

## 2-3 BEDROOM UNITS AFFORDABLE RENTS

Rent Levels have "Maximum Income Limits" (Gross Household Income) based on the number of persons in the household. For "Maximum Income Limits" specific to your household, contact the Office (above).

### Rents/Occupancy Standard

- 2-Bedroom Units: Rent based on income  
"Occupancy Standards": minimum 2 persons & maximum 5 persons
- 3-Bedroom Units: Rent based on income  
"Occupancy Standards": minimum 3 persons & maximum 7 persons

Marymead Park has 68 units:

- 60 - 2-bedroom units (including 3 wheelchair-accessible units, 1 vision-audio-assisted unit)
- 8 - 3-bedroom units (including 1 vision-audio assisted unit)

Each unit is furnished with refrigerator, gas range, garbage disposal, dishwasher, central heat and air conditioning, and ceiling fans. Tenant pays gas, electric, water and sewer. Owner pays garbage. Community features a large common room with kitchen (suitable for birthdays, family events, etc.), computer lab and swimming pool.

## HOUSEHOLD APPLICATION PACKET

- All Application Packets must be completely filled out. Do not leave any blanks. If the information does not pertain to you, please write "None" or "N/A" in the blank.
- Applicants must provide:
  - Each adult must provide a copy of a valid Driver's License or Photo ID, and
  - Social Security Numbers or Individual Taxpayer I.D. Numbers should be disclosed and copies provided for all household members.  
(The Management Office can make copies of IDs and Social Security Cards.)
- Birth certificates for all members.
- We run a credit and criminal background check on all adult applicants.
- The Rental Application form must be signed and dated by all adult household members.

Applications are processed on a 'first come, first served' basis as Apartments become available. For more information on the Marymead Park Waiting List, please contact the Resident Manager. Applications may be submitted during Office Hours Only.

### OFFICE HOURS

1:00 PM TO 5:00 PM - MONDAY- FRIDAY





*Helping People  
Help Themselves*

## **Notice of Right to Reasonable Accommodation**

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

- A change in the rules or policies or how we do things that would give you an equal chance to live here and use the facilities or take part in programs on site,
- A change or repair in your apartment or a special type of apartment that would give you an equal chance to live here and use the facilities or take part in programs on site,
- A change or repair to some other part of the housing site that would give you an equal chance for you to live here and use the facilities or take part in programs on site,
- A change in the way we communicate with you or give you information,

**You may ask for this kind of change, which is called a  
REASONABLE ACCOMMODATION.**

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

We will give you an answer in fourteen (14) days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

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

If you need help filling out a **Reasonable Accommodation Request Form** or if you want to give us your request in some other way, we will help you.

You can get a **Reasonable Accommodation Request Form** at the Management Office.

**Community Housing Improvement Program** does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs or 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).

Community Housing Improvement Program 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.

Melissa Cullens  
1001 Willow Street  
Chico, CA 95928  
(530) 891-6931 ext. 228  
TTY – (530) 869-2261

Community Housing  
Improvement Program

1001 Willow Street  
Chico, CA 95928

530.891.6931  
[www.chiphousing.org](http://www.chiphousing.org)

888.912.4663 (toll free)  
530.896.2261 (TTY)



# NOTICE OF NON-DISCRIMINATION

IN ACCORDANCE WITH SECTION 504 of the Rehabilitation Act 1973, Marymead Park hereby notifies the general public and employees that:

1. No qualified individual with handicaps shall, solely on the basis of disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any federally assisted program or activity administered by Marymead Park.
2. Marymead Park will provide access to housing and other appropriate services in a manner that will not, directly or through contractual or other arrangements, subject qualified individuals with disabilities to discrimination solely on the basis of disability; and,
3. Marymead Park will not participate in any contractual or other relationship that has the effect of subjecting qualified individuals with disabilities to discrimination solely on the basis of disability.

It is the intention of Marymead Park to take reasonable, affirmative steps to increase access and opportunities for disabled individuals in all programs, services, and administrative operations, as managing agent for Marymead Park, Community Housing Improvement Program has designated the Compliance Specialist to serve as the 504 Coordinator. You may reach the 504 coordinator by calling (530) 891-6931.

If you have a disability that does not permit you to read this Notice, Marymead Park will strive to provide appropriate assistance.

To schedule assistance, please call (530) 743-5482 Monday through Friday. If you have a hearing and/or speech impairment, the TTY number for *Community Housing Improvement Program* is (855) 350-9239. Assistance to insure equal access to the Notice will be provided in a confidential manner and setting.



## Grievance Procedure Marymead Park

Dear Applicant or Resident

Our Grievance Procedure provides you with an opportunity to discuss a problem or complaint related to your occupancy or application to occupy an apartment within this community, or a policy that you believe is unfair or inequitable, with the management of this community. It is the goal of our staff members to give your complaint careful consideration and to arrive at a prompt resolution.

Your grievance will *not* negatively reflect on your right to occupancy or any other right or privilege provided within our policies or under the Lease.

We encourage you to discuss your grievance first with the Resident Manager of this community as follows:

Crystal Armstrong, Resident Manager  
612 E 17<sup>th</sup> Street  
Marysville, CA 95901  
(530) 743-5482  
TTY (855) 350-9239

The Resident Manager will handle all grievances as an important business matter and will schedule a meeting to discuss your grievance *within* 3 workdays of your request. If the grievance concerns another person, all persons should be present to discuss the problem or complaint *unless the circumstances of the grievance warrant a different procedure*. You will be given sufficient time to explain your grievance and the Resident Manager will take the time to discuss the issue and give their interpretation.

The Resident Manager will make a determination based upon company policy and/or practice and provide it to you *within* 5 workdays of the meeting.

If you believe the grievance has not been resolved to your satisfaction, you may appeal the Resident Manager's determination by calling or writing to the Property Supervisor as follows:

Tina Rose, Property Supervisor  
Community Housing Improvement Program  
1001 Willow Street  
Chico, CA 95928  
(530) 891-6931 Ext. # 289

The Property Supervisor may discuss your grievance over the telephone *or* by meeting you in person within 7 workdays of your request. If the grievance concerns another person, all persons (including the Resident Manager) should be present to discuss the problem or complaint *unless the circumstances of the grievance warrant a different procedure*. The Property Supervisor will make a decision based upon company policy and/or practice and provide you with a written determination *within* 5 workdays of the meeting.

## VERIFICATION CHECKLIST

Dear Applicant/Resident,

To assist you in processing your Rental/Recertification Application for Marymead Park Apartments, it is Important that you come to your interview well prepared. Please read the followings lists and bring all documents that apply to you and all members of your household. The application you will complete at your appointment will require names, complete addresses and phone numbers (including area code) to enable us to verify the information **applicable to all household members**.

This list is not intended to be complete, because it is hard to determine in advance what is applicable to each person. If you have additional information or documents you believe may be helpful, please bring them with you.

### **Income**

- Employment Income-Provide your most recent pay stubs ( 3 months)
- Self-Employment Income-provide your most recent Tax Return(s) and/or Accounting Documents to support net income from a business, etc.
- Alimony, Child Support and/or family support-provide your court award for alimony/child support and/or a print out of child support from Department of Family Services.
- Benefits Income (e.g., AFDC/TANF, Social Security, SSI, Disability, Unemployment Compensation, Workers Compensation, Pensions, etc.)-provide a copy of your most recent award letter, benefit letter or pension statement
- Dividend and Interest Income-provide you most recent statement of income earned/received
- Interest from Sale of Real Estate-provide your most recent statement of interest earned
- Recurring Contributions and Gifts-provide documentation of the amounts received and when and the name, address and phone number of the contributor.
- Educational Grants and/or Work Study – provide financial aid statements/award letters and/or documentation of amount earned through work study.

### **Assets**

- Checking accounts, Passbooks & Savings Accounts-provide the most recent 6 months of bank statements
- Stocks, Bonds, Real Estate-provide documentation on the value of the asset and the amount of income generated from the asset.
- Assets Disposed of for less than Fair Market Value-provide documentation on the asset disposed of, the date the asset was liquidated, and the amount you received for the asset and the fair market value of the asset at the time it was disposed.

### **Allowable Expenses**

- Child Care-provide the name and address of the child care provider and the amount paid for child care
- Care for Disabled household Member(s)-provide documentation of the expenses incurred
- Medical Expenses if *elderly or disabled* Head of Household (e.g., medical bills, prescribed drugs, medical insurance, etc, that are not reimbursed) - provide pharmacy print-outs, statements of current medical bills, and/or copies of bills/payments for the insurance premiums.

### **Miscellaneous**

- Immigration Status-provide copies of immigration documents
- Student Status for adult household members(s)
- Social Security Numbers-provide copies for all household members

### **ADDITIONAL FOR MOVE -IN:**

- Driver's License/Picture ID for all adults.
- Rental History for at least the last 3 years (including landlord names, addresses and phone numbers.)
- Birth Certificates for all family members.

**EQUAL HOUSING OPPORTUNITY**



## ADDITIONAL REQUIREMENTS – HUD ASSISTED HOUSING

Qualification for this housing is based upon written verification/certification that you meet the guidelines within the policies summarized below, along with our Resident Selection Criteria, when your Applications are being processed for an available apartment.

### Disclosure and Documentation of Social Security Number

Section 165 of the Housing and Community Development Act of 1987 authorizes HUD to require applicants and members of their households receiving HUD Rental Assistance to disclose their social security numbers. This information is required as a condition of initial eligibility for all household members who are at least 6 years of age.

An applicant is *not required* to have a social security number; however, written documentation of an assigned social security number is required in order to be eligible for move-in. If a household member does not possess a social security number, they must sign a certification to that effect.

### Section 214 of the Housing and Community Development Act of 1980

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits HUD from making financial assistance available to persons other than United States citizens, nationals, or certain categories of eligible non-citizens in the HUD Section 8 Housing Assistance Payment Program.

You are applying for HUD Section 8 Housing Assistance; therefore, upon request you will be required to declare U. S. citizenship or submit evidence of eligible immigration status for each of the family/household members for whom you are seeking housing assistance.

The Section 214 review will be completed in conjunction with the verification of other aspects of your eligibility for housing assistance. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If the Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family/household are eligible for assistance, you may be eligible for prorating of assistance. That means that when assistance is available, a reduced amount may be provided for your family/household, based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, it may be provided to you prior to the final determination of the Section 214 review, depending on how far the review has progressed and the information that is available at that point.

### Income Targeting

The Quality Housing and Work Responsibility Act of 1998 includes changes to the Admission and Occupancy Requirements in the Section 8 Housing Assistance Program. The regulations include "income targeting" requirements. At least 40% of the households we admit each year must be extremely low-income. An extremely low-income household is one whose total annual income is at or below 30% of the median income for the area based upon the number of household members. In order to comply with the regulations, it may be necessary for us to bypass applicants on the Waiting List to find a household that qualifies as extremely low-income.

### Student Household Eligibility Restrictions

On December 30, 2005, HUD published the final rule implementing a new law that restricts certain students from receiving Section 8 Housing Assistance. The rule states that, "No assistance shall be provided... to any individual who –

1. Is enrolled as a student at an institution of higher education (as defined under section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002));
2. Is under 24 years of age;
3. Is not a veteran;
4. Is unmarried;
5. Does not have a dependent child; and
6. Is not otherwise individually eligible, or has parents who, individually or jointly, are not eligible, to receive assistance under Section 8 of the United States Housing Act of 1937 (42 U.S.C. 1437f)."

Additionally, for the purpose of determining eligibility for Section 8 Housing Assistance, any financial assistance (*in excess of amounts received for tuition*) that a student receives from private sources or from an institution of higher education, will be considered income to the student, except for a student over the age of 23 with dependent children.

## EQUAL HOUSING OPPORTUNITY



**Instructions: Please follow carefully- incomplete applications will be returned**

**1. Complete all areas.** If an item does not apply to you mark "N/A" on that line

**2. We need copies of Social Security Cards.** The government requires that all applicants, except those who are not U.S. Citizens who do not claim eligible immigration status, submit a copy of their Social Security card with the attached housing application. If you do not have social security card, we can accept one of the following, as long as your social security number appears on the document:

**Driver's License**

**Medicare Card**

**Medical Insurance Card**

**Bank Statement**

**Retirement Benefit Letter**

**Benefit Letter from Government Agencies**

**Note: Copies of metal social security cards are not acceptable.**

If you cannot provide us with any of these documents and are not an eligible noncitizen, it will be necessary for you to certify that you have applied for a new card through the Social Security Office before we accept your housing application. You may not need a social security card if you were 62 or older January 31, 2010 and living in HUD subsidized housing at that time.

**3. Proof of Citizenship:** The Department of Housing & Urban Development will only provide subsidy in Section 8, Rent Supplement, RAP or Section 236 communities to household members who are U.S. Citizens, Nationals or certain categories of eligible noncitizens. If you are applying to one of these types of Communities, you **must** have the attached Declaration of 214 Status forms completed by **EACH** family member (including yourself). Please make sure you follow the instructions on the Declaration Form.

**4. Signatures are required by all adult applicants.**

**5. Return your application to:**

**MARYMEAD PARK**

**612 E 17th St.**

**Marysville, CA 95901**

**Note: Pets are only allowed in our senior citizen properties or for persons with disabilities who require a service/companion animal.**

**Your application is being returned because:**

- ☐ You did not complete all areas or you did not sign the application
- ☐ You did not provide the required social security cards for all household members
- ☐ The Declaration of 214 Status and Family Summary Sheet were not completed/signed as instructed above.

**Please return your application, along with the information that was missing if you want to be considered for HUD Multifamily Housing.**



### APPLICATION FOR HUD ASSISTED HOUSING

- If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicant's ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.
- All applicants must be able to meet essential obligations of tenancy. They must be able to pay rent, to care for their apartment, to report required information to MARYMEAD PARK, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- **C.H.I.P.** \_\_\_\_\_ is an Owner and/or Management Company that provides low rent housing to eligible households, elderly households and single people. MARYMEAD PARK is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, disability, handicap or familial status. In addition, MARYMEAD PARK has a legal obligation to provide reasonable accommodations to applicants if they or any household member have a disability or handicap.
- A Reasonable Accommodation is some modification or change this company can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of government programs.
- If you or a member of your household have a disability or handicap and you think you might need or want a reasonable accommodation, or qualify for a handicap adjustment to income or any other adjustment you are eligible for, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the Owner/Agent, that is your right.
- The Fair Housing Act/Federal Law prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national origin, sex, religion, age, disability, marital status and familial status. HUD applicants may file any complaints of discrimination to the U.S. Department of Housing & Urban Development, Assistant Secretary for Fair Housing & Equal Opportunity, Washington DC 20410

MARYMEAD PARK 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).

Name: Melissa Cullens

Address: 1001 Willow Street, Chico, CA. 95928

Phone (Voice): (530) 891-6931 ext. 228

Phone (TTY): (530)-896-2261





**A. Family Summary-** List all persons, including yourself who will be living in the apartment. List head of household first.

NAME	RELATIONSHIP	GENDER	SOC.SEC. NUMBER	BIRTH DATE	PLACE OF BIRTH
	HEAD				

Have there been any changes in household composition in the last twelve months? \_\_\_\_\_ No \_\_\_\_\_ Yes (if yes explain): \_\_\_\_\_

Do you anticipate any changes in household composition in the next twelve months? \_\_\_\_\_ No \_\_\_\_\_ Yes (if yes, explain): \_\_\_\_\_

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? \_\_\_\_\_ No \_\_\_\_\_ Yes if yes, answer the following questions:

Are any full-time student(s) married and filing a joint tax return?	YES	NO
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	YES	NO
Are any full-time student(s) a TANF or a Title IV recipient?	YES	NO
Are any full-time student(s) a single parent living with his/her minor child who is not a dependent on another's tax return?	YES	NO
Were any full-time student(s) formerly in Foster Care?	YES	NO

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ MSG. # \_\_\_\_\_ Email address \_\_\_\_\_

Applying to Property(s): \_\_\_\_\_ Requested Unit Size: \_\_\_\_\_ Bedroom

How did you hear about us? \_\_\_\_\_

If you require an accessible unit check here \_\_\_\_\_ If you require any modification to a unit check here \_\_\_\_\_



**B. INCOME.** All sources of regularly received monies must be listed regardless of recipient's age.

Family Member Name	Sources of income	Gross Monthly Amount
	Social Security	
	Social Security	
	Pension	
	Source:	
	Address:	
	Claim #:	
	Pension	
	Source:	
	Address:	
	Claim #:	
	VA Benefit (Claim # )	
	SSI Benefit	
	Unemployment Compensation	
	Address:	
	AFDC/CalWorks/TANF	
	Wages	
	Employer:	
	Address:	
	Wages	
	Employer:	
	Address:	
	Alimony	
	Child Support	
	Other Income: (example: rental income)	



**C. ASSETS:**

Have you sold or disposed of any asset(s) valued over \$1,000 in the last two years? \_\_\_\_ No \_\_\_\_ Yes, if yes, type of assets (eg. Money, land, house) \_\_\_\_\_

Market value when sold/dispensed \$ \_\_\_\_\_ amount sold /dispensed for \$ \_\_\_\_\_ Date of transaction \_\_\_\_\_

Provide the following information for all members of the household (use another sheet if necessary)

**CHECKING ACCOUNTS**

Bank	Bank
Address	Address
Account #	Account #
Int. Rate	Int. Rate
Balance	Balance

**SAVINGS ACCOUNTS**

Bank	Bank
Address	Address
Account #	Account #
Int. Rate	Int. Rate
Balance	Balance

**CERTIFICATES OF DEPOSIT**

Bank	Bank
Address	Address
Account #	Account #
Int. Rate	Int. Rate
Amount	Amount
Penalty for Early Withdrawal	Penalty for Early Withdrawal
Maturity Date	Maturity Date

**STOCKS****IRA's/401K's**

Name	Name
Address	Address
Value	Value
Div. Rate	Div. Rate

**BONDS****TRUST ACCOUNTS**

Bank	Bank
Address	Address
Present Value	Account #
Maturity Date	Int. Rate
	Balance



## REAL ESTATE

Do you own any property? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, type and location of property: \_\_\_\_\_

Appraised market value \_\_\_\_\_ Mortgage or outstanding loan due \_\_\_\_\_

Name and Address of Broker/Realtor who provide verification of market value: (Name): \_\_\_\_\_

(Address): \_\_\_\_\_

## D. MEDICAL AND CHILD CARE EXPENSES

### FOR ELDERLY, DISABLED, HANDICAPPED APPLICANTS ONLY

Medical costs- Complete only if head or spouse is 62 or older, handicapped or disabled AND ONLY if these medical expenses are paid for out of your own pocket and NOT reimbursed by any insurance.

### MEDICARE

.Monthly Amount	.Monthly Amount
-----------------	-----------------

### MEDICAL INSURANCE

Name	Name
Address	Address
Claim #	Claim #
Monthly Amount	Monthly Amount

### PHARMACY

.Name	.Name
.Address	.Address
Anticipated prescription costs not covered by insurance- Monthly Amount	Anticipated prescription costs not covered by insurance- Monthly Amount

### PHYSICIAN

Are you seeing a physician regularly?	Yes _____ No _____
.Name	.Name
.Address	.Address
Anticipated costs not covered by insurance- Monthly Amount	Anticipated costs not covered by insurance- Monthly Amount

### OUTSTANDING MEDICAL BILLS FOR WHICH YOU ARE MAKING MONTHLY PAYMENTS

.Name	.Name
.Address	.Address
Anticipated costs not covered by insurance- Balance Due Monthly Amount	Anticipated costs not covered by insurance- Balance Due Monthly Amount

Child care expenses- complete for children 12 and younger- Weekly cost for child care \_\_\_\_\_

Name and Address of Person/Agency caring for child(ren): \_\_\_\_\_

## E. PROGRAM INFORMATION



Are you currently living in subsidized housing? Yes \_\_\_\_\_ No \_\_\_\_\_

**F. APPLICANT INFORMATION**-Please place a checkmark in the box if any of the following statements apply to you.

Do you have a Section 8 Voucher? Yes \_\_\_\_\_ No \_\_\_\_\_

1. You have been served a Notice to Quit or been asked to leave by a previous landlord \_\_\_\_\_
2. You have been served with lease violations from a previous landlord \_\_\_\_\_
3. You have been evicted \_\_\_\_\_
4. You or any household member have been evicted from Federally Assisted Housing for drug-related criminal activity \_\_\_\_\_
5. You or a household member have been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender online registration program \_\_\_\_\_ List all states, other than the one that you reside in now, in which you have lived in during the last seven years? \_\_\_\_\_

**G. REFERENCE INFORMATION**

Current Landlord: Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

How long have you lived there? \_\_\_\_\_ Is this landlord related to you? \_\_\_\_\_ Yes \_\_\_\_\_ No

**List all previous landlords for ALL ADULTS in the Household (attach another sheet of paper if needed)**

Landlord Name	Landlord Name
Address	Address
Landlord Phone #	Landlord Phone #
Address of unit	Address of unit
How long did you live there?	How long did you live there?
Is this landlord a related to you? _____ Yes _____ No	Is this landlord a related to you? _____ Yes _____ No

**List two Professional Personal References for ALL ADULTS in Household (Attach a sheet of paper if needed)**

Name	Name
Address	Address
Phone	Phone
Relationship	Relationship

Name	Name
Address	Address
Phone	Phone
Relationship	Relationship

All information received by MARYMEAD PARK during the application process regarding the applicant or applicant's household will be taken into consideration as part of the application.



## Other Information

Please provide us with the name, address and phone number(s) of an emergency contact.

Name: \_\_\_\_\_ Relation \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Vehicles: (List any vehicles owned)

Type: \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_

Color: \_\_\_\_\_ License Plate: \_\_\_\_\_

Do you own a pet? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, describe: \_\_\_\_\_

### Certification

I/we hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence.

I/we understand that eligibility for housing will be based on the Department of Housing and Urban Development's eligibility criteria and MARYMEAD PARK'S resident selection criteria. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a history of unjustified and/or chronic nonpayment of rent and/or financial obligations; (2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of other individuals or whose tenancy would result in substantial physical damage to the property of others; (3) a history of disturbance of neighbors; (4) a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from residential programs; (5) police records indicating any type of criminal activity or convictions; and (6) any records which show the applicant's behavior to be unacceptable, even if it is a manifestation of an applicant's disability.

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

I/we certify that the information given in this application is true to the best of my/our knowledge. I/we understand that any false information or any omission of any significant information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.

**Authorization:** I/we do hereby authorize MARYMEAD PARK and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

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

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

Management \_\_\_\_\_ Date \_\_\_\_\_



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

--	--

**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.

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**Family Summary Sheet**

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					



## Section 214 Notice to Applicant/Resident

Dear Applicant/Resident,

Section 214 of the Housing and community Development Act of 1980, as amended, prohibits HUD from making Rental Assistance available to persons other than United States citizens, national, or certain categories of eligible non-citizens in the HUD Section 8 Housing Assistance Payment program.

You are applying for HUD Section 8 Rental Assistance; therefore, you are required to declare:

1. U.S. Citizenship or U.S. National status; or,
2. Eligible immigration status by providing evidence of that status; or,
3. that you are not contending eligible immigration status by completing a declaration of non-eligibility,


for each household member listed on you Household Rental Application or Recertification Application. A Section 214 Declaration Form for each minor in the household. The form has easy-to follow instructions and explains when other forms and/or evidence must be submitted with the Section 214 Declaration Form.

The Section 214 review will be completed in conjunction with the verification of other aspects of your eligibility for rental assistance. If you are unable to provide the necessary documentation today; you will have 7 days in which to provide any forms/documents required to the Rental Office or you may request an extension by signing and dating the "Request for Extension" section within the Section 214 Declaration Form(s). Failure to provide this information or establish eligible status may result in your not being considered for Rental Assistance.

If the Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. If the final determination concludes that only certain members of your household are eligible for Rental Assistance, you may be eligible for prorated assistance. That means that when Rental Assistance is available, a reduced amount may be provided for your household, based on the number of members who are eligible.

If rental Assistance becomes available and other aspects of your eligibility review show that you are eligible for Rental Assistance, it may be provided to you prior to the final determination of the Section 214 review, depending on how far the review has progressed and the information available at that point. You will be contacted as soon as we have all applicable information regarding your eligibility for Rental Assistance.

### **EQUAL HOUSING OPPORTUNITY**

  
Crystal Armstrong, Authorized Agent

Attachment(s): Section 214 Applicant/Resident Declaration Form(s)



**SECTION 214**  
**APPLICANT/RESIDENT VERIFICATION CONSENT FORM**

**NOTIFICATION TO APPLICANT/RESIDENT:**

Evidence of eligible immigration status shall be released only to the Department of Homeland Security (DHS) for purposes of establishing eligibility for Housing Assistance and not for any other purpose. The Department of Housing and Urban Development (HUD) is not responsible for the further use or transmission of evidence or other information by the DHS.

**EQUAL HOUSING OPPORTUNITY**

**APPLICANT/RESIDENT CONSENT:**

I. \_\_\_\_\_ hereby consent to the following:  
(Print your first name, middle initial & last name.)

1. the use of the attached evidence to verify my eligible immigration status to enable me to receive Rental Assistance: and,
2. the release of such evidence of eligible immigration status by the Agent for the Owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to:
  - I. HUD, as required by HUD; and
  - II. the DHS for purposes of verification of the immigration status of the individual.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_ Check here if an adult household member signed for a child under the age of 18.



## SECTION 214 APPLICANT/RESIDENT DECLARATION FORM

Apartment Community: Marymead Park Apartments

**Instructions:** Each adult Household Member must complete this form. An adult Household Member must complete this form for any child under the age of 18, as explained below.

### EQUAL HOUSING OPPORTUNITY

Household Member's Last Name	First Name	M. I.
Relationship to Head of Household <input type="checkbox"/> Self <input type="checkbox"/> :	Sex/Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Social Security Number	Alien Registration Number	
Admission Number (If applicable, this is an 11 digit number found on DHS Form I-94, Departure Record.)	Your Nationality (Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth.)	

### TO BE COMPLETED BY THE OFFICE ONLY

SAVE Verification Number: \_\_\_\_\_

(To be entered by Agent for Owner if and when received.)

**Instructions:** Review all information in **Section #1**, **Section #2** and **Section #3**. Then, complete the Section applicable to the household member listed above, as well as the "Declaration" below.

### Declaration

**Applicant/Resident Declaration:**

I, \_\_\_\_\_ hereby declare  
(Print or type the first name, middle initial and last name of the household member.)

**under penalty of perjury, that the follow statements are true and correct:**

### Section #1

☐ **I am a citizen or national of the United States.**

If you checked this section, no further information is required. Sign and date below and provide this form to the Rental Office. If this section is completed on behalf of a child under the age of 18, the adult household member who is applying to move into the assisted apartment, and who is responsible for the child, should sign and date below.

Signature \_\_\_\_\_

Date \_\_\_\_\_

☐ Check here if an adult household member signed for a child under the age of 18.

### Section #2

☐ **I am a non-citizen with eligible immigration status as evidenced by one of the documents listed below:**

**Note:** If you checked this box and you are 62 years of age or older, you need only submit a proof of age document together with this form, and sign and date below.

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

☐ The attached Section 214 Applicant/Resident Verification Consent Form

**AND**



## Section #2, continued

- ☐ 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 a DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from a DHS district director granting asylum (if application was filed before October 1, 1990);
    - c) A court decision granting withholding of deportation; or
    - d) A letter from a 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 you checked this section and provided one of the documents listed above, no further information is required. Sign and date below and provide this form to the Rental Office. If this section is completed on behalf of a child under the age of 18, the adult household member who is applying to move into the assisted apartment, and who is responsible for the child, should sign and date below.

Signature \_\_\_\_\_

Date \_\_\_\_\_

☐ Check here if an adult household member signed for a child under the age of 18.

## Section #2 Request for Extension

I hereby certify that I am a non-citizen with eligible immigration status, as noted in **Section #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 here if an adult household member signed for a child under the age of 18.

## Section #3

☐ ***I am not contending eligible immigration status, and I understand that I am not eligible for housing assistance.***

If you checked this section, no further information is required, and the person named above is not eligible for assistance. Sign and date below and provide this form to the Rental Office. If this section is completed on behalf of a child under the age of 18, the adult household member who is applying to move into the assisted apartment, and who is responsible for the child, should sign and date below.

Signature \_\_\_\_\_

Date \_\_\_\_\_

☐ Check here if an adult household member signed for a child under the age of 18.

***This institution is an equal opportunity provider and employer.***



# FACT SHEET

## For HUD ASSISTED RESIDENTS

### Project-Based Section 8

## “HOW YOUR RENT IS DETERMINED”

Office of Housing

September 2010

*This Fact Sheet is a general guide to inform the Owner/Management Agents (OA) and HUD-assisted residents of the responsibilities and rights regarding income disclosure and verification.*

### Why Determining Income and Rent Correctly is Important

Department of Housing and Urban Development studies show that many resident families pay incorrect rent. The main causes of this problem are:

- Under-reporting of income by resident families, and
- OAs not granting exclusions and deductions to which resident families are entitled.

OAs and residents all have a responsibility in ensuring that the correct rent is paid.

#### OAs' Responsibilities:

- Obtain accurate income information
- Verify resident income
- Ensure residents receive the exclusions and deductions to which they are entitled
- Accurately calculate Tenant Rent
- Provide tenants a copy of lease agreement and income and rent determinations Recalculate rent when changes in family composition are reported
- Recalculate rent when resident income decreases
- Recalculate rent when resident income increases by \$200 or more per month
- Recalculate rent every 90 days when resident claims minimum rent hardship exemption
- Provide information on OA policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining rent

#### Residents' Responsibilities:

- Provide accurate family composition information
- Report all income
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income occurring between annual recertifications
- Sign consent forms for income verification
- Follow lease requirements and house rules

### Income Determinations

A family's anticipated gross income determines not only eligibility for assistance, but also determines the rent a family will pay and the subsidy required. The anticipated income, subject to exclusions and deductions the family will receive during the next twelve (12) months, is used to determine the family's rent.

#### What is Annual Income?

Gross Income – Income Exclusions = Annual Income

#### What is Adjusted Income?

Annual Income – Deductions = Adjusted Income

### Determining Tenant Rent

### **Project-Based Section 8 Rent Formula:**

The rent a family will pay is the **highest** of the following amounts:

- 30% of the family's monthly *adjusted* income
- 10% of the family's monthly income
- Welfare rent or welfare payment from agency to assist family in paying housing costs.  
OR
- \$25.00 Minimum Rent

## **Income and Assets**

HUD assisted residents are required to report all income from all sources to the Owner or Agent (OA). Exclusions to income and deductions are part of the tenant rent process.

When determining the amount of income from assets to be included in annual income, the actual income derived from the assets is included except when the cash value of all of the assets is in excess of \$5,000, then the amount included in annual income is the higher of 2% of the total assets or the actual income derived from the assets.

### **Annual Income Includes:**

- Full amount (before payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services
- Net income from the operation of a business or profession
- Interest, dividends and other net income of any kind from real or personal property (See Assets Include/Assets Do Not Include below)
- Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (except for deferred periodic payments of supplemental security income and social security benefits, see Exclusions from Annual Income, below)
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except for lump-sum additions to

family assets, see Exclusions from Annual Income, below Welfare assistance

- Periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling
- All regular pay, special pay and allowances of a member of the Armed Forces (except for special pay for exposure to hostile fire)
- For Section 8 programs only, any financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965, shall be considered income to that individual, except that financial assistance is not considered annual income for persons over the age of 23 with dependent children or if a student is living with his or her parents who are receiving section 8 assistance. For the purpose of this paragraph, "financial assistance" does not include loan proceeds for the purpose of determining income.

### **Assets Include:**

- Stocks, bonds, Treasury bills, certificates of deposit, money market accounts
- Individual retirement and Keogh accounts
- Retirement and pension funds
- Cash held in savings and checking accounts, safe deposit boxes, homes, etc.
- Cash value of whole life insurance policies available to the individual before death
- Equity in rental property and other capital investments
- Personal property held as an investment
- Lump sum receipts or one-time receipts
- Mortgage or deed of trust held by an applicant
- Assets disposed of for less than fair market value.

### **Assets Do Not Include:**

- Necessary personal property (clothing, furniture, cars, wedding ring, vehicles specially equipped for persons with disabilities)
- Interests in Indian trust land
- Term life insurance policies
- Equity in the cooperative unit in which the family lives
- Assets that are part of an active business
- Assets that are not effectively owned by the applicant

or are held in an individual's name but:

- The assets and any income they earn accrue to the benefit of someone else who is not a member of the household, and
- that other person is responsible for income taxes incurred on income generated by the assets
- Assets that are not accessible to the applicant and provide no income to the applicant (Example: A battered spouse owns a house with her husband. Due to the domestic situation, she receives no income from the asset and cannot convert the asset to cash.)
- Assets disposed of for less than fair market value as a result of:
  - Foreclosure
  - Bankruptcy
  - Divorce or separation agreement if the applicant or resident receives important consideration not necessarily in dollars.

#### **Exclusions from Annual Income:**

- Income from the employment of children (including foster children) under the age of 18
- Payment received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone)
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member
- Income of a live-in aide
- Subject to the inclusion of income for the Section 8 program for students who are enrolled in an institution of higher education under Annual Income Includes, above, the full amount of student financial assistance either paid directly to the student or to the educational institution
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire
- Amounts received under training programs funded by HUD
- Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and

benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)

- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program
- Resident service stipend (not to exceed \$200 per month)
- Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs and training of a family member as resident management staff
- Temporary, non-recurring or sporadic income (including gifts)
- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era
- Earnings in excess of \$480 for each full time student 18 years old or older (excluding head of household, co-head or spouse)
- Adoption assistance payments in excess of \$480 per adopted child
- Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts
- Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit
- Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home

#### **Federally Mandated Exclusions:**

- Value of the allotment provided to an eligible household under the Food Stamp Act of 1977
- Payments to Volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act
- Income derived from certain submarginal land of the US that is held in trust for certain Indian Tribes

- Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program
- Payments received under programs funded in whole or in part under the Job Training Partnership Act
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians
- The first \$2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the U.S. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands
- Payments received from programs funded under Title V of the Older Americans Act of 1985
- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in *In Re Agent-product liability litigation*
- Payments received under the Maine Indian Claims Settlement Act of 1980
- The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990
- Earned income tax credit (EITC) refund payments on or after January 1, 1991
- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation
- Allowance, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- Any allowance paid under the provisions of 38U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran
- Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act
- Allowances, earnings and payments to individuals participating under the Workforce Investment Act of 1998.

## Deductions:

- \$480 for each dependent including full time students or persons with a disability
- \$400 for any elderly family or disabled family
- Unreimbursed medical expenses of any elderly family or disabled family that total more than 3% of Annual Income
- Unreimbursed reasonable attendant care and auxiliary apparatus expenses for disabled family member(s) to allow family member(s) to work that total more than 3% of Annual Income
- If an elderly family has both unreimbursed medical expenses and disability assistance expenses, the family's 3% of income expenditure is applied only one time.
- Any reasonable child care expenses for children under age 13 necessary to enable a member of the family to be employed or to further his or her education.

## Reference Materials

### Legislation:

- Quality Housing and Work Responsibility Act of 1998, Public Law 105-276, 112 Stat. 2518 which amended the United States Housing Act of 1937, 42 USC 2437, et seq.

### Regulations:

- General HUD Program Requirements; 24 CFR Part 5

### Handbook:

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

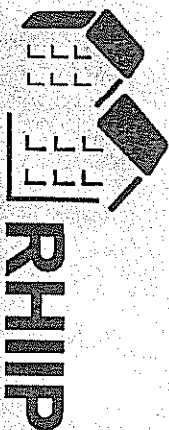
### Notices:

"Federally Mandated Exclusions" Notice 66 FR 4669, April 20, 2001

### For More Information:

Find out more about HUD's programs on HUD's Internet homepage at <http://www.hud.gov>





RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

# EIV & You

ENTERPRISE INCOME VERIFICATION



## 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

- (HSS) 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.

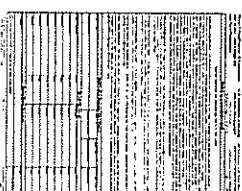
## Who has access to the EIV information?

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 *Tenant's Rights & Responsibilities* brochure

that your property owner or manager is required to give to you every year.



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

### **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**

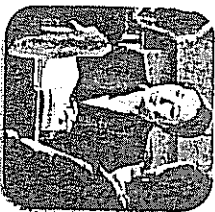
When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- 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.

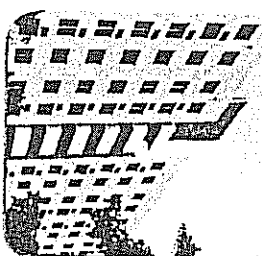
### **What if the information in EIV is not about me?**

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/rhiipeiv/eivhome.cfm](http://www.hud.gov/offices/hsg/mfh/rhiipeiv/eivhome.cfm).





# 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

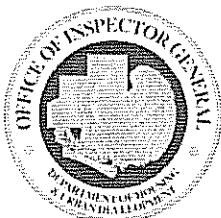
If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## 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

**Race and Ethnic Data  
Reporting Form**U.S. Department of Housing  
and Urban Development  
Office of HousingOMB Approval No. 2502-0204  
(Exp. 06/30/2017)**Marymead Park****13635613**

612 E 17th St., Marysville, CA 95901

Name of Property

Project No.

Address of Property

**Community Housing Improvement Program (CHIP) Section 8/ Section 42**

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	<b>Select All that Apply</b>
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.****There is no penalty for persons who do not complete the form.****Signature****Date**

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

## 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.

## PART IX. SUPPLEMENTAL INFORMATION FORM

The California Tax Credit Allocation Committee (CTCAC) requests the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties. Although the CTCAC would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please check the box at the bottom of the page and initial.

Enter both Ethnicity and Race codes for each household member (see below for codes).

TENANT DEMOGRAPHIC PROFILE						
HH Mbr #	Last Name	First Name	Middle Initial	Race	Ethnicity	Disabled
1						
2						
3						
4						
5						
6						
7						

### The Following Race Codes should be used:

- 1 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.
- 2 – Black/African American – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” apply to this category.
- 3 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 4 – Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent:
  - 4a – Asian India
  - 4b – Chinese
  - 4c – Filipino
  - 4d – Japanese
  - 4e – Korean
  - 4f – Vietnamese
  - 4g – Other Asian
- 5 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands:
  - 5a – Native Hawaiian
  - 5b – Guamanian or Chamorro
  - 5c – Samoan
  - 5d – Other Pacific Islander
- 6 – Other
- 7 – Did not respond. (Please initial below)

**Note:** Multiple racial categories may be indicated as such: 31 – American Indian/Alaska Native & White, 14b - White & Asian (Chinese), etc.

### The Following Ethnicity Codes should be used:

- 1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.
- 2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- 3 – Did not respond. (Please initial below)

### Disability Status:

- 1 – Yes  
If any member of the household is disabled according to Fair Housing Act definition for handicap (disability):
  - A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment or being regarded as having such an impairment. For a definition of “physical or mental impairment” and other terms used, please see 24 CFR 100.201, available at [http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs\\_fhr\\_100-201](http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201).
  - “Handicap” does not include current, illegal use of or addiction to a controlled substance.
  - An individual shall not be considered to have a handicap solely because that individual is a transvestite.
- 2 – No
- 3 – Did not respond (Please initial below)

☐ **Resident/Applicant:** I do not wish to furnish information regarding ethnicity, race and other household composition.

(Initials) \_\_\_\_\_  
(HH#) 1. 2. 3. 4. 5. 6. 7.



## Marymead Park Apartments Tenant Selection Plan

Marymead Park 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 and CTAC (California Tax Credit Allocation Committee)

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:*  
The head of household must be eighteen (18) years of age or older or a legally emancipated minor.
- *Citizenship Requirements:*  
At Marymead Park Apartments, 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.
- *Student Eligibility Requirements:*  
Any student who is enrolled at an institution of higher education who is under the age of 24, is not a veteran, unmarried, and does not have any children, and is individually ineligible for section 8 assistance, or the student's parents are individually or jointly, ineligible for assistance, no section 8 assistance can be provided to the student. Unless the student is determined to be independent from his or her parents, the eligibility of a student seeking Section 8 assistance will be based on both the student and the parents being determined income eligible for Section 8 assistance OR whether the student's parents, individually or jointly, are income eligible for Section 8 assistance. Both the student's income and parents' income must be separately assessed for income eligibility. Additionally, the financial assistance of the student in excess of tuition will be



included in annual income when determining the student's eligibility for Section 8 assistance, unless the student is over the age of 23 with dependant children.

## **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. Marymead Park Apartments is bound by both the HUD income limits as well as CTAC income restrictions. We have a varied unit mix with a varied income limit requirements set fourth by our regulatory agreement with CTAC, the income limits are as follows: 30 %, 45%, 50% and 60 % of the area median income for a household.

## **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 Marymead Park Apartments, 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 Marymead Park Apartments 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. Further more, as subsequent units become available we will first look at what unit becoming vacant and see what Tax Credit AMI % (area median income) designation it is assigned as the property is 100% Tax Credit as well, every unit will have an AMI designation assigned to that unit and preference will be given to individuals that meet that units AMI % designation in order of application received.

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.

- EIV (Enterprise Income Verification) is used at Marymead Park Apartments by the Certified Occupancy Specialist. This person has been specifically trained and is an authorized user of this system which authenticates applicant and resident incomes through Social Security. Additionally, it checks if an applicant is already receiving a federal housing subsidy. Information is gathered using EIV during the initial application

process as well as during re-certifications and possibly during an interim recertification if necessary. Any printouts obtained using EIV are destroyed after two years in accordance with HUD Notice H 08-03.

### *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 faith 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 household's 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.

- VAWA-Violence Against Women ACT-The purpose of this act is to provide legal protections to victims of domestic violence, dating violence or stalking. Under VAWA, owners and managers of government-assisted housing cannot:
  - i. Deny applicants rental assistance solely because they were previously evicted from a government-assisted housing site for being victims of domestic violence;
  - ii. Deny applicants government rental assistance solely for criminal activity that was related to domestic violence;
  - iii. Evict residents solely because they were victims of domestic violence, in that being a victim of domestic violence does not qualify as a "serious or repeated violation of the lease" or "other good cause" for eviction.
  - iv. Applicant/resident must certify they are a victim by providing one of the following within 14 days of request.
    - A. Completing the form HUD 91066-Approved certification of domestic violence or stalking.
    - B. Submitting a written statement signed by the resident and a victim services provider, medical professional or attorney.
    - C. A police record that says the resident is the victim of domestic violence.
    - D. A court record such as a restraining order, an affidavit filed in a court case, or an order from probate and family court.

*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 Marymead Park Property 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>
2 bedroom	2	5
3 bedroom	3	7

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 may be required to transfer between unit sizes in the event the household composition increases or decreases.
- 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 Marymead Park Apartments at (530) 891-6931, (888)912-4663, or TTY (530)896-2261.**

**7. Policy for opening and closing the waiting list for the property**

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

**8. 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.

9. Upon applying for residency at Marymead Park Apartments, 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.

