with eligible immigration status; and

(ii) Certifies that the evidence needed to support a claim of eligible immigration status is temporarily unavailable, additional time is needed to obtain and submit the evidence, and prompt and diligent efforts will be undertaken to obtain the evidence.

(2) Thirty-day extension period. Any extension of time, if granted, shall not exceed thirty (30) days. The additional time provided should be sufficient to allow the individual the time to obtain the evidence needed. The [responsible entity's](#) determination of the length of the extension needed shall be based on the circumstances of the individual case.

(3) Grant or denial of extension to be in writing. The [responsible entity's](#) decision to grant or deny an extension as provided in [paragraph \(h\)\(1\)](#) of this section shall be issued to the [family](#) by written notice. If the extension is granted, the notice shall specify the extension period granted (which shall not exceed thirty (30) days). If the extension is denied, the notice shall explain the reasons for denial of the extension.

(i) Failure to submit evidence or to establish eligible status. If the [family](#) fails to submit required evidence of eligible immigration status within the time period specified in the notice, or any extension granted in accordance with [paragraph \(h\)](#) of this section, or if the evidence is timely submitted but fails to establish eligible immigration status, the [responsible entity](#) shall proceed to deny, prorate or terminate assistance, or provide continued assistance or temporary deferral of termination of assistance, as appropriate, in accordance with the provisions of §§ 5.514, 5.516, and 5.518.

(ii) [Reserved]

[[61 FR 13616](#), Mar. 27, 1996, as amended at [61 FR 60538](#), Nov. 29, 1996; [64 FR 25731](#), May 12, 1999]

#### § 5.510 Documents of eligible immigration status.

(a) General. A responsible entity shall request and review original documents of eligible immigration status. The responsible entity shall retain photocopies of the documents for its own records and return the original documents to the family.



(b)Acceptable evidence of eligible immigration status. Acceptable evidence of eligible immigration status shall be the original of a document designated by INS as acceptable evidence of immigration status in one of the six categories mentioned in § 5.506(a) for the specific immigration status claimed by the individual.

[61 FR 13616, Mar. 27, 1996, as amended at 61 FR 60539, Nov. 29, 1996; 64 FR 25731, May 12, 1999]

#### § 5.512 Verification of eligible immigration status.

(a)General. Except as described in paragraph (b) of this section and § 5.514, no individual or family applying for assistance may receive such assistance prior to the verification of the eligibility of at least the individual or one family member. Verification of eligibility consistent with § 5.514 occurs when the individual or family members have submitted documentation to the responsible entity in accordance with § 5.508.

(b)PHA election to provide assistance before verification. A PHA that is a responsible entity under this subpart may elect to provide assistance to a family before the verification of the eligibility of the individual or one family member.

#### (c)Primary verification -

(1)Automated verification system. Primary verification of the immigration status of the person is conducted by the responsible entity through the INS automated system (INS Systematic Alien Verification for Entitlements (SAVE)). The INS SAVE system provides access to names, file numbers and admission numbers of noncitizens.

(2)Failure of primary verification to confirm eligible immigration status. If the INS SAVE system does not verify eligible immigration status, secondary verification must be performed.

#### (d)Secondary verification -

(1)Manual search of INS records. Secondary verification is a manual search by the INS of its records to determine an individual's immigration status. The responsible entity must request secondary verification, within 10 days of receiving the results of the primary verification, if the primary verification system does not confirm eligible immigration status, or if the primary verification system verifies immigration status that is ineligible for assistance under a Section 214 covered program.

(2)Secondary verification initiated by responsible entity. Secondary verification is initiated by the responsible entity forwarding photocopies of the original INS documents required for the immigration status declared (front and back), attached to the INS document verification request form G-845S (Document Verification Request), or such other form specified by the INS to a designated INS office for review. (Form G-845S is available from the local INS Office.)



(3) Failure of secondary verification to confirm eligible immigration status. If the secondary verification does not confirm eligible immigration status, the responsible entity shall issue to the family the notice described in § 5.514(d), which includes notification of the right to appeal to the INS of the INS finding on immigration status (see § 5.514(d)(4)).

(e) Exemption from liability for INS verification. The responsible entity shall not be liable for any action, delay, or failure of the INS in conducting the automated or manual verification. [61 FR 13616, Mar. 27, 1996, as amended at 61 FR 60539, Nov. 29, 1996; 64 FR 25731, May 12, 1999]

§ 5.514 Delay, denial, reduction or termination of assistance.

(a) General. Assistance to a family may not be delayed, denied, reduced or terminated because of the immigration status of a family member except as provided in this section.

(b) Restrictions on delay, denial, reduction or termination of assistance -

(1) Restrictions on reduction, denial or termination of assistance for applicants and tenants. Assistance to an applicant or tenant shall not be delayed, denied, reduced, or terminated, on the basis of ineligible immigration status of a family member if:

(i) The primary and secondary verification of any immigration documents that were timely submitted has not been completed;

(ii) The family member for whom required evidence has not been submitted has moved from the assisted dwelling unit;

(iii) The family member who is determined not to be in an eligible immigration status following INS verification has moved from the assisted dwelling unit;

(iv) The INS appeals process under § 5.514(e) has not been concluded;

(v) Assistance is prorated in accordance with § 5.520; or

(vi) Assistance for a mixed family is continued in accordance with §§ 5.516 and 5.518; or

(vii) Deferral of termination of assistance is granted in accordance with §§ 5.516 and 5.518.

(2) Restrictions on delay, denial, reduction or termination of assistance pending fair hearing for tenants. In addition to the factors listed in paragraph (b)(1) of this section, assistance to a tenant cannot be delayed, denied, reduced or terminated until the completion of the informal hearing described in paragraph (f) of this section.

(c) Events causing denial or termination of assistance -



(1)General. Assistance to an applicant shall be denied, and a tenant's assistance shall be terminated, in accordance with the procedures of this section, upon the occurrence of any of the following events:

(i) Evidence of citizenship (i.e., the declaration) and eligible immigration status is not submitted by the date specified in § 5.508(g) or by the expiration of any extension granted in accordance with § 5.508(h);

(ii) Evidence of citizenship and eligible immigration status is timely submitted, but INS primary and secondary verification does not verify eligible immigration status of a family member; and

(A) The family does not pursue INS appeal or informal hearing rights as provided in this section; or

(B)INS appeal and informal hearing rights are pursued, but the final appeal or hearing decisions are decided against the family member; or

(iii) The responsible entity determines that a family member has knowingly permitted another individual who is not eligible for assistance to reside (on a permanent basis) in the public or assisted housing unit of the family member. Such termination shall be for a period of not less than 24 months. This provision does not apply to a family if the ineligibility of the ineligible individual was considered in calculating any proration of assistance provided for the family.

(2)Termination of assisted occupancy. For termination of assisted occupancy, see paragraph (i) of this section.

(d)Notice of denial or termination of assistance. The notice of denial or termination of assistance shall advise the family:

(1) That financial assistance will be denied or terminated, and provide a brief explanation of the reasons for the proposed denial or termination of assistance;

(2) That the family may be eligible for proration of assistance as provided under § 5.520;

(3) In the case of a tenant, the criteria and procedures for obtaining relief under the provisions for preservation of families in §§ 5.514 and 5.518;

(4) That the family has a right to request an appeal to the INS of the results of secondary verification of immigration status and to submit additional documentation or a written explanation in support of the appeal in accordance with the procedures of paragraph (e) of this section;



(5) That the family has a right to request an informal hearing with the responsible entity either upon completion of the INS appeal or in lieu of the INS appeal as provided in paragraph (f) of this section;

(6) For applicants, the notice shall advise that assistance may not be delayed until the conclusion of the INS appeal process, but assistance may be delayed during the pendency of the informal hearing process.

(e)Appeal to the INS -

(1)Submission of request for appeal. Upon receipt of notification by the responsible entity that INS secondary verification failed to confirm eligible immigration status, the responsible entity shall notify the family of the results of the INS verification, and the family shall have 30 days from the date of the responsible entity's notification, to request an appeal of the INS results. The request for appeal shall be made by the family communicating that request in writing directly to the INS. The family must provide the responsible entity with a copy of the written request for appeal and proof of mailing.

(2)Documentation to be submitted as part of appeal to INS. The family shall forward to the designated INS office any additional documentation or written explanation in support of the appeal. This material must include a copy of the INS document verification request form G-845S (used to process the secondary verification request) or such other form specified by the INS, and a cover letter indicating that the family is requesting an appeal of the INS immigration status verification results.

(3)Decision by INS -

(i)When decision will be issued. The INS will issue to the family, with a copy to the responsible entity, a decision within 30 days of its receipt of documentation concerning the family's appeal of the verification of immigration status. If, for any reason, the INS is unable to issue a decision within the 30 day time period, the INS will inform the family and responsible entity of the reasons for the delay.

(ii)Notification of INS decision and of informal hearing procedures. When the responsible entity receives a copy of the INS decision, the responsible entity shall notify the family of its right to request an informal hearing on the responsible entity's ineligibility determination in accordance with the procedures of paragraph (f) of this section.

(4)No delay, denial, reduction, or termination of assistance until completion of INS appeal process; direct appeal to INS. Pending the completion of the INS appeal under this section, assistance may not be delayed, denied, reduced or terminated on the basis of immigration status.

(f)Informal hearing -



(1)When request for hearing is to be made. After notification of the INS decision on appeal, or in lieu of request of appeal to the INS, the family may request that the responsible entity provide a hearing. This request must be made either within 30 days of receipt of the notice described in paragraph (d) of this section, or within 30 days of receipt of the INS appeal decision issued in accordance with paragraph (e) of this section.

(2)Informal hearing procedures -

(i)Tenants assisted under a Section 8 covered program: For tenants assisted under a Section 8 covered program, the procedures for the hearing before the responsible entity are set forth in:

(A)For Section 8 Moderate Rehabilitation assistance:24 CFR part 882;

(B)For Section 8 tenant-based assistance:24 CFR part 982; or

(C)For Section 8 project-based certificate program:24 CFR part 983.

(ii)Tenants assisted under any other Section 8 covered program or a Public Housing covered program: For tenants assisted under a Section 8 covered program not listed in paragraph (f)(3)(i) of this section or a Public Housing covered program, the procedures for the hearing before the responsible entity are set forth in 24 CFR part 966.

(iii)Families under Housing covered programs and applicants for assistance under all covered programs. For all families under Housing covered programs (applicants as well as tenants already receiving assistance) and for applicants for assistance under all covered programs, the procedures for the informal hearing before the responsible entity are as follows:

(A)Hearing before an impartial individual. The family shall be provided a hearing before any person(s) designated by the responsible entity (including an officer or employee of the responsible entity), other than a person who made or approved the decision under review, and other than a person who is a subordinate of the person who made or approved the decision;

(B)Examination of evidence. The family shall be provided the opportunity to examine and copy at the individual's expense, at a reasonable time in advance of the hearing, any documents in the possession of the responsible entity pertaining to the family's eligibility status, or in the possession of the INS (as permitted by INS requirements), including any records and regulations that may be relevant to the hearing;

(C)Presentation of evidence and arguments in support of eligible status. The family shall be provided the opportunity to present evidence and arguments in support of eligible status. Evidence may be considered without regard to admissibility under the rules of evidence applicable to judicial proceedings;



(D)Controverting evidence of the responsible entity. The family shall be provided the opportunity to controvert evidence relied upon by the responsible entity and to confront and cross-examine all witnesses on whose testimony or information the responsible entity relies;

(E)Representation. The family shall be entitled to be represented by an attorney, or other designee, at the family's expense, and to have such person make statements on the family's behalf;

(F)Interpretive services. The family shall be entitled to arrange for an interpreter to attend the hearing, at the expense of the family, or responsible entity, as may be agreed upon by the two parties to the proceeding; and

(G)Hearing to be recorded. The family shall be entitled to have the hearing recorded by audiotape (a transcript of the hearing may, but is not required to, be provided by the responsible entity).

(3)Hearing decision. The responsible entity shall provide the family with a written final decision, based solely on the facts presented at the hearing, within 14 days of the date of the informal hearing. The decision shall state the basis for the decision.

(g)Judicial relief. A decision against a family member, issued in accordance with paragraphs (e) or (f) of this section, does not preclude the family from exercising the right, that may otherwise be available, to seek redress directly through judicial procedures.

(h)Retention of documents. The responsible entity shall retain for a minimum of 5 years the following documents that may have been submitted to the responsible entity by the family, or provided to the responsible entity as part of the INS appeal or the informal hearing process:

- (1) The application for financial assistance;
- (2) The form completed by the family for income reexamination;
- (3) Photocopies of any original documents (front and back), including original INS documents;
- (4) The signed verification consent form;
- (5) The INS verification results;
- (6) The request for an INS appeal;
- (7) The final INS determination;
- (8) The request for an informal hearing; and
- (9) The final informal hearing decision.



(i) Termination of assisted occupancy.

(1) Under Housing covered programs, and in the Section 8 covered programs other than the Section 8 Rental Certificate, Rental Voucher, and Moderate Rehabilitation programs, assisted occupancy is terminated by:

(i) If permitted under the lease, the responsible entity notifying the tenant that because of the termination of assisted occupancy the tenant is required to pay the HUD-approved market rent for the dwelling unit.

(ii) The responsible entity and tenant entering into a new lease without financial assistance.

(iii) The responsible entity evicting the tenant. While the tenant continues in occupancy of the unit, the responsible entity may continue to receive assistance payments if action to terminate the tenancy under an assisted lease is promptly initiated and diligently pursued, in accordance with the terms of the lease, and if eviction of the tenant is undertaken by judicial action pursuant to State and local law. Action by the responsible entity to terminate the tenancy and to evict the tenant must be in accordance with applicable HUD regulations and other HUD requirements. For any jurisdiction, HUD may prescribe a maximum period during which assistance payments may be continued during eviction proceedings and may prescribe other standards of reasonable diligence for the prosecution of eviction proceedings.

(2) In the Section 8 Rental Certificate, Rental Voucher, and Moderate Rehabilitation programs, assisted occupancy is terminated by terminating assistance payments. (See provisions of this section concerning termination of assistance.) The PHA shall not make any additional assistance payments to the owner after the required procedures specified in this section have been completed. In addition, the PHA shall not approve a lease, enter into an assistance contract, or process a portability move for the family after those procedures have been completed. [61 FR 13616, Mar. 27, 1996, as amended at 61 FR 60539, Nov. 29, 1996; 64 FR 25731, May 12, 1999]

§ 5.516 Availability of preservation assistance to mixed families and other families.

(a) Assistance available for tenant mixed families -

(1) General. Preservation assistance is available to tenant mixed families, following completion of the appeals and informal hearing procedures provided in § 5.514. There are three types of preservation assistance:

(i) Continued assistance (see paragraph (a) of § 5.518);

(ii) Temporary deferral of termination of assistance (see paragraph (b) of § 5.518); or





(iii) Prorated assistance (see § 5.520, a mixed family must be provided prorated assistance if the family so requests).

(2) Availability of assistance -

(i) For Housing covered programs: One of the three types of assistance described is available to tenant mixed families assisted under a National Housing Act or 1965 HUD Act covered program, depending upon the family's eligibility for such assistance. Continued assistance must be provided to a mixed family that meets the conditions for eligibility for continued assistance.

(ii) For Section 8 or Public Housing covered programs. One of the three types of assistance described may be available to tenant mixed families assisted under a Section 8 or Public Housing covered program.

(b) Assistance available for applicant mixed families. Prorated assistance is also available for mixed families applying for assistance as provided in § 5.520.

(c) Assistance available to other families in occupancy. Temporary deferral of termination of assistance may be available to families receiving assistance under a Section 214 covered program on June 19, 1995, and who have no members with eligible immigration status, as set forth in paragraphs (c)(1) and (2) of this section.

(1) For Housing covered programs: Temporary deferral of termination of assistance is available to families assisted under a Housing covered program.

(2) For Section 8 or Public Housing covered programs: The responsible entity may make temporary deferral of termination of assistance to families assisted under a Section 8 or Public Housing covered program.

(d) Section 8 covered programs: Discretion afforded to provide certain family preservation assistance -

(1) Project owners. With respect to assistance under a Section 8 Act covered program administered by a project owner, HUD has the discretion to determine under what circumstances families are to be provided one of the two statutory forms of assistance for preservation of the family (continued assistance or temporary deferral of assistance). HUD is exercising its discretion by specifying the standards in this section under which a project owner must provide one of these two types of assistance to a family. However, project owners and PHAs must offer prorated assistance to eligible mixed families.

(2) PHAs. The PHA, rather than HUD, has the discretion to determine the circumstances under which a family will be offered one of the two statutory forms of assistance (continued assistance or temporary deferral of termination of assistance). The PHA must establish its own policy and criteria to follow in making its decision. In establishing the criteria for granting continued assistance or temporary deferral of termination of assistance, the PHA must incorporate the



statutory criteria, which are set forth in paragraphs (a) and (b) of § 5.518. However, the PHA must offer prorated assistance to eligible families.

[61 FR 13616, Mar. 27, 1996, as amended at 61 FR 60539, Nov. 29, 1996; 64 FR 25732, May 12, 1999]

§ 5.518 Types of preservation assistance available to mixed families and other families.

(a)Continued assistance -

(1)General. A [mixed family](#) may receive continued housing assistance if all of the following conditions are met (a [mixed family](#) assisted under a Housing covered program must be provided continued assistance if the [family](#) meets the following conditions):

(i) The [family](#) was receiving assistance under a Section 214 covered program on June 19, 1995;

(ii) The [family's head of household](#) or spouse has eligible immigration status as described in [§ 5.506](#); and

(iii) The [family](#) does not include any person (who does not have eligible immigration status) other than the [head of household](#), any spouse of the [head of household](#), any parents of the [head of household](#), any parents of the spouse, or any [children](#) of the [head of household](#) or spouse.

(2)Proration of continued assistance. A [family](#) entitled to continued assistance before November 29, 1996 is entitled to continued assistance as described in [paragraph \(a\)](#) of this section. A [family](#) entitled to continued assistance after November 29, 1996 shall receive prorated assistance as described in § 5.520.

(b)Temporary deferral of termination of assistance -

(1)Eligibility for this type of assistance. If a [mixed family](#) qualifies for prorated assistance (and does not qualify for continued assistance), but decides not to accept prorated assistance, or if a [family](#) has no members with eligible immigration status, the [family](#) may be eligible for temporary deferral of termination of assistance if necessary to permit the [family](#) additional time for the orderly transition of those [family](#) members with ineligible status, and any other [family](#) members involved, to other affordable housing. Other affordable housing is used in the context of transition of an ineligible [family](#) from a rent level that reflects [HUD](#) assistance to a rent level that is unassisted; the term refers to housing that is not substandard, that is of appropriate size for the [family](#) and that can be rented for an amount not exceeding the amount that the [family](#) pays for rent, including utilities, plus 25 percent.

(2)Housing covered programs: Conditions for granting temporary deferral of termination of assistance. The [responsible entity](#) shall grant a temporary deferral of termination of assistance to a [mixed family](#) if the [family](#) is assisted under a Housing covered program and one of the following conditions is met:

(i) The [family](#) demonstrates that reasonable efforts to find other affordable housing of appropriate size have been unsuccessful (for purposes of this section, reasonable efforts include



seeking information from, and pursuing leads obtained from the State housing agency, the city government, local newspapers, rental agencies and the owner);

(ii) The vacancy rate for affordable housing of appropriate size is below five percent in the housing market for the area in which the project is located; or

(iii) The consolidated plan, as described in [24 CFR part 91](#) and if applicable to the covered program, indicates that the local jurisdiction's housing market lacks sufficient affordable housing opportunities for [households](#) having a size and income similar to the [family](#) seeking the deferral.

(3) Time limit on deferral period. If temporary deferral of termination of assistance is granted, the deferral period shall be for an initial period not to exceed six months. The initial period may be renewed for additional periods of six months, but the aggregate deferral period for deferrals provided after November 29, 1996 shall not exceed a period of eighteen months. The aggregate deferral period for deferrals granted prior to November 29, 1996 shall not exceed 3 years. These time periods do not apply to a [family](#) which includes a refugee under section 207 of the [Immigration and Nationality Act](#) or an individual seeking asylum under section 208 of that [Act](#).

(4) Notification requirements for beginning of each deferral period. At the beginning of each deferral period, the [responsible entity](#) must inform the [family](#) of its ineligibility for financial assistance and offer the [family](#) information concerning, and referrals to assist in finding, other affordable housing.

(5) Determination of availability of affordable housing at end of each deferral period.

(i) Before the end of each deferral period, the [responsible entity](#) must satisfy the applicable requirements of either paragraph (b)(5)(i)(A) or (B) of this section. Specifically, the [responsible entity](#) must:

(A) For Housing covered programs: Make a determination that one of the two conditions specified in [paragraph \(b\)\(2\)](#) of this section continues to be met (note: affordable housing will be determined to be available if the vacancy rate is five percent or greater), the [owner's](#) knowledge and the [tenant's](#) evidence indicate that other affordable housing is available; or

(B) For Section 8 or Public Housing covered programs: Make a determination of the availability of affordable housing of appropriate size based on evidence of conditions which when taken together will demonstrate an inadequate supply of affordable housing for the area in which the project is located, the consolidated plan (if applicable, as described in [24 CFR part 91](#)), the [responsible entity's](#) own knowledge of the availability of affordable housing, and on evidence of the [tenant family's](#) efforts to locate such housing.

(ii) The [responsible entity](#) must also:

(A) Notify the [tenant family](#) in writing, at least 60 days in advance of the expiration of the deferral period, that termination will be deferred again (provided that the granting of another deferral will not result in aggregate deferral periods that exceeds the maximum deferral period). This time period does not apply to a [family](#) which includes a refugee under section 207 of the



[Immigration and Nationality Act](#) or an individual seeking asylum under section 208 of that [Act](#), and a determination was made that other affordable housing is not available; or

(B) Notify the [tenant family](#) in writing, at least 60 days in advance of the expiration of the deferral period, that termination of financial assistance will not be deferred because either granting another deferral will result in aggregate deferral periods that exceed the maximum deferral period (unless the [family](#) includes a refugee under section 207 of the [Immigration and Nationality Act](#) or an individual seeking asylum under section 208 of that Act), or a determination has been made that other affordable housing is available.

(c) Option to select proration of assistance at end of deferral period. A [family](#) who is eligible for, and receives temporary deferral of termination of assistance, may request, and the [responsible entity](#) shall provide proration of assistance at the end of the deferral period if the [family](#) has made a good faith effort during the deferral period to locate other affordable housing.

(d) Notification of decision on family preservation assistance. A [responsible entity](#) shall notify the [family](#) of its decision concerning the [family](#)'s qualification for [family](#) preservation assistance. If the [family](#) is ineligible for [family](#) preservation assistance, the notification shall state the reasons, which must be based on relevant factors. For [tenant](#) families, the notice also shall inform the [family](#) of any applicable appeal rights.

[[61 FR 13616](#), Mar. 27, 1996, as amended at [61 FR 60539](#), Nov. 29, 1996; [64 FR 25732](#), May 12, 1999]

#### § 5.520 Proration of assistance.

(a) Applicability. This section applies to a [mixed family](#) other than a [family](#) receiving continued assistance, or other than a [family](#) who is eligible for and requests and receives temporary deferral of termination of assistance. An eligible [mixed family](#) who requests prorated assistance must be provided prorated assistance.

(b) Method of prorating assistance for Housing covered programs -

(1) Proration under Rent Supplement Program. If the [household](#) participates in the Rent Supplement Program, the rent supplement paid on the [household](#)'s behalf shall be the rent supplement the [household](#) would otherwise be entitled to, multiplied by a fraction, the denominator of which is the number of people in the [household](#) and the numerator of which is the number of eligible persons in the [household](#);

(2) Proration under Section 235 Program. If the [household](#) participates in the Section 235 Program, the interest reduction payments paid on the [household](#)'s behalf shall be the payments the [household](#) would otherwise be entitled to, multiplied by a fraction the denominator of which is the number of people in the [household](#) and the numerator of which is the number of eligible persons in the [household](#);

(3) Proration under Section 236 Program without the benefit of additional assistance. If the [household](#) participates in the Section 236 Program without the benefit of any additional assistance, the [household](#)'s rent shall be increased above the rent the [household](#) would otherwise



pay by an amount equal to the difference between the market rate rent for the unit and the rent the [household](#) would otherwise pay multiplied by a fraction the denominator of which is the number of people in the [household](#) and the numerator of which is the number of ineligible persons in the [household](#);

(4)Proration under Section 236 Program with the benefit of additional assistance. If the [household](#) participates in the Section 236 Program with the benefit of additional assistance under the rent supplement, rental assistance payment or Section 8 programs, the [household](#)'s rent shall be increased above the rent the [household](#) would otherwise pay by:

(i) An amount equal to the difference between the market rate rent for the unit and the basic rent for the unit multiplied by a fraction, the denominator of which is the number of people in the [household](#), and the numerator of which is the number of ineligible persons in the [household](#), plus;

(ii) An amount equal to the rent supplement, housing assistance payment or rental assistance payment the [household](#) would otherwise be entitled to multiplied by a fraction, the denominator of which is the number of people in the [household](#) and the numerator of which is the number of ineligible persons in the [household](#).

(c)Method of prorating assistance for Section 8 covered programs -

(1)Section 8 assistance other than assistance provided for a tenancy under the Section 8 Housing Choice Voucher Program. For Section 8 assistance other than assistance for a tenancy under the voucher program, the [PHA](#) must prorate the [family](#)'s assistance as follows:

(i)Step 1. Determine gross rent for the unit. (Gross rent is contract rent plus any allowance for [tenant](#) paid utilities).

(ii)Step 2. Determine total [tenant](#) payment in accordance with [section 5.613\(a\)](#). (Annual income includes income of all [family](#) members, including any [family](#) member who has not established eligible immigration status.)

(iii)Step 3. Subtract amount determined in paragraph (c)(1)(ii), (Step 2), from amount determined in paragraph (c)(1)(i), (Step 1).

(iv)Step 4. Multiply the amount determined in paragraph (c)(1)(iii), (Step 3) by a fraction for which:

(A) The numerator is the number of [family](#) members who have established eligible immigration status; and

(B) The denominator is the total number of [family](#) members.

(v)Prorated housing assistance. The amount determined in paragraph (c)(1)(iv) (Step 4) is the prorated housing assistance payment for a [mixed family](#).



(vi) No effect on contract rent. Proration of the housing assistance payment does not affect contract rent to the [owner](#). The [family](#) must pay as rent the portion of contract rent not covered by the prorated housing assistance payment.

(2) Assistance for a Section 8 voucher tenancy. For a tenancy under the voucher program, the [PHA](#) must prorate the [family](#)'s assistance as follows:

(i) Step 1. Determine the amount of the pre-proration housing assistance payment. (Annual income includes income of all [family](#) members, including any [family](#) member who has not established eligible immigration status.)

(ii) Step 2. Multiply the amount determined in paragraph (c)(2)(i) (Step 1) by a fraction for which:

(A) The numerator is the number of [family](#) members who have established eligible immigration status; and

(B) The denominator is the total number of [family](#) members.

(iii) Prorated housing assistance. The amount determined in paragraph (c)(2)(ii) (Step 2) is the prorated housing assistance payment for a [mixed family](#).

(iv) No effect on rent to owner. Proration of the housing assistance payment does not affect rent to [owner](#). The [family](#) must pay the portion of rent to [owner](#) not covered by the prorated housing assistance payment.

(d) Method of prorating assistance for Public Housing covered programs.

(1) The [PHA](#) must prorate the [family](#)'s assistance as follows:

(i) Step 1. Determine the total [tenant](#) payment in accordance with [section 5.628](#). (Annual income includes income of all [family](#) members, including any [family](#) member who has not established eligible immigration status.)

(ii) Step 2. Subtract the total [tenant](#) payment from the [PHA](#)-established flat rent applicable to the unit. The result is the maximum subsidy for which the [family](#) could qualify if all members were eligible ("family maximum subsidy").

(iii) Step 3. Divide the [family](#) maximum subsidy by the number of persons in the [family](#) (all persons) to determine the maximum subsidy per each [family](#) member who has citizenship or eligible immigration status ("eligible [family](#) member"). The subsidy per eligible [family](#) member is the "member maximum subsidy."

(iv) Step 4. Multiply the member maximum subsidy by the number of [family](#) members who have citizenship or eligible immigration status ("eligible [family](#) members").

(2) The product of steps 1 through 4 of paragraphs (d)(1)(i) through (iv) of this section is the amount of subsidy for which the [family](#) is eligible ("eligible subsidy"). The [family](#)'s rent is the [PHA](#)-established flat rent minus the amount of the eligible subsidy.



(e) Method of prorating assistance when the mixed family's total tenant payment (TTP) is greater than the public housing flat rent. When the [mixed family](#)'s TTP is greater than the flat rent, the [PHA](#) must use the TTP as the [mixed family](#) TTP. The [PHA](#) subtracts from the [mixed family](#) TTP any established utility allowance, and the sum becomes the [mixed family](#) rent.

[[61 FR 5202](#), Feb. 9, 1996, as amended at [63 FR 23853](#), Apr. 30, 1998; [64 FR 13056](#), Mar. 16, 1999; [81 FR 12370](#), Mar. 8, 2016]

§ 5.522 Prohibition of assistance to [noncitizen](#) students.

(a) General. The provisions of [§§ 5.516](#) and 5.518 permitting continued assistance or temporary deferral of termination of assistance for certain families do not apply to any person who is determined to be a [noncitizen](#) student as in paragraph (c)(2)(A) of Section 214 ([42 U.S.C. 1436a\(c\)\(2\)\(A\)](#)). The [family](#) of a [noncitizen](#) student may be eligible for prorated assistance, as provided in [paragraph \(b\)\(2\)](#) of this section.

(b) Family of noncitizen students.

(1) The prohibition on providing assistance to a [noncitizen](#) student as described in [paragraph \(a\)](#) of this section extends to the [noncitizen](#) spouse of the [noncitizen](#) student and minor [children](#) accompanying the student or following to join the student.

(2) The prohibition on providing assistance to a [noncitizen](#) student does not extend to the [citizen](#) spouse of the [noncitizen](#) student and the [children](#) of the [citizen](#) spouse and [noncitizen](#) student.

§ 5.524 Compliance with nondiscrimination requirements.

The [responsible entity](#) shall administer the restrictions on use of assisted housing by [noncitizens](#) with ineligible immigration status imposed by this part in conformity with all applicable nondiscrimination and equal opportunity requirements, including, but not limited to, title VI of the [Civil Rights Act of 1964](#) ([42 U.S.C. 2000d-2000d-5](#)) and the implementing regulations in [24 CFR part 1](#), section 504 of the [Rehabilitation Act of 1973](#) ([29 U.S.C. 794](#)) and the implementing regulations in [24 CFR part 8](#), the [Fair Housing Act](#) ([42 U.S.C. 3601-3619](#)) and the implementing regulations in [24 CFR part 100](#).

§ 5.526 Protection from liability for [responsible](#) entities and State and local government agencies and officials.

(a) Protection from liability for responsible entities. [Responsible](#) entities are protected from liability as set forth in Section 214(e) ([42 U.S.C 1436a\(e\)](#)).

(b) Protection from liability for State and local government agencies and officials. State and local government agencies and officials shall not be liable for the design or implementation of the verification system described in [§ 5.512](#), as long as the implementation by the State and local government agency or official is in accordance with prescribed [HUD](#) rules and requirements.

[[64 FR 25732](#), May 12, 1999]

§ 5.528 Liability of ineligible [tenants](#) for reimbursement of benefits.



Where a [tenant](#) has received the benefit of [HUD](#) financial assistance to which the [tenant](#) was not entitled because the [tenant](#) intentionally misrepresented eligible status, the ineligible [tenant](#) is [responsible](#) for reimbursing [HUD](#) for the assistance improperly paid. If the amount of the assistance is substantial, the [responsible entity](#) is encouraged to refer the case to the [HUD](#) Inspector General's office for further investigation. Possible criminal prosecution may follow based on the False Statements [Act](#) ([18 U.S.C. 1001](#) and [1010](#)).

E. **\*\*Restrictions on Eligibility of Students for Section 8 Assistance**

- 24 CFR 5.612 Restrictions on assistance to students enrolled at an institution of higher education.

§ 5.612 Restrictions on assistance to students enrolled in an institution of higher education.

No assistance shall be provided under section 8 of the 1937 Act to any individual who:

- (a) Is enrolled as a student at an institution of higher education, as defined under section 102 of the [Higher Education Act of 1965](#) ([20 U.S.C. 1002](#));
- (b) Is under 24 years of age;
- (c) Is not a veteran of the United States military;
- (d) Is unmarried;
- (e) Does not have a [dependent child](#);
- (f) Is not a person with disabilities, as such term is defined in section 3(b)(3)(E) of the 1937 Act and was not receiving assistance under section 8 of the 1937 Act as of November 30, 2005; and
- (g) Is not otherwise individually eligible, or has parents who, individually or jointly, are not eligible on the basis of income to receive assistance under section 8 of the 1937 Act.

[[70 FR 77743](#), Dec. 30, 2005, as amended at [73 FR 49333](#), Aug. 21, 2008]

### **Eligibility Determinations – General**

We are required to determine whether applicants are eligible to occupy the subsidized property and receive housing assistance. Eligibility is determined by federal statute and HUD regulation. For the Section 8 programs, eligibility is only determined at move-in or at initial certification. We will adhere to HUD's requirements regarding assistance for college students and eligibility of a Remaining Member of a Tenant Family.

### **Social Security Number (SSN) Requirements**

- A. 24 CFR 5.216 now requires that assistance applicants and tenants, excluding tenants 62





and older as of January 31, 2010 whose initial determinations of eligibility was begun prior to January 31, 2010 and those individuals who do not contend eligible immigration status, disclose and provide verification of the complete and accurate SSN assigned to them. The requirement to disclose and provide verification of a SSN is no longer limited to those assistance applicants and tenants under six years of age or older. In addition, the process of having an applicant household certify they have a SSN for each household member six years of age and older and continuing with the recertification process until the time of their move-in certification is no longer applicable.

## B. Exceptions to Disclosure of SSN

The SSN requirements do not apply to:

### a.) Individuals who do not contend eligible immigration status.

Mixed families: where the restriction on assistance to noncitizens applies and where individuals are required to declare their citizen status, the existing regulations pertaining to proration of assistance or screening for mixed families must continue to be followed. In these instances, the owner will have the tenant's Citizenship Declaration on file whereby the individual did not contend eligible immigration status to support the individual not being subject to the requirements to disclose and provide verification of a SSN.

HUD regulations do not prohibit an individual (head of household with other eligible household members) with ineligible immigration status from executing a lease or other legally binding contract. However, if your state law prohibits this, the family must **not** be admitted into the program.

### (b.) Individuals age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010.

The eligibility determination is based on participation in either a Public and Indian Housing or Multifamily HUD assisted program. The eligibility date is based on the initial effective date of the form HUD-50059 or form HUD-50058, whichever is applicable.

(1) The exception status for these individuals is retained if the individual moves to a new assisted unit under any HUD assisted program or if there is a break in his or her participation in a HUD assisted program.

(2) When determining the eligibility of an individual who meets the exception requirements for SSN disclosure and verification,



documentation must be obtained from the owner of the property where the initial determination of eligibility was determined prior to January 31, 2010, that verifies the applicant's exemption status. This documentation must be retained in the tenant file. An O/A must not accept a certification from the applicant stating they qualify for the exemption.

- (c.) Existing tenants as of January 31, 2010, who have previously disclosed their SSN and HUD has determined their SSN to be valid.

O/As may confirm HUD's validation of the tenant's SSN by viewing the household's Summary Report or the Identity Verification Report in the EIV system.

## B. Timeframe for Providing Social Security Numbers

### 1. Applicants

- (a) Applicants currently on a or applying to waiting lists ,Applicants do not need to disclose or provide verification of a SSN for all non-exempt household members at the time of application and for placement on the waiting list. However, applicants must disclose and provide verification of a SSN for all non-exempt household members before they can be housed.

- (b) Housing applicants from the waiting list. If all non-exempt household members have not disclosed and/or provided verification of their SSNs at the time a unit becomes available, the next eligible applicant must be offered the available unit.

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

### 2. Tenants



- (a) Timeframe for providing SSN
- (1) All tenants, except those individuals age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010 (based on the effective date of the form HUD-50059 or form HUD-50058, whichever is applicable), and those individuals who do not contend eligible immigration status, must disclose and provide verification of their SSN at the time of their next interim or annual recertification if:
- (i) They have not previously disclosed a SSN;
  - (ii) Previously disclosed a SSN that HUD or the SSA determined was invalid; or
  - (iii) Been issued a new SSN.
- (2) If a tenant fails to provide a valid and verified SSN, the household is subject to termination of tenancy in accordance with 24 CFR 5.218. See Paragraph E.1. below.

(b) SSN Not Previously Disclosed

The head of household must bring SSN verification, through one or more of the documents listed in Section IV.D Verification, to the recertification meeting for any household member who has not disclosed and provided verification of their SSN.

(c) Invalid SSN Disclosed

The head of household must be notified when EIV pre-screening or the SSA validation determines that a household member has provided an invalid SSN. See Section IV.D.1(d) for information on the Failed EIV Pre-Screening Report and the Failed Verification Report and Section IV.D.2 for acceptable SSN verification documentation.

(d) Assignment of a New SSN

If a tenant or any member of a tenant's household is or has been assigned a new SSN, the tenant must provide the SSN and



documentation to verify the SSN (see Section D. Verification below) to the O/A at:

- (1) The time of receipt of the new SSN; or
  - (2) The next interim or regularly scheduled recertification; or
  - (3) Such earlier time as specified by the O/A.
- (e) Adding a Household Member

- (1) Age Six or Older

When a tenant requests to add a household member who is age six or older, the documentation of the SSN as referenced in Section IV.D.2 of this notice for the new household member, must be provided to the O/A at the time of the request or at the time the recertification that includes the new household member is processed. The O/A must not add the new household member until such time as the documentation is provided.

- (2) Child Under the Age of Six

(i) With a SSN - When adding a household member who is a child under the age of six with a SSN, the child's SSN must be disclosed and verification provided at the time of processing the recertification of family composition that includes the new household member.

(ii) Without a SSN - If the child does not have a SSN, the O/A must give the household 90 days in which to provide documentation of a SSN for the child. An additional 90-day period **must** be granted by the O/A if the failure to provide documentation of a SSN is due to circumstances that are outside the control of the tenant. Examples include but are not limited to: delayed processing of the SSN application by the SSA, natural disaster, fire, death in family, etc. During this time period, the child is to be included as part of the household and will receive all of the benefits of the program in which the



tenant is involved, including the dependent deduction.

A TRACS ID will be assigned to the child until the documentation of the SSN is required to be provided. At the time of the disclosure of the SSN, an interim recertification must be processed changing the child's TRACS ID to the child's verified SSN. If the SSN is not provided, the household is subject to the penalties described in Paragraph E. below.

C. Applying for a Social Security Number

An individual who has never been issued a SSN card or who has lost their SSN card may complete Form SS-5 – *Application for a Social Security Card* to request an original or replacement SSN card, or change information on his/her SSA record. The form is attached to this Notice and also available online at [www.ssa.gov](http://www.ssa.gov), or can be obtained at the local SSA office. O/As should provide assistance in applying for a SSN to any applicant or tenant who requests it.

D. Verification

1. The O/A shall verify and document each disclosed SSN by:
  - (a) Obtaining the documentation listed in 2 below from each member of the applicant's or tenant's household.
  - (b) Making a copy of the original documentation submitted, returning the original to the individual and retaining the copy in the file folder;
  - (c) Recording the SSN on line 45 of the form HUD-50059 and transmitting the data to TRACS in a timely manner. O/As are encouraged to transmit the form HUD-50059 data within 30 calendar days, to enable HUD to initiate its computer matching efforts; and
  - (d) To ensure that the SSN transmitted to TRACS is valid, O/As must use the Failed EIV Pre-Screening Report and the Failed Verification Report in EIV in accordance with the instructions in the current HUD Housing Notice, *Enterprise Income Verification System*.

- (1) The Failed EIV Pre-Screening Report identifies



tenants who failed the EIV pre-screening test due to invalid or missing personal identifiers.

- (2) The Failed Verification Report identifies tenants that have had their personal identifiers sent to SSA, via HUD's computer matching program with the SSA, but the data could not be verified by SSA due to missing or invalid information or other SSA issues.
2. Acceptable Verification Documents – Most individuals should be able to verify all SSNs with a Social Security card. However, if the applicant or tenant cannot produce the Social Security card for any or all non-exempt household members, other documents showing the household member's SSN may be used for verification. He or she may be required to provide one or more of the following alternative documents to verify his or her SSN.
- (a) Original document issued by a federal or state government agency which contains the name, SSN, and other identifying information of the individual.
  - (b) Drivers license with Social Security Number
  - (c) Earnings statements on payroll stubs
  - (d) Bank statement
  - (e) Form 1099
  - (f) SSA benefit award letter
  - (g) Retirement benefit letter
  - (h) Life insurance policy
  - (i) Court records

Further information regarding acceptable verification documents can be found in HUD Handbook 4350.3, REV-1 *Occupancy Requirements of Subsidized Multifamily Housing Programs*.

3. Rejection of Documentation

The O/A must reject a document that:

- (a) Is not an original document; or
- (b) Is the original document but it has been altered, mutilated, or is not legible; or
- (c) Appears to be a forged document (e.g., does not appear to be authentic). The O/A must explain to the applicant or tenant



the reason(s) why the document(s) is not acceptable and request the individual obtain acceptable documentation of the SSN and submit it to the O/A within a reasonable time frame.

The retention in the tenant file of the Household Summary Report from the EIV system which will report the status of the identity verification process provides verification of the SSN. Retaining this report in the tenant file and destroying the copy of the SSN documentation will minimize the risk of exposing the individual's SSN. O/As are encouraged to minimize the number of tenant records that contain documents which display the full nine-digit SSN.

E. Penalties for a Tenant's Non-disclosure of SSN

1. Termination of Tenancy – O/As must terminate the tenancy of a tenant and the tenant's household if the tenant does not meet the SSN disclosure, documentation and verification requirements in the specified time frame as the household is in non-compliance with its lease.
  - (a) This termination of tenancy includes those households who have not disclosed and verified the SSN for any child under the age of 6 who did not have a SSN when added to the household with the understanding that this SSN would be provided within 90 days after admission, or within the 90-day extension period, if applicable.
  - (b) There is **no** proration of assistance for those household members who are required to obtain a SSN but who fail to disclose and verify their SSN.
  - (c) Termination of tenancy does not apply to those households with individuals who do not contend eligible immigration status or who are age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010 (based on the effective date of the form HUD-50059 or form HUD-50058, whichever is applicable), unless there are other members of the household who have not disclosed or provided verification of their SSNs.
2. Deferring Termination of Tenancy – The O/A may defer termination of tenancy and provide the tenant with an additional 90 days past their next regularly scheduled recertification of income and family composition to



become compliant with the SSN disclosure and verification requirements.

- (a) The deferral is at the O/A's discretion and must only be provided if failure to meet the SSN requirements was due to circumstances outside the control of the tenant and there is likelihood that the tenant will be able to disclose and provide verification of the needed SSN (s) by the deadline date.
- (b) After this 90-day deferral, if the tenant has not disclosed and provided verification of the needed SSN(s), the O/A must pursue termination of tenancy.

### **Verification of Citizenship and Immigration Status**

A. All applicants applying for assistance will be given notice of the requirement to submit evidence of citizenship or eligible immigrations status at the time of application. All family members, regardless of age, must self certify their citizenship or immigration status on the form provided by the manager.

**B. Non-citizens** (except those age 62 and older) must sign a Verification Consent Form and submit documentation of their status or sign a declaration that they do not claim to have eligible status. Non-citizens age 62 and older must sign a declaration of eligible immigrations status and provide a proof of age document. U.S. Citizens must sign a declaration of citizenship. .

By law, only U.S. citizens and eligible noncitizens may benefit from federal rental assistance. Compliance with these rules ensures that only eligible families receive subsidy. These requirements apply to families making application to the property, families on the waiting list, and tenants.

### **B. Access to Services for Persons with LEP.**

We will take reasonable steps to ensure meaningful access to the information and services that we provide for persons with LEP. This may include interpreter services and/or written materials translated into other languages.

### **Verifying Eligibility of a Student for Assistance**

A. Verification of Eligibility of Students for Section 8 Assistance





1. Verifying parent's income.

a. We must verify parent's income each time they determine the eligibility of the student to receive Section 8 assistance unless the student can demonstrate his or her independence from parents.

b. We may accept a signed declaration and certification of income from the parents, which includes a penalty of perjury clause.

(1) If O/A determines that the parents declaration and certification of income or their eligibility is questionable, the owner may request and review supporting documentation Including, but not limited to:

- (a) IRS tax returns;
- (b) Consecutive and original pay stubs;
- (c) Bank statements;
- (d) Pension benefit statements;
- (e) Temporary Assistance to Needy Families (TANF);
- (f) Social Security Administration award letters; or
- (g) Other official and authentic documents from a federal, State or local agency

(2) If the student's parents refuse to provide a declaration and certification of their income, the student is not eligible for Section 8 assistance unless the student can demonstrate his or her independence from parents.

(3) We have adopted and implemented the following criteria for determining whether to obtain the declaration and certification of income from parents individually or jointly:

(a) If the student's parents are married and living with each other, obtain the declaration and certification of income from each parent.

(b) If the student's parent is widowed or single, obtain the declaration and certification of income from that parent.

(c) If the student's parents are divorced or separated, obtain the declaration and certification of income from each parent.

(d) If the student has been living with one of his or her parents and has not had contact with or does not know where to contact his or her other parent, obtain from the student a certification addressing the circumstances and that they have not received any financial assistance, directly or indirectly, from the absent parent. The certification must include a penalty of perjury clause. The



owner must also obtain from the parent with whom the student has been living or has contact with the declaration and certification of income.

C. O/A will use the applicable *low* income limit for the parents' family size for the locality where the parents reside when determining the parents' income eligibility for Section 8 assistance. If the student's parents live outside of the United States in areas where income limits have not been established for the Section 8 program, the owner should use the applicable *low* income limit for the parent's family size for the same locality used in determining the student's eligibility.

## 2. Verification of student's independence from parents.

When a student claims his or her independence from parents, owners must verify the student's independence from his or her parents by taking into consideration **all** of the following. Owners must:

- a. Review and verify previous address information to determine evidence of a separate household, or Verify the student meet's the U.S. Department of Education's definition of independent student.
- b. Review prior year income tax returns to verify if a parent or guardian has claimed the student as a dependent (except if the student meets the Department of Education's definition of independent student.
- c. Verify income provided by a parent by requiring a written certification from the individual providing the support. Certifications also required if the parent(s) is not providing support to the student. Financial assistance that is provided by persons not living in the unit is part of annual income.
- d. Verify additional criteria established, if applicable, to use when determining the student's independence from parents. Verification would be obtained in accordance with the owner's policies.
- e. Verify the amount of financial assistance the student receives under the Higher Education Act of 1965, from private sources, or from an institution of higher education.

## 3. O/A will verify the following, if applicable:

- a. Age - Dependent child
- b. Married
- c. Institution of Higher Education. The owner will need to verify that the school where the student is enrolled meets the Department of Education's definition for an institution of higher education.
- d. Tuition (See the Glossary for the definition of Tuition.)



- e. Veteran status (See the Glossary for the recommended definition for Veteran.)
- f. Disabled student was receiving Section 8 assistance on November 30, 2005.

3. Additional Student eligibility criteria:

- Where as a student is eligible when the individual is: 1. Classified as a vulnerable youth, or 2. Is a student for whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstances, Or, is classified as a Vulnerable Youth. A student meets HUD's definition of vulnerable youth when:
  - i) 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 (as such terms are defined in Section 725 of the McKinney-Vento Homeless Assistance Act), or as unaccompanied, at risk of homelessness and self-supporting, by
  - ii) A local educational agency homeless liaison, designated pursuant to the McKinney-Vento Homeless Assistance Act;
  - iii) The director of a program funded under the Runaway and Homeless Youth Act or designee of the director;
  - iv) The director of a program funded under subtitle B of title IV of the McKinney-Vento Homeless Assistance Act or a designee of the director or
  - v) A financial aid administrator.
- a. Or, the individual is a student for whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstances



## **Violence Against Women and Justice Department Reauthorization Act of 2005 Updated 9/10/2018**

The owner will comply with the Violence Against Women and Justice Department Reauthorization Act of 2005 and through a communication on November 30, 2016, HUD published the VAWA Final Rule in the Federal Register.

The final rule codifies VAWA core protections to ensure that individuals are not denied assistance, evicted, or have their assistance terminated because of their status as a victim of domestic violence, dating violence, sexual assault or stalking, or for being affiliated with a victim.

The Final Rule became effective on December 16, 2016.

VAWA, which protects tenants and family members of tenants who are victims of domestic violence, Sexual Assault, dating violence or stalking from being evicted or terminated from housing assistance based on acts of such violence against them.

In accordance to the Act, we will require that the tenant certify that the individual is a victim of domestic violence, Sexual Assault, dating violence or stalking and that the incidence(s) of threatened or actual abuse are bona fide in determining whether the protections afforded to such individuals under VAWA are applicable. This certification will be completed on form HUD-50066.

VAWA Protections are available equally to all individuals regardless of sex, gender identity or sexual orientation and make it clear that protections are provided to affiliated persons which includes 1. A spouse, parent, brother, sister, or child of the victim, or a person to whom the victim stands in place of a parent or guardian; or 2. Any individual, resident/applicant, or lawful occupant living in the household of that individual.

Owner/ Agent will provide the VAWA Notice (Form HUD-5380) and the VAWA Certification (Form HUD-5382) (§5.2005 VAWA Protections):

- At the time the applicant is denied assistance or admission;
- At the time the individual is provided assistance or admission (move in or initial certification);
- With any notification of eviction or notification of termination of assistance; and
- During the 12-month period following *December 16, 2016*, either during the annual recertification or lease renewal process, whichever is applicable, or if there will be no recertification or lease renewal for a tenant during the first year after the rule takes effect, through other means.
- The Final Rule indicates that owners/agents must make accommodations to help victims exercise the VAWA protections. Accommodations include waiving selection criteria (credit, eviction screening), reconsidering a rejection, modifying a lease term or waiving the requirement to provide a 30-day notice to vacate, reconsidering a lease violation, termination of assistance or of tenancy and offering an emergency transfer.

Transfers will be granted "to comply with a VAWA Protection Accommodation Request."



**Selection Criteria Based on the General Requirements of Tenancy** - This Tenant Selection Plan sets forth the essential requirements of tenancy and the grounds on which tenants will be rejected for failing to meet such requirements. Rejection of an applicant is appropriate where the Agent has a reasonable documentation to determine that the applicant cannot meet these essential requirements for housing.

- I. Ability and willingness to pay rent and other charges under the terms of the lease in a timely manner;
- II. Ability and willingness to care for and avoid damaging the unit and common areas, to use facilities and equipment in a reasonable way, and to create no health or safety hazards;
- III. Ability and willingness not to interfere with the rights and enjoyment of others and not to damage the property of others;
- IV. Ability and willingness not to engage in any activity that threatens the health, safety or right to peaceful enjoyment of other residents or staff, and not to engage in activity on or near the premises that involves illegal use of controlled substances or weapons; and any criminal activity on or off the premises that would be detrimental to the housing, should it occur on the premises, and
- V. Ability and willingness to comply with necessary and reasonable rules and program requirements of the housing provider.
- VI. Applicants who are not registered as lifetime sex offenders.

Attachment 2 lists circumstances that create the presumption that an applicant is not eligible for tenancy. Under these circumstances, there is a reasonable risk that the applicant will not be able to meet the essential requirements of tenancy.

This plan provides for the consideration of mitigating factors that rebut the presumption that an applicant will be unable to meet the requirements of tenancy. Mitigating factors may include a showing of rehabilitation or rehabilitating efforts. Mitigating factors must be balanced against the potentially disqualifying behavior or circumstances. In considering both the disqualifying behavior and mitigating factors, the Agent will determine if there is a reasonable risk that the applicant will be unable to meet the essential requirements of tenancy. Among the factors that should be considered are:

- the severity of the potentially disqualifying conduct;
- the amount of time that has elapsed since the occurrence of such conduct;
- the degree of danger, if any, to the health, safety and security of others or to the security of the property of others or to the physical conditions of the housing development and its



- common areas if the conduct recurred;
- the disruption, inconvenience, or financial impact that recurrence would cause the housing provider; and
  - the likelihood that the applicant's behavior in the future will be substantially improved.

In general, the greater degree of danger, if any, to the health, safety and security of others or to the security of property of others or the physical condition of the housing, the greater must be the strength of showing that a recurrence of behavior (which led to an initial determination that the applicant would not be able to meet the essential requirements of tenancy) will not occur in the future.

**Screening Procedures** – The Agent will attempt to obtain information about an applicant's ability to meet the essential requirements of tenancy. The Agent will secure background information from one or more of the following sources:

#### **Use of HUD's Enterprise Income Verification System (EIV) Existing Tenant Report Updated 2/1/2017**

All applicants MUST disclose if they are currently receiving HUD subsidy assistance. The Owner/Agent will not knowingly assist applicants who will maintain a residence in addition to the HUD assisted unit that they are applying for or who attempt to receive HUD assistance in two separate residences.

HUD provides the Owner/Agent with information about an applicant's current status as a HUD housing assistance recipient. The Owner/Agent will use the Enterprise Income Verification System (EIV) to determine if the applicant or any member of the applicant household is currently receiving HUD assistance. This is done through the Existing Tenant Search. If an applicant is found to be receiving assistance at another HUD property, owner will contact current landlord and work to negotiate a move in and move out date that satisfies the HUD requirements prior to moving in the new applicant.

Nothing prohibits a HUD housing recipient from applying to this property. However, the applicant must move out of the current property before HUD assistance on this property will begin. Special consideration applies to:

1. Minor children where both parents share 50% CUSTODY
2. Recipients of HUD assistance in another unit who are moving to establish a new household when other family members will remain in the original unit

If the applicant or any member of the applicant's household fails to fully and accurately disclose rental or criminal history, the application may be denied based on the applicant's "misrepresentation" of information.

This information will be reviewed on an annual basis at each annual certification. If any household member receives or attempts to receive assistance in another HUD assisted unit while



still receiving assistance on this property, the household member will be required to reimburse HUD for assistance paid in error. This is considered a material lease violation and may result in penalties up to and including eviction and pursuit of fraud charges.

The Agent will also secure the following:

- (a) References from landlords in the last five years or from the last two successive tenancies, whichever is more inclusive;
- (b) Credit references furnished by a credit bureau or credit reporting agency. Information to be considered should not be more than seven years old;
- (c) Personal references provided by the applicant;
- (d) Record of prior criminal history. The Agents must obtain a criminal background check reports as part of the tenant selection process. The Agent will ensure that none of the information it obtains is collected in violation of the law.
- (e) Verification of income from all sources such as a present employer, appropriate agency, financial institution or other appropriate party.
- (f) Verification of a disability from an applicable professional when the applicant requests a modification to a unit, eligibility for a subsidy program based on disability status, or a reasonable accommodation.

Inquiries concerning a person's disability or disabilities in this regard will be limited to verification of the disability and the need for an accommodation or the qualification for a program. The Agent will not ask questions about the nature or severity of a disability only as they relate to the specifics of an accommodation request. The Agent will not make inquiries regarding an applicant's ability to comply with the terms of the lease, including caring for the unit, unless past tenancy history or other evidence suggests that applicant is unable to satisfy some term of the lease.

If an applicant claims that past tenancy-related problems were the result of a disability and that some condition has changed making such behavior unlikely to recur, the Agent will consider evidence supporting such claims. All applicants are responsible for providing verification for such claims. In instances where the applicant claims that some services or treatment will be available to enable the applicant to correct the problem behavior, the development will require verification that such services are available and that the applicant is likely to continue to use such services or treatment.



Mitigating circumstances will be verified and the individual performing the verification must corroborate the reason given by the applicant for unacceptable tenancy-related behavior and indicate that the prospect for lease compliance in the future is good because the reason for the unacceptable behavior is either no longer in effect or otherwise controlled.

Where an applicant claims that prior unacceptable tenancy-related behavior resulted from alcohol abuse or use of illegal drugs, acceptable verification of mitigating circumstances would have to establish that, as applicable:

- There is no current illegal use, within the last year, of controlled substances. If such use is documented, applicant must present evidence that such use has stopped and is unlikely to recur.
- There is no current abuse of alcohol and abuse is unlikely to recur.
- During the period for which the applicant has claimed no current use, the applicant's behavior in the previously unacceptable tenancy-related area must have been acceptable.
- In any case of confirmed, continued, unacceptable tenancy-related behavior, despite the cessation of drugs or alcohol use, an applicant may be rejected.

An Agent will consider an applicant's credit history, in lieu of rental history to determine an applicant's ability to pay rent only when rental history is not available. Where bad credit is the basis for rejection, mitigating circumstances may include: (i) a representative payer or other reliable third party who would take written responsibility for payment, or (ii) evidence that such poor credit was the result of a disability that is now under control, or (iii) evidence that credit problems were the result of other circumstances that no longer exist and there is reason to believe that applicant will now pay the rent promptly and in full. An applicant's ability and willingness to pay rent must be demonstrated through an identifiable source of sufficient income to pay rent and prior rental history. The lack of credit history, as opposed to poor credit history, is not sufficient justification to reject an applicant. The Agent will also take into account rent burden if an applicant can demonstrate a history of satisfying a higher rent burden than the Agent normally employs. (See Rejection Standards)

The Agent shall have the right to request information reasonably needed to verify the mitigating circumstances, even if such information is of a confidential nature (e.g. doctors' reports). If the applicant refuses to provide or give access to such further information the Agent may choose not to give further consideration to the mitigating circumstance.





**Prohibited Screening Criteria** - The Agent will not screen applicants for eligibility on the basis of the following:

- (a) Physical Examinations. The Agent will not require physical
- (b) examinations or medical testing as a condition of admission.
- (b) Meals and Other Services. The Agent will not require tenants to participate in a meals program.
- (c) Donations or Contributions. The Agent will not require a donation, contribution or membership fee as a condition of admission, except that cooperative housing projects may charge a membership fee. The Agent will not require payments for items not listed in the lease.
- (d) Disability Status. Except as provided in section 4 (g) above, it is unlawful to make an inquiry to determine if an applicant for a dwelling unit, a person intending to reside in that dwelling unit after it is rented or made available, or any persons associated with the applicant, has a disability or handicap, or to make inquiry as to the nature or severity of an identified disability or handicap.

**D. Application to Housing**

1. **Application forms** - Application forms (See Attachment 3) will be distributed and accepted in the manner(s) indicated below:

- In Person
- By Mail

The application form:

- requests all the necessary information to determine program eligibility,
- provides the opportunity to state the need or desire for an accessible unit,
- provides notice of the right to a reasonable accommodation of a disability,
- includes the Equal Opportunity logo and slogan, as well as the Accessibility logo, if required,
- includes the non-discrimination statement,
- and includes a notice that the Agent will communicate with the applicant in the manner or format requested by the applicant if necessary because of a disability.

In addition to the application form, the Agent shall also require an Applicant's Consent for Release of Information (See Attachment 4). The HUD Form 9887/9887A is a necessary form to allow the Agent to obtain third-party verifications or references. Failure to sign these forms will be grounds for denial of assistance.

Failure to respond within 14 days to the Agent's requests for documentation or information to process the application may result in withdrawal of an application from further processing. The



Agent may make exceptions to the procedures described herein to take into account circumstances beyond the applicant's control, including medical problems or extreme weather conditions.

The Agent will offer aid to the applicant in completing the application by explaining the tenant selection process. The Agent, however, will not physically complete the application for the applicant.

Every application must be completed and signed by the head of the household. Household members 18 years or older, including any personal care attendant (PCA), must sign a release to conduct criminal, credit, and landlord history references. Credit history information for the personal care attendant is not necessary because their income is not included in the household income calculation. Personal care attendants are defined as a person who resides with a household member with a disability and who (a) provides necessary assistance in activities of daily living to such household member insofar as he or she requires such assistance on account of his or her disability; (b) is not obligated for support of the household member; (c) is paid for the fair value of such assistance; and (d) would not be residing in the unit except to provide such necessary assistance to the household member. All members of the household must be listed on the application form.

It is the policy of the Agent to guard the privacy of individuals in accordance with the Federal Privacy Act of 1974 to ensure the protection of records maintained by the property concerning the applicants or tenants.

The Agent will not disclose any personal information contained in its records to any persons or agencies other than to the Department of Housing and Urban Development or other authorized government agency unless the individual about whom information is requested has given written consent to such disclosure, or unless disclosure is otherwise in accordance with provisions in the state or federal privacy acts.

This privacy policy in no way limits the property's ability to collect such information as it may need to determine eligibility, compute rent, or determine an applicant's suitability for tenancy or to gather information to process reasonable accommodations requests under Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, and the Fair Housing Act.

The above policies in no way limit the right or duty of the Agent to make abuse, neglect or other protective service or emergency reports. Additionally, such policies do not forbid management from sharing information in the public domain with relevant service or government agencies.



**Notification of Decision on Application** - The Agent will send a written response (See Attachment 5) to each applicant advising such applicant of the status of the application. The response will be mailed not more than thirty days from the date of receipt. Alternate formats for responding to an applicant with a disability will be provided upon applicant's request. If the Agent has not made a determination to reject the applicant, the written response will include the status of the application with respect to:

- result of the preliminary determination of eligibility,
- position on the waiting list,
- estimate of the time it may take before the applicant will be offered assistance,
- notice that the applicant is responsible for reporting changes in address, phone number, or unit size requested for housing.
- a statement that the applicant has the right to meet with the Agent to discuss the determination made with respect to the application.

**Provisions Relating to Rejection of an Application** - If the applicant is not accepted, or is not placed on the waiting list for admission, the Agent shall follow the procedures outlined in section 2 above, but shall include the following in its written response (See Attachments 6a and 6b) to the applicant):

- the reason(s) for the rejection,
- notice that the applicant has fourteen (14) business days to respond in writing or to request a hearing with the Agent to contest the rejection, and
- notice that the applicant has the right to request a reasonable accommodation if the applicant believes that, with such an accommodation, the applicant would be eligible for admission and that the applicant was rejected for a reason not arising from the applicant's disability.

The Agent shall maintain records of such rejection for a period of three years. "Records", as used herein, include:

- all original applications,
- the Agent's eligibility determination (acceptance and rejection notices), and
- any materials relating to such decisions or appeals by the applicants

### **Owner Meetings with Applicants to Discuss Rejection Notices**

1. Any meeting with the applicant to discuss the applicant's rejection must be conducted by a member of the owner's staff who was not involved in the initial decision to deny admission or assistance.
2. Within 5 business days of the owners response or meeting, the owner must advise the applicant in writing of the final decision on eligibility.



In general, applications will be processed in accordance with the following steps:

- **Review for completeness** - Applications will first be reviewed for completeness. Incomplete applications will be rejected, returned to the applicant and will not be evaluated until all of the required information has been provided.
- **Preliminary determination of program ineligibility** - Completed applications will be reviewed for income eligibility and compliance with any categorical eligibility requirements such as age or disability, if applicable. Applications determined ineligible, pursuant to program guidelines, will be rejected in accordance with procedures outlined above.
- **Preliminary determination of program eligibility** - When there are more applicants on the waiting list than units currently available, the Agent will make a preliminary determination of eligibility, based on the applicant's statement as to his or her income, assets, age, disability status, and family composition. The applicant will be notified of the status of his/her application in accordance with procedures outlined above.
- **Waiting list placement** - Once a fully completed application is determined to meet income eligibility requirements and the household composition is determined appropriate for a unit at the development, the applicant will be placed on the appropriate waiting list(s). Applicants eligible for handicapped accessible units may choose to be on lists for accessible and standard units. Assignment to a position on the waiting list will be based on this preliminary determination and will be formally verified as the applicant's name advances on the waiting list. (Note: If the anticipated duration on the waiting list is less than 90 days, formal verification will be commenced immediately.) The applicant will be placed on the appropriate waiting list, by the date and time of receipt of the application.
- **Formal verification** – If, subsequent to the preliminary determination of eligibility, the Agent determines that the formal verification of income, assets, or claimed priority status differs from the applicant's self certification, the applicant may be:
  - reassigned to another waiting list, i.e., smaller or larger bedroom size;
  - determined ineligible.



**In all developments receiving Section 8 assistance preferences must also be given to:**

- 2. Elderly Property: Elderly individuals/families (including persons with disabilities under the age of 62) and displaced persons
  - i. Elder individuals/families whose income do not exceed 30 percent of the area median income (extremely low-income) at the time of admission. The Agent must comply with HUD regulations regarding income targeting where at least 40 percent of the assisted units that become available in each year of the project’s fiscal year must be rented to extremely low-income individuals.
  - ii. Family Property: (Optional) Agents may elect to extend a preference to elderly families and a set-aside for non-elderly persons with disabilities over other disabled applicants if the development meets Title VI criteria (see certification below) and such preferences do not otherwise violate Fair Housing Act or Age Discrimination Act standards.

**E. Certification for implementation of Title VI**

This development has adopted the HUD Title VI Elderly preference and has documentation on site that this development is eligible to do so.

- Yes
- No

The number of units set aside for persons under 62 years of age with disabilities, if applicable, is

\_\_\_\_.

The development has selected the “Near Elderly” Preference , if applicable  Yes  
 No



## F. Waiting Lists

The Agent will administer its Waiting List in accordance with the following policies.

- Waiting lists will be maintained and posted at the development and will be updated annually. A printed copy of the waiting list will be prepared and available for review by HUD or the Contract Administrator at all times. They will be maintained on the site for three years.
- Waiting lists will be organized by type of unit, (subsidy, physically adapted unit, and where applicable by income i.e. low income, very low income, extremely low income. etc). A separate list is required for every type of unit and income. "Type of unit" is defined in several ways, including:
  - - 1.) The number of bedrooms
    - 2.) The building structure, such as a town-house versus a garden-style unit.
    - 3.) The physical characteristics of the unit, such as accessible features.
    - 4.) The type of subsidy attached to the unit, such as project-based subsidy.
    - 5.) The distinction between subsidy types such as interest subsidy (basic rent units) and deep subsidy (low rent units).
    - 6.) Units which are intended for occupancy by elderly persons.
    - 7.) Applicants who need a reasonable accommodation.
- Each applicant must be placed on the appropriate waiting list(s) chronologically according to the date and time 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 project. 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 violates the state sanitary code, other applicable laws, or the development Occupancy Policy. Persons using a wheelchair or requiring similar accommodations may apply for a standard unit, as well as an accessible unit, in their discretion.
- The waiting list will contain date and time the applicant submitted the application, name of head of household, annual income level, i.e – extremely low, very low, low, identification if the applicant needs an accessible unit and unit size needed.
- The Agent's records will indicate the date and time the applicant is placed on the waiting list. All records, including the application, must be retained for a period of three (3) years.
- The waiting list may be closed for a specific unit size or type if the projected turnover rate indicates that an applicant would be unable to obtain a unit within one year or more. The Agent will advise to potential applicants that the waiting list is closed and refuse to take additional applications.
-



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- 
- The Owner will also publish a notice to that effect in a publication likely to be read by potential applicants stating the reason for the owner's refusal to accept additional applications.
- When the owner will again reopen the waiting list they will again advertise in a publication likely to be ready by potential applicants. The advertisement will include where and when to apply and will conform with the development's Affirmative Fair Marketing Plan.
- Waiting lists will be updated every annually.

Note: Prior to removing an Applicant's name from the waiting list, the Agent will send written notice of the action, or notice in requested alternate format, to the Applicant, at the Applicant's address of record. A copy of the standard notice of removal is attached to this plan. (See Attachment 8)

### **Procedures to Comply with Income Targeting**

1. The Agent will make at least 40 percent of the assisted units that become available in each year available to families whose income do not exceed 30 percent of the area median income.
2. Not more that 25 percent of units available for occupancy prior to October 1, 1981 shall be rented to low income families other than very low income families.
3. Not more than 15 percent of units available for occupancy on or after October 1, 1981 shall be rented to low income families other than very low income families.
  - iii. Extremely low income units will be first offered to tenant who are on the waiting list.
  - iv. Once the pool, if any of current tenant has been exhausted, the Agent will then rent to applicants on the current waiting list.
  - v. The Agent will immediately begin marketing to potential applicants who have income that does not exceed 30 percent of the median income of the area when it is apparent that this list is getting low.
  - vi. If however, the Agent has actively marketed at least 40 percent of the annually available units to extremely low income families but was unable to fill all of the units with family meeting the extremely low income requirements, the Agent will rent to other eligible families after a reasonable marketing period has expired. The Agent must maintain records that demonstrate to the satisfactory of HUD or the Contract Administrator that all reasonable steps were taken to fill these units with eligible tenants.



## **G. Transfer Procedure for Existing Residents**

In filling vacant units, the Agent shall first offer eligible current residents the option to relocate to another unit in the development, on a three to one ratio (3 from the current external waiting list and 1 from the in house waiting list) provided such residents meet one of the following transfer conditions:

1. Size of Family or special condition such as a change of household income.
2. Residents are housed in over-crowded conditions and have requested a larger unit appropriate for their household size;
3. Residents are housed in units providing a greater number of bedrooms than warranted for their household size (a refusal to relocate by the household will result in termination from the subsidy program upon thirty days notice);
4. Residents who require the features of an accessible unit, provided that documentation of the need has been supplied; or a reasonable accomodation has been approved for a resident.
5. Residents who occupy, but do not need the features of an accessible unit if another resident or applicant needs an accessible unit (such transfers are not volitional, and refusal to relocate by the household will result in termination from the subsidy program upon thirty days notice).
6. Residents requesting a transfer will be subject to the same screening criteria as all applicants are and will be subject to the same procedures.
7. Resident must be current on their rental payments
8. Resident must be lease compliant for a least 6 months.
9. Resident will be responsible for any damages that are beyond normal wear and tear from the unit that they are moving out of. Payment of these damages must be made prior to final approval being given for a unit transfer.

Pursuant to Chapter 7 Section 3 – 7-15 of the HUD 4350.3 Rev. 1 Change 2, residents who have applied for and have been approved for a reasonable accomodation will be given priority for move in from this list. Units will be offered in all cases starting with the unit that has been vacant the longest until all units have bee filled. The Agent will also do this in compliance with the Income Targeting requirements.

The Agent shall maintain a formal waiting list for current residents seeking to relocate to other units pursuant to these conditions. Existing teants requesting a section 8 unit will follow the standard application procedures, will be placed on the regular waiting lists with an asterick marked next to their name and then wil be placed on the inhouse waitng list. When a vacancy occurs, the Agent shall determine if a transfer is warranted from such internal waiting list before proceeding to the waiting list to select an applicant for the vacant unit. The Agent will also do this in compliance with the Income Targeting requirement.





## **H. Additional Policies Regarding Special Use Units -**

1.) Accessible Units – These are defined as a unit which have been constructed according to the ADAAG and AAB codes for accessible units. If an accessible unit must be offered to someone who does not need the accessibility features, a lease or lease addendum shall include a clause requiring the tenant to relocate to the first available comparable unit if a tenant or eligible applicant requires the unit’s accessible features.

**I. Modification of Tenant Selection Regulations** – The Agent acknowledges that HUD may, from time to time, modify the requirements of their respective tenant selection regulation, or policies. The Agent agrees that, upon reasonable notice, they will amend this plan to satisfy such changes.

## **CONCLUSION**

The Agent acknowledges that this plan may not address every activity relating to selection. Questions concerning this plan, and any of its applications, should be directed to the Management Agent.

**NOTE: *the following attachments must be included in the plan:***

- Attachment 1 – Eligibility Criteria***
- Attachment 2 – Exhibit 2 to the Tenant Selection Regulation***
- Attachment 3 – Model Application Form***
- Attachment 4 – Applicant’s Consent for Release of Information***
- Attachment 5 - Notification of Decision on Application***
- Attachment 6 – Notice of Rejection***
- Attachment 7 – Annual Waiting List Update***



## Attachment 1

### Eligibility Criteria

The stated eligibility criteria shall apply to the following programs:

- 1.)  Section 8
- 2.)  Section 236
- 3.)  Low Income Housing Tax Credit (LIHTC)

Management will consider housing applicants for residency who at the time of admission, meet all of the following conditions, as outlined in HUD 4350.3, and any applicable federal/state guidelines, and who have submitted an application for occupancy. The following criteria shall be utilized to determine an applicant's eligibility:

- ◆ A household is a family or single person who is eligible under applicable federal/state requirements.
- ◆ The Agent must develop a written method for assigning units and have it available on-site.
- ◆ Occupancy is usually based on two people per bedroom unless the square footage allows or requires otherwise. Household size must comply with unit size based on the current State Sanitary Code Minimum Square Footage Requirements or any applicable Federal regulations or requirements.
- ◆ Household annual income does not exceed current program income limits.
- ◆ Households who have provided verified social security numbers (SSN) for all family members who are at least six (6) years of age.
- ◆ Households who have not committed any fraud in connection with any Federal or State Housing Assistance Program, and owe no rent or other amounts in connection with housing assistance.



Acceptance of a unit at maximum occupancy does not give the tenant the right to claim overcrowded conditions and request a transfer to a larger unit, unless the family size changes.

**EXAMPLE**

**New Hampshire Sanitary code Minimum Square Footage Requirements**

<i># Occupants</i>	<i>* S.F. Per Bedroom</i>	<i>** Total Habitable Area</i>
1	70 sq. ft.	150 sq. ft.
2	120 sq. ft.	280 q. ft.
3 - 5	170 sq. ft.	410 sq. ft.

Square footage excludes bathrooms, connecting hallways, closets and laundry rooms.

\*In every dwelling unit for two or more rooms, every room occupied for sleeping purposes must contain at least seventy (70) square feet of floor space for the first occupant and at least fifty (50) square feet of floor space for each additional occupant.

\*\* Every dwelling unit must contain at least 150 square feet of floor space for the first occupant and at least one hundred thirty (130) square feet of floor space for each additional occupant. The floor space to be calculated on the basis of total habitable room space.



## Attachment 2

### **Exhibit 2 to the Tenant Selection Regulations**

#### **Rejection Standards**

1. An applicant and the applicant household shall be disqualified for a unit for any of the following reasons:
  - a) The applicant, or household member, has disturbed a neighbor or neighbors in a prior residence by behavior, which if repeated by a tenant would substantially interfere with the rights of other tenants to peaceful enjoyment of their units.
  - b) The applicant, or a household member, has caused damage or destruction of property at a prior residence, and such damage or destruction of property, if repeated by a tenant would have a material adverse effect on the housing development or any unit in such development.
  - c) The applicant or a household member has displayed living habits or poor housekeeping at a prior residence, and such living habits or poor housekeeping, if repeated by a tenant would pose a substantial threat to the health or safety of the tenant or other tenants or would adversely affect the decent, safe and sanitary condition of all or part of the housing.
  - d) The applicant or household member are registered as a lifetime sex offender, in the past has engaged in criminal activity, or activity that would interfere with or threaten the rights of other tenants to be secure in their persons or in their property or with the rights of other tenants to the peaceful enjoyment of their units and the common areas of the housing development.
  - e) The applicant or any household member who will be assuming part of the rent obligation has a history of non-payment of rent and such non-payment, if repeated by a tenant would cause monetary loss to the development.
  - f) The applicant or a household member has a history of failure to meet material lease terms or the equivalent at one or more prior residences, and such failure if repeated by a tenant would be detrimental to the housing development or to the health, safety, security or peaceful enjoyment of other tenants.
  - g) The applicant has failed to provide information reasonably necessary for the housing provider to process the applicant's application.



- h) The applicant has misrepresented or falsified any information required to be submitted as part of the applicant's application or a prior application submitted within the last three years, and the applicant fails to establish that the misrepresentation or falsification was unintentional.
- i) The applicant, or a household member, has directed abusive or threatening behavior which was unreasonable and unwarranted towards a management agent's employee during the application process or any prior application process within three (3) years.
- j) The applicant does not intend to occupy housing, if offered, as his/her primary residence.
- k) The applicant or household member is a current illegal user of one or more controlled substances as defined in the State of New Hampshire General Laws. A person's illegal use or possession of a controlled substance within the preceding twelve months shall create a presumption that such person is a current illegal user of a controlled substance, but the presumption may be overcome by a convincing showing that the person has permanently ceased all illegal use of controlled substances. This disqualification of current illegal users of controlled substances shall not apply to applicants for housing provided through a treatment program for illegal users of controlled substances.
- l) Any household containing a member or members who have been evicted in the last three years from federally assisted housing for drug related criminal activity. We will take into consideration the fact if the household member has successfully completed an approved, supervised drug rehabilitation program or if the circumstances leading to the eviction no longer exist for example the household member no longer resides with the applicant household.
- m) Any household in which any member whose abuse or pattern of abuse of alcohol interferes with the health safety and right to peaceful enjoyment of the property by other residents.
- n) Any household in which any member is currently engaged in the illegal use of drugs or 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.



## ATTACHMENTS



### Attachment 3 Application

**MANAGEMENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE , OR OTHER ALTERNATE FORMATS.**

<p><b>SITE NAME</b></p> <p><b>ADDRESS</b></p> <p><b>CITY, STATE</b></p> <p>Phone #:</p> <p>FAX #:</p> <p>TDD #:</p>	<p><b>PRELIMINARY RENTAL APPLICATION</b></p> <p><b>EQUAL HOUSING OPPORTUNITY</b></p> <p>Please print and fill in ALL Information.</p> <p style="text-align: right;">Date _____</p>
---------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

#### APPLICATION FOR ADMISSION

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Rental Office.

**Applicant:** \_\_\_\_\_ Home Tel \_\_\_\_\_

Present Address \_\_\_\_\_

street                                          city                                          state                                          zip

Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

- American Indian/Alaskan Native
- Asian or Pacific Islander
- Black(not of Hispanic origin)
- Hispanic
- White(not of Hispanic origin)

**SIZE OF APARTMENT NEEDED:**

- 0BR
  - 1BR
  - 2BR
  - 3BR
  - 4BR
- 

**UNIT TYPE REQUESTED:**

- Market Rent
- Basic Rent
- Low Income
- Very Low Income
- Extremely Low Income
- Wheelchair Adapted Unit
- Yes  No
- Hearing/Visual Adapted Unit
- Yes  No



Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? If yes, please explain. \_\_\_\_\_

Present Housing Cost Per Month \$\_\_\_\_\_ Including Utilities? [ ]Yes [ ]No

How Long Have You Lived at Present Address? \_\_\_\_\_ Years.

What are the reasons for Moving? \_\_\_\_\_

**FAMILY COMPOSITION** - List all those who will occupy the apartment - INCLUDE YOURSELF

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	AGE	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT
1 _____	Head of Household	____	____	_____	Yes or No
2 _____	_____	____	____	_____	Yes or No
3 _____	_____	____	____	_____	Yes or No
4 _____	_____	____	____	_____	Yes or No
5 _____	_____	____	____	_____	Yes or No
6 _____	_____	____	____	_____	Yes or No
7 _____	_____	____	____	_____	Yes or No
8 _____	_____	____	____	_____	Yes or No

**REFERENCES** - Full name and address of Landlords or Officials at other places you have lived over the last five years, such as shelters.

Name of Present Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Name of Previous Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

**Do you receive any type of rental assistance at your address in which a portion of your rent is paid by someone else?** ( ) Yes ( ) No





**NOTE:** If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Name of Character Reference \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

**Please indicate the income received and assets held by each member of your household. List each member by the corresponding number on the first page.**

**EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:**

**Member #** \_\_\_\_\_  
Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_  
[ ] weekly [ ] bi-weekly [ ] monthly

**Member #** \_\_\_\_\_  
Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_  
[ ] weekly [ ] bi-weekly [ ] monthly

**Member #** \_\_\_\_\_  
Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_  
[ ] weekly [ ] bi-weekly [ ] monthly

**OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:**

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
		(week, month, year)

**INCOME FROM ASSETS:**

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.



Household Member	Type of Asset	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____ (week,month,year)

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **Inquiries may be made to verify the statements herein.** All information is regarded as confidential in nature, and a **consumer credit report and a Criminal Back Ground Check will be required.** I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that we have received a notice form the management agent describing the right to reasonable accommodations for persons with disabilities.

***Signed under the pains and penalties of perjury.***

_____ Head of Household/Applicant	_____ Date	_____ Co-Applicant	_____ Date
--------------------------------------	---------------	-----------------------	---------------

The Management Company does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services.



Attachment 4

**Consent for Release of Information**

(For use with State subsidized programs)

\_\_\_\_\_ Management Agent

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

I, the above named individual, have authorized the \_\_\_\_\_ Management Agent to verify the accuracy of the information which I have provided, from the following sources (specify):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give you my permission to release this information to the \_\_\_\_\_ Management Agent, subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the \_\_\_\_\_ Management Agent within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

***Signed under the pains and penalties of perjury.***

\_\_\_\_\_  
Signature Date

THIS INFORMATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE NOTED ABOVE.

For Federal Developments, use the most recent version of the following forms: All adult household members (18 years of age and older) in addition to signing the application must also sign the following:

- *Notice and Consent for the Release of Information, Form HUD 9887*
- *Applicant's/Tenant's Consent for the Release of Information, Form HUD 9887-A*
- *Declaration of citizenship or otherwise eligible alien*
- *All release forms required for third party verification*
- *Any other documents required as a condition of program participation*
- *Failure to sign HUD Form 9887/9887a will be grounds for thr denial of assistance.*



Attachment 5

## Notification of Decision on Application

Date: \_\_\_\_\_

RE: Application for Housing

Dear \_\_\_\_\_:

Please be advised that we are in receipt of your application dated \_\_\_\_\_. We have reviewed your information for placement on our waiting list, which is determined by date of original application within the priority categories established.

Based on the information you have provided us you appear to be eligible for assistance at this development. You are #\_\_\_\_\_ on the \_\_\_\_ bedroom list. All information you provided will be verified at processing. Based on past tenant rental history, we anticipate that your waiting period will be \_\_\_ to \_\_\_ months. Note that this is only an approximation of your waiting period, not an exact acceptance date. Please be advised that it is your responsibility to report any changes of address, phone number or unit sized required to this office. Failure to maintain current information at the rental office may jeopardize your waiting list status.

Sincerely,



Attachment 6a

Rejection Notice

(Date)

Dear \_\_\_\_\_:

Your application for an apartment at \_\_\_\_\_ has been rejected for the reason(s) listed below.

- history of poor rental payment
- history of behavior as a tenant which if repeated would substantially interfere with the rights of other tenants
- providing false or inaccurate information in your application
- failure to provide information which we have requested in order to complete processing your application
- insufficient income to pay the cost of rent and utilities at the property
- poor credit report received from:

Credit Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

You have the right to obtain a copy of your file from the credit reporting agency. You may contact them at the address and phone number which we listed above.

If the unfavorable circumstance listed above is the result of your having a disability, you may request a reasonable accommodation. A reasonable accommodation is an adjustment to an apartment or a procedure by the agent which will prevent the problem from reoccurring.

If you believe that the circumstances indicated above did not occur or can be satisfactorily explained, you may request a hearing by contacting the Rental Office at the development.

You must request either or both a reasonable accommodation and/or a hearing in writing within five business days of the postmark of this letter.

Sincerely,

cc. Applicant file



Attachment 6b

### Attachment to Rejection Notice

**Section 515b of the Fair Credit Reporting Act** requires us to tell you where we obtained reports on you. We relied in whole or in part on the following:

- [ ] Information contained in a consumer credit report obtained from: (See list below)
- [ ] A Consumer credit report containing information insufficient to our needs. (See list below)
- [ ] The fact that the consumer reporting agency contact is unable to supply any information about you. That agency was: (See list below)
- [ ] Information was received from a person or company other than a consumer credit reporting agency. You have a right to make a written request to us within 60 days of receiving this letter for a disclosure of the nature of the information. Pursuant to federal law, we are prohibited from disclosing the sources of the report.
- [ ] Information received by applicant was not complete. Management unable to complete application process. Items missing: \_\_\_\_\_

SOURCES OF THE REPORT:

RENTAL HISTORY & ARREST/CONVICTION RECORDS:

RETAIL CREDIT:

OTHER:

MANAGEMENT

You have the right to obtain a copy of your credit file from a credit reporting agency. You may be charged a reasonable fee not to exceed \$8.00. There is no fee, however, if you have been turned down for credit, employment, insurance or rental dwelling within the previous 60 days. The credit reporting agency must provide someone to help you interpret the information in your credit file. Once each year, you are entitled to receive from national agencies, a copy of your consumer credit report free of charge. Regional credit bureaus can charge a fee of \$35.00 for that report.



You have a right to dispute inaccurate information by contacting the credit reporting agency directly. However, neither you nor any credit repair company or credit service agency has the right to have accurate, current and verifiable information removed from your credit report. In most cases, the consumer credit reporting agency must remove accurate, negative information from your report if it is over seven (7) years old and must remove bankruptcy information only if it is over ten (10) years old.

If you have notified a consumer credit reporting agency in writing that you dispute the accuracy of the information in our file, then consumer credit reporting agency must then, within 30 business days, reinvestigate and modify, or remove inaccurate information. The consumer reporting agency may not charge a fee for this service. Any pertinent information and copies of all documents you have, concerning a dispute should be given to the credit reporting agency.

If reinvestigation does not resolve the dispute to your satisfaction, you may send a statement to the consumer reporting agency to keep in your file explaining why you think the record is inaccurate. The consumer credit reporting agency must include your statement about the disputed information in a report issued about you.

You have a right to receive a record of all inquiring relating to a credit transaction initiated in the six months proceeding your request or two years in the case of a credit report used for employment purposes. This record shall include the recipients of any consumer credit report.

If you have a disability and this rejection for housing is a result of that disability, you have the right to request a reasonable accommodation if it will remedy this situation. You may ask for a reasonable accommodation by contacting the Property Manager within 5 business days.



**Attachment 7**

**Annual Waiting List Update**

Date: \_\_\_\_\_

Dear Applicant:

You are currently on the waiting list for an apartment at \_\_\_\_\_. We are now in the process of updating the wait list. Enclosed you will find information regarding our current rents and income limits to help determine if you are still eligible for an apartment.

It is requested that you complete all relevant information requested on this form. Please return it to the address shown above.

If we do not receive your updated application within thirty (30) days from the date of this letter, your application will be placed in our inactive file and your name will be removed from the waiting list.

Change of address (complete only if your address is different from the one above) :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your approximate total yearly income (include gross income and any income from assets)? \_\_\_\_\_

Number of people in family: \_\_\_\_\_

Family Composition: Please complete this section only if there has been a change in family members:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notice of your position on our waiting list will be sent to you within 60 days of this letter. Please note, this is only an update of your current status. Additional information may be requested at a later date. Your signature below gives consent to Management to verify the information in this application.

I hereby certify that the information contained herein is true and correct:

***Signed under the pains and penalties of perjury.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

If you have a disability you have the right to request a reasonable accommodation in connection with your application for housing. All information is voluntary and will be treated as confidential.





Attachment 8

## Notice of Removal From Waiting List

Date: \_\_\_\_\_

Dear Applicant:

On \_\_\_\_\_, this office sent a letter to your last known address to determine if you remain interested in the housing opportunities provided at this development. Thirty days have passed since that letter was sent and we have not received a response from you. As a result of your failure to reply, we must remove your name from our waiting list.

If there is a valid reason as to why you did not respond, we will take that into account in reconsidering the removal of your name from our waiting list. You must respond to this notice in writing within five (5) days. Otherwise, this determination is final.

You may file a new application at any time the waiting list is open, or you may apply at any other subsidized development you may choose. The removal of your name does not impair your ability to apply elsewhere.

Please call me at \_\_\_\_\_ if you have any questions.

Sincerely,

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**The Simon Companies**

**Limited English Proficiency (LEP)  
Plan & Policies**

Updated May 1, 2016

Equal Housing Opportunity



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## *Introduction*

It will be the policy of The Simon Companies, Inc. to ensure that persons with Limited English Proficiency (LEP) shall not be discriminated against nor denied meaningful access to, and participation in, the programs and services provided by The Simon Companies, Inc. In order to ensure meaningful access and participation for LEP persons, The Simon Companies, Inc. shall notify such persons that language services are available to them at no cost and shall take reasonable steps to see that language services are provided according to the provisions of our LEP Plan and Policies as described below.

The LEP Plan and Policies that follow shall apply to all The Simon Companies, Inc. housing assistance programs and services regardless of whether or not they receive Federal financial support.

It is the intent of The Simon Companies, Inc., in providing language services to LEP persons, to achieve a balance that ensures meaningful access to programs and services while not incurring undue burdens on each property's resources.

The Simon Companies, Inc. has designated Chris Mellen as its LEP Language Supervisor for the properties that they own and or manage. The LEP Language Supervisor shall provide oversight for the implementation of the LEP Plan and Policies, coordinate and facilitate delivery of LEP language services, ensure that staff receives appropriate training on LEP policies and procedures, and direct the ongoing monitoring and periodic assessment of the LEP Plan and Policy's effectiveness.

## *Definitions*

**Limited English Proficiency person.** Any person who does not speak English as their primary language and who has a limited ability to read, write, speak, or understand English. Such person (s) shall be entitled to language assistance at no cost to themselves with respect to their application or maintaining residency for a particular type of service or benefit.

**Vital document.** Any document that contains information that is critical for obtaining or maintaining the services or benefits that are supported by Federal funds, or that are required by law. Such documents may include but are not limited to applications, consent forms, notices of participant rights and responsibilities, disciplinary notices, letters or notices that require a response from the applicant or resident, legal notices, and notices advising LEP persons of the availability of free language services. (See Exhibit 2)

**Interpretation.** The act of listening to spoken words in one language (the source) and orally translating it into another language (the target).

**Translation.** The replacement of a written text from one language into an equivalent written text in another language. It is important to note that some LEP persons cannot read in their own language and back up oral interpretation services may be needed for written documents.

**Four-Factor Assessment.** This is an assessment tool used by the Recipient of federal funding to determine the extent of its obligation to provide LEP services. These four factors are: (1) The number or proportion of LEP persons eligible to be served or likely to be encountered by the program or grantee; (2) the frequency with which LEP persons come into contact with the program; (3) the nature and importance of the program, activity, or service provided the program to people's lives; and (4) the resources available to the grantee/recipient and costs.

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### *Who is covered?*

HUD's regulation, 24 CFR part 1, "Nondiscrimination in Federally Assisted Programs of the Department of Housing and Urban Development – Effectuation of Title VI of the Civil Rights Act of 1964", requires all recipients of federal financing assistance from HUD to provide meaningful access to LEP persons. Title VI of the Civil Right Act of 1964 prohibits discrimination on the basis of race, color or national origin. Because language, like culture, is so closely linked to national origin, HUD's final LEP guidance points out that "failure to ensure that LEP persons can effectively participate in, or benefit from, federally assisted programs may violate Title VI's prohibition against national origin discrimination."

Pursuant to Executive Order 13166, the meaningful access requirement of the Title VI regulations and the four-factor analysis set forth in the LEP Guidance of the Federal Register (FR-4878-N-01) are to additionally apply to programs and activities of federal agencies, including HUD. Federal financial assistance includes grants, training, use of equipment, donations of surplus property, and other assistance.

Federally assisted recipients are required to make reasonable efforts to provide language assistance to ensure meaningful access for LEP persons to the recipient's programs and activities. To do this, the recipient should: (1) conduct the four-factor assessment; (2) develop a language access plan (LAP); and (3) provide appropriate language assistance.

This plan was originally designated for the following properties but will be used for all of our properties.

Properties that receive HUD funded Section 8

Properties that receive State Community Development Block Grant (CDBG)

Properties that receive HOME grants.

Coverage under Title VI, Executive Order 13166 and HUD's regulations extends to a recipient's entire program or activity, (i.e., to all parts of a recipient's operations). This is true even if only one part of the recipient receives the federal assistance. This requirement would include its managed affordable housing units.

### *Identification of LEP persons who need language services assistance*

The Simon Companies, Inc. shall use the following methodology to identify and determine the number of LEP persons currently using its services at each property. The number of LEP persons on each property who may be eligible for programs and services and the particular languages used by each group.

The Simon Companies, Inc. will use various methods to identify LEP persons with whom they have contact. These will include:

- Current and past experiences with LEP persons encountered by staff. The number and type of such encounters will be periodically tabulated and analyzed to determine the scope of the language services required. In this analysis, consideration will be given to minority language populations that are eligible but may have been underserved because of existing language barriers.
- "I Speak \_\_\_\_\_" form will be used at each property. The form will also be used by staff on a day-to-day basis to determine and document the need for particular language services during the application process. This form will be kept in a binder listing the date received and applicant name on the top of the form.
- Staff encounters will be at initial screening of applicants and at each annual recertification. Applicants

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and residents at the property will be provided with a Language/Alternate Format Designation form (see

Sample – Exhibit 1). The form will ask if the family requires alternate formats of communication (i.e. large print, audio tape, electronic format, etc.) and will also ask applicants and residents to self-identify their need for interpretive services. This data will be documented by the Property Manager and will be accessible as a report annually on January 1<sup>st</sup> of each year to the LEP Language Supervisor. The LEP Language Supervisor will oversee this process and will generate a record of all requests for alternate format(s) and/or languages other than English. . This information shall be reviewed at least annually to ensure that the LEP plan addresses the language needs of the residents and applicants at each property.

- Self-identification will be through the I Speak... The Simon Companies, Inc. will document within the application process that the applicant has been informed of their right to language services at no cost, identify their primary language, and whether or not they would like an interpreter or prefer to receive documents translated into their primary language. See attached form for use to be attached to the “I Speak” form.

### ***Frequency of contact with LEP persons:***

The Simon Companies, Inc. has identified that contact with LEP person is at the application process, during annually recertification and also during times when notices need to be provided or services are required for or by a Resident Service Coordinator if one is assigned to a particular property. To this end, Property Managers and/or Resident Service Coordinators should keep a log of the number of contacts during the year as well as the specific language group. It is important to remember that measures necessary for a program that serves a LEP person one time or occasionally will most likely be different from those that serve LEP persons every day. While less frequent contact suggests a different, less intense solution, some services may still be necessary for times when a LEP person occasionally seeks services.

The Simon Companies, Inc. shall also provide language services in the conduct of its outreach efforts which are intended to make the general public aware of its programs and services. In this manner LEP persons who are a part of a property’s area of operations will have an equal opportunity to learn about the properties programs and services and to access and participate in them. The Simon Companies, Inc. will make every effort to provide interpretation in other languages when requested at least one week in advance for any resident meeting.

### ***Nature and importance of the program or service***

The Simon Companies, Inc. recognizes that within the range of services it provides, some services are more important than others. While it is The Simon Companies, Inc. intent to provide meaningful access to all participants and eligible persons, the availability of resources may limit the provision of language services in some instances.

Activities such as outreach, intake, leases, rules of occupancy, legal actions, life and safety notices, and the like have a high priority. Information about and an understanding of these activities should be effectively communicated to all persons affected by them.

Other activities such as resident parties, optional meetings, and related areas are of a lesser importance and hence a lower priority.

The Simon Companies, Inc. shall continue its practice to make every effort of offering oral interpretation at no charge at meetings and other activities, provided that the need is identified by the participant(s) at least one week to the event. Every effort will be made to provide instructions for requesting interpretation services.

***Types of language services to be provided***

The data collected under research into the various language groups in The Simon Companies, Inc. properties area of operations shall be specific enough to inform staff as to the variety of language groups for whom interpretation and translation services are needed.

The Simon Companies, Inc. shall provide language services to LEP persons by a variety of methods based upon the relative numbers of such persons and the frequency of contacts or anticipated contacts. Reasonable steps shall be taken to accomplish this but at a point at which the cost approach does not exceed the benefits. At this point, alternative methods of delivery of language services will be evaluated and appropriate changes made.

Based upon the number or proportion of LEP persons of various language groups served or encountered at a certain property as of the annual report dated January 1<sup>st</sup> of each year, PAG shall provide language services as indicated below:

Provision of Written Language Assistance	Language Group(s)	Determination:
Translate Vital Documents	<input type="checkbox"/> Spanish <input type="checkbox"/> Laotian <input type="checkbox"/> Russian <input type="checkbox"/> Other	Based upon the annual report for Property Name _____, who self-identify that they speak English “not well” or “not at all” within the Property.
Translated Written Notice of Right to Receive Free Oral Interpretation of	<input type="checkbox"/> Spanish <input type="checkbox"/> Laotian <input type="checkbox"/> Russian <input type="checkbox"/> Other <input type="checkbox"/>	Based upon the Property Name _____ past experience with LEP persons by PAG staff, these are the most common languages for which interpretation is requested.
No Written Translation Required	<input type="checkbox"/> All Others	While no written translation is required for other languages under the LEP Plan, PAG shall continue its practice of providing oral interpretation when requested by applicants/participants of its programs if requested one week in advance.

***Policy and Procedures***

**General.** Each Property will post a notice or poster in the management office that advises residents, applicants or members of the general public that interpreter services are available at no charge to the individual who is seeking services or information regarding such services.

Each property will attach HUD’s Language Identification (“I SPEAK”) cards” to the rental application when applications to the property is given out.

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### Documentation Guidelines.

- **Interpretative Services.** Use the following guidelines for documenting interpretive services provided to residents and applicants.
  - Document the name of the interpreter, the interview language and the date and time of the interpretation.
  - Document the “style” of the interpretation:
    - Phrased interpretation where the provider interviews in short phrases that are translated as accurately as possible by the interpreter
    - Simultaneous interpretation
    - Summary interpretation where the provider makes long statement and the interpreter summarizes them.
- **Translation Services.** Use the following guidelines for documenting translation services provided to residents and applicants.
  - Document the name of the interpreter, the interview language, and the date and time of the translation
  - Identify the document translated and whether translation is a summary or a complete and accurate translation.

### Marketing and Outreach.

In all outreach/marketing materials to include website and general advertising, identify that interpretive services are available and the process by which these interpretive services can be accessed by prospective applicants and members of the general public. To the maximum extent possible but consistent with the type of information or services being communicated, The Simon Companies, Inc. will notify prospective applicants and members of the General Public that there are other interpretive services available and how they may access them. These other languages include: Spanish, Laotian and Russian and others as they become needed.

### *Procurement of interpretation and translation services for LEP Persons*

The following methods of providing interpretation and translation services shall be considered and used based upon the assessment of need for each property.

1. Contracting with qualified interpreters and translators, either individually or through an organization which provides such persons. (Essential when accuracy and details are important or critical.)
2. Hiring qualified interpreters and translators. (Essential when accuracy and details are important or critical.)
3. Hiring bilingual staff who can translate. (Useful when interpretation needs are regular and ongoing, and when the importance of the encounter may be less than that required in legal action.)
4. Using telephone (or video conferencing) interpreter services. (Useful when prompt delivery of interpretation services is required.)



- 
5. Using community volunteers (either individuals or community service agencies that provide services to one or more language groups. (Useful when language service needs are less important or informal.)
  6. Using family members or friends. (Although there are some situations where this is not suitable, in others it may be useful when language service needs are least important or informal.)

The Simon Companies, Inc. shall explore the most cost effective means of delivering competent language services before limiting services due to resource limitations or concerns. In the process of deciding which services shall be provided, The Simon Companies, Inc. shall thoroughly document the process used in arriving at the determination of which services are to be provided to which groups. This documentation shall be maintained in The Simon Companies, Inc. records by the LEP Language Supervisor to demonstrate compliance with the LEP Guidance issued by HUD (December 19, 2003).

### *Quality and competency of language services*

The Simon Companies, Inc. shall make every reasonable effort to ensure that the language services it provides to LEP persons are of the highest quality and that the competency of interpreters and translators is appropriate to the situation.

Interpreters. Oral interpretation of encounters, interviews, meetings and the like require a certain level of competency and professionalism on the part of the interpreter. These characteristics do not necessarily exist in a person who is simply bilingual. Likewise, formal certification while helpful may not always be required. Often the importance of the encounter or the consequences will direct the level of professionalism needed. For example, a grievance hearing or court hearing regarding a lease termination may require a certified interpreter, while a meeting at a resident's apartment about a minor neighbor complaint may not. At court hearing a translator is provided by the court if requested.

- Translation and interpretation, whenever possible, shall be provided by The Simon Companies, Inc. staff members who are fluent in that particular language.
- If a staff member who speaks the necessary language is not available, The Simon Companies, Inc. shall make every effort to obtain translation and interpretation services only from a certified translation/interpretation service.

When using an interpreter, The Simon Companies, Inc. shall use the following general criteria to ensure effective communications with LEP persons:

- Demonstrated proficiency in and ability to communicate information accurately in both English and in the other language and able to identify and employ the appropriate mode of interpreting (consecutive, simultaneous, summarization, or sight translation).
- Knowledge in both languages of any specialized terms or concepts particular to each property's programs or services and of any particularized vocabulary and phraseology used by the LEP person, or the ability to explain either in English or the necessary language, the specialized term(s), concept(s), particularized vocabulary or phraseology.

- 
- An understanding of and ability to follow confidentiality and impartiality rules to the same extent that The Simon Companies, Inc. employee for whom they are interpreting or to the extent that their position requires or both.
  - An understanding and adherence to their role as interpreter without deviating into a role as counselor, legal advisor, or other role.
  - Awareness of regionalisms (dialects) used by the LEP persons for whom they are interpreting.

When interpretation **is needed and reasonable**, it shall be provided in a timely manner and appropriate place so as to avoid the effective denial of a benefit or service. The importance of the benefit or service to meaningful access to programs and services will dictate the urgency of providing the language service. Where access to or exercise of a service is not precluded by a reasonable delay, the language service may be reasonably delayed.

Translators. When selecting translators, the list of criteria applied to determine competency and professionalism for interpreters above shall also be applied to the extent that those criteria are appropriate. Translation skills can be very different from those of interpretation. When vital documents are involved, The Simon Companies, Inc. may decide to use professional translators or translation associations. Translated documents may be checked by a second translator or translated back into English by a second party to confirm accuracy.

**Documents Used by** The Simon Companies, Inc.

The Simon Companies, Inc. shall conduct an initial review of its written documents that are generally available to and used by the general public, applicants and residents for the purpose of assessing the importance of those documents to its clientele including LEP persons.

This analysis shall be based upon HUD’s “Four Factor Assessment” that is found in the Notice regarding guidance on LEP persons. As indicated earlier under Definitions, the four factors are 1) the number or proportion of LEP persons encountered or eligible to be served; 2) the frequency of contact; 3) the nature or importance of the program or activity; and 4) the resources available to The Simon Companies, Inc. and the costs.

Based upon this analysis, a determination shall be made as which documents shall be translated and into which languages. This may range from word for word translation of legal notices to the simple inclusion on other less important documents of a notice in various languages that translations or interpretations may be available upon reasonable request.

The Simon Companies, Inc. will incorporate the following ‘safe harbors’ established by HUD for written translations:

Size of Language Group	Recommended Provision of Written Language
1000 or more in the eligible population in the market area	Translated vital documents
More than 5% of the eligible population or beneficiaries	Translated vital documents
More than 5% of the eligible population or beneficiaries	Translated written notice of right to receive free oral interpretation of documents
5% or less of the eligible population or beneficiaries <i>AND</i>	No written translation is required

**Note 1:** “A ‘safe harbor’ means that if a recipient provides written translations under these circumstances, such action will be considered strong evidence of compliance with the recipient’s written translation obligations.” [HUD Final LEP Guidance, part VI.B.3]

**Note 2:** There are **NO** ‘safe harbors’ for interpretation. The ‘safe harbor’ provisions for written translation “do not affect the requirement to provide meaningful access to LEP persons through competent oral interpreters where oral language services are needed and reasonable. [HUD LEP Final Guidance, part VI.B.3]

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**Note 3:** Each property on an annual basis will document what languages currently exceed the 5% or 1000 “eligible persons” using the I Speak Card. However, based upon the properties past experience with LEP persons encountered by PAG staff, Spanish, Laotian and Russian are the most common languages for which interpretation is requested.

The assessment shall result in a determination of which documents shall be classified as “vital,” and “non-vital.” This analysis of documents shall be applied on an ongoing basis as new documents are created and old ones revised. The analysis shall be reviewed on a periodic basis (not less than annually) to consider the overall impact to LEP persons.

As evidenced in the table above, The Simon Companies, Inc. shall provide written translation of vital documents for LEP language groups that are either (1) 1000 or more or (2) more than 5%, of the eligible population in the market area or among current beneficiaries and more than 50 in number.

Translation of vital documents into other languages that do not meet this criterion may be provided orally if and when needed. If there are fewer than 50 persons in a language group that meets the 5% level, The Simon Companies, Inc. will not translate documents but will instead provide a written notice in the appropriate language of the LEP group of the right to receive competent oral interpretation of the written materials free of cost.

The LEP Language Supervisor shall develop and maintain a register of approved interpreters and translators for language services required for LEP persons.

***Type and frequency of notice to LEP persons***

The Simon Companies, Inc. shall provide appropriate notice to LEP persons and language groups of the availability of free language services that ensure meaningful access to programs and services provided by The Simon Companies, Inc.. Based upon the results of research into the language groups that are encountered in The Simon Companies, Inc. area of operations, notices in those appropriate languages informing LEP persons and groups shall be posted in the management office and anywhere that applications are taken. These notices shall explain how to receive language services.

In addition, as applicable:

- Notices shall be included on or with outreach documents and attached onto the front of commonly used materials.
- Notices shall be distributed to grass roots and faith-based community organizations informing LEP Persons of the PAG’s programs and services and of the availability of free language services if needed.
- Other notices shall be posted as determined appropriate in local newspapers in commonly used languages and in non- English periodical publications in the area of operations, on non-English radio/television and other locations where LEP persons may see them.

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### ***Training for staff persons***

The Simon Companies, Inc. shall provide training to its staff regarding its LEP Plan and Policies. A determination of the frequency of staff encounters with LEP persons shall dictate the level of detail of this training. All employees who are likely to have contact with LEP persons shall be trained to assure that they know LEP policies and procedures and that they work effectively with in- person and telephone interpreters, and they understand the dynamics of interpretation among LEP providers and interpreters. Staff having the greatest contact shall be trained first to effectively implement the LEP Plan and Policies through the use of standardized procedures. Those staff having the least amount of contact with LEP persons shall, at a minimum, be trained to be fully aware of the Plan and Policies so that they may reinforce its importance and ensure implementation by other staff.

LEP training at the site level shall be part of the orientation for all new employees who work with LEP persons. The Simon Companies, Inc. will document training and orientations on the LEP Plan and Policies for new employees with the level of detail appropriate to their assigned job responsibilities. On-going employees will receive a one-time orientation on the LEP Plan which will be documented. (See Exhibit 3)

### ***Monitoring compliance, assessing performance, and revisions***

The Simon Companies, Inc. shall monitor implementation of the LEP Plan and Policies on an ongoing basis, making revisions to policies and procedures as may be required periodically. The Simon Companies, Inc. shall also review (not less than annually) the overall effectiveness of its LEP Plan and Policy. This review shall consider information from the following sources and criteria as well as other factors as may be appropriate:

1. Changes in demographics including new language groups and changes in the proportion of existing language groups, types of services, and other needs.
2. Frequency of encounters with LEP persons.
3. Whether existing language services are meeting needs of LEP persons.
4. Availability of new resources including technology.
5. Whether identified sources for assistance are still available and viable.
6. How well staff understand and have implemented the LEP Plan and Policies
7. Feedback from the community at large and from minority language groups and persons.

Based upon findings of the periodic review, The Simon Companies, Inc. shall revise the LEP Plan and Policies to ensure its effectiveness in meeting the access and participation needs of LEP groups and persons. The LEP Language Supervisor shall document revisions to the LEP Plan and Policies as they are necessary and the reasons therefore.

### ***Discrimination-Complaint Procedures***

For regularly encountered LEP language groups, LEP persons should be provided notice of their opportunity to file a discrimination complaint in accordance with federal regulations. For infrequently encountered LEP language groups, LEP persons should be advised orally of the opportunity to file a discrimination complaint pursuant to the regulations.

## Exhibit No. 1 - (Sample Format) – Language/Alternate Format Designation Form

### The Simon Companies, Inc. /Alternate Format Designation

The Simon Companies, Inc. wants to provide effective communication and services to all its applicants and residents. . This includes persons with disabilities, and persons who do not speak English.

The purpose of this form is to gather information to help us serve you better.

#### Kinds of Communication

The Simon Companies, Inc. can communicate with persons who have disabilities in several ways. Check below to tell us how you would like to get information from The Simon Companies, Inc.:

- I do not need written materials in a different format.
  - I need written materials in the following format:
    - Large Print: This is 18 point font.
    - Audiotape: Text is recorded on an audiocassette tape.
    - Braille: Written text is provided in Braille.
    - Electronic format: Written material is saved as “plain text” on a CD-ROM or 3.5” floppy disk.
    - Spoken: Written material is read aloud by a The Simon Companies, Inc. employee, in person or over the phone.
  - I need a sign language interpreter.
  - Other (please explain):
- 

#### Your Language

- I speak English and read English and do not need help communicating with the The Simon Companies, Inc..
  - I speak English, but I need help filling out paperwork.
  - I do not speak or read English, and I need written materials in:
    - Bosnian                                       Cambodian                                       Chinese
    - Korean                                               Laotian                                               Romanian
    - Russian                                               Spanish                                               Vietnamese
    - Other: \_\_\_\_\_
  - I do not speak or read English, and I need written materials in:
    - Bosnian                                       Cambodian                                       Chinese
    - Korean                                               Laotian                                               Romanian
    - Russian                                               Spanish                                               Vietnamese
    - Other: \_\_\_\_\_
- 

**I have read this form, or it has been read to me.**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## Exhibit No. 2 – HUD’s List of “Vital” Documents

The following forms have been translated by HUD:

### FORMS

### LANGUAGES

#### **Fair Housing Equal Opportunity (FHEO)**

**Equal Opportunity for All Brochure** is currently translated in Arabic, Cambodian, Chinese, English, Korean, Russian, Spanish and Vietnamese.

**Are You a Victim of Housing Discrimination** is currently translated in Arabic, Cambodian, Chinese, English, Korean, Russian, Spanish and Vietnamese.

#### **Fair Housing Posters**

**It’s Not an Option, It’s the Law (2007)** is currently translated in Arabic, English, Russian, Spanish and Vietnamese

**We Do Business in Accordance with the Federal Fair Housing Law** is currently translated in Arabic, Cambodian, Chinese, Creole, English, Hmong, Korean, Polish, Spanish and Vietnamese.

**Fair Housing Ad Campaign** is currently translated in English and Spanish

#### **Multifamily Forms**

**Annual Recertification Initial Notice** is currently translated in Amharic, Arabic, Armenian, Cambodian, Chinese, English, Farsi, French, Korean, Portuguese, Russian, Spanish, Tagalog and Vietnamese.

**Annual Recertification First Reminder Notice** is currently translated in Amharic, Arabic, Armenian, Cambodian, Chinese, English, Farsi, French, Korean, Portuguese, Russian, Spanish, Tagalog and Vietnamese.

**Annual Recertification Second Reminder Notice** is currently translated in Amharic, Arabic, Armenian, Cambodian, Chinese, English, Farsi, French, Korean, Portuguese, Russian, Spanish, Tagalog and Vietnamese.

**Annual Recertification Third Reminder Notice** is currently translated in Amharic, Arabic, Cambodian, Chinese, English, Farsi, French, Korean, Portuguese, Russian, Spanish, Tagalog and Vietnamese.

**EIV and You Brochure** is currently translated in Amharic, Arabic, Armenian, Chinese, English, Farsi, French, Khmer, Korean, Portuguese, Russian, Spanish, Tagalog and Vietnamese.

**Model Form of Notification of Rent Increase Resulting from recertification** is currently translated in Amharic, Arabic, Armenian, Cambodian, Chinese, English, Farsi, French, Korean, Portuguese, Russian, Spanish, Tagalog and Vietnamese.

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## Exhibit No. 2 – HUD’s List of “Vital” Documents

**Interim Adjustment Initial Notice** is currently translated in Amharic, Arabic, Armenian, Cambodian, Chinese, English, Farsi, French, Korean, Portuguese, Russian, Spanish, Tagalog and Vietnamese.

**Interim Adjustment Termination of Assistance** is currently translated in Amharic, Arabic, Armenian, Cambodian, Chinese, English, Farsi, French, Korean, Portuguese, Russian, Spanish, Tagalog and Vietnamese.

**Residents Rights and Responsibilities Assistance** is currently translated in Amharic, Arabic, Armenian, Cambodian, Chinese, English, Farsi, French, Korean, Portuguese, Russian, Spanish, Tagalog and Vietnamese.

**How Your Rent is Determined (Project based Section 8) Fact Sheet Assistance** is currently translated in Amharic, Arabic, Armenian, Chinese, English, Farsi, French, Khmer, Korean, Portuguese, Russian, Spanish, Tagalog and Vietnamese.

**HUD Model Lease (Form HUD 90105-a Assistance** is currently translated in Amharic, Arabic, Armenian, Cambodian, Chinese, English, Farsi, French, Korean, Portuguese, Russian, Spanish, Tagalog and Vietnamese.

**HUD Model Lease for Section 202/8 or 202 PACS (Form HUD 90104b) Assistance** is currently translated in Amharic, Arabic, Armenian, Cambodian, Chinese, English, Farsi, French, Korean, Portuguese, Russian, Spanish, Tagalog and Vietnamese.

**Lease Addendum Violence Against Woman Assistance** is currently translated in Amharic, Arabic, Armenian, Chinese, English, Farsi, French, Khmer, Korean, Portuguese, Russian, Spanish, Tagalog and Vietnamese.

**Supplement to Application for Federally Assisted Housing (Form 92006)** is currently translated in Amharic, Arabic, Armenian, Chinese, English, Farsi, French, Khmer, Korean, Portuguese, Russian, Spanish, Tagalog and Vietnamese.

**Certification of Domestic Violence, Dating Violence or Stalking** is currently translated in Amharic, Arabic, Armenian, Chinese, English, Farsi, French, Khmer, Korean, Portuguese, Russian, Spanish, Tagalog and Vietnamese.

**Document Package for Applicants/Tenants Consent to the Release of Information (HUD 9887A, Form HUD 9887, Form HUD 9887A and Relevant Verifications** is currently translated in Amharic, Arabic, Armenian, Cambodian, Chinese, English, Farsi, French, Korean, Portuguese, Russian, Spanish, Tagalog and Vietnamese.

HUD as stated that they will provide further translated material as they deem needed. The LEP Language Supervisor will make every effort to keep updated on new forms provided by HUD and forward them to staff as they become available.

## Exhibit No. 3 – LEP Staff Training

The Simon Companies, Inc. effective commitment to LEP Plan and Policies requires a trained and knowledgeable staff. As a result, The Simon Companies, Inc. staff should know their obligations to provide meaningful access to information and services for LEP persons. To be effective, The Simon Companies, Inc. LEP Plan includes the following training parameters:

- Staff should know about LEP policies and procedures, and how to implement them.
- Staff should be aware of proper noticing requirements for LEP persons, to include posting of signs in common areas, stating in outreach documents that language services are available from The Simon Companies, Inc..
- Staff should be aware of the types of language services available (i.e., interpretation and translation)
- Staff should be trained on how they can obtain these services for their LEP clients
- Staff should be trained on how to respond to LEP callers
- Staff should be trained on how to use HUD’s Language-Identification (“I Speak”) Cards”
- Staff should be trained on how to respond to written communication from LEP persons
- Staff having contact with the public need to be trained to work effectively with in-person and telephone interpreters
- Staff should be trained on how to respond to LEP persons who have in-person contact with recipient staff, and
- Staff should be trained to know how to ensure competency of interpreters and translation services.

The Simon Companies, Inc. will provide a one-time orientation of these policies and procedures to all its employees in public contact positions. Training will be provided to new employees as part of their orientation. The more frequent the contact with LEP persons, the greater the need will be for in-depth training. Staff with little or no contact with LEP persons may only have to be aware of the LEP plan. However, management staff, even if they do not interact regularly with LEP persons, should be fully aware of and understand the plan so they can reinforce its importance and ensure its implementation by staff.

The LEP Language Supervisor will be responsible for monitoring and managing the LEP program. In addition to periodic review of LEP language-assistance practices and procedures, updating staff on more effective ways to serve LEP clients and the laws, rules and regulations pertaining to LEP clients, the LEP Language Supervisor will maintain a “training registry” that records the names, dates and type of LEP program-related employee training.

To assure the success of the language assistance program, the LEP Language Supervisor will monitor the LEP program periodically, but not less than annually, to assess the effectiveness and efficiency of its program. This monitoring may include, but need not be limited to:

1. Systematic feedback from LEP clients
2. Systematic feedback from staff;
3. Periodic in-house reviews of the current communications needs of LEP clients; and,
4. Periodic contact with community-based organizations that provide services to LEP clients.