

Glenridge Terrace Apartments



03/22

Dear Applicant(s):

Thank you for requesting an application for housing with Glenridge Terrace Apartments.

As noted on the application coversheet, there are income limits in place to qualify for housing. Once a household qualifies under these income limits, adjustments are made to include eligible deductions, which may reduce the rent amount (rent is based on 30% of the *adjusted* gross income). Rent is calculated in accordance with the verified household financial information.

In addition to the application, there are additional forms for you to complete, sign and return with the application, as noted below. Forms marked with an * are optional. However, the information gleaned from them is a valuable aid to ensure we are reaching out to all potential applicants. Please take the time to complete and return them with the application.

Applicant signatures are required on the application, but original signatures are not necessary if emailing or faxing. However, typed or digital signatures are not accepted unless with an approved Reasonable Accommodation.

Please return the following forms:

- Application
- Applicant Authorization to Release Credit Information – This form will be held until it is time to interview for an available apartment.
- Race and Ethnicity Data Reporting Form *
- Household Disability Status Reporting Form *
- Supplement to Application For Federally Assisted Housing *

Also included are additional forms for your information that do not need to be returned:

- Tenant Selection Plan
- EIV Brochure
- Notice of Occupancy Rights Under the Violence Against Women Act
- List of local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking. (If you are interested in obtaining this information from another area, besides what is included, please let us know so that we can forward that information).
- Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation * (individuals may complete the VAWA Certification form to show their status as a victim of domestic violence, dating violence, sexual assault, or stalking, and he wish to exercise their rights under VAWA).

If you have any questions regarding the application or any of the included forms, please call 541-779-8393 or 800-714-9177.

We look forward to working with you.

Sincerely,

Josue Desir
Housing Manager

690 Black Oak Drive • Medford, OR 97504 • senioraffordablehousing.org

P: 541-779-8393 • F: 541-772-7637 • TF: 800-714-9177 • TDD: 800-735-2900 or dial 711

Community Housing communities comply with federal, state, and local Fair Housing regulations, housing persons without regard to race, color, national origin, religion, gender, familial status or disability. We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in federal, state or local assisted programs and activities.





**Application for Housing
Glenridge Terrace Apartments
690 Black Oak Drive, Medford, Oregon 97504
(541) 779-8393**

Gross Income Limit by Number of Persons per Household			
Number of Persons	30% of Median	Very Low Income	Low Income
2	21,100	35,150	56,200
3	25,820	39,550	63,250
4	31,200	43,900	70,250
5	36,580	47,450	75,900
6	41,960	50,950	81,500
7	47,340	54,450	87,150
8	52,720	57,950	92,750

Apartment Size Requested	2 Bedroom	3 Bedroom	4 Bedroom

Mail, fax, email or hand deliver, the completed application. Please note: Completing and returning this application does not guarantee housing!

If you choose to email your information, please be sure to use a secure platform to do so. We are unable to ensure protection of your personal health information otherwise. If you cannot send your information via email securely, then we recommend that you fax, mail, or deliver the information.

Fair Housing:

Community Housing communities comply with federal, state, and local Fair Housing regulations, housing persons without regard to race, color, national origin, religion, gender, familial status, or disability. We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, federal, state or local assisted programs and activities.

Smoke-Free Community:

Community Housing communities are all Smoke-Free. This includes but is not limited to, cigarettes, e-cigarettes, cigars, pipes or any other device that delivers substances by method of inhaling. Smoking is not permitted within apartments, as well as within 20 feet of the entrances and exits of the Office and Computer Learning Center building. Smoking in the laundry rooms, on the play area, inside of exterior stairwells, and immediate area around the mailboxes and dumpster area is also prohibited. It is not permissible to smoke on property sidewalks. It is acceptable for residents to smoke in the parking areas that are outside of 20 feet of the building and on public sidewalks. The distance may be greater if required by local city ordinances.

APPLICANT INFORMATION			
Applicant First Name:	Middle:	Last:	
Date of Birth:	Social Security Number: - -	Sex: M / F	
The following information is needed to verify whether the applicant qualifies for the exemption from disclosing and providing verification of a SSN.			
Were you 62 years of age or older as of January 31, 2010 <u>AND</u> do <u>not</u> have a Social Security Number (SSN)? Yes / No (If you have a SSN, this response would be No.)		If you answered Yes to the previous question, were you receiving HUD rental assistance at another location on January 31, 2010? Yes / No	
Required at least one of the following			
Telephone Number: ()	Contact/Message Number: ()	Email Address:	
Are you a student of higher education: Yes / No (Higher education refers to education provided by a college or university. Refer to TSP.)		Marital Status:	
Present Address: Street	City	State	ZIP
Mailing Address (if different): Street	City	State	ZIP
SPOUSE/CO-HEAD INFORMATION			
Spouse/Co-Head First Name:	Middle:	Last:	
Date of Birth:	Social Security Number: - -	Sex: M / F	
The following information is needed to verify whether the applicant qualifies for the exemption from disclosing and providing verification of a SSN.			
Were you 62 years of age or older as of January 31, 2010 <u>AND</u> do <u>not</u> have a Social Security Number (SSN)? Yes / No (If you have a SSN, this response would be No)		If you answered Yes to the previous question, were you receiving HUD rental assistance at another location on January 31, 2010? Yes / No	
Required at least one of the following			
Telephone Number: ()	Contact/Message Number: ()	Email Address:	
Are you a student of higher education: Yes / No (Higher education refers to education provided by a college or university. Refer to TSP.)		Marital Status:	
Present Address: Street	City	State	ZIP
Mailing Address (if different): Street	City	State	ZIP

PREVIOUS RENTAL HISTORY	
Has ANY member of the applying household ever lived at Glenridge Terrace Apartments before? Yes / No	
If yes, when: _____	
Has ANY member of the applying household ever lived in a Pacific Retirement Services (PRS) - Community Housing managed community before? Yes / No	
If yes, when: _____ where: _____	
NOTE: Community Housing will be contacted prior to the applicant being placed on the Wait List to determine if the applicant was previously a resident at a Pacific Retirement Services managed community, and left in good standing (not owing due to damages, termination of tenancy etc.). If landlord references, credit background, or criminal background are not favorable (due to outstanding debt, evictions, etc.), the application may be rejected.	
Current Landlord Name: _____ Address: _____	Telephone Number: () _____ How long at this residence? _____
Previous Landlord Name: _____ Address: _____	Telephone Number: () _____ How long at this residence? _____
Previous Landlord Name: _____ Address: _____	Telephone Number: () _____ How long at this residence? _____
Has ANY member of the applying household been evicted? Yes / No	
If YES, when was the eviction served? Date: _____	
If YES, was the eviction related to drug activity? Yes / No	
If YES, was a drug treatment program successfully completed? Yes / No	
NOTE: HUD prohibits the admission for any household member who has been evicted from any federally subsidized housing for drug related activity in the past 3 years unless they have successfully completed a drug treatment program.	
BACKGROUND INFORMATION	
Note: We conduct criminal background checks on ALL adult members of the household.	
Please list all <u>states</u> in which ALL of the members of the applying household have lived: States: _____ _____ _____ _____ _____ _____	Does ANY members of the applying household have a single conviction, guilty plea, no contest plea or pending charge for criminal activity? Yes / No If yes, circle one, explain - MUST include date of disposition or date when parole/probation ended. Felony / Misdemeanor _____ _____

Are ANY members of the applying household subject to a lifetime sex offender registration in any state? Yes / No	Are ANY members of the applying household currently using illegal drugs or abusing alcohol? Yes / No
Are ANY members of the applying household subject to a sex offender registration <u>in any state</u> ? Yes / No	

FAMILY MEMBER INFORMATION List each member that will reside in the apartment

Full Name First, Middle, and Last	Social Security #	Relationship to Head of Household (Spouse, Son, Daughter, Foster Child)	Pregnant/Adopting/ Legal Guardian Indicate custody status/ # of expected children	Sex	Date of Birth Mo/Day/Yr
	- -			M / F	/ /
	- -			M / F	/ /
	- -			M / F	/ /
	- -			M / F	/ /
	- -			M / F	/ /
	- -			M / F	/ /
	- -			M / F	/ /
	- -			M / F	/ /
	- -			M / F	/ /

INCOME SOURCES Includes Child Support, Alimony, Unemployment, Gifts, Welfare, Social Security Income, etc. All members of the applying household's total Gross Income (any income prior to any deductions (taxes, Medicare, etc.)).

Source:	Address:	Gross Monthly Amount:
Source:	Address:	Gross Monthly Amount:
Source:	Address:	Gross Monthly Amount:
Source:	Address:	Gross Monthly Amount:

NOTE: This does NOT include deductions from federal, state, local, or private pension funds, or from Social Security paid directly to an applicant's former spouse pursuant to the terms of a court decree of divorce, annulment, or legal separation are not counted as annual income. If the applicant, however, is receiving such funds, it IS counted as annual income.

CHILDCARE EXPENSES Expenses which enable you to work, look for work, or attend school/training.
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Provider's Name:	Address:	Monthly Out of Pocket Cost:

ASSET INFORMATION			
Bank #1:	Branch:	Checking Account #:	Savings Account #:
Bank #2:	Branch:	Checking Account #:	Savings Account #:
Others:	Branch:	Account #:	
PERSONAL REFERENCES			
Personal Contact: _____		Relationship: _____	
Address: _____		Telephone #: _____	
Emergency Contact: _____		Relationship: _____	
Address: _____		Telephone #: _____	
Reference #1: _____		Relationship: _____	
Address: _____		Telephone #: _____	
Reference #2: _____		Relationship: _____	
Address: _____		Telephone #: _____	
Is ANY member of the applying household in need of a Reasonable Accommodation for a disability? (For example, an apartment feature that helps with a hearing, mobility or vision impairment). Yes / No If yes, a Reasonable Accommodation Form will be provided at interview, if you need the forms prior, please notify the office.			
Is ANY member of the applying household in need of interpretive services? Yes / No If yes, what type of interpretive services are you requesting?			
The undersigned hereby certify and verify that the foregoing rental application form has been completed and filled out truthfully and accurately. Undersigned understand that the landlord will be relying answers and statements in this application in considering household as prospective residents. Perjury or omission of facts can be grounds for denial.			
Mail, fax, email or hand deliver the application to the address below. Glenridge Terrace Apartments 690 Black Oak Drive Medford, OR 97504			
SIGNATURES REQUIRED			
Applicant Signature: <i>Typed or digital signature not accepted.</i>		Signature Date: <i>Application must be dated to be placed on wait list.</i>	

Spouse/Co-Head Signature: <i>Typed or digital signature not accepted.</i>	Signature Date: <i>Application must be dated to be placed on wait list.</i>
Applicant Signature: <i>Typed or digital signature not accepted.</i>	Signature Date: <i>Application must be dated to be placed on wait list.</i>

IMPORTANT Providing false, incomplete or inaccurate information on your application and future recertification forms is considered fraud and punishable by law.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> ☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> ☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____ </td> </tr> </table>		☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent	☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____
☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent	☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



(800) 228-1837 * (541) 608-2832 * FAX (800) 962-4325

www.tenantdata.com

APPLICANT AUTHORIZATION TO RELEASE CREDIT INFORMATION

I understand that Tenant Data will be processing my rental application & may access my credit information from the national repositories. I authorize my references and creditors to release, to Tenant Data all information necessary to complete said report. I further authorize my references and creditors to release said information telephonically and/or by fax, and request it be done in this manner whenever possible. Furthermore, I understand Tenant Data has my authorization to research all public records for my criminal and eviction history. I also understand that it may be necessary to verify my current employment. I authorize my current employer to release any and all information that may be required to complete the credit report. I further authorize Tenant Data to use a photocopy of this form when it is necessary to verify more than one of my references. I request that such a photocopy be fully honored.

Dated this _____ Day of _____ Year _____

Applicant Full Name: _____

Applicant's Signature: _____

Spouse or Co-Head Full Name: _____

Spouse or Co-Head's Signature: _____

Applicant SS#: _____ Applicant Date of Birth: _____

Spouse SS#: _____ Spouse or Co-Head Date of Birth: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Applicants Phone #: _____

Office Use Only

Business Requesting Report:

Ordered By	Phone Number	Fax Number	Account Number
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☒	Please email results to: _____ (Community Email Address)
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IMPORTANT: IF APPLICANT'S ARE NOT MARRIED, SEPARATE APPLICATIONS MUST BE FILLED OUT
Please select the type of report you require by checking the appropriate box

☐ **PRS REPORT - 1 (All applicants, excluding live-in aides)**
AIM, Credit Report, Felony & Misdemeanor
Check, Eviction Check, Federal, County Search – If Needed

☐ **PRS REPORT – 2 (All live-in aides)**
AIM, Felony & Misdemeanor Check
Eviction Check, Federal, County Search – If Needed

Household Disability Status Reporting Form

Property Name: _____

Property Address: _____

Date: _____

Name of Head of Household: _____

As the _____ is a recipient of federal funding, the property is required to report to HUD the number of disabled applicants/tenants who apply/live at our property. Providing this data is voluntary and will be used for reporting purposes only.

Please understand declaring disability status is voluntary. This information will not be used to determine eligibility for residency. If an applicant/resident chooses not to disclose their disability status, that choice will not prevent an applicant/resident from being housed or receiving housing assistance unless such declaration is necessary to determine project eligibility for housing.

Are you or any member of your household disabled?

☐ YES

☐ NO

<i>Do you consider yourself?</i>	Please check if Yes
Mobility Impaired	
Vision Impaired	
Hearing Impaired	
Other Impaired	

***Definitions of these categories may be found on the reverse side.**

☐ Check this box if you choose not to provide the above information.

Signature

Date

There is no penalty for persons who do not complete this form.

This facility houses persons without regard to race, color, religion, disability, familial status, national origin or gender and does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



Instructions for the Household Disability Status Reporting Form

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering data regarding disabilities in assisted housing programs. Completed documents for the entire household should be filed as per HUD guidelines.

The four disability categories you should choose from are defined below. You should check one or more of the categories per your individual abilities.

1. **Mobility Impaired** – Mobility impairment refers to the inability of a person to use one or more of his/her extremities, or a lack of strength to walk, grasp, or lift objects. The use of a wheelchair, crutches, or a walker may be utilized to aid in mobility.
2. **Vision Impaired** – Visually impaired means a medically verified visual impairment accompanied by limitations in sight that interfere with acquiring information or interaction with the environment to the extent that special education instruction and related services may be needed.
3. **Hearing Impaired** – Hearing impairment is a generic term including both deaf and hard of hearing which refers to persons with any type or degree of hearing loss that causes difficulty working in a traditional way. It can affect the whole range or only part of the auditory spectrum.
4. **Other Impaired** - Choose "Other Impaired" if your disability/impairment does not fall into any of the above categories. A person with a disability is any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself.

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property	Project No.	Address of Property
Name of Owner/Managing Agent		Type of Assistance or Program Title:
Name of Head of Household		Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

CITIZENSHIP DECLARATION
(GTA, DLRC, RKRC, RLA ONLY)

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

Name: _____
(Last) (First) (Middle)

Relationship to Head of Household: _____ **Sex:** _____ **Date of Birth:** _____

Social Security No.: _____ **Alien Registration No.:** _____

Admission Number (if applicable): _____ *(This is an 11-digit number found on DHS Form 1-94, Departure Record)*

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

SAVE Verification No.: _____
(To be entered in by owner if and when received)

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

DECLARATION:

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

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

If you checked this block, no further information is required. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who 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 child.



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

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

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

- ☐ a. Fully executed Verification Consent Form
AND
☐ b. One of the following documents:

Form I-551, Alien Registration Receipt Card (for permanent resident aliens).

Form I-94, Arrival-Departure Record, with one of the following annotations:

- "Admitted as Refugee Pursuant to section 207";
- "Section 208" or "Asylum";
- "Section 243(h)" of "Deportation stayed by Attorney General"; or
- "Paroled Pursuant to Sec. 212(d)(5) of the INA".

If the Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:

- A final court decision granting asylum (but only if no appeal is taken);
- A letter from an DHS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an DHS district director granting asylum (if application filed before October 1, 1990);
- A court decision granting withholding or deportation; or
- A letter from an DHS asylum officer granting withholding or deportation (if application filed on or after October 1, 1990).

Form I-688, Temporary Resident Card, which must be annotated "section 245A"; or "section 210".

Form I-688B, Employment Authorization Card, which must be 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 the applicant's entitlement to the document has been verified.

Form I-151, Alien Registration Receipt Card.

If this block is checked, check the appropriated category on the Attachment to Declaration. Sign and date below and forward this form to the management of the project. Be sure to include the required documentation. 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 listed in subparagraph 2(b) of this form are not currently available, complete the request for extension below.

(Signature) (Date)

☐ Check here if adult signed for child.

REQUEST FOR EXTENSION

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

(Signature) (Date)

☐ Check here if adult signed for child.

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

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

**Glenridge Terrace Apartments
Community Housing
Tenant Selection Plan**



Community Housing communities comply with federal, state, and local Fair Housing regulations, housing persons without regard to race, color, national origin, religion, gender, familial status, or disability. We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, federal, state or local assisted programs and activities.

Glenridge Terrace Apartments is smoke-free. Smoking is not permitted within apartment units, as well as within 20 feet of the entrances and exits of the Office and Computer Learning Center building. Smoking in the laundry rooms, on the play area, inside of exterior stairwells, and immediate area around the mailboxes and dumpster area is also prohibited. It is not permissible to smoke on property sidewalks. It is acceptable for residents to smoke in the parking areas that are outside of 20 feet of the building and on public sidewalks. The distance may be greater if required by local city ordinances.

Low income subsidies are provided by the U.S. Department of Housing and Urban Development (HUD). Section 8 Contracts are intended to house very low income families.

The guidelines stated below are used to determine who may reside at the facility (final approval will be subject to all verified material):

I. Information

All of the required applicable information in the Application Packet must be completed, signed and returned. The tenant background screening will not be conducted until an apartment is available and the applicant is offered an interview.

Information revealed on the application or provided directly from the applicant that would not meet the Pre-Screening/Project Eligibility Requirements and the Applicant Screening Criteria referenced below, the application will be rejected.

Section 8 The rent a family will pay is the **highest** of the following amounts: 30% of the family's monthly *adjusted* income, 10% of the family's monthly income, welfare rent or welfare payment from agency to assist family in paying housing costs, or \$25.00 Minimum Rent.

Market The rent a family will pay is contract rent.

II. Pre-Screening/Project Eligibility Requirements

All of the following requirements must be met before an applicant(s) are added to the Wait List.

A. Project Specific Requirements

The head of household must be eighteen (18) years of age or older or a legally emancipated minor.

B. Citizenship Requirements

At Glenridge Terrace Apartments, HUD restricts assistance to non-citizens with ineligible immigration status and requires all applicants and household members to complete citizenship declaration forms and submit evidence of citizenship or eligible immigration status.

C. Social Security Number Requirements

Applicants do not need to disclose or provide verification of a Social Security Number (SSN) for all non-exempt household members at the time of application and/or for placement on the Wait List. If all household members have not disclosed and/or provided verification of their SSNs at the time an apartment becomes available, the next eligible applicant will be offered the apartment. Applicants have 90 days from the date an available apartment is first offered to disclose and provide verification of SSNs for all household

members. If the applicant is otherwise eligible for admission, and the only outstanding verification is the disclosing and verification of the SSN, the applicant may retain their place on the Wait List during the 90 day period. After 90 days, if the applicant has not been able to supply the required SSN and verification documentation, the applicant will be ineligible and removed from the Wait List.

Disclosure and verification documentation of SSN is not required for a household member who is:

- Not contending eligible immigration status; and/or
- Age 62 or older as of January 31, 2010, whose initial determination of eligibility began before January 31, 2010, and does not have a SSN.

An applicant who has a household member under the age of 6, who does not yet have a SSN assigned, and was added to the household 6 months or less from the move-in date will have 90 days from the move-in date to provide documentation of the SSN for the child. An additional 90 day period may be granted if failure to provide documentation of a SSN is due to circumstances that could not have been foreseen and were outside the control of the household (e.g. delay in processing by SSA, natural disaster, fire, death in the family, etc.).

Live-in aides and foster children are subject to the SSN requirement.

A. Student Eligibility Requirements

Students who are enrolled at an institution of higher education (full-time or part-time) must be determined if they are eligible for Section 8 assistance at move-in and during their annual recertification or initial certification (when an in-place tenant begins receiving Section 8). Section 8 assistance shall not be provided to any individual who:

1. Is enrolled as either a part-time or full-time student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential; and
2. Is under the age of 24; and
3. Is not married; and
4. Is not a veteran of the United States Military; and
5. Does not have a dependent child; and
6. Is not a person with disabilities, as such term is defined in 3(b)(3)(E) of the United States Housing Act of 1937 (42 U.S. C. 1437a(b)(3)(E)) and was not receiving Section 8 assistance as of November 30, 2005; and
7. Is not living with his or her parents who are receiving Section 8 assistance; and
8. Is not individually eligible to receive Section 8 assistance or has parents (the parents individually or jointly) who are not income eligible to receive Section 8 assistance. NOTE: Unless the student can demonstrate his or her independence from parents, the student must be eligible to receive Section 8 assistance and the parents (individually or jointly) must be eligible to receive Section 8 assistance in order for the tenant to receive Section 8 assistance.

For the student to be eligible independent of his or her parents, the student must meet all of the following criteria to be eligible to receive Section 8 assistance:

- Be of legal contract age under state law;
- Have established a household separate from parents or legal guardians for at least one year prior to application for occupancy, **or**, meet the U.S. Department of Education's definition of an independent student. (See the Glossary for definition of Independent Student);
- Not be claimed as a dependent by parents or legal guardians pursuant to IRS regulations; and
- Obtain a certification of the amount of financial assistance that will be provided by parents, signed by the individual providing the support. This certification is required even if no assistance will be provided.

The U.S. Department of Education's definition of an independent student is an individual who is:

- 24 or older by 12/31 of the award year
- An orphan, in foster care, or a ward of the court or was at any time when the individual was 13 years of age or older

- Is an emancipated minor
- Is a veteran of the Armed Forces or is currently serving on active duty other than training purposes
- Is a graduate or professional student
- Is married
- Has legal dependents
- Is a student for whom a financial aid administrator makes a documented determination of independence
- Has been verified during the school year in which the application is submitted as either an unaccompanied youth who is a homeless child or youth (defined by section 725 of the McKinney-Vento Homeless Assistance Act), or at risk of homelessness, by:
 - A local educational agency homeless liaison; or
 - Director, or designee, of program funded under the Runaway and Homeless youth Act; or
 - Director, or designee, of a program funded under Subtitle B of title IV of the McKinney-Vento Homeless Assistance Act; or
 - A financial aid administrator

D. Income Limit Requirements

The household must meet the income guidelines for the county in which the community is located as set forth by HUD. Income limits are updated by HUD. We accept income levels at Low (L), Very Low (VL) to Extremely Low (EL).

E. Criminal/Eviction History

Applicant(s) are required to note criminal or eviction history. Based on the information noted, the application may be rejected. Community Housing will not consider FED/evictions that have been dismissed, resulted in a judgment in favor of the applicant, or if the judgment occurred five years or more prior to the application submission, additional information may be requested. Additional screening is based on the Applicant Screening Criteria below.

F. Community Housing Communities

Community Housing communities share information with one another to ensure applicants, former residents or trespassed guests have not been determined to be ineligible for housing, did not leave in good standing (owing money due to damages, termination of tenancy, etc.), or has been trespassed from any of our properties.

III. Applicant Screening Criteria

The following requirements must be met before an apartment will be offered to applicants.

A. Landlord References

Two positive, recent landlord references or when landlord references are unavailable (no rental history), two positive personal references. In the event one landlord reference is available, a personal reference is required.

A positive landlord reference includes timely rent payments, balances paid in full, compliance with rules/policies and the lease agreement, and leaving the property in an acceptable condition.

NOTE: See Section V – “Other Community Housing Policies” – for exception guidelines regarding victims of domestic violence, dating violence, sexual assault or stalking.

B. Credit / Eviction History

Credit history that shows no collection or outstanding balances due for rental or housing related activities including utilities or property management companies. Real Estate Loans included in a bankruptcy with required restitution may not be viewed as housing related, if restitution payments are current. Foreclosures may not be viewed as housing related discrepancies. Statements are required for verification.

Community Housing will not consider FED/evictions if the FED/eviction was dismissed, resulted in a judgment in favor of the applicant, or the judgment made against the applicant occurred five years or more prior to the application submission.

C. Criminal Screening

Upon interest of an available apartment, staff will obtain a search of public records to determine whether the applicant or any proposed tenant has charges pending for, been convicted of, or pled guilty or no contest to, any:

- drug-related crime
- person crime
- sex offense
- crime involving financial fraud, including identity theft and forgery
- any other crime if the conduct for which the applicant was convicted or is charged is of a nature that would adversely affect property of the landlord or a tenant or the health, safety or right of peaceful enjoyment of the premises of residents, the landlord or the landlord's agent.

A single conviction, guilty or no contest plea or pending charge for any of the following shall be grounds for rejection of an application. If there are multiple convictions, guilty or no contest pleas on the applicant's record, the Owner/Agent may increase the number of years by adding together the years in each applicable category. The Owner/Agent will not consider expunged records.

1. Criminal Activity

- a. Murder, manslaughter, criminally negligent homicide, aggravated vehicular manslaughter, class A felonies involving arson, rape, kidnapping, child sex crimes, where the date of disposition, release or parole has occurred in the last 20 years.
- b. Class A felonies not included above for drug-related crimes, person crimes, sex offenses, financial fraud crimes, burglary, where the date of disposition, release or parole has occurred in the last 10 years.
- c. Class B felony for drug-related crimes, person crimes, sex offenses, financial fraud crimes, aggravated theft, where the date of disposition, release or parole has occurred in the last 7 years.
- d. Class C felony for drug-related crimes, person crimes, sex offenses, financial fraud crimes, burglary, theft, criminal mischief, coercion, animal abuse, where the date of disposition, release or parole has occurred in the last 5 years.
- e. Class A misdemeanor for drug-related crimes, person crimes, sex offenses, financial fraud crimes, criminal impersonation, violation of a restraining order, criminal mischief, stalking, disorderly conduct, unlawful possession of a firearm, possession of burglary tools, where the date of disposition, release or parole has occurred in the last 3 years.
- f. Class B misdemeanor for drug-related crimes, person crimes, sex offenses, financial fraud crimes, disorderly conduct, where the date of disposition, release or parole has occurred within the last 18 months.

US Department of Housing and Urban Development standards that prohibit the admission of following:

2. Drug Related Criminal Activity/Drug Abuse

Felony or misdemeanor history related to any household member's eviction from federally-assisted housing for drug-related activity in the past three (3) years.

There are two exceptions to this provision that the owner may consider:

- The evicted household has successfully completed an approved, supervised drug rehabilitation program; or
 - The circumstances leading to the eviction no longer exist (e.g., the household member no longer resides with the applicant household).
- a. Any household member currently engaging in illegal drug use, or for which the owner has a reasonable cause to believe that a member's illegal use or pattern of illegal use of a drug may interfere with the health, safety, and the right to peaceful enjoyment of the property by other residents, employees, guests, contractors, subcontractors or agents of the owner.
 - b. Any household member if 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 of the property by other residents, employees, guests, contractors, subcontractors, or agents of the owner. The screening standards must be based on behavior, not the condition of alcoholism or alcohol abuse.

3. Other

Any household member who is subject to a State sex offender lifetime registration requirement. (All applicants and residents are subject to review on the Dru Sjodin National Sex Offender Website).

D. Other Allowable Screening Criteria

1. All household members must be able to live according to and abide by the terms of the lease agreement.
2. All household members must conduct themselves in a manner which does not constitute a direct threat to the health and safety of self, other residents, employees, guests, contractors, subcontractors, or agents of the owner.
3. All household members must conduct themselves in a manner which does not cause any substantial property damage to the property of other residents, employees, guests, contractors, subcontractors, or agents of the owner.

In the event that an applicant is rejected, the applicant will receive written notification. Applicants have fourteen (14) days from the date of the letter to respond in writing or to request a meeting to discuss the rejection. Responses may be directed to the Executive Director of Community Housing, Pacific Retirement Services, One West Main, Suite 303, Medford, OR 97501, or by calling 1- 800-714-9177 or TDD 1-800-735-2900 or dial 711. When an applicant is rejected, more detailed information concerning appeal rights will be furnished at the time.

IV. Procedures for Accepting Applications and Selecting From the Wait List

A. Procedures for Accepting Applications

Each community maintains a Wait List for residency. Upon receipt, the application will be evaluated; applications meeting the requirements stated in the "Pre- Screening/Project Eligibility Requirements" will be placed on the Wait List. Applications that do not meet these requirements will receive written notification that the application has been rejected and not placed on the Wait List.

Applicants have fourteen (14) days from the date of the rejection letter to respond in writing or to request a meeting to discuss the rejection. Responses may be directed to the Executive Director of Community Housing, Pacific Retirement Services, One West Main, Suite 303, Medford, OR 97501. When an applicant is rejected, more detailed information concerning appeal rights will be furnished.

Placement on the Wait List is determined by the date and time all application materials are received; however, acceptance to the Wait List does not automatically guarantee eligibility for an apartment. Further screening as described in the applicant screening criteria section will be completed at the time the applicant is made aware of an available apartment, through the initial interview and verification process. Apartments are rented to eligible persons in the order of receipt.

B. Wait List Procedures

When an apartment becomes available, office staff would call and/or email the applicant to see if they are interested in interviewing for that apartment. The applicant advised of the available apartment has 48 hours to notify the office of their intention to accept or refuse the interview. If no response is received within the 48 hours, it will be considered a refusal. Deviation from this time frame must be approved in writing by the Housing Director.

Any applicant who has been offered an interview for an available apartment and does not accept for a third time, will be removed from the Wait List. The individual may reapply at any time, however, the position on the Wait List will be determined by the date and time of the most recent application submission. If the Wait List at a community where the number of vacancies exceed the number of applicants on the Wait List, the applicant does not have to re-apply if they have exceeded three refusals.

It is not considered multiple refusals when several apartments are available and the applicant refused all of them at the same time. If another apartment becomes available, even if it's the next day, it will be counted as a second refusal.

For example:

Apartments 101, 102 and 103 are vacant. Office staff contacts an applicant on the Wait List on July 1st to see if the applicant is interested in interviewing for these apartments. The applicant cannot move. This is one refusal.

The next day, the office staff receives a notice for 104 moving out. On July 2nd they call the applicant from the scenario above and say another apartment is now coming open. The applicant cannot move. This is another refusal.

Applicants who cancel, reschedule or do not show for their initial interview for a third time will be rejected. Applicants that have scheduled a move-in appointment but do not show will be rejected. For both of these actions the applicants will be removed from the Wait List and will need to reapply.

NOTE: Every applicant is advised of available apartments based on availability rather than preferences. If the applicant does not accept an apartment, it is considered one of the three refusals allowed before having to reapply. If an applicant has a medically necessary reason for a preferred floor accompanied by a Reasonable Accommodation Request, and the request is approved, it would not be considered a refusal. If an applicant has written or included a preference (first floor, second floor, west side of building, #101, etc.) for an apartment, it is not Community Housing's practice to acknowledge these preferences.

Applicants are responsible for informing each community they have applied to, of any changes to their contact information (address, phone numbers, email address, etc.). Applicants will be removed from the Wait List for mail returned due to incorrect mailing information or if a phone number is disconnected or incorrect.

At any time there are changes to the Tenant Selection Plan (TSP), all applicants on the Wait List and all current residents will receive notification of the changes and may request a copy of the updated TSP.

Note: Privacy laws require release of information to applicants only. Unless there is a Power of Attorney on file for housing related matters, information will be released only to the applicant.

C. Procedures for Applying Preferences

HUD requires 40% of move ins for Section 8 programs each fiscal year be extremely low income households. Income targeting is analyzed quarterly to ensure the 40% target is met. Applicants whose incomes are at or below the Extremely Low Income limit (30% of the area median income) may receive preference over another applicant in a higher position on the Wait List when an apartment becomes available to meet HUD's Income Targeting Policy.

To implement this preference, the first extremely low income applicant on the Wait List may be reached by "skipping over" applicants with higher incomes) for the available apartment. The next eligible applicant currently at the top of the Wait List regardless of income will be contacted for the next available apartment. As subsequent apartments become available, tenant selection will continue to alternate until the 40% target is reached.

HUD regulations require that preference is given to applicants who have been displaced by government action or a presidentially declared disaster.

D. Occupancy Standards

Occupancy standards serve to prevent the over or under utilization of apartments that can result in an inefficient use of housing assistance. Residents will be required to meet the following State and HUD standards for occupancy (information must be verified):

OCCUPANCY STANDARDS
FEDERALLY SUBSIDIZED PROGRAMS (SECTION 8, 236, BMIR, PHA)

	Household Members	
	Min	Max
2 bedroom	2	4
3 bedroom	3	6
4 bedroom	4	8

Household members include:

- All full-time members of the household
- Children who are away at school but live with the household during school recesses
- Children who are subject to a joint custody agreement
- An unborn child
- Foster children
- Live-in attendants

It is required that residents occupy, reside, and use the apartment address as their mailing address. It is not allowed that someone retains an apartment at any Community Housing community and uses the housing for storage space or to have housing when/if they may need it at a later date. Underutilization and overutilization of apartments is not allowed.

E. Policy for Opening/Closing the Wait List

It is not policy to close the Wait List.

V. Other Community Housing Policies

A. Move-in Policies

When an apartment is offered and accepted, the move in date must occur within 45 calendar days.

B. Apartment Transfer Policies

Transfer requests are placed on an in-house Wait List, by order of the date they are received. In-house transfers may have priority regarding apartment availability.

Residents may transfer between apartments for the following reasons:

- If a resident has a verified medical necessary reason, accompanied by a note from a healthcare provider.
- If a resident has an approved Reasonable Accommodation (Verification of Disability required).
The owner may be responsible for the moving expenses of the household member's personal belongings, unless doing so would be an undue financial and administrative burden.
- When attempting to rent studio apartments or difficult to rent apartments, due to size or location (next to elevator as an example), prospective residents/applicants may have the option of transferring to a more desirable apartment to aid in reducing vacancy loss. A written request for transfer would be completed during the move-in process.
- Residents may transfer due to a change in household composition.
- A current resident who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer. Refer to Emergency Transfer for more information.

A current resident has 48 hours to decide whether or not to accept an apartment. If accepted, the resident must move within two days of the apartment ready date.

C. Fair Housing

The Fair Housing Act Amendment of 1988 prohibits discrimination on the basis of race, color, religion, gender, national origin, disability or familial status. We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Sexual Harassment is a form of discrimination according to the Fair Housing Act. If you feel you have been discriminated against because of race, color, religion, national origin, familial status, sex or disability, or any other protected class per federal, state, or local regulations, please contact the Housing Director or the Executive Director of Community Housing, at 1-800-714-9177 or TDD 1-800-735-2900 or dial 711.

D. Policies to comply with Section 504 of the Rehabilitation Act of 1973 & Fair Housing Act Amendments of 1988.

Section 504 prohibits discrimination based upon disability in all programs or activities operated by recipients of federal financial assistance. A Reasonable Accommodation as defined by the Fair Housing Act is any accommodation by management in rules, policies (including acceptance of assistance animals as an exception to a "no pets" rule), and practices of services to give a person with a disability an equal opportunity to use and enjoy a dwelling unit or common space. Inform management if a Reasonable Accommodation is needed.

Reasonable Accommodations should be submitted in writing. If unable to provide the request in writing, notify management. Reasonable structural modifications to an apartment and/or common areas may be approved and funded by the project, unless these modifications would change the fundamental nature of the project or result in an undue financial or administrative burden.

If you feel that you have been discriminated against because of disability, call the Executive Director of Community Housing, 504 Coordinator, at 1-800-714-9177 or TDD 1-800-735-2900 or dial 711.

E. Security Deposit Requirements

HUD requires collection of a security deposit at the time of the initial lease execution. The amount of the required deposit is equal to the Total Tenant Payment, or the minimum TTP of \$25.00. If a hardship of the minimum TTP is granted the minimum TTP requirement of \$25.00 is waived.

F. Financial Information

Applicants must provide financial information as required by HUD (a list of financial information requirements will be provided) during an initial certification interview prior to being offered an apartment.

G. Enterprise Income Verification

The Enterprise Income Verification (EIV) System is used to assist the U.S. Department of Housing and Urban Development, Contract Administrators, owners, and their agents in streamlining the income verification process and to help in minimizing the need for 3rd party verification. EIV allows the user to identify applicants currently receiving HUD assistance, income not previously reported, new employment, historical patterns of earnings and received income, multi-subsidy for household members included in TRACS databases, and deceased household member(s). A complete policy is on file, including safeguarding data. An EIV Brochure is provided with this Tenant Selection Plan.

H. Live-In Aides

A Live-In Aide is defined in the HUD Handbook 4350.3, as:

A person who lives with an elderly, disabled or handicapped individual(s) and is essential to that individual's care and well-being, not obligated for the individual's support and would not be living in the apartment except to provide the support services. While a relative may be considered to be a Live-In Aide, they must meet the above requirements. The Live-In Aide qualifies for occupancy only as long as the individual needing supportive services does and may not qualify for continued occupancy as a remaining household member. Live-In Aides are subject to SSN requirements. See Section II.C above regarding Social Security Requirements.

Live-in Aides must meet the same eligibility guidelines as residents (excluding citizenship and income eligibility). A complete criminal and eviction screening is required. Live-in Aides are required to have positive personal and/or landlord references and will be reviewed on the Dru Sjodin National Sex Offender Website.

I. Existing Tenant Search

An Existing Tenant Search is obtained through the Enterprise Income Verification System off of the HUD Multifamily Website. This report shows whether an applicant is currently living at multiple HUD sites (multi-family or Public Housing) for sites to coordinate move-outs and move-in dates. This report will be run at the same time as tenant background screening.

J. Violence Against Women Act

The VAWA protections apply to families applying for or receiving rental assistance under HUD's public housing and tenant-based and project-based Section 8 programs. VAWA protections are not only available to women, but are available equally to all individuals. The law protects victims of domestic violence, dating violence, stalking, and sexual assault 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. Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

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

The VAWA also provides that an incident of actual or threatened domestic violence, dating violence, stalking, or sexual assault does not qualify as a serious or repeated violation of the lease nor does it constitute good cause for terminating the assistance, tenancy, or occupancy rights of the victim. Furthermore, criminal activity directly relating to domestic violence, dating violence, stalking, or sexual assault is not grounds for terminating the victim's tenancy. Owners/Agents may bifurcate a lease in order to evict, remove, or terminate the assistance of the offender while allowing the victim, who is a resident or lawful occupant, to remain in the apartment.

Each application packet contains a Notice of Occupancy Rights Under the Violence Against Women Act, explaining your rights under VAWA, along with a HUD-approved certification form that can be completed to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.

VAWA Protections

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

K. Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

In accordance with the Violence Against Women Act (VAWA), this community allows residents who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the resident's current apartment to another apartment. VAWA protections are not only available to women, but are available equally to all individuals. The Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking is available in the office, and the plan identifies residents who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to residents on safety and security. Refer to other sections in House Rules on Apartment Transfers and VAWA (Violence Against Women Act). Pacific Retirement Services serves as the management agent for other affordable housing retirement communities, however each community stands alone. A resident in need of an Emergency Transfer may be able to transfer within the community they reside, but it is not our practice to allow transfers to other Community Housing properties. It is the policy that emergency transfers take precedence over other internal transfers (in-house transfers, approved Reasonable Accommodation requests), with the exception of Mobility Acceptable Units.

Any moving expenses due to an Emergency Transfer are the responsibility of the resident.

L. Credit Reporting after Occupancy

Management may run tenant background screening reports after move-in due to current or past criminal activity of a resident or household member that may present a threat to the health, safety, or right to peaceful enjoyment by other residents, employees, guests, contractors, subcontractors, or agents of the owner, and we may pursue termination of tenancy.

**RVM Lively Oak Housing Corporation dba Glenridge Terrace Apartments
Notice of Occupancy Rights under the Violence Against Women Act¹**

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that Multi-Family Project Based Section 8 Rental Assistance Program/Loan Management Set Aside Federally Subsidized Program is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA."

Protections for Applicants

If you otherwise qualify for assistance under Multi-Family Project Based Section 8 Rental Assistance Program/Loan Management Set Aside Federally Subsidized Program, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under Multi-Family Project Based Section 8 Rental Assistance Program/Loan Management Set Aside Federally Subsidized Program you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under Multi-Family Project Based Section 8 Rental Assistance Program/Loan management Set Aside Federally Subsidized Program solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

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

Removing the Abuser or Perpetrator from the Household

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

If GTA chooses to remove the abuser or perpetrator, GTA may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, GTA must

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

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

allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

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

Moving to Another Unit

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

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

(2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

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

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

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

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

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

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

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

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

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

Confidentiality

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

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

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

- You give written permission to GTA to release the information on a time limited basis.
- GTA needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires GTA or your landlord to release the information.

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

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

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

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

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

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

Other Laws

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

Non-Compliance with the Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with:

Pacific Retirement Services
Attn: Community Housing
One West Main, Suite 303, Medford, OR 97501
800-714-9177

or

U.S. Department of Housing and Urban Development
West Multifamily Regional Center
One Sansome Street, Suite 1200, San Francisco, CA 94104-4430
(415) 489-6400

For Additional Information

On [December 6, 2016](#), HUD corrected the compliance date in the preamble to the Violence Against Women Reauthorization Act of 2013 [Final Rule](#). Additionally, GTA must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact:

Pacific Retirement Services
Attn: Community Housing
One West Main, Suite 303, Medford, OR 97501
800-714-9177

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking (see attached).

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

Attachments:

- Local Organizations Offering Assistance to Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking
- Certification form HUD-5382

**Local Organizations offering Assistance to Victims of
Domestic Violence, Dating Violence, Sexual Assault, or Stalking**

Jackson County

Community Works: Dunn House Shelter	541-779-4357 (HELP) 855-216-2111	Medford, Oregon
Department of Human Services (DHS)	541-734-7516	Medford, Oregon
Sexual Assault Response Team	541-840-0904	Medford, Oregon
Victim's Assistance Program	541-744-8187	Medford, Oregon



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION



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

What is EIV?

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



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

The Social Security Administration:

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

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

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

What is the information in EIV used for?

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

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

- correctly reported your income

They will also be able to determine if you:

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

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

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

Who has access to the EIV information?

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

What are my responsibilities?

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

Penalties for providing false information

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

Protect yourself, follow HUD reporting requirements

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

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

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

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

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



What if I disagree with the EIV information?

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

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

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

What if the information in EIV is not about me?

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

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

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

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



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

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

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



JULY 2009