



ST. FRANCIS TERRACE

2525 L Street
 Sacramento, CA 95816
 Phone: 916-443-6380
 Fax 916-443-7396

Thank you for your interest in residency at St. Francis Terrace, one of Mercy Housing's premier Low Income Housing Tax Credit Family Communities.

This document offers a general overview of our community. For complete program requirements and qualifications, please refer to the community's Resident Selection Criteria.

Property Amenities

- ❖ Community Room
- ❖ Underground parking
- ❖ Elevator Access
- ❖ Outdoor Play Area
- ❖ Convenient Laundry Facilities

Income Guidelines:

In order for your family to qualify for our apartment community, your income needs to fall within the following guidelines:

Household Size	Maximum Income Limit 35%	Maximum Income Limit 50%	Maximum Income Limit 60%
1 person household	\$18,655.00	\$26,650.00	\$31,980.00
2 person household	\$21,315.00	\$30,450.00	\$36,540.00
3 person household	\$23,975.00	\$34,250.00	\$41,100.00
4 person household	\$26,635.00	\$38,050.00	\$45,660.00
5 person household	\$28,770.00	\$41,100.00	\$49,320.00
6 person household	\$30,905.00	\$44,150.00	\$52,980.00
7 person household	\$33,040.00	\$47,200.00	\$56,640.00

Minimum Income Limits and Occupancy Requirements:

Unit Size	Household Size	Set Aside	Approx. Rent	Security Deposit	Minimum Income
1 Bedroom 499 sq. feet	1-3 Persons	35%	\$432.00	\$432.00	\$1,191.00/mo
		50%	\$646.00	\$646.00	\$1,587.00/mo
		60%	\$789.00	\$789.00	\$1,905.00/mo

Unit Size	Household Size	Set Aside	Approx. Rent	Security Deposit	Minimum Income
2 Bedroom 1076 sq. feet	2-5 Persons	35%	\$512.00	\$512.00	\$1,332.00/mo
		50%	\$769.00	\$769.00	\$1,903.00/mo
		60%	\$940.00	\$940.00	\$2,283.00/mo

Unit Size	Household Size	Set Aside	Approx. Rent	Security Deposit	Minimum Income
3 Bedroom 1139 sq. feet	3-7 Persons	35%	\$575.00	\$575.00	\$1,535.00/mo
		50%	\$872.00	\$872.00	\$2,195.00/mo
		60%	\$1,070.00	\$1,070.00	\$2,635.00/mo

Utilities:

You will be responsible for the following utilities which will need to be transferred into your name prior to lease signing:

- Electric - SMUD - 1-888-742-7683
- Cable- Comcast - 1-800-934-6489

Other Program Regulations:

In order to qualify, you will need to also pass the criminal, credit and eviction screening. Below are some reasons for denial:

- Open Bankruptcy
- Evicted within the past 3 years
- Outstanding balance due to another apartment community
- Criminal Offense outlined in the community's Resident Selection Criteria
- Outstanding balance due to a Utility Company

Applications are currently being accepted and are placed on the waitlist by the date and time the application is received. At that time, a representative will be able to answer any further questions you may have regarding the application process. If you are in need of a Reasonable Accommodation, please contact the Management Office at 916-443-6380.

We look forward to meeting you and hope we can accommodate your housing needs.

Sincerely,

St. Francis Terrace
2525 L Street, Sacramento, CA 95816
p. 916-443-6380
f. 916-443-7396





For Office Use Only

Date Received: _____
 Time Received: _____
 Received by: _____
 Original Updated Add-on
If updated, use original date and time stamps.

HOH Name : _____
Use to link multiple apps due to add'l adults

**MERCY HOUSING MANAGEMENT
HOUSING APPLICATION**

PROPERTY NAME: **ST FRANCIS TERRACE** PROPERTY TELEPHONE: **916-443-6380**

NOTICE: Discrimination Prohibited: The landlord will not discriminate based upon race, color, religion, creed, national origin, sex, age, familial status, or disability. In addition, our housing programs are open to all eligible persons regardless of sexual orientation, gender identity, marital status, and ancestry. Anyone who wishes to be admitted to the property or placed on a property's waiting list must complete an application. In addition to providing applicants the opportunity to complete applications at the project site, owners may also send out and receive applications by mail. Owners shall accommodate persons with disabilities who, as a result of their disabilities, cannot utilize the owner's preferred application process by providing alternative methods of taking applications.

The information you provide on this application will be treated as confidential. This application gives no lease or rental rights. It includes both information necessary for determining your eligibility for housing and information required for statistical purposes. If you and your household appear to be eligible, you will need to submit additional information to complete the processing of this application. **All information you provide will be verified by Mercy Housing Management Group.** Incomplete and/or falsified information will cause the application to be denied and not processed.

It is the policy of Mercy-managed properties to take reasonable steps to provide meaningful access to limited English proficient (LEP) individuals applying or residents at our apartment communities, or otherwise encountering our property's facilities, programs, and activities. The policy is to ensure that language will not prevent staff from communicating effectively with LEP residents, applicants, and others to ensure safe and orderly operations, and that limited English proficiency will not prevent applicants from participating in the application process, or residents from accessing important programs and information, understanding rules and regulations, and participating in meetings, events or activities.

MARKETING:

Please let us know how you heard of us:

- Newspaper Ad Drove by Resident Referral Web Site Other: _____

*Please provide the following information for all persons that will live in the household
ALL AREAS MUST BE COMPLETED IN ITS ENTIRETY*

Date of Application: _____	Unit Size Needed: _____
Applicant Name: _____	Applicant Name: _____
**Applicant SS#: _____	**Applicant SS#: _____
Applicant Date of Birth: _____	Applicant Date of Birth: _____
Gender*: _____	Gender*: _____
Applicant Race*: _____ Ethnicity*: _____	Applicant Race*: _____ Ethnicity*: _____
*Race Options: American Indian/Alaska Native Asian African American/Black Native Hawaiian/Other Pacific Islander White Other: _____	
*Ethnicity Options: Hispanic/Latino or Non-Hispanic/Latino	

*This information is requested by the apartment owner in order to assure the Federal Government, acting through federal, State and local agencies that Federal Laws prohibiting discrimination against resident applicants. **You are not required to furnish this information, but are encouraged to do so.** This information will not be used in evaluating your application or to discriminate against you in any way.

**Not Required: Information from applicants who were age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010.

X _____
I decline to provide my race and ethnicity data or Gender

X _____
I decline to provide my Race and Ethnicity data or Gender

General Information: Please complete each field below. Answer each question as completely as possible. Enter N/A for all blank fields.

GENERAL INFORMATION		
	<u>Applicant</u>	<u>Applicant</u>
Full Name (First, Middle, Last):		
Mailing Address:		
City, State, Zip:		
County:		
Home Phone:		
Work Phone:		
Alternate Phone:		
Email Address:		
Marital Status (circle one):	Single, Separated, Married, Divorced, Widowed	Single, Separated, Married, Divorced, Widowed

Applicant

Applicant

Yes No

Yes No

Are you a student enrolled in an institute of higher education?

Yes No

Yes No

Are all household members U.S. Citizens? (N/A for PRAC 202/811 & Tax Credit)

Yes No

Yes No

Do you anticipate a change in household composition (i.e., addition of adult household member, household member moving out, birth or adoption of child, etc.) in the next twelve months? Explain: _____

Yes No

Yes No

Have you or any household member disposed of, sold, donated, or gifted any assets (including cash) for less than fair market value during the last two (2) years? Explain: _____

Yes No

Yes No

Have you ever been convicted of a felony or do you have a criminal history? If yes, when and what were the circumstances? _____

Yes No

Yes No

Do you or any household member currently engage in the illegal use of drugs or your/their behavior from this illegal use interferes with the health, safety, and right to peaceful enjoyment of the property by other residents?

Yes No

Yes No

Have you been evicted in the last three years from federally-assisted housing for drug-related criminal activity?

Yes No

Yes No

Have you or anyone in your household's behavior, from abuse or pattern of abuse of alcohol, interfered with the health, safety, and right to peaceful enjoyment by other residents?

Yes No

Yes No

Has your tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent, or failure to comply with recertification procedures?

Yes No

Yes No

Are you or anyone in your household subject to a nationwide Sexual Offender's Registration?

Yes No

Yes No

Will this apartment be your sole place of residency?

Yes No

Yes No

Have you been involuntarily displaced by Government Action or Natural Disaster?

Yes No

Yes No

Are you a U.S. Veteran and/or in Active Duty? (Optional)

Yes No

Yes No

Do you have an existing Section 8 voucher?

Employment Status:

Please answer each applicable question if you are **currently employed or have been employed within the last year**. Enter N/A for fields that **do not** apply. If you have been **unemployed over the last year or have never worked**, enter N/A in **ALL** fields.

EMPLOYMENT STATUS		
	<u>Applicant</u>	<u>Applicant</u>
Are you currently employed? If yes, where?		
If employed, what is your occupation?		
If employed, list current wage and frequency:		
If unemployed within last year , enter last day worked. Otherwise enter N/A.		
If unemployed, did you receive layoff notice?		
Are you receiving unemployment benefits?		
If unemployed, have you received any employment income in the past 12 months? If yes, from what source(s)?		
If unemployed, why?(IDAHO only) Otherwise, enter N/A here:		

Income/Cash Benefits:

Please enter dollar amounts as *estimated GROSS monthly* figures for *all sources of income*. Please round your figures to the nearest dollar amount. For income that does not apply, enter zero (0) in each field. Do not use N/A in this section.

INCOME/CASH BENEFITS		
	<u>Applicant</u>	<u>Applicant</u>
Alimony	\$ _____	\$ _____
Business/Self-Employment - NET	\$ _____	\$ _____
Child Support Income	\$ _____	\$ _____
Employment Wage Earnings	\$ _____	\$ _____
Pension Income	\$ _____	\$ _____
Recurring Assistance from Others	\$ _____	\$ _____
Retirement Income	\$ _____	\$ _____
School Financial Assistance	\$ _____	\$ _____
Social Security Benefits	\$ _____	\$ _____
SSI Benefits	\$ _____	\$ _____
TANF/AFDC/Monetary Public Assistance	\$ _____	\$ _____
Tribal per Capita Income	\$ _____	\$ _____
Unearned Income for Members Under 18	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____
Veterans Benefits	\$ _____	\$ _____
Other Income	\$ _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____	\$ _____

Assets:

List each household member (including minors) & indicate assets held for each member in the asset table below. *Type of assets to include: checking, savings, money market, house, land, stocks, bonds, certificates of deposit, retirement, pension funds, insurance policies, trusts, annuities, pay cards, prepaid debit cards, cash or other forms of capital investments. DO NOT LIST THE VALUE OF PERSONAL AUTOMOBILES OR HOUSEHOLD FURNISHINGS. [NOTE: Each member must be listed. Enter member name in designated field followed by "None" in the Type of Asset field for those who do not have any. Otherwise, list assets held per member & value]

HOUSEHOLD ASSETS		
<u>Household Member's Name</u>	<u>Type of Asset*</u>	<u>Value (\$)</u>

Household Composition:

In the table below, list the additional household members who will reside in the household not already listed on page 1 or on an additional application. Include total number of household members in field at bottom of table to include members who may be listed on an additional application. Please also include any "unborn" children.

HOUSEHOLD COMPOSITION									
<u>Name (First/Last)</u>	<u>*Gender M/F</u>	<u>Birth date</u>	<u>Age</u>	<u>Grade in School</u>	<u>Do you have full custody?</u>	<u>If not, list percent age of custody</u>	<u>**Social Security Number regardless of age</u>	<u>*Race (Sec Pg 1)</u>	<u>*Ethnicity (Sec Pg 1)</u>
a.									
b.									
c.									
d.									
e.									
f.									
Total # of HH Members									
Include Members on page one									

Household Member #: a. _____, b. _____, c. _____, d. _____, e. _____, f. _____

*I decline to provide my Gender, Race and Ethnicity data (Each Household Member has the option to sign above if they're declining to provide this information.)

**Not Required: Information from applicants who were age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010.

Special Needs (Optional):

Please answer the following questions.

Are you or another household member disabled? Yes No

Do you or a household member require a special accommodation in your unit or need accessible features in the unit?

Yes No

Special Needs (Optional) Continued:

If yes, select applicable accessibility needs below:

	<u>Accommodation</u>
	Wheelchair Accessible
	Walker/Cane Accessible
	Other Mobility Impairment Accessible
	Other Vision Impairment Accessible
	Other Hearing Impairment Accessible
	Other Permanent Disability Accessible
	Accessible Parking Space
	Live-in Attendant

If attendant is needed, please give name of attendant & ordering physician:

Name of Live-in Attendant

Name and Phone Number of Physician

Emergency Contact (Optional):

Please list the name and phone number of the person we should contact if we cannot reach you in the event of an emergency.

First/Last Name

Phone Number

--

Residential History: Please provide consecutive residential history. This includes the addresses for family/friends you reside with, whether or not you pay rent, current/previous landlords & homeless shelters.

RESIDENTIAL HISTORY		
	<u>Applicant</u>	<u>Applicant</u>
Name of CURRENT Housing Provider OR Property:		
List affiliation (circle one):	Family/ Friend/ Landlord/ Owned/Shelter	Family/ Friend/ Landlord/ Owned/Shelter
Address of Provider:		
Address of Applicant (<i>if different</i>):		
Provider/Property Phone Number:		
Dates of Occupancy : (mm/yy – mm/yy)		
Did you pay rent? If so, how much per month?		
Where you evicted or is eviction pending? If so, why?		
	<u>Applicant</u>	<u>Applicant</u>
Name of PREVIOUS Housing Provider OR Property:		
List affiliation (circle one):	Family/ Friend/ Landlord/ Owned/Shelter	Family/ Friend/ Landlord/ Owned/Shelter
Address of Provider:		
Address of Applicant (<i>if different</i>):		
Provider/Property Phone Number:		
Dates of Occupancy: (mm/yy – mm/yy)		
Did you pay rent? If so, how much per month?		
Were you evicted or is eviction pending? If so, explain why:		
	<u>Applicant</u>	<u>Applicant</u>
Name of PREVIOUS Housing Provider OR Property		
List affiliation (circle one):	Family/ Friend/ Landlord/ Owned/Shelter	Family/ Friend/ Landlord/ Owned/Shelter
Address of Provider:		
Address of Applicant (<i>if different</i>):		
Provider/Property Phone Number:		
Dates of Occupancy: (mm/yy – mm/yy)		
Did you pay rent? If so, how much per month?		
Were you evicted or is eviction pending? If so,		

explain why: _____

Please list all states and *counties* you, and all household members, have resided in:

Applicant 1:

ST: _____ ST: _____ ST: _____ ST: _____ ST: _____

COUNTY: _____ COUNTY: _____ COUNTY: _____ COUNTY: _____ COUNTY: _____

Applicant 2:

ST: _____ ST: _____ ST: _____ ST: _____ ST: _____

COUNTY: _____ COUNTY: _____ COUNTY: _____ COUNTY: _____ COUNTY: _____

POLICY STATEMENT & CERTIFICATION

Any general information included as part of an individual household member's records will be made accessible between departments. Other information not routinely in a household's records may be shared between professional staff on a need-to-know basis at the discretion of the department or site head staff person. Information, which involves criminal acts, including use of physical force, offenses against other persons, child abuse and neglect, etc., will be automatically reported to appropriate authorities as required by law.

I/We am/are applying for housing and state that all information provided herein is true, accurate, and complete to the best of my knowledge and belief. Application includes pages 1 through 6 of this application. The information obtained will be used for management purposes only and will be held in confidence.

Acknowledgment of being informed of the above:

Signature of Applicant Date

Signature of Applicant Date

ACKNOWLEDGEMENT

Any changes to your income, assets, household composition or student status from the date you signed your application up to your move in date, must be reported to Mercy Housing Management. Failure to do so could result in denial of your move in. If after move in we discover that changes were not reported, Mercy Housing Management may be required to take steps that could result in eviction.

Initials Initials

PENALTIES FOR MISUSING THIS CONSENT

*Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8) **. 6/29/2007*



APPLICATION CLARIFICATION NOTES

This section is to be used only to clarify items listed on the application itself.

Item:

Item:

Item:

Item:

Item:

Item:



Discrimination Prohibited: The landlord will not discriminate based upon race, color, religion, creed, national origin, sex, age, familial status, or disability.

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION/MODIFICATION

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

- a change in the rules or policies or how we do things that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site,
- a change or repair in your apartment or a special type of apartment that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site,
- a change or repair to some other part of the housing site that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site.

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

We will give you an answer in 10 working days unless there is a need for verification of the request. In that case, the response time is 15 working days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

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

If you need help filling out a REASONABLE ACCOMMODATION/MODIFICATION REQUEST FORM or if you want to give us your request in some other way, we will help you.

You can get a REASONABLE ACCOMMODATION/MODIFICATION REQUEST FORM at the Property office

Or by contacting 504adacoordinator@mercyhousing.org

Fax: (877)-245-7121

Phone: 303-830-3422

TTY: 800-877-8973 or 711

NOTE: All information you provide will be kept confidential and be used only to help you have an equal opportunity to use and enjoy your housing and the common areas.

** This legal phrase means if it is not too expensive and too difficult to arrange.*





**ST. FRANCIS TERRACE
RESIDENT SELECTION CRITERIA
Tax Credit & RHCP-B - Family Housing**

LIMITED ENGLISH PROFICIENCY (LEP)

Reasonable steps will be taken to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. We ensure meaningful communication with LEP applicants and residents and their authorized representatives. Interpreters, translators and other aids needed to comply with this policy shall be provided free of charge to the person being served, and residents and their families will be informed of the availability of such assistance. Language assistance will be provided through use of a contracted telephonic interpretation service, competent bilingual staff, staff interpreters, or formal arrangements with local organizations providing interpretation or translation services or technology.

INTRODUCTION: There are 47 units at St. Francis Terrace for families, and they follow the Tax Credit/Section 42 program, with 20 units that follow the Rental Housing Construction Program-Bond (RHCP-B) program.

I. APPLICATION PROCESS

- A. Priority determines the order of processing only, and in no way changes the requirement that all potential tenants must meet the other criteria for resident selection. Applications will be ranked for consideration (and units will be offered) according to the following descending order of priorities:
1. Date and time-stamped property received original application and reference number assigned;
 2. Date of completion of verification/certification process; and
 3. Date of availability for move-in.

Applications are located at the **St. Francis Terrace, 2525 L Street, Sacramento, CA 95816**, or if you are unable to pick up one, we can mail, or email it to you. You can also print one from our website: www.mercyhousing.org.

- B. **INCOME LIMITS** - The income limits checked below are for this property and are posted in the Leasing Office (*management should mark all that apply*):

- Very Low Income - 35% AMI
- Very Low Income - 50% AMI
- Low Income - 60% AMI

- C. **UNIT SIZE/OCCUPANCY STANDARDS** – Households will be accommodated in accordance with the following occupancy standards:

TCAC Occupancy Standards:

	<u>Minimum</u>	<u>Maximum</u>
1. One-Bedroom	1	3
Two-Bedroom	2	5
Three-Bedroom	3	7

RHCP-B Occupancy Standards:

- | | <u>Minimum</u> |
|----------------|----------------|
| 1. One-Bedroom | 1 |
| Two-Bedroom | 2 |
| Three-Bedroom | 4 |
- For all units, the head of household must be eighteen years of age or older or an emancipated minor.
 - A Live-In Aide is allowed to live in the apartment due to a reasonable accommodation.

D. TAX CREDIT (and BOND) STUDENT ELIGIBILITY RULE – We cannot accept a household entirely occupied by full-time students unless one or more of the following criteria are met:

- The students receive assistance under Title IV of the Social Security Act (Temporary Assistance to Needy Families or TANF, formerly AFDC);
- The students are enrolled in a job training program receiving assistance under the Job Training Partnership Act or under other similar Federal, State or local laws;
- The students are single parents with child(ren) or unborn child(ren), and such parents and the child(ren) are not dependents of another individual;
- The students are married and file a joint tax return or are eligible to file a joint tax return.
- At least one household member was previously (not currently) under the care and placement responsibility of the State Agency responsible for administering a plan under Part B or Part E of Title IV of the Social Security Act (Foster Care).

A full-time student is defined as:

- Anyone who is currently enrolled in any type of school and the school they attend defines the hours they attend as full time.
- Anyone who will attend full time any type of school any time in the next twelve (12) months.
- Anyone who has attended school full time for five (5) months of this calendar year. This does not have to be consecutive. Example 1: If an applicant attends school full time from January 20th through May 13th, this is considered five months. If they attend one day in any month, that counts as a full month. Example 2: If you attended full time one day in January, one day in February, one day in April, one in June and one in July, you are considered a full-time student until January 1st of the following year.

II. ELIGIBILITY OF A REMAINING MEMBER OF A TENANT FAMILY

Once all the original tenants have moved out of the unit, the remaining tenants must be certified as a new income-qualified household unless:

- For 100% Tax Credit buildings, the remaining tenants were independently income qualified at the time they moved into the unit.
- Regarding domestic violence, dating violence, sexual assault and stalking, after lease bifurcation (dividing a lease as a matter of law) in order to evict, remove, or terminate the assistance of the offender, who is the family member whose characteristics qualified the rest of the family to live in the unit or receive assistance, we must give victims a 90-day time period for establishing eligibility

for a program and finding new housing, as long statutory requirements of our covered programs are not superseded by VAWA 2013 or that the 90-day calendar period also will not apply beyond the expiration of a lease, unless program regulations provide for a longer time period. If and when the program and statutory requirements allow it, we may give extensions for up to 60 days.

III. WAITING LISTS

A. The Waiting Lists will be maintained according to family size, the percentage of area median income the annual income is, and type of unit for applicant households. The Waiting List is open with the understanding that those who are listed are fully informed of its length and the policies/procedures for selecting individuals and updating the list when they apply and are added to the list.

1. If no units are available, an eligible applicant will be placed on a Waiting List.
2. If the existing Waiting List contains so many names that the average wait for a unit is a year or more, the property may decline to accept additional applications. In this case, the Waiting List is "closed". An announcement (via posting in property office, on property voicemail and advertising in local newspapers) will be made when the Waiting List closes and when the Waiting List reopens. The notifications should be extensive, and the rules for applying and the order in which applications will be processed should be stated. Advertisements should include where and when to apply.
3. The Waiting List shall be updated after the first year, and at minimum, every six months thereafter. Applicants will be removed from the Waiting List if the Interest Letter/mail sent to the applicant's address is returned as undeliverable and there is no valid telephone number or email address provided.
4. Following initial rent-up for each size/type of unit, there will be a Waiting List for each of the following, as applicable:
 - (a) Current residents who need to transfer to a different unit (See Transfer Policy below);
 - (b) Outside applicants wishing to move into the property.

B. **FILLING VACANT UNITS** – Applicants are selected from the Waiting List and offered units in the order required by Fair Housing and our policies.

1. When a unit becomes available, current residents who have submitted a Unit Transfer Request or at the owner's determination, and who are deemed eligible for the transfer, are given priority over Waiting List Applicants. We must first lease a vacant unit to a resident who is a victim of domestic violence, dating violence, sexual assault, or stalking who is transferring from another unit on this property, according to the VAWA Emergency Transfer Plan. Transfers for this reason will take priority over all other transfer requests including those made to accommodate a disability and to address over- or under-utilization of a unit. If a VAWA Emergency Transfer is not needed, then we must lease vacant accessible units to current tenants, and then applicants requiring special physical design features. If there is no current tenant or applicant requiring an accessible unit or its features, a non-physically disabled individual can move into the accessible unit. The non-physically disabled applicant must agree to move to a non-accessible unit at their own expense when there is a tenant or applicant that requires the accessible unit. A lease addendum (Accessible Unit for Disabled Lease Addendum) will be entered into with the non-physically disabled tenant living in an accessible unit.

2. If a current resident does not need to transfer, we will select the next applicant from the Waiting list based on the unit size available, preferences established for the property (This property does not have preferences, excluding existing tenant unit transfers), and our screening policies. We will select the first name on the Waiting List for the appropriate unit size (or list of names for units reserved for disabled applicants) and make a final determination of eligibility and suitability for tenancy, using the criteria described in the Applicant Screening section.
3. Applicants will be contacted by telephone in the order as stated above, and the first applicant to complete the process, notifies management of their decision, and pays their rent and deposit, will be offered the unit.
4. If an applicant declines or does not respond to the first offer of an available unit when contacted, his/her name will remain in their current order on the Waiting List. If an applicant declines or does not respond to a second offer of an available unit when contacted, his/her name will be placed on the bottom of the Waiting List. If an applicant declines an apartment a third time, his/her application may be cancelled. Written notification of the attempt to contact, and cancellation of the application, will be mailed to the applicant.

IV. TRANSFER POLICY – Transfers from one unit to another type of unit within the property will take precedence over new move-ins, and may be required by management for the following reasons only:

1. For emergency relocation due to domestic violence. (If a tenant is an actual or imminent victim or survivor of domestic violence, dating violence, sexual assault or stalking and requests to transfer, the resident family will be given another available and safe dwelling unit on this property. To facilitate this transfer, the resident would not have to complete a new rental application.) VAWA transfers will take priority over all other transfer requests including those made to accommodate a disability and address over- or under-utilization of a unit. (Please refer to the VAWA section. A VAWA Emergency Transfer Plan is available upon request.);
2. For emergency temporary relocation. (If a unit becomes uninhabitable due to a catastrophe, the resident family will be given any open unit for temporary living quarters until their own unit is repaired. An “open unit” is a unit for which the keys are in the possession of the management company.);
3. If the owner determines that a tenant’s current unit is too small or too large as a result of a change in the family’s size or composition (See Occupancy Standards on page 1), the owner must decide whether to require the tenant to transfer to another unit of an appropriate size;
4. For a reasonable accommodation to a household member’s disability or for a verifiable medical necessity. For example, if a resident requires a wheelchair accessible unit or additional space for medical equipment, a larger unit to accommodate a live-in aide, or any other medical reasons. Transfers that are needed due to a reasonable accommodation will have priority over non-reasonable accommodation transfers, except VAWA Transfers;
5. If a non-physically disabled tenant is living in an accessible unit, and a disabled tenant or Waiting List applicant needs the special physical design features of that unit, the tenant must agree to move to a non-accessible unit at their own expense. Please review Accessible Unit for Disabled Lease Addendum.

When a household requests to transfer one or more lessees out of an existing household into another unit on

the property, the transferring lessee will be treated as a new applicant. He/she must be of legal contract age or an emancipated minor, complete an application, and then will be placed at the bottom of the Waiting List. As any other applicant, they must meet eligibility and qualify as a new move-in by going through the screening process regarding verifying income, criminal and credit history, etc.

Current tenants requesting a unit transfer for any other reason will be added to the Waiting List of applicants provided there is no record of consistent late or unpaid rental obligations, no record of police activity (except VAWA-related incidents), and inspection of the tenant's current unit must indicate there is no damage to the property or poor housekeeping habits resulting in health or safety hazards.

Transfer list(s) will be maintained by Unit Size and/or Type, i.e. 2BR Transfer List, or Wheelchair Accessible Unit or 2BR Wheelchair Accessible Unit, etc. Transfer list(s) resident names will be maintained in a date and time order.

The tenant will pay all costs associated with the move. However, if a tenant is transferred as a reasonable accommodation to a household member's disability, then the owner has to allow the tenant to pay for the modification to the unit. The tenant is to have the funds in escrow to return the unit back into its original condition upon move-out, or when/if the modification is no longer needed.

V. POLICIES TO COMPLY WITH THE FAIR HOUSING AMENDMENTS ACT OF 1988, THE AMERICANS WITH DISABILITIES ACT, AND THE AGE DISCRIMINATION ACT OF 1975:

- A. **The Fair Housing Act** prohibits discrimination in housing and housing-related transactions based on race, color, religion, sex, national origin, disability, or familial status. It applies to housing, regardless of the presence of federal financial assistance. In addition, our housing programs are open to all eligible persons regardless of sexual orientation, gender identity (including gender expression) or marital status in any phase of the occupancy process.
- B. **The Americans With Disabilities Act** requires accessibility for people with disabilities, and prohibits discrimination against people with disabilities, in employment, governmental activities and commercial activities.
- C. **The Age Discrimination Act of 1975** prohibits discrimination on the basis of age in programs and activities receiving federal financial assistance. It is not a violation of the Act to use age as screening criteria in a particular program if age distinctions are permitted by statute for that program or if age distinctions are a factor necessary for the normal operation of the program or the achievement of a statutory objective of the program or activity.

VI. VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005 (VAWA), AND VAWA 2013/EMERGENCY TRANSFER PLAN:

- A. **VAWA** protections apply to families applying for or receiving rental assistance payments under the IRS Tax Credit/Section 42 Program, and other affordable programs. The law protects victims or survivors of domestic violence, dating violence, sexual assault, or stalking, as well as their immediate family members generally, from being evicted or being denied housing assistance if an incident of violence [that] is reported and confirmed. VAWA also provides that an incident of actual or threatened domestic violence, dating violence, sexual assault, or stalking, does not qualify as a

serious or repeated violation of the lease nor does it constitute good cause for terminating the assistance, tenancy, or occupancy rights of the victim or survivor. Furthermore, criminal activity directly relating to domestic violence, dating violence, sexual assault, or stalking is not grounds for terminating the victim's or survivor's tenancy. The Owner/Agent (O/A) will bifurcate (divide a lease as a matter of law) in order to evict, remove, or terminate the assistance of the offender while allowing the victim or survivor, who is a tenant or lawful occupant, to remain in the unit, with Regional Vice President approval.

VAWA ensures that victims are not denied housing and housing assistance solely because the person is a victim of a VAWA crime. However, being a victim of a VAWA crime is not reason to change the eligibility or applicant screening requirements set forth in the Resident Selection Plan, unless such requirements interfere with protections provided under VAWA.

For example: Mercy Housing may waive the requirement to review landlord history if the victim has provided necessary documentation to certify their status as a victim and if contacting a previous landlord would put the applicant's location at risk of exposure to the accused perpetrator.

- B. Form HUD-91067, *Lease Addendum for VAWA*, is HUD's lease addendum for the VAWA provisions, and is a required addendum to every lease, and MHMG requires the addendum to be used at all its properties. If it is determined that physical abuse caused by a tenant is clear and present, the law provides management the authority to bifurcate the lease, and remove, evict, or terminate housing assistance, if applicable, to that individual, while allowing the victim, who lawfully occupies the apartment, to maintain tenancy. The eviction of, or termination action against the individual, will be done in accordance with the procedures prescribed by Federal, State, and local law. If such action is deemed necessary, an interim recertification will be processed reflecting the change in household composition, if applicable. (Please review the Remaining Tenant Household Member Section for eligibility requirements for the remaining members after lease bifurcation.)

C. **Emergency Transfers**

MHMG Housing ("Landlord") as the managing agent for the owner of the property ("Owner") is concerned about the safety of its residents, and such concern extends to residents who are victims of domestic violence, dating violence, sexual assault, or stalking.

In accordance with the Violence Against Women Act (VAWA), Landlord allows residents who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the resident's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation. The ability of Landlord to honor such request for residents currently receiving assistance, however, may depend upon a preliminary determination that the resident is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether Landlord has another dwelling unit that is available and is safe to offer the resident for temporary or more permanent occupancy.

The emergency transfer plan identifies the individuals who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to residents on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban

Development (HUD), the Federal agency that oversees Landlord's subsidy programs to ensure they are in compliance with VAWA.

D. Eligibility for Emergency Transfers

A resident who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if:

1. The resident reasonably believes that there is a threat of imminent harm from further violence if the resident remains within the same unit; or
2. If the resident is a victim of sexual assault, the resident may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A resident requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Residents who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

E. Emergency Transfer Request Documentation

To request an emergency transfer, the resident shall notify Landlord and submit a written request for a transfer to the Management Office or Landlord's 504 Coordinator as well as documentation of the occurrence of domestic violence, dating violence, sexual assault or stalking if Resident has not previously provided such documentation of the occurrence.

Landlord will provide reasonable accommodations to this policy for individuals with disabilities.

The resident's written request for an emergency transfer should include either:

1. A statement expressing that the resident reasonably believes that there is a threat of imminent harm from further violence if the resident were to remain in the same dwelling unit assisted under Landlord's program; or
2. A statement that the resident was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the resident's request for an emergency transfer.

For the convenience of residents, Landlord has developed a form residents may use to request a transfer.

Acceptable documentation of the occurrence of domestic violence, dating violence, sexual assault or stalking must be provided if resident has not previously provided such documentation. Acceptable documentation includes any one of the following forms of verification:

1. A complete HUD-approved certification Form 5382;

2. A document:
 - a. Signed by the resident 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 the victim has sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse;
 - b. That specifies, under penalty of perjury, that the professional believes in the occurrence of the incident of domestic violence, dating violence, sexual assault, or stalking that is the ground for protection and remedies under this subpart, and that the incident meets the applicable definition of domestic violence, dating violence, sexual assault, or stalking under 24 C.F.R. § 5.2003;
3. A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
4. At the discretion of Landlord, a statement or other evidence provided by the resident.

If Landlord 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), Landlord 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, Landlord does not have to provide you with the protections contained in this notice.

F. Confidentiality

Landlord will keep confidential any information that the resident submits in requesting an emergency transfer, and information about the emergency transfer, unless the resident gives Landlord written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the resident, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the resident. See the Notice of Occupancy Rights under the Violence Against Women Act For All Residents for more information about Landlord’s responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

G. Internal Emergency Transfer Timing and Availability

Internal emergency transfers refer to an emergency relocation of a resident to another unit where the resident would not be categorized as a new applicant. The resident may reside in the new unit without having to undergo an application process. Internal emergency transfers generally are only available within the community in which the Resident is residing.

Landlord cannot guarantee that a transfer request will be approved or how long it will take to process

an internal transfer request. Landlord will, however, act as quickly as possible to move a resident who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit within the same community, subject to availability and safety of a unit. Transfers for these reasons will take priority over all other transfer requests including those made to accommodate a disability and to address over- or under-utilization of a unit.

If a resident reasonably believes a proposed transfer would not be safe, the resident may request a transfer to a different unit. If a unit is available, the transferred resident must agree to abide by the terms and conditions that govern occupancy in the unit to which the resident has been transferred. Landlord may be unable to transfer a resident to a particular unit if the resident has not or cannot establish eligibility for that unit.

H. External Emergency Transfers

External emergency transfers refer to an emergency relocation of a resident to another unit where the resident would be categorized as a new applicant. The resident must undergo an application process in order to reside in the new unit.

While MHMG may manage other communities within the area, each are (1) owned by different entities which are the actual housing providers at those communities for whom MHMG is acting as agent, (2) has its own wait lists and (3) is subject to its own regulatory agreements. As such, except in rare circumstances where the Owner of the resident's community also owns another community, Landlord must process transfers to other communities, even those managed by Landlord, as external transfers. In most circumstances, Landlord is unable to give any priority for such external transfers even if Landlord manages the property for the other Owner. As such, external transfers generally will require the transferring resident to go on any pending waitlist in the same position as any other new applicant at the other Owner's property.

I. Additional Assistance

If Landlord has no safe and available units for which a resident who needs an emergency transfer is eligible, Landlord will assist the resident in identifying other housing providers who may have safe and available units to which the resident could possibly move.

At residents' request, Landlord will also assist residents in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

J. Safety and Security of Residents

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the resident is urged to take all reasonable precautions to be safe.

Residents who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Residents who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>. Residents 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>. Local resources for the county that the property operates in will be provided with the property's Emergency Transfer Plan.

Victims are encouraged to seek police/legal protection from their accused perpetrator. In some cases, we may file a restraining order against the accused perpetrator to prevent the accused perpetrator from entering the property.

VII. APPLICANT SCREENING & FINAL SELECTION OF RESIDENTS

A. The following priority for processing will also be used:

1. Units designed specifically for individuals with a physical impairment:
 - (a) For this development, "physical impairment" is defined as mobility impairment which necessitates the permanent use of a wheelchair. For all units designed specifically for wheelchair accessibility, priority will be given to those applicants needing such modifications;
 - (b) Priority will be given to households where a member is required to use a wheelchair;
 - (c) If there are not enough such households to fill all specially equipped units, owners may give preference to households with members whose physical or mobility impairment would be eased by the design of the accessible unit.
2. Units designed for individuals with a hearing or vision impairment:
 - (a) For all units designed specifically with hearing and/or vision features, priority will be given to those applicants and households where a member is in need of such modifications.

B. Initial Interview – All household members must be present at the initial interview.

At the scheduled interview, all eligibility factors will be explained to the applicants, with particular emphasis on the Applicant Screening Requirements. During the interview, the staff person will do the following:

- Clarify any information provided by the applicant;
- Income qualification verification, including self-employment: soliciting third-party verification from all sources in order to determine annual household income (the maximum income levels apply to all programs, plus minimum income levels apply to the Tax Credit program), and all assets, including bank accounts;
- Make copies of photo identification, i.e. Driver's License or state I.D. card, I-94s or employment cards for adults 18 years of age and older, and birth certificates for children under the age of 18;
- Answer any questions the applicant may have.

C. Applicant Screening

Application Fee

An Application Fee of \$25.00, paid by money order, is required for all adults 18 years of age and older that will reside in the apartment and should be submitted at the time the application is processed. (After background screening is processed, the Application Fee is non-refundable.)

It is the policy of Mercy Housing Management Group to deny admission to applicants whose habits and practices may reasonably be expected to have a detrimental effect on the operations of the property or on the quality of life for its residents. As a part of the final eligibility determination, Mercy Housing Management Group will screen each applicant household to assess suitability. Factors to be considered in the screening are housekeeping habits, rent paying habits and credit records, prior history as a tenant and criminal records. Following is a description of each of these factors and the method of verification to be employed:

Rent Paying Habits, Responsible Tenancy History, Behavior and Conduct

Staff will request credit histories on each adult member of each applicant household and will request phone references from the applicant's current landlord and former landlords for the past two (2) years. Based upon these verifications, the staff will determine if the applicant(s) paid rent on time, took care of the unit, and if the landlord would rent to them again. If the landlord provides a good reference, staff will move forward with the application process. If the landlord provides a negative reference, staff will request a written reference from the Landlord.

Applicants who have failed to pay amounts due or failed to reach a satisfactory agreement to pay those amounts will also be considered ineligible.

It is the applicant's responsibility to demonstrate utilities can be put in their name. Applicants who cannot have utilities put in their name will be considered ineligible.

Management will initiate an eviction history and credit report. The applicant shall be notified of such action in advance. Applicants will be charged the actual costs of the credit and criminal records reports OR the maximum allowable fee set by statute, whichever is less. Applicants to properties with HUD rental subsidies will not be charged for the reports.

If there is a finding of any kind which would negatively impact an application, the applicant will be notified in writing. The applicant then shall have 14 calendar days in which such a finding may be appealed to staff for consideration.

Any currently open bankruptcy proceeding of any of the household members will be considered a disqualifying condition.

Gross Rent as Percentage of Gross Income

1. To protect the project from rent loss and rent delinquency, persons spending more than 50% of the household's combined monthly income for rent may not be accepted. Those household members listed on the application must be the same as those who have contributed to a

- household's history of paying more than 50% of gross household income for rent.
2. Current documentation of ability to pay higher rent above 50% must be within the past twelve months for a period of no less than eight (8) months. Suitable documentation shall include the following: cancelled checks, rent receipts or mortgage statements, lease agreement, and landlord verification.
 3. All income must be verified by management.
 4. For determining Gross Rent as Percentage of Gross Income, Gross Rent shall be calculated using Tenant Rent plus Utility Allowance. If there is no Utility Allowance, Tenant Rent shall be considered Gross Rent.

Criminal Records Check and Eviction Check

Staff will hire a contractor to run a credit check and criminal background check on all applicants and it will check court records for evidence of evictions or judgments against the applicant and evidence of criminal convictions. The purpose of these checks is to obtain information on the applicant's past history of meeting financial obligations and future ability to make timely rent payments and to abide by the federal laws regarding the prohibition of admitting any applicant with specific criminal activity including drug-related activity.

(Our Consumer Reporting Agency is Credit Retriever, which can be contacted at www.creditretriever.com, and the applicant has a right to obtain a copy of the report and dispute the information in it if denied or adverse action is taken.

VIII. DENIED APPLICATIONS

1. A background criminal reference check is conducted to determine that applicants and/or members of an applicant's household have:
 - No record of felony convictions within the past three (3) years;
 - No record of disqualifying misdemeanor convictions within the past one (1) year;
 - No record of non-violent convictions within the past two (2) years
 - No record of two (2) misdemeanor convictions within the past three (3) years;
 - No record of two (2) felony convictions within the past five (5) years;
 - No record of criminal sexual criminal convictions, including being subject to a nationwide sex offender lifetime registration;
 - No record of terrorist convictions;
 - No record of felony arson convictions.
2. **Applicants may be denied for any of the following:**
 - (a) Failure to present all members of the family at the full family interview, except for hospitalization, medical reasons, emergency, etc., (or some other time acceptable to management) prior to completion of Initial Certification;
 - (b) Blatant disrespect or disruptive behavior toward management, the property or other residents exhibited by an applicant or family member any time prior to move-in (or a demonstrable history of such behavior);
 - (c) A negative landlord reference, encompassing failure to comply with the lease, poor payment

- history, poor housekeeping habits, or evictions for cause including current notices to pay or quit;
- (d) Any household member with a currently open bankruptcy proceeding;
 - (e) Falsification of any information on the application;
 - (f) Eligibility income exceeding the maximum allowed, or not meeting the minimum allowed;
 - (g) Family composition not appropriate for available bedroom size;
 - (h) All members of household are full-time students and do not meet any of the criteria outlined in the Student Eligibility Rule section;
 - (i) Failure to update application for the Waiting List within specified time when notified;
 - (j) Other good cause: including, but not limited to, failure to meet any of the selection criteria in this document;
 - (k) Failure to provide photo identification for adults 18 years of age and older;
 - (l) Failure to provide birth certificates for household members below 18 years of age;
 - (m) Declines an apartment offer after being contacted three times;
 - (n) The Controlled Substances Act (CSA) categorizes marijuana as a Schedule 1 substance and therefore, the manufacture, distribution, or possession of marijuana is a federal criminal offense. The CSA prohibits all forms of marijuana use (medically or recreationally), even if it is permitted under state law. Marijuana is not permitted in the units, common areas, or on the property. Admission to this property will be denied if the owner has reasonable cause to believe that the illegal use may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents, and current resident households can have their tenancy or assistance terminated by the owner for illegally using a controlled substance. Illegal use, manufacture, distribution, or possession of any controlled substance is prohibited.
 - (o) Consideration may be given for extenuating circumstances where this would be required as a reasonable accommodation when determining the acceptability of tenancy. Persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process.

IX. FINAL ELIGIBILITY DETERMINATION

Staff will make a final eligibility determination on each applicant only after all factors have been adequately verified including household's annual income. Eligible applicants will be notified in writing of their status and given an approximate date when they can expect to receive an offer of a unit. Ineligible applicants will be notified of their ineligibility in writing and the reason, and informed of their right to an informal review.

Once final eligibility is determined, the staff will proceed to calculate the rent, execute lease documents, and assign the next unit available for which the household has been deemed eligible.

Applicants determined ineligible for admission by staff may request an informal review of the determination. They must make the request within 14 days of the date of the notice of ineligibility. Within 5 days of receiving the request, the staff must schedule the review and notify the applicant of the place, date and time.

Informal reviews will be conducted by an impartial review officer who had no involvement in the ineligibility determination. The review officer will be selected by the Area Director of Operations. The applicant may bring to the review any documentation or evidence he/she wishes and the evidence along with the data compiled by staff will be considered by the review officer.

The review officer will make a determination based upon the merits of the evidence presented by both sides.

Within 10 days of the date of the review, the review officer will mail a written decision to the applicant and place a copy of the decision in the applicant's file.

X. PET POLICY

1. No more than two (2) pets per apartment.
2. No pets are allowed (except fish and small birds), without an approved Pet Agreement authorized by Management.
3. Pets—a \$150 non-refundable pet fee per pet. There is a \$15.00 pet fee per month per pet.
4. Service animals or Companion animals (Assistance Animals) are allowed with a provider's verification. Please review the Reasonable Accommodation and Modification Policy.

XI. MODIFICATION OF THE RESIDENT SELECTION CRITERIA PLAN

This Resident Selection Criteria Plan will be reviewed annually to ensure that it reflects current operating practices, program priorities and Fair Housing requirements. If this Resident Selection Criteria Plan is substantially updated, you may be notified.

I certify that I have been given the opportunity to review the Resident Selection Criteria for housing at: St. Francis Terrace Apartments.

Applicant Date

Applicant Date

Applicant Date

Applicant Date

Manager/Leasing Agent Signature Date

