

PARKVIEW APARTMENTS

HOUSING AUTHORITY
OF THE
CITY OF OTHELLO
335 N. 3rd, Othello, WA 99344
(509)488-3527

THIS APPLICATION WILL NOT BE ACCEPTED UNLESS FILLED OUT COMPLETELY

The submission of this application does not guarantee that you will receive a housing unit. However, it will help us determine your eligibility for the programs for which you are applying. It is important that you fill out the form **completely** and **accurately**. You must notify us immediately if there is a change in your family size, address and telephone number, income or other circumstances regarding your application

Disability Status/Right To Reasonable Accommodation

If you have a disability and need special features, modifications, or a change in the way we communicate with you, please ask for a Reasonable Accommodation form.

Name _____
Address _____ Home Phone _____
P.O. Box Number _____ Work Phone _____
City _____ Message Phone _____

RACE AND ETHNICITY OF HEAD OF HOUSEHOLD: This information is solicited on this application in order to assure the Federal Government acting through HUD that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information.

ETHNICITY: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

RACE: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other

FARMWORKER APPLICANTS ONLY

Is the head of your household or spouse a citizen of the U.S.? _____
Is the head of your household or spouse a legal resident of the U.S. _____
Do you have a Passport/Green card or Temporary Resident Card? _____

Yes _____ No _____
Yes _____ No _____
Yes _____ No _____

LIST ALL FAMILY MEMBERS

NAMES OF HOUSEHOLD MEMBERS	RELATIONSHIP TO HEAD	Gender (Optional)	PLACE OF BIRTH	D.O.B	A G E	OCCUPATION STUDENT	S.S. # for all family members
1.	HEAD						
2.							
3.							
4.							
5.							
6.							

FOR OFFICE USE ONLY

Date _____ Time _____ Received by _____
Approved and assigned by _____ Preferences or Priorities _____ Bed Size _____

RECORD OF CRIMINAL CONVICTION

- Has anyone listed on this application ever been arrested, convicted, pled guilty or no-contest to **any crime**? Yes no
if yes, who? _____ when? _____ county/state? _____
if yes explain: _____
- Is anyone listed on this application a registered or non-registered sex offender in any state? Yes no
if yes, who? _____
are they subject to a state lifetime sex offender registry? Yes no
- Does anyone listed on this application currently use illegal drugs or abuse alcohol? Yes no
if yes, who? _____
if yes explain: _____
- Does anyone listed on this application currently use marijuana for recreational or medicinal purposes? Yes no
if yes, who? _____
explain: _____
- Does anyone listed on this application have a history of using illegal drugs or abusing alcohol? Yes no
if yes, who? _____
if yes explain: _____

OTHER

Have you provided current landlord notice that you will be moving? Yes no n/a

Do you presently owe any previous housing charges or rent? Yes no

If yes, how much \$_____ if yes, please explain_____

Has anyone listed on this application ever been cited for non-payment of rent, lease violations or have ever been evicted? Yes no

If yes, who? _____ where? _____ when? _____

Explain: _____

Has anyone listed on this application ever been evicted within the last three Years from federally assisted housing for drug related criminal activity? Yes no

If yes, who? _____ when? _____

explain: _____

Have you ever lived in a subsidized unit? Yes no

Have you ever rented from the housing authority of othello? Yes no

If yes, where? _____ When? _____

Preferences

Extremely Low Income Preference

- 1) Do you currently live in subsidized housing or receive a government rent subsidy?
YES NO

If you answered "YES" you do not qualify for the Extremely Low Income preference. Go to Question 3.

If you answered "NO", go to question 2.

- 2) Is your yearly income at or below the limits given for your family size on the chart below?

YES NO

Adams County, Washington

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$11,880	\$16,020	\$20,160	\$24,300	\$28,440	\$32,250	\$34,500	\$36,700
\$19,500	\$22,250	\$25,050	\$27,000	\$30,050	\$32,250	\$34,500	\$36,700
\$31,150	\$35,600	\$40,050	\$44,500	\$48,100	\$51,650	\$55,200	\$58,750

If you answered, "YES", you appear to qualify for the "Extremely Low Income" preference continue onto Question 3.

If you answered, "NO", you may still qualify for one of Othello Housing Authority other preferences, continue onto Question 3.

Substandard Housing, Displaced, and Rent Burden Preferences

- 3 a) Are you currently homeless, live in a dilapidated home or live in a home without one of the following: plumbing, toilet, tub/shower, kitchen, electricity, or heat?

YES NO

- b) Are you currently displaced from your home by natural disaster, government action, domestic violence, or forced to move to avoid reprisal, due to hate crimes, owner action, or unit inaccessibility?

YES NO

- c) Have you been paying more than 50% of your Gross Income (income before taxes are taken out) for rent and utilities for the last 90 days? Utilities do not include phone or cable.

YES NO

If you answered "YES" to any of the above questions (3a-c), you appear to qualify for a preference.

PLEASE NOTE: All preferences will be verified prior to an offer of housing.
If you did not answer "YES", to any of the above questions then you do not appear to qualify for a preference at this time and will be placed on our waiting list as a non-preference.

Previous Address(es)

List all the addresses where you have lived during the **past 4 years** and the **name, address, and telephone number** of the landlord. Also, include the approximate dates you rented from each landlord.

Current address _____

Current landlord's name _____

Landlord's Address _____

Phone _____ **Rented from** _____ **to** _____ **Rent amt.** _____

****Former address** _____

Landlord's name _____

Landlord's Address _____

Phone _____ **Rented from** _____ **to** _____ **Rent amt.** _____

****Former address** _____

Landlord's name _____

Landlord's Address _____

Phone _____ **Rented from** _____ **to** _____ **Rent amt.** _____

PERSONAL REFERENCES

Name _____

Address _____

Years Known _____

Relation _____

Telephone _____

Name _____

Address _____

Years Known _____

Relation _____

Telephone _____

CREDIT REFERENCES

Firm name _____

Address _____

Telephone _____

Firm name _____

Address _____

Telephone _____

Income

Please list income earned for the last 12 months, by each family member who is 18 years and older

Family Member	Employer's Name	Dates Worked	Amt. Earned

Does anyone in your family receive or will receive pensions, social security or assistance for D.S.H.S or Dept. of Employment Security or child support? If so please list.

Family Member	Amount Per Month	From Where

Did you receive an earned income credit from IRS or employer? ☐ Yes ☐ No

TOTAL ANNUAL INCOME FROM ALL FAMILY MEMBERS: \$ _____

ASSETS

Savings: Bank & Acct. # _____ \$ _____
Checking: Bank & Acct. # _____ \$ _____
Stocks & Bonds: Bank & Acct. # _____ \$ _____
Insurance, policy cash value _____ \$ _____
Credit union shares _____ \$ _____
Savings certificates, war bonds _____ \$ _____

Total assets \$ _____

Do you now or have you in the past two years owned Real Estate? _____

If yes, explain: _____

Have you disposed of any other assets in the past two years? _____

If yes, explain: _____

EXPENSES

Anticipated amount to be spent for medical expenses \$ _____
Anticipated amount to be spent for child care \$ _____

COMPLETE FOR ALL PERSONS EXPECTED TO RESIDE IN THE UNIT: PRINT FULL LEGAL NAME.

Head Of Household (Last, First, Middle Initial)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT? YES NO	GENDER (optional)	BIRTHDATE
---	-------------------------	-------------------------------	---------------------------------------	-----------------------------	------------------

Previous names, aliases or nicknames used _____

Mark all U.S. states this member has lived at any time (including birth) -

Information is mandatory and must be accurate

<input type="checkbox"/> Alabama	<input type="checkbox"/> Alaska	<input type="checkbox"/> Arizona	<input type="checkbox"/> Arkansas	<input type="checkbox"/> California	<input type="checkbox"/> Colorado	<input type="checkbox"/> Connecticut
<input type="checkbox"/> Delaware	<input type="checkbox"/> Florida	<input type="checkbox"/> Georgia	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Idaho	<input type="checkbox"/> Illinois	<input type="checkbox"/> Indiana
<input type="checkbox"/> Iowa	<input type="checkbox"/> Kansas	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Maine	<input type="checkbox"/> Maryland	<input type="checkbox"/> Massachusetts
<input type="checkbox"/> Michigan	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Missouri	<input type="checkbox"/> Montana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Nevada
<input type="checkbox"/> New Hampshire	<input type="checkbox"/> New Jersey	<input type="checkbox"/> New Mexico	<input type="checkbox"/> New York	<input type="checkbox"/> North Carolina	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Ohio
<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Oregon	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Ohio	<input type="checkbox"/> South Carolina	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Tennessee	<input type="checkbox"/> Texas	<input type="checkbox"/> Utah	<input type="checkbox"/> Vermont	<input type="checkbox"/> Virginia	<input type="checkbox"/> Washington State	<input type="checkbox"/> Washington DC
<input type="checkbox"/> West Virginia	<input type="checkbox"/> Wisconsin	<input type="checkbox"/> Wyoming				

Co Head-Spouse (Last, First, Middle Initial)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT? YES NO	GENDER (optional)	BIRTHDATE
--	-------------------------	-------------------------------	---------------------------------------	-----------------------------	------------------

Previous names, aliases or nicknames used _____

Mark all U.S. states this member has lived at any time (including birth) -

Information is mandatory and must be accurate

<input type="checkbox"/> Alabama	<input type="checkbox"/> Alaska	<input type="checkbox"/> Arizona	<input type="checkbox"/> Arkansas	<input type="checkbox"/> California	<input type="checkbox"/> Colorado	<input type="checkbox"/> Connecticut
<input type="checkbox"/> Delaware	<input type="checkbox"/> Florida	<input type="checkbox"/> Georgia	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Idaho	<input type="checkbox"/> Illinois	<input type="checkbox"/> Indiana
<input type="checkbox"/> Iowa	<input type="checkbox"/> Kansas	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Maine	<input type="checkbox"/> Maryland	<input type="checkbox"/> Massachusetts
<input type="checkbox"/> Michigan	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Missouri	<input type="checkbox"/> Montana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Nevada
<input type="checkbox"/> New Hampshire	<input type="checkbox"/> New Jersey	<input type="checkbox"/> New Mexico	<input type="checkbox"/> New York	<input type="checkbox"/> North Carolina	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Ohio
<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Oregon	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Ohio	<input type="checkbox"/> South Carolina	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Tennessee	<input type="checkbox"/> Texas	<input type="checkbox"/> Utah	<input type="checkbox"/> Vermont	<input type="checkbox"/> Virginia	<input type="checkbox"/> Washington State	<input type="checkbox"/> Washington DC
<input type="checkbox"/> West Virginia	<input type="checkbox"/> Wisconsin	<input type="checkbox"/> Wyoming				

Other Member (Last, First Middle Initial)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT? YES NO	GENDER (optional)	BIRTHDATE
--	-------------------------	-------------------------------	---------------------------------------	-----------------------------	------------------

Previous names, aliases or nicknames used _____

If this member is a child, are they subject to a joint custody agreement with another parent currently living in HUD housing? Yes no

Mark all U.S. states this member has lived at any time (including birth) -

Information is mandatory and must be accurate

<input type="checkbox"/> Alabama	<input type="checkbox"/> Alaska	<input type="checkbox"/> Arizona	<input type="checkbox"/> Arkansas	<input type="checkbox"/> California	<input type="checkbox"/> Colorado	<input type="checkbox"/> Connecticut
<input type="checkbox"/> Delaware	<input type="checkbox"/> Florida	<input type="checkbox"/> Georgia	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Idaho	<input type="checkbox"/> Illinois	<input type="checkbox"/> Indiana
<input type="checkbox"/> Iowa	<input type="checkbox"/> Kansas	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Maine	<input type="checkbox"/> Maryland	<input type="checkbox"/> Massachusetts
<input type="checkbox"/> Michigan	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Missouri	<input type="checkbox"/> Montana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Nevada
<input type="checkbox"/> New Hampshire	<input type="checkbox"/> New Jersey	<input type="checkbox"/> New Mexico	<input type="checkbox"/> New York	<input type="checkbox"/> North Carolina	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Ohio
<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Oregon	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Ohio	<input type="checkbox"/> South Carolina	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Tennessee	<input type="checkbox"/> Texas	<input type="checkbox"/> Utah	<input type="checkbox"/> Vermont	<input type="checkbox"/> Virginia	<input type="checkbox"/> Washington State	<input type="checkbox"/> Washington DC
<input type="checkbox"/> West Virginia	<input type="checkbox"/> Wisconsin	<input type="checkbox"/> Wyoming				

Other Member (Last, First Middle Initial)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT? YES NO	GENDER (optional)	BIRTHDATE
--	-------------------------	-------------------------------	---------------------------------------	-----------------------------	------------------

Previous names, aliases or nicknames used _____

If this member is a child, are they subject to a joint custody agreement with another parent currently living in HUD housing? Yes no

Mark all U.S. states this member has lived at any time (including birth) -
Information is mandatory and must be accurate

<input type="checkbox"/> Alabama	<input type="checkbox"/> Alaska	<input type="checkbox"/> Arizona	<input type="checkbox"/> Arkansas	<input type="checkbox"/> California	<input type="checkbox"/> Colorado	<input type="checkbox"/> Connecticut
<input type="checkbox"/> Delaware	<input type="checkbox"/> Florida	<input type="checkbox"/> Georgia	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Idaho	<input type="checkbox"/> Illinois	<input type="checkbox"/> Indiana
<input type="checkbox"/> Iowa	<input type="checkbox"/> Kansas	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Maine	<input type="checkbox"/> Maryland	<input type="checkbox"/> Massachusetts
<input type="checkbox"/> Michigan	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Missouri	<input type="checkbox"/> Montana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Nevada
<input type="checkbox"/> New Hampshire	<input type="checkbox"/> New Jersey	<input type="checkbox"/> New Mexico	<input type="checkbox"/> New York	<input type="checkbox"/> North Carolina	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Ohio
<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Oregon	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Ohio	<input type="checkbox"/> South Carolina	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Tennessee	<input type="checkbox"/> Texas	<input type="checkbox"/> Utah	<input type="checkbox"/> Vermont	<input type="checkbox"/> Virginia	<input type="checkbox"/> Washington State	<input type="checkbox"/> Washington DC
<input type="checkbox"/> West Virginia	<input type="checkbox"/> Wisconsin	<input type="checkbox"/> Wyoming				

Other Member (Last, First Middle Initial)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT? YES NO	GENDER (optional)	BIRTHDATE
--	-------------------------	-------------------------------	---------------------------------------	-----------------------------	------------------

Previous names, aliases or nicknames used _____

If this member is a child, are they subject to a joint custody agreement with another parent currently living in HUD housing? Yes no

Mark all U.S. states this member has lived at any time (including birth) -
Information is mandatory and must be accurate

<input type="checkbox"/> Alabama	<input type="checkbox"/> Alaska	<input type="checkbox"/> Arizona	<input type="checkbox"/> Arkansas	<input type="checkbox"/> California	<input type="checkbox"/> Colorado	<input type="checkbox"/> Connecticut
<input type="checkbox"/> Delaware	<input type="checkbox"/> Florida	<input type="checkbox"/> Georgia	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Idaho	<input type="checkbox"/> Illinois	<input type="checkbox"/> Indiana
<input type="checkbox"/> Iowa	<input type="checkbox"/> Kansas	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Maine	<input type="checkbox"/> Maryland	<input type="checkbox"/> Massachusetts
<input type="checkbox"/> Michigan	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Missouri	<input type="checkbox"/> Montana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Nevada
<input type="checkbox"/> New Hampshire	<input type="checkbox"/> New Jersey	<input type="checkbox"/> New Mexico	<input type="checkbox"/> New York	<input type="checkbox"/> North Carolina	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Ohio
<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Oregon	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Ohio	<input type="checkbox"/> South Carolina	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Tennessee	<input type="checkbox"/> Texas	<input type="checkbox"/> Utah	<input type="checkbox"/> Vermont	<input type="checkbox"/> Virginia	<input type="checkbox"/> Washington State	<input type="checkbox"/> Washington DC
<input type="checkbox"/> West Virginia	<input type="checkbox"/> Wisconsin	<input type="checkbox"/> Wyoming				

Other Member (Last, First Middle Initial)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT? YES NO	GENDER (optional)	BIRTHDATE
--	-------------------------	-------------------------------	---------------------------------------	-----------------------------	------------------

Previous names, aliases or nicknames used _____

If this member is a child, are they subject to a joint custody agreement with another parent currently living in HUD housing? Yes no

Mark all U.S. states this member has lived at any time (including birth) -
Information is mandatory and must be accurate

<input type="checkbox"/> Alabama	<input type="checkbox"/> Alaska	<input type="checkbox"/> Arizona	<input type="checkbox"/> Arkansas	<input type="checkbox"/> California	<input type="checkbox"/> Colorado	<input type="checkbox"/> Connecticut
<input type="checkbox"/> Delaware	<input type="checkbox"/> Florida	<input type="checkbox"/> Georgia	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Idaho	<input type="checkbox"/> Illinois	<input type="checkbox"/> Indiana
<input type="checkbox"/> Iowa	<input type="checkbox"/> Kansas	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Maine	<input type="checkbox"/> Maryland	<input type="checkbox"/> Massachusetts
<input type="checkbox"/> Michigan	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Missouri	<input type="checkbox"/> Montana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Nevada
<input type="checkbox"/> New Hampshire	<input type="checkbox"/> New Jersey	<input type="checkbox"/> New Mexico	<input type="checkbox"/> New York	<input type="checkbox"/> North Carolina	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Ohio
<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Oregon	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Ohio	<input type="checkbox"/> South Carolina	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Tennessee	<input type="checkbox"/> Texas	<input type="checkbox"/> Utah	<input type="checkbox"/> Vermont	<input type="checkbox"/> Virginia	<input type="checkbox"/> Washington State	<input type="checkbox"/> Washington DC
<input type="checkbox"/> West Virginia	<input type="checkbox"/> Wisconsin	<input type="checkbox"/> Wyoming				

VERIFICATIONS AND SIGNATURES

The information in this application is true, full and complete to the best of my knowledge.

I understand that if I have not given full, true and complete information to the best of my knowledge, my application for housing may be denied.

I authorize the Housing Authority of Othello to make inquiries, to individuals and agencies, including law enforcement, for the purpose of verifying the statements contained in this application.

Signature of head of household

Date

Signature of head of household

Date

Signature of head of household

Date

LOCAL PREFERENCE QUESTIONNAIRE-

NAME _____ DATE _____

Please check which of the situations apply to your current housing situation. The way in which you complete this form and the information you provide can affect your place on the waiting list for rental assistance.

INVOLUNTARY DISPLACEMENT:

If you are in standard, permanent housing now, you do not qualify for this preference.

- _____ I have been displaced by state or local government action related to code enforcement or public improvement or expect to be in the next six months.
- _____ I have been displaced by fire, flood, or other natural disaster and do not yet have standard permanent housing.
- _____ I have been displaced by a housing owner due to circumstances beyond my control or expect to be in the next six months. (You would qualify for this preference if the rental unit was sold or converted to non-residential use or closed for rehabilitation or any other reason).
- _____ I have been displaced as a victim of domestic violence against me or my children by another member of my household.
- _____ I currently live in a household with an individual who engages in violence against me and/or my children.

SUBSTANDARD HOUSING:

I can document that I qualify for the following circumstances:

- ☐ I am homeless. I do not have a fixed, regular adequate nighttime residence.
- ☐ My current housing is dilapidate (does not provide safe, adequate shelter; has one or more defects requiring considerable repair; endangers the health, safety, and well-being of my family). Please explain.
- ☐ My current housing does not have operable indoor plumbing.
- ☐ My current housing does not have usable bathtub or shower in the unit for use of my family.*
- ☐ My current housing does not have adequate, safe, source of heat.
- ☐ My current housing does not have a kitchen.*
- ☐ My current housing has been declared unfit for habitation, by a government agency.

50% OF INCOME FOR RENT:

I can provide rent receipt and/or other written documentation to show that the following situation applies:

- ☐ I am paying 50% of my gross monthly income for rent and utilities (heat, electric, water, sewer, trash).

It is not necessary at this time to verify any of the above claims. At the time you are called for eligibility interview you will be required to submit documentation to prove your eligibility for the federal preference you claimed.

Please check the appropriate line, sign, and date below.

- ☐ I certify that I have submitted truthful information and that I understand that I will have to verify the claims with substantial documentation before it can be determined whether or not I qualify for a federal preference.
- ☐ I certify that I am without a preference and wish to remain on the active waiting list according to date and time I originally applied for housing.

Signature of head of household

Date

-QUESTIONNAIRE-

The following is a questionnaire that will help the Housing Authority of Othello identify the housing need in our area. You are not required to fill out this questionnaire.

1. How would you rate the physical condition of your present house?
Excellent _____ good _____ fair _____ poor _____
2. Which of the following housing-related problems are you concerned about?
We spent too much of our income for rent and utilities.....yes ___ no ___
We don't have enough space in this house; we are too crowded...yes ___ no ___
This house needs many repairs.....yes ___ no ___
3. More specifically, does your present house have:
Hot and cold running water?.....yes ___ no ___
Indoor toilet facilities?.....yes ___ no ___
Regular tub or shower?.....yes ___ no ___
Safe electrical wiring?.....yes ___ no ___
A source of heat, such as furnace?.....yes ___ no ___
4. How many people are now living in your home? _____
5. Are you currently sharing a home with another family?.....yes ___ no ___
6. How many bedrooms do you have? _____
How many other rooms, such as kitchen, living room, dining room, and do you have?
(Do not count bathrooms and bedrooms) _____
7. How much do you pay each month for rent? _____
If you don't pay rent, please explain _____
8. Does the rent include the utilities?.....yes ___ no ___
If no; what do you usually pay, per month, for utilities during winter?
remember to include all your utilities--electricity, gas, other heat sources,
water, sewer and garbage. Do not include telephone. \$ _____

What do you usually pay, per month, for utilities during the summer months?
\$ _____

THANK YOU VERY MUCH FOR TAKING THE TIME TO FILL OUT THE QUESTIONNAIRE.

HANDICAPPED STATUS: If you, or any member of your household, is physically handicapped, please complete the following:

Is the handicap of such a nature that a structurally modified unit would be beneficial to your family? Yes ____ No ____

Check any of the following modifications that apply:

- ☐ Bathroom grab bars
- ☐ Special door handles
- ☐ Widened doorways
- ☐ Lowered Cabinets
- ☐ Entry Ramps
- ☐ Modified Stove/Oven
- ☐ Wheelchair accessible Sink/Counters
- ☐ Wheelchair accessible shower
- ☐ Modifications for the hearing impaired

Please explain: _____

- ☐ Modifications for the sight impaired

Please explain: _____

- ☐ Other

Please explain: _____

Please check which waiting list you prefer:

- ☐ Modified unit only
- ☐ Non-modified unit only
- ☐ Both of the above

FEDERAL PRIVACY ACT NOTICE
for the

Section 8 Rental Certificate, Rental Voucher, Moderate Rehabilitation, and
the Public and Indian Housing Programs.

PURPOSE: Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

USE: HUD uses family income and other information to assist in managing and monitoring HUD- assisted housing programs; to protect the Government's financial interest; and to verify the accuracy to the information furnished. HUD or a public housing agency/ Indian housing authority may conduct a computer match to verify the information you provided. This information may be released to appropriate Federal, State, and local agencies, when relevant and to civil, criminal or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

PENALTY: You must provide all of the information requested by the public housing agency / Indian housing authority, including all social security numbers for all family members, have and use. Giving the social security numbers of all household members 6 years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

AUTHORITY FOR INFORMATION COLLECTION: The following laws authorize the collection of this information by HUD or the public housing agency / Indian housing authority: the U.S. Housing Act of 1937 (42 U.S.C., 137 e seq.), Title VI of the Civil Rights Acts of 1964, and Title VIII of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all family members.

I read the Federal Privacy Act Notice On _____
Date

Signature of Head of Household or Spouse

HOUSING AUTHORITY OF THE CITY OF OTHELLO

335 N. 3rd, Othello, WA 99344

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize and direct any Federal, state, or local agency and any organization, business, or individual to release to the **OTHELLO HOUSING AUTHORITY** any information or materials needed to complete and verify my application for participation in, and/or to maintain my continued assistance under a subsidized housing program.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

Identity and Marital Status
Medical or Child Care
Credit and Criminal History
Residences & Rental History

Employment, income from any source
Assets of any kind, including
assets disposed of within the last 2 years

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include but not limited to:

Previous Landlords
Courts & Post Offices
Schools & College
Law Enforcement Agencies
Support/Alimony Providers
Veterans Administration
Banks & Financial Institutions
Payees, Trustees

Past & Present Employers
Welfare Agencies
State Unemployment Agencies
Social Security Administration
Medical & Child Care Providers
Retirement Systems

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes state above. This authorization will stay in effect for a year and one month from the date signed.

Head of Household

Print Full Name

Date

Spouse/Co-head

Print Full Name

Date

Other Adult Member

Print Full Name

Date

Other Adult Member

Print Full Name

Date

**HOUSING AUTHORITY
OF THE
CITY OF OTHELLO**

335 N. 3rd, Othello, WA 99344

Date _____

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, _____ and _____ the undersigned consent to allow the Housing Authority of the City of Othello to request information and the Washington State Patrol to obtain and release any information to OHA pertaining to contacts, Arrests, conviction and any other information available to aid OHA in determining the undersigned person/persons suitability for assisted housing.

Information obtained under this release will be used solely by OHA staff to determine suitability for assisted housing and will be held confident.

Print Full Name

Birth date

Social Security #

Signature

Print Full Name

Birth date

Social Security #

Signature

Print Full Name

Birth date

Social Security#

Signature

Witness/OHA Staff

**HOUSING AUTHORITY
OF THE
CITY OF OTHELLO**

335 N. 3rd, Othello, WA 99344

Date _____

**AUTHORIZATION FOR THE RELEASE OF INFORMATION
MINOR CHILD**

I, _____ (Parent/Guardian), consent to allow the Housing Authority of the City of Othello to request information and the Juvenile Court Services to obtain and release any information to OHA pertaining to contacts, Arrests, conviction and any other information available to aid OHA in determining the undersigned person/persons suitability for assisted housing.

Information obtained under this release will be used solely by OHA staff to determine suitability for assisted housing and will be held confident.

Parent/Guardian Signature

_____ Minor Child	_____ Birth date	_____ Social Security #
_____ Minor Child	_____ Birth date	_____ Social Security #
_____ Minor Child	_____ Birth date	_____ Social Security #
_____ Minor Child	_____ Birth date	_____ Social Security #
_____ Minor Child	_____ Birth date	_____ Social Security #
_____ Minor Child	_____ Birth date	_____ Social Security #

Witness/OHA Staff

Child name

Child name

Child name

Offense/Conviction/Date

Juvenile Court Staff

INCOME ASSET STATEMENT (HUD) Property Name: PARKVIEW

HOUSEHOLD MEMBER NAME _____

ADDRESS _____

Apt# _____

MAILING ADDRESS (if different than Property Address) _____

I certify my household consists of the following persons ONLY. I certify changes in household AND income will immediately be reported to the management. All persons age 18 or older living in the household must complete and sign a separate Income/Asset Statement. EVERY question must be completed and form signed and dated.

List all members: Full Name	Relationship	D. O. B	Social Security Number
	Head		

INCOME RELATED QUESTIONS: Do you or ANY members of your household (including children and foster children or foster adults) currently receive or expect to receive INCOME OR PAYMENTS from any of the following in the next 12 months?

Yes No Annual Amount

Wages/Salaries including tips, bonuses, commissions or overtime _____ \$ _____
Has the employment status of any household member changed in the last 12 months?

Yes _____ No _____ If yes, explain who/how: _____

Financial Aid, grants, scholarships, tuition assistance, work study	_____	_____	\$ _____
Self-Employment, free-lance or business income	_____	_____	\$ _____
Social Security (SS or SSDI - all claims)	_____	_____	\$ _____
Supplemental Security Income (SSI)	_____	_____	\$ _____
SSP (State Supplement) income	_____	_____	\$ _____
Interest, dividends or other income from assets	_____	_____	\$ _____
Pensions or Retirement Income	_____	_____	\$ _____
Regular Distributions from Retirement Account(s) (including RMD)	_____	_____	\$ _____
Regular Income (payments) from an Annuity or Trust account	_____	_____	\$ _____
Oil, Gas, Tribal Land, Alaskan Native funds or rights	_____	_____	\$ _____
Unemployment or Workman's Compensation	_____	_____	\$ _____
Immigrant Financial Sponsorship income	_____	_____	\$ _____
Military Pay or allowances	_____	_____	\$ _____
VA Pension or other Disability Income	_____	_____	\$ _____
Public assistance/TANF, GAU, ABD or other DSHS CASH grant	_____	_____	\$ _____
Alimony or Child Support - Directly or through an agency?	_____	_____	\$ _____

Is there a divorce or separation agreement that states any member is entitled to alimony or child support?

Yes _____ No _____ If yes, explain: _____

Foster Care or Adoption Care Income	_____	_____	\$ _____
Rental income or income from sale of real property	_____	_____	\$ _____
Insurance policies, death benefits or long term care policy income	_____	_____	\$ _____
Other Income	_____	_____	\$ _____

1. Do you or any other members of the household receive gift money, contributions (monetary or not), or are any expenses paid on your behalf from persons outside of your household? (read below) _____ \$ _____

Includes: Amounts any member in your household receives (monetary or not) or expenses that are paid on your behalf such as (but not limited to); rent, utilities, telephone, groceries, clothing, household supplies, insurance, medical, car expenses and gas, tuition/education expenses or other expenses. This includes cash, check, voucher, expenses paid directly to the source(s), and/or money deposited into your bank account(s) or contributions on gift cards, debit or credit cards.

- | | <u>Yes</u> | <u>No</u> | <u>Amount</u> |
|---|------------|-----------|---------------|
| 2. Does anyone in your household receive funds, a voucher or other assistance to help pay your utilities from sources other than HUD?
<i>From who/what agency?</i> _____ | _____ | _____ | \$ _____ |
| 3. Does anyone on your household earn wages through a government program such as: Senior Aides, Older American Community Service Employment Program, AmeriCorps _____ | _____ | _____ | \$ _____ |
| 4. Does anyone in your household receive wages from a Job Training Program? If yes explain _____ | _____ | _____ | \$ _____ |
| 5. Does anyone in your household receive a government or private pension paid directly to a former spouse per court order or legal separation? _____ | _____ | _____ | \$ _____ |
| 6. Did you or any other members of the household file a federal tax return last year? <i>If not, why not?</i> _____ | <u>Yes</u> | <u>No</u> | |

➡ If answered "YES" to any of the above **INCOME** questions, provide name, address, phone number and identification number(s) of source of income expected in the next 12 months below

ASSET RELATED QUESTIONS: Do you or ANY members of your household own, hold or have facilitated by a payee any of the following **ASSETS** in the U.S or other country?

- | | <u>Yes</u> | <u>No</u> | <u>Balance/Value</u> |
|--|------------|-----------|----------------------|
| Checking account _____ | _____ | _____ | \$ _____ |
| Savings account _____ | _____ | _____ | \$ _____ |
| Debit/Pre-paid Cards (in lieu of a bank account) for direct deposits _____
<i>Includes Direct Express, Qwest/EBT cards, Net Spend, Visa Pre-paid cards etc. for deposit of SS benefits, cash DSHS or State benefits (not food/SNAP), wages, child support or other income</i> | _____ | _____ | \$ _____ |
| Certificates of Deposit _____ | _____ | _____ | \$ _____ |
| Money market funds or Treasury Bills _____ | _____ | _____ | \$ _____ |
| Retirement or Investment IRA, Keogh and/or 401K account _____ | _____ | _____ | \$ _____ |
| Stocks, Bonds _____ | _____ | _____ | \$ _____ |
| Annuity accounts _____ | _____ | _____ | \$ _____ |
| Trust Accounts (include special needs trust) _____
<i>If yes, is the trust account revocable or non-revocable?</i> _____ | _____ | _____ | \$ _____ |
| Real Estate and/or land owned or jointly held in the U.S. or abroad _____ | _____ | _____ | \$ _____ |
| Mortgage owed to you from sale of property _____ | _____ | _____ | \$ _____ |
| Whole life or Universal life insurance policy (cash or surrender value) _____ | _____ | _____ | \$ _____ |
| Cash, money or notes on hand, in safety deposit boxes or at home _____ | _____ | _____ | \$ _____ |
| Personal Property held as an investment _____ | _____ | _____ | \$ _____ |
| Other Asset _____ | _____ | _____ | \$ _____ |

➡ If answered "YES" to any of the above **ASSET** questions, provide name, address, phone number and account number(s) of source of assets expected in the next 12 months below:

OTHER INFORMATION AND DEDUCTIONS:

	Yes	No	Annual Amount
1. Do you have DISABILITY or ATTENDENT/CARE expenses not paid by an outside source that enable a family member to go to work?	___	___	\$ _____
2. Do you currently pay out of pocket for CHILDCARE services for any children under age 13 residing in your household?	Yes ___	No ___	Annual Amount \$ _____
Are any expenses paid for or reimbursed by an outside source? _____	___	___	\$ _____
If yes, explain: _____			
Does childcare enable a member to work, look for work or attend school? _____	Yes ___	No ___	
3. Are there any FOSTER children/adults or LIVE-IN attendants living or going to be living with you? If yes, who/when? _____	___	___	
4. Are any members of your household TEMPORARILY ABSENT ? If yes, list who and why _____	___	___	
5. Are any STUDENTS in the household now or plan to be in the following 12 months)? (Include children and students of higher education) If yes, who/where and when attending? _____	___	___	
6. Is anyone in your household a VETERAN OF THE U.S. MILITARY ? If yes, who? _____	___	___	
7. Are children in the household subject to JOINT CUSTODY ? Who? _____ Does the other parent live in subsidized housing and claim them as a dependent? _____ Do the children live in your household 50% or more of the time? _____	___	___	
8. Have you or anyone in your household engaged in CRIMINAL ACTIVITY in the last 12 months or are subject to a State Lifetime SEX OFFENDER registration program in any state? If yes, who and explain: _____	___	___	
9. Have you or anyone in your household used, sold, trafficked or distributed federally ILLEGAL DRUGS , in the last 12 months (including marijuana) If yes, who and explain: _____	___	___	
10. EXPECTED CHANGES: Are there any changes to the household's income, assets expenses, membership or other expected in the next 12 months? (i.e. New or changes to employment, income sources, minors turning 18, changes in student status, etc?)	Yes ___	No ___	

Please explain: _____

Penalties for Committing Fraud: The HUD program places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information you may be: rejected, evicted, required to repay all overpaid rental assistance you received, fined up to \$10,000, imprisoned for up to 5 years, prohibited from receiving future assistance. State and local governments may have other laws and penalties as well.

By signing below, I certify that I understand *all the above information* and that all answers are verifiable. I certify that the answers I have provided here are true, correct and complete to the best of my knowledge.

Head of Household _____

_____/_____/_____
Date

Co-Head, spouse or other adult family member _____

_____/_____/_____
Date

☐ I DO

☐ I DO NOT

wish to review the existing HUD 92006 Supplement to Application for Federally Assisted Housing Emergency Contact Form in my file and make any changes needed

Property/Owner Name: _____

504 Coordinator Name: _____

Address: _____

does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). We do business in accordance with the Federal Fair Housing Act and provide persons with disabilities reasonable accommodation upon request. TTY# (for hearing impaired) 711. Persons with language barriers may request or arrange interpretation alternatives or services based on the property's LEP Policy.



Telephone _____

HUD STUDENT QUESTIONNAIRE - Section 8 Program- Parkview

Applicant/Resident _____

Date _____

Property _____

TO BE COMPLETED BY APPLICANT / RESIDENT

Are you a student at an institution of higher education?

Yes ☐ No ☐

**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/date below.

If you answered YES, are you a full-time or part time student? _____

If you answered YES, the owner agent is required to determine your eligibility as a student. Please complete the following questions (all subject to verification):

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Are you over the age of 23? Birthdate _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you a graduate or professional student? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you a veteran of the United States military? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you married? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have a dependent child? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you feel you qualify as a disabled student who was receiving Section 8 Assistance as of November 30, 2005? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Will you be living with your parents as a dependent of the household? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered No to ALL of the above 1-7 questions, to qualify as an Independent Student, you must answer questions a-e below. Subject to verification including a requirement to provide IRS 1040 Tax Return(s):

- | | | |
|--|--------------------------|--------------------------|
| a. Are your parents receiving or are income eligible to receive Section 8 assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you been independent of your parents for at least one year? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Have your parents claimed you as a dependent on their most recent tax return? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are you an orphan, in foster care or were a ward of court by the age of 13? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are you an emancipated minor, in legal guardianship or an unaccompanied youth who is homeless or at risk of homelessness? | <input type="checkbox"/> | <input type="checkbox"/> |

Please provide your parent's contact information so that we request verification including obtaining your Parent's Tax return(s) (not required for vulnerable youth identified with a YES answer in d and/or e above:

Parent Name	Phone:
Full Address	

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

If you answered Yes, list all sources of financial assistance annual amounts from the school (grants, scholarships, work study etc, or from parents, associations etc. so we may verify your response:

1.	\$
2.	\$
3.	\$

Signature _____ Date _____

Property Name:
Parkview Apartments
504 Coordinator Name:

Address:
335 N 3rd Ave, Othello WA 99344

does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). We do business in accordance with the Federal Fair Housing Act and provide persons with disabilities reasonable accommodation upon request. TTY# (for hearing impaired) 711. Persons with language barriers may request or arrange interpretation alternatives or services based on the property's LEP Policy.



Telephone #
509-488-3527

HUD STUDENT QUESTIONNAIRE - Section 8 Program- Parkview

Applicant/Resident _____

Date _____

Property _____

TO BE COMPLETED BY APPLICANT / RESIDENT

Are you a student at an institution of higher education?

Yes ☐ No ☐

*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/date below.

If you answered YES, are you a full-time or part time student? _____

If you answered YES, the owner agent is required to determine your eligibility as a student. Please complete the following questions (all subject to verification):

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Are you over the age of 23? Birthdate _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you a graduate or professional student? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you a veteran of the United States military? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you married? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have a dependent child? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you feel you qualify as a disabled student who was receiving Section 8 Assistance as of November 30, 2005? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Will you be living with your parents as a dependent of the household? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered No to ALL of the above 1-7 questions, to qualify as an Independent Student, you must answer questions a-e below. Subject to verification including a requirement to provide IRS 1040 Tax Return(s):

- | | | |
|--|--------------------------|--------------------------|
| a. Are your parents receiving or are income eligible to receive Section 8 assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you been independent of your parents for at least one year? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Have your parents claimed you as a dependent on their most recent tax return? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are you an orphan, in foster care or were a ward of court by the age of 13? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are you an emancipated minor, in legal guardianship or an unaccompanied youth who is homeless or at risk of homelessness? | <input type="checkbox"/> | <input type="checkbox"/> |

Please provide your parent's contact information so that we request verification including obtaining your Parent's Tax return(s) (not required for vulnerable youth identified with a YES answer in d and/or e above:

Parent Name	Phone:
Full Address	

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

If you answered Yes, list all sources of financial assistance annual amounts from the school (grants, scholarships, work study etc, or from parents, associations etc. so we may verify your response:

1.	\$
2.	\$
3.	\$

Signature _____ Date _____

Property Name: _____
Parkview Apartments
504 Coordinator Name: _____

Address:
335 N 3rd Ave, Othello WA 99344

does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). We do business in accordance with the Federal Fair Housing Act and provide persons with disabilities reasonable accommodation upon request. TTY# (for hearing impaired) 711. Persons with language barriers may request or arrange interpretation alternatives or services based on the property's LEP Policy.



Telephone #
509-488-3527

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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.

Exhibit 3-4 Family Summary Sheet

To be completed by family and updated if household membership changes:

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Date of Birth
Head				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Attachment for HUD Section 214 Citizenship Review process

Property Name: Parkview Apartments 504 Coordinator Name:	does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). We do business in accordance with the Federal Fair Housing Act and provide persons with disabilities reasonable accommodation upon request. TTY# (for hearing impaired) 711. Persons with language barriers may request or arrange interpretation alternatives or services based on the property's LEP Policy.	 
Address: 335 N 3 rd Ave, Othello WA 99344	Telephone # 509-488-3527	



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION



What YOU Should Know
if You are Applying for or are Receiving
Rental Assistance through the Department of
Housing and Urban Development (HUD)

What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".



What income information is in EIV and where does it come from?

The Social Security Administration:

- Social Security (SS) benefits
- Supplemental Security Income (SSI) benefits
- Dual Entitlement SS benefits

The Department of Health and Human Services (HHS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

- Property owners and managers are able to use the EIV system to determine if you:
- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

Is my consent required to get information about me from EIV?

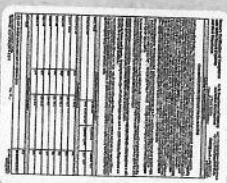
Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenants Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.



Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

Protect yourself, follow HUD reporting requirements

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
 - *Child support*
 - *AFDC payments*
 - *Social security for children, etc.*

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.

Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent Is Determined" which includes a listing of what is included or excluded from income.



What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

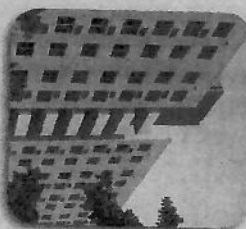
What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10064.html>.

Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in; and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.



Where can I obtain more information on EIV and the income verification process?

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: www.hud.gov/offices/hsg/mfh/rhipeiv/home.cfm.



JULY 2009

PARKVIEW APARTMENTS

TENANT SELECTION AND ASSIGNMENT PLAN

These procedures are utilized to ensure fair and equal treatment to all applicants for tenancy. Project eligibility establishes whether applicants are eligible to reside in the specific project to which they have applied; this is a multi-family residential project.

PROCEDURES FOR ACCEPTING APPLICATIONS & SCREENING TENANTS

Applicant completes an application form, including any attachments, to determine whether family size, income, assets or other applicable program requirements are met by the family or the individual.

HUD establishes income limits and revises them annually to ensure that federal rental assistance is provided only to low-income families. This published list of income limits can be found posted at the Main Office or are available from the local HUD office or on-line at www.huduser.org. Income limits are based on family size and the annual income the family receives. Income limits are based on the median income for a metropolitan statistical area. The income limits below are shown as a percentage of median income in these areas

A. Low-income limit	80% of median income
B. Very low-income limit	50 % of median income
C. Extremely low-income limit	30% of median income

The applicant may complete the application form in the office or take with him/her and return in person or by mail.

The Housing Clerk will explain program requirements including but not necessarily limited to those that relate to income, family size and characteristics, pet policies, drug free housing policies and occupancy standards.

After receipt of completed application the application will be added to the waiting list.

Citizenship/Immigration Status

U.S. citizens or eligible non citizens must submit evidence of citizenship or eligible immigration status at the time of application. All family members, regardless of age, must declare their citizenship or immigration status. Non citizens under age 62) 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. Citizens (age 62 and over) must sign a declaration of eligible immigration status and provide a proof of age document. U.S. Citizens must sign a declaration of citizenship. Eligibility will be verified.

Temporary deferral of termination of assistance, families that were receiving assistance on June 19, 1995, under one of the programs covered by the non-citizen rules are eligible for Temporary deferral of termination of assistance if the following applies:

- Family has no eligible members; or
- Mixed family qualifies for prorated assistance and does not qualify for continued assistance and chooses not accept the partial assistance.

- The deferral allows the family time to find other suitable housing before HUD terminates assistance. During the deferral period, the family continues to receive its current level of assistance.
- The initial deferral period is for six months and may be extended for an additional six-month period, not to exceed 18 months.
- At the beginning of each deferral period, the manager 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.
- Before the end of each deferral period, the manager must determine whether affordable housing is available to the family and whether to extend the deferral of termination of assistance.
- To extend a deferral period the Manager must determine that no affordable housing is available. The Manager must inform the family of its determination at least 60 days before the current deferral period expires. The manager's determination should be based on the following.
- A vacancy rate of less than 5% for affordable housing of the appropriate unit size in the housing market for the area in which the housing is located; The local jurisdictions consolidated plan if applicable; Availability of affordable housing in the market area; and evidence of the family's efforts to obtain affordable housing in the area.

To terminate assistance the Manager must determine that affordable housing is available, or that the maximum deferral period has been reached. If eligible for prorated assistance the family may request and begin to receive prorated assistance at the end of the deferral period. Affordable housing for the purpose of temporary deferral of assistance is housing that:

Is not substandard

Is the appropriate size for the family and can be rented by the family for an amount less than or equal to 125% of the family's total tenant payment including utilities.

The temporary deferral of assistance for the non-citizen rule applied only to persons receiving assistance on June 19, 1995, and no longer pertains.

Prohibition of assistance to noncitizen students. Non citizen students and their noncitizen families may not receive assistance. Non citizen students are not eligible for continuation of assistance, prorated assistance, or temporary deferral of termination of assistance.

A non citizen student is defined as an individual who is a follows:

- A resident of another country to which the individual intends to return
- A bona fide student pursuing a course of study in the United States and
- A person admitted to the United States solely for the purpose of pursuing a course of study as indicated on an F-1 or M-1 student visa.

This prohibition applies to the noncitizen student's spouse and children.

Social Security Numbers

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.

Any applicant not placed on the waiting list or processed for admission will be notified by the Housing Clerk in writing of the rejection, the reason(s) for the rejection, and the fact that the applicant has 14 days to respond in writing or request a meeting to discuss the rejection.

Any meeting the applicant requests in a timely manner will be conducted by a member of the property's staff who did not make the initial decision to reject the applicant. If the applicant appeals the rejection, the Manager will give the applicant a written final decision within 5 business days of the meeting.

If accepted for residency, the Housing Clerk will notify the applicant in writing of tentative eligibility pending final verifications. The applicant will be notified when an appropriate unit is available and approximately how long that will be. The Housing Clerk will notify tenant of final eligibility.

When an appropriate size unit becomes available, the Housing Clerk will contact the applicant. Names will be selected in chronological order, by date and time of application. Property staff is required to reserve at least 40 percent of all units available for rent, in any given year, for applicants with income below 30 percent of the local median income.

Normally the Parkview Apartments exceed the rule requiring 40% of its apartment being rented to extremely low-income persons. If necessary in order to remain in compliance with this rule the following procedure will apply:

Admit only extremely low-income families until the 40 % target is met. In chronological order, the manager selects eligible applicants from the waiting list whose incomes are at or below the extremely low-income limit to fill the first 40% of expected vacancies in the property. Once this target has been reached, admit applicants in waiting list order.

Applicants currently on or applying to waiting list

Applicants and tenants must disclose SSNs for all household members, except those who do not contend eligible immigration status, and tenants age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010, and provide verification of the complete and accurate SSN assigned to them. Applicant household that include a family member who is under the age of 6 and who does not yet have a Social Security Number assigned to him/her and was added to the household 6 months or less from the move in date will not be denied occupancy. O/A will

give the household 90 days from the effective date of their move-in certification to provide documentation of the Social Security for the child. An additional 90-day period will be granted by the O/A if the failure to provide documentation of the SSN is due to circumstances that are outside the control of the household.

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.

Tenants

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:

- They have not previously disclosed a SSN;
- Previously disclosed a SSN that HUD or the SSA determined was invalid; or
- Been issued a new SSN.

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.

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.

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.

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 to the O/A at:

- The time of receipt of the new SSN; or
- The next interim or regularly scheduled recertification;
- Such earlier time as specified by the O/A.

Adding a Household Member

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. 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.

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.

Individuals who do not contend eligible immigration status.

Mixed Families: For projects where the restriction on assistance to noncitizens applies and where individuals are required to declare their citizenship 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.

Penalties for a Tenant's Non-disclosure of SSN

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 timeframe 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.

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.

Any applicant not placed on the waiting list or processed for admission will be notified by the Housing Clerk in writing of the rejection, the reason(s) for the rejection, and the fact that the applicant has 14 days to respond in writing or request a meeting to discuss the rejection. Any meeting the applicant requests in a timely manner will be conducted by a member of the property's staff who did not make the initial decision to reject the applicant. If the applicant appeals the rejection, the Manager will give the applicant a written final decision within 5 business days of the meeting.

If accepted for residency, the Housing Clerk will notify the applicant in writing of tentative eligibility pending final verifications. The applicant will be notified when an appropriate unit is available and approximately how long that will be. The Housing Clerk will notify tenant of final eligibility.

Procedure for Taking Applications & Selecting from Waiting List

Income -Targeting

When an appropriate size unit becomes available, the Housing Clerk will contact the applicant. Names will be selected in chronological order, by date and time of application. Property staff is required to reserve at least 40 percent of all units available for rent, in any given year, for applicants with income below 30 percent of the local area median income.

Normally the Parkview Apartments exceed the rule requiring 40% of its apartment being rented to extremely low-income persons. If necessary in order to remain in compliance with this rule the following procedure will apply:

Admit only extremely low-income families until the 40% target is met. In chronological order, the manager selects eligible applicants from the waiting list whose incomes are at or below the extremely low-income limit to fill the first 40% of expected vacancies in the property. Once this target has been reached, admit applicants in waiting list order.

Applicant will begin the certification process and complete all necessary verification forms as their name nears the top of the waiting list.

It is the PHA's policy that each applicant shall be assigned an appropriate place on the waiting list for the project(s) in which the applicant wishes to reside

Applicants will be listed in sequence based upon:

- date and time the application is received,
- the size and type of unit they require,
- the site in which they wish to reside,

In filling an actual or expected vacancy, the PHA will offer the dwelling unit to an applicant in the appropriate sequence, the PHA will offer the unit until it is accepted.

PHA policies will be followed consistently and will affirmatively further HUD's fair housing goals.

It is the PHA's objective to ensure that families are placed in the proper order on the waiting list so that the offer of a unit is not delayed to any family unnecessarily or made to any family prematurely.

By maintaining an accurate waiting list, the PHA will be able to perform the activities which ensure that an adequate pool of qualified applicants will be available to fill unit vacancies in a timely manner. Based on the PHA's turnover and the availability of appropriate sized units, groups of families will be selected from the waiting list to form a final eligibility "pool." Selection from the pool will be based on date and time application was accepted.

Screening Applicants

Screening is performed in a manner that is reasonable, consistent, and complies with fair housing laws. Screening is used to help ensure that households admitted to a property will abide by the terms of the lease, pay rent on time, take care of the property and unit, and allow all residents to peacefully enjoy their homes. Anyone who wishes to live on the property must be screened prior to moving in. This includes, but is not limited to, live-in aides, security/police officers or additional household members wishing to move-in after the initial move-in. Certain exceptions apply to children/minors. The current screening guidelines in place at the time the new household member applies will be used to determine eligibility for admission.

Screening for drug abuse and other criminal activity HUD has established standards that prohibit admission of:

- Any household in which any member was evicted in the last three years from federally assisted housing for drug-related criminal activity
- A household in which any member is currently engaged in illegal use of drugs or for which the owner/agent has reasonable cause to believe that a member's illegal use or pattern of illegal use of a drug may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents
- Any household member who is subject to any state lifetime sex offender registration requirement
- Any household member if there is reasonable cause to believe that member's behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety, and right to peaceful enjoyment by other residents. The screening standards must be based on behavior, not the condition of alcoholism or alcohol abuse

*"Currently engaged in" is defined as any use of illegal drugs during the previous six months.

In addition to HUD requirements, the owner/agent has established a policy to reject all applications where the applicant or any household member has engaged in criminal activity as described in this document.

The owner/agent will reject applications if any household member's criminal history includes one or more of the following:

- Sex Offender Registration: Applicant, or any member of the applicant family, is or ever has been subject to registration under a state sex offender registration program
- Record of any conviction or adjudication, other than acquittal, of the following felonies by any household member, regardless of when it happened:
 - Capital Murder

- Murder / Manslaughter
- Arson
- Kidnapping
- Child Molestation
- Treason
- Rape or Crimes of a Sexual Nature
- Incest
- Crimes involving explosives
- Crimes involving terrorism
- Gross Lewdness

If any household member is currently engaged in, or has engaged in any of the following criminal activities, within the past four years, the family will be denied admission:

- Drug-related criminal activity, defined by HUD as the illegal manufacture, sale, distribution or use of a drug or the possession of a drug with intent to manufacture, sell, distribute or use the drug [24 CFR 5.100].
- Violent criminal activity, defined by HUD as any criminal activity that has as one of its elements the use, attempted use or threatened use of physical force substantial enough to cause, or be reasonably likely to cause, serious bodily injury or property damage [24 CFR 5.100].
- Criminal activity that may threaten the health, safety or welfare of other tenants [24 CFR 960.203(c)(3)].
- Illegal possession/discharge/display/carrying of firearm or illegal weapon/ deadly weapon.
- Assault, aggravated assault, assault by threat, stalking.
- Physical violence to persons or property, or criminal activity that has as one of its elements the use, attempted use or threatened use of physical force against the person or property of another.
- Criminal activity that may threaten the health or safety of the Othello Housing Authority staff, contractors, subcontractors or agents.
- Three or more convictions of alcohol-related criminal activity, including Driving under the Influence and Public Intoxication.
- Burglary of a Habitation.

If any household member is currently engaged in, or has engaged in any of the following criminal activities, within the past three years, the family will be denied admission:

- A pattern of abuse of alcohol, including, but not limited to, public intoxication and driving while intoxicated.
- A pattern of fraud committed against a governmental entity.
- A pattern of theft or fraud.
- A pattern of organized criminal activity.
- A pattern of prostitution.
- A pattern (for the purposes listed above) consists of three or more incidences, with a minimum of one incident occurring within the past three years.

The owner/agent will not use arrest records as the sole basis for denying admission to the program.

REJECTING INELIGIBLE OR UNQUALIFIED APPLICANTS

The owner/agent reserves the right to reject applicants for admission based on any of the following:

- No unit of the appropriate size exists on the property
- The household fails to meet the HUD indicated eligibility requirements for the assistance program/property
- Any non-exempt member of the household fails to provide a Social Security Number or adequate documentation to verify the Social Security Number (SSN)
- Any member of the household fails to meet the applicant screening requirements
- Any member of the household fails to sign appropriate verification documents
- Misrepresentation
- Fraud
- Any member of the household fails to respond to management inquiries for additional information during the application process
- The owner/agent is unable to contact the applicant via US Mail (letters undeliverable or returned) and/or by phone (number disconnected or changed)
- Any member of the household has a record of eviction, for lease violations, from any property managed by the owner/agent
- Any member of the household has a pattern of eviction, for lease violations, from any property within the last two years
- There is a pattern of outstanding or overdue payments to a previous landlord
- There is record of outstanding or overdue payments to HUD
- The household is unable to establish utilities in the new unit
- The household is unable to pay the security deposit required
- The household is unable to take possession of the unit within the timeframes outlined in this plan
- The household is unable to pay the first month's rent (TTP)
- The household does not have a need for an accessible unit and refuses one unit offer

Section 504 of the Rehabilitation Act of 1973

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

These obligations include the following:

- Making and paying for reasonable structural modifications to units and/or common areas that are needed by applicants and tenants with disabilities, unless these modifications would change the fundamental nature of the project or result in undue financial and administrative burdens;

- Operating housing that is not segregated based upon disability or type of disability, unless authorized by federal statute or executive order;
- Providing auxiliary aids and services necessary for effective communication with persons with disabilities; Developing a transition plan to ensure that structural changes are properly implemented to meet program accessibility requirements; and
- Performing a self-evaluation of the owner's program and policies to ensure that they do not discriminate based on disability.
- Operating their programs in the most integrated setting appropriate to the needs of qualified individuals with disabilities.

Fair Housing and Equal Opportunity Requirements

The manager of this property complies with all federal, state and local housing and Title VI of the Civil Rights Act of 1964 and with all Equal Opportunity requirements in HUD administrative procedures.

Federal laws prohibit discrimination based upon race, color, creed, sex, national origin, religion, age, familial status or handicap or disability. Administrative procedures further prohibit discrimination based on certain class memberships. This act applies to housing regardless of federal financial assistance .

All of the above requirements apply to:

- Accepting and processing applications:
- Selecting tenants from among eligible applicants on the waiting list;
- Assigning units and
- Certifying and recertifying eligibility for assistance.

Complaints alleging violations of these requirements will be referred to HUD's Regional Office of Fair Housing and Equal Opportunity.

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color or national origin in any program or activity receiving (HUD) federal financial assistance.

Equal Access Rule

The Othello Housing Authority ensures that HUD housing program is open to all eligible individuals and families regardless of actual or perceived sexual orientation, gender identity, or marital status.

Violence Against Women Act (VAWA)

"Under The Violence Against Women Act ("VAWA"), criminal activity directly relating to domestic violence, dating violence, sexual assault or stalking, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, shall not be cause for denial of admission to the Othello Housing Authority if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse. However, nothing in the VAWA limits the authority to deny admission to, or evict from, or terminate the assistance of, any applicant, tenant or lawful occupant if the housing authority can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property.

Applicants

Admission to the program shall not be denied on the basis that the applicant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking if the applicant otherwise qualifies for assistance or admission.

Tenants

An incident or incidents of actual or threatened domestic violence, dating violence, sexual assault, or stalking will not be construed as a serious or repeated lease violation by the victim or threatened victim of the domestic violence, dating violence, sexual assault, or stalking, or as good cause to terminate the tenancy of, occupancy rights of, or assistance to the victim.

Criminal activity directly related to domestic violence, dating violence, sexual assault, or stalking, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, shall not be cause for termination of tenancy of, occupancy rights of, or assistance to the victim, if the tenant or immediate family member of the tenant is the victim. However, any family member who is determined to be the perpetrator in incidents involving domestic violence, dating violence, sexual assault, or stalking may be terminated assistance.

Determining Eligibility of Students for Assistance

Eligibility of Students for Section 8 Assistance Managers must determine a student's eligibility for Section 8 assistance at move-in, annual recertification, initial certification (when an in-place tenant begins receiving Section 8), and at the time of an interim recertification if one of the family composition changes reported is that a household member is enrolled as a student.

Section 8 assistance shall not be provided to any individual who:

- Is enrolled as either a part-time or full-time student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential;
- Is under the age of 24;
- Is not married;
- Is not a veteran of the United States Military;
- Does not have a dependent child;
- Is not a person with disabilities, as such term is defined in 3(b)(3)(E) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(3)(E)) and was not receiving section 8 assistance as of November 30, 2005). (See Definition E in Figure 3-6);
- Is not living with his or her parents who are receiving Section 8 assistance; and
- Is not individually eligible to receive Section 8 assistance or has parents (the parents individually or jointly) who are not income eligible to receive Section 8 assistance.
- Review and verify previous address information to determine evidence of a separate household verifying the student meets the U.S. Department of Education's definition of independent student;
- Review that the student prior year income tax returns to verify the student is independent or verifying the student meets the Department of Education's definition of independent student;

The rule does not apply to students residing with their parents in a Section 8 unit or who reside with parents who are applying to receive Section 8 assistance.

For a student to be eligible independent of his or her parents (where the income of the parents is not relevant), the student must meet all of the following criteria:

- Be of legal contract age under state law;
- Have established a household separate from parents/legal guardians for at least one year prior to the application;
- Meet the US Department of Education definition of independent student;
- May not be claimed as a dependent by parents of legal guardians per IRS regulations;
- Obtain a certification of the amount of financial assistance provided by parents or legal guardian, even if no assistance is provided.

Section 8 Assistance As An Independent Student

- a) Be 24 of age or older by December 31 of the award year;
- b) Is an orphan, in foster care, or a ward of the court at any time when the individual was 13 years of age or older;
- c) Is or was immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in the individual's State of legal residence;
- d) Is a veteran of the Armed Forces of the United States or is currently service on active duty in the Armed Forces for other than training purposes;
- e) Is a graduate or professional student;
- f) Is a married individual;
- g) Has legal dependents other than spouse;
- h) Has been verified during the school year in which the application is submitted as either an unaccompanied youth who is a homeless child or youth or as unaccompanied, at risk of homeless and self-supporting;
- i) Is a student for whom a financial aid administrator makes a documented determination of independence by reason by other unusual circumstances

Rejecting Applicants

Applicants may be rejected if:

- The Household does not meet Program and/or income requirements.
- Household characteristics are not appropriate for the specific type of unit available at the time.
- Family size is not appropriate for the unit sizes that are available.
- Applicant does not meet the tenant selection criteria.
- Applicant has history of previous evictions, and/or drug or criminal convictions noted on criminal background check.

Managers are required to deny admissions to Federally-assisted housing if:

Any household member has been evicted from Federally-assisted housing for drug-related criminal activity, for three years from the date of eviction. If the evicted household member who engaged in drug-related criminal activity has successfully completed a supervised drug rehabilitation program or circumstances leading to the eviction no longer exist, the Manager may, but is not required to, admit the household.

Any household member is currently engaging in illegal drug use.

The manager determines that there is reasonable cause to believe that a household member's illegal use or a pattern of illegal use of a drug may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents. (examples being conviction record, former landlord references, etc)

Any member of the household is subject to a lifetime registration requirement under a state sex offender registration program. In accordance with Federal law, Managers shall establish standards that prohibit admission to any Federally-assisted property to sex offenders subject to a lifetime registration requirement under a state sex offender registration program. During the admissions screening process, the Manager must perform the necessary criminal history background checks in the state where the housing is located and in other states where the household members are known to have resided.

Make a determination if there is reasonable cause to believe that member's behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety, and right to peaceful enjoyment by other residents. The screening standards must be based on behavior, not the condition of alcoholism or alcohol abuse.

EIV (Enterprise Income Verification System)

The Enterprise Income Verification System (EIV) system is a web-based computer system, which contains employment and income information of individuals who participated in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

The purpose of EIV is to assist the HUD, Contract Administrators, owners and their agents in streamlining the income verification process and to help in minimizing the need for the 3rd party verification. EIV allows the user to identify:

- Applicants currently receiving HUD assistance
- Income not previously reported
- New employment
- Historical patterns of earnings and received income
- Multi-subsidy for household members included in both PIC and TRACS databases
- Deceased household member(s)

Use of EIV information

The EIV information is used by PHA's (and management agents hired by the PHA) before, during and after the tenant's admission to the program, interim and annual reexamination of family income for the following purposes:

- Verifying the tenant's reported income sources and amounts.
- Confirming the tenant name, DOB, and SSN with SSA.
- Confirming that the tenant is participating in only one HUD rental assistance program.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), PHAs, and auditors to monitor compliance with HUD rules by the tenant's family in the PHA.

By law, a tenant must have a signed a HUD-9887/9887a (Federal Privacy Act Notice and Authorization for Release of Information) or a PHA consent form (which meets HUD standards) before a PHA can obtain information on a tenant for the purpose of determining eligibility and amount of rental assistance. The information collected about the tenant will be used only to determine their eligibility for the program, unless the tenant consent in writing to authorize additional uses of the information by the PHA.

Existing Tenant Search

This report identifies applicants applying for assisted housing that may be receiving rental assistance at the time of application processing at another location.

The O/A will use this report at the time they are processing an applicant for admission to determine if the applicant or any applicant household members are currently being assisted at another Multifamily Housing or Public and Indian Housing (PIH) location.

The O/A will also discuss with the applicant if the report identifies that the applicant or a member of the applicant's household is residing at another location, giving the applicant the opportunity to explain any circumstances relative to his/her being assisted at another location. This may be a case where the applicant wants to move from his/her present location or where two assisted families share custody of a minor child.

The O/A will follow up with the respective PHA or O/A to confirm the individual's program participation status before admission, if necessary, depending on the outcome of the discussion with the applicant. The report gives the O/A the ability to coordinate move-out and move-in dates with the PHA or O/A of the property at the other location.

O/A will retain the search results with the application along with any documentation obtained a result of contacts with the applicant and the PHA and/or O/A at the other location.

Opening and Closing the Waiting Lists

The PHA, at its discretion, may restrict application intake, suspend application intake, and close waiting lists in whole or in part.

The decision to close the waiting list will be based on the number of applications available for a particular size and type of unit and when it is determined that the wait will be more than 24 months.

When the waiting list is closed potential applicants will be advised that the list is closed. A notice of waiting list closure will be published in local papers.

When the PHA opens the waiting list, the PHA will advertise through public notice in the local newspapers, minority publications and service agencies within Adams County.

The notice will contain:

The dates, times, and the locations where families may apply.

The programs for which applications will be taken.

Limitations, if any, on who may apply.

The notices will be made in an accessible format if requested. They will provide potential applicants with information that includes the PHA address and telephone number, how to submit an application and information on eligibility requirements.

Upon request from a person with a disability, additional time will be given as an accommodation for submission of an application after the closing deadline. This accommodation is to allow persons with disabilities the opportunity to submit an application in cases when a social service organization provides inaccurate or untimely information about the closing date.

When Application Taking is Suspended

The PHA may suspend the acceptance of applications if there are enough applicants to fill anticipated openings for the next 24 months.

The waiting list may not be closed if it would have a discriminatory effect inconsistent with applicable civil rights laws.

During the period when the waiting list is closed, the PHA will not maintain a list of individuals who wish to be notified when the waiting list is open.

Suspension of application taking is announced in the same way as opening the waiting list.

The open period shall be long enough to achieve a waiting list adequate to cover projected turnover over the next 24 months. The PHA will give at least 30 days notice prior to closing the list. When the period for accepting applications is over, the PHA will add the new applicants to the list by:

Separating the new applicants into groups based on unit size and ranking applicants within each group by date and time of application.

The PHA will update the waiting list as needed by removing the names of those families who are no longer interested, no longer qualify for housing, or cannot be reached by mail or telephone. At the time of initial intake, the PHA will advise families of their responsibility to notify the PHA when mailing address or telephone numbers change.

Reopening the List

If the waiting list is closed and the PHA decides to open the waiting list, the PHA will publicly announce the opening.

Any reopening of the list is done in accordance with the HUD requirements.

Limits on Who May Apply

When the waiting list is open,

Any family asking to be placed on the waiting list for Project Based Section 8 rental assistance will be given the opportunity to complete an application.

When the application is submitted to the PHA:

It establishes the family's date and time of application for placement order on the waiting list.

Multiple Families in Same Household

When families apply that consist of two families living together, (such as a mother and father, and a daughter with her own husband or children), if they apply as a family unit, they will be treated as a family unit.

Placement on Waiting List

It is the PHA's policy that each applicant shall be assigned an appropriate place on the waiting list for the project(s) in which the applicant wishes to reside based upon the following:

Date and time the application is received,

The size and type of unit they require,

The site in which they wish to reside

Treatment of Single Applicants

Single applicants will be treated as any other eligible family on the PHA waiting list.

Date and time of receipt of a completed application.

Change in Circumstances

Applicants are required to notify the PHA when their circumstances change. These circumstances include; change of address, telephone number, family composition or income information.

Occupancy Guidelines

The Occupancy Guidelines are established by the PHA to ensure that units are occupied by families of the appropriate size. This policy maintains the maximum usefulness of the units, while preserving them from excessive wear and tear or underutilization. This section explains the Occupancy Guidelines used to determine minimum and maximum unit sizes for various sized families when they are selected from the waiting list, or when a family's size changes, or when a family requests an exception to the occupancy guidelines.

Determining Unit Size

The PHA does not determine who shares a bedroom/sleeping room, but there must be at least one person per bedroom. The PHA's Occupancy Guideline standards for determining unit size shall

be applied in a manner consistent with Fair Housing guidelines.

For occupancy standards, an adult is a person 18 years or older or an emancipated minor.

All guidelines in this section relate to the number of bedrooms in the unit. Dwelling units will be so assigned that:

Generally the PHA will assign units within the following guidelines:

2 persons per bedroom

The living room will not be used as a bedroom except at the request of the family.

GUIDELINES FOR DETERMINING BEDROOM SIZE

Bedroom Size	Persons in Household: (Minimum #)	Persons in Household: (Maximum #)
2 Bedrooms	2	4
3 Bedrooms	3	6

Exceptions to Occupancy Standards

The PHA may grant exceptions from the guidelines in cases where it is the family's request or the PHA determines the exceptions are justified by the relationship, age, sex, health or disability of family members, or other individual circumstances, and there is a vacant unit available. If an applicant requests to be listed on a smaller or larger bedroom size waiting list, the following guidelines will apply:

Applicants may request to be placed on the waiting list for a unit size smaller than designated by the occupancy guidelines, (as long as the unit is not overcrowded according to local codes). The family must agree not to request a transfer until there family composition changes or they have occupied the unit for one year.

At the PHA's discretion the family may be offered a unit smaller than the preferred unit size, based on the PHA's occupancy standards, if in doing so the family has an opportunity to be housed earlier, or live in a preferred project.

The PHA may offer a family a unit that is larger than required by the PHA's occupancy standards, if the waiting list has no families large enough to fill the vacancy.

The family may request to be placed on a larger bedroom size waiting list than indicated by the PHA's occupancy guidelines. The request must explain the need or justification for

a larger bedroom size, and must be verified by the PHA before the family is placed on the larger bedroom size list. The PHA will consider these requests:

Person with Disability

The PHA will grant an exception upon request as a reasonable accommodation for persons with disabilities if the need is certified by a medical professional.

Other Circumstances

Circumstances may dictate a larger size than the occupancy standards permit when:

Persons cannot share a bedroom because of a need for medical equipment due to its size and/or function. Requests for a larger bedroom due to medical equipment must be verified by a medical professional.

Requests based on health related reasons must be verified by a medical professional.

All members of the family residing in the unit must be approved by the PHA. The family must obtain approval of any additional family member before the person occupies the unit except for additions by birth, adoption, or court-awarded custody, in which case the family must inform the PHA within ten (10) days.

To avoid vacancies, the PHA may provide a family with a larger unit than the occupancy standards permit. The family must agree to move to a suitable, smaller unit when another family qualifies for the larger unit and there is a suitable smaller unit available. This requirement is a provision of the lease.

Accessible Units

The PHA has units designed for persons with mobility, sight and hearing impairments. These units were designed and constructed specifically to meet the needs of persons requiring the use of wheelchairs and persons requiring other modifications.

Preference for occupancy of these units will be given to families with disabled family members who require the modifications or facilities provided in the units.

No non-mobility-impaired families will be offered these units until all eligible mobility-impaired applicants have been considered.

Accessible units will be offered and accepted by non-mobility impaired applicants only with the understanding that such applicants must accept a transfer to a non-accessible unit at a later date if a person with a mobility impairment requiring the unit applies for housing and is determined eligible.

Family Moves

When a change in the circumstances of a tenant family requires another unit size, the family's move depends upon the availability of a suitable size and type of unit. If the unit is not available at the time it is requested, the family will be placed on the Transfer List.

The unit considerations in this section should be used as a guide to determine whether and when the bedroom size should be changed. If an unusual situation occurs, which is not currently covered in this policy, the case should be taken to the Property Manager who will make a determination after review of the situation, the individual circumstances, and the verification provided.

Low Income Family Admissions

The PHA will admit only families whose incomes do not exceed 80% of the HUD approved area median income.

Removal From Waiting List and Purging

The waiting list will be purged as needed by a mailing to all applicants to ensure that the waiting list is current and accurate. The mailing will ask for current information and confirmation of continued interest.

If an applicant fails to respond within 30 calendar days, s/he will be removed from the waiting list. If a letter is returned by the Post Office without a forwarding address, the applicant will be removed without further notice, and the envelope and letter will be maintained in the file.

If an applicant is removed from the waiting list for failure to respond, they will not be entitled to reinstatement unless a person with a disability requests a reasonable accommodation for being unable to reply within the proscribed period.

Notices will be made available in accessible format upon the request of a person with a disability. An extension to reply to the purge notification will be considered as an accommodation if requested by a person with a disability.

Plan for Unit Offers

The PHA plan for selection of applicants and assignment of dwelling units to assure equal opportunity and non-discrimination on grounds of race, color, sex, religion, national origin, disability and familial status is:

Under this plan the first qualified applicant in sequence on the waiting list will be made one offer of a unit of the appropriate size.

If more than one unit of the appropriate type and size is available, the first unit to be offered will be the first unit that is ready for occupancy.

The PHA will maintain a record of units offered, including location, date and circumstances of each offer, each acceptance or rejection, including the reason for the rejection.

Applicant Status After Final Unit Offer

When an applicant rejects one offer the PHA will:

Remove the applicant's name from the waiting list.

Removal from the waiting list means:

The applicant must reapply.

Time-Limit For Acceptance of Unit

The PHA will contact an applicant either by phone or letter to notify them of an available unit. If contacted by letter, the applicant will be given 5 working days to contact the office and notify them if they are interested in the unit.

Applicants Unable to Take Occupancy

If an applicant is willing to accept the unit offered, but is unable to take occupancy at the time of the offer for "*good cause*," the applicant will not be removed from the waiting list.

Examples of "*good cause*" reasons for the refusal to take occupancy of a housing unit include, but are not limited to:

Inaccessibility to source of employment or children's day care such that an adult household member must quit a job, drops out of an educational institution or a job training program;

Presence of lead paint in the unit offered when the applicant has children under the age specified by current law;

The family demonstrates to the PHA's satisfaction that accepting the offer will result in a situation where a family member's life, health or safety will be placed in jeopardy. The family must offer specific and compelling documentation such as restraining orders, other court orders, or risk assessments related to witness protection from a law enforcement agency. The reasons offered must be specific to the family. Refusals due to the location of the unit alone are not considered to be good cause.

A qualified, knowledgeable, health professional verifies the temporary hospitalization or recovery from illness of the principal household member, other household members, or a live-in aide necessary to care for the principal household member.

The unit is inappropriate for the applicant's disabilities.

Applicants With a Change in Family Size or Status

Changes in family composition, status, or income between the time of the interview and the offer of a unit will be processed. The PHA shall not lease a unit to a family whose occupancy will overcrowd or underutilize the unit.

The family will take the appropriate place on the waiting list according to the date and time they first applied.

Refusal of Offer

If the unit offered is inappropriate for the applicant's disabilities, the family will retain their position on the waiting list.

If the unit offered is refused for other reasons, the PHA will follow the applicable policy as listed in the "Plan for Unit Offers" section and the "Applicant Status After Final Offer" section.

Unit Transfers

Any in-place residents requiring transfer due to under utilization, over utilization, or for documented medical reasons will be given priority over others on the waiting list.

At no time will an in-place household member be allowed to transfer (example: separation between household members) the household member must follow the same application procedure that any other applicant follows. They will be placed on the waiting list in chronological order by date and time upon acceptance of their application.

If during occupancy, a unit becomes overcrowded or under utilized due to a change in family size, the family may be asked to transfer. The management will not evict the family and can not increase the rent if a unit of appropriate size is not available. If an appropriately sized unit is available and the family refuses to move to the unit, the family will be issued a termination of assistance notice and pay Market Rent.

Priority will be given to tenants who need to be transferred to a different unit as a reasonable accommodation to a household member's disability.

Applicants on the waiting list and current tenants may be transferred to another unit due to change in family composition.

Any vacancies will be filled with either tenants awaiting transfers or applicants from the property waiting list.

VAWA Emergency transfer existing tenants will be placed on the Unit Transfer Waiting List. They will be given preference for unit transfers to available units at the property over applicants on the outside waiting list.

Applicants on the waiting list and current tenants may be transferred to another unit, for a medical reason certified by a medical professional or based on the need for an accessible unit. Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of disability in any program or activity receiving federal financial assistance from HUD.