

# TENANT SELECTION PLAN

**Dorchester Artist Housing**  
DEVELOPMENT NAME

**6949-59 S. Dante,**  
**1446-1470 East 70<sup>th</sup> Street**  
**6928-58 S. Harper**  
**6949-59 S. Harper**  
**1506-14 E. 70<sup>th</sup> Street**  
**Chicago, IL**  
DEVELOPMENT ADDRESS

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# TENANT SELECTION PLAN



Dorchester Artist Housing  
"Development"

Dorchester Artist, LLC.  
Owner's Name (the "Owner")

Leasing & Management Co., Inc.  
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 offers subsidized rents through the receipt of public housing operating fund assistance under Section 9(e) of the United States Housing Act of 1937 (42 U.S. C. 1437, et.seq). 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.

☐ The Development does not offer subsidized rents. The Development is participating in one or more housing program(s), which provides affordable rents for tenants. These programs also have household income limitations. The tenant must pay the rents, indicated in **Exhibit A**, in their entirety.

### **B. Tenant Type** (Check the one that applies)

☒ The Development is not designated as housing exclusively for any particular tenant type. (This would typically include those developments known as "Family")

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

☐ Elderly

☐ Family & Special Needs

☐ Special Needs Family

☐ Elderly & Special Needs

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 32 rental units.

This ☐ includes ☒ does not include a management unit

The income limitations of these units are as follows:

9 Market Rate (No income restriction units)

12 Units at 50% Median Income

11 Units at 60% Median Income

2. Development (Up and Running only)

Per Regulatory Agreement

9 Market Rate  
12 Units at 50% Median Income "PHA-Assisted Units"  
11 Units at 60% Median Income

Per Extended Use Agreement

9 Market Rate  
12 Units at 50% Median Income  
11 Units at 60% Median Income

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. Policies to Comply with Section 504, Fair Housing Act, Civil Rights Act, VAWA, United States Housing Act of 1937.

5. Section 504

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 employs 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: Deborah Starkovich

Telephone Number: (773)286-5400

TDD Number:

6. **Fair Housing Act**

The 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. Fair Housing Act obligations include the following:

- a. Management will not refuse, either directly or indirectly, to rent or negotiate for rental of a dwelling based on race, color, religion, sex, disability, familial status and national origin.
- b. Management will not (i) engage in activities that steer potential tenants away from or toward particular units by words or action, (ii) make housing units and related services unavailable to any potential tenants, (iii) purposely provide false information to applicants about the availability of units that limits the living options of prospective tenants, and (iv) deny or limit services based on race, color, religion, sex, disability, familial status and national origin.
- c. Management will market available units in a nondiscriminatory manner.
- d. It is unlawful to coerce, intimidate, threaten or interfere with any person's exercise or enjoyment of any Fair Housing right.

The Fair Housing Act provides additional protections for persons with disabilities. It requires that 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.

7. **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.

8. **Violence Against Women & Justice Department Reauthorization Act of 2005 (VAWA)**

VAWA provides legal protections to the victims of domestic violence, dating violence or stalking. VAWA protections include the following:

- a. The Landlord may not consider incidents of domestic violence or stalking as serious or repeated violations of the lease of other "good cause" for termination of assistance, tenancy or occupancy of the victim of abuse.
- b. 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.
- c. 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 VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

9. **United States Housing Act of 1937**

This policy is subject to the United States Housing Act of 1937, as amended, Title VI of the Civil Rights Act of 1964, and all other civil rights requirements, regulations promulgated by the U.S. Department of Housing and Urban Development (HUD), Annual Contributions Contract, Regulatory and Operating Agreement, Section 42 of the Internal Revenue Code of 1986, and state and local laws, the CHA Leaseholder Housing Choice and Relocation Right's Contract (hereinafter "RRC") and CHA Relocation Rights Contract for Families with Initial Occupancy After 10/01/1999. Applicants who are governed by the Relocation Rights Contract (as defined in that contract) will be referred to as "RRC applicants".

## 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 (For Federally Assisted Housing Programs)**

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 a deeper subsidy.
- c) A unit transfer for a medical reason certified by a doctor.

#### 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) Existing Tenant Transfers (other) ☒ Order # 1  
including, but not limited to a change in household composition, a deeper rent subsidy, or for medical reasons certified by a doctor.
- b) Artist Preference ☒ Order # 2

### B. **Verification of Preference**

The State Mandated Preferences will be verified by third party verification (**Exhibit C**). If Management has selected any of the optional preferences, the following means of verification will be utilized:



- Existing Tenants will fill out a request for transfer form and will provide necessary documentation to support their request.
- Artist Preference – An applicant who wishes to use this preference must complete the development screening process and be approved for an apartment **and** must also be approved by the artist screening committee. The initial committee will be staffed by committee members selected by the Rebuild Foundation. **(Exhibit D)**

**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. All applicants must first pass the property management screening criteria for all available apartments regardless of the program participation.
3. Applicants for the tax credit apartments (11 units) and the market rate apartments (9 units) will be given a preference for qualifying as "approved" artist households. Preferences for the PHA-Assisted Units (12 units) are described in Section IV below.
4. There will be two waiting lists for the tax credit and market rate apartments, an approved artist household preference list and a general pool list.
5. An initial Artist Committee will be setup to interview both tax credit and market rate applicants who wish to be included on the preference list. This initial Artist Committee will be staffed, and/or selected, by the Rebuild Foundation. All members of this committee will receive Fair Housing training provided by the Property Management Company prior to serving on this committee. Once the development is fully leased, an ongoing Artist Committee will change composition to include both residents of Dorchester Artist Housing and the Rebuild Foundation, or even just residents of Dorchester Artist Housing.
6. Units will remain vacant for up to 60 days until filled with "approved" artist households, before going to the general pool waiting list. Tenant Selection criteria for approval of an Artist Preference is listed in **(Exhibit D)**.

**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 E)**. 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-Applications

1. A letter will be sent to households who respond to the marketing efforts (**Exhibit F**). This letter will include a Pre-Application (**Exhibit G**) 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-Applications are received.
4. All returned Pre-Applications will be logged into the property software, indicating the time and date received (**Exhibit H**). An interested parties list will indicate whether the applicant has claimed a preference or has requested a handicapped accessible unit.
5. Notwithstanding anything to the contrary herein, applicants for the PHA-Assisted Units will follow the procedures described in Section IV below.

#### B. Processing Pre-Applications

1. Pre-Applications will be filed in the order of receipt. In addition, 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 form to be filled out. 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-Applications will be accepted after the date on which 95% occupancy of the Development has been reached and the applicable Interested Parties List has been closed.
4. For Developments, which have completed their initial marketing efforts (Up and Running), no Pre-Applications will be accepted after the date on which the applicable Interested Parties List has been closed.
5. All Pre-Applications will be retained on-site permanently.

### IV. WAITING LIST(S) PROCEDURES

#### A. 1. 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 I**). 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 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.

**2. RRC Applicants/Public Housing Assisted Units ("PHA-Assisted Units").**

The Management will maintain a site-based waiting list of potential tenants to lease the PHA-Assisted Units. The list will be comprised of referrals from the Washington Park HOP list to fill the 12 PHA-Assisted Units. The Agent will engage in outreach from the referral list.

All RRC-applicants shall be referred by Chicago Housing Authority ("CHA") with corresponding HOP numbers in accordance with the RRC. RRC-applicants will be required to complete an application form that will be entered on the waiting list in sequential order of their HOP number. RRC-applicants will be processed in order of their HOP number and pursuant to the RRC, including the priorities detailed in the RRC. Once all of the RRC-priorities have been processed, the Management will begin accepting referrals from the CHA's public housing applicant waiting list. If no such waiting list exists, the Management shall create a waiting list in conformance with All Applicable Public Housing Requirements. As applications are received, the date and time the application is received should be noted on the application form and the applicant names supplied from CHA's public housing applicant waiting list will be placed on the waiting list based on the date and time the application is received by the Management. All data is subject to verification. Each adult member of the family must sign the completed application.

Consistent with the objectives of Title VI of the Civil Rights Act of 1964, the Regulatory and Operating Agreement, other statutory requirements, and HUD regulations and policies, offers from the waiting list to appropriate sized units will be made after preferences are applied. Preferences for housing will be applied in accordance with the terms outlined in section 4 d. of the Relocation Rights Contract for all RRC-applicants for all PHA-Assisted Units. Upon exhaustion of the RRC-applicants, preference for PHA-Assisted Units shall be determined in accordance with both current CHA policy and this Policy.

**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

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 members change, or the Income Limit changes; and (3) their name will be removed from 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 re-determination. (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 7 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.*)

Regular Mail and by E-mail

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 5 business 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 5 business days or fails to accept the second unit, the applicant's name will be removed from the applicable Waiting List.
- 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 5 business days or fails to accept the second unit, the applicant's name will be removed from the applicable Waiting List.

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.)*

Management will attempt to contact the applicant by telephone. If there is no contact after 2 attempts within 48 hours, the applicant's name will be removed from the waiting list. If management contacts the applicant, another appointment will be scheduled if the applicant has good cause, such as illness or accident, for failure to keep the prior appointment. If the applicant fails to keep the appointment, the applicant's name will be removed from the waiting list. A letter will be sent confirming the action.

**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 mail/email to each applicant on the Waiting List(s) (**Exhibit J**). The applicant will be given 14 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 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.

2. 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).

**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:

When the number of names for a unit size equals 4 times the projected turnover in that unit size for 2 years.

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):

All publications as stated in the approved Affirmative Fair Housing Marketing Plan (AFHMP) as well as sent to all community contacts listed in the AFHMP.

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 how to apply, will be placed in the following publications:

Announcements will be placed in the publications per the approved AFHMP. Notices will also be distributed to all community organizations per the AFHMP.

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

When, based on projected turnover, it is anticipated that all persons for a unit size will be assigned a unit within the next 12 months.

**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.

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.
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. A drug test will be performed on all household members aged 18 years or older.
5. Verification of satisfaction of the employment requirements hereinafter defined is required for each applicant. Applicants will qualify for occupancy only if the head of household or co-head of household, and all family members ages 18-61, meet the employment requirements hereinafter defined, except in certain circumstances noted below. A head of household or co-head of household who is employed a minimum of 30 hours per week shall meet the employment requirement for the head of household. Additionally, all family members ages 18-61, other than the employed head or co-head of household, must be working 30 hours per week, or be enrolled full-time and regularly attending secondary or post-secondary education program, or be involved in at least 30 hours per week of any combination of (1) employment; (2) enrollment in and regular attendance in an economic self-sufficiency program; (3) enrollment in and regular attendance in a regular program of education including GED classes, secondary or post-secondary education or English proficiency or literacy classes; and (4) a verifiable employment search or employment counseling.

Notwithstanding the foregoing, a member of a household shall not be required to comply with the employment requirements when such member of the household is: (a) age 62 or older; (b) blind or disabled as defined under 42 U.S.C. 416(i)(1) or 42 U.S.C. 1382c and provides third party verification of same; (c) the primary caretaker of such a blind or disabled individual; (d) the primary caretaker of a minor and there is at least one additional adult member of the household who is employed at least 30 hours per week; or (e) retired and receiving a pension.

6. Verification of employment, income, bank accounts, and other assets, etc., is required as applicable for each applicant.
7. 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.
8. Proof of citizenship status for all members of the household is required.
9. Verification of Social Security Numbers for all members of the household is required.

10. Other: A search will be made of all state sex offender lists in the state(s) in which the applicant lived since 1993.

11. Dorchester Artist Housing is a designated "Smoke Free Building". All residents, 18 years and older must sign and attest to a smoke free housing apartment.

**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 K**. Home Visits will be conducted for all applicants who reside within 10 miles of the Development. Home Visits will be conducted for every applicant household reaching the final stages of the approval process.

**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. Income Targeting – (Applicable Only to the Section 8 Project Based Program)**

1. ☒ The Development is not required to comply with the Income Targeting requirement.  
☐ The Development is required to comply with the Income Targeting requirement.

2. The method with which to achieve this requirement is selected below:  
(check the one that applies)

☐ Admit only extremely low-income applicants until the requirement is met. In chronological order, select eligible applicants from the Waiting List whose incomes are at or below the extremely low-income limit to fill the first 40% of expected vacancies in the Development. Once the Development has achieved the 40% target, admit applicants in the Waiting List order.

☐ Alternate between the first extremely low-income applicant on the Waiting List and the applicant at the top of the Waiting List. To implement this method, select the first extremely low-income applicant on the Waiting List (bypassing applicants on the Waiting List with higher incomes) for the next available unit. Then the next eligible applicant currently at the top of the Waiting List (regardless of income level) for the next available unit. As subsequent units become available, tenant selection continues to alternate between the next extremely low-income applicant and the eligible applicant at the top of the Waiting List until the 40% target is reached.

☐ Alternate between the first extremely low-income applicant on the Waiting List and the applicant at the top of the Waiting List in groups of 10. In chronological order, admit the first 4 extremely low-income households from the Waiting List and then admit the next 6 households from the top of the Waiting List, regardless of income. This procedure results in 40% or more of admissions being extremely low-income. After filling the first 10 available units, again admit the first 4 extremely low-income

households on the Waiting List and then the next 6 households currently at the top of the Waiting List.

**C. Sole Residence**

The unit must be the applicant's sole residence in order for the applicant to be eligible for housing.

**D. Citizenship Requirements**

Only applicants and tenants who are United States citizens and eligible non-citizens may benefit from federal rental assistance. Specifics regarding citizenship requirements and the documentation process are provided in **Addendum 1** attached to this Plan.

**E. Certification of Social Security Numbers**

All applicants and tenants, excluding tenants age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun prior to January 31, 2010, and those individuals who do not contend eligible immigration status, are required to disclose and provide verification of the complete and accurate SSN assigned to them.

The timeframe for providing social security numbers is as follows:

1. Applicants currently on or applying to the waiting list do not need to disclose or provide verification of an SSN for all non-exempt household members at the time of application and for placement on the waiting list. However, applicants must disclose and provide verification of an SSN for all non-exempt household members before they can be housed.
2. Housing applicants from the waiting list must disclose and/or provide verification of their SSN's for all non-exempt household members at the time a unit becomes available. The applicant who has not disclosed or provided verification of SSN's for all non-exempt household members has ninety days from the date they are first offered an available unit to disclose and/or verify the SSN's. During this ninety day period, the applicant may, at its discretion, retain its place on the waiting list. After ninety days, if the applicant is unable to disclose and/or verify the SSN's of all non-exempt household members, the applicant should be determined ineligible and removed from the waiting list.

An explanation of required documentation is provided in **Addendum 2** attached to this Plan.

**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. The occupancy standards for the Development are attached as **Exhibit L**.

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
- 2. Upon request, an applicant or resident may be placed on as many of the Development's Waiting List(s) for which 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. **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. 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.
- 3. The applicant's financial ability to pay his/her monthly contribution toward the rent of the unit may be assessed. Although debt-to-income ratios will not be used, the applicant must demonstrate the ability to pay long-term obligations he/she has incurred along with rent.

### **C. Criminal Convictions/Current Drug Use**

- 1. Applicants who fall into the following categories will be rejected:
  - a) current addiction to or engagement in the illegal use of a controlled substance.
  - b) any household containing a member(s) who was evicted in the last three years from federally assisted 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 lifetime or any registration requirement under a sex offender program including a 10 year registration requirement under the Illinois Sex Offender Statute. requirement.
  - 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.

- e) any conviction of drug related criminal activity for manufacture of methamphetamine on the premises of federally assisted housing or any premises.
- f) if the result of the initial drug test for any member of the applicant's household indicates a family member is currently using illegal drugs, the application will be rejected. The applicant may reapply for housing, but no sooner than one year from the date of rejection. The applicant must document successful recovery through evidence of a treatment program.

2. The Agent may prohibit admission of applicant families with members:

- a. Who have any history of criminal activity, including arrest or conviction in the past ten years involving violence to a person; or
- b. Who, in the past five years, have any history of arrest or conviction involving drug activity, theft, illegal use or possession of a weapon, or damage to property; or any pattern of such activity in the past 10 years.

**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 (**See Section V.B.**) 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.

**F. Exception to Rejection Criteria**

Extenuating Circumstances  
(Check the one that applies)

☒ Extenuating circumstances will not be considered.

☐ Extenuating circumstances will be considered in cases when applicants would normally be rejected, but the applicants will have to indicate circumstances that he/she will be an acceptable resident in the future.

**IX. 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.

**X. 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.

**XI. NO-SMOKING POLICY**

The premises known as Dorchester Artist Housing to be occupied by resident and members of resident's household have been designated a smoke-free living environment. Resident and members of resident's household shall not smoke anywhere in the unit rented by resident, or in the common areas of the building where the resident's dwelling is located, including but not limited to the lobby, reception areas, vestibule, hallways, elevators, stairwells, community rooms, bathrooms, laundry rooms, and offices. Additionally, no smoking is permitted within 25 feet of the building's entry ways, porches and patios. This policy applies to all residents, guests, visitors, service personnel and employees. Residents are responsible for the actions of their household, their guests and visitors. If you are observed in violation of this **No Smoking Policy** it will constitute both non-compliance of a material provision of the lease agreement and a serious violation of the lease agreement. In addition, the resident will be responsible for all costs to remove smoke odor or residue upon any violation of this **No Smoking Policy**.

**XII. 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.

**MANAGEMENT:**

Entity Name: Leasing and Management Company, Inc.

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

Print Name: Michael Levine

Title: President

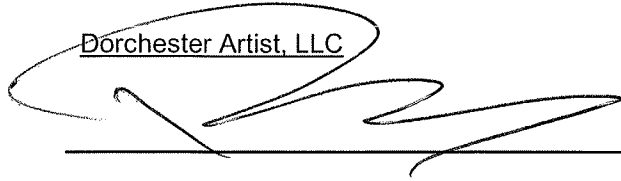
Today's Date: September 1, 2013

**OWNER:**

Entity Name:

Dorchester Artist, LLC

Signature:

A handwritten signature in black ink, appearing to read 'Richard Sciortino', is written over a horizontal line. The signature is stylized with loops and a long horizontal stroke at the end.

Print Name:

Richard Sciortino

Title:

President – Brinshore PL-1 Corp.; Member of Manager – Dorchester Artist Manager, LLC

Today's Date:

September 1, 2013

## **EXHIBIT A**

### **RENT STRUCTURE**

| <b># of Units</b> | <b>Unit Type</b> | <b>Market Rate</b> | <b>Low-Income</b> | <b>Very Low-Income</b> | <b>Utility Allowance</b> |
|-------------------|------------------|--------------------|-------------------|------------------------|--------------------------|
| 0                 | Studio           |                    |                   |                        |                          |
| 0                 | 1 Bedroom        |                    |                   |                        |                          |
| 13                | 2 Bedroom        | \$910              | \$722             | ACC-\$451              | \$154                    |
| 19                | 3 Bedroom        | \$1150             | \$869             | ACC-\$451              | \$182                    |
| 0                 | 4 Bedroom        |                    |                   |                        |                          |
| 0                 | 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 it's 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 a disability 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 a disability 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. Artist Preference**

- A. ☐ To be reviewed by "Artist Committee".

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 or request for Artist Preference meets the preference criteria.

Firm or Agency Name \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature

Print Name \_\_\_\_\_

# EXHIBIT D

## CRITERIA FOR ARTIST PREFERENCE

Dorchester Artist Housing is committed to appealing to creative individuals (those with and without families). We encourage all people in the creative arts to apply regardless of race, color, religion, national origin, ethnicity, gender, gender identity, marital status, familial status, sexual orientation, occupation, or physical or mental disability. We are especially interested in households committed to building a community and who will volunteer some of their time and energy toward this goal through a monthly community service commitment.

### Artist Preference

Artists who are committed to creating community in a creative arts context will be given a preference in renting the non-public housing units at Dorchester Artist Housing. Those satisfying the criteria for the artist preference will be selected ahead of the general population for available units or, if no units are available, placed ahead of the general population on the waiting list for housing at Dorchester Artist Housing for non-public housing units.

Applicants for the public housing units will not be subject to an artist preference. Families on the CHA waiting list will be informed about the arts focus of Dorchester Artist Housing. Public housing applicants to Dorchester Artist Housing will be requested to attend an informational interview with the Artist Selection Committee to learn of the unique features of the development.

To qualify for an artist preference, an applicant must:

- Apply for housing at Dorchester Artist Housing and fulfill all tenant screening criteria as defined in the Tenant Selection Plan;
- Submit samples of artistic work to the Artist Selection Committee;
- Participate in an interview conducted by the Artist Selection Committee; and
- Submit a teaching and/or project proposal for “service” commitment for Dorchester Artist Housing.

### Artist

An “artist” is defined as an individual who:

- (1) works in or is skilled in any of the fine arts, including but not limited to painting, drawing, sculpture, book art, ceramics and print-making.
- (2) creates imaginative works of aesthetic value, including but not limited to film, video, digital media works, literature, costume design, photography, architecture, and music composition.
- (3) creates functional art, including but not limited to jewelry, rugs, decorative screens and grates, furniture, pottery, toys and quilts.
- (4) performs, including but not limited to singers, musicians, dancers, actors and performance artists.

Artists may include, but are not limited to teachers, designers, technicians, crafts persons and/or administrators. Artists are individuals who are dedicated to using their expertise within the community to support, to promote, present, and/or teach and propagate their art form through events, activities, performances and classes. Artists may also be writers, poets, art therapists and urban planners who are interested in community building. We reserve the right to limit artistic/creative pursuits to those which are consistent with applicable local laws, health and safety regulations and practices which do not unreasonably impose on other residents or neighbors (such as loud, heavy or toxic endeavors).

### Artist Selection Committee

Once an applicant has been qualified under the Tenant Selection Plan by property management, the applicant will be invited to submit their qualifications as an artist to the Artist Selection Committee for review. Following review of the applicant's documents, an interview will be arranged by the Artist Selection Committee, who will decide whether the applicant qualifies for the artist preference. The Artist Selection Committee will be initially comprised of staff members from Rebuild Foundation and local artists and creative placemakers selected by the Rebuild Foundation. Once the property is leased with artists, artist residents from Dorchester Artist Housing will be added to the Artist Selection Committee. All members of the Artist Selection Committee will complete Fair Housing training prior to serving on the Artist Selection Committee. The Artist Selection Committee interviews all artist tenant applicants and their families (where applicable) and reviews the artists' portfolio. The committee looks for evidence that the applicants are seriously committed to their art and that they will be good neighbors. The committee will not judge the quality of their work, but rather the artists' ability to share their knowledge of



the arts with others (particularly youth), and the artists' commitment to community building around shared values in a creative arts environment.

### **Artist Expectations**

In addition to submitting a sample of creative work, all artist applicants will be expected to submit a teaching and or project proposal for "service" commitment to the to the Artist Selection Committee. All artist tenants will be strongly encouraged to commit 10 "service" hours of their time per month (through entire tenancy) in one or more of the following ways:

- Workshop facilitation
- Program creation support
- Teaching of arts based programs to area youth
- General activities including staffing field trips, supervising arts and sports games, monitoring activities in the lobby, and outdoors as related to Dorchester Artist Housing programming, etc.

In addition to volunteering service hours, all artists will be expected to participate in community building by attending community meetings. Artist will also be expected to maintain clean living and studio workspaces.

## **EXHIBIT E**

### **REJECTION LETTER FOR PREFERENCES**

Re: Dorchester Artist Housing Apartments

Dear \_\_\_\_\_:

In your recent application for Dorchester Artist Housing 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.
- ☐ Existing Tenant Transfer
- ☐ Artist Preference

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 \_\_\_\_\_.

Sincerely,

Property Manager

## **EXHIBIT F**

### **APPLICANT INQUIRY**

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

Dear \_\_\_\_\_:

Thank you for your initial inquiry regarding housing at Dorchester Artist Housing. 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 from interested households. If you are still interested in living at Dorchester Artist Housing, please return this letter and fill out a pre-application at the office.

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 or are interested in the Artist Preference. 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 by mail.

For households not claiming housing preference, screening will be conducted according to the order in which the completed pre-applications 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 G**

**LEASING AND MANAGEMENT COMPANY, INC.  
PRE-APPLICATION FOR  
DORCHESTER ARTIST HOUSING APARTMENTS**

Unit Size Desired:     ☐ 2 Bedroom                      ☐ 3 Bedroom

How did you hear about us: \_\_\_\_\_ Do you have any pets \_\_\_\_\_

Name (Head of Household) \_\_\_\_\_ Social Security No \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell Phone)

Email Address: \_\_\_\_\_

What is your reason for moving?  
\_\_\_\_\_

Do you need a handicapped accessible unit?     ☐ Yes     ☐ No

If Yes, type of disability \_\_\_\_\_

Do you wish to apply for an Artist Preference?     ☐ Yes     ☐ No

Do you hold a Section 8 Housing Choice Voucher?     ☐ Yes     ☐ No

Monthly Household Income (all occupants)     \$ \_\_\_\_\_

Sources of Income:     ☐ Employment     ☐ Pension     ☐ Social Security

☐ Other \_\_\_\_\_

Household Composition: List all persons who occupy the unit.

| Name | Age | Relationship |
|------|-----|--------------|
|      |     |              |
|      |     |              |
|      |     |              |
|      |     |              |
|      |     |              |
|      |     |              |
|      |     |              |
|      |     |              |

Date Apartment Needed: \_\_\_\_\_

Office Use Only

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

Received by: \_\_\_\_\_

# EXHIBIT H

## PRE - APPLICATION LOG IN ORDER OF RECEIPT

**Check All That Apply**

[illegible]

## EXHIBIT I

### SAMPLE WAITING LIST

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

## **EXHIBIT J**

### **WAITING LIST UPDATE**

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

Dear \_\_\_\_\_:

We are currently in the process of updating our waiting list for Dorchester Artist Housing Apartments. 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 Dorchester Artist Housing, please come to the office to fill out an updated pre-application within 14 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 Dorchester Artist Housing Apartments.

Sincerely,

Property Manager

## **EXHIBIT K**

### **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 \_\_\_\_\_

Inspector's Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_



## **EXHIBIT L**

### **OCCUPANCY STANDARDS**

The occupancy standards for Dorchester Artist Housing Apartments are that there shall be no more than two nor fewer than one person per bedroom in a unit at the time of initial occupancy.

## **EXHIBIT M**

### **APPLICANT REJECTION**

Date \_\_\_\_\_

Dear \_\_\_\_\_:

Thank you for your interest in renting an apartment at Dorchester Artist Housing. 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 Property Manager at the Management office at \_\_\_\_\_ (voice) within 14 days of the date of this letter (excluding weekends and designated federal holidays) to schedule an appointment. Persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process.

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**

## **CITIZENSHIP REQUIREMENTS**

Only United States citizens and eligible non-citizens may benefit from federal rental assistance. These requirements apply to households making application to the property, households on the waiting list and existing tenants. *(If the applicant is not proficient in the English language, Management will arrange to provide this request in a language that is understood by the applicant.)* Please note that a mixed household *(a household with one or more eligible and one or more ineligible household members)* may receive either prorated assistance, continued assistance or a temporary deferral of termination of assistance.

All applicants for assistance will be required to submit evidence of citizenship or eligible immigration status at the time of application. This includes all household members, regardless of age. Please note that financial assistance is contingent on submission and verification of citizenship or eligible immigration status.

In order to verify citizenship or eligible immigration status, **Exhibit 1** must be completed for each member of the household by the following date \_\_\_\_\_. In addition, management will also require verification of this declaration by requiring the following documentation:

- **From U.S. citizens**, presentation of a U.S. birth certificate or U.S. passport.
- **From non-citizens 62 years and older**, a signed declaration and proof of age.
- **From non-citizens under the age of 62**, a signed consent form (**Exhibit 2**) and one of the DHS-approved documents listed in **Figure 1** (attached).

Non-citizens **not** claiming eligible immigration status may elect to sign a statement that they acknowledge their ineligibility for assistance.

If an applicant cannot supply the documentation within the specified timeframe, Management may grant an extension of not more than 30 days, but only if the applicant certifies that the documentation is temporarily unavailable and additional time is needed to collect and submit the documentation. Management may establish a shorter extension period. Management will inform the applicant in writing if an extension period is granted or denied. If the request is granted, Management will state (in writing) the new deadline. If the request is denied, Management will state the reasons for the denial in writing.

Management cannot delay the household's assistance if the household submitted its immigration information in a timely manner but the Department of Homeland Security ("DHS") verification or appeals process has not been completed. If at least one member of the household has submitted the required documentation in a timely manner, the owner must offer the household a unit and provide prorated assistance to those household members whose documentation were received on time. Management must continue to provide prorated assistance to such households until information establishing the immigration status of any remaining non-citizen household members has been received and verified. The prorated assistance is calculated by multiplying a household's full assistance by a fraction. This is based upon the number of household members who are eligible compared with the total number of household members.

Once Management has determined the final citizenship/immigration status of a household assisted prior to completion of the verification or appeal process, Management will:

- Offer full assistance to a household that has established the eligibility of all of its members; or
- Offer continued prorated assistance to a mixed household, or temporary deferral of termination of assistance if the household does not accept the offer of prorated assistance; or
- Offer temporary deferral of termination of assistance to an eligible household. At the end of the deferral period the household must either pay market rent or vacate the unit.

Management will notify all households in writing as soon as possible if the secondary verification process returns a negative result and applicants may appeal Managements decision directly to the DHS. The household must send a copy of the appeal directly to Management. The DHS should respond to the appeal within 30 days.

## **Figure 1**

### **Acceptable Department of Homeland Security Documentation**

- Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens)
- Form I-94, *Arrival-Departure Record* annotated with one of the following:
  - "Admitted as a Refugee Pursuant to Section 207";
  - "Section 208" or "Asylum";
  - "Section 243(h)" or "Deportation stayed by Attorney General";
  - "Paroled Pursuant to Section 212(d)(5) of the INA."
- Form I-94, *Arrival-Departure Record* (with no annotation) accompanied by one of the following:
  - A final court decision granting asylum (but only if no appeal is taken);
  - A letter from DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from a DHS district director granting asylum (application filed before October 1, 1990);
  - A court decision granting withholding or deportation; or
  - A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- Form I-688, *Temporary Resident Card* annotated "Section 245A" or "Section 210".
- Form I-668B, *Employment Authorization Card* annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
- A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- Form I-151, *Alien Registration Receipt Card*.
- Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.

# **EXHIBIT 1**

## **DECLARATION FORM**

INSTRUCTIONS: Complete this Declaration for each member of the household.

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_

SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

ALIEN REGISTRATION # \_\_\_\_\_

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

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

SAVE VERIFICATION # \_\_\_\_\_  
(To be entered by owner if and when received.)

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

### **DECLARATION**

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

☐ **1.** A citizen or national of the United States.

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

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

Check here if adult signed for a child: ☐

☐ **2.** A non-citizen with eligible immigration status as evidenced by one of the documents listed below:

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

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

A. Verification Consent Form (Exhibit 2)

AND

B. One of the following documents:

- 1) Form I-551, *Alien Registration Receipt Card (for permanent resident aliens)*.
- 2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - a) "Admitted as Refugee Pursuant to Section 207";
  - b) "Section 208" or "Asylum";
  - c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - d) "Paroled Pursuant to Sec. 212(d)(5) of INA".
- 3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - a) A final court decision granting asylum (but only if no appeal is taken);
  - b) A letter from a DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from a DHS district director granting asylum (if application was filed before October 1, 1990);
  - c) A court decision granting withholding or deportation; or
  - d) A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- 4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- 5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
- 6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- 7) Form I-151 Alien Registration Receipt Card.

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

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

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

Check here if adult signed for a child: ☐

#### REQUEST FOR EXTENSION

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

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

Check if adult signed for a child: ☐

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

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

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

Check here if adult signed for a child: ☐



## **EXHIBIT 2**

### **Verification Consent Form**

#### **INSTRUCTIONS:**

Complete this form for each non-citizen household member who declared eligible immigration status on the Declaration Form. If this form is being completed on behalf of a child, the adult responsible for the child must sign it.

#### **CONSENT**

I, \_\_\_\_\_ hereby consent to the following:  
(print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by Management without responsibility for the further use or transmission of the evidence by the entity following entities:
  - a. HUD, as required by HUD; and
  - b. The DHS for purposes of verification of the immigration status of the individual.

#### **NOTIFICATION TO HOUSEHOLD:**

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: ☐

## **ADDENDUM 2**

### **SOCIAL SECURITY NUMBER REQUIREMENTS**

Most individuals should be able to verify all Social Security Numbers with a Social Security Card. However, if the applicant or resident cannot produce the Social Security Card for any or all non-exempt household members, the documents list below, showing the household member's SSN may be used for verification, 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

Documents that are presented must be rejected if it is not an original document; if it is an original document, but has been altered, mutilated or is not legible; or appears to be a forged document (e.g., does not appear to be authentic).

It will be explained to the applicant why the document is not acceptable and request that the individual obtain acceptable documentation of the SSN and submit it.

The applicant has ninety days from the date they are offered an available unit to disclose the SSN's of all household members. After ninety days, if applicants are unable to disclose SSN's of all household members, the applicant will be determined ineligible and removed from the waiting list.