

## **THE LUCIAN MANOR APARTMENTS**

### **Section 504 Equal Access Statement**

For mobility impaired persons – this document is kept in the office at 120 Parmac Rd. Chico, CA. 95926. This document may be examined Monday through Friday between the hours of 9:00 a.m. to 5:00 p.m. You must phone to make arrangements to examine this document. Please call 530-895-3120 and TTY users may dial 866-205-9239.

**For vision impaired persons – The Lucian Manor Apartments will provide a staff person to assist a vision impaired person in reviewing this document. Assistance may include: describing the contents of the document, reading the document or sections of the document, or providing such other assistance as may be needed to permit the contents of the document to be communicated to the person with vision impairments.**

For the hearing impaired – The Lucian Manor Apartments will provide assistance to the hearing impaired persons in reviewing this document. Assistance may include provision of a qualified interpreter at a time convenient to both the property and the individual with handicaps. Please call the TTY number 866-205-9239 with our number 530-895-3120 to schedule an appointment.

Assistance to insure equal access to this document will be provided in a confidential manner and setting. The individual with disabilities is responsible for providing his/her own transportation to and from the location where this document is kept.

If an individual with disabilities is involved, all hearings or meetings required by this document will be conducted at an accessible location with appropriate assistance provided.



## SUBSIDIZED HOUSING APPLICATION PACKAGE

Dear Applicant:

We are pleased to provide you with this application package for government subsidized housing at Lucian Manor Apartments, located at 120 Parmac Road, Chico, CA 95926, this package includes the following:

1. Application Form
2. Declaration of Citizenship Status (for each household member);
3. Waiting List procedures, responsibilities;
4. Housing Requirements Questionnaire
5. Eligibility Requirements; and,
6. Race & Ethnicity Form (for each household member)
7. Asset Divestiture form SUB-138

Please carefully read the instructions provided to insure you understand the requirements and how to apply for housing. It is extremely important to provide all required information to the best of your ability. It is our goal to provide quality, low-cost housing to those who qualify. We are required to comply with the U.S. Department of Housing & Urban Development (HUD) guidelines as well as federal, state and local laws.

### **1. APPLICATION**

- a. Head of Household must be 62 years of age, or over 18 years of age with a disability.
- b. A Declaration of Citizenship must be completed for each member of the household.
- c. Complete or write "refused" on a Race & Ethnicity HUD Form 27061H for each household member.
- d. **Incomplete Applications Will Not Be Processed.**

### **2. WAITING LIST**

- a. Our waiting list is established according to apartment type. You will be placed on the application list when the application is received and noted with time and date. You will be contacted in the order you applied according to the unit size appropriate for your family size. (Lucian Manor has one-bedroom units only).
- b. Once you have been placed on the waiting list, you must contact us every six months to remain on the list.
- c. We review waiting lists annually for validity. All applicants are contacted either by phone or mail to determine if they are still interested in subsidized housing and if they are still eligible. If you fail to respond or have a change of status

affecting your eligibility, you may be removed from our waiting list. If you are removed from our waiting list, you will be notified by mail.

### **3. ELIGIBILITY REQUIREMENTS**

- a. Household annual income cannot exceed established limits.
- b. Adult applicants must not have extensive poor credit history. You will not be charged for credit checks.
- c. Each adult applicant should have a good, verifiable rental history from two landlords where possible. Adult household member must have no record of eviction.
- d. Household members must not have a history of physical violence, serious criminal activity, or inability to get along with others.
- e. Household members must not currently be a user of illegal or controlled substances or have been convicted in the last five years for the illegal manufacture, distribution, or sale of a controlled substance.
- f. The Head of Household must be at least sixty-two (62) years of age, or over eighteen (18) years with a disability.
- g. The family must provide documentation of their Social Security to the property owner/manager by the time a unit becomes available. This requirement affects household members who are U.S. citizens, U.S. nationals and eligible noncitizens.

**Please review your application package to make sure all requested information has been provided.**

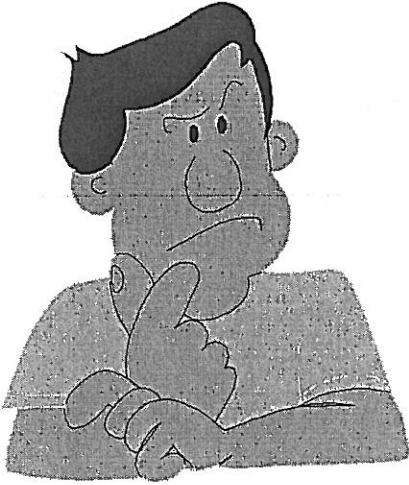
**RETURN APPLICATION PACKAGE TO: LUCIAN MANOR APARTMENTS**

**120 Parmac Road, Chico, CA 95926.** If you have any questions, please call us at (530) 895-3120.

We look forward to assisting you in your efforts to obtain low-cost housing.

Thank You !

Management



# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

## Do You Know...

**You are committing fraud if you sign a form knowing that you provided false or misleading information.**

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

**(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees:** HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

# LUCIAN MANOR APARTMENTS

120 PARMAC ROAD, CHICO, CA 95926  
530-895-3120

## RENTAL APPLICATION

FOR OFFICE USE ONLY  
Application #: \_\_\_\_\_ Date/Time Received: \_\_\_\_\_ / \_\_\_\_\_

**TO THE APPLICANT: "INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED !" "All references will be checked." If any information is found to be false or incomplete, "this application will be rejected!"**

How did you hear about Lucian Manor? \_\_\_\_\_

### Please Tell Us About Yourself

Full Name: \_\_\_\_\_

Previous Names used: \_\_\_\_\_

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

Number and Street Apartment #

City State Zipcode

Mailing Address: (if different from above) \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Are you requesting a Wheel Chair Accessible Unit? (Y or N) \_\_\_\_\_

Household Members: List all persons applying to live in the apartment.

NAME OF ALL HOUSEHOLD MEMBERS	SOCIAL SECURITY #	RELATION TIONSHIP	SEX (M/F)	DOB	F/T STUDENT
(Y/N)					

1. HEAD OF HOUSEHOLD \_\_\_\_\_ / / SELF \_\_\_\_\_ / /

2. \_\_\_\_\_ / / \_\_\_\_\_ / /

### Please Give Your Income Information

List below all sources of income received. (Sources may include Employment, Pensions, SSI, Social Security, Unemployment, etc . . .)

HOUSEHOLD MEMBER	SOURCE(S) OF INCOME:	MONTHLY AMOUNT	TOTAL(S)
1. _____	_____	\$ _____ X 12 =	\$ _____
2. _____	_____	\$ _____ X 12 =	\$ _____
3. _____	_____	\$ _____ X 12 =	\$ _____

TOTAL YEARLY INCOME \$ \_\_\_\_\_

LIST BELOW ALL ASSETS THAT YOU HAVE OVER "\$5,000.00" !! Write NONE if you have no assets. (DO NOT INCLUDE YOUR VEHICLES)

Household Member	Description of Asset	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Checking Account: #: \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_ % Institution: \_\_\_\_\_

Savings Account: #: \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_ % Institution: \_\_\_\_\_

Savings Account: # \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_ % Institution: \_\_\_\_\_

Other Accounts: #: \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_ % Institution: \_\_\_\_\_

#: \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_ % Institution: \_\_\_\_\_



Optional and Supplemental 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.

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

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

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.





**Lucian Manor Apartments**  
120 Parmac Road  
Chico, CA 95926  
(530) 895-3120 Fax (530) 895-3168  
TTY: 866-205-9239  
**Asset Divestiture Certification**

I, \_\_\_\_\_, certify that:

During the past 2 years, I have not sold or given away any assets for less than fair market value.

During the past 2 years, I have sold or given away only the assets listed below for less than fair market value.

Description	Date Disposed of	Amount Sold for	Market Value	Cash Value*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\* Cash Value is the market value of the asset minus reasonable costs incurred in selling or converting the asset to cash. Such reasonable costs include:

1. Penalties for withdrawing funds before maturity,
2. Broker/legal fees for the sale or conversion of assets,
3. Settlement costs for real estate transactions.

I have been made aware of the provisions of Section 1001 of Title 18 of the U.S. Code. I understand that it is a criminal offense, punishable by a \$10,000 fine or 5 years imprisonment or both, to intentionally make false or inaccurate statements to any department or agency of the United States about any matter within its jurisdiction.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.**

**RELEASE:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances, which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

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

**PENALTIES FOR MISUSING THIS CONSENT:**

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

**Exhibit 3-5: \*\*Sample Citizenship Declaration \*\***

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME   X  

FIRST NAME   X  

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX   X   DATE OF BIRTH   X  

SOCIAL SECURITY NO.   X   ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY   X   (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_  
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

**DECLARATION**

I,   X   hereby declare, under penalty of perjury, that I am \_\_\_\_\_  
(print or type first name, middle initial, last name):

\_\_\_\_\_ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

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

Check here if adult signed for a child: \_\_\_\_\_

- 
2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

**NOTE:** If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (\*\*see Sample Verification Consent Form in Exhibit 3-6\*\*).

AND

- b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - (a) "Admitted as Refugee Pursuant to section 207";
  - (b) "Section 208" or "Asylum";
  - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - (a) A final court decision granting asylum (but only if no appeal is taken);
  - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
  - (c) A court decision granting withholding or deportation; or
  - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."

- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

#### REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_



## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

## Lucian Manor Apartments Tenant Selection Plan

Lucian Manor Apartments managed by Community Housing Improvement Program (CHIP) house persons without regard to race, color, religion, disability, familial status, national origin, or gender. We do not discriminate on the basis of disability status in the admission of access to, or treatment or employment in, its federally assisted programs or activities.

Subsidies are provided by the U.S. Dept., of Housing and Urban Development.

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

### 1. Project Eligibility Requirements:

- *Project Specific Requirements:*  
Applicant must be at least 62 years of age or disabled.
- *Citizenship Requirements:*  
At Lucian Manor, HUD restricts assistance to non-citizens with ineligible immigration status and requires applicants to complete citizenship declaration forms and submit evidence of citizenship or eligible immigration status at the time of application.
- *Social Security Number Requirements:*  
All household members must have and disclose Social Security documentation. If unable to provide social security documentation, the applicant retains his/her place on the waiting list for a 90-day period while social security documentation is being obtained (120 days for 62 or older). If applicant is unable to after 120 days to supply the SSN documentation, he/she will be determined ineligible and removed from waiting list. 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 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.

### 2. Income Limit Requirements:

- *Income Limits*  
A resident must meet income guidelines for the county in which the apartment community is located as set fourth by HUD. Income limits are updated by HUD annually. Lucian Manor is bound by HUD income limits and income restrictions.

### 3. Procedures for Accepting Applications and Selecting From the Waiting List

- *Procedures for Accepting Applications*  
An applicant must submit a completed application for residency. Each site maintains a waiting list for residency. Once received, an application will be evaluated; any application meeting the requirements as stated in the "Project Eligibility", "Income Limit" and "Applicant Screening Criteria" sections will be placed on the wait list. Any application not meeting these requirements will be

rejected and not placed on the wait list. In the event that an applicant is rejected, the applicant will receive written notification. The applicant shall have fourteen (14) days from the date of the letter to respond in writing or to request a meeting to discuss the rejection. Responses may be directed to Property Supervisor of Lucian Manor, 1001 Willow St., Chico Ca. 95928. When an applicant is rejected, more detailed information concerning appeal rights will be furnished at the time of rejection.

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

- *Wait List Procedures:*

An offer of an apartment will be made by telephone and, if necessary, by letter. A person offered an apartment has 24 hours from the receipt of the phone call or, if notified by letter, five (5) days from the date of mailing, to notify the office of their intention to accept or reject the offered apartment. Any deviation from this time frame must be approved in writing by the Property Supervisor. An applicant will be removed from the waiting list if mail is returned due to incorrect mailing information or if a number is disconnected or incorrect.

Any eligible person who refuses an apartment due to medically necessary reasons will not lose his or her place on the waiting list. Otherwise, any applicant who is offered a unit and refuses a third time will be removed from the waiting list. The individual may reapply at any time. However, their position on the waiting list will be determined by the date their most recent application is submitted.

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

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

- *Procedures for Applying Preferences:*

HUD requires that no less than 40% of the admissions to any project assisted through the project-based Section 8 program in any fiscal year must be extremely low-income households. Income targeting will be analyzed quarterly to insure the 40% target is met. In keeping with HUD's income targeting policies, applicants at Lucian Manor whose incomes are below the Extremely Low income limit (30% of the area median income) may receive preference over another applicant in a higher position on the waitlist when a unit becomes available. To implement this preference the first extremely-low income applicant on the waiting list (which may mean "skipping over" some applicants with higher incomes) for the available unit.



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

- *Applicant Screening Criteria (no applicant screening fee)*

Acceptable credit screening will include:

Two positive landlord references or a minimum of 3 years worth of rental history with a positive reference, if landlord reference is not available due to lack of rental history then three (3) positive personal references.

A positive landlord reference would include:

Rent was paid in a timely manner, compliance with the community rules, compliance with lease requirements, property left in an acceptable condition with any back balances paid in full.

### *Credit History*

Credit history that shows no collection or outstanding balance due for rental or housing related activity such as utility payments or property management companies or evictions. Items that are in collection within the last two years will not be held against applicant if there are good faiths payments being made to resolve those matters or if applicant shows they attended credit counseling course.

### *Criminal/Eviction Screening*

Criminal/Eviction screening

- Felony or misdemeanor history related to any household member's eviction from any form of housing for drug related activity in the past three (3) years;

There are two (2) exceptions to this provision:

- The evicted household has successfully completed an approved, supervised rehabilitation program; or
- The circumstances leading to the eviction no longer exist (i.e., the household member no longer resides with the applicant household and will not plan on moving in to the households residence in the future.)
- Any household member currently engaging in illegal drug use, or for which the 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 being subject to a lifetime sex offender registration program;
- 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.

- Any household member currently engaging in or has engaged in violent criminal activity or other criminal activity that would threaten the health, safety, or right to peaceful quiet enjoyment of the premises by other residents, or of the site's employees, contractors, or agents.
- Felony or misdemeanor history in the past seven (7) years relating to other criminal activity that threatens the health, safety, and the right to peaceful enjoyment of the property by the residents or the health and safety of the owner, employees, contractors, subcontractors, or agents of the owner.

*Other allowable screening Criteria:*

- A resident must conduct himself/herself in a manner which does not threaten the health and safety of self and other residents, staff or the facility.
- A resident must be able to live according to and abide by the terms of their lease agreement.

**If any of the above information provided is inadequate, or we do not receive a response, the application process will proceed no further.**

*Procedures for rejecting ineligible applicants*

- Once applicant screening criteria has been completed and all materials have been evaluated, any application not meeting the above requirements will be rejected. In the event that an applicant is rejected, the applicant will receive written notification. The applicant shall have fourteen (14) days from the date of the letter to respond in writing to or to request a meeting to discuss the rejection. Responses may be directed to Lucian Manor Supervisor, 1001 Willow Street, Chico, CA 95928. When an applicant is rejected, more detailed information concerning appeal rights will be furnished at the time of rejection.

**4. Occupancy Standards**

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

	<u>Occupancy Standards</u>	
	Household Members	
	<u>Min</u>	<u>Max</u>
One bedroom	1	2

Household members include:

- All full time members of the household
- Children who are away at school but live with the family during school recesses

- Children who are subject to a joint custody agreement but live in the unit at least 50% of the time
- An unborn child
- Foster Children
- Live-in attendants

### 5. Unit Transfer Policies

- Residents have the option to transfer between apartments for medically necessary reasons.
- A transfer request for medically necessary reasons must be accompanied by a note from the Resident's physician.
- Transfer requests will be placed on an in house waiting list, in the order of the date they are received. In house transfers have priority in regard to apartment availability.
- All unit transfers requests must be done in writing.

### 6. Policies to comply with Section 504 of the Rehabilitation Act of 1973 and Fair Housing Act Amendments of 1988.

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

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

Reasonable accommodations should be submitted in writing. If unable to provide the request in writing, please notify management. Reasonable structural modifications to units and/or common areas that are needed by applicants and tenants with disabilities may be approved and funded by the project, unless these modifications would change the fundamental nature of the project or result in undue financial and administrative burdens.

Fair Housing Act Amendment of 1988 prohibits discrimination on the basis of race, color, religion, gender, national origin, disability or familial status. We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its Federally assisted programs or activities.

**If you feel you have been discriminated against because of race, color, religion, national origin, familial status, sex or disability, please contact the Property Supervisor for Lucian Manor at (530) 891-6931, (888)912-4663, or TTY (530)896-2261.**

## 7. Violence Against Women Act (VAWA)

### VAWA Protections

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

## 8. Policy for opening and closing the waiting list for the property

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

## 9. Security Deposit Requirements

HUD requires collection of a security deposit at the time of the initial lease execution. The amount of the required deposit is equal to the Total Tenant Payment, line 50 from the HUD 50059 form.

10. Upon applying for residency at Lucian Manor, the applicant/s must provide all financial information required by HUD (a list of financial information requirements will be provided) during a certification interview prior to being accepted for residency. *Lucian Manor uses EIV Database to verify income and will provide applicant with "EIV and You" pamphlet.*



revised 7/26/11  
1. SSN  
jb