

Canton Towers

 A ROSE COMMUNITY

Senior Income-Based Apts
1 & 2-Bedrooms



A Warm Welcome

When you become a resident at Canton Towers, you become part of our family.

Our goal is to make your life as carefree and enjoyable as possible. Our comfortable one-bedroom apartment homes are feature-packed and designed with you in mind. Each home is bright and welcoming, with a generous kitchen, ample closet space and a veranda-size balcony.



We understand what our residents need in their day-to-day lives, which is why we have organized so many events. You will find an abundant variety of activities designed to encourage social interaction and foster a true sense of community. Our lovely landscaped grounds create a serene and peaceful feel; while our location offers easy access to shopping, dining, and entertainment.

Combining all of this with a truly caring and dedicated staff, there really is no better place to make lasting friendships and to simply enjoy each and every day.

This property is available to households that include a member who is 62 or older or whose head, spouse, or sole member is a person with a disability without regard to age. If the household is otherwise eligible, additional household members of any age, including children, are welcome. Housing is available to all applicants, regardless of religion, race, color, national origin, disability, familial status, or sex (including sexual orientation and gender identity).

131 5th St, NE, Canton, OH 44702
Tel: 330-456-7847 | TTY: 711

CantonTowers.com



Apartment Features

- A/C
- Cable/Internet Ready
- Full Bath with Tub
- Fully Equipped Kitchen
- Garbage Disposal
- Individual Climate Control
- Plush Carpet
- Private Balcony/Patio
- Spacious Closets
- Utilities Included
- Window Coverings



Community Features

- 24/7 Emergency Maintenance
- Centrally Located Laundry
- Close to Public Transportation
- Community Room with Kitchen
- Controlled Access
- Fitness Center
- Lobby Lounge
- Near Medical
- Near Shopping, Dining, Entertainment
- On-Site Management
- On-Site Parking
- Social Activities
- Senior Income-Based



Thriving Communities

We manage communities of well-being. Places where seniors and families feel at home and engaged. Places that are healthier, greener, and more connected to the communities around them.

Canton Towers is federally assisted and has a total of 199 apartments, 197 of which are HUD-subsidized. The community has 179 one-bedroom and 20 two-bedroom apartments.





Riverside Towers

85 Pine St. Coshocton, OH 43812

Office (740) 622-8792 | Email riversidetowers@winnco.com

Dear Applicant-

Thank you for your interest in Canton Towers. We welcome the opportunity to visit with you and share all about Riverside Towers.

Once you have completed your application, please call, and schedule a visit to turn in your application. Calling ahead for a tour and application review ensures that we have dedicated time just for you!

When you come for your tour, please remember to bring your photo ID. Everyone that wants to be part of the tour must bring ID.

We know that the application can seem a bit overwhelming, so be sure to call with any questions you may have. No question is too big or too small! Our office hours are Monday through Friday 9:00am-5:00pm. The phone number is 330-456-7847, for hearing impaired the TDD number is 800-750-0750.

Please come prepared with the following documents

- Birth Certificate
- Photo ID
- Social Security Card
- Proof of Income: SS or SSI benefit letter, Pension letter, six consecutive pay stubs (if applicable)
- Bank Statements: Six consecutive months.
- Rental History-Landlord contact name & phone numbers for the past three years.
- Life Insurance Policies

Thanks again for your interest, hope to see you soon!

Warmest Regards,

Canton Towers Staff



(Insert Property Name)

INITIAL NOTICE FOR AN APPLICANT FAMILY FORM

Dear Applicant,

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. Citizens, nationals, or certain categories of eligible non-citizens in the following HUD programs:

- a. Section 8 Housing Assistance Payments Programs
- b. Section 236 of the National Housing Act including Rental Assistance Payment "RAP"
- c. Section 101/Rent Supplement Program

You have applied, or are applying for assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are receiving housing assistance. You must do the following:

- 1. Complete a Family Summary Sheet, using the attached blank format to list all family members residing in the assisted unit.
- 2. Each family member (including you) who is listed on the Family Summary Sheet must complete a Declaration Format. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration Format. The Declaration Format has easy to follow instructions and explains what, if any, other forms and/or evidence must be submitted with each Declaration Format.
- 3. Submit the Family Summary Sheet, the Declaration Formats and any other forms and/or evidence to the name and address listed below at the time you submit your application.

(Insert Property Name and Address)



This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have questions or difficulty in completing the attached formats or determining the type of documentation required, please contact **(insert contact name and phone number)** she/he will be happy to assist you.

Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. Failure to provide this information or establish eligible status may result in your household not being considered for housing assistance.

If this 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 are eligible for assistance, your family may be eligible for prorating of assistance. That means that when assistance is available, a reduced amount may be provided for your family, 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, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted based on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Sincerely,

Attachments



Canton Towerswww.cantontowers.com

131 5th St N#, Suite 100

Phone: (330)456-7847

Canton, OH 44702

Fax: (330)456-9434

Email: cantontowers@winco.com**RENTAL APPLICATION**

NAME: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

ADDRESS: _____

For Office Use Only

Management Initials: _____

Date/Time Received: _____

EMAIL: _____

INSTRUCTIONS TO APPLICANT

- ALL lines must be filled in. You may write "NONE" or "NO" in a line, but DO NOT leave a line blank or write N/A.
- All information must be complete and correct. False, incomplete or misleading information will cause your application to be declined.
- If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.

HOUSEHOLD INFORMATION

Full Name of Household Members as they appear on SS Card	Relationship	Student Y/N		Date of Birth	Social Security No. or Alien Registration No.	SS Benefit Claim Number for anyone receiving benefits from Social Security	Age
		Elementary, Middle or High School	College, University, or Trade School				
1.	Head						
2.							
3.							
4.							
5.							
6.							

1. Will any of the household members listed above live anywhere except in your apartment or be temporarily absent from the apartment? No Yes

If YES, Explain: _____

2. Are any children listed above subject to a shared custody agreement? No Yes

Is YES, explain: _____

3. Is any household member a foster child or foster adult? No Yes

If YES, list member(s): _____

4. Have you or any other member of your household ever used any name(s) or social security number(s) other than the one you are currently using? No Yes

If YES, explain _____

5. Is any member of your household enrolled in an Institute of Higher Education, either full or part-time? No Yes

If YES, list member(s): _____

If YES, list school(s): _____

6. Is any household member a U.S. Veteran? No Yes

If YES, list household member (s) _____

7. Have you been displaced from your housing? No Yes

If YES, list reason: Government Action _____ Private Action _____ Natural Disaster _____

If YES, was it a Presidentially Declared Disaster Area? No Yes

8. Do you expect any additions to the household within the next 12 months? No Yes

If YES, list reason: Pregnancy _____ Adoption _____ Foster Care _____ Other _____

9. Is any member of your household an individuals age 62 or older as of January 31, 2010 who was receiving HUD rental assistance on January 31, 2010? These individuals may be exempt from providing Social Security Numbers. No Yes

Application _____

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RESIDENCE HISTORY

You **must** report ALL places you have lived for the past two (2) years. Use an additional sheet if necessary. Periods of homelessness may be explained on a separate sheet of paper.

Present Address	I currently: <input type="checkbox"/> Rent this residence <input type="checkbox"/> Own this residence <input type="checkbox"/> Live with a renter at this residence <input type="checkbox"/> Live with the owner of this residence							
	Street Address:				From: <u> </u> / <u> </u> / <u> </u>		Landlord Name:	
	City:		State:	Zip:	To: <u> </u> / <u> </u> / <u> </u>		Landlord Phone:	
	Reason for Moving				Street Address:			
	Was this Federally Assisted Housing? Yes No				Amount of Rent \$		City: State: Zip:	
Previous Address	I: <input type="checkbox"/> Rented this residence <input type="checkbox"/> Owned this residence <input type="checkbox"/> Lived with a renter at this residence <input type="checkbox"/> Lived with the owner of this residence							
	Street Address:				From: <u> </u> / <u> </u> / <u> </u>		Landlord Name:	
	City:		State:	Zip:	To: <u> </u> / <u> </u> / <u> </u>		Landlord Phone:	
	Reason for Moving				Street Address:			
	Was this Federally Assisted Housing? Yes No				Amount of Rent \$		City: State: Zip:	
Previous Address	I: <input type="checkbox"/> Rented this residence <input type="checkbox"/> Owned this residence <input type="checkbox"/> Lived with a renter at this residence <input type="checkbox"/> Lived with the owner of this residence							
	Street Address:				From: <u> </u> / <u> </u> / <u> </u>		Landlord Name:	
	City:		State:	Zip:	To: <u> </u> / <u> </u> / <u> </u>		Landlord Phone:	
	Reason for Moving				Street Address:			
	Was this Federally Assisted Housing? Yes No				Amount of Rent \$		City: State: Zip:	
Previous Address	I: <input type="checkbox"/> Rented this residence <input type="checkbox"/> Owned this residence <input type="checkbox"/> Lived with a renter at this residence <input type="checkbox"/> Lived with the owner of this residence							
	Street Address:				From: <u> </u> / <u> </u> / <u> </u>		Landlord Name:	
	City:		State:	Zip:	To: <u> </u> / <u> </u> / <u> </u>		Landlord Phone:	
	Reason for Moving				Street Address:			
	Was this Federally Assisted Housing? Yes No				Amount of Rent \$		City: State: Zip:	
Previous Address	I: <input type="checkbox"/> Rented this residence <input type="checkbox"/> Owned this residence <input type="checkbox"/> Lived with a renter at this residence <input type="checkbox"/> Lived with the owner of this residence							
	Street Address:				From: <u> </u> / <u> </u> / <u> </u>		Landlord Name:	
	City:		State:	Zip:	To: <u> </u> / <u> </u> / <u> </u>		Landlord Phone:	
	Reason for Moving				Street Address:			
	Was this Federally Assisted Housing? Yes No				Amount of Rent \$		City: State: Zip:	

You **must** report All states that All household members have lived in. This includes the District of Columbia.

States	Household Members That Lived There

States	Household Members That Lived There

Circle One

If 'Yes' you must answer the following:

<p>1. Have you or any member of your household ever been evicted from federally assisted housing for drug-related activity?</p> <hr/> <p>2. Have you or any member of your household been evicted in the last five years? (For any reason)</p> <hr/> <p>3. Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community or Previous Landlord?</p> <hr/> <p>4. Have you or any member of your household ever committed any fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs?</p> <hr/> <p>5. Please check any that apply to your current housing: <input type="checkbox"/> Standard <input type="checkbox"/> Substandard <input type="checkbox"/> Conventional Public Housing</p> <p><input type="checkbox"/> Lacking a fixed nighttime residence <input type="checkbox"/> Without or soon to be without housing</p> <hr/> <p>6. From what source did you hear about this property? <input type="checkbox"/> Resident <input type="checkbox"/> DCHousingSearch.org <input type="checkbox"/> Sign at Property</p> <p><input type="checkbox"/> Newspaper: _____ <input type="checkbox"/> Agency: _____</p> <p><input type="checkbox"/> Website: _____ <input type="checkbox"/> Other Application</p>	<p>No Yes</p> <p>From Where? _____</p> <p>When? _____</p> <p>From Where? _____</p> <p>When? _____</p> <p>To Whom? _____</p> <p>How much? _____</p> <p>Explain: _____</p>
--	--

SOURCES OF INCOME

You **must** report income from **ALL** sources. This includes, but is not limited to, Employment, Public Assistance, Social Security, SSI Disability Compensation, SSP, Unemployment Compensation, Workers Compensation, Pension, Annuity, Retirement Benefits, Veterans Benefits, Child Support, Alimony, Educational Grants, Scholarships, Recurring Gifts/Contributions, etc. If anyone outside your household gives you money or pays your bills, you must report it as a source of income. Use additional sheets if necessary.

Name of Employer, Agency or Person providing Income:				Type of Income:	
Household member the income is paid to:			Name of Supervisor or Agency Contact:		Start Date:
Address:			Phone Number:		<u>For Office Use Only</u>
City:	State:	Zip:	\$ _____ per _____ (hr/wk/mo/yr/etc.)		Average Annual Income from this source:
			Number of hours worked per week: _____		\$ _____

Name of Employer, Agency or Person providing Income:				Type of Income:	
Household member the income is paid to:			Name of Supervisor or Agency Contact:		Start Date:
Address:			Phone Number:		<u>For Office Use Only</u>
City:	State:	Zip:	\$ _____ per _____ (hr/wk/mo/yr/etc.)		Average Annual Income from this source:
			Number of hours worked per week: _____		\$ _____

Name of Employer, Agency or Person providing Income:				Type of Income:	
Household member the income is paid to:			Name of Supervisor or Agency Contact:		Start Date:
Address:			Phone Number:		<u>For Office Use Only</u>
City:	State:	Zip:	\$ _____ per _____ (hr/wk/mo/yr/etc.)		Average Annual Income from this source:
			Number of hours worked per week: _____		\$ _____

Name of Employer, Agency or Person providing Income:				Type of Income:	
Household member the income is paid to:			Name of Supervisor or Agency Contact:		Start Date:
Address:			Phone Number:		<u>For Office Use Only</u>
City:	State:	Zip:	\$ _____ per _____ (hr/wk/mo/yr/etc.)		Average Annual Income from this source:
			Number of hours worked per week: _____		\$ _____

ASSET INFORMATION

You *must* report ALL Assets below. Use an additional sheet if necessary. This includes, but is not limited to: Cash; Checking, Savings, Debit, Pay Card, Money Market, and Certificate of Deposit accounts; Stocks; Bonds; Mutual Funds; Trust Funds; Retirement Accounts; Life Insurance; Personal Property held as an investment; Real Estate; etc.

Name of Account Holder:	Name of Bank/Financial Institution:	Current Balance:	Current Interest Rate:
Type of Account:	Bank Address:		
Account No:	City:	State:	Zip
Bank Phone Number:			

Name of Account Holder:	Name of Bank/Financial Institution:	Current Balance:	Current Interest Rate:
Type of Account:	Bank Address:		
Account No:	City:	State:	Zip
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Bank Phone Number:			

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Account No:	City:	State:	Zip
Bank Phone Number:			

Name of Account Holder:	Name of Bank/Financial Institution:	Current Balance:	Current Interest Rate:
Type of Account:	Bank Address:		
Account No:	City:	State:	Zip
Bank Phone Number:			

- | | <u>Circle One</u> | <u>If 'Yes' you must answer the following:</u> |
|--|-------------------|--|
| 1. Has any household member disposed of (given away or sold) an asset for less than what it was worth (fair market value) in the past two (2) years? | No Yes | Date Disposed of: ____/____/____ Description of Asset: _____
_____ |
| 2. Has any household member sold any Real Estate in the last two years? | No Yes | Date Disposed of: ____/____/____ Description of Asset: _____
Sales Price: \$ _____
_____ |
| 3. Does any household member have full or partial ownership of any Real Estate, Boat or Mobile Home? | No Yes | Description of Asset: _____
Value: \$ _____
Annual Income from Asset: \$ _____
_____ |
| 4. Are any assets owned jointly with a person or people who are not a member of the household? | No Yes | Description of Asset: _____
Value: \$ _____
Percent Owned by Applicant: _____
_____ |

CHILD CARE EXPENSES

If you pay for Child Care, please list name of provider(s) below. [] This section does not apply to me.

Name of Provider	Street Address:	Check all that apply: This expense allows me to [] work, [] seek employment, [] attend school, or [] none of these.
Phone:	City: State: Zip	Amount you pay: \$ _____ per _____
Name of Provider	Street Address:	Check all that apply: This expense allows me to [] work, [] seek employment, [] attend school, or [] none of these.
Phone:	City: State: Zip	Amount you pay: \$ _____ per _____

HANDICAP CARE EXPENSES

If you pay for care of Handicapped or Disabled household member, list name of provider(s) below. [] This section does not apply to me.

Name of Provider	Street Address:	Check all that apply: This expense allows me to [] work, [] seek employment, [] attend school, or [] none of these.
Phone:	City: State: Zip	Amount you pay: \$ _____ per _____
Name of Provider	Street Address:	Check all that apply: This expense allows me to [] work, [] seek employment, [] attend school, or [] none of these.
Phone:	City: State: Zip	Amount you pay: \$ _____ per _____

MEDICAL EXPENSES

If the Head or Spouse is 62+ Years of Age or is Disabled/Handicapped, please fill out the Medical Expenses section below including all family members. [] This section does not apply to my household.

Name of Provider	Street Address:	Description of Expense: _____
Phone: Policy No:	City: State: Zip	Amount you pay: \$ _____ per _____
Name of Provider	Street Address:	Description of Expense: _____
Phone: Policy No:	City: State: Zip	Amount you pay: \$ _____ per _____
Name of Provider	Street Address:	Description of Expense: _____
Phone: Policy No:	City: State: Zip	Amount you pay: \$ _____ per _____
Name of Provider	Street Address:	Description of Expense: _____
Phone: Policy No:	City: State: Zip	Amount you pay: \$ _____ per _____

ELDERLY/HANDICAPPED/DISABLED STATUS

We are required by HUD to request the following information for the purpose of determining eligibility for admission to our Section 8 Program and/or to give special considerations with regard to allowances in determining rent. Please review the attached HUD definition of disability*. Check any answer that applies. *Please refer to Definition B on the Rental Application Attachment - Definitions of Disability.

Head of Household is:	<input type="checkbox"/> 62 years of age or older	<input type="checkbox"/> Handicapped	<input type="checkbox"/> Disabled	<input type="checkbox"/> None apply
Co-Head of Household and/or Spouse is:	<input type="checkbox"/> 62 years of age or older	<input type="checkbox"/> Handicapped	<input type="checkbox"/> Disabled	<input type="checkbox"/> None apply
Co-Head of Household is:	<input type="checkbox"/> 62 years of age or older	<input type="checkbox"/> Handicapped	<input type="checkbox"/> Disabled	<input type="checkbox"/> None apply

We are required by HUD to obtain the following information for the purposes of statistical reporting. Response is strictly voluntary.

Does any family member have one of the following disabilities? ☐ Mobility ☐ Visual ☐ Hearing

Circle One

If 'Yes' you must answer the following:

1. Will any member of your household require a unit having handicap accessible features?

No Yes

Type of accessibility required?

2. Are there any special accommodations or modifications that the household will require in order to enjoy equal opportunity to use and enjoy the apartment?

No Yes

Explain:

3. Will the household include a live-in-aide(s)?

No Yes

Name:

WAIT LIST PREFERENCES

Applicants with preferences are selected from the wait list and receive an opportunity for an available unit earlier than those who do not have a preference. Preferences affect only the order of applicants on the wait list. They do not make anyone eligible who was not otherwise eligible, and they do not change the resident screening criteria.

Please review the preferences below and indicate any that you believe apply to your household. Verification of eligibility for the preference will be required for final approval. The preferences will only be granted to applicant households that request them. Applicants can update their preference status at any time. Management requests that you update application and preference information in writing.

DISABLED HOUSEHOLD PREFERENCE FOR THE WAIT LIST

The Wait List has a preference for households that include a person with a disability.

- ☐ My household qualifies for this preference because the head of household, co-head of household, spouse, or sole member is:
- ☐ Disabled as defined by HUD (See Definition A for Reasonable Accommodations on the Rental Application Attachment)
- ☐ My household does not qualify for this preference

ELDERLY HOUSEHOLD PREFERENCE FOR THE WAIT LIST

The Wait List has a preference for households that include a person who is 62 years of age or older.

- ☐ My household qualifies for this preference because the head of household, co-head of household, spouse, or sole member is 62 years of age or older: _____
- ☐ My household does not qualify for this preference

This section is intentionally left blank.

CRIMINAL HISTORY

This property's eligibility criteria excludes housing to individuals and households with specific types of criminal activity in their history. You **must** answer the following questions completely and truthfully. If any of the answers are false, misleading or incomplete your application may be rejected. OR, if move-in has occurred, you may be evicted.

	<u>No</u>	<u>Yes</u>	<u>If 'Yes' you must answer the following:</u>
1. Have you or any member of your household ever been convicted of drug-related criminal activity?	_____	_____	Who? _____ When? _____ Details: _____
2. Have you or any member of your household ever been convicted of violent criminal activity?	_____	_____	Who? _____ When? _____ Details: _____
3. Are you or any member of your household a current, illegal user of or addicted to a controlled substance?	_____	_____	Who? _____ When? _____ Details: _____
4. Do you or any member of your household have a pattern of alcohol abuse?	_____	_____	Who? _____ Details: _____
5. Have you or any member of your household ever been convicted of the illegal manufacture or distribution of a controlled substance?	_____	_____	Who? _____ When? _____ Details: _____
6. Have you or any member of your household ever been on parole or are now on parole?	_____	_____	Who? _____ When? _____ Details: _____
7. Have you or any member of your household currently or in the past used illegal drugs?	_____	_____	Who? _____ When? _____ Details: _____
8. Are you or any member of your household subject to a state sex offender lifetime registration requirement?	_____	_____	Who? _____ When? _____ In What State? _____ County? _____

AUTOMOBILES AND OTHER VEHICLES

List all motor vehicles, including motorcycles, owned by or registered to household members. Use additional sheets if necessary.

Make:		License Plate Number:	State:	Insurance Agent:		Phone:
Model:		License Expiration Date:		Street Address:		Policy No:
Color:	Year:	Name on Registration:		City:	State:	Zip: Expiration Date:
Make:		License Plate Number:	State:	Insurance Agent:		Phone:
Model:		License Expiration Date:		Street Address:		Policy No:
Color:	Year:	Name on Registration:		City:	State:	Zip: Expiration Date:

RENTERS INSURANCE

It is not required, but we recommend that you carry Renters Insurance. **Your personal belongings are not covered by our insurance.** If you have coverage, please provide information below.

Insurance Agent:			Phone:
Street Address:			Policy No:
City:	State:	Zip:	Expiration Date:

APPLICANT CERTIFICATION

Read each statement below and initial that you understand and agree.

<div style="border-bottom: 1px solid black; width: 100%;"></div> (Initial)	I have read and understand the information in this application, in particular the instructions to Applicant, and agree to comply with all information and instructions.
<div style="border-bottom: 1px solid black; width: 100%;"></div> (Initial)	I have read and understand the Tenant Selection Plan, that is posted in the Management Office and summarizes the procedures for processing applications.
<div style="border-bottom: 1px solid black; width: 100%;"></div> (Initial)	I certify that all information given in this application is true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, Management may decline my application, OR, if move-in has occurred, terminate my lease and evict me and my household.
<div style="border-bottom: 1px solid black; width: 100%;"></div> (Initial)	I understand that ALL CHANGES in the income of any member of the household, as well as any changes in the household members must be reported to Management <u>in writing immediately.</u>
<div style="border-bottom: 1px solid black; width: 100%;"></div> (Initial)	If my application is approved and move-in occurs, I certify that only those persons listed in this application will occupy the apartment, and that they will maintain no other place of residence.
<div style="border-bottom: 1px solid black; width: 100%;"></div> (Initial)	If this application is approved and move-in occurs, I certify that all household members will accept and comply with all conditions of occupancy as set forth therein, including rules regarding pets, rent, damages, and security deposits.
<div style="border-bottom: 1px solid black; width: 100%;"></div> (Initial)	I authorize Management to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, previous and current landlords, law enforcement agencies or other sources of information released to appropriate Federal, State or local agencies. I authorize management to run a credit and criminal background check.
<div style="border-bottom: 1px solid black; width: 100%;"></div> (Initial)	I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy in and/or for the purpose of securing a lower rent in a subsidized housing development.
<div style="border-bottom: 1px solid black; width: 100%;"></div> (Initial)	I understand that the penalty for knowingly providing false information is up to five (5) years in prison and/or up to a \$10,000 fine upon conviction.

<div style="border-bottom: 1px solid black; width: 100%;"></div> APPLICANT SIGNATURE	<div style="border-bottom: 1px solid black; width: 100%;"></div> DATE
<div style="border-bottom: 1px solid black; width: 100%;"></div> CO-APPLICANT SIGNATURE	<div style="border-bottom: 1px solid black; width: 100%;"></div> DATE

WinnResidential does not discriminate on the basis of race, color, religion, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, gender identity, familial status, marital status, disability or handicap, military/veteran status, source of income, age, or other basis prohibited by local, state or federal law.

If you feel you have been discriminated against by this company, please call (617) 239-4596.

For Office Use Only

This application is being placed on the following wait lists:

Standard Apartments:

[] 1 Bedroom [] 2 Bedroom [] 3 Bedroom [] Studio

Apartments for Persons with a Mobility Impairment (Wheelchair Accessible):

[] 1 Bedroom [] 2 Bedroom [] 3 Bedroom

Apartments for Persons with a Hearing or Visual Impairment:

[] 1 Bedroom [] 2 Bedroom [] 3 Bedroom



Rental Application Attachment for State and Federally Regulated Properties

Federal law requires us to get drug and criminal background information about all adult household members applying for assisted housing. The head of household must answer the questions below for all household members and each household member age 18 or older must sign below to consent to a background check.

1. Have you or any members of your household ever lived in any federally or state assisted housing?
Yes _____ No _____
2. Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity?
Yes _____ No _____
If yes, list where and when:
3. Are you or any member of your household currently engaging in the use of illegal drugs?
Yes _____ No _____
4. Have you or any member of your household ever been convicted of a felony?
Yes _____ No _____
If yes, please explain:

5. Are you or any member of your household currently abusing alcohol?
Yes _____ No _____
6. Have you or any member of your household been previously denied admission to this property for criminal activity that is no longer occurring?
Yes _____ No _____
If yes, please explain:

7. Are you or any member of your household subject to a lifetime registration requirement under a State Sex Offender registration program in any state?
Yes _____ No _____
8. List all addresses where you and all other household members have previously resided. You must provide a complete list of states in which any household member has resided:

The applicant hereby certifies that the above information is true and correct. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize (insert name of property) to verify the above information and I consent to the release of the necessary information to determine my eligibility.

Applicant	_____	Date	_____
Co-Applicant Date	_____	Date	_____
Other Adult	_____	Date	_____
Other Adult	_____	Date	_____

Family Summary Sheet

(To Be Completed by Head of Household. Do not include live-in aides.)

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					

Signature, Head of Household

Date

Street Address

City, State, Zip

(_____) _____
Telephone Number

Citizenship Declaration

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

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

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

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

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

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

DECLARATION

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

_____ 1. A citizen or national of the United States.

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

Signature

Date

Check here if adult signed for a child: _____

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

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

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

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

AND

- b. One of the following documents:

- (1) Form I-551, **Permanent Resident Card**
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (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) **Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.**

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

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

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

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

Signature

Date

Check if adult signed for a child: _____

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

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

Signature

Date

Check here if adult signed for a child: _____

Rose Community Management, LLC

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that program assistance is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA."

Protections for Applicants

If you otherwise qualify for assistance under the current housing program, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under the current housing program, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under the current housing program solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

Rose Community Management, LLC (RCM) may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

¹ Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

RCM can, but is not required to, ask you to provide documentation to “certify” that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from RCM must be in writing, and RCM must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. RCM may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to RCM as documentation. It is your choice which of the following to submit if RCM asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by RCM with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that RCM has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, RCM does not have to provide you with the protections contained in this notice.

If RCM receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), RCM has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, RCM does not have to provide you with the protections contained in this notice.

Confidentiality

RCM must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

For Additional Information

You may view a copy of HUD's final VAWA rule at

<https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>.

Additionally, RCM must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact the management office.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact local organizations.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact National Sexual Violence Resource Center at <http://www.nsvrc.org/>.

Victims of stalking seeking help may contact the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

Attachment: HUD Certification form

**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act ("VAWA") protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, "professional") from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of "domestic violence," "dating violence," "sexual assault," or "stalking" in HUD's regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: _____

2. Name of victim: _____

3. Your name (if different from victim's): _____

4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____

6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

LANGUAGE IDENTIFICATION FLASHCARD

☐

ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.

1. Arabic

☐

Խնդրում ենք նշում կատարել այս քառակուսում,
կթեխ խոսում կամ կարդում եք հայերեն:

2. Armenian

☐

যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।

3. Bengali

☐

ឈ្មួញបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។

4. Cambodian

☐

Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.

5. Chamorro

☐

如果你能读中文或讲中文，请选择此框。

6. Simplified Chinese

☐

如果你能讀中文或講中文，請選擇此框。

7. Traditional Chinese

☐

Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.

8. Croatian

☐

Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.

9. Czech

☐

Kruis dit vakje aan als u Nederlands kunt lezen of spreken.

10. Dutch

☐

Mark this box if you read or speak English.

11. English

☐

اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بزنید.

12. Farsi

<input type="checkbox"/>	Cocher ici si vous lisez ou parlez le français.	13. French
<input type="checkbox"/>	Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	14. German
<input type="checkbox"/>	Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.	15. Greek
<input type="checkbox"/>	Make kazyé sa a si ou li oswa ou pale kreyòl ayisyen.	16. Haitian Creole
<input type="checkbox"/>	अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ।	17. Hindi
<input type="checkbox"/>	Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	18. Hmong
<input type="checkbox"/>	Jelölje meg ezt a kockát, ha megérti vagy beszél a magyar nyelvet.	19. Hungarian
<input type="checkbox"/>	Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	20. Ilocano
<input type="checkbox"/>	Marchi questa casella se legge o parla italiano.	21. Italian
<input type="checkbox"/>	日本語を読んだり、話せる場合はここに印を付けてください。	22. Japanese
<input type="checkbox"/>	한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.	23. Korean
<input type="checkbox"/>	ໃຫ້ໝາຍໃສ່ຂ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ.	24. Laotian
<input type="checkbox"/>	Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	25. Polish

<input type="checkbox"/>	Assinale este quadrado se você lê ou fala português.	26. Portuguese
<input type="checkbox"/>	Însemnați această căsuță dacă citiți sau vorbiți românește.	27. Romanian
<input type="checkbox"/>	Пометьте этот квадратик, если вы читаете или говорите по-русски.	28. Russian
<input type="checkbox"/>	Обележите овај квадратик уколико читате или говорите српски језик.	29. Serbian
<input type="checkbox"/>	Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	30. Slovak
<input type="checkbox"/>	Marque esta casilla si lee o habla español.	31. Spanish
<input type="checkbox"/>	Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	32. Tagalog
<input type="checkbox"/>	ให้กากำรือ นหมายล นในซอ งถ้ำทำมถำนหรือพูดภาษาไทย.	33. Thai
<input type="checkbox"/>	Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	34. Tongan
<input type="checkbox"/>	Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.	35. Ukranian
<input type="checkbox"/>	اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	36. Urdu
<input type="checkbox"/>	Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.	37. Vietnamese
<input type="checkbox"/>	באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.	38. Yiddish

Canton Towers
131 Fifth Street, N.E.
Canton, OH 44702-1278
(330) 456-7847

RESIDENT SELECTION PLAN

This apartment community contains 199 subsidized apartments. The apartments are designated, under the Section 8 project type to 62 and older, or disabled, as defined by HUD. Qualifying economic income limits are Low, Very Low and Extremely Low as published by HUD each year for Stark County, Ohio.

1. Fair Housing and Equal Opportunity Requirements

- A. It is this community's policy to comply with Title VI of the Civil Rights Act of 1964, Title VIII of the Civil Rights act of 1968, Executive Order 11063, Section 504 of the Rehabilitation Act of 1973, Fair Housing Act Amendments of 1988, E.O. 13166 and any legislation or HUD directives protecting the individual rights of applicants, residents, and/or staff which may subsequently be enacted.
- B. The community will not discriminate because of race, color, sex, familial status, religion, handicap, disability, national original, actual or perceived sexual orientation, gender identity, marital status, or any other classes protected by federal, state or local regulations or laws in the leasing, rental, or other disposition of housing in any of the following ways:
- (1) Deny to any household the opportunity to apply for housing, nor deny to any eligible applicant the opportunity to lease housing suitable to its needs,
 - (2) Provide housing which is different than that provided others,
 - (3) Subject a person to segregation or disparate treatment,
 - (4) Restrict a person's access to any benefit enjoyed by others in connection with the housing program,
 - (5) Treat a person differently in determining eligibility or other requirements for admission,
 - (6) Deny a person access to the same level or services, or
 - (7) Deny a person the opportunity to participate in a planning or advisory group which is an integral part of the housing program.
- C. It is the policy of this community, pursuant to Section 504 of the Rehabilitation Act (if applicable) and the Federal Fair Housing Act to provide reasonable accommodations and modifications upon request to all applicants, residents, and employees with disabilities.

The community will not discriminate because of race, color, sex, familial status, religion, handicap, disability, national origin, actual or perceived sexual orientation, gender identity, marital status or any other classes protected by federal, state or local regulations or laws.



Questions and inquiries regarding applicant treatment relative to Section 504 of the Rehabilitation Act of 1973 should be addressed by mail to the following person, responsible for related policies: Section 504 Coordinator, Rose Community Management, 6000 Freedom Square, Suite 500, Independence, OH 44131, telephone (voice): 216-642-7777 or 888-833-ROSE (7673). (TTY): 711.

The community will do its due diligence to identify and eliminate situations or procedures which create a barrier to equal housing opportunity for all. In accordance with Section 504, the community will make reasonable accommodations for individuals with handicaps or disabilities as well as for individuals with limited English proficiency (applicants or residents).

- D. Questions and inquiries regarding applicant treatment relative to Title VI of the Civil Rights Act of 1964, Title VIII of the Civil Rights Act of 1968, Executive Order 11063, E.O. 13166 or the Fair Housing Act Amendments of 1988 should be addressed by mail to the following person, responsible for related policies: Attn: Director of Compliance, Rose Community Management, 6000 Freedom Square, Suite 500, Independence, OH 44131, telephone (voice): 216-642-7777 or 888-833-ROSE (7673). (TTY): 711. This person is not directly involved in the day-to-day decision-making process involving admitting applicants to the community.
- E. Limited English Proficiency: Management complies with Executive Order 13166 in its efforts to improve access to all of its programs and activities for persons who, as a result of national origin, are limited in their English proficiency. A Language Access Plan, which outlines the specific language assistance that is provided for persons who are limited in their English proficiency, is available for review upon request.

2. Privacy Policy

It is the policy of the community to guard the privacy of individuals granted by the Federal Privacy Act of 1974 and to ensure the protection of such individuals' records maintained by the community. Therefore, neither the community nor its agents will disclose any personal information contained in its records to any person or agency unless required by law, or unless the individual about whom information is requested will give written consent to such disclosure.

This privacy policy does not limit the community's ability to collect such information as it may need to determine eligibility, compute rent, or determine an applicant's suitability for tenancy. Consistent with the intent of Section 504 of the Rehabilitation Act of 1973, any information obtained regarding handicap or disability will be treated in a confidential manner.

3. General Eligibility Requirements

Applicants must meet the following requirements to be eligible for occupancy and housing assistance at the community:

- A. The family's annual income must not exceed the Low income limits, based on family size. Income eligibility must be determined prior to approving applicants for tenancy.



B. Social Security number requirements:

- (1) In order to determine eligibility and offer a apartment, HUD requires every household member, including live-in aides, foster children and fostered adults to have a Social Security Number (SSN) unless the individual has an Exemption as noted in [2] below.

In addition, the applicant family must provide (for management to copy) a valid Social Security card issued by the Social Security Administration for each household member.

- If the household member cannot produce his/her valid Social Security card, at least one of the following alternative documents must be provided as documentation:
 - An original document issued by a federal or state government agency which shows the person's name and SSN along with other identifying information (i.e. SSA benefit award letter)
 - Driver's license that shows the Social Security Number
 - Earnings statement on payroll stubs
 - Bank statement or Form 1099
 - Retirement benefit letter
 - Life insurance policy or court records
 - Other evidence that HUD designates as acceptable

Documents that are not originals, or that have been altered, are mutilated or are illegible, or that appear to be forged, will be denied. In this case, management will explain the reason why the document is not acceptable, and will request the submission of acceptable documentation within a reasonable time frame, prior to a apartment being offered.

After making a copy of the Social Security card the original will be returned to the applicant. After the electronic transmission of the move-in certification, the SSN will be verified via the EIV computer matching program with the Social Security Administration, and a copy of that verification (EIV Income Summary Report) will be retained in the resident file.

(2) Exemptions:

- a. Individuals who acknowledge that they are not entitled to housing assistance because they do not have eligible immigration status.

This is documented by the household member's Citizenship Declaration, showing that the individual did not contend eligible immigration status. Mixed households with unassisted, ineligible noncitizens can be admitted with prorated assistance, even though the unassisted individuals do not have SSN documentation.

- b. Household members who were age 62+ as of 1/31/10 AND whose initial determination of eligibility had already begun prior to 1/31/10

- Persons who previously lived in either a Public and Indian Housing or Multifamily HUD-assisted program will have 50058 or 50059 move-in certifications, with



effective dates to support this exception. Documentation must be obtained from the prior community (not from the applicant) and will be kept in the resident file.

- Exemption status for these individuals remains valid, even when the person moves to another HUD-assisted program, and/or if there is a break in tenancy.
- c. Household members under the age of 6 who do not yet have Social Security Numbers assigned to them and who have been added to the household within the six months prior to being offered an apartment. While these applicant households may be offered an apartment and move into the community, the family must provide Social Security Numbers for the children under age 6 within 90 (ninety) days in order to continue to receive HUD subsidy. This may be extended for an additional 90 (ninety) days if the SSN cannot be obtained for reasons beyond the household's control.

(3) Timeframes for providing Social Security Numbers and documentation

- Although applicants are not required to provide Social Security Number documentation when the application is submitted, documentation for all non-exempt household members must be provided before a household can be housed.
- If there is missing SSN documentation for any non-exempt household member when the household reaches the top of the waiting list and a apartment is available, then the household will be skipped, in order to admit the next eligible household.
 - The skipped applicant household may keep its position on the waiting list for 90 days from the date they are first offered a apartment, to allow them time to provide acceptable SSN documentation.
 - After 90 days, if any household member has not provided SSN documentation, the household will be determined as ineligible and will be removed from the waiting list.

(4) Adding household members after move-in:

- For a new member, regardless of age, who has a social security number, SSN documentation must be provided no later than the processing of the certification that adds the new person to the household.
- If the new member is a child under 6 without a social security number, the household has 90 days to provide SSN documentation. An additional 90 days will be granted only if failure to provide documentation is due to circumstances beyond the resident's control.
 - During this time, the child will appear on resident certifications with all appropriate benefits and deductions and a TRACS ID will be assigned by HUD.
 - When the SSN documentation is provided, an interim certification will be processed to change the TRACS ID to the verified SSN.
 - If acceptable SSN documentation is not provided by the deadline date, eviction proceedings will begin to terminate tenancy of the household, since the household will be in non-compliance with its lease.



- C. All adults, as well as any emancipated minors who are the Head, Spouse or Co-Head in each applicant family, must sign and date all required consent forms for verification purposes, including an Authorization for Release of Information (HUD 9887/9887A), prior to receiving assistance and annually thereafter.
- D. The apartment for which the family is applying must be the only residence of each household member.
- E. An applicant must agree to pay the rent required by the program under which the applicant will receive assistance.
- F. Citizenship Requirements
- (1) All applicants must complete a Citizenship Declaration. For children 12 years of age and younger, the Declaration may be completed by the parent/guardian.
 - (2) Each family member must have U.S. citizenship, naturalization, and/or (if under 62 years of age) verified eligible immigration status, to qualify for subsidy.
 - (3) Non-citizens age 62 and older must sign a declaration of eligible immigration status and provide a proof of age document. A person claiming to be an eligible non-citizen who is under age 62 must sign a Verification Consent Form and present one of the following documents, along with the completed application, or prior to the determination of eligibility:
 - (a) Form I-551, Permanent Resident Card
 - (b) Form I-94, Arrival Departure Record, with one of the following annotations:
 - (1) "Admitted as refugee Pursuant to section 207", or
 - (2) "Section 208" or "Asylum", or
 - (3) "Section 243(h)" or "Deportation stayed by Attorney General", or
 - (4) "Paroled Pursuant to Sec. 212(d)(5) of the INA".
 - (c) If Form I-94 is not annotated, one of the following documents must be provided:
 - (1) Final court decision granting asylum, but only if no appeal is taken, or
 - (2) Letter from a DHS asylum officer granting asylum (if application was filed on/after 10/1/90), or from a DHS district director granting asylum (if application was filed before 10/1/90), or
 - (3) Court decision granting withholding of deportation, or
 - (4) Letter from a DHS asylum officer granting withholding of deportation (if application was filed on/after 10/1/90)
 - (d) 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
 - (e) Other acceptable evidence; other documents determined by the DHS to constitute acceptable evidence of eligible immigration status, as announced by notice published in the Federal Register.
 - (4) All persons claiming to be eligible non-citizens who are under age 62 will have their citizenship eligibility status verified through the computerized SAVE System provided by the Department of Homeland Security (DHS).



If secondary verification is necessary and is not provided within the SAVE System, immigration status will be verified using the paper process. A completed Document Verification Request, Form G-845S, and photocopies of the immigration documentation provided by the applicant will be mailed to the local immigration office to receive verification of the validity of the documents.

G. Student Eligibility

- (1) Section 8 assistance will not be provided to any individual who is enrolled as either a part-time or full-time student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential who:
 - (a) Is under the age of 24;
 - (b) Is not married;
 - (c) Is not a veteran of the United States Military;
 - (d) Does not have a dependent child;
 - (e) Is not a person with disabilities, and was not receiving Section 8 assistance as of November 30, 2005;
 - (f) Is not living with his/her parents who are receiving Section 8 assistance; and
 - (g) Is not individually eligible to receive Section 8 assistance or has parents, individually or jointly, who are not income-eligible to receive Section 8 assistance.
- (2) For a student to be eligible independent of his/her parents (where the income of the parents is not relevant), the student must demonstrate independence by meeting all of the following criteria:
 - (a) Be of legal contract age under state law, and
 - (b) Has established a household separate from parents or legal guardians for at least one year prior to application, or meets the U.S. Dept. of Education's definition of an independent student, and
 - (c) Not be claimed as a dependent by parents or legal guardians under IRS regulations, and
 - (d) If not a "Vulnerable Youth", obtain a certification of the amount of financial assistance that will be provided by parents, signed by the individual providing the support, even if no assistance will be provided.

An Independent Student who meets one of the criteria below is considered to be a "vulnerable youth":

- Is an orphan, in foster care, or a ward of the court - or was one of those at any time when s/he was age 13 or older, or
- Is (or was, immediately prior to the age of majority) an emancipated minor or in legal guardianship, determined by a court in his/her State of legal residence, or
- Was either an unaccompanied youth (homeless) or at risk of homelessness and was self-supporting during the school year in which the application was submitted, verified as noted above
- For vulnerable youth:
 - ◆ The tax return requirement only applies to providing the student's tax returns and not that of the student's parents, and



- ◆ A written certification of income provided is not required by the student's parent(s).

(3) If an ineligible student is a member of an applicant (or an existing) household receiving Section 8 assistance, the assistance for the entire household will be terminated.

H. The Violence Against Women Act (VAWA, P.L. 109-62) and the Justice Department Reauthorization Act of 2013 ensure that this community will protect applicants, residents and affiliated individuals who have been victimized by domestic violence, dating violence, stalking and/or sexual assault (referred to as "VAWA crimes") as follows:

- (1) Applicants cannot be denied rental assistance solely because they were previously evicted from an assisted site for being victims of VAWA crimes;
- (2) Applicants cannot be denied assistance solely for criminal activity directly related to VAWA crimes;
- (3) Residents cannot be evicted, nor have their subsidies terminated solely because they were victims of VAWA crimes. Being a victim does not qualify as a "serious or repeated violation of the lease" or "other good cause" for eviction.
- (4) The abusers may be evicted and their names removed from leases. Remaining household members may continue residency as long as they are eligible.
- (5) In order to receive VAWA protections a victim must specifically contact management to state that s/he wants to exercise these protections. Since a Live-In Aide is not a tenant who is party to the lease, s/he cannot apply for VAWA protections as a victim, though s/he may be an affiliated individual.
- (6) If an applicant or tenant is a victim of a VAWA crime, completion of a written Certification Form will be requested in writing from management in a safe and confidential manner. The Certification includes disclosing the names of the abuser(s) if known and safe to disclose, and must be completed and returned within 14 business days in order for VAWA protections to be extended.
- (7) Only victim service providers, medical professionals or attorneys who have counseled a victim can provide physical proof or documentation of the applicant's/resident's status as a VAWA crime victim.
- (8) All VAWA documentation will be kept in a secured location, separate from other tenant files, and will remain confidential.
- (9) The community has a formal Emergency Transfer Plan and related Request Form to assist any VAWA crime victim who reasonably fears that s/he faces violence in the very near future if s/he remains in the current unit, or who is a victim of sexual assault which occurred on the premises during 90 days before an emergency transfer was requested.

Tenants will sign the VAWA lease addendum, Form HUD-91067.

VAWA crime victims can be evicted or have their assistance terminated for serious or repeated lease violations that are not related to VAWA crimes. However, management will not hold victims to a more demanding set of rules than it applies to any other tenants.

HUD's Notice of Occupancy Rights Under the Violence Against Women Act, with the Certification Form attached, will be provided to any applicant whose application is denied, as well as to each household upon move-in.



- I. The applicant must have previously demonstrated an ability to pay rent and adhere to a lease. Applicants will not be denied due to a lack of rental history, but may be denied for a poor rental history.

4. Application Intake and Processing

- A. It is the community's policy to accept and process applications in accordance with applicable HUD Handbooks and regulations.
- B. This community will perform marketing activities in accordance with its Affirmative Fair Housing Marketing Plan, with the aim of marketing to potential applicants in its geographical area who are least likely to apply.
- C. Applications can be requested in person at the community during normal business hours, or via telephone call, email or written request mailed to the community.

All submitted applications must be in writing, on forms provided. If, due to a disability, an applicant is unable to complete an application, a third party can assist in the completion of the form. Only fully completed applications will be accepted. Every application must be completed and signed by the head of household and all additional household members 18 years of age or older. All of the members of the household must be listed on the application.

Applications can be returned in person to the office or via fax, email or U.S. mail to the community address.

- D. All applicants will be provided with HUD Form 92006, Supplement to the Application. This form gives applicant households the option of including contact information for a family member, friend or social service agency worker who can assist with services and special needs, or in resolving resident issues. Although the applicant is not required to provide another contact, the applicant must sign and return the form along with the completed application.

All applicants will also be provided with HUD Form 27061-H, Race and Ethnic Data Reporting Form, which must be returned along with the completed application. This demographic information is not used to determine applicant eligibility. HUD uses this data to track the makeup of applicant traffic, a statistic that is required to be included in the community's Affirmative Fair Housing Marketing Plan. Applicants may check one or more boxes or note their refusal to complete the information in addition to signing and dating the form.

- E. Staff or staff-provided assistance will be available upon request. This may take the form of answering questions about the application, helping applicants who might have literacy, vision, or limited English proficiency challenges via oral or written translation or large print, and, in general, make it possible for interested parties to apply for assisted housing. Applicants may bring an individual with them, to help with the application, if desired.
- F. Upon determination that the application is completed, staff will add, via handwriting or stamp, the date and time the application was received, followed by the initials of the person accepting the application. The applicant will be added to the waiting list(s), if applicable.



Ineligible applicants will be promptly notified in writing as to the reason the application is being denied. All applications will be kept at the community or its file storage locations.

- G. If the application received is not fully complete (including any required attachments) and/or is not signed/dated by all household members age 18 years or older, the application will be returned to the household and the household will not be added to the waiting list.

Income Targeting Procedures

At least forty percent (40%) of all available apartments (within each project fiscal year) will be offered to families whose gross unadjusted income does not exceed the Extremely Low income limit as established by HUD.

The community's waiting list software automatically alerts the manager when the income targeting percentage is not being met. When this occurs, the manager will offer the next available unit to the next Extremely Low applicant household on the waiting list. Applicants will once again be offered apartments based on their position on the waiting list.

In addition, a report will be printed from the community's compliance software quarterly, showing the percentage of new admissions and their income limits. If the community has not met the income targeting requirement, management will calculate the number of Extremely Low-Income applicants that would achieve the 40% goal to date. The next applicants to be offered apartments will be selected, in order, from the Extremely Low-Income applicants on the waiting list until the 40% goal has been achieved. Once the income targeting percentage has been met applicants will once again be offered apartments based on their position on the waiting list.

Within the above guidelines, as well as allowing for waiting list preferences in Section 9, eligible applicants will be offered available apartments based on the date and time of application acceptance. This will be clearly written or stamped on the application along with the initials of the individual accepting the application.

5. Applicant Screening Process

Listed below are the criteria and methods used to review the household's application.

A. Criminal background check

- (1) Criminal screening is performed by the professional screening service included in the community's compliance software. If this is not available criminal screening is accomplished by management working with local law enforcement agencies.
- (2) If a criminal history is found during the screening process and the application has not been denied for other reasons already, on-site management will refer the applicant's file to the corporate office to be reviewed for a determination. A case-by-case review of the criminal background will be performed in an individualized manner that will evaluate all circumstances surrounding the criminal record including mitigating circumstances.
- (3) The corporate office will conduct the final review to determine whether an applicant is accepted or denied based on criminal history. A case-by-case review of the criminal background will be performed in an individualized manner that will evaluate all



circumstances surrounding the criminal record including mitigating circumstances. Mitigating circumstances include but are not limited to the following:

- The seriousness of the offense
- The age of the applicant at the time of the offense
- Evidence of rehabilitation
- Whether the offense is related to acts of domestic violence committed against the applicant or not, and
- Evidence that the applicant has maintained a good tenant history before and/or after the conviction or conduct.

- (4) The community will prohibit admission of any household containing any member who was evicted in the last three years from federally assisted housing for drug-related criminal activity.
- (5) Although some states have legalized the use of marijuana for medical and/or recreational purposes its manufacture, distribution or possession is still a federal criminal offense under the Controlled Substances Act. Therefore, no applicant can be admitted if s/he is using marijuana.
- (6) Any household whose application is denied due to criminal activity will receive a written notice including the reason for the denial along with HUD's Notice of Occupancy Rights Under the Violence Against Women Act, with the Certification Form attached.

The household has the right to request a copy of the screening document that caused the denial and to request a meeting with management, within 14 days of the denial, to present mitigating or extenuating circumstances including when the crime occurred, history since that time and the successful completion of a formal rehabilitation program. Applicants will be given the opportunity to dispute both before and after management decides to deny an application.

- (7) If a member of the applicant household has been arrested for any criminal activity listed in this section and the charge is still pending, the application will be placed on pending status. Management may conduct a further investigation to document actual criminal behavior. The household will keep its place on the waiting list and management will move on to the next applicant household. After adjudication and/or documented behavioral evidence have been gathered the application will be re-evaluated.
- (8) If any household member engages in criminal activity (including sex offenses) while living on site, subsidy termination will be pursued to the extent allowed by the lease, HUD regulations, and state/local law. To avoid eviction of the household, the family will be given the opportunity to remove the member engaging in criminal activity from the household.



B. Sex Offender Registry check

- (1) Applicants must provide a complete list of all states in which any household member has lived on the Application for Assistance. Failure to provide accurate information to management is grounds to deny the application.
- (2) Management is required to ask whether the applicant, or any member of the applicant household, is subject to a lifetime sex offender registration requirement in any state. If so, the family will be given the opportunity to remove the ineligible household member from the applicant household. If the family member who is subject to a lifetime sex offender registration requirement remains part of the applicant family, the application will be denied. The written denial notice will clearly state this as the reason that the family is being denied admission.
- (3) During the screening process prior to offering a apartment, all state sex offender registries are checked by the property management software system to determine whether any household member is subject to a lifetime sex offender registration requirement.
- (4) Search results will be kept with the application, in the resident file, for the term of tenancy plus three years. For denied applicants, search results will be kept with the application for three years.
- (5) If, after moving in, management discovers that a resident was admitted in error (s/he was admitted after June 25, 2001 and was subject to a state's lifetime registration requirement), eviction will be pursued immediately.
- (6) If any member of the applicant family is listed on any state's sex offender registry, the household's application will be denied unless the household member is removed from the Application for Assistance.

C. Credit checks

- (1) Applicants may be denied for a poor credit history but cannot be denied for lack of a credit history.
- (2) Previous landlords will be contacted to determine if the applicant paid rent on time and/or left the community with any unpaid balances.
- (3) Management's property management software system will be used to obtain a credit report for each adult applicant in the household. No cost will be charged to the applicant. Applicants may be denied if any of the following credit information is verified for any member of the applicant family:
 - (a) Applicant has had a bankruptcy within the last 12 months or 1 year
 - (b) Applicant has more than \$5000 in outstanding debt
 - (c) Applicant has had a foreclosure in the last 6 (six) months
 - (d) Applicant currently has any outstanding landlord or utility collections
 - (e) Applicant currently has more than 6 (six) collections outstanding, regardless of type



- (f) Applicant has had more than one previous non-payment procedure in housing court during the past 3 (three) years

Exemptions include medical collections, exemptions for student debt and/or if applicant has proof of repayment of debt. Proof must be a statement of satisfaction from creditor, court, or other legal proof.

- (4) Domestic violence can often have negative economic consequences for a victim of VAWA crimes (domestic violence, dating violence, stalking and sexual assault). The perpetrator may take out credit cards in a victim's name and ruin their credit history or cause damage to a victim's apartment causing eviction. Management will take such extenuating circumstances into account and will not deny tenancy or occupancy rights based solely on these adverse factors that are a direct result of being a victim of VAWA crimes.

D. Rental History

- (1) If any household member was a previous resident at this community, the resident file will be checked. If there is documentation that the resident was repeatedly notified of rules violations or lease violations, or if the household left the community owing overpaid HUD assistance, unpaid rent or damages, the application will be denied.
- (2) Previous landlords will be contacted to ask for comments regarding the applicant's rental history. Acceptable topics of discussion include but are not limited to: cooperation with recertification processes, compliance with the lease and house rules, rent payment, housekeeping and history of pest infestation.
 - (a) An applicant household will be denied if any member of the household has left another HUD-assisted community owing overpaid HUD assistance, unpaid rent or damages.
 - (b) An application will be denied if the household has been evicted from a previous residence or has a history of lease violations within the past 3 (three) years.
 - (c) Domestic violence can often have negative consequences for a victim of VAWA crimes (domestic violence, dating violence, stalking and sexual assault). The perpetrator may cause damage to a victim's apartment causing eviction and/or poor rental history. The perpetrator may force a victim to participate in criminal activity or a victim may be arrested as part of policies that require arresting both parties in a domestic disturbance. Management will take such extenuating circumstances into account and will not deny tenancy or occupancy rights based solely on these adverse factors that are a direct result of being a victim of VAWA crimes.
 - (d) The community will deny a household in which any member is currently engaged in illegal use of drugs or which shows a pattern of drug use that may interfere with the health, safety, and right to peaceful enjoyment of the community by other residents.
 - (e) The community will deny a household in which any member shows a pattern of alcohol abuse that may interfere with the health, safety, and right to peaceful



enjoyment of the community by other residents. The screening standards must be based on behavior, not the condition of alcoholism or alcohol abuse.

6. Occupancy Standards

Applicant households must meet the established occupancy standards of local Landlord/Resident laws. As a general policy, there should be a minimum of one person per bedroom and no more than two persons per bedroom. Management will take into consideration mitigating circumstances such as reasonable accommodations for disabilities and verified medical reasons for a larger apartment.

Apartments will be assigned in accordance with the following standards:

Apartment Size	Minimum Occupancy	Maximum Occupancy
1 Bedroom	1 person	3 people
2 Bedrooms	2 people	5 people

After moving in, if changes in household composition cause a household to become overhoused or underhoused, the family must transfer, within 30 days, to the first available apartment of the proper size based on these occupancy standards.

7. Determination of Applicant Eligibility: Application Acceptance and Denial

- A. Information needed to determine applicant eligibility will be obtained, verified, and the determination of applicant eligibility performed, in accordance with HUD and the community eligibility requirements. Eligible applicants will be placed on the waiting list(s), and will be promptly issued a preliminary notice of eligibility, or a denial notice.
- B. The community complies with applicant denial requirements set forth in the HUD Handbook 4350.3. Management reserves the right to deny applicants for admission if it is determined that the applicant or any member of the household falls within any one or more of the following categories:
 - (1) **Misrepresentation:** Willful or serious misrepresentation in the application procedure or certification process for any government assisted dwelling apartment.
 - (2) **Records of Disturbance of Neighbors, Destruction of Community or Other Disruptive or Dangerous Behavior:** Includes documented instances of behavior or conduct which adversely affects the safety or welfare of other persons by physical violence, gross negligence or irresponsibility which damages the equipment or premises in which the family resides; or which is disturbing or dangerous to neighbors or disrupts sound family and community life.
 - (3) **Violent Behavior:** Includes documented evidence of acts of violence or of any other conduct which would constitute a danger or disruption to the peaceful occupancy of neighbors.



- (4) **Non-Compliance with Lease Agreement:** Includes evidence of any failure to comply with the terms of lease agreements at prior residences, such as failure to recertify as required, providing shelter to unauthorized persons, keeping unauthorized pets, or other acts in violation of rules and regulations.
 - (5) **Owing Prior Landlords:** Applicants who owe a balance to present or prior landlords will not be considered for admission until the account is paid in full and reasonable assurance is obtained that the contributing causes for nonpayment of rent or damages have changed sufficiently to enable the family to pay rent and other charges when due.
 - (6) **Ineligible Students:** Applicant households whose members include an ineligible student who is enrolled in an institution of higher education as noted in Section 3 (Program Eligibility Requirements/Student Eligibility).
 - (7) **Unsanitary or Hazardous Housekeeping:** Includes creating any health or safety hazard through acts of neglect, and/or causing or permitting any damage to, or misuse of premises and equipment; causing or permitting infestation, foul odors or other problems injurious to other persons' health, welfare or enjoyment of the premises; depositing garbage improperly; failing to reasonably and properly use all utilities, facilities, services, appliances and equipment within the dwelling apartment, or failing to maintain them in a clean condition; or any other conduct or neglect which could result in health or safety problems or damage to the premises.
 - (8) **Criminal Activity:** Management has established a policy to deny all applications where the applicant or any household member has engaged in certain criminal activity. The activities that will be grounds for denial of an application are defined in Section 5A (Applicant Screening Process, Criminal Background Check).
 - (9) **Social Security Number Documentation:** If there is missing SSN documentation for any non-exempt household member when the household reaches the top of the waiting list and a apartment is available, then the household will be skipped, in order to admit the next eligible household. The skipped applicant household may keep its position on the waiting list for 90 days from the date they are first offered an apartment, to allow them time to provide acceptable SSN documentation. After 90 days, if any household member has not provided SSN documentation, the household will be determined as ineligible and will be removed from the waiting list.
- C. All applicant denials will be made in writing, and will include specific reason(s) for the denial.
- D. The denied applicant has the right to respond, in writing, within 14 days, to request a meeting to dispute the denial. Persons with disabilities have the right to request reasonable accommodations to participate in the grievance process. This meeting must be conducted by a member of the management staff who was not involved in the initial decision to deny admission or assistance. The Regional Manager for the community will provide a written determination to the applicant within 5 (five) days of the meeting.



8. Applicants who Require Reasonable Accommodations/Modifications

- A. A reasonable accommodation is a change, modification, alteration or adaptation in policy, procedure, practice, rules, or services that provides a qualified individual with a disability the opportunity to participate in, or benefit from, housing or non-housing activities.
- B. A reasonable modification is a structural modification of the home or of public or common areas.
- C. For reasonable accommodations to apply there are several requirements. First, the applicant must have a verifiable disability (mental or physical impairment that substantially limits one or more major life activities) as defined by HUD as applicable to the community's program type.

Next, the disability must have a direct correlation to the accommodation being requested by the applicant. The applicant must request a reasonable accommodation and should use the form provided by the community. Verification of disability and the need for the accommodation will be verified using the form provided by management unless the applicant submits a health care provider certification with the same information or the applicant has an obvious impairment.

Finally, for the accommodation to be reasonable it cannot result in a financial or administrative burden to the community.

- D. In some situations, even with reasonable accommodations, applicants with disabilities cannot meet essential program requirements. In these situations the applicant is not eligible and the applicant will be denied.

Examples of such situations include cases where the applicant's behavior or performance in past housing caused a direct threat to the health or safety of persons or community; past history or other information that shows the applicant's inability to comply with the terms of the community's lease; or an objective determination that the applicant would require services from management that represent an alteration in the fundamental nature of the community's program.

- E. If an applicant makes a request, management will provide a reasonable accommodation if the applicant has a verifiable disability that is directly related to the request and providing the reasonable accommodation will not result in a financial or administrative burden to management or to the owner.
- F. Reasonable accommodations may include changes in the method of administering policies, procedures, or services.
- G. In providing reasonable accommodations for, or performing structural modifications for otherwise qualified individuals with disabilities, the community is not required to:
 - (1) Make structural alterations that require the removal or altering of a load-bearing structure,



- (2) Provide support services that are not already part of its housing programs,
 - (3) Take any action that would result in a fundamental alteration in the nature of the program or service, or
 - (4) Take any action that would result in an undue financial and administrative burden on the community, including structural impracticability as defined in the Uniform Federal Accessibility Standards (UFAS).
- H. If the community is unable to make a reasonable accommodation due to a resulting financial burden, the applicant may, at his/her own expense, make the accommodation after structural approval by management. Management may require that the resident remove the accommodation (or have it removed) upon vacating the apartment.
- I. Live-In Aides are considered to be a reasonable accommodation. Management must obtain verification that the Live-In Aide is needed to provide necessary supportive services essential to the care and well-being of the individual, and that there is a disability-related need for the Live-In Aide. This verification will be obtained from the individual's physician, medical practitioner or health care provider.

The Live-In Aide cannot stay in the apartment as a remaining family member once the resident who needs the services leaves the apartment or dies. Live-In Aides who violate any of the community's House Rules will be subject to eviction. Live-In Aides must meet the same screening criteria as any other applicant, with the exception of credit checks. The EIV Existing Tenant Search Report will be obtained for Live-In Aides, and move-out/move-in dates coordinated with the current assisted community.

9. Waiting List Preferences and Waiting List Management

Waiting List Preferences

Preferences do not make otherwise ineligible applicants eligible for subsidy. Applicant households who have been documented as eligible for preferences are recorded on the waiting list and moved to the top of the working waiting list in the order (by date and time) that completed applications were received.

In compliance with HUD regulations, units with accessibility features will always be offered first to residents with a verified need for those features and then to applicants with a verified need for those features before offering those units to applicants who do not need accessibility features.

Resident Unit Transfer Preference: Residents who are eligible for unit transfers as described in Section 17: Unit Transfer Policies will be given priority over applicants.

Preferences for Applicants on the Waiting Lists

This community uses Optional Elderly Preferences. Section 3-18A of the 4350.3 Handbook describes, in detail, the procedures and guidance for the optional elderly preferences adopted by this community many years ago. All procedural requirements were met and this community follows the requirements of 3-18A as follows:



Allowable preferences are as follows:

- a. If there is an insufficient number of elderly families available to fill the units designated for elderly families, owners may establish a preference for near-elderly persons with disabilities for these units.
- b. If there are an insufficient number of near-elderly disabled families available, the owner shall make units generally available for occupancy by families who have applied and are eligible, without regard to preferences.
- c. If there is an insufficient number of non-elderly disabled families available for the units designated for non-elderly persons with disabilities, the owner may establish a preference for near-elderly persons with disabilities for these units.

Requirements for set-asides are as follows:

- a. There are 19 (nineteen) apartments set aside for non-elderly disabled families. These set-aside apartments are not unit-number specific. A non-elderly disabled family may occupy a unit without accessible design features. Elderly families may occupy any unit as long as the set-aside number of apartments for non-elderly persons with disabilities is preserved.
- b. Owners may exceed the set-aside number of units for non-elderly disabled families and are encouraged to do so if the need exists in the community. Owners who exceed the set-aside number of units are not required to continue to exceed the set-aside number of units.

The following definitions are used when implementing this preference:

- a. An elderly family is one in which the head of the household, co-head, or spouse is at least 62 years of age.
- b. A near-elderly family is a family whose head, spouse, or sole member is a person with disabilities who is at least 50 years of age, but below the age of 62; or two or more persons with disabilities who are at least 50 years of age but below the age of 62, living together; or one or more persons who are at least 50 years of age but below the age of 62, living with one or more live-in aides.
- c. A non-elderly disabled family is one in which the head of the household, co-head, or spouse is disabled and 18 to 49 years of age.

Ranking of Preferences

The community ranks preferences as follows:

1. Preference for elderly families
2. Preference for near-elderly families (with disabilities)
3. Preference for non-elderly disabled families

Having more than one preference does not influence the applicant household's ranking. Within each ranking, applicants will be offered a unit based on the date the completed application was received.

If an applicant household did not have a preference at the time of application, then becomes eligible for a preference based on changed circumstances, it is the responsibility of the applicant to contact management so that the preference can be verified. If the household then qualifies



for a preference its position on the working waiting list will be based on having the preference as well as the date the original application was received.

Waiting List Management

It is community policy to administer its waiting list as required by HUD handbooks and regulations. The community's compliance software allows management to view and/or print both internal transfer and external applicant waiting lists by waiting list position, application date and time or bedroom size.

A. Opening and Closing the Waiting List(s):

- (1) In order to maintain a balanced application pool, the community may restrict or suspend application-taking and close the waiting list. The community will also update the waiting list by removing the names of those who are no longer interested in, or no longer qualify for, housing.
- (2) Decisions about closing the waiting list will be determined based on the number of applications for a particular apartment size and the ability of the community to house an applicant in an appropriate apartment within a one-year period.
- (3) Closing and reopening of the waiting list, as well as any restrictions on accepting applications, will be publicly announced in publication(s) likely to be read by potential applicants. Advertisements will include information about where and when to apply, and will conform to the advertising and outreach practices described in the community's Affirmative Fair Housing Marketing Plan.
- (4) During the period when the waiting list is closed, the community will not maintain a list of individuals who wish to be notified when the waiting list is reopened.

B. Updating the Waiting List:

- (1) The waiting list will be updated twice annually, generally in April and October to keep applicant information current, and to remove anyone who wants to be removed or no longer qualifies for admission to the community.
- (2) A letter will be sent to each applicant, asking for outdated information to be updated in writing, and asking whether the applicant wishes to remain on the waiting list. Confirmation must be returned to the community, in writing, using any forms which may be provided, within 30 (thirty) days of the letter's postmark date. Upon request, assistance will be provided to any applicant households with disabilities or limited English proficiency, to enable them to meet this deadline.
- (3) When an applicant notifies the community of changes in household composition, the waiting list information will be updated and a determination will be made as to whether or not the household needs a different apartment size. If the family needs a different apartment size the household will keep its original application date and place on the waiting list.



C. Removal of Applications from the Waiting List:

The community will not remove an applicant's name from the waiting list unless:

- (1) The applicant requests that his/her name be removed.
- (2) The applicant was clearly told, in writing, of the requirement to advise the community of his/her continued interest in housing by a particular time, and failed to do so, even after being provided with reasonable accommodations in the event of handicap or disability.
- (3) The community attempted to contact the applicant in writing, but the letter was returned by the U.S. Postal Service as undeliverable.
- (4) The community has notified the applicant, in writing, of its intention to remove the applicant's name because the applicant no longer qualifies for assisted housing.
- (5) The applicant refused two offers of apartments for other than a medically-related reason.
- (6) The applicant accepted an offer of a apartment but failed to move in on time, without notice.
- (7) The applicant household needs a different size apartment due to a household composition change, and the community has no apartments of that size.
- (8) The applicant household failed to provide SSN documentation for any non-exempt household member after the expiration of the provided grace period.

10. Applicant Interviews

- A. As the applicant approaches the top of the waiting list, management will interview the applicant and explain the regulations and policies associated with the community. The interview will be conducted in accordance with the HUD Handbook 4350.3 and topics will include, but are not limited to:
- (1) Income/asset/expense information, as well as household composition
 - (2) Resident-paid utilities
 - (3) The requirement for all household members age 18+ to sign consent for release of information forms
 - (4) Proof of legal residence will be collected
 - (5) Applicant's ability and willingness to comply with the terms of the community's lease and community's policies
 - (6) Statutory, HUD, state and local preferences, if any
 - (7) HUD-required SSN documentation will be collected for each household member
 - (8) HUD-required Citizenship Declaration forms will be collected for each household member
- B. All reasonable efforts will be made to offer reasonable accommodations as requested by applicants with disabilities and/or limited English proficiency during the application process, as well as during tenancy and for all appeal processes.
- C. All adults in the applicant household will sign HUD-required Verification Consent Forms including the 9887/9887A.



11. Verification Requirements

The community will obtain verifications in compliance with requirements set forth in the HUD Handbook 4350.3.

A. Types of Verification Required

All information relative to the following items must be verified:

(1) Eligibility for Admission, such as:

- (a) Income, assets, and asset income
- (b) Household composition
- (c) Social Security number documentation for all non-exempt household members
- (d) Verification of student status and eligibility
- (e) Citizenship eligibility

(2) Allowable deductions, for items such as:

- (a) Age 62+, disability, or handicap of household head, spouse and/or co-head
- (b) Full time student status
- (c) Child care costs
- (d) Handicap expenses
- (e) Medical expenses (for elderly/handicapped households only)

(3) Compliance with resident selection guidelines, such as:

- (a) Proof of ability to pay rent
- (b) Previously demonstrated adherence to lease for previous rentals
- (c) Positive prior landlord reference: rent-paying, caring for a home with safe, clean, satisfactory housekeeping habits, based on documented management's visit to current dwelling
- (d) No disqualifying criminal history (including drug-related crimes and inclusion on a state sex offender registry as previously noted) of any household member.
- (e) Absence of objectively verified behavior that would give management reasonable cause to believe that the applicant's abuse of drugs/alcohol would interfere with the health, safety and right to peaceful enjoyment of the community by other residents or staff.

Any of the above items which result in the denial of the applicant must be documented, and appropriate verification forms/letters placed in the applicant's file.

B. Period for Verification: Only verified information that is within 120 days of the date presented to management may be used for verification. Verified information not subject to change (such as a person's date of birth) need not be re-verified.

C. Forms of Verification: Documentation required as part of the verification process may include:



- (1) Checklists completed as part of the interview process, signed by the applicant
- (2) Verification forms completed and signed by third parties
- (3) Use of HUD's EIV (Enterprise Income Verification) system, a computerized database containing social security and employment/unemployment income
- (4) Conversation logs and/or activity tabs
- (5) Documentation provided by the applicant, i.e. award letters, pay stubs, bank statements
- (6) Notes of telephone conversations with reliable sources, faxes, e-mail or internet correspondence. At a minimum, each file notation will indicate the date and time of the conversation, source of the information, name and job title of the individual contacted, and a written summary of the information received.
- (7) Verification of student status, as well as applicable parental income certification, verifying their eligibility for Section 8 in the jurisdiction of their residence, for students applying for housing.

Management staff will be the final judge of the credibility of any verifications submitted by an applicant. If front-line staff considers documentation to be doubtful, it will be reviewed by management staff who will make a ruling about its acceptability. Management staff will continue to pursue credible documentation until it is obtained or the applicant is denied for failing to produce it.

D. Sources of information to be checked may include, but are not limited to:

- (1) The applicant by means of interviews
- (2) Present and former housing providers
- (3) Present and former employers
- (4) HUD's EIV (Enterprise Income Verification) system, a computerized database containing Social security and employment/unemployment income
- (5) Social workers, parole officers, court records, drug treatment centers, physician, clergy, INS
- (6) Law enforcement
- (7) Credit checks

E. Preferred Forms of Verification: Verifications will be attempted in the following order:

- (1) HUD's electronic EIV system, as applicable; The Work Number or other state government databases
- (2) Written third-party verification generated by the source of the income, which may be provided by the applicant/resident
- (3) Oral third-party verification from the source of the income
- (4) Family (self) certification when information can't be verified by a method above.

F. Applicant history will be checked using the following methods:

- (1) Past performance meeting financial obligations, especially rent:
 - (a) Credit checks will be processed using a professional credit checking agency. Criteria for admission has been described in Section 5.
 - (b) Contacting the current landlord and at least one prior landlord to gather previous rental history information.



- (c) Otherwise-eligible households who apply for housing with outstanding balances owed to their current community, or to this community as a past resident are ineligible. After the applicant presents proof of payment of any such balances, s/he may re-apply and, if otherwise eligible, will be added to the waiting list based on the re-application date.
- (2) Disturbance of neighbors, destruction of community, or living or housekeeping habits that would pose a threat to other residents:
 - (a) Staff will check for these potential problems with the current landlord and at least one former landlord.
 - (b) If the applicant is not currently living under a lease, the housing provider will be asked to verify the applicant's ability to comply with community lease terms as it relates to these guidelines. Any apartment for which the applicant has upkeep responsibility may be physically checked.
 - (c) An applicant's behavior toward the community manager and other staff will be considered as indicative of future behavior toward neighbors. Physical or verbal abuse or threats by an applicant toward community staff will be considered.
- (3) Involvement in criminal activity on the part of any applicant household member which would adversely affect the health, safety, or welfare of other residents.
 - (a) Criminal history checks including convictions and outstanding warrants will be completed using a professional credit checking agency.
 - (b) Applicants who are listed on lifetime sex offender registries in any state must be denied by HUD regulation.
- (4) A record of eviction from housing or termination from residential programs will be considered. The professional screening service included in the property's compliance software checks for eviction records and any court proceedings to determine whether applicants have been evicted from any address listed on the application, or other addresses.
- (5) Current residence in other HUD assisted housing
 - (a) Applicant households must disclose if any household member is currently receiving HUD housing assistance. Households are not permitted to receive assistance in multiple households for the same time period, or to receive assistance if more than one residence will be maintained.
 - (b) HUD provides management with information about whether each applicant receives HUD assistance, and where that residence is located.
 - (c) Management will use the EIV (computerized Enterprise Income Verification) system's Existing Resident Search report to identify household members who currently reside in HUD's Public and Indian Housing, or Multifamily programs.
 - (i) This report will be printed for each member of the applicant family when processing the applicant for admission, prior to offering a apartment. This Report



will also be printed for individuals (including Live-In Aides) who wish to move into an already-existing resident household.

- (ii) If any family member is currently living in another PIH/MF assisted apartment, plans to vacate that apartment will be discussed with the applicant. Move-out/move-in dates will be coordinated with management at the other assisted community to avoid HUD being billed for double subsidy.
 - (iii) Results of discussions with the applicant and/or other site will be recorded on the Existing Tenant Search.
 - (iv) For applicants who move into the community, the Existing Resident Search report(s), along with all documentation, will be kept in the resident file with the application for the term of tenancy plus three years. For applicants who do not move in, the report(s) and documentation will be retained, along with the application, for three years.
- (d) Applicants living in other HUD-assisted housing may apply to this community. However, the applicant must move out of the current community before HUD assistance can begin at this community. Special circumstances exist:
- (1) for minor children where both parents legally share 50% custody, and
 - (2) for HUD-assisted household members in another community who are moving in order to establish a new household, when remaining family members will stay in the old apartment.
- (e) If any member of the applicant household fails to accurately disclose his/her rental status, the application may be denied based on "misrepresentation of information." After move-in, if any household member receives, or tries to receive, HUD housing assistance at another community while still living at this community, the household will be required to repay HUD for all overpaid assistance.

12. Attempted Fraud

- A. Any information provided by the applicant that verification proves to be untrue or any information that has been knowingly omitted may be used to disqualify the applicant for admission on the basis of attempted fraud. The community considers false information about the following to be grounds for denying an applicant:
- (1) Income, assets and/or expenses
 - (2) Household composition
 - (3) Social Security Numbers
 - (4) Preferences and priorities
 - (5) Eligibility for allowances
 - (6) Previous residence history or criminal history
 - (7) Citizenship, naturalization, and/or eligible immigration status
- B. If, during the course of processing an application, it becomes evident that an applicant has falsified or otherwise willfully misrepresented or omitted any facts about his/her current or



past situation, criminal history, or behavior in a manner that would affect eligibility, priorities, application selection criteria qualification, allowances or rent, the application will be denied.

- C. During the course of processing an application, there may be errors in name spellings, dates of birth and other such data, resulting in inaccurate criminal, credit, or other screening. In these cases, screening may be re-done. If these checks result in documentation of circumstances that would have caused an applicant to be denied, the application will be denied. If the applicant has already moved in, this evidence may be the cause of eviction proceedings.
- D. If willful misrepresentation or omission during the application process is discovered after the applicant family has moved in, this will be considered to be fraud and may result in eviction.
- E. Unintentional errors will not be used as a basis to deny applicants.

13. Offering an Apartment

- A. When an apartment becomes available for occupancy, it will be offered to the applicant at the top of the waiting list for the apartment size. Procedures for meeting income targeting requirements as described in Section 4 (Application Intake and Processing) will be used which may cause the applicant at the top of the waiting list to be passed over in order to admit an applicant at the Extremely Low income limit.

If apartments with accessibility features are available, eligible families with handicapped/disabled members needing specific accessibility features of an available apartment will be selected first.

- B. If a household requests to be placed on the waiting list for more than one apartment size the applicant will be notified when s/he nears the top of the waiting list for which a apartment becomes available first. The applicant may refuse the first apartment type and continue to wait for the other apartment type with no change in waitlist position for the other apartment type.
- C. Although applicants other than the Head of Household are not required to provide Social Security Number documentation when the application is submitted, documentation for all non-exempt household members must be provided before a household can be housed. If there is missing SSN documentation for any non-exempt household member when the household reaches the top of the waiting list and a apartment is available, then the household will be skipped, in order to admit the next eligible household.
 - (1) The skipped applicant household may keep its position on the waiting list for 90 days from the date they are first offered an apartment, to allow them time to provide acceptable SSN documentation.
 - (2) After 90 days, if any household member has not provided SSN documentation, the household will be determined as ineligible and will be removed from the waiting list.
- D. If an applicant does not accept an offer without good cause, the applicant is removed from all waiting lists. "Good cause" includes medical reasons, recent death of a close family member, desire to give 30-day notice to the family's existing community, and denial of an



apartment because the available apartment is close to an apartment with an assistance animal or pet to which someone in the applicant family is allergic or other extenuating circumstances. When an apartment is denied for good cause, the applicant will keep his/her place on the waiting list, and management will offer the available apartment to the next applicant.

- E. When an applicant reaches the top of the waiting list, management will schedule an interview appointment. The applicant must come in to the office for this appointment, and must bring all items requested by management. If the applicant fails to attend and/or fails to supply all items, one additional appointment will be made to remedy any deficiencies. If the applicant fails to attend this second interview and/or fails to supply all required items a second time, the household will be removed from all waiting lists.
- F. An apartment offer will be made in writing to an applicant household only after all criminal, credit and landlord checks have been completed, and the resident interview has been completed, and all verification documents have been received.

If an applicant household fails to meet the community's eligibility criteria, and the application is denied, there is an appeals process. These procedures will be provided to the applicant household as part of the denial letter.

- G. If mail sent to the address the applicant listed as his/her current address is returned by the Postal Service, the document will be kept on file and an attempt will be made to contact the applicant via other means. If the applicant cannot be contacted within 5 (five) working days by alternate means, the apartment will be offered to the next applicant on the waiting list. Attempts to contact the household will be documented in the applicant file, and the applicant will be removed from the waiting list.
- H. If the applicant is offered an apartment in writing, but fails to reply by the date noted on the offer letter, the applicant will be removed from the waiting list. The apartment will be offered to the next applicant on the waiting list.
- I. If an applicant fails to move in on the agreed-upon date without notice, the application will be denied, the applicant's name will be removed from all waiting lists and the apartment will be offered to the next household on the waiting list. An exception will be made in the case of a medical extenuating circumstance; in this case, the applicant will retain his/her place on the waiting list, and the apartment will be offered to the next applicant on the list.
- J. Prior to receiving the keys to the apartment on move-in day, the applicant is required to provide proof that the family has moved out of prior HUD-assisted housing (if applicable). This can consist of any of the following documents:
 - (1) Copy of signed, dated move-out inspection report
 - (2) Hand-written note from the prior landlord (signed and dated), on community letterhead, stating that the keys to the prior apartment have been returned
 - (3) Copy of the move-out 50059A certification form from the prior community



14. Priorities for Accessible Apartments

This community has no apartments designed to be accessible for persons with mobility, visual, or hearing impairments.

15. Prior to Move-In

- A. Management will explain the HUD regulations regarding the following:
- (1) Security deposits
 - (2) Annual recertifications
 - (3) Interim recertifications
 - (4) Apartment inspections
 - (5) Community policies
 - (6) Transfer policies
 - (7) Lease Terms
- B. All adult household members (age 18 and older and any emancipated minors who are the head, spouse or co-head) will sign the move-in certification, the lease with attached Resident Handbook, and related move-in documents and lease addenda.
- C. Social security number documentation must be provided for every non-exempt household member including live-in aides, foster children and foster adults.
- D. The applicant and management will inspect the apartment and sign the Move-In Inspection form.
- E. The applicant will pay the security deposit.
- F. The applicant will pay the rent for the first month, as set forth in the lease.
- G. The applicant will be given a copy of the move-in certification, lease and Resident Handbook, Move-In Inspection form, all other HUD-required forms and notices, and a receipt for the security deposit and first month's or prorated rent.

16. Apartment Inspection

Apartments must be inspected by management and the resident the day of or prior to move-in. A Move-In Inspection form will be completed and signed and dated by the resident and management, confirming that the apartment is in decent, safe, and sanitary condition. After move-in, inspections will be completed at least annually by management and inspections may also be conducted by HUD, and/or the community's Contract Administrator or Housing Finance Agency.

17. Apartment Transfer Policies

- A. Residents will be placed on a transfer waiting list, based on the date of their written request, if they meet one of the following conditions:



- (1) Apartment transfer is needed based on a disability-related need as verified by a licensed health care provider as a reasonable accommodation for a person with a verified disability, or
- (2) Apartment transfer is needed for a medical reason which is verified by a doctor or other licensed health care provider, or
- (3) Apartment transfer is needed due to a change in family composition and/or family size, or
- (4) Emergency transfer is requested, in writing, by an eligible victim of VAWA crimes. The community's Emergency Transfer Plan is available upon request.

Residents who meet any of the qualifications above will be given priority over applicants, including priority for specific bedroom sizes and/or accessibility features of a unit.

- B. Residents requesting transfers for the above reasons will be placed on a transfer list based on the apartment size requested. Residents being transferred under the terms of the Emergency Transfer Plan for victims of VAWA crimes will have first priority for an appropriate vacant unit based on the date of their written Emergency Transfer Request.
- C. The unit transfer process is limited to two days: one to move out of the current apartment and one to move into the new apartment.
- D. Households occupying an apartment too large for their family size under the community's occupancy standards, are required to transfer to the next available apartment of the appropriate bedroom size within 30 days of management notification of an available apartment, at the family's own expense.
- E. When a household transfers to a new apartment, management will transfer the existing security deposit.
- F. Depending upon the circumstances of the transfer, a resident may be obligated to pay all costs associated with the move. However if a resident is transferred as a reasonable accommodation due to a household member's disability, the community must pay the costs associated with the transfer (not including the transfer of utilities), unless doing so would be an undue financial and administrative burden.

18. Annual and Interim Recertifications

HUD regulations require an annual recertification of income, assets and expenses for rent determination. Interim recertifications depend upon certain resident changes such as changes to household members and/or changes in income, assets or expenses. This policy will be explained prior to the move-in.

Residents are required to notify management when there is any change in household composition. The same screening criteria are used for all new household members as are required for new households (with the exception of credit checks for Live-In Aides).

Residents are required to notify management any time a previously unemployed adult in the household begins working, and/or if the household's income goes up \$200/month or more.



Residents may request an interim recertification due to a decrease in income or an increase in deductions.

19. Remaining Family Members

In order to stay in the apartment as a remaining family member if the head of household leaves the apartment, a person must already be on the lease when the head of household leaves, and must be of legal contract age under state law.

20. Assistive Animals

An assistive animal is permitted as a reasonable accommodation for a person with a verified disability once the need has been properly verified by a physician, psychiatrist, social worker, or other licensed medical professional.

There must be a direct relationship between the person's disability and his or her need for the animal. Neither a security deposit nor a pet fee is required for an assistive animal. All state and local health, safety, and licensing laws apply. Refer to the Assistive Animal Agreement/Addendum to Lease Agreement for resident responsibilities in caring for their assistive animal.

Management reserves the right to deny a specific assistive animal only if:

- A. There is documented proof, based on prior behavior of the animal, that it poses a direct threat to the health and safety of others that cannot be reduced or eliminated by a reasonable accommodation, or
- B. There is documented proof, based on prior behavior of the animal, that it would cause substantial physical damage to the community of others, or
- C. It can be specifically documented that the presence of the assistive animal would pose an undue financial and administrative burden to the provider, or
- D. Documented evidence shows that the presence of the assistive animal would fundamentally alter the nature of this community's services.

21. Pets

This community allows up to one dog or one cat or other household pet per apartment. The pet(s) must be registered with the office prior to moving into the apartment and a copy of the Pet Rules and/or Pet Addendum (applicable to non-assistive pets only) will be provided.

Violation of these rules may be grounds for removal of the pet or termination of the pet owner's tenancy, or both. Refer to the Pet Addendum and Pet Rules located in the Resident Handbook for resident pet care responsibilities.

A Pet Deposit in the amount of \$300 is required for a dog or a cat. A payment schedule will be provided with the amounts and dates due for the balance after the initial \$50 deposit.



22. Other Disclosures

Community employees are not permitted to accept any money connected with the application procedure, criminal or credit checks and/or apartment designation.

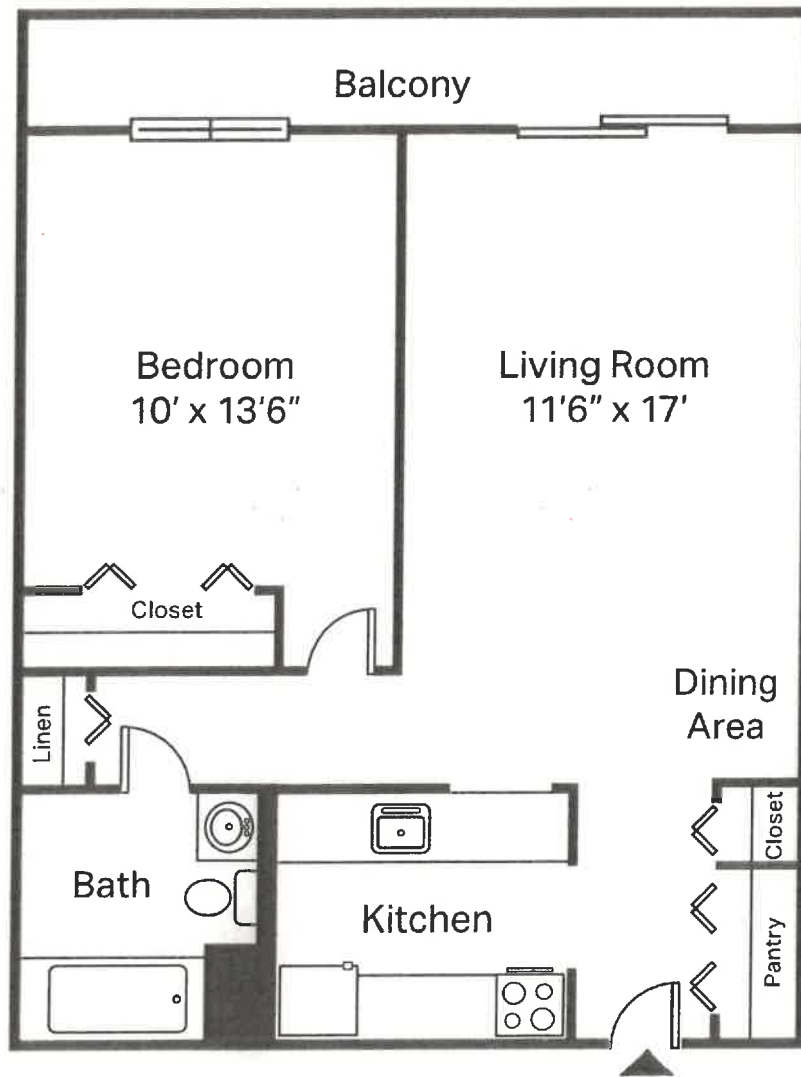
A copy of this Resident Selection Plan will be provided, at no charge, to any applicant, resident, or member of the general public at his/her request.

In the event of changes to this Resident Selection Plan, all applicants will be notified that the Plan has changed, and that a copy of the revised Plan will be provided, at no charge, upon request. Notification will be made via U.S. first-class mail to all applicants on the waiting list at the time of the revision.



One Bedroom

560 SF



Canton Towers

 A ROSE COMMUNITY

*Elevations and floor plans are artist's renderings and are shown for illustration purposes only.
All square feet are approximate only.

Winn Residential, Agent for Owner, does not discriminate on the basis of disability status in the admission or access to, or treatment by, or employment in its federally assisted programs and activities.
Equal Housing Opportunity/Equal Opportunity Employer.

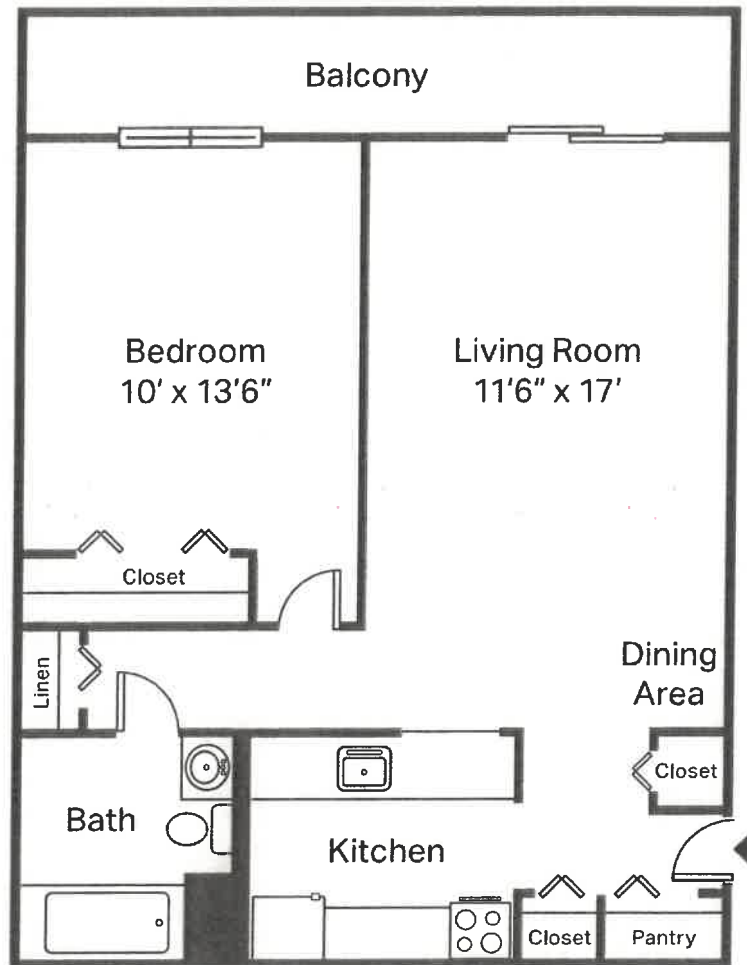
131 5th St, NE, Canton, OH 44702
Tel: 330-456-7847 | TTY: 711

CantonTowers.com



One Bedroom

560 SF



Canton Towers

 A ROSE COMMUNITY

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All square feet are approximate only.

Winn Residential, Agent for Owner, 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.
Equal Housing Opportunity/Equal Opportunity - Employer.

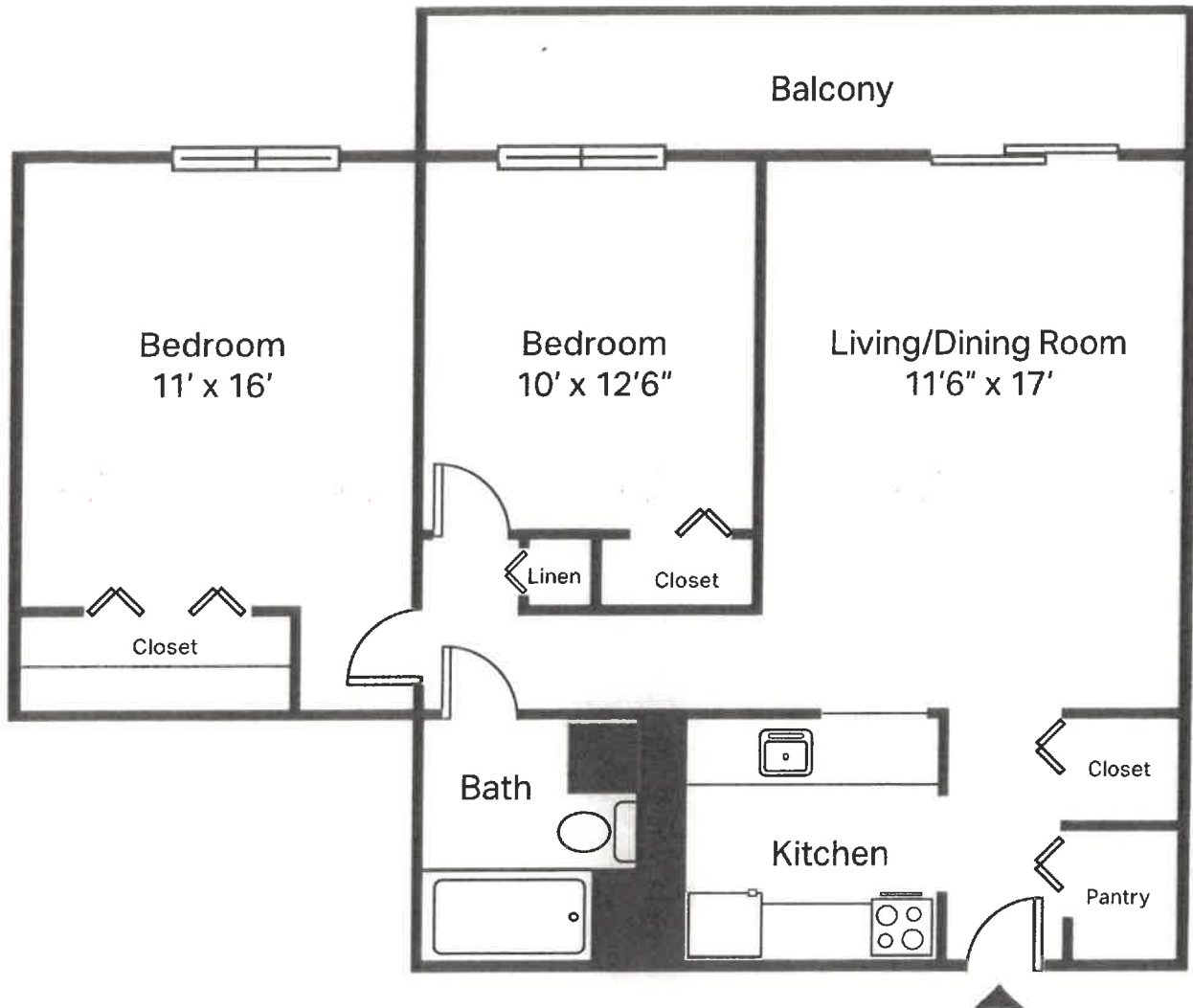
131 5th St. NE, Canton, OH 44702
Tel: 330-456-7847 | TTY: 711

CantonTowers.com



Two Bedroom

760 SF



Canton Towers

 A ROSE COMMUNITY

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