



Tenant Selection Plan (TSP) Checklist

Development Name: CLY DIV. LLC
 Address: 454 W Division
 Signature Date of TSP: 2/28/19

HUD or FHA Project No. _____
 IHDA Loan No. _____
 IHDA Tax Credit Project No. _____
 City of Chicago Tax Credit Project No. TC-16-001
 City of Chicago Project No. _____
 City of Chicago IDIS No. _____
 Cook County Loan No. _____
 Cook County Project No. _____

Required Topics/Provisions	RECOMMENDED GUIDELINES, IF APPLICABLE	Yes	No	Comments
1 Project-specific requirements (If the property is designated for special targeted population, the owner must define population to be served.)	Ch. 3, Sec. 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 Social Security Number (SSN) Requirements (Owner must identify the requirements for providing SSNs, allowing extended time to provide proof of SSNs and procedures used when an individual has no SSN.)	Ch. 3, Sec. 2 Notice H 10-B, Sec. IV	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3 Income Limits (Owner must identify the income limit schedule used)	Ch. 3, Sec. 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Procedures for Accepting Applications and Pre-Applications	Ch. 4, Sec. 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5 Procedures for Applying Preferences (Owner should describe the acceptable sources of preference verification and must define how preferences affect the order in which applicants are accepted.)	Ch. 4, Sec. 1 & 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Existing Tenant Preferences (Owner's description must include provisions for circumstances which include transfer because of family size, changes in household composition, change in income, change in subsidy, certifiable medical reasons or accessibility features.)	Ch. 7, Sec. 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 State Mandated Preferences (Owner must include preferences mandated by Illinois: 1) Displaced from an urban renewal area 2) Displaced as a result of government action 3) Displaced as a result of a major disaster)	Section 11 and 12 of 20 ILCS 3805	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8 Other Allowable Screening Criteria (Owner must describe property standards used to screen information such as rental history, credit history, home visits, etc.)	Ch. 4, Sec. 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9 Drug-Related or Criminal Activity Criteria (Owner must describe property standards used to screen information on drug or criminal activity - including sex offender registration.)	Ch. 4, Sec. 1 & 4 and Notice H 2002-22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10 Procedures for Rejecting Ineligible Applicants (Owner must describe circumstances for rejection and how extenuating circumstances may be considered, including right of applicant to appeal.)	Ch. 4, Sec. 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Occupancy Standards (Owner must describe the determination of appropriate unit size.)	Ch. 3, Sec. 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12 Policies with the Fair Housing Acts (Owner must include language regarding non-discrimination against protected classes.)	Ch. 2, Sec. 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13 Opening and Closing Waiting List (Owner must describe methods used to announce opening and closing the list.)	Ch. 4, Sec. 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Required Topics/Provisions		RECOMMENDED GUIDELINES, IF APPLICABLE	Yes	No	Comments
14	Applicant Notification and Opportunity to Supplement Information	Ch. 4, Sec. 1 & 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15	Waiting List Management <i>(Owner must include information related to application-taking, waiting lists, and record-keeping related to tenant applications.)</i>	Ch. 4, Sec. 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Required Topics/Provisions		RECOMMENDED GUIDELINES, IF APPLICABLE	Yes	No	Comments
16	Selecting Tenants from the Waiting List <i>(Discusses applicant interviews and applicable requirements and procedures when applicants are found to be ineligible, including written notification to applicants of denial of assistance)</i>	Ch. 4, Sec. 1	✓		
17	Procedures for Identifying Applicant Needs for the Features of Accessible Units or Reasonable Accommodations	Ch. 2, Sec. 3	✓		
18	Updates to Waiting List <i>(Owner should purge waiting list annually)</i>	Ch. 4, Sec. 3	✓		
19	Policy for Notifying Applicants and Potential Applicants of Changes in the Tenant Selection Plan	Ch. 4, Sec. 1		✓	
20	Procedures for Assigning Units with Originally-Constructed design features for persons with physical disabilities	Ch. 2, Sec. 3	✓		
21	Charges for facilities and services	Ch. 6, Sec. 3		✓	
22	Security Deposit Requirements	Ch. 6, Sec. 2		✓	
23	Unit Inspections	Ch. 6, Sec. 4	✓		
24	Annual Recertification Requirements	Ch. 7, Sec. 1	✓		
25	Interim Recertification Reporting Policies	Ch. 7, Sec. 2	✓		
26	Implementation of House Rules	Ch. 6, Sec. 1	✓		
27	VAWA- HOME, Housing Opportunities for People with Aids (HOPWA), McKinney-Vento Act Programs, RD, LIHTC, TCAP	VAWA rev 3/7/2013			
28	Tenant Selection Plans must be executed by owner and agent	Per IHDA Legal Agreements	✓		

TENANT SELECTION PLAN

Other Programs

(Non-Section 8 and 236 Programs)

ClyDiv, LLC
DEVELOPMENT NAME

454 W Division Chicago, IL 60610
DEVELOPMENT ADDRESS

Revised: March 20, 2017

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TENANT SELECTION PLAN



For Other Programs (Non-Section 8 and 236 developments)

IHDA Identification Number: TC-16-001

Clybourn 1200

"Development"

ClyDiv, LLC

Owner's Name (the "Owner")

Michael's Realty Management

Managing Agent's Name (the "Management")

I. INTRODUCTION

This Tenant Selection Plan (this "Plan") outlines the procedures that will be followed in selecting tenants for the Development. Management is responsible for implementing these procedures.

A. Development Description

(Check the one that applies)

- ☒ The Development does not offer subsidized rents.
- ☐ The Development offers subsidized rents. This means the rent that a tenant pays is based upon the tenant's household income. Therefore, the rent paid by tenants may vary among tenants as well as from time to time for an individual tenant. The rents attached to this Plan as **Exhibit A** reflect the market or contract rent for the Development and **not** the typical tenant portion of the rent. (Subsidized rents are usually made available through participation in one of two housing programs: (i) the HUD Section 8 program or (ii) the HUD 236 program which are further augmented by either the Rent Supplement or Rental Assistance programs. Both of these programs have household income limitations.)

In addition, the Development ☒ **does** ☐ **does not** accept Housing Choice Vouchers.
(Check the one that applies)

B. Tenant Type

The Development is designated as housing for: *(check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Family & Special Needs |
| <input type="checkbox"/> Special Needs Family | <input type="checkbox"/> Elderly & Special Needs |
| <input checked="" type="checkbox"/> Family | |

If the "Elderly" or "Elderly & Special Needs" designation is selected, the age restriction, for the units designated Elderly, will be:

(Check the one that applies)

- ☐ 55 and above (households whose head or spouse or sole member is at least 55 years of age) or,
- ☐ 55 and above (one person 55 years of age or older) or,
- ☐ 62 and above (all members of the household are 62 years of age) or,
- ☐ 62 and above (households whose head or spouse or sole member is at least 62 years of age) (this is only available to developments participating in a HUD housing program); or
- ☐ Other (please describe) _____

If any of the "Special Needs" designations is selected, the Development is serving the following special needs population(s):

(Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Battered Women | <input type="checkbox"/> Developmentally Disabled |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Physically Disabled |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Ex-offenders |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Substance Abusers |
| <input type="checkbox"/> Foster Care Families | <input type="checkbox"/> Mentally Ill |
| <input type="checkbox"/> Transient Families | |
| <input type="checkbox"/> Other (please describe) _____ | |

C. Unit Distribution

1. Development (Start-Up only)

The Development will offer _____ rental units.

This ☐ includes ☐ does not include a management unit.

(Check the one that applies)

The income limitations of these units are as follows:

_____ Market rate (no income restriction) units

_____ Units at _____% Median income

_____ Units at _____% Median income

_____ Units at _____% Median income

_____ Units at _____% Median income

_____ Manager unit(s)

2. Development (Up and Running only)

<u>Per Regulatory Agreement</u>			<u>Per Extended Use Agreement (if applicable)</u>		
<u>32</u>	Market rate units		_____	Market rate units	
<u>40</u>	Units at	<u>60%</u> Median income	_____	Units at	_____ % Median income
<u>12</u>	Units at	<u>80%</u> Median income	_____	Units at	_____ % Median income
_____	Units at	_____ % Median income	_____	Units at	_____ % Median income
_____	Units at	_____ % Median income	_____	Units at	_____ % Median income
<u>0</u>	Manager unit(s)		_____	Manager unit(s)	

3. Other Agreements

<u>Per SRN Written Agreement (if applicable)</u>			<u>Per Section 811 PRA Contract (if applicable)</u>		
_____	Market rate units		_____	Market rate units	
_____	Units at	_____ % Median income	_____	Units at	_____ % Median income
_____	Units at	_____ % Median income	_____	Units at	_____ % Median income
_____	Units at	_____ % Median income	_____	Units at	_____ % Median income
_____	Units at	_____ % Median income	_____	Units at	_____ % Median income
_____	Manager unit(s)		_____	Manager unit(s)	

D. Rent Structure

The current rent structure for the Development, by unit size and income distribution, is attached to this Plan as **Exhibit A**.

E. Civil Rights and Nondiscrimination Requirements

1. General

Federal civil rights laws addressing fair housing prohibit discrimination against applicants or tenants on the basis of race, color, national origin, sex, disability, religion, and familial status. The Illinois Human Rights Act addressing fair housing prohibits discrimination against applicants or tenants on the basis of race, color, religion, sex, national origin, ancestry, age, order of protection status, marital status, physical or mental disability, military status, sexual orientation, gender identity or unfavorable discharge from military service.

HUD's Office of General Counsel issued a memo dated April 4, 2016, which is guidance concerning how the Fair Housing Act applies to the use of criminal history by providers or operators of housing and real-estate related transactions.

The remaining paragraphs in this section provide brief descriptions of key federal civil rights laws regarding fair housing and accessibility.

Owner and Management shall be familiar and comply with the regulations implementing these applicable federal civil rights laws and any state civil rights laws or local ordinance regarding fair housing and accessibility.

2. Fair Housing Act

Fair Housing Act Amendments of 1988 ("Fair Housing Act") prohibits discrimination in housing on the basis of race, color, religion, sex, disability, familial status and national origin regardless of any federal financial assistance.

Under the Fair Housing Act, Owner and Management shall not take any of the actions listed below based on race, color, religion, sex, disability, familial status and national origin:

- a. Deny anyone the opportunity to apply to rent housing, or deny to any qualified applicant the opportunity to lease housing suitable to his or her needs;
- b. Provide anyone housing that is different from that provided to others;
- c. Subject anyone to segregation, even if by floor or wing;
- d. Restrict anyone's access to any benefit enjoyed by others in connection with housing program;
- e. Treat anyone differently in determining eligibility or other requirements for admission, in use of the housing amenities, facilities or programs, or in the terms and conditions of a lease;
- f. Deny anyone access to the same level of services;
- g. Deny anyone the opportunity to participate in a planning or advisory group that is an integral part of the housing program;
- h. Publish or cause to be published an advertisement or notice indicating the availability of housing that prefers or excludes persons; and
- i. Retaliate against, threaten, or act in any manner to intimidate someone because he or she has exercised rights under the Fair Housing Act.

Fair Housing Act provides additional protections for persons with disabilities. It requires that the Management make reasonable accommodations in rules, policies, practices, or services as may be necessary to afford handicapped persons equal opportunity to use and enjoy a dwelling. Moreover, it contains specific accessibility requirements that apply to the design and construction of new multi-household housing.

Owner of federally assisted housing program shall display the Fair Housing poster required by the Fair Housing Act.

3. Title VI of the Civil Rights Act of 1964

Title VI of the Civil Rights Act of 1964 prohibits all recipients of federal financial assistance from discriminating based on race, color or national origin.

4. **Age Discrimination Act of 1975**

Age Discrimination Act of 1975 (the "Age Discrimination Act") prohibits discrimination based upon age in federally assisted and funded program, except in limited circumstances. It is not a violation of the Age Discrimination 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.

5. **Section 504 of the Rehabilitation Act of 1973 (for HOME and CDBG programs)**

Section 504 of the Rehabilitation Act of 1973 ("Section 504") prohibits discrimination based upon disability in all programs or activities operated by recipients of federal financial assistance. Although Section 504 often overlaps with the disability discrimination prohibitions of the Fair Housing Act, it differs in that it also imposes broader affirmative obligations on the Owner to make their programs as a whole, accessible to persons with disabilities. Section 504 obligations include the following:

- a. Making and paying for reasonable structural modifications to units and/or common areas that are needed by applicants and tenants with disabilities, unless these modifications would change the fundamental nature of the project or result in undue financial and administrative burdens;
- b. Operating housing that is not segregated based upon disability or type of disability, unless authorized by federal statute or executive order;
- c. Providing auxiliary aids and services necessary for effective communication with persons with disabilities;
- d. Performing a self-evaluation of Management's programs and policies to ensure that they do not discriminate based on disability; and
- e. Developing a transition plan to ensure that structural changes are properly implemented to meet program accessibility requirements.
- f. Section 504 also establishes accessibility requirements for newly constructed or rehabilitated housing, including providing a minimum percentage of accessible units.

If the Owner, Management and Development employ 15 or more persons, regardless of their location or duties, a Section 504 Coordinator must be designated.

Does the Section 504 Coordinator requirement apply?

(Check the one that applies)

☒ Yes

☐ No

If "Yes" was checked, indicate the name of the Section 504 Coordinator:

Name: Aaron Richards

Telephone Number: 856.596.0500

TDD Number: _____

6. Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (for HOME and CDBG programs)

Effective March 5, 2012, HUD implemented new regulations intended to ensure that HUD's core housing programs are open to all eligible persons regardless of actual or perceived sexual orientation, gender identity or marital status (HUD Notice 2015-01).

Owners and operators of HUD-assisted housing, or housing whose financing is insured by HUD, must make housing available without regard to sexual orientation, gender identity, or marital status.

All otherwise eligible families, regardless of marital status, sexual orientation, or gender identity, will have the opportunity to participate in HUD programs.

Owners and operators of HUD-assisted housing or housing insured by HUD are prohibited from asking about an applicant or occupant's sexual orientation and gender identity for the purpose of determining eligibility or otherwise making housing available.

7. Executive Order 13166 – Limited English Proficiency (for HUD programs only)

Executive Order 13166 requires Owner/Management to take reasonable steps to ensure meaningful access to the information and services they provide for persons with limited English proficiency. This may include interpreter services and/or written materials translated into other languages.

8. Violence Against Women and Justice Department Reauthorization Act of 2005 & 2013 (for Tax Credit, HOME, TCAP and 1602 developments only)

Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA 2005, and reinstated in the HUD Reauthorization Act of 2013) protects victims of domestic violence, dating violence or stalking, as well as their immediate family members generally, from being evicted or being denied housing assistance if an incident of violence is reported and confirmed.

Owner/Management responding to an incident of actual or threatened domestic violence, dating violence or stalking that could potentially have an impact on a tenant's participation in the housing program may request in writing that an individual complete, sign and submit within 14 business day of the request, the HUD-approved certification form (HUD-91066).

Alternatively, in lieu of the certification form or in addition to it, Owner/Management may accept (i) a federal, state, tribal, territorial, or local police record or court record or (ii) documentation signed and attested to by a professional (employee, agent or volunteer of a victim service provider, an attorney, medical personnel, etc.) from whom the victim has sought assistance.

Owner/Management is encouraged to carefully evaluate abuse claims as to avoid conducting an eviction based on false or unsubstantiated accusations.

9. Military Status Discrimination (Chicago Only)

Chicago has amended its Human Rights Ordinance and Fair Housing Ordinance to prohibit discrimination targeting current and former members of the military in all areas under the Commission's jurisdiction: employment, public accommodations, credit transactions, bonding, and housing. This protection extends to any individual who is on active duty, or in any reserve component of any branch of any state or Federal armed forces, or a veteran. The amendments apply to actions taken on or after March 6, 2016.

II. PREFERENCES

A. Establishing Preferences

Preferences are not permitted if they in any way negate affirmative marketing efforts or fair housing obligations. The following preferences apply to the Development:

1. Existing Tenant Preferences

The following actions are always given priority if applicable. If not, State Mandated Preferences take precedence.

- a) A unit transfer because of household size.
- b) A unit transfer based on the need for an accessible unit.
- c) A unit transfer of a non-handicapped individual living in a handicapped accessible unit to accommodate a handicapped applicant on the Waiting List (as defined below). A lease addendum (**Exhibit B**) will be entered into with non-handicapped tenant living in a handicapped accessible unit.

2. State Mandated Preferences

The Development must comply with the three Illinois mandatory preferences required in Section 11 and 12 of 20 ILCS 3805 as described below:

- a) Displaced from an urban renewal area.
- b) Displaced as a result of a governmental action.
- c) Displaced as a result of a major disaster.

3. Optional Preferences

In addition to the preferences mandated by the State of Illinois and the Existing Tenant Preferences listed above, the Development may establish the following preferences. The preferences listed below are subordinate to State Mandated Preferences and Existing Tenant Preferences.

(Check all that apply and rank in the order of highest preference (1) to lowest preference):

- a) HUD Pre-approved Preferences
 - i. Preference for Working Families ☐ Order # _____
 - ii. Preference for Persons with Disabilities ☐ Order # _____
 - iii. Preference for Victims of Domestic Violence ☒ Order # 1 _____
 - iv. Preference for elderly, displaced, homeless, or disabled single person over other single persons ☐ Order # _____
- b) Residency Preferences (with HUD approval) ☐ Order # _____
- c) Local Preference (as established by PHA/PSH) ☐ Order # _____
- d) Existing Tenant Transfers (other) ☒ Order # 2 _____
Including, but not limited to a change in household composition, a deeper rent subsidy, or for medical reasons certified by a doctor.

B. Verification of Preferences

The State Mandated Preferences will be verified by third party verification (**Exhibit C**). Third party verification will also be utilized if the Owner has adopted any of the Former Federal Preferences. If Management has selected any of the optional preferences and will not be using third party verification the following means of verification will be utilized:

Documented proof from police authority, hospital, religious organization, etc...confirming action having occurred resulting in VAWA request.

C. Selection of Families for Participation

1. An eligible applicant who qualifies for a preference will receive housing before any other applicant who is not so qualified. These preferences take precedence over other applicants' place on the Waiting List, or date of submission of application.
2. Applicants will be informed of the availability of preferences, and will be given an opportunity to certify that they qualify for a preference. Applicants may claim a preference at any time during the application process.

D. When a Preference Is Denied

1. If it is determined that an applicant does not meet the criteria for receiving a preference, the applicant will promptly receive a written notice of this determination from Management (**Exhibit D**). The notice will contain a brief statement of the reasons for the determination, and state that the applicant has the right to meet with the Management's designee to review this decision. If the applicant requests a meeting, it will be conducted by a person or persons designated by Management.
2. Denial of a preference does not prevent the applicant from exercising any legal rights the applicant may have against Management and/or Owner.

E. Exceptions to the Preference Rule

1. **Relocation and/or Unit Transfers:**
Management must give priority to current households
 - i) when their units are designated for rehabilitation and/or
 - ii) for current households residing in a unit within the Development that has been designated as uninhabitable by federal, state, local municipalities or Management due to fire, flood or other natural disaster.

III. PRE-APPLICATION CARD PROCESSING

(Please check which method will be used)

- ☐ The Development will use pre-application cards or;
- ☒ The Development will use pre-applications.

A. Distribution of Pre-Application Cards or Pre-Applications

1. A letter will be sent to households who respond to the marketing efforts (**Exhibit E**). This letter will include a Pre-Application Card or Pre-Application (**Exhibit F**) to be completed and mailed to Management. This letter will also inform persons about the Development's preferences and will indicate that all applicants will be given an opportunity to show that they qualify for a preference.
2. The letter will state that those persons qualifying for a preference will receive housing before any other applicant who is not so qualified.

3. In addition, the letter will inform all applicants that for those persons not claiming a preference, screening will be conducted according to the order in which the Pre-Application Cards or Pre-Applications are received.
4. All returned Pre-Application Cards or Pre-Applications will be logged in, indicating the time and date received (**Exhibit G**). The Pre-Application log will indicate whether the applicant has claimed a preference or has requested a handicapped accessible unit.

B. Processing Pre-Application Cards or Pre-Applications

1. Pre-Application Cards or Pre-Applications will be filed in the order of receipt. In addition, Pre-Application Cards or Pre-Applications will also be categorized according to preferences, unit size and Special Occupancy Categories (as described in **Section X**).
2. All persons making inquiries will be provided a Pre-Application Card or Pre-Application with instructions to mail this Pre-Application Card or Pre-Application to Management. Pre-Application Cards or Pre-Applications received after initial sorting will be categorized in accordance with the process stated above.
3. For Developments beginning their initial marketing efforts (start-up), no Pre-Application Cards or Pre-Applications will be accepted after the date on which 95% occupancy of the Development has been reached and the applicable Waiting List has been closed.
4. For Developments, which have completed their initial marketing efforts (Up and Running), no Pre-Application Cards or Pre-Applications will be accepted after the date on which the applicable Waiting List has been closed.
5. All Pre-Application Cards or Pre-Applications will be retained on-site permanently.

IV. WAITING LIST(S) PROCEDURES

A. Creation of Waiting List(s)

If an applicant is eligible for tenancy, but no appropriately sized unit is available (as referred to in **Section VII**), Management will place the applicant on a waiting list (the "Waiting List") for the Development (**Exhibit H**). The Waiting List(s) will be maintained in either:
(Check the one that applies)

- ☐ A bound ledger (manually)
☒ A computer program (electronically)

The Waiting List(s) will contain the following information for each applicant listed:

1. Applicant name
2. Household unit size (number of bedrooms household qualifies for under site occupancy standards)
(NOTE: applicant may qualify for multiple unit sizes)
3. Date and time application received
4. Qualification for any preferences and ranking
5. Annual income level
6. Targeted program qualifications
7. Accessibility requirements
8. Number of persons in household

The Waiting List will be maintained in accordance with the following guidelines:

- The pre-application or pre-application card will be a permanent file.
- All applicants will be maintained in order of preference. Applications equal in

preference will be maintained by date and time sequence.

B. Changes In Income or Household Composition

When placed on the Waiting List, applicants will be informed to notify Management when the following changes occur:

- Address and/or phone number
- Household composition
- Preference status
- Income (Optional)

If an applicant's income changes to an amount which is no longer eligible, written notice will be given advising the applicant that: (1) they are not presently eligible; (2) the applicant could be eligible if the household income decreases, the number of household member changes, or the Income Limit changes; and (3) they may choose to remain or not remain on the Waiting List.

If an applicant's household composition changes resulting in a need for a different apartment size, Management will, upon notification by applicant, place the applicant on the appropriate Waiting List. Management's policy for handling changes in household composition are indicated below: (check the one that applies)

☐ Applicant will maintain original application date. (Applicant will be placed on new bedroom list according to original application date.)

☒ Applicant will receive new application date based on redetermination. (Applicant will be placed at bottom of new bedroom list.)

C. Contacting Persons on the Waiting List(s)

1. Applicants on the Waiting List will be contacted as follows:

When a unit becomes or will become available within 30 days, Management will select the next applicant who meets applicable preference criteria or whose name is chronologically at the top of the appropriate Waiting List. Management will contact the selected applicant utilizing the following procedure: (*i.e. certified mail, regular mail, telephone or other.*) Modifications will be made to reasonably accommodate persons with disabilities who request or require such modifications.

Applicants, who respond timely and accept the offered unit, will be contacted to schedule an interview. This represents the beginning of the screening process. Those applicants who do not respond timely or who do not accept the offered unit will be processed in the manner indicated below:

a. If Management does not receive a response within 10 days, the applicant will forfeit the opportunity to apply for the offered unit (*check the one that applies*)

☒ and will be removed from the applicable Waiting List.

☐ but will remain at the top of the applicable Waiting List. When a second unit becomes available, Management will again attempt to contact the applicant and will explain that if the applicant does not respond within ____ days or fails to accept the second unit, the applicant's name will be removed from the applicable Waiting List.

☐ (Other)

- b. If Management receives a timely response but the applicant rejects the first offered unit, the applicant (*check the one that applies*)

- ☐ will be removed from the applicable Waiting List.
- ☒ will remain at the top of the applicable Waiting List. When a second unit becomes available, Management will again attempt to contact the applicant and will explain that if the applicant does not respond within 10 days or fails to accept the second unit, the applicant's name will be removed from the applicable Waiting List.
- ☐ (Other)

2. If, after an interview has been scheduled, the applicant fails to attend or to contact Management to reschedule the interview, the policy regarding how applicants will be addressed is: (*Please indicate Management's policy below.*)

The applicant will be removed from the Waiting List

D. Updating the Waiting List(s)

1. The Waiting List will be updated at least once every twelve months in the following manner:

- ☒ A letter will be sent via regular/certified mail to each applicant on the Waiting List(s) (**Exhibit I**). The letter will include a Reply Card (**Exhibit J**) to be returned if the applicant is still interested in living at the Development. The applicant will be given 10 days (excluding weekends and designated federal holidays) from the date the letter was mailed in which to respond. If no response is received, the applicant's Pre-Application Card will be removed from the Waiting List and a letter will be sent informing the applicant of this action. If the letter is returned with a forwarding address, it will be re-mailed to the address indicated and a new response time same as above will begin.

- ☐ (Other)

2. After each of the Waiting List(s) are updated based on the Reply Cards returned, an acknowledgement letter (**Exhibit K**) ☐ will ☒ will not (*Check the one that applies*) be sent to each applicant. It is the applicant's responsibility to notify the Management office of any change in address, telephone number or telephone device for the deaf (TDD) number (if applicable).
3. If it is determined an applicant failed to respond to a Waiting List update due to a disability and such applicant was either removed or lowered on the Waiting List, the applicant must be reinstated at the original place on the Waiting List.

E. Closing and Re-Opening the Waiting List(s)

1. Closing the Waiting List(s)

The Waiting List(s) for the Development will be closed when the following occurs:

An applicant ratio of 3:1 per annually anticipated vacancy is reached

When Management decides to close the Waiting List(s), future applicants will be

advised that the Waiting List(s) are closed and additional applications will not be taken. When Management decides to no longer accept applications, a notice to that effect will be published in the following publication(s):

The notice must state the reasons for the Management's refusal to accept additional applications.

2. Re-opening the Waiting List(s)

Prior to each re-opening of the Waiting List(s), a notice, announcing the re-opening and providing information on the rules regarding how, when, and where to apply, will be placed in the advertisements/publications listed below:

Note: IHDA now requires all Tenant Selection Plans to include ILHousingSearch.org which is a Housing Locator Resource for Marketing. Please print screen shot of "Property Profile" and attach to TSP as proof of enrollment in ILHousingSearch.org.

The Waiting List(s) will be re-opened when the following occurs:

Number of applicants fall below the 3:1 annually anticipated vacancies

3. Affirmative Marketing Plan Requirements

Management will affirmatively market the Development in its outreach efforts during the re-opening of the Waiting List(s). Management will provide a copy of the Affirmative Fair Housing Plan to applicants upon request for review.

V. THE (INTERVIEW) SCREENING PROCESS

A. Application Requirements

The following information will be used to determine program eligibility for anyone who is seeking housing at the Development.

Live in aides, new household members and police officers, security personnel or managers residing in HUD subsidized units will be subject to same screening for drug abuse and other criminal activity applied to other applicants.

1. The head of household must complete a written application certifying the accuracy of all information that is provided. The applicant will be provided with the appropriate disclosures concerning the Privacy Act (5 U.S.C. § 552a). In addition to providing applicant(s) the opportunity to complete applications at the Development, Management may also send out and receive applications by mail. Management shall accommodate persons with disabilities who, as a result of their disabilities, cannot utilize the Management's preferred application process by providing alternative methods of taking applications.
2. ☒ A credit report will be ordered.
☐ A credit report will not be ordered.
3. ☒ A criminal background search will be obtained.
☐ A criminal background search will not be obtained.
4. Verification of employment, income, bank accounts, and other assets, etc., is required as applicable for each applicant.
5. Verification of previous housing, for 4 years, is required. This will include references

from previous landlords. If applicable, it will also include verification for those who were homeowners or lived with parents or guardians. Applicants will not be rejected solely for a lack of rental history.

6. Verification of Social Security Numbers for all members of the household is required.

7. Other: _____

B. Home Visits

☐ Home Visits will be conducted to inspect the current dwelling of the applicant to determine that the housekeeping practices are acceptable. Details of this process are outlined in **Exhibit L**. Home Visits will be conducted for all applicants who reside within _____ miles of the Development. Home Visits will be conducted for every applicant household reaching the final stages of the approval process.

☒ Home Visits will not be conducted.

C. Completion of Application Process

All applications will be processed within thirty days after the date of the applicant's initial interview or within five business days of receipt of all required documentation, whichever is later (excluding weekends and designated federal holidays).

VI. ELIGIBILITY REQUIREMENTS

A. Income

The annual gross income of the applicant(s) must be equal to or less than the income limit established by the applicable program's administrative rules for the appropriate household size.

B. Date of Birth

Dates of birth must be disclosed for all household members.

C. Social Security Numbers

The head of household/spouse/co-head must disclose Social Security Numbers for all household members. An explanation of acceptable documentation is provided in **Addendum 1** attached to this Plan.

D. Student Eligibility Requirements (for Tax Credit only)

Households consisting entirely of full-students are not eligible for Tax Credits unless the household is income eligible and one or more of the following exceptions applies to the household:

1. All members of the household are married (they do not need to be married to each other) and are entitled to file a joint tax return.
2. The household consists of single parent(s) and their child (or children) and no one in the household is a dependent of a third party.
3. At least one member of the household receives assistance under Title IV of the Social Security Act (i.e. TANF).
4. At least one member of the household is participating in an officially sanctioned job training program.
5. At least one member of the household was formerly in foster care.

Full-time status for purposes of the LIHTC program includes attendance at regular facilities for five or more months during the calendar year in which the taxable year of the taxpayer

begins.

VII. OCCUPANCY STANDARDS

The unit must have enough space to accommodate the household. Occupancy standards must comply with federal, state and local occupancy standards, and/or laws in connection with occupancy requirements, fair housing and civil rights laws, as well as landlord-tenant laws and zoning restrictions.

1. For the purpose of determining the unit size for which a household may be eligible; the following will be counted as members of the household:
 - a. Fulltime household members
 - b. Unborn children
 - c. Children in the process of being adopted
 - d. Children whose custody is being determined
 - e. Foster children
 - f. Children temporarily in a foster home
 - g. Children in joint custody 50% of the year or more
 - h. Children away at school but home for recess
 - i. Live in aides
 - j. Foster adults

The Occupancy Standards for the development are:
0 bdrms, Minimum Persons-1, Maximum Persons-2
1 bdrms, Minimum Persons-1, Maximum Persons-2
2 bdrms, Minimum Persons-2, Maximum Persons-4
3 bdrms, Minimum Persons-3, Maximum Persons-6

2. Upon request, an applicant or resident may be placed on as many of the Development's Waiting List(s) that the household size qualifies.
3. A household may be required to provide proof of custody of related or unrelated occupants in order to be considered for a change in unit size.

VIII. SECURITY DEPOSITS

If applicable, a security deposit equal to one month's total tenant payment or tenant rent will be collected. The security deposit must be paid upon signing the lease for the unit. The amount of the security deposit established at move-in does not change when a tenant's rent changes.

Note: The owner may collect the security deposit on an installment basis (HUD Handbook 4350.3 - Chapter 6, Section 2).

IX. REJECTION CRITERIA

The ability of the applicant to fulfill lease obligations will be considered. An applicant may be rejected for one or more of the following reasons:

A. Insufficient/Inaccurate Information on Application

Refusing to cooperate fully in all aspects of the application process or supplying false information will be grounds for rejection.

B. Credit and Financial Standing

1. Unsatisfactory history of meeting financial obligations (including, but not limited to timely payment of rent, outstanding judgments or a history of late payment of bills) will be considered. If an applicant is rejected based on the credit report, they will be provided with the reasons for rejection and given the name of the credit bureau that performed the credit check. Applicants will also be given two weeks to dispute any

information on the credit report.

2. The inability to verify credit references may result in rejection of an applicant. Special circumstances will be considered in which credit has not been established (income, age, marital status, etc.) and lack of credit history will not cause an applicant to be rejected. In such circumstances, a person with a history of creditworthiness may be required to guarantee the lease.
3. The applicant's financial inability to pay his/her monthly contribution toward the rent of the unit may be assessed. Ordinarily, the total of the applicant's monthly contribution plus other long-term obligations (payments extending more than twelve months) should be less than 30% of his/her monthly gross income. Income ratios may be considered in the context of the applicant's credit and employment history and potential for increases in income.

C. Criminal Convictions/Current Drug Use

1. Applicants who fall into the following categories will be rejected:
 - a) any household in which any member uses marijuana, or whose use of marijuana, or current addiction to or engagement in the illegal use of a controlled substance interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents will be denied admission and, if an occupant, will be subject to termination of tenancy.
 - b) any household containing a member(s) who was evicted in the last three years from housing for drug-related criminal activity. Exception: if the evicted household member has successfully completed an approved supervised drug rehabilitation or the circumstances leading to the eviction no longer exist (e.g. the household member no longer resides with the applicant household).
 - c) any household member that is subject to a state sex offender lifetime requirement. In order to comply with this provision, a criminal background check will be conducted on all applicants over the age of 18 that includes a check of all state sex offender registration program lists, or a national registration list that includes the information from all states.
 - d) any household member for whom there is reasonable cause to believe that the member's behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety, and right to peaceful enjoyment by other residents. The screening standards must be based on behavior, not the condition of alcoholism or alcohol abuse.
2. Applicants who fall into the following categories may be rejected. In addition, if other persons that will be living in the unit fall into these categories, the applicant may be rejected. **Note:** The owner shall ensure that the relevant "reasonable" time period is uniformly applied to all applicants in a non-discriminatory manner and in accordance with applicable fair housing and civil rights laws.
 - a) criminal convictions that involved physical violence to persons or property, or endangered the health and safety of other persons within the last 10 year(s);
 - b) criminal convictions in connection with the manufacture or distribution of a controlled substance within the last 10 year(s); or
 - c) Other _____

D. Household Characteristics

Household size or household characteristics were not appropriate for the specific type of unit

available at the time of application.

E. Unsanitary Housekeeping

- ☐ Housekeeping will be considered because home visits are conducted. Housekeeping criteria are not intended to exclude households whose housekeeping is only superficially unclean or disorderly if such conditions do not appear to affect the health, safety or welfare of other residents.
- ☒ Housekeeping will not be considered because home visits are not conducted.

F. Exception to Rejection Criteria

The development has adapted the following policy regarding Extenuating Circumstances:
Note: Additional references include the Guidance for PHAs and Owners of Federally-Assisted Housing on Excluding the Use of Arrest Records in Housing Decisions, HUD Notice H 2015-10 dated November 2nd, 2015. Additionally, HUD Memo dated April 4, 2016, Office of General Counsel Guidance on Application of Fair Housing Act Standards to the Use of Criminal Records by Providers of Housing and Real Estate-Related Transactions.

Extenuating circumstances will be considered in cases when applicants would normally be rejected. The applicants will have to provide, in writing, the circumstances under which he/she will be an acceptable resident in the future.

If the applicant is a person with disabilities, Management must consider extenuating circumstances where this would be required as a matter of a Reasonable Accommodation.

X. REJECTION PROCEDURES

A. Written Notification

Each rejected applicant will be promptly notified in writing of the reason(s) for rejection (**Exhibit M**). This notice will advise the applicant that he/she may, within 14 days of receipt of the notice (excluding weekends and designated federal holidays), respond in writing or request to meet with Management to discuss the notice.

B. Review of Rejected Applications

The applicant will have 14 days (excluding weekends and designated federal holidays) to respond in writing or request a meeting to discuss the rejection. Any meeting with the applicant or review of the applicant's written response will be conducted by a member of Management's staff who did not participate in the decision to reject the applicant.

If the applicant appeals the rejection, the applicant will be given a final written decision from Management within five days (excluding weekends and designated federal holidays) of the applicant's written response or meeting. If the decision is reversed, the applicant will be offered a suitable vacant unit. If no such unit is available, the applicant will be offered the next appropriate unit.

XI. SPECIAL OCCUPANCY CATEGORIES

Applicants will be interviewed and processed as authorized in **Sections V through VIII**, with exceptions made as follows:

A. Persons with Disabilities

An applicant with disabilities will be given priority for an accessible unit if such applicant deems that this type of unit is appropriate for their household.

If the household determines that the accessible unit is not appropriate for the household's needs, the household's name will be returned to its place on the Development's Waiting Lists, as applicable.

XII. POST SELECTION TENANCY REQUIREMENTS

A. Annual Recertification Requirements

Owners are required to conduct and tenants are required to submit to a recertification of household income and composition at least annually (applicable per program guidelines). Owners must then recalculate the tenants' rents and assistance payments, if applicable, based on the information gathered.

Owner must inform tenants, through written notices, about the tenants' responsibility to provide information about changes in family income or composition necessary to properly complete an annual recertification. These notices include information on the recertification process, requirements, and timelines.

B. Interim Recertification Requirements

To ensure that assisted tenants pay rents commensurate with their ability to pay, tenant must supply information required by the Owner or HUD for use in an interim recertification of family income and composition in accordance with HUD requirements. All tenants must notify the owner when:

1. A family member moves out of the unit;
2. The family proposes to move a new member into the unit;
3. An adult member of the family who was reported as unemployed on the most recent certification or recertification obtains employment; or
4. The families' income cumulatively increases by \$200 or more per month. In addition, tenants may request an interim recertification due to any changes occurring since the last recertification that may affect their total tenant payment or tenant rent and assistance payment for the tenant, including decreases in income, increases in allowances (i.e., increases medical expenses and higher child care costs), and other changes affecting the calculation of a family's annual or adjusted income including but not limited to a family member turning 62 years old, becoming a full-time student, or becoming a person with a disability. Rev. 10/13/2015 pg. 26

C. Unit Inspections

1. Move-In Inspection

Owner will perform a move-in inspection with tenant prior to execution of a lease using a form to indicate the condition of the unit. The move-in inspection form must be attached to and made a part of the lease agreement. The condition of the unit must be decent, safe, sanitary, and in good repair. If cleaning or repair is required the Owner must specify on the inspection form the date by which the work will be completed. The date must be no more than 30 days after the effective date of the lease. Both the Owner and tenant must sign and date the inspection form. The tenant has 5 days to report any additional deficiencies to the Owner to be noted on the move-in inspection form.

2. Move-Out Inspection

Owner will complete a move-out inspection with tenant, if the tenant is available and willing to participate. Upon a tenant's request, he/she must be allowed to attend the move-out inspection conducted by Owner. If a tenant does not wish to participate, the Owner may do the inspection alone. If an Owner determines that the unit is damaged as a result of tenant abuse or neglect, Owner may use the security deposit to cover repair costs in compliance with all applicable local and state laws.

3. Housekeeping Inspections

Owner reserves the right to conduct annual inspections as part of the annual recertification process. In addition, where there is reasonable cause to believe that tenant has poor or unsafe housekeeping habits, Owner reserves the right to conduct periodic inspections to ensure that the housing remains decent, safe, and sanitary.

D. Implementation of House Rules

The Owner has established written House Rules which are an attachment to every lease agreement. These House Rules shall be compliant with HUD requirements and will not discriminate against individuals based upon membership in any federal, state or local protected class. (See Section E - 2 on page 4 for a list of protected classes).

Owners must give tenants written notice 30 days prior to implementing any new house rules.

XIII. AMENDING THE TENANT SELECTION PLAN

This Plan may be amended only with the prior written approval of the Illinois Housing Development Authority.

XIV. CERTIFICATION

By signing this Plan, Management certifies that the contents of this Plan will be followed as written, and that no other Tenant Selection Plan has been executed for the Development at this time, or will be executed in the future without written approval from the Illinois Housing Development Authority.

Counterparts and Electronic Signatures. This Plan may be executed in counterparts, each of which shall be deemed an original, and all of which together shall constitute one and the same instrument. A signed copy of this Plan transmitted by facsimile, email or other means of electronic transmission shall be deemed to have the same legal effect as delivery of an original executed copy of this Plan.

MANAGEMENT:

Entity Name: Michaels Realty Management

Signature: _____

Print Name: Shelly R Miles-Martin

Title: Regional Property Manager

Dated: February 28, 2019

This Plan is acknowledged and agreed to.

OWNER:

Entity Name: ClyDiv, LLC

Signature: _____

Print Name: Cheryl Cooper

Title: Regional Vice President

Dated: February 28, 2019

This Plan has been reviewed as of this _____ day of _____, 20____.

ILLINOIS HOUSING DEVELOPMENT AUTHORITY:

Signature: _____

Print Name: _____

Title: _____

CLYBOURN 1200

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 **CLYBOLURN 1200** 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 **CLYBOURN 1200**, 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.

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.

Protections for Tenants

If you are receiving assistance under **CLYBOURN 1200**, 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 **CLYBOURN 1200** 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

CLYBOURN 1200 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.

If CLYBOURN 1200 chooses to remove the abuser or perpetrator, CLYBOURN 1200 may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, CLYBOURN 1200 must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, CLYBOURN 1200 must follow Federal, State, and local eviction procedures. In order to divide a lease, CLYBOURN 1200 may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, CLYBOURN 1200 may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, CLYBOURN 1200 may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a

reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

CLYBOURN 1200 will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

CLYBOURN 1200 emergency transfer plan provides further information on emergency transfers, and CLYBOURN must make a copy of its emergency transfer plan available to you if you ask to see it.

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

CLYBOURN 1200 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 CLYBOURN 1200 must be in writing, and CLYBOURN 1200 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. CLYBOURN 1200 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 CLYBOURN 1200 as documentation. It is your choice which of the following to submit if CLYBOURN 1200 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 CLYBOURN 1200 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 CLYBOURN 1200 has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, CLYBOURN 1200 does not have to provide you with the protections contained in this notice.

If CLYBOURN 1200 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), CLYBOURN 1200 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, CLYBOURN 1200 does not have to provide you with the protections contained in this notice.

Confidentiality

CLYBOURN 1200 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.

CLYBOURN 1200 must not allow any individual administering assistance or other services on behalf of CLYBOURN 1200 (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

CLYBOURN 1200 must not enter your information into any shared database or disclose your information to any other entity or individual. CLYBOURN 1200, however, may disclose the information provided if:

- You give written permission to CLYBOURN 1200 to release the information on a time limited basis.

- CLYBOURN 1200 needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires CLYBOURN 1200 or your landlord to release the information.

VAWA does not limit CLYBOURN 1200's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, CLYBOURN 1200 cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if CLYBOURN 1200 can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If CLYBOURN 1200 can demonstrate the above, CLYBOURN 1200 should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with Aaron Richards at 856.596.0500 or a HUD Representative at 77 W Jackson Blvd #2600; 312.353.6236.

For Additional Information

You may view a copy of HUD's final VAWA rule at <https://www.hudexchange.info>.

Additionally, CLYBOURN 1200 must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **[CLYBOURN 1200 MANAGEMENT OFFICE AT 312.477.7442.**

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 The Chicago Metropolitan Battered Women's Network at 312. 527.0730 located at 1 E Wacker Dr or Domestic Violence Legal Clinic at 312.325.9155 located at 555 W Harrison Ste 1900.

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 The Chicago Abused Women Coalition at 773.489.9081 located at 1116 N Kedzie or The Alliance of Local Services at 773.235.5705 located at 2401 W North Ave.

Victims of stalking seeking help may contact The Domestic Violence Legal Clinic at 312.325.9155 or The Chicago Metropolitan Battered Women's Network at 312.527.0730 located at 1 E Wacker Dr.

Attachment: Certification form HUD-5382

LEASE ADDENDUM

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005

TENANT	LANDLORD CLYBOURN 1200	UNIT NO. & ADDRESS
--------	---------------------------	--------------------

This lease addendum adds the following paragraphs to the Lease between the above referenced Tenant and Landlord.

Purpose of the Addendum

The lease for the above referenced unit is being amended to include the provisions of the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA).

Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of this Addendum and other sections of the Lease, the provisions of this Addendum shall prevail.

Term of the Lease Addendum

The effective date of this Lease Addendum is _____. This Lease Addendum shall continue to be in effect until the Lease is terminated.

VAWA Protections

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

Tenant

Date

Landlord

Date

**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.

**EMERGENCY TRANSFER
REQUEST FOR CERTAIN
VICTIMS OF DOMESTIC
VIOLENCE, DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING**

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

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

Purpose of Form: If you are a victim of domestic violence, dating violence, sexual assault, or stalking, and you are seeking an emergency transfer, you may use this form to request an emergency transfer and certify that you meet the requirements of eligibility for an emergency transfer under the Violence Against Women Act (VAWA). Although the statutory name references women, VAWA rights and protections apply to all victims of domestic violence, dating violence, sexual assault or stalking. Using this form does not necessarily mean that you will receive an emergency transfer. See your housing provider's emergency transfer plan for more information about the availability of emergency transfers.

The requirements you must meet are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation. In response, you may submit Form HUD-5382, or any one of the other types of documentation listed on that Form.
- (2) You expressly request the emergency transfer.** Submission of this form confirms that you have expressly requested a transfer. Your housing provider may choose to require that you submit this form, or may accept another written or oral request. Please see your housing provider's emergency transfer plan for more details.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you submit this form or otherwise expressly request the transfer.

Submission of Documentation: If you have third-party documentation that demonstrates why you are eligible for an emergency transfer, you should submit that documentation to your housing provider if it is safe for you to do so. Examples of third party documentation include, but are not limited to: a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom you have sought assistance; a current restraining order; a recent court order or other court records; a law enforcement report or records; communication records from the perpetrator of the violence or family members or friends of the perpetrator of the violence, including emails, voicemails, text messages, and social media posts.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking, and concerning your request for an emergency transfer shall be kept confidential. 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 or an emergency transfer to you. 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 PERSON REQUESTING A TRANSFER

1. Name of victim requesting an emergency transfer: _____

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

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

4. Name(s) of other family member(s) who would transfer with the victim: _____

5. Address of location from which the victim seeks to transfer: _____

6. Address or phone number for contacting the victim: _____

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

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

9. Date(s), Time(s) and location(s) of incident(s): _____

10. Is the person requesting the transfer a victim of a sexual assault that occurred in the past 90 days on the premises of the property from which the victim is seeking a transfer? If yes, skip question 11. If no, fill out question 11. _____

11. Describe why the victim believes they are threatened with imminent harm from further violence if they remain in their current unit.

12. If voluntarily provided, list any third-party documentation you are providing along with this notice: _____

This is to certify that the information provided on this form is true and correct to the best of my knowledge, and that the individual named above in Item 1 meets the requirement laid out on this form for an emergency transfer. 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) _____

	Metro Group Chicago-Naperville-Elgin, IL-IN-WI MSA				Metro Area Chicago-Joliet-Naperville, IL HUD Metro FMR Area			
	Schedule Type			Effective Date		Schedule Description		
	REGULAR			04/01/2018		Regular 04/01/2018		
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
120%	\$71,160	\$81,240	\$91,440	\$101,520	\$109,680	\$117,840	\$126,000	\$134,040
80%	\$47,400	\$54,200	\$60,950	\$67,700	\$73,150	\$78,550	\$83,950	\$89,400
60%	\$35,580	\$40,620	\$45,720	\$50,760	\$54,840	\$58,920	\$63,000	\$67,020
50%	\$29,650	\$33,850	\$38,100	\$42,300	\$45,700	\$49,100	\$52,500	\$55,850
40%	\$23,720	\$27,080	\$30,480	\$33,840	\$36,560	\$39,280	\$42,000	\$44,680
30%	\$17,790	\$20,310	\$22,860	\$25,380	\$27,420	\$29,460	\$31,500	\$33,510
20%	\$11,860	\$13,540	\$15,240	\$16,920	\$18,280	\$19,640	\$21,000	\$22,340
10%	\$5,930	\$6,770	\$7,620	\$8,460	\$9,140	\$9,820	\$10,500	\$11,170

Select Language ▼

Select Language ▼



ILHOUSINGSEARCH.ORG



≡ Menu

It is imperative that persons searching for housing speak with the landlord and/or property management company and thoroughly inspect the property and surroundings prior to signing any contracts to verify the current status and condition of any property. Read the [full disclaimer](#).

Clybourn 1200
454 W Division - Chicago, IL 60610

[↓ Report an Issue ↓](#)

Income Restricted ⓘ

Median Income Based Rent ⓘ

Fair Market Rate	\$1,680
80%	\$1,100
60%	\$1,010

Deposit \$1,010 - \$1,680

Available

One Year Lease

Utilities Included: Water, Sewer, Trash Pickup, Heat

No Application Fee ⓘ

Credit Check ⓘ : YES Criminal Check ⓘ : YES

2 Bed • 1 Bath • Highrise

725 sq.ft. • Built 2016 (approx.)

Up to 4 Occupants

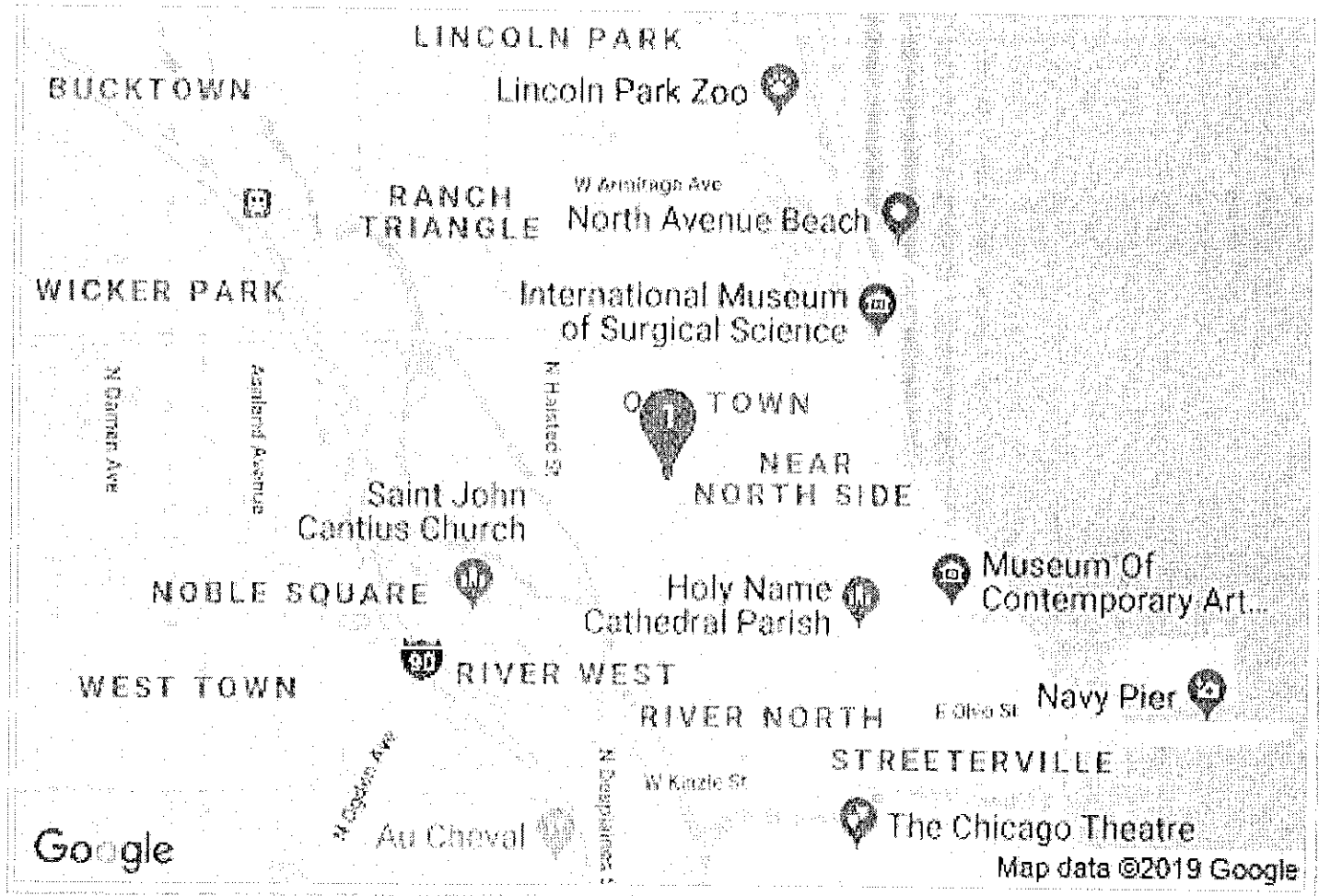
Contact

Dionne Williams
Michaels Realty Management, Property Manager

Phone

312-477-7442

this listing has
no pictures



Basic Features

Pets

Allowed



Smoking

No Smoking



Trash Service

Yes

Pest Control	Yes
Flooring	Carpet, Vinyl
Other Features	Balcony

Appliances

Stove	Electric Stove Included
Microwave	None
Refrigerator / Freezer	Freezer On Top
Clothes Washer	Top Loading
Clothes Dryer	Front Loading
Laundry Room / Facility	In Unit
Other Appliances	Dishwasher, Miniblinds

Utilities

Air Conditioner	Central
Heating Type	Gas
Water Heater	Gas
Cable Ready	Yes
High-speed Internet Ready	Yes

Specialized Information

Listing ID	923098
Tax Credit Property	Yes 
Seniors Only	No 

Accessibility

Counter/Vanity	Standard Height Counters and Vanity
Door/Faucet Handles	Lever Handles On Both Doors And Faucets

Kitchen & Bath Accessibility

Kitchen

- Front Controls on Stove/Cook-top

[↓ Comprehensive List ↓](#)

Bathroom

Standard

[↓ Comprehensive List ↓](#)

Safety

Lead-free / Passes Lead Safe Guidelines

Yes

[↗ Learn More](#)

[HUD Lead Paint Guidelines](#)

[Lead Paint Disclosure Rule](#)

Fire Safety

- Smoke Detector
- Carbon Monoxide Detector
- Fire Supression / Sprinkler System

Parking and Entry

Parking Type

Garage

Parking in Front of Entrance

Yes

Lease Extra Spaces

\$125 /mo

Parking Near Public Building [i.e. Clubhouse]

Entrance

Yes

Entry Location

From Outside

Unit Entry

Flat or no-step entry

Unit Minimum Door Width

Doorway clear width -- 32" or wider

Other Entry Options

- Standard Peephole
- Entry Door Intercom
- Secured Entry to Building
- Automatic Entry Door
- Accessible Elevators
- Multi Story Unit

Nearby Services

Also Nearby

- Sidewalks
- Emergency Exits
- Dumpsters
- Work-out Room

Comments

Qualifiers For Sliding Scale or Income Restriction	Must income qualify based on tax credit income restrictions per number of household members
Owner/Manager Comments	Please bring Government Issued Photo ID, Proof of Income, Checking & Savings Bank Statements, Birth Certificate, Whole Life Insurance Policy (all above that are applicable)



We monitor listings, but if you see an issue, we want to hear from you!

[Read Scam Alert](#)
[Report Listing](#)

Under the Federal Fair Housing Act of 1968, as amended in 1988, it is illegal to engage in discriminatory advertising based on race, color, religion, sex, familial status, disability, and national origin.

HOUSING

[Find Rentals](#)
[List Rentals](#)

SUPPORT

[Other Housing Resources](#)
[Tenant Tools](#)

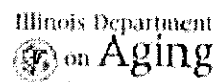
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This specific page meets the above validation levels.

Initial Rents For The Development

<u>Number of Bedrooms</u>	<u>Number of Units</u>	<u>Initial Rent</u>	<u>AMI</u>
Studio	2	\$ 900	Market Rate
Studio	2	\$ 642	60% or less
Studio	1	\$ 850	80% or less
One	1	\$ 1,100	Market Rate
One + den	7	\$ 1,200	Market Rate
One	4	\$ 675	60% or less
One	2	\$ 925	80% or less
One + den	3	\$ 975	80% or less
One	8	\$ 400*	60% or less
One	1	\$400*	80% or less
Two	19	\$ 1,600	Market Rate
Two + den	3	\$ 1,700	Market Rate
Two	10	\$ 806	60% or less
Two	3	\$ 1,125	80% or less
Two + den	1	\$ 1,175	80% or less
Two	15	\$400*	60% or less
Two	1	\$400*	80% or less
Three	1	\$400*	60% or less

*These units are CHA replacement units.

EXHIBIT A

RENT STRUCTURE

# of Units	Unit Type	Market Rate	Low-Income	Very Low-Income	Utility Allowance
	Studio				
	1 Bedroom				
	2 Bedroom				
	3 Bedroom				
	4 Bedroom				
	5 Bedroom				

NOTE: The rents shown above are the initial rents for the development. After the initial rents, this exhibit will be replaced with a copy of the most recently approved Rent Schedule for the Development.

EXHIBIT B

LEASE ADDENDUM FOR ACCESSIBLE UNIT AVAILABILITY

This addendum to the Lease Agreement between _____
(Lessor)

and _____
(Lessee)

entered into a lease agreement on _____
(Date)

In order to comply with Section 8.27 of Section 504 of the Rehabilitation Act of 1973, the landlord or its agent must first lease vacant accessible units to current occupants requiring accessibility features of the vacant unit and occupying a unit not having such features. If no such occupants exist, the unit would be leased to an eligible qualified applicant on the waiting list, who requires the accessibility features of the vacant unit. When offering an accessible unit to an applicant not having handicaps requiring the accessibility features of the unit, the landlord must require the applicant to agree to move to a non-accessible unit when available.

The resident noted above has been offered an accessible unit and does not have handicaps requiring such a unit. The resident noted above hereby agrees, upon request of the landlord to transfer to a non-handicapped accessible unit to accommodate a person or person(s) on the wait list who have required such an accessible unit. The resident noted above will be responsible for all moving expenses they incur.

Agreed to this _____ day of _____, 20____

(Lessor)

Date Signed: _____

(Lessee)

Date Signed: _____

Accepted:

Owner or its Agent

Date Signed: _____

EXHIBIT C

VERIFICATION OF PREFERENCE STATUS

Dear _____:

_____ (Applicant) SSN# _____,

has applied for housing at _____ and has indicated that they are eligible for a housing preference given the following circumstance:

1. State Preferences

- A.** ☐ Displaced from an urban renewal area.
- B.** ☐ Displaced by a disaster, such as a fire or flood, that resulted in extensive damage or has destroyed the unit.
- C.** ☐ Displaced by an activity carried on by an agency of the United States or by any State or local government body or agency.

2. Former Federal Preferences

- A.** ☐ An action by an owner which resulted in the applicant's having to vacate his/her unit where:
* the reason for the owner's action is beyond the applicant's ability to control or prevent.
* the action occurred despite the applicant's having met all previously imposed conditions of occupancy.
* the action taken is other than a rent increase.
- B.** ☐ Actual or threatened physical violence directed against applicant or one or more members of the applicant's household by a spouse or other member of the applicant's household; or, the applicant lives in a housing unit with such an individual who engages in such violence
- C.** ☐ Applicant is living in substandard housing because:

- D.** ☐ Applicant lacks a fixed, regular, and adequate nighttime residence.
- E.** ☐ Applicant is paying \$_____ in monthly rent which is greater than 50% of the household income.

In order to determine the preference status, we are required to verify the preference. Therefore, we would appreciate your completing the certification below and returning this form in the enclosed envelope. This information will be used only for purpose of determining the preference for this applicant.

Sincerely,

I hereby authorize the release of the requested information.

Property Manager

Signature of Applicant

.....
(Please complete items below, sign and date).

I verify that _____ (Applicant's) current living situation meets

_____ preference(s) as cited on the previous page.

Firm or Agency Name _____

Signature

Print Name _____

Title _____

Firm or Agency Address _____

Phone Number _____ Date _____

EXHIBIT D

REJECTION LETTER FOR PREFERENCES

Re: _____ Apartments

Dear _____:

In your recent application for _____ Apartments, you indicated that you qualify for the following preference(s):

- ☐ Displaced from an urban renewal area.
- ☐ Displaced by a disaster, such as a fire or flood, that resulted in extensive damage or has destroyed the unit.
- ☐ Displaced by an activity carried on by an agency of the United States or by any State or local government body or agency.
- ☐ (List the preferences adopted by the owner)

After reviewing the documentation, which you submitted, we regret to inform you that you do not meet the criteria for receiving a preference based on the following reason(s):

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

Name

Address

City

State

Zip

Telephone (voice)

Telephone (TDD)

If you feel this decision has been made in error and wish to provide additional documentation, please contact the rental office at _____ (voice) or _____ (TDD).

Sincerely,

Property Manager

EXHIBIT E

APPLICANT INQUIRY

Date: _____

Dear _____:

Thank you for your initial inquiry regarding housing at _____. Residents will be selected only from those eligible persons who make formal application. We had numerous inquiries for our apartments.

We are now accepting pre-application cards from interested households. If you are still interested in living at _____, please return the enclosed pre-application card by mail as soon as possible.

You may be eligible for a preference if one of the following conditions applies to you have been displaced: from an urban renewal area; by a disaster, such as a fire or flood, or by an activity carried on by an agency of the United States or by any State or local government body or agency. (Also list the preferences adopted by the owner). Households qualifying for a preference will receive assistance before any other applicant households that are not so qualified. If you feel you qualify for a housing preference, complete the appropriate certification form attached to this letter and return it along with your pre-application card by mail.

For households not claiming housing preference, screening will be conducted according to the order in which the pre-application cards were received.

Interviews will be conducted at _____.
Leasing personnel will be unable to see applicants prior to their scheduled interview. If you have any questions, we will be happy to answer them at the time of your interview.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

Name

Address

City

State

Zip

Telephone (voice)

Telephone (TDD)

Sincerely,

Property Manager

EXHIBIT F

PRE- APPLICATION CARD

Date Received: _____

Time Received: _____

Interested person for ☐ 1 BR ☐ 2 BR ☐ 3 BR ☐ other _____
(Check all that apply)

Name (Head of Household): _____

Address: _____

Phone (Home): _____ Phone (Work): _____
Cell phone: _____ E-Mail: _____

Would you be interested in a handicapped accessible unit? ☐ Yes ☐ No

Do you feel you qualify for a housing preference? ☐ Yes ☐ No

Do you live/work in the _____ Community? ☐ Yes ☐ No

Annual Household Income: \$ _____ Date Apartment Needed? _____

Household data: Please list all persons who will occupy the unit:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Optional and for Federally Subsidized Programs ONLY.

ETHNICITY:	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Non-Latino
RACE:	<input type="checkbox"/> Caucasian	<input type="checkbox"/> African American
	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan
	<input type="checkbox"/> Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander

EXHIBIT G

PRE - APPLICATION CARD LOG IN ORDER OF RECEIPT

Check All That Apply

<u>Date Rec'd</u>	<u>Time Rec'd</u>	<u>Name</u>	<u>Unit Type</u>	<u>Housing Preference</u>	<u>Accessible Unit</u>	<u>Income Level – VL/L/M</u>

EXHIBIT H

SAMPLE WAITING LIST

Date Rec'd	Time Rec'd	Head of Household	Unit Size	Income Level			Need for Accessible Unit		Comment/Contact	Remove/Rejected Date	Move-in Date	Preference Type
				EL	VL	L	Y	N				
12/3/01	10:30 AM	Mary Tate	2	X				X				Working household preference; Elderly Preference
12/4/01	1:00 PM	Hiroshi Kihara	2		X		X					

EXHIBIT I

WAITING LIST UPDATE

Date: _____

Dear _____:

We are currently in the process of updating our waiting list for _____

_____. Some time ago, you expressed an interest in living at our development, and your name was placed on the waiting list.

If you are still interested in living at _____,

enclosed is a card that must be returned to _____, management office, within 15 days (excluding weekends and designated Federal Holidays). Failure to return this information within this time period will result in your name being permanently removed from the waiting list.

It is not necessary to call or come in to the office at this time, as we do not have anything immediately available.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

Name

Address

City

State

Zip

Telephone (voice)

Telephone (TDD)

Thank you for your interest in _____.

Sincerely,

Property Manager

EXHIBIT J

REPLY CARD

I AM STILL INTERESTED IN LIVING AT

DEVELOPMENT NAME

APPLICANT NAME

CURRENT ADDRESS

HOME PHONE#

WORK PHONE#

E-MAIL ADDRESS

CELL PHONE #

UNIT SIZE DESIRED

☐

0 BR

☐

1 BR

☐

2 BR

☐

3 BR

☐

OTHER

EXHIBIT K

WAITING LIST ACKNOWLEDGEMENT

Date _____

Dear _____:

This letter is to acknowledge receipt of your waiting list update card. Currently you are on our
_____ bedroom waiting list(s).

We do not have an exact time in which you will be contacted regarding an apartment; however, please remember to keep us advised of your current address and phone number.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

Name

Address

City

State

Zip

Telephone (voice)

Telephone (TDD)

Sincerely,

Property Manager

EXHIBIT L

HOME VISIT REPORT

Applicant Name _____

Current Address _____

☐ The person conducting the Home Visit report is employed by the Management

☐ The person conducting the Home Visit is a hired agent of the Management and is employed

by _____

Person Conducting Home Visit _____

Date of Applicant's Tenancy in this Unit: From _____ To _____

1. GENERAL CLEANLINESS

A. Bedrooms, Living/Dining Room

☐ Good

☐ Acceptable

Explain: _____

B. Kitchen Appliances

☐ Good

☐ Acceptable

Explain: _____

C. Bathroom

☐ Good

☐ Acceptable

Explain: _____

D. Are there any cleaning supplies in the unit?

☐ Yes

☐ No

E. Is there evidence of vermin infestation?

☐ Yes

☐ No

Explain: _____

2. OTHER COMMENTS

A. Did the applicant have any comments on the unit or its conditions?

B. Other comments by staff

3. I HAVE READ THE ABOVE HOME VISIT REPORT AND I AM AWARE OF ITS CONTENTS.

Applicant Signature _____

Date _____

Inspector's Signature _____

Date _____

EXHIBIT M

APPLICANT REJECTION

Date _____

Dear _____:

Thank you for your interest in renting an apartment at _____. After careful consideration and review of your application, we regret we are not able to accept your application for tenancy at this time for the following reasons:

If you wish to appeal this decision, please contact the _____

Management office at _____ (voice) or _____ (TDD) within 14 days of the date of this letter (excluding weekends and designated federal holidays) to schedule an appointment.

Regardless of whether or not you decide to respond to this notice, you may still exercise other avenues of relief available to you if you believe that you have been discriminated against on the basis of race, color, creed, religion, sex, national origin, age, familial status, ancestry, unfavorable military discharge, marital status, receipt of governmental assistance, or handicap.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

Name

Address

City

State

Zip

Telephone (voice)

Telephone (TDD)

Sincerely,

Property Manager

ADDENDUM 1

SOCIAL SECURITY NUMBER REQUIREMENTS

The head of household/spouse/co-head must disclose social security numbers (SSN's) for all household members. In addition, applicants must provide adequate documentation or acceptable evidence of the SSN including any of those listed below:

- Original Social Security card
- Driver's license with SSN
- Identification card issued by a federal, state or local agency, a medical insurance provider, or an employer or trade union
- Earnings statements on payroll stubs
- Bank statement
- Form 1099
- Benefit award letter
- Retirement benefit letter
- Life insurance policy
- Court records

Applicants do not need to disclose or provide verification of a SSN to be placed on the waiting list; however applicants must disclose a SSN and provide adequate documentation to verify each SSN for all non-exempt household members before they can be housed.

If household members have not disclosed and/or provided verification of the SSN at the time a unit becomes available, the next eligible applicant must be offered the available unit.

The applicant who has not provided required SSN has 90 days from the date they are first offered an available unit to disclose/verify the SSN. During this 90-day period, the applicant may retain its place on the waiting list. After 90 days, if the applicant has been unable to supply the SSN documentation the applicant will be determined ineligible and removed from the waiting list. An additional 90 days will be granted if the failure to provide documentation of a SSN is due to circumstances that are outside the control of the applicant.

Individuals who have applied for legalization under the Immigration and Reform Control Act of 1986 will be able to disclose their SSN, but unable to supply the cards for documentation. SSN are assigned to these persons when they apply for amnesty. The cards are forwarded to the Department of Homeland Security (DHS) until the persons are granted temporary lawful resident status. Until that time, their acceptable documentation is a letter from the DHS indicating social security numbers have been assigned.

ADDENDUM 2

(Section 811 Only)

ENTERPRISE INCOME VERIFICATION (EIV)

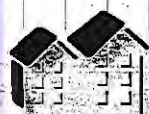
HUD has developed a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs.

The EIV system provides the owner and/or manager of the property with income information and employment history for applicants and residents. This information is used to meet HUD's requirement to independently verify employment and/or income when applicants certify for rental assistance.

This development will use EIV to perform an Existing Tenant Search Report for all applicants. This report identifies applicants applying for assisted housing that may be receiving rental assistance at the time of application processing at another location.

Owners/Agents must:

1. Run this report at the time they are processing an applicant for admission to determine if the applicant or any applicant household members are currently being assisted at another Multifamily Housing or Public and Indian Housing (PIH) location.
2. Provide a copy of the handout "EIV & You" (see attached) for all new applicants.



RHIIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION



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

What is EIV?

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



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

The Social Security Administration:

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

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

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

What is the information in EIV used for?

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

Property owners and managers are able to use the EIV system to determine if you:

- correctly reported your income

They will also be able to determine if you:

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

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

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

Who has access to the EIV information?

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

What are my responsibilities?

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



Penalties for providing false information

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

Protect yourself, follow HUD reporting requirements

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

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

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

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

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



What if I disagree with the EIV information?

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

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

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

What if the information in EIV is not about me?

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

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

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

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



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

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

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



JULY 2009