

HANDS Application for Housing – CRAWFORD, WARREN and southeast Erie Counties

Please place a check mark (✓)in the box next to the property or properties you would like to apply for.

If your application is returned to us incomplete, it CANNOT be processed.

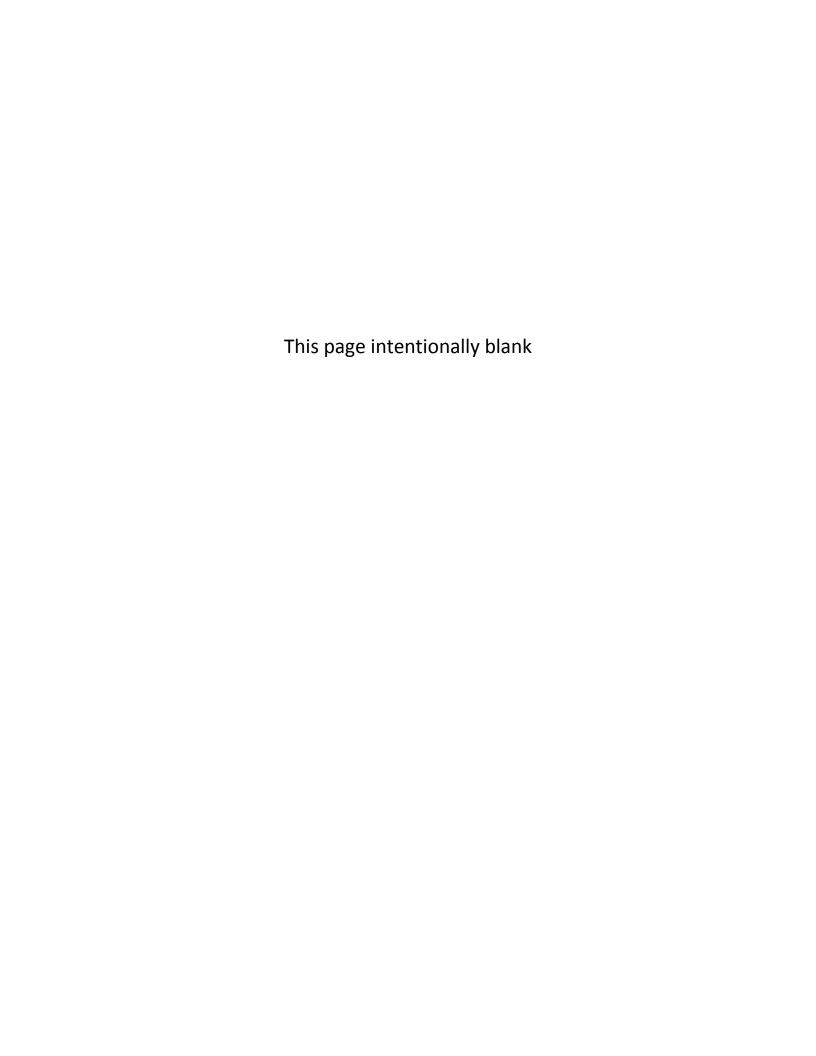
	HOUSING FOR PERSONS WITH DISAB	ILITIES
CHRONIC MENTAL ILLNESS	DEVELOPMENTAL DISABILITIES	
Capabilities of Crawford 1 & 2 Bedroom Apartments 639 Jefferson Street and 683 Park Avenue Meadville, PA 16335	Terrace Overview 1 & 2 Bedroom Apartments 567 Terrace Street Meadville, PA 16335	MEADVILLE, PA Income Limits 1 Person = \$ 2 Pe = WARREN, PA Income Limits 1 Person = \$ 2 h
HANDS Triad 1 Bedroom Apartments 732 Hickory Street 770 North Main Street 575 Washington Street Meadville, PA 16335	Presidential Place 1 Bedroom Housing 103 Falconer Street 105 Madison Avenue Warren, PA 16365	CORRY, PA Income Limits 1 Person = \$2 h
Highland Point 1 Bedroom Apartments 649 Highland Avenue Meadville, PA 16335	HOUSING I	FOR SENIOR CITIZENS
Warren Anthems 1 & 2 Bedroom Apartments 116 Muir Street Warren, PA 16365	1 Bedr 829 So	side Apartments & room Apartments buth Grant Street Ext. ville, PA 16335
Smith Street (Located in Erie County) 1 Bedroom Housing 49 West Smith Street Corry, PA 16407		ERAL HOUSING
	Effic 617	Street Apartments iencies and 1 Bedroom Apartments Titusville, PA 16354 : 1 Person = \$19,600 2 Persons = \$22,400

The MONTHLY Rental amounts for Apartment units listed above is 30% of Adjusted Income with the exception of Elm StreetApartments.

Rental Rates: Efficiencies = \$250/Month 1 Bedroom/2 person Maximum = \$308-\$318/Month

HANDS also offers a wide selection of housing opportunities in Erie County. Please visit our Website at www.hands-erie.org or contact us at 814.453.3333 for more information.





Housing and Neighborhood Development Service



7 East 7th Street Erie, PA 16501-1105

Phone: 814.453.3333 Fax: 814.456.0922

RENTAL APPLICATION FORM

PLEASE **PRINT** ALL NECESSARY INFORMATION.

INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

Office Use Only:
Date Stamp of Date Received:
Time Received:
Receiver's Initials:

HANDS Website Other (Specify):	the apartm Rental Guid	de	for which you are applying: Saver
HANDS Website Other (Specify): Please check the number of bedrooms required: 1 Bedroom 2 B 1 Bedroom Accessible 2 Bedroom Accessible 3 Bedroom			Saver Drive-By
Please check the number of bedrooms required: 1 Bedroom 2 B 1 Bedroom Accessible 2 Bedroom Accessible 3 Bedroom	Bedroom [
1 Bedroom Accessible 2 Bedroom Accessible 3 Bedroom	Bedroom [7	
		3 Bedroom	4 Bedroom
Applicant Name	Accessible	4 Bedroom	n Accessible
	Date of B	irth	Social Security No.
Last First MI			
Present Street Address City	State	Zip Code	How Long at Address?
Home Phone Number Cell Phone Number	Email Address		
Former Street Address: City	State	Zip Code	How Long at Address?
PLEASE PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER FOR AL	L LANDLO		
Current Landlord Name:		Phone	
Address City	State	Zip Co	ode
Current Landlord Name:		Phone	
Address City	State	Zip Co	ode
Current Landlord Name:		Phone	
Address City	State	Zip Cc	ode
EMPLOYMENT INFORMATION			
Name and Address of Employer Type of Business		Self Employed?	□ No
Business Phone Number Position/Title	Number	of Year at Job	Yrs. In this line of work

CO-APPLICANT/SPOUSE INFORMATION

Co-Applicant Name					Date of	Birth		Social	Security No.
Last	First		MI						
Present Street Address:		City		Sta	ate		Zip Code		How Long at Address?
Former Street Address:		City		Sta	ate		Zip Code		How Long at Address?
Former Street Address:		City		Sta	ate Zip Code			How Long at Address?	
PLEASE PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER FOR ALL LANDLORDS FOR THE PAST 2 YEARS									
Current Landlord Name:							Phone	!	
Address		City			State		Zip Co	de	
Current Landlord Name:							Phone	!	
Address		City			State		Zip Co	de	
Current Landlord Name:	Current Landlord Name:				Phone				
Address		City			State Zip Code				
EMPLOYMENT INFORMATION									
Name and Address of Employer			Type of Business			Self	Employed?		
							Yes		No
Business Phone Number		Position	n/Title		Numbe	er of	Year at Job	Yrs.	In this line of work
Please list EVERY state	each applica	ant ov	er the age o	f 1	L <u>8</u> has	res	sided in b	elov	v:
Applicant Name	States Resided	In							

		INCC	ME/AS	SETS			
SOURCE		APPLIC	ANT	CO- <i>I</i>	APPLICANT	Other Household -18 yrs of age or older:	TOTAL For MONTH
1. Gross Salary							
2. Overtime Pay							
,							
3. Commissions/Fees/Tips/Bonuses							
4. Unemployment Benefits							
5. Workers Compensation, etc.							
6. Social Security, Pensions,							
Retirement (please circle) Per Month							
Funds, etc., Received Periodically							
7. TANF Payments/Public Assistance							
8. Alimony, Child Support (please circle)							
Per Month							
9. Net Income From Business							
10. Net Rental Income							
(if you own property and rent it to other	rs)						
11. Other:							
					TOTAL M	ONTHLY:	
					Total Mor	nthly Income x 12 =	
ASSETS for <u>ALL</u> household members 18 years of age or older		VALUE		NE FRO		ME & ADDRESS OF ANCIAL INSTITUTION	ACCOUNT NUMBER
Checking Account	\$		\$				
Savings	\$		\$				
Certificate of Deposit	\$		\$				
(CD's)							
15 1/6 1/8							
Mutual Funds/ Stocks / Bonds	\$		\$				
Real Estate - If you own your own	\$		\$				
home or have property							
Other:	\$		\$				
TOTAL:	\$		\$				

HOUSEHOLD COMPOSITION								
	FULL NAME List the full names and related information for all people that will be living in the house or apartment for which you are applying.	Relation- ship to Head of House- hold	M F	DATE of BIRTH MM/DD/YY	AGE	SOCIAL SECURITY	1= White 2= Black or African America 3= American Indian or Alaskan 4= Native Hawaiian or Pacific Islander 5= Asian	1= Hispanic/ Latino 2= Non- Hispanic /Non- Latino
Head		HEAD						
2								
3								
4								
5								
6								
7								
8								

THE FOLLOWING QUESTIONS (1 – 10) $\underline{\text{MUST}}$ BE COMPLETED

1.	I/We have have not disposed of any asset(s) valued at \$1,000 or more in the past two years for less than the fair market value of the item. If yes, please list the asset value under the "other" row in the income/assets section of this application. Date of disposal
2.	Are you or any member of your household subject to a lifetime sex offender registration requirement in any state? Yes No If yes, list household member's name and states requiring registration.
3.	Have you or any member of your household ever been charged with or convicted of a crime (misdemeanor or felony) other than minor traffic violations?
4.	Are any adults (18 and over) full or part-time students? \square Yes \square No If yes, please list the name of students
5.	Do you own pets? Yes No If yes, What kind and how many?
6.	Has the family's tenancy in subsidized housing ever been terminated for fraud, nonpayment of rent or failure to
	cooperate with recertification procedures? \square Yes \square No
7.	Do you currently have a Section 8 Housing Choice Voucher? Yes No If yes, Please attach a copy of your
	Voucher when submitting application
8.	For Section 8 eligibility and allowance purposes, is there a disability you wish to claim? \Box Yes \Box No

			ent we are unable to
reach you, e.g., a relative	, caseworker, etc. \Box	None	
Name		Phone Number	
· ·	_	mmodations that the household will or hearing impairment, or a unit wit	·
wheel-in showers. Ye	s □ No □ If yes, p	olease explain below.	
to the disclosure of income a	nd financial informati	ete to the best of my knowledge and ion from my/our employer and finan ny/our application for tenancy.	· ·
/We consent to have backgro 18 and over.	ound credit and crimi	nal checks to be obtained for all hou	sehold members age
f you are in need of special s	ervices, please call H	ANDS at (814) 453-3333.	
Head of Household	Date	Co-Applicant	Date
Head of Household Other Adult Over Age 18	Date	Co-Applicant Other Adult Over Age 18	Date

If you have a complaint regarding this application, you may call:

PHILADELPHIA HUD

PITTSBURGH HUD

(215) 656-0663

(412)644-6965

TDD# (215) 656-3450

TDD# 1-800-927-9275

Toll-Free Complaints 1-800-669-9777



Update

Optional and Supplemental 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.

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

Check this box if you choose not to provide the contact	et information.					
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) Emergency Unable to contact you Termination of rental assistance Eviction from unit Late payment of rent Commitment of Housing Authority or Owner: If you are apparise during your tenancy or if you require any services or speci issues or in providing any services or special care to you.	al care, we may contact the person or or	l be kept as part of your tenant file. If issues rganization you listed to assist in resolving the				
Confidentiality Statement: The information provided on this fapplicant or applicable law.	orm is confidential and will not be discl	osed to anyone except as permitted by the				
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.						
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.

Housing And Neighborhood Development Service

Charles G. Scalise President/CEO



Corporate Office 7 East 7th Street Erie, PA 16501-1105 Phone: 814.453.3333 Fax: 814.456.0922 www.hands-erie.org mail@hands-erie.org

RESIDENT SELECTION PLAN & APPLYING FOR HUD HOUSING ASSISTANCE? THINK ABOUT THIS... IS FRAUD WORTH IT? ACKNOWLEDGEMENT

We have enclosed copies of our Resident Selection Plan summary and the HUD form "Is Fraud Worth It?" for you to keep and review.

The Resident Selection Plan contains information concerning:

- Equal Housing Requirements
- Income Targeting
- Application Process
- Waiting List Procedures
- Application Eligibility Criteria, Which has:
 - 1. Income
 - 2. Credit
 - 3. Rental History
 - 4. Criminal History
 - 5. Applicant Rejection
 - 6. Appeal of Denial of Application
- Determining Unit Size
- Transfer List
- Contents of Tenant Selection Plan

Signature	Date	
Signature	Date	

By signing below, you are acknowledging that you have received copies of these forms.

Housing and Neighborhood Development Service RESIDENT SELECTION PLAN General Program Summary



EQUAL HOUSING REQUIREMENTS

All housing units operated by Housing and Neighborhood Development Service (HANDS), its agents and affiliates, are pledged to the letter and spirit of the federal law and policy for the achievement of equal housing opportunity. We comply with all applicable federal, state and local laws which prohibit discrimination against persons because of race, color, religion, sex, national origin, familial status, disability or sexual orientation.

LIMITED ENGLISH PROFICIENCY

HANDS will utilize translated printed materials from HUD's website and obtain translator services as needed for applicants with Limited English Proficiency and or visual and hearing impairments. There will be no cost to the applicant for these services or materials.

APPLICATION PROCESS

Applications for all Eric County properties may be obtained either from the HANDS web site, at www.hands-eric.org or from the HANDS main office, located at 7 East 7th Street, Eric, PA 16501 (phone 814-453-3333). Applications for all Crawford, Warren and McKean County properties may also be obtained from the HANDS web site, or from HANDS' Crawford County office, located at the Brookside Apartments, 829 S. Grant St. Extension, Meadville, PA 16335 (phone 814-453-3333 x129).

Completed applications are accepted during normal business hours at either the main office in Erie or the Crawford County office in Meadville or by mail, fax or e-mail. At any time, persons requesting special accommodations because of a disability should contact either of the management offices for assistance. An initial screening will be conducted based on age or disability, (if applicable), credit, criminal and/or drug history (including a check of criminal records) and initial statements of income. Based on the initial screening, the application may be added to the waiting list with final processing to be completed before being offered an apartment home. All applications will be processed at the HANDS main office, 7 East 7th Street, Erie, PA 16501.

A written response will be sent to each applicant advising such applicant of the status of their application within a maximum of 30 days of receipt of the application. If the Agent has not rejected the application (in writing), the response will contain the following information:

- Result of preliminary determination of eligibility
- Estimate of the time it may take to offer the applicant assistance
- Notice that the applicant is responsible for reporting changes in address, phone number and preference status

Note: Eligibility, or placement on the waiting list, does not constitute acceptance and further screening is required to determine an applicant's ability to maintain a successful tenancy.

WAITING LIST PROCEDURES

Each application that meets the initial screening criteria is then placed on the appropriate waiting list(s) by date and time of receipt of the completed application. The waiting list is organized by unit type (physically adapted, bedroom size, program income requirements, etc.). Applicants meeting the owners established preferences will have a housing priority over those applicants that do not (see waiting list preferences below). Persons claiming a disability (which will be verified during the application process) may apply for a standard unit, as well as an accessible unit, at their discretion. Waiting lists may be <u>closed</u> when the wait exceeds (1.5) years and <u>opened</u> when the wait is below (1) year according to program requirements regarding marketing and advertisement. Applicants are chosen from the list based on date and time of the application and unit type to become available.

The offer of a unit may be refused up to three times. After the first refusal, the applicant's position on the waiting list remains the same as their original placement. Upon a second refusal of a unit, the applicant will be placed at the bottom of the waiting list. Upon a third refusal of a unit, the application is removed from the waiting list and may not reapply for housing for a period of one year from the date of the third refusal.

Applicants offered a unit will have (24) hours to respond to the offer and/or to request more time. In the event that direct contact cannot be made with the applicant, a message containing the offer may be left on an answering machine or with the emergency contact as indicated on the application. In the event that there is no response within (48) hours, the offer will be counted as a refusal. When an apartment home becomes available, HANDS staff may contact more than one applicant at the same time. In the event the applicant holding the first place on the list is not able to accept the unit, the second person will be offered then the third, etc.

Annually, applicants on the eligible waiting list are contacted to determine continued interest in remaining on the waiting list with HANDS. A letter is sent to the applicants last known address, allowing the applicant five (5) calendar days to contact the management office. If contact by the applicant is not made, or if the letter is returned, the applicant is removed from the waiting list.

WAITING LIST PREFERENCE

Applicants who meet the owner-established preference will be placed at the top of the active waiting list before those applicants without the preference. The owner established preferences are:

- Persons displaced from their homes as outlined by the Uniform Relocation Act (URA) of 1970.
- Households that have children testing positive for documented elevated blood lead levels.

ELIGIBILITY CRITERIA

<u>INCOME:</u> Annual income cannot exceed the maximum limits as outlined by the governing agencies. Not all of our communities have subsidized rents and may require a minimum monthly income for eligibility. Section 8 certificates and vouchers will be accepted by those communities that do not already provide subsidy. The maximum income limits are based on the total number of occupants and location of the property by county. Current income limits can be found in the management office. All sources of income in the household must be reported and verified by third party verification by Management. * **Income limits are subject to change without notice.**

MINIMUM INCOMES: The following communities have minimum annual income requirements per bedroom size: Chestnut Street Apts., Edinboro Family Homes, Fairview Family Homes, Freedom Square Apts., Goodrich House, Mid-Town Homes, Millcreek Family Townhomes, St. Joseph Apts (private units, only), Villa Maria Senior Apts., Villa Maria Family Apts. and Washington Township Senior Housing. Minimum requirements do not apply to applicants with a Section 8 Housing Choice Voucher or a VASH Voucher. Current minimum income requirements can be found in the management office.

INCOME TARGETING

Under the provisions of 24 CFR 5.653, Admission and Occupancy Provisions of the Quality Housing and Work Responsibility Act (QHWRA) of 1998, some complexes (**St. Joseph Apartments and Center City Apartments only**) must make at least 40% of the assisted units that become available in each year for leasing to families whose incomes do not exceed 30% of the area median income (extremely low-income) at the time of admission.

- Extremely Low Income (ELI) means individuals with incomes at 30% or below of the median income for the area.
- ♦ Applicants from the project's waiting list will be selected based on the following procedure:

 Alternating move-ins, beginning the first of each fiscal year (October 1st) with an ELI individual.

CREDIT POLICY:

The following credit guidelines will be used when determining an applicant's eligibility. Current credit parameters are set to three (3) years for any accounts in collections, charge-off accounts, judgments, and open bankruptcies, late payments. Closed bankruptcies will be ignored. Foreclosures and student loans may be ignored upon further evaluation. Outstanding medical delinquencies will be ignored. Credit reports are scored by a 3rd party vendor and given a Credit Risk Rating of Minor, Moderate, High, or Severe. Both Minor and moderate credit ratings will automatically pass our screening criteria, along with those applicants with "limited established credit" or "no established credit". Applicants with a High or Severe credit risk rating will not pass.

By law, we are unable to share information on your credit report. You must contact the credit reporting agency directly to see a copy of your report. Information on how to request a credit report will be contained on our application rejection letter. Applicants will be given the opportunity to explain extenuating circumstances regarding their credit if they choose to appeal an unfavorable decision on their application.

RENTAL HISTORY

Prior rental history will be considered when determining eligibility. These factors may include, but are not limited to: payment history, housekeeping, property damages, personal conduct, interfering with the landlord or the rights of other residents, and any other derogatory information received regarding your tenancy may be considered. In the event that derogatory information is received, the applicant will be given the opportunity to present documentation that may refute the landlord's statement(s). A home visit is required before final approval can be granted.

Applicants with unpaid balances owing to HANDS or any public housing authority will not be approved; applicants with unpaid balances owed to any other landlord within the past five (5) years may not be approved.

CRIMINAL RECORDS

Applicants (including household members) who apply for housing with HANDS will not be accepted for having a criminal history based on the following guidelines:

- 1. Any misdemeanor or felony convictions within the past 5 years.
- 2. Any drug-related **convictions in the past five years**, including, but not limited to, the possession or use of drugs or drug paraphernalia, manufacturing or distribution of illegal substances. An eviction in the last three years from federally-assisted housing for drug-related criminal activity. (If the evicted household member has successfully completed an approved, supervised drug rehabilitation program, or if the circumstances leading to the eviction no longer exist (for example, the evicted household member no longer resides with the applicant household), this information will be taken into consideration.)
- 3. Conviction as a sexual predator requiring the applicant to register as a sex offender in the locality of their residence. Additionally, any other sex crimes against a person or other in the past 20 years.
- 4. The criminal background check indicates the applicant provided false information.

VIOLENCE AGAINST WOMEN ACT

The Violence Against Women Act (VAWA, P.L. 109-62) protects housing assistance applicants (both male and female) and residents who have been victimized by domestic violence, dating violence and stalking. Therefore:

- a. Applicants cannot be denied rental assistance solely because they were previously evicted from an assisted site for being victims of domestic violence;
- b. Applicants cannot be denied assistance solely for criminal activity that was directly related to domestic violence;
- c. Residents cannot be evicted solely because they were victims of domestic violence; being a victim of domestic violence does not qualify as a "serious or repeated violation of the lease" or "other good cause" for eviction.
- d. Residents wishing to report an incident of domestic violence must submit specific documentation as requested by site management, and all such documentation will remain confidential, unless required by law.

ADDITIONAL REQUIREMENTS

Applicants must meet program eligibility requirements as outlined by HUD, PHFA, and USDA. Examples may be income, age or disability requirements and provide documentation.

- 1. Applicants are required to sign designated forms/documents upon request.
- 2. Applicants must disclose all social security numbers or execute a certification when no social security number has been issued.
- 3. Applicants are required to submit truthful, accurate and complete information and must give all necessary data needed to determine eligibility.
- 4. Applicants are required to conform to the pet rules in effect at the community in which they reside.

FULL TIME STUDENTS

In general, households made up entirely of full time students are not eligible for housing in the following communities, unless the household meets at least one exception to the Student Rule, as outlined below.

Communities governed by this ruling:

- Freedom Square Apartments
- Villa Maria Apartments
- Edinboro Family Homes
- Mid Town Homes

- Chestnut Street Apartments
- Woodlands at Zuck Park

Exceptions to the ruling:

- The fulltime adult students are married and filing a joint federal income tax return.
- The fulltime student is receiving assistance under Title IV of the Social Security Act.
- The fulltime student is enrolled in a job training program receiving assistance und the Job Training Partnership Act or under other similar federal, state, or local laws. Note: the IRS does not consider an internship a "similar" program (for example, a medical school student doing their residency or a student in a fellowship).
- The fulltime student is a single parent living with his/her minor children (with none of the persons being dependents of a third party).

NOTE: The following applies to those applying for housing at the St. Joseph Apartments, Brookside Apartments, Oak Haven Apartments and Maryvale Apartments: No Section 8 assistance shall be provided to a student who: is under the age of 24; is not a veteran of the U.S. military; is unmarried; does not have a dependent

child; is not a person experiencing disabilities, as such term is defined in section 3(b)(3)(E) of the United States Housing Act of 1937, and was not receiving Section 8 as of November 30, 2005; and is not otherwise individually eligible, or has parents who, individually or jointly, are not eligible on the basis of income to receive Section 8 assistance unless he/she can demonstrate independence from parents.

Any financial assistance, in excess of amounts received for tuition that an individual receives under the Higher Education Act of 1965, from private sources or from an institution of higher education is considered income for that individual, except for persons over the age of 23 with dependent children.

NOTE: Neither part of the law applies to a student who is living with his/her parents who are applying to receive Section 8 assistance or who are receiving Section 8 assistance.

APPEALS OF UNFAVORABLE DECISIONS

Denied applicants shall receive written notice of the reason(s) for their rejection and will be advised of their right to request an appeal of the denial (within fourteen (14) calendar days of the date of the rejection notice). A reasonable accommodation will be extended to those applicants who are unable to respond in writing; they may use an alternate method of communicating such as via the telephone, fax or TDD, for example.

DETERMINING UNIT SIZE

The following are factors in determining the appropriate apartment size. Household members who may be considered when determining bedroom size:

- 1. All full-time members of the household
- 2. Live-in attendants.

General occupancy standards for determining the number of bedrooms is:

- 1. A maximum of two persons per bedroom.
- 2. Single persons will only be housed in a one bedroom unit. A single person who is not an elderly person or a person who has been displaced from other federally-subsidized housing, a person with disabilities or the remaining member of a resident family may not be provided a housing unit with two or more bedrooms. (This does not apply to PHFA-funded properties.) An exception will be granted to a single disabled person who would need a second bedroom for the storage of his or her medical equipment.

UNIT TRANSFERS

Current residents may request, in writing, to transfer to a different unit (apartment or house), within the community in which the resident is presently residing. Valid reasons for requesting a transfer to a different unit are:

- 1. There is MEDICAL need as verified in writing by a health professional. For example, requesting to move from a second floor unit to a first floor unit because the stairs pose a barrier.
- 2. If the resident is living in too small or too large a unit for the size of their family. Management may initiate this transfer.

Requests for transfers must be given to the Property Manager in charge. The request will be recorded on a Unit Transfer List by property, then by date and time the request is received by the manager. Preference is given to current residents wishing to transfer over applicants on the waiting list who desire a specific unit.

CONTENTS OF TENANT SELECTION PLAN

The above represents a <u>summary</u> of the criteria used in screening and selecting residents for HANDS housing. <u>A</u> copy of the complete Tenant Selection Plan is available for viewing at the HANDS Office (7 East 7th Street) or other designated locations.

Plan adopted on August 28, 2008 by the Board of Directors of Housing and Neighborhood Development Service (HANDS).