

# TENANT SELECTION PLAN

## Other Programs

(Non-Section 8 and 236 Programs)

### Keystone Place Apartments

DEVELOPMENT NAME

6417 S. Ellis, Chicago  
6437 S. Ellis, Chicago  
6358 S. Ellis, Chicago  
6355 S. Ingleside, Chicago  
6527 S. Ellis, Chicago  
6542 S. Greenwood, Chicago  
6548 S. Greenwood, Chicago  
6531 S. Minerva, Chicago  
6434 S. Drexel, Chicago  
6437 S. Drexel, Chicago

6421 S. Ellis, Chicago  
6451 S. Ellis, Chicago  
6350 S. Ellis, Chicago  
6336 S. Ingleside, Chicago  
6531 S. Ellis, Chicago  
6546 S. Greenwood, Chicago  
6559 S. Greenwood, Chicago  
6533 S. Minerva, Chicago  
6436 S. Drexel, Chicago

DEVELOPMENT ADDRESS

Revised: March 5, 2014

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# TENANT SELECTION PLAN



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

IHDA Identification Number: 1134

Keystone Place  
"Development"

Keystone Place Limited Partnership  
Owner's Name (the "Owner")

Leasing and Management Company  
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. CHA contracted mixed income units only from their waiting list.

☐ 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 (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 <i>(please describe)</i> _____ |   |

\_\_\_\_\_

**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>7</u>	Market rate units			<u>7</u>	Market rate units		
<u>38</u>	Units at	<u>50%</u>	Median income	<u>62</u>	Units at	<u>60%</u>	Median income
<u>24</u>	Units at	<u>60%</u>	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, age, 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, or unfavorable discharge from military service.

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: Deborah Starkovich

Telephone Number: 773-286-5400

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 sexual orientation, gender identity or marital status.

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 (for Tax Credit and HOME developments only)**

Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA 2005) 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.

**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 # 2
- ii. Preference for Persons with Disabilities ☐ Order #
- iii. Preference for Victims of Domestic Violence ☐ Order #
- 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) ☐ Order #

d) 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. 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:

\_\_\_\_\_

**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.)*

Management will attempt to make contact with the applicant by telephone at least three times during the next 48 hour period. If contact cannot be made by telephone, a certified letter will be sent to the applicant requesting a date and time for an interview.

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 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 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 5 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.)*

Management will attempt to make contact with the applicant by telephone or email. If there is no contact after 3 attempts, within 48 hours, the applicant's pre-application will be placed in the inactive file. If management contacts the applicant, management will schedule another appointment if the applicant has good cause such as illness or accident for failure to keep the original appointment. If the applicant again fails to attend the interview, management will place the pre-application in the inactive file.

**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 mail and/or email 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 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 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:

If based on projected turnover, the anticipated waiting list time exceeds twelve months and it is unlikely that the new applicant would qualify before the persons already on the waiting list, the waiting list will be closed.

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):

Sun Times and Chicago Reader.

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:

Sun Times and Chicago Reader.

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

The waiting list falls below the projected turnover for the year.

### 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: Drug testing is required for all CHA applicants for mixed income units only.

### B. **Home Visits**

☒ Home Visits will be conducted to inspect the current dwelling of the CHA mixed income 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 5 miles of the Development. Home Visits will be conducted for every CHA mixed income 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:  
2 persons per bedroom.

- 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. 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 \_\_\_% 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) 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 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.

- 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 will be rejected. In addition, if other persons that will be living in the unit fall into these categories, the applicant may be rejected.

- a) criminal convictions that involved physical violence to persons or property, or endangered the health and safety of other persons within the last 20 year(s);
- b) criminal convictions in connection with the manufacture or distribution of a controlled substance within the last 20 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 for CHA mixed income units only 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:  
(Check the one that applies)

☒ Extenuating circumstances will not be considered.

☐ 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.

**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. AMENDING THE TENANT SELECTION PLAN**

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

## **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, or will be executed in the future without written approval from the Illinois Housing Development Authority.

### **MANAGEMENT:**

Entity Name: Leasing and Management Company, Inc.

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

Print Name: Michael Levine

Title: President

Today's Date: \_\_\_\_\_

### **OWNER:**

Entity Name: Keystone Place Limited Partnership

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

Print Name: David Brint

Title: \_\_\_\_\_

Today's Date: \_\_\_\_\_

This Plan is reviewed as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

### **ILLINOIS HOUSING DEVELOPMENT AUTHORITY:**

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

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

Title: \_\_\_\_\_

## **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>
	Studio				
9	1 Bedroom	\$792	\$750	\$423.06	\$99 CHA \$76 60% units
33	2 Bedroom	\$1090	\$977	\$423.06	\$123 CHA \$94 60% units
18	3 Bedroom	\$1250	\$1124	\$423.06	\$145 CHA \$113 60% units
9	4 Bedroom		\$1238	\$423.06	\$168 CHA \$13 60% units
	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:

**Name**

**Age**

**Relationship**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### **Optional and for Federally Subsidized Programs ONLY.**

**ETHNICITY:** ☐ Hispanic or Latino

☐ Non-Hispanic or Non-Latino

**RACE:** ☐ Caucasian

☐ African American

☐ Asian

☐ American Indian or Alaskan

☐ Native

☐ 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 \_\_\_\_\_

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

Date \_\_\_\_\_

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.

**KEYSTONE PLACE APARTMENTS**  
**IHDA #2238**  
**AMENDMENT TO THE TENANT SELECTION PLAN:**

**1. E.8. 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 sexual orientation, gender identity or marital status. 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.

**V.A.8. Application Requirements**

**Work Requirements** – Applicants 18-61 will qualify for occupancy only if they meet the employment requirement hereinafter defined, except in certain circumstances noted below. If the household only contains one household member between the ages of 18-61, then the Applicant's household must satisfy one of the following criteria to meet the employment requirement:

1. employment for a minimum of 20 hours per week
2. enrollment in and regular attendance in an economic self-sufficiency program;
3. enrollment in and regular attendance in an education program including GED classes, secondary or post-secondary education or English proficiency or literacy classes; or
4. a verifiable employment search or employment counseling lasting no longer than 60 days.

If a household has two or more household members ages 18-61, at least one household member must meet the work requirement by satisfying V.A.8.1 unless all household members are subject to an exemption defined in the following paragraph.

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 child under the age of 18 years old and there is at least one additional adult member of the household who is employed at least 20 hours per week; or (e) retired and receiving a pension. In addition, an applicant referred from the State Referral Network for the four Illinois Housing Development Authority Targeted Units will likewise be deemed to have satisfied 42 U.S.C. 416(i)(1) or 42 U.S.C. 1382c.

The head of household is responsible for notifying the management office of any change of employment status within the household. Failure to comply with this requirement can result in termination of the lease. If a household member age 18 or older becomes unemployed, within 3 months of their date of unemployment, they must demonstrate that they are re-employed or committing at least 60 hours per month to job training, job placement and/or community services. Property management may inquire periodically as to the employment status of all household members age 18 or older. Continued failure to comply with this rule may lead to lease violation and potentially eviction.

**V.B Home Visits**

Home visits will not be conducted for 60% or market rate units

### **VIII.C.1 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 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 state sex offender lifetime 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.

### **VII.C.2**

Applicants who fall into the following categories will be rejected. In addition, if other persons that will be living in the unit fall into these categories, the applicant will be rejected.

- a. Criminal convictions involving physical violence to persons or property, or endangered the health and safety of other persons within the last 20 years.
- b. Criminal convictions in connection with the manufacture or distribution of a controlled substance within the last 20 years; or
- c. Open criminal cases or capital crimes that occurred within the last 20 years.
- d. Any felony for any reason within the last 20 years.

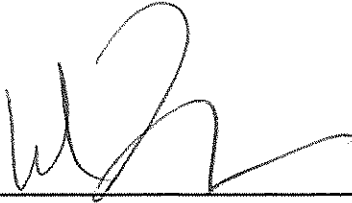
**I. CERTIFICATION**

By signing this Amendment to the Tenant Selection Plan, Management certifies that the contents of this Plan will be followed as written.

**MANAGEMENT:**

Entity Name: Leasing and Management Company, Inc.

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



Print Name: Michael Levine

Title: President

Today's Date: \_\_\_\_\_

1/12/16

**OWNER:**

Entity Name: Keystone Place Limited Partnership

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



Print Name: David B. Brint

Title: Authorized Signatory

Today's Date: \_\_\_\_\_

1/27/16