



HOUSING AND NEIGHBORHOOD DEVELOPMENT SERVICE (HANDS)

Application for Housing Opportunities for persons with disabilities within Erie County

Our properties have unique qualities and income guidelines. In order to expedite the application process, we request you answer the following questions so your application will apply to the property that is most appropriate for you. Please note, you may apply and qualify for more than one type of housing.

- 1. Are you seeking housing communities dedicated to meet the needs of chronic mental illness? (Must be verified) If yes, go section A.**
- 2. Are you seeking housing communities dedicated to developmental disability? (Must be verified) If yes, go to B.**
- 3. Are you seeking housing communities dedicated to meet the needs of a person with a physical disability? (Must be verified) If yes, go to C.**

Applications must be filled out completely in order to be processed. Incomplete applications cannot be processed.

All properties on the following page have the following income requirements:

Maximum annual income*: 1 Person - \$20,350 2 Persons – 23,250 3 Persons - 26,150

*subject to change without notice

In addition to the housing for Persons with Disabilities provided on this application, HANDS also offers housing for Seniors as well as General Housing for individuals and families. If you would like more information on these housing opportunities, please call 814.453.3333 or visit our website at hands-erie.org.

EFFECTIVE JANUARY 1, 2017, ALL HANDS MANAGED BUILDINGS WILL BE SMOKE FREE.

Smoking will not be permitted within any apartments or common areas.

SECTION A – Housing for Persons with Chronic Mental Illness	
<input type="checkbox"/> Cascade Run – 1 bedroom 643/649 West 4 th Street	<input type="checkbox"/> Niagara Apartments – 1 bedroom 535/537 E. 3 rd Street/332 W. 5 th Street
<input type="checkbox"/> Flagship City Apartments – 1 bedroom 502 East 12 th Street	<input type="checkbox"/> North Coast Place – 1 bedroom 332 West 18 th Street
<input type="checkbox"/> HANDS Center City – 1 bedroom 245 East 18 th Street	<input type="checkbox"/> Poplar Place Apartments – 1 bedroom 3407 Poplar Street
<input type="checkbox"/> HANDS Metro – 1 bedroom 239 W 2 nd St./322 W 3 rd St./340 W 4 th St. 318 E. 13 th St./ 1207 German Street	<input type="checkbox"/> Rosewood Apartments – 1 bedroom 1002 East Lake Road
<input type="checkbox"/> Irma Seligman – 1 bedroom 1953 East 36 th Street	<input type="checkbox"/> Smith Street Commons – 1 bedroom <input type="checkbox"/> Community Living 49 West Smith Street, Corry
<input type="checkbox"/> Kuehl Apartments (choose 1 or 2 bedroom) <input type="checkbox"/> 1 bedroom <input type="checkbox"/> 2 bedroom 544/548 East 6 th Street	<input type="checkbox"/> Titus House – 1 bedroom 727 French Street
<input type="checkbox"/> Liberty Place Apartments – 1 bedroom 313 Wallace Street	
SECTION B – Housing for Persons with Developmental Disabilities	
<input type="checkbox"/> HANDS Center City – 1 bedroom	
SECTION C – Housing for Persons with Physical Disabilities	
<input type="checkbox"/> HANDS Center City – 1 bedroom 245 East 18 th Street	<input type="checkbox"/> Poux Apartments (choose 1 or 2 bedroom) <input type="checkbox"/> 1 bedroom <input type="checkbox"/> 2 bedroom 1271/1277 E. 21 st /533 W. 8 th
<input type="checkbox"/> St. Joseph Apartments—For persons 18+ years of age that have a mobility impairment & require the features of a handicap accessible unit. 517 Maryland Avenue	



For marketing purposes, please tell us how you heard about HANDS and/or the apartment community for which you are applying:

Newspaper Radio or Television Friend or Relative Rental Guide Penny Saver Drive-By

HANDS Website Internet Other (specify) _____

Applicant Name			Date of Birth	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?
Former Street Address:	City	State	Zip Code	How Long at Address?
Former Street Address:	City	State	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 Code
Current Landlord Name:	Phone		
Address	City	State	Zip Code
Current Landlord Name:	Phone		
Address	City	State	Zip Code

EMPLOYMENT INFORMATION

Name and Address of Employer	Type of Business	Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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	State	Zip Code	How Long at Address?
Former Street Address:		City	State	Zip Code	How Long at Address?
Former Street Address:		City	State	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 Code
Current Landlord Name:			Phone
Address	City	State	Zip Code
Current Landlord Name:			Phone
Address	City	State	Zip Code

EMPLOYMENT INFORMATION

Name and Address of Employer		Type of Business	Self Employed?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Phone Number	Position/Title	Number of Year at Job	Yrs. In this line of work	

Please list EVERY state each applicant over the age of 18 has resided in below:

Applicant Name	States Resided In

INCOME/ASSETS

SOURCE	APPLICANT	CO-APPLICANT	Other Household -18 yrs of age or older:	TOTAL For MONTH
1. Gross Salary (before taxes)				
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 Per Month				
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 others)				
11. Other:				

			TOTAL MONTHLY:	
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			Total Monthly Income x 12 =	
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ASSETS for ALL household members 18 years of age or older	CASH VALUE	INCOME FROM ASSETS	NAME & ADDRESS OF FINANCIAL INSTITUTION	ACCOUNT NUMBER
Checking Account	\$	\$		
Savings	\$	\$		
Certificate of Deposit (CD's)	\$	\$		
Mutual Funds/ Stocks / Bonds	\$	\$		
Real Estate - If you own your own home or have property	\$	\$		
Other:	\$	\$		
TOTAL:	\$	\$		

HOUSEHOLD COMPOSITION

	FULL NAME <small>List the full names and related information for all people that will be living in the house or apartment for which you are applying.</small>	Relation-ship to Head of House-hold	Sex 1=Male 2=Female 3=Prefer not to answer	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) 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? Yes No
 If yes, please explain _____

4. Are any adults (18 and over) full or part-time students? Yes 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? Yes 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? Yes No

9. Please list the name and telephone number of an additional person to contact in the event we are unable to reach you, e.g., a relative, caseworker, etc. None

Name _____ Phone Number _____

10. Are there any special housing needs or accommodations that the household will require? Examples are a unit for a person with mobility, visual or hearing impairment, or a unit with grab bars and/or wheel-in showers.

Yes No If yes, please explain below.

Housing preference. Please refer to the attached Resident Selection Summary to determine if you qualify for any of the following preference options and place a check in appropriate box below:

- Displaced from your home by the Uniform Relocation Act (URA) of 1970 (MUST PROVIDE DOCUMENTATION TO QUALIFY)
- Your household has children who have tested positive for documented elevated blood levels due to your current living situation (MUST PROVIDE DOCUMENTATION TO QUALIFY)
- You are presently living in housing declared substandard (MUST PROVIDE DOCUMENTATION FROM THE AGENCY THAT DECLARED YOUR CURRENT HOME SUBSTANDARD TO QUALIFY)

The information provided above is true and complete to the best of my knowledge and belief. I/We consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verification related to my/our application for tenancy.

I/We consent to have background credit and criminal checks to be obtained for all household members age 18 and over.

If you are in need of special services, please call HANDS at (814) 453-3333.

_____	_____	_____	_____
Head of Household	Date	Co-Applicant	Date
_____	_____	_____	_____
Other Adult Over Age 18	Date	Other Adult Over Age 18	Date
_____	_____		
HANDS Representative	Date		

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

PHILADELPHIA HUD

(215) 656-0663

TDD# (215) 656-3450

PITTSBURGH HUD

(412)644-6965

TDD# 1-800-927-9275

Toll-Free Complaints 1-800-669-9777



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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.



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

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

Signature

Date

Signature

Date





APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

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 Erie County properties may be obtained either from the HANDS web site, at www.hands-erie.org or from the HANDS main office, located at 7 East 7th Street, Erie, 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 closed when the wait exceeds (1.5) years and opened 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

INCOME: 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 under 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 **summary** of the criteria used in screening and selecting residents for HANDS housing. [A 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).