

THANK YOU FOR YOUR INTEREST IN ELIZA BRYANT VILLAGE!

THIS COMMUNITY IS DESIGNED TO PROVIDE HOUSING TO PERSONS
62 YEARS OF AGE OR OLDER.

(Other adult household members, other than a spouse, must be 62 years of age or older).

FEDERAL ELIGIBILITY VERIFICATION OF INCOME, ASSETS AND ALLOWABLE
EXPENSES IS ALSO REQUIRED.

IN ORDER TO DETERMINE IF YOU MEET THE HUD SECTION 202 PROGRAM
REQUIREMENTS, LISTED BELOW ARE ITEMS NEEDED TO COMPLETE THIS
PROCESS.

**YOU WILL NEED TO BRING THE ITEMS LISTED BELOW AT THE TIME
YOU RETURN THE APPLICATION**

- STATE ID/ DRIVERS LICENSE
- SOCIAL SECURITY CARD
- BIRTH CERTIFICATE
- SOCIAL SECURITY “BENEFIT LETTER”
(Cannot be more than 4 months old)
- PENSION BENEFIT LETTER
- VETERANS BENEFIT LETTER
- EMPLOYMENT CHECK STUBS – (Last 6 paystubs)
- LIFE INSURANCE-(Policy number and Name of company)-Whole Life only
- CURRENT BANK STATEMENT FOR CHECKING AND OR
SAVINGS ACCOUNT
- IF YOU HAVE A DIRECT EXPRESS CARD PLEASE PROVIDE
A RECENT RECEIPT SHOWING THE CURRENT BALANCE
- IF YOU OWN YOUR HOME OR ANY OTHER PROPERTY WE
WILL NEED A CURRENT MORTGAGE STATEMENT AND OR
PROPERTY TAX STATEMENT

IT TAKES ABOUT TWO TO FOUR WEEKS TO VERIFY YOUR INFORMATION. PLEASE
MAKE SURE TO BRING ALL ITEMS WITH YOU; NOT BRINGING THE CORRECT
DOCUMENTATION WILL CAUSE A DELAY IN YOUR APPLICATION/ VERIFICATION
PROCESS.

2018 - INCOME LIMITS – 1 Person - \$24,750 2 Persons - \$28,300

IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CALL **216-426-8749**.





HOUSING APPLICATION

PLEASE SELECT YOUR HOUSING CHOICE

AMASA B. FORD LODGE _____

ELIZA BRYANT MANOR _____

GARDEN ESTATES _____



Eliza Bryant Village
A Community of Care. Rooted in Tradition.
Embracing the Future.

Date: _____

Note: Please answer all questions on this APPLICATION. Enter “None” or “NA” for those questions which do not apply to you. Include all members who you anticipate will occupy the unit during the next 12 months. All adults must sign/date the application. The project community is designed to provide housing to persons 62 years of age or older, handicapped-accessible units are available. This project is financed by the Department of Housing and Urban Development (HUD) with a direct grant and receives rental assistance through a Project Rental Assistance Contract (PRAC).

IF YOU HAVE LIMITED UNDERSTANDING OF THE ENGLISH LANGUAGE YOU ARE ENTITLED TO HAVE SOMEONE SPEAK ON YOUR BEHALF.

TTY NUMBER: 711 OR 1-800-750-0750

OFFICE PHONE NUMBER: 216-426-8749

Applicant Name: _____

Co-Applicant Name: _____

A. HOUSEHOLD COMPOSITION

******NAME ALL PEOPLE TO OCCUPY THE APARTMENT ******

HEAD OF HOUSEHOLD:

NAME _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____ SEX _____ Female _____ Male

CURRENT MARITAL STATUS:

_____ SINGLE _____ MARRIED _____ SEPARATED _____ DIVORCED _____ WIDOWED

Are you a U.S citizen _____ **YES** _____ **NO**

ADDITIONAL PERSON TO OCCUPY THE APARTMENT:

NAME _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____ SEX _____

RELATIONSHIP TO HEAD _____

B. PLACE OF RESIDENCY

CURRENT STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

PHONE NUMBER _____

LANDLORD /MANAGER NAME _____

LANDLORD PHONE NUMBER _____

HOW LONG HAVE YOU BEEN AT THIS RESIDENCE _____ **YEAR(S)** _____ **MONTH(S)**

**PREVIOUS ADDRESS IF YOU HAVE BEEN AT THE ABOVE ADDRESS LESS THAN (10) TEN YEARS,
A TEN (10) YEAR HISTORY IS REQUIRED. IF ADDITIONAL SPACE IS NEEDED PLEASE ADD TO page 6.**

STREET _____

CITY _____ STATE _____ ZIP CODE _____

LANDLORD /MANAGER NAME _____

LANDLORD PHONE NUMBER _____

HOW LONG HAVE YOU BEEN AT THIS RESIDENCE _____ YEAR(S) _____ MONTH(S)

EMERGENCY CONTACT INFORMATION

CONTACT NAME _____ RELATIONSHIP _____

STREET
ADDRESS _____ CITY _____ STATE _____

ZIP CODE _____

PHONE NUMBER _____

C. GENERAL INFORMATION

Please answer YES OR NO to the following questions:

1. WOULD YOUR OR ANY MEMBER OF YOUR HOUSEHOLD BENEFIT FROM A HANDICAPPED ACCESSIBLE UNIT? _____ YES _____ NO

IF YES, PLEASE EXPLAIN _____

2. HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN EVICTED FROM A RENTAL UNIT IN THE LAST 10 YEARS? _____ YES _____ NO IF YES, PLEASE EXPLAIN

3. HAVE YOU OR THE ADDITIONAL PERSON APPLYING FOR HOUSING, EVER BEEN CONVICTED OF A FELONY? _____ YES _____ NO
4. ARE YOU OR ANY MEMBER OF THE HOUSEHOLD SUBJECT TO STATE LIFETIME SEX OFFENDER REGISTRATION IN ANY STATE _____ YES _____ NO
5. PLEASE LIST ALL THE STATES WHERE YOU AND ALL HOUSEHOLD MEMBERS HAVE RESIDED _____
6. ARE YOU OR THE ADDITIONAL PERSON APPLYING CURRENTLY LIVING IN SUBSIDIZED HOUSING? _____ YES _____ NO IF YES, WHERE _____

7. WILL THIS BE YOUR ONLY PLACE OF RESIDENCY? _____ YES _____ NO
IF NO, WHERE ELSE WILL YOU LIVE? _____
8. DO YOU HAVE ANY PETS (DOGS, CATS, BIRDS, REPTILES, ETC.)? _____ YES _____ NO IF YES, WHICH TYPE _____
WILL YOUR PET BE COMING WITH YOU? _____ YES _____ NO
9. DO YOU PLAN TO USE A SERVICE DOG IN THE APARTMENT? _____ YES _____ NO
IF YES, (PLEASE DESCRIBE THE TYPE OF ANIMAL THAT WILL ASSIST YOU).

D. INCOME/ASSET/EXPENSE INFORMATION

INCOME: IF YOUR SOCIAL SECURITY BENEFITS ARE DRAWN UNDER A DIFFERENT SOCIAL SECURITY NUMBER, PLEASE PROVIDE THE Name, Social Security Number and Relationship.

EXAMPLE: Your deceased Husband or Wife

	<u>MONTHLY AMOUNT RECEIVED</u>
SOCIAL SECURITY _____ YES _____ NO	\$ _____
SSI _____ YES _____ NO	\$ _____
PRIVATE PENSION _____ YES _____ NO	\$ _____

EMPLOYMENT YES NO \$ _____

OTHER INCOME YES NO \$ _____
IF YES, PLEASE SPECIFY _____

TOTAL INCOME \$ _____

ASSETS (PLEASE GIVE THE CURRENT OR ESTIMATED BALANCE)

DIRECT EXPRESS CARD YES NO \$ _____
(or Other Type of Check Card)

SAVINGS ACCOUNT YES NO \$ _____

CHECKING ACCOUNT YES NO \$ _____

IRA/CD'S (Certificate of Deposits) /ANNUITIES YES NO \$ _____

STOCKS/BONDS/TRUST YES NO \$ _____

DO YOU HAVE LIFE INSURANCE YES NO

IF YES, IS IT **TERM** OR **WHOLE** (please circle one)

DO YOU OWN ANY PROPERTY (Example: Your Home, Rental Property) YES NO

HAVE YOU SOLD OR GIVEN AWAY (disposed of) ANY ASSETS FOR LESS THAN FAIR MARKET VALUE WITHIN THE PAST TWO (2) YEARS YES NO

If YES, please describe _____

TOTAL ASSETS \$ _____

EXPENSES

Are you currently paying a MONTHLY medical expense

YES NO

Monthly Amount \$ _____

PLEASE NOTE THAT PLACEMENT ON THE WAITING LIST WILL BE DETERMINED IN CHRONOLOGICAL ORDER BASED ON THE DATE AND TIME THAT THE APPLICATION IS COMPLETED AND RECEIVED AT ELIZA BRYANT VILLAGE'S RENTAL OFFICE. PLEASE REMEMBER TO FILL IN ALL THE BLANKS ON THE APPLICATION. FAILURE TO DO SO WILL RESULT IN THE APPLICATION BEING REJECTED DUE TO BEING INCOMPLETE!!!

I/WE, THE UNDERSIGNED, STATE THAT I/WE HAVE READ AND ANSWERED FULLY AND TRUTHFULLY EACH OF THE PRECEDING QUESTIONS FOR ALL MEMBERS OF THE HOUSEHOLD WHO ARE TO OCCUPY THE UNIT IN THE ELIZA BRYANT MANOR/ELIZA BRYANT GARDEN ESTATES/AMASA B. FORD LODGE FOR WHICH AN APPLICATION IS MADE, ALL OF WHOM ARE LISTED ABOVE.

I/WE UNDERSTAND THAT PROVIDING FALSE INFORMATION OR MAKING FALSE STATEMENTS MAY BE GROUNDS FOR DENIAL OF MY/OUR APPLICATION. I/WE FURTHER UNDERSTAND THAT AS PART OF THE APPLICATION PROCESS A CRIMINAL BACKGROUND CHECK MAY BE OBTAINED. I/WE UNDERSTAND THAT THE MANAGEMENT AGENT FOR THESE PROJECTS WILL CONDUCT A SCREENING THROUGH THE STATEWIDE SEX OFFENDERS REGISTRY. I/WE WILL BE REQUIRED TO AUTHORIZE VERIFICATION OF MY/OUR INCOME/ASSETS AND EXPENSES.

I/WE UNDERSTAND THAT ALL OF THE ABOVE INFORMATION MUST BE OBTAINED IN ORDER TO ESTABLISH MY/OUR ELIGIBILITY FOR OCCUPANCY AT ELIZA BRYANT MANOR/ELIZA BRYANT GARDEN ESTATES/AMASA B.FORD LODGE.

APPLICANT SIGNATURE (HEAD OF HOUSEHOLD) DATE

CO-APPLICANT SIGNATURE DATE

Additional Residency Information if needed:

OFFICE USE ONLY

APPLICATION TAKEN BY _____ DATE _____

Revised 2/20/2018



Eliza Bryant Village
A Community of Care Rooted in Tradition
Embracing the Future

**Eliza Bryant Village
Housing Department**

**Criminal, Rental & Sexual Offender Search
Background Check Signature Sheet**

The undersigned does hereby consent that all information stated on the application turned in to EBC Housing Corporation/EBC Housing II/EBC Housing III may be verified and processed through housing software currently being used via the software vendor and state/city agencies.

This may include a rental history report, criminal/police report and statewide sex offender search. I hereby release all parties from any liability in connection with the provision and use of such information.

I understand that this does not constitute any oral and/or written commitments on the part of the Eliza Bryant Village (owner/agent). If I am accepted by Eliza Bryant Village (owner/agent), I hereby agree to the release of future searches of rental payment, credit, criminal & statewide sexual offender search history by EBC Housing Corporation/EBC Housing II/EBC Housing III that may be verified and processed through housing software currently being used via the software vendor and state/city agencies.

Applicant Signature (Head of Household)

Date

Applicant Signature (Spouse)

Date

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.

U.S. Department of Housing and Urban Development

Document Package for Applicant's/Tenant's Consent to the Release Of Information

This Package contains the following documents:

- 1. HUD-9887/A Fact Sheet describing the necessary verifications**
- 2. Form HUD-9887 (to be signed by the Applicant or Tenant)**
- 3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
- 4. Relevant Verifications (to be signed by the Applicant or Tenant)**

Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

Attachment to forms **HUD-9887 & 9887-A** (02/2007)

HUD-9887/A Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202
- Sections 202 and 811 PRAC
- Section 202/162 PAC
- Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Attachment to forms HUD-9887 & 9887-A (02/2007)

Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.): U. S. Department of Housing & Urban Dev. Attention: Director, Multifamily Division 1350 Euclid Ave. Cleveland, Ohio 44115	O/A requesting release of information (Owner should provide the full name and address of the Owner.): EBC Housing Corp. / EBC Housing II / EBC Housing III 1350 Addison Road Cleveland, OH 44103	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
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Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

Head of Household _____ Date _____

Other Family Members 18 and Over _____ Date _____

Spouse _____ Date _____

Other Family Members 18 and Over _____ Date _____

Other Family Members 18 and Over _____ Date _____

Other Family Members 18 and Over _____ Date _____

Other Family Members 18 and Over _____ Date _____

Other Family Members 18 and Over _____ Date _____

Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the Owner or the PHA responsible for the unauthorized disclosure or improper use.

Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information
Supplied by Individuals Who Apply for Housing Assistance

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

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
 - a. The HUD-9887/A Fact Sheet.
 - b. Form HUD-9887.
 - c. Form HUD-9887-A.
 - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
 - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
 - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD-9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
 - HUD's requirements concerning the release of information, and
 - Other customer protections.
2. Sign on the last page that:
 - you have read this form, or
 - the Owner or a third party of your choice has explained it to you, and
 - you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes

information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
Section 202
Sections 202 and 811 PRAC
Section 202/162 PAC
Section 221(d)(3) Below Market Interest Rate
Section 236
HOPE 2 Home Ownership of Multifamily Units

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Name of Project Owner or his/her representative

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the O/A or the PHA responsible for the unauthorized disclosure or improper use.



Date Revised: July 14, 2017

SUBJECT: Eliza Bryant Village Tenant Selection Plan

PREFACE:

EBC Housing Corp. dba **ELIZA BRYANT MANOR** is a 60 unit apartment community, EBC Housing II dba **ELIZA BRYANT GARDEN ESTATES** is a 44 unit apartment community, EBC Housing III dba **AMASA B. FORD LODGE** is a 45 unit apartment community. All 3 communities are located in Cleveland, Ohio and are managed by Eliza Bryant Village, a Non-Profit Organization. Each community is designed to provide housing to persons 62 years of age or older.

These communities are financed by the United States Department of Housing and Urban Development (HUD) with a direct grant and receives rental assistance through a Project Rental Assistance Contract (PRAC).

The income limits used for this program are the Very Low Income Limits, which are established by HUD as applying to Eliza Bryant Manor, Eliza Bryant Garden Estates and Amasa B. Ford Lodge and change from year to year. An applicant may obtain the current HUD Very Low Income Limits from the on-site management staff or by calling the Cleveland HUD Office and requesting income limits for the Cuyahoga County area or by checking HUD's website @ HUD.GOV.

All applicants will be considered in accordance with the communities' HUD approved Affirmative Fair Housing Marketing Plan (HUD form 935.2). Eliza Bryant Manor, Eliza Bryant Garden Estates and Amasa B. Ford Lodge use as guidance, the criteria specified by the United States Department of Housing and Urban Development (HUD) most current version of the HUD Handbook 4350.3 including all changes/updates, but recognize that the HUD Handbook 4350.3 does not have the full force and effect of the law. It is our policy to comply with all applicable legislation protecting the individual rights of all applicants and tenants. Please also note that the Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA) protections apply to all applicants applying for project-based Section 8 rental assistance.

Eliza Bryant Manor, Eliza Bryant Garden Estates and Amasa B. Ford Lodge are an Equal Opportunity Employer and Housing Provider. We do not discriminate on the basis of race, color, creed, religion, sex, national origin, familial status, handicap or socio-economic status in the employment of staff, acceptance and processing of applications, selection of tenants, assigning of units or the certification and re-certification of applicants and tenants to determine eligibility for assistance and all other aspects of continued residency.

The U.S. Department of Housing and Urban Development (HUD) prohibits making financial assistance available to persons other than United States Citizens and eligible noncitizens. Anyone applying for assistance is required to declare citizenship or eligible immigration status by providing evidence. Failure to provide and complete required forms or providing false information will result in rejection of your application and or termination of residency.

Student eligibility for financial assistance will be determined at move in, initial or annual recertification and at the time of an interim recertification if one of the changes reported is that a household member is enrolled as a student at an institution of higher education.

The student must meet all of the following criteria to be eligible:

1. Be of legal contract age under state law.
2. 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.
3. 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.

TENANT SELECTION PLAN & SCREENING CRITERIA

Throughout the tenant selection process (detailed on the following pages), an applicant is entitled to reasonable accommodations in rules, policies, practices or services and/or reasonable modifications of the existing premises to afford equal opportunity to use and enjoy participation in HUD's programs including a dwelling unit. This entitlement continues once an applicant becomes a tenant. Requested accommodations and modification to premises are not reasonable if they would result in an undue administrative and financial burden on the owner or result in the fundamental alteration of the nature of the program. In the event that management determines that the requested accommodation represents an undue financial burden on Eliza Bryant Manor, Eliza Bryant Garden Estates or Amasa B. Ford Lodge, the applicant has the right to make the required changes at the applicant's own expense as long as such modification complies with all applicable local and state building/housing codes for this type of apartment complex.

Note: Submitting an application to management or being placed on the Eliza Bryant Manor, Eliza Bryant Garden Estates and or Amasa B. Ford Lodge Waiting List in no way means that the applicant is eligible for housing in Eliza Bryant Manor, Eliza Bryant Garden Estates and Amasa B. Ford Lodge. Determining whether or not an applicant is eligible for housing can only be confirmed after the screening and verification process has been completed.

A. Filling Vacancies from a Waiting List

Applicants will be selected for tenancy on a “first-come, first-served” basis. Eligible applicants, for whom no apartment is available, will be placed on the waiting list. An applicant’s position on the waiting list will be determined by the date and time the completed application is returned to the management office. When an apartment becomes available, management will notify the next person on the waiting list and management will proceed with screening of the applicant(s).

Management will update the Waiting List quarterly. Applicants are responsible to promptly respond to the mail update inquiry and for notifying management of changes of address/or telephone number between mail updates.

The U.S. Department of Housing and Urban Development (HUD) has income targeting requirements. The income targeting requirements stipulate that 40% of the units must be rented to Extremely Low Income (ELI) households earning 30% or less of the median income during a fiscal year. As a result of this regulation, management is required by HUD to temporarily bypass higher income applicants until this requirement is met. Once the requirement is met and in chronological order, management is permitted to go to other applicants on the waiting list.

B. Screening of Applicants

All applicants for tenancy who satisfy the federal statutory requirements for eligibility and who meet Eliza Bryant Manor, Eliza Bryant Garden Estates and or Amasa B. Ford Lodge legitimate and uniformly applied requirements of tenancy are admissible into the housing community. Eliza Bryant Manor, Eliza Bryant Garden Estates and Amasa B. Ford Lodge legitimate requirements of tenancy include: **1.** An ability to pay rent on time. **2.** Meet HUD requirements. **3.** Meet terms and conditions of the community lease.

1. Eligibility Forms: All applicants for tenancy must meet program requirements through the process of eligibility forms. The eligibility forms, often referred to as the “paperwork”, must be signed by the applicant in a timely manner. There will be several forms requiring the applicant’s signature and completion by a third-party provider. Management will send the “paperwork” to the appropriate third parties for verification of the applicant’s income, assets and allowable expenses as set forth by Chapter 5 of the 4350.3 HUD Handbook.

Specific Requirements

- A.** All applicants must meet the age requirements of the HUD Section 202 program at the time the application is submitted.
- B.** All applicants, including all members of the applicant household who will be a party to the lease, are required to provide social security numbers. All applicants must disclose and provide verification of the complete and accurate social security number assigned to them except for those individuals who do not contend eligible status or tenants who were 62 or

older as of January 31, 2010 and whose initial determination of eligibility was begun before January 31, 2010. Failure to disclose and provide documentation and verification of social security numbers will result in an applicant not being admitted or a tenant household being terminated. If all household members have not disclosed and or provided verification of their social security numbers at the time the unit becomes available, the next eligible applicant will be offered the available unit.

- C. The U.S. Department of Housing and Urban Development requires use of the Enterprise Income Verification (EIV) system. This web-based computer system contains employment and other income information on individuals participating on HUD's rental assistance programs. All applicants and additional household members information will be verified in this system as part of the eligibility process and throughout their tenancy as a participant in this program.
- D. All applicants will be required to sign off on the HUD form 92006 (Supplement and Optional Contact Information for HUD Assisted Housing Applicants) and the HUD form 27061-H (Race and Ethnicity).

2. Need for Accessible Unit: If an applicant indicates on the application that there is a need for an accessible unit, the need will be noted on the waiting list. At the time a unit is offered to the applicant, management will certify an applicant's eligibility for an accessible unit by submitting standard third-party verification to the applicant's medical provider. No other criteria shall be used or inquiry made to qualify an applicant(s) for an accessible unit based upon his or her handicap status. In particular this applies to all applicants who meet the federal statutory eligibility criteria and the legitimate requirements for tenancy and who have other physical and/or mental handicaps or disabilities. If requested, management will modify the application process as a reasonable accommodation to persons with handicaps. However, all screening factors apply to all applicants.

3. Supportive Services: The management and owner do not provide any kind of supportive living services or any services that require licensing. The tenant and/or the tenant's family may make private arrangements to handle this need. If at the time a unit is offered, the applicant indicates the need for supportive services including a Live-in Aid/Attendant, management will certify the applicant's need by submitting standard third-party verification to the applicant's medical provider(s).

C. Rejection of an Application

Eliza Bryant Manor, Eliza Bryant Garden Estates and Amasa B. Ford Lodge management may reject an otherwise qualified applicant whose background indicates that he or she will not satisfy the legitimate and uniformly applied requirements of tenancy. A unit need not be made available to an individual whose tenancy would constitute a direct threat to the health or safety of other individuals or whose

tenancy would result in substantial physical damage to the property of others or who is not able to demonstrate financial responsibility as defined below.

In reviewing the information received and determining whether an applicant(s) is able to meet the legitimate requirements of tenancy, the facility management shall consider mitigating or extenuating circumstances of all applicants or tenants.

Rejection of an application may occur if the following background information is received:

1. **Landlord Checks:** Unacceptable information received from current and former landlords regarding an applicant's ability to meet legitimate requirements of tenancy, i.e. nonpayment of rent, failure to cooperate with applicable recertification procedures, violation of house rules, violation of lease, history of disruptive behavior, poor housekeeping habits, terminations of assistance for fraud, evictions and judgment. As part of the application process, Management requires the applicant to list the rental history (names, addresses and telephone numbers of all the landlords rented from during that period) for the 10 years prior to the application.
2. **Criminal Background Checks:** Management will conduct a criminal background check of all applicants, including persons who are requesting to be listed on the lease. For all household members listed on the application: criminal convictions in the past 15 years for any crime of violence, theft or fraud. Also, convictions involving the illegal manufacture or distribution of a controlled substance, convictions for illegal use of a controlled substance, or any criminal activity that establishes that the household tenancy might constitute a direct threat to the health or safety of other individuals or result in substantial physical damage to the property of others.
3. **Credit History Checks:** It is not our intention to deny housing based on adverse credit history that in management's sole judgment is the result of catastrophic medical expenses or other events that are shown to be completely beyond the applicant's ability to control. Also a lack of credit history shall not be sufficient justification to reject an applicant.
4. **Sex Offenders Registry Check:** Management will conduct a search/screening through the sex offender's registry.
5. **Misrepresentation:** An applicant or households' intentional misrepresentation of information relevant to a determination of eligibility, including financial capacity or ability to satisfy the legitimate and uniformly applied requirements of tenancy.

Admission to the facility will be prohibited to applicants who fit into the following categories. The owner reserves the right to deny admission into federally assisted housing if:

- Any household member that has been evicted from federally assisted housing for drug-related criminal activity, for ten (10) years from the date of eviction. However, if the evicted household member who engaged in drug-related criminal activity had successfully completed a supervised

drug rehabilitation program or circumstances leading to the eviction no longer exist, the owner may, but is not required to admit the household.

- Any household member who is currently engaging in illegal drug use.
- The owner determines that there is reasonable cause to believe that a household member's illegal use or a pattern of illegal use of a drug may interfere with the health, safety, or right to peaceful enjoyment of the premises by other tenants. (Examples: criminal record, former landlord references, etc.)
- Any member of the household who is subject to a lifetime registration requirement under a state sex offender registration program. Criminal history background checks will be performed in the state where the housing is located and in other states where the household members are known to have resided.
- It is determined that there is reasonable cause to believe that a household member's abuse or pattern of abuse of alcohol interferes with the health, safety, or right to peaceful enjoyment of the premises by other tenants.

Admission of a household will be prohibited if a member of the household is currently engaging in, or during the past 15 years has engaged in:

- Drug-related criminal activity;
- Violent criminal activity;
- Other criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other tenants; or
- Other criminal activity that would threaten the health or safety of HUD, Contract Administrator, PHA, or owner or any employee, contractor, subcontractor or any of their agents who are involved in the housing operation.
- Admission will be denied to any applicant who has been incarcerated for the commission of a violent felony, unless a minimum of 15 years has passed since the date he or she completed the sentence imposed by the court of jurisdiction.

6. Project management may reject an applicant who fails to:

- Meet federal eligibility standard such as: Income Requirements and Age Requirements (where applicable)
- Provide Social Security numbers for all family members or execute a certification when Social Security numbers have not been assigned.
- Sign required HUD "Notice and Consent for the Release of Information" and "Applicant's/Tenant's consent to the Release of Information".
- Sign "Eligibility forms" for verification of household income, assets and any other required verification for eligibility.
- Provide current address and/or telephone number

7. Three Strikes, You're Out: Management will notify the applicant when an apartment may become available. The applicant may refuse an interview or an available apartment two (2) times without jeopardizing his/her position on the waiting list. However, if an interview or an available apartment is offered and refused a third time the applicant's name will be taken off the waiting list. If management is unable to reach the applicant at the address/telephone number provided, also, if an applicant has two "no-shows" for an interview the application will be deemed canceled and the person's name removed from the waiting list.

All applicants are responsible for notifying management of changes in residency and phone numbers.

8. Notification of Rejection: An applicant who is denied admission will be notified in writing of the reason(s) for the rejection. The applicant has fourteen (14) days to respond in writing or to request a meeting to discuss the rejection. If an applicant has disabilities, they may inform Management of this fact and request "reasonable accommodations" (changes in the site's nonessential policies and practices), which would give the applicant(s) an equal opportunity to pursue the application process. Project management will follow the guidelines, as directed in the HUD Handbook 4350.3 for the rejection appeal process.

D. General Information

Unit Transfers: We will first assign units to in-place tenants who have demonstrated a need for a change in housing before offering units to applicants on the Waiting List. This will be done in chronological order based on the date of the notification that was received by management from the tenant.

Policies to Comply with Section 504 of the Rehabilitation Act of 1973 and The Fair Housing Act Amendments of 1988: Management policies and practices prohibit discrimination on the basis of disability in any program or activity receiving federal financial assistance from HUD. This includes discrimination in housing and housing related transactions based on race, color, religion, sex, national origin, disability and familial status. It also includes discrimination on the basis of race, color or national origin in any program or activity receiving federal financial assistance from HUD.

Note: Applicants who believe that they require a reasonable accommodation to permit them to apply for and/or participate in the housing opportunities offered by Eliza Bryant Manor, Eliza Bryant Garden Estates and Amasa B. Ford Lodge Apartments, including programs offered to tenants, should notify management in writing or request a meeting with management to discuss the nature of the accommodation needed.

Management will promptly review the applicant's request, determine if the accommodation can be provided and notify the applicant in writing of its decision. In the event the accommodation cannot be provided, management will also provide the applicant with a written description of the appeals process.

Occupancy Standards: State and local laws regarding occupancy standards will prevail.

One-Bedroom Apartments:

Minimum Number of Occupants = 1

Maximum Number of Occupants = 2

Household Pets: Pets are permitted at our senior housing community. Pets are defined as domesticated small animals, such as dogs and cats, traditionally kept in the home for pleasure. The **PET DEPOSIT is \$300**. If the applicant cannot afford to pay the entire pet deposit, the initial deposit will be \$50 at the time the pet is brought onto the premises. The remainder of the required \$300 deposit can be made in monthly installments of \$10 until the full deposit is reached. However, a tenant is allowed to pay the entire amount or increments that are greater than \$10 if he or she chooses to do so.

Assistance Animals: Applicants with handicaps may use an assistance animal, i.e. guide dogs for persons with vision impairment, hearing dogs for persons with hearing impairments and emotional support animals for persons with chronic mental illness. Management may require the applicant(s) to provide justification that the animal is needed for the individual to have equal opportunity to use and enjoy the housing. Any requested information must be in writing and verified by a medical professional and/or health care institution. Also, additional veterinary documentation relating to the assistance animal will be required.

E. Waiting List Closing / Opening Policies

1. **Closing the Waiting List**

The waiting list may be closed when the average wait is excessive.

In the event that Management determines that the waiting list will be closed, Management will take the following actions:

- A. Notify all applicants on the waiting list that the list has been closed;
- B. Refuse to accept additional applications.
- C. Publish a notice that the waiting list is closed in accordance with the methods of advertising contained in the HUD approved Affirmative Fair Housing Marketing Plan. The notice will state the project's reasons for closing the waiting list.

2. **Opening the Waiting List**

When management decides to re-open the waiting list, the following steps will be taken:

- A. Publish a notice that the waiting list has been re-opened in accordance with the methods of advertising contained in the HUD approved Affirmative Fair Housing Marketing Plan. The notice will state when and where potential applicants may apply.
- B. The notice will state the rules for applying and the order in which applications will be processed.

FACT SHEET

For HUD ASSISTED RESIDENTS

Section 202/162 – Project Assistance Contract (PAC)

Section 202/811 – Project Rental Assistance Contract (PRAC)

“HOW YOUR RENT IS DETERMINED”

Office of Housing

****June 2007****

This Fact Sheet is a general guide to inform the Owner/Management Agents (OA) and HUD-assisted residents of the responsibilities and rights regarding income disclosure and verification.

Why Determining Income and Rent Correctly is Important

Department of Housing and Urban Development studies show that many resident families pay incorrect rent. The main causes of this problem are:

- Under-reporting of income by resident families, and
- OAs not granting exclusions and deductions to which resident families are entitled.

OAs and residents all have a responsibility in ensuring that the correct rent is paid.

OAs' Responsibilities:

- Obtain accurate income information

- Verify resident income
- Ensure residents receive the exclusions and deductions to which they are entitled
- Accurately calculate Tenant Rent
- Provide tenants a copy of lease agreement and income and rent determinations
- Recalculate rent when changes in family composition and decreases or increases in income are reported by \$200 more per month
- Provide information on OA policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining rent

Residents' Responsibilities:

- Provide accurate family composition information
- Report all income
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income occurring between annual recertifications
- Sign consent forms for income verification
- Follow lease requirements and house rules

Income Determinations

A family's anticipated gross income determines not only eligibility for assistance, but also determines the rent a family will pay and the subsidy required. The anticipated income, subject to exclusions and deductions the family will receive during the next twelve (12) months, is used to determine the family's rent.

What is Annual Income?

Gross Income – Income Exclusions = Annual Income

What is Adjusted Income?

Annual Income – Deductions = Adjusted Income

Determining Tenant Rent

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.

Note: An owner may admit an applicant to the PAC program only if the Total Tenant Payment is less than the gross rent. This note does not apply to the PRAC program. In some instances under the PRAC program a

tenant's Total Tenant Payment will exceed the PRAC operating rent (gross rent).

Income and Assets

HUD assisted residents are required to report **all** income from all sources to the Owner or Agent (OA). Exclusions to income and deductions are part of the tenant rent process.

When determining the amount of income from assets to be included in annual income, the actual income derived from the assets is included except when the cash value of all of the assets is in excess of \$5,000, then the amount included in annual income is the higher of 2% of the total assets or the actual income derived from the assets.

Annual Income Includes:

- Full amount (before payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services
- Net income from the operation of a business or profession
- Interest, dividends and other net income of any kind from real or personal property (See Assets Include/Assets Do Not Include below)
- Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount ******(except for deferred periodic payments of supplemental security income and social security benefits, see Exclusions from annual Income, below)******
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay ******(except for lump-sum additions to family assets, see Exclusions from Annual Income, below)******
- Welfare assistance
- Periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling
- All regular pay, special pay and allowances of a member of the Armed Forces (except for special pay for exposure to hostile fire)
- ******For Section 8 programs only, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965,

shall be considered income to that individual, except that financial assistance is not considered annual income for persons over the age of 23 with dependent children or if a student is living with his or her parents who are receiving section 8 assistance. For the purpose of this paragraph, "financial assistance" does not include loan proceeds for the purpose of determining income.**

Assets Include:

- Stocks, bonds, Treasury bills, certificates of deposit, money market accounts
- Individual retirement and Keogh accounts
- Retirement and pension funds
- Cash held in savings and checking accounts, safe deposit boxes, homes, etc.
- Cash value of whole life insurance policies available to the individual before death
- Equity in rental property and other capital investments
- Personal property held as an investment
- Lump sum receipts or one-time receipts
- Mortgage or deed of trust held by an applicant
- Assets disposed of for less than fair market value.

Assets Do Not Include:

- Necessary personal property (clothing, furniture, cars, wedding ring, vehicles specially equipped for persons with disabilities)
- Interests in Indian trust land
- Term life insurance policies
- Equity in the cooperative unit in which the family lives
- Assets that are part of an active business
- Assets that are not effectively owned by the applicant or are held in an individual's name but:
 - The assets and any income they earn accrue to the benefit of someone else who is not a member of the household, and
 - that other person is responsible for income taxes incurred on income generated by the assets
- Assets that are not accessible to the applicant and provide no income to the applicant (Example: A battered spouse owns a house with her husband. Due to the domestic situation, she receives no income from the asset and cannot convert the asset to cash.)
- Assets disposed of for less than fair market value as a result of:
 - Foreclosure
 - Bankruptcy
 - Divorce or separation agreement if the applicant

or resident receives important consideration not necessarily in dollars.

Exclusions from Annual Income:

- Income from the employment of children (including foster children) under the age of 18
- Payment received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone)
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member
- Income of a live-in aide
- **Subject to the inclusion of income for the Section 8 program for students who are enrolled in an institution of higher education under Annual Income Includes, above,**The full amount of student financial assistance either paid directly to the student or to the educational institution
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire
- Amounts received under training programs funded by HUD
- Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)
- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program
- Resident service stipend (not to exceed \$200 per month)
- Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs and training of a family member as resident management staff
- Temporary, non-recurring or sporadic income (including gifts)

- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era
- Earnings in excess of \$480 for each full time student 18 years old or older (excluding head of household, co-head or spouse)
- Adoption assistance payments in excess of \$480 per adopted child
- Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts
- Amounts received by the family in the form of refunds or rebates under State of local law for property taxes paid on the dwelling unit
- Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home

Federally Mandated Exclusions:

- Value of the allotment provided to an eligible household under the Food Stamp Act of 1977
- Payments to Volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act
- Income derived from certain submarginal land of the US that is held in trust for certain Indian Tribes
- Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program
- Payments received under programs funded in whole or in part under the Job Training Partnership Act
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians
- The first \$2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the US. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands
- Amounts of scholarships funded under Title IV of the Higher Education Act of 1965, including awards under the Federal work-study program or under the Bureau of Indian Affairs student assistance programs
- Payments received from programs funded under Title V of the Older Americans Act of 1985
- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund

established pursuant to the settlement in *In Re Agent-product liability litigation*

- Payments received under the Maine Indian Claims Settlement Act of 1980
- The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990
- Earned income tax credit (EITC) refund payments on or after January 1, 1991
- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation
- Allowance, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- Any allowance paid under the provisions of 38U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran
- Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act
- Allowances, earnings and payments to individuals participating under the Workforce Investment Act of 1998

Deductions:

- \$480 for each dependent including full time students or persons with a disability
- \$400 for any elderly family or disabled family
- Unreimbursed medical expenses of any elderly family or disabled family that total more than 3% of Annual Income the expenditure is applied only one time
- Unreimbursed reasonable attendant care and auxiliary apparatus expenses for disabled family member(s) to allow family member(s) to work that total more than 3% of Annual Income
- If an elderly family has both unreimbursed medical expenses and disability assistance expenses, the family's 3% of income expenditure is applied only one time
- Any reasonable child care expenses for children under age 13 necessary to enable a member of the family to be employed or to further his or her education.

Reference Materials

Regulations:

- General HUD Program Requirements; 24 CFR Part 5 and CFR 24 Part 891.

Handbook:

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

Notices:

- "Federally Mandated Exclusions" Notice 66 FR 4669, April 20, 2001

For More Information:

Find out more about HUD's programs on HUD's Internet homepage at <http://www.hud.gov>