



Resident Selection Criteria

American Family Housing, Inc.

Midway City, CA 92655

714-897-3221 Fax 714-893-6858

GENERAL

American Family Housing, Inc. (AFH) provides a continuum of housing and an array of services to support homeless and low income families and adults to secure a stable home, to be an active part of their community, and to achieve a self-sustaining way of life. AFH operates in Los Angeles, Orange, and San Bernardino continually expanding housing and services each year to meet the needs of communities and those we serve.

All applicants applying for the affordable housing waitlist with AFH are subject to the requirements outlined within the Resident Selection Criteria (RSC) below. Each adult household member over the age of 18 is required to submit both a completed application and signed RSC, along with providing any of the applicable documents listed below for waitlist consideration. American Family Housing provides first right of refusal to any applicable city and/or AFH partners when first given notice of unit availability.

No procedures for periodic updates of these Tenant Selection Criteria are included in this Plan. This plan will be updated only due to material changes in process/ participants. For purposes of marketing, intake, tenant selection, and establishing the wait list, these properties are marketed as one and are all subject to these Resident Selection Criteria. AFH is responsible for screening all applicants for applicable Program Eligibility, to reach a final determination if an applicant meets the program eligibility requirements.

I. Non-Discrimination, Fair Housing & Privacy

With respect to the treatment of applicants, the AFH will not discriminate against any individual, family or household because of race, color, national origin or ancestry, religion, sex (including gender, gender identity or gender expression), sexual orientation, age, handicap/disability, medical condition, genetic information, source of income, marital status or familial status, or any other arbitrary basis. No criteria will be applied or information considered pertaining to an attribute of behavior that may be imputed by some to a particular group or category. All criteria shall be applied equitably and all information considered on an applicant or household shall be related solely to the household's ability to adhere to the terms of the lease, likelihood of disturbing the peaceful enjoyment of other tenants and ability to care for or provide care for the unit.

The property will comply with all federal, state, and local fair housing and civil rights laws and with all equal opportunity requirements.

The privacy of applicants will be guarded as conferred by the Federal Privacy Act of 1974. This Act in no way limits management's ability to collect such information as may be needed to determine eligibility, compare rent, or determine an applicant's suitability for tenancy.

www.AFHusa.org : O 714.897.3221 : F 714.893.6858

15161 Jackson Street, Midway City, CA 92655



INITIAL: _____



Welcome Home

II. Project Eligibility

All qualifying applicants or non-qualifying household members must have an acceptable form of identification sufficient to verify eligibility. The applicants must be 18 years or older, unless he or she is an emancipated minor. All household members age 18 years or over and emancipated minors must sign the appropriate consent forms and comply with the verification process.

Income and Assets

All applicants must meet certain income guidelines and qualifying criteria applicable to the specific Community in which you are applying for.

Income must show that the monthly rental obligation can be met. A resident cannot pay more than the rent limits established for the property. Both income and rent limits are established by the US Dept. of Housing and Urban Development, and monitored through the applicable funding agency. Income and rental rates are subject to change and utility allowances may be applied.

- Income calculations are based on the household's annual gross (anticipated) income for the following 12 months. Annual gross income includes income from any and all assets.
- All income will be verified in writing by the income source
- All assets, including bank accounts, will be verified in writing
- Upon initial occupancy, tenant's income cannot exceed the area median for household size as published annually by the U. S. Department of Housing and Urban Development (HUD) and/or any other applicable program.
- Third party income verification will be required from all sources, including, but not limited to:
 - o Employment, Self-Employment
 - o Savings and checking
 - o Pension
 - o Disability
 - o Asset verification, property, home, stocks, bonds, annuities, IRA, etc.
 - o Government assistance, A.F.D.C., General Relief, etc.
 - o Social Security
 - o Child Support/Alimony
 - o Non-Tuition Financial Aid

Criminal/Credit/Background

Criminal record checks, credit and background checks will be conducted on all adult members (18 years or older or emancipated minor). This process will also apply for attendant care providers that will be occupying the unit. A background fee of \$25 per adult is due at the time your application is provided and is non-refundable, this is not an application fee. Certain affordable housing programs allow for this fee to be waived, specific to the Community and Program requirements.

AFH will conduct the criminal background checks and may reject applicants who do not meet applicable community RSC requirements. Applicants may appeal per the Grievance & Appeal Policies listed below. Applicant's records must not include:



Welcome Home

- Misdemeanor and/or felony violence
- child molestation and/or sexual misconduct convictions
- be a registered sex offender
- Burglary or theft
- Illegal drug manufacturing or distribution

AFH reserves the right to reject non-qualifying members of a household based on a history of criminal activity that threatens the health, safety and right to peaceful enjoyment of others.

Applicants known to have a history of alcohol abuse or use of illegal drugs may be asked to demonstrate sobriety for a period of at least six months. Examples of how sobriety may be demonstrated: a self-certification, a written referral from a qualified services provider providing a description of the applicant's recovery efforts or treatment goals, or other means acceptable to AFH. A qualifying disability does not include current illegal use of, or addiction to, a controlled substance (as defined by Section 102 of the Federal Controlled Substance Act, 21 U.S.C. Sec. 802).

Landlord History

Landlords during the past 5 years may be contacted. Landlord references will help determine rental and homeless history including but not limited to non-payment of rent, repeated disruptive behavior, and chronically late rent payments. If sufficient landlord references are not available, staff may require written references of social workers or others involved with the applicant in a professional capacity. Based upon these references, staff will decide if the applicant has demonstrated an ability and willingness to live peacefully with neighbors and refrain from behavior that jeopardizes the safety, security and peaceful enjoyment of the community. The level of support an applicant has, transitional living programs completed, and the appropriateness of an applicant's needs with the services offered will be considered.

There must be no record of prior evictions from a federally-assisted housing project.

Occupancy Standards

Applicants will be assigned to units based on most restrictive occupancy standards, applicants requests are taken into consideration but not a requirement to be met. AFH retains the right to reject any household for a non-qualifying applicant (i.e., a second person) on the basis of background checks pursuant to the Agent's policies on background checks. Unless otherwise restricted by a program requirement, occupancy guidelines shall be:

Efficiency/Studio	Minimum 1 Person	Maximum 2 Persons
One Bedroom	Minimum 1 Person	Maximum 3 Persons
Two Bedroom	Minimum 2 Persons	Maximum 5 Persons
Three Bedroom	Minimum 3 Persons	Maximum 7 Persons

Student Status

Full time student households do not qualify, unless they meet any of the exemptions established by the Internal Revenue Service (IRS) Code Section 42.

- Does the household consist of all persons who are full-time students (Examples: K-12, College, Trade School, etc.)?
- Does the household consist of all persons who have been a full-time student 5 months in the current calendar year?
- Does your household anticipate becoming an all full-time student household in the next 12 months?
- If you answered yes to any of the previous three questions are you:
 - Receiving assistance under Title IV of the Social Security Act (AFDC/TANF/Cal Works - not SSA/SSI)
 - Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program
 - Married and filing (or are entitled to file) a joint tax return
 - Single parent with a dependent child or children and neither you nor your children are dependent of another individual
 - Previously enrolled in the Foster Care program (currently age 18-24)

III. Referral Process

Upon receipt of the completed application, the AFH will perform a preliminary review to determine whether, based on the unverified information, the applicant/household appears to meet the project eligibility criteria. If the applicant/household does not appear to meet the tenant eligibility criteria, an Ineligibility letter will be sent to applicant/household and/or referring case manager.

If the applicant/household appears to meet the eligibility criteria, the application package will be processed for an applicable available unit and/or entered into the applicable waitlist should no unit be available or upcoming. Applicants/households who have started to process for a currently available or upcoming unit will be initially interviewed by the Property Manager and processed accordingly. Completed application packages are deemed complete only upon completion of all applicable third-party verifications. To be deemed a complete application package, each of the below applicable documents must be submitted with each household member application:

- Current photo ID
 - Any government-issued photo ID is acceptable. However, all units are federally funded, and as part of the qualification process, AFH might be required to request certain forms of identification in order to identity or financial information required in order to comply with federal law. The most common examples of acceptable ID:
 - Driver's License or State Issued ID Card.
 - Passport.
 - Legal Alien Registration Card.
 - Veterans Military ID.
- Social Security Card
- Proof of all applicable income:
The following are samples of documents we will accept as proof of income.

- Social Security of SSI - Current printout or Award letter Pension / annuity / VA pension - Letter stating current gross monthly income.
 - Employment - 3 consecutive months' paycheck stubs from your most recent pay periods. If cash payment is received and no pay stubs are provided by employer, a letter from your employer on company letterhead with the following information:
 - Employee's name and Social Security Number
 - Date employed
 - Number of weekly hours expected to work
 - Hourly rate or salary
 - How often paid (weekly, bi-weekly, bi-monthly, monthly)
 - Anticipated wage or hourly changes in the next 12 months
 - General relief / AFDC - Current Notice of Action from the Department of Public and Social Service documenting gross monthly benefits
 - Self-employment - Last 2 years of tax returns
- Proof of Assets
 - Bank Accounts, 6 consecutive months of bank statements are required. Verifiable proof of any other assets such as, but not limited to, 401k or any other retirement plan, real estate investments, stocks, bonds . . . etc.
 - Proof of Student Status (if applicable)
 - College and higher education students must provide print out from Education Institution and Financial Aid verification from any Public or Private Institutions. Copies of current picture ID and social security card will be made during the interview. All applicants/households that have completed income and program qualification will be referred to the Property Manager in order to determine eligibility to occupy a unit.

IV. Occupancy Policies & Procedures

General Occupancy

All applicants will be required to sign a AFH lease agreement, house rules, addendums and applicable program documents, once approved for unit occupancy. The lease agreement must be signed and acknowledged by all household members 18 years + or emancipated minors. The lease will include, but not be limited to; the community name, date of occupancy, term of occupancy, security deposit amount, reoccurring monthly rental cost, utility allowance information and household member information. After initial occupancy, no household member may be added to the lease agreement after no less than 6 months' time. If an applicant is found to have provided false information knowingly on their application, the Resident will be disqualified, found ineligible and asked to vacate the property. Legal action may be taken.

Transfers

Unit transfers may be requested in writing to AFH and must state the reason for their request. To be eligible for a unit transfer, you must be in good standing with AFH and have no pending ledger balance. Prior to a transfer being approved, a unit inspection will be conducted of the prior unit to determine if there will be a security deposit balance. A security deposit balance may be transferred from one unit to another if there are no other



Welcome Home

beneficiaries. If the new unit is more than the prior, or the damage costs of the prior exceed that of the new, all owed monies must be settled prior to the transfer being approved.

Unit transfers will be approved for only the reasons listed below, unless otherwise approved by the Regional Supervisor or Director of Property Management.

- When a medical request requires a Resident to transfer from one floor to another for mobility, which must be verified in writing, and only when such a unit is readily available. This request will be handled as a Reasonable Accommodation Request.
- When the household family composition has changed, and which requires the household to have additional bedroom(s). Such transfer will occur only once approved, and once an appropriate unit has become available.
- When program requirements require a transfer to comply with program requirements, such as to correct occupancy standards.

Security Deposit

All units require a security deposit, and is payable on or before the first date of occupancy. Subject to program requirements, the security deposit will be no less than one month's rent, and no more than 2 times the monthly rent for an unfurnished unit. Should the unit be furnished, and should no local ordinance or program permit otherwise, the security deposit may be no more than three times the monthly rent.

Habitability

Should the property or unit become un-inhabitable during the time of contract, AFH will make all efforts to provide an alternate unit for temporary occupancy, and until such time the unit can be made available/habitable. Once the unit has been repaired, the Resident must return to their originally assigned unit. Should AFH provide alternate housing, all rent is payable in full on the lease agreement due date, unless otherwise agreed to in writing. If there is no available unit, AFH is not obligated to provide alternate housing. In such a case, rent will not be owed to AFH for any days the unit was not occupied. All efforts must be made to return the unit to a habitable status timely. Should the unit or property be a total loss, the lease agreement may be terminated by either party without cause, in writing.

Annual Certification

AFH is required to comply with a variety of program requirements which require that each household recertify annually after initial occupancy. Reminder notices will be sent to the household 120 days in advance of their annual recertification date, and a reminder sent each month thereafter until complete. Failure to comply with the annual recertification process is material non-compliance of the lease agreement and would warrant a contract termination.

Households are required to recertify when:

- The household annual anniversary has arrived, and is due prior to the anniversary date.
- When there has been a change in income of plus/minus \$200, you are required to report to AFH and an Interim Recertification must be completed.



Welcome Home

- When there has been a change in household composition, when a household hold member has been added or removed from the unit.

Visitors/Guests

All guests must check in with onsite management when available. All guests must be accompanied by a household member at all times while on the property. Property and/or units keys may not be copied or provided to guests, such action is a violation of the lease agreement and program rules.

Guests may stay at the property for no longer than 3 days without the prior approval of AFH, all requests must be provided in writing. No guest(s) may stay in any one unit for more than 6 days total annually. Certain programs do not allow guests and will be included in the specific property lease agreement.

Rent

Rent is due on the first of each month and determined prior to occupancy. Should the Resident portion of rent not be paid timely, a notice to pay rent or quit may be served, and the contract terminated there-after. Rent increases are issued annually, and are based upon the Housing and Urban Developments rent limits and or local approved civil code(s). Rent may not be increased at the time of a local, state or federal deemed emergency.

V. Interest List

Order & Process

Applications and pre-occupancy applications will be stamped, dated as they are received, and then sorted by eligibility status. Those applicants not selected as a tenant will remain on an interest list, and shall receive a letter informing them of their status. Applicants will be responsible to inform AFH of any changes on contact information.

Applications will be processed in order received. All other criteria being equal, priority is given on a chronological basis to applicants whose applications are most complete. Where applications are not complete or criteria are not fully met, Management shall not delay but shall lease the next available unit to the first eligible applicant in chronological order. In some instances, priority of any applications or grouping of applications may not be able to be determined through tracking of applicant status. For example, if two applications were deemed complete simultaneously or received on the same date. In such an instance, priority of those applications will be determined randomly; such a circumstance is not likely to occur.

When all documents have been received, verified and approved, qualified applicants will be given one offer of an apartment. If the selected apartment is declined, the applicant will be considered to have withdrawn their application. That applicant will be provided an Ineligibility Letter, which includes written guidance on how to appeal the decision. Mitigating circumstances may be taken into account, such as an emergency situation, hospitalization, or a request with a documented medical basis. In such a case, if an applicant cannot accept an apartment during the initial lease-up of the building, then the applicant would be placed on the interest list in chronological order.



Welcome Home

Initial Lease Up (if applicable)

During initial lease-up, applications will be date stamped as they are received, and then sorted by eligibility status and completeness of application, including third-party verifications. Applicants that appear to meet the eligibility criteria, based on program requirements or expected income, will be invited to come in for an interview in the order in which the applications were received. In the case that there are more applicants than required to fill initial building occupancy, applicants will be invited to come in for an interview in various stages. In the case any one bedroom size becomes unavailable through the lease up process, applications will be sorted according to bedroom size preference.

Applications will be received via post at the designated mailing address and stamp received, or by fax at the designated leasing office. Applications received on the same day will be deemed to have arrived in the same chronological order and will be randomly sorted for preference. All qualification process is subject to review and approval by AFH. Applicants will be invited to interview and complete an application in the order as determined above. For purposes of determining order of priority for move-in, all else being equal, applicants will be placed in the order of completed income and program eligibility certification, with a date and time received determination. During initial lease-up, applicants who do not move into the property at initial occupancy shall be placed on a waiting list that will be maintained by AFH. Applicants from the initial lease-up will be added to the list in the same chronological order in which they were listed during the initial lease-up. When a unit becomes available, it will be the responsibility of the Property Manager to notify the applicant at the top of the waiting list. If that applicant turns down the unit, management will proceed to the next person on the waiting list. With the approval of the applicant, the Property Manager will also notify the referring case manager.

Applicants will be responsible to inform AFH of any changes in contact information. AFH will maintain one interest list for all owned projects, and will update the waiting list as needed/required. Applicants will be added to a list in chronological order for tracking purposes. Units will be made available first to those applicants with the first completed applications. In the event that the volume of applications received exceeds the number of available apartments and more than one applicant qualifies for the unit; the application with the earliest completed application will be approved. In the event of applications completed at the same time, priority will go to the applicant who first submitted the application. The other applicants will go to the top of the list until the next unit is available

After initial lease-up, this plan will not require broad mass-marketing in order to fill vacancies. Rather, the interest list will be serviced and maintained through a referral process from qualifying services agencies and or general public marketing if/as needed/applicable. Notification of the periodic opening of the waiting list will be given, by way of online marketing, newspaper and/or e-mail. New applicants will be placed at the end of the current waitlist.

VI. Accessibility & Use

Mobility & Hearing Impairment Designated Units

Preference for AFH units will be given to applicants that require a unit with the specific design features offered in the specific development. All reasonable efforts will be made to rent accessible units to applicants who require or who could benefit from such units. In the case of an accessible unit, when no qualified applicant/household has applied that requires the design features offered, then the unit will be offered to the next qualified household. This applicant/household will be required to complete a Lease Addendum form, whereby they agree to transfer to a non-accessible unit within the development should a tenant or applicant require an accessible unit. Failure



Welcome Home

to accept or move to the offered unit shall be deemed material non-compliance with the lease and would be cause for termination of tenancy.

If after occupying the accessible unit, the physical condition of a member of the household changes and a household member would then benefit from continued occupancy in the accessible unit, the household would not be required to move. Prior to requesting any individual or households to transfer, AFH will attempt to minimize disruption to any current individuals or households that currently occupy an AFH unit, but have no impairments that demonstrate a need for the specific design features. If an applicant or tenant requires an accessible unit, AFH will first determine whether reasonable efforts can be made to convert an adaptable unit to meet the specific needs of the applicant, pursuant to Section XII, before directing any current households to transfer to a non-accessible unit.

Reasonable Accommodation/Modifications

Reasonable accommodations and modifications will be made to meet the needs of disabled applicants, including applicants with both physical and/or mental disabilities. AFH will apply the same screening criteria to all applicants. However, AFH is obligated to offer qualified applicants with disabilities reasonable accommodations in the application of rules, practices, or services and structural alterations if said accommodation or modification will enable an otherwise eligible applicant or tenant with a disability an equal opportunity to access, use and enjoy the housing program. AFH is not, however, required to make a reasonable accommodation or physical modification if the accommodation or modification if:

- It will result in an undue financial burden to the property, or
- It fundamentally changes the nature of the housing program.

Individual requests for reasonable accommodations or modifications will be considered on a case-by case basis. During initial lease-up, all efforts will be made to accommodate reasonable requests pertaining to unit alterations, location of the unit, assistive animals, or other such requests, which are presented with the appropriate supporting documentation.

VII. VAWA

The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.

The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.

The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.



Welcome Home

VIII. Termination of Tenancy & Grievance Procedure

It will be the responsibility of the AFH to inform the applicant in writing of ineligibility or approval. Applicants/households who are found to be ineligible will be informed of their right to appeal this decision. At the request of applicant/household, a reasonable accommodation request will be considered. With the approval of the applicant, the referring case manager will also be notified. However, all applicants will have to demonstrate that they meet program requirements prior to approval.

A written appeal must be received by the Management Agent no later than fourteen (14) calendar days after the rejection letter is received. Within 5 business days of receipt of an appeal, the appeal will then be forwarded to the Regional Supervisor or Property Management Director. If the appeal concerns program qualifications not subject to the Management Agent review, the appeal shall also be provided to the Resident Services Coordinator for the property and, if appropriate or deemed necessary to conform to the program requirements and/or facilitate accordingly.

Units will not be held during the appeal process. If the appeal is successful and applicant is approved for occupancy, the applicant will be offered the next available unit. Applications may be rejected for any of the following:

- Blatant disrespect, disruptive, threatening, or harassing behavior toward management, the property, or other tenants exhibited by an applicant or family member any time prior to move-in (or demonstrable history of such behavior)
- Anyone whose tenancy poses a demonstrable, current direct threat to the health and safety of other residents or the property.
- To the degree allowed under the Program requirements, this may include a negative landlord, homelessness or other reference, encompassing failure to comply with the lease, program rules, poor payment history or eviction for cause;
- Falsification of any information on the application;
- Household size that does not conform to the stated minimum and maximum sizes;
- Income exceeding the area median income limits established at the property;
- Full time student households as defined above will be rejected, unless they meet any of the exemptions allowed by the Program requirements. Full time status is determined by the subject educational institution or by an agent acceptable to the Programs.
- Failure to meet the applicable Community Resident Selection Criteria.

IV. Marketing and Outreach

AFH will provide information about all aspects of the application process in order to eliminate as many obstacles to applying as possible. This will enable the general public & clients of these agencies to anticipate and positively address issues such as providing identifications, birth certificates, landlord references, credit reports, criminal background reports and other applicable supportive documentation needed to complete the application process.

Special marketing outreach consideration will be given to special needs populations. As early as possible, before construction completion, comprehensive application materials were made available to a comprehensive list of qualified services agencies. Notice may be given to these agencies and organizations by way of flyers, e-mails, telephone calls, and in-person visits. If specific agencies or organizations request information be given to consumers in the context of meetings, these requests will be honored, as staffing and resources allow.



Welcome Home

During the initial lease-up period when applicable, AFH will provide support to individual applicants as requested (reasonable accommodation) by any applicant/household when requested. Should AFH be unable to assist directly, AFH will assist the client in finding any required assistance to facilitate this process. Because of limited resources, AFH will encourage existing case management to support their clients wherever possible so as to maximize the availability of AFH staff for applicants that have less support available.

Advertising and outreach efforts will occur in accordance with the property's Regulatory Agreement and Affirmative Marketing Plan. Advertising for this development will include the use of Equal Housing Opportunity logos to affirmatively market the units. Material to be used in affirmative marketing will include:

- A Fair Housing poster to be displayed in the rental office, where applicable, and wherever interviews take place.
- An Equal Housing Opportunity logo to be displayed on the development's sign, where applicable.
- An Equal Housing Opportunity logo to be displayed on the flyer and other marketing materials
- A Banner or community signage will be displayed at the property.
- Ads may be published in a major local newspaper.

V. AGREEMENT & ACKNOWLEDGMENT

Should any assistance with the application process, or have any questions/concerns, please contact the American Family Housing office at:

American Family Housing, Inc.

Midway City, CA 92655

714-897-3221 Fax 714-893-6858

Under penalty of perjury, I/we certify that we have reviewed, understand and acknowledge all information and terms as presented in the American Family Housing (AFH) Resident Selection Criteria (RSC). All information provided, and to be provided, is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein or moving forward will constitute an act of fraud. False, misleading or incomplete information may result in the termination of application or lease agreement. All pages must be initialed by all household members, and all household members must sign below:

Applicant, Head of Household

Date

Applicant

Date

Applicant

Date

Applicant

Date

APPLICATION TO RENT OR LEASE

APPLICANT Each Applicant over the age of 18 must complete their own application form

PLEASE PRINT

First, Middle, Last Name	Date of Birth	Social Security #	Driver's License #
Other Names Used In the Last 10 Years	Home Phone	Cell Phone	Email Address

ADDITIONAL OCCUPANTS List everyone, who will live with you:

First, Middle, Last Name	Relationship To Applicant

EMPLOYMENT

	Current Employment	Prior Employment
Employer		
Address		
Employer Phone		
Job Title		
Name of Supervisor		
Dates of Employment	From: To:	From: To:
Income Per Month	\$	\$

RESIDENCE

	Current Residence	Previous Residence	Previous Residence
Street Address			
City			
State & Zip			
Dates of Stay			
Owner/Manager And Phone number			
Reason For Leaving			
Last Rent Paid	\$	\$	\$

VEHICLES

Automobiles	Make	Model	Color	Year	License No.
Motorcycles					

PERSONAL REFERENCES

In Case Of Emergency, Notify	Address/City	Phone	Relationship
Close Friend			
Nearest Relative Living Elsewhere			



CREDIT INFORMATION *Please list all your financial obligations*

Name of Bank or Savings & Loan		Branch or Address		Account No.		Balance	
				Checking		\$	
				Savings		\$	
Credit Accounts	Account No.	Address/City		Phone	Balance	Due Monthly	

GENERAL INFORMATION *Check answer that applies*

- Do you smoke? ☐ YES ☐ NO
- Do you have any pets? ☐ YES ☐ NO
- Have you ever filed for bankruptcy? ☐ YES ☐ NO
- Do you have any musical instruments? ☐ YES ☐ NO
- Do you have any water-filled furniture or do you intend to use water filled furniture in the apartment? ☐ YES ☐ NO
- Have you ever been convicted for selling, possessing, distributing or manufacturing illegal drugs or convicted of any other crime? ☐ YES ☐ NO
- Have you ever been evicted for non-payment of rent or any other reason? ☐ YES ☐ NO

Please explain any "yes" answers to the above questions:

Why are you leaving your current residence? _____

The applicant hereby applies to rent/lease Apartment # _____ at _____ for \$ _____ per month, and upon owner's approval agrees to enter into a Rental Agreement and/or Lease and pay all rent and security deposits required before occupancy.

An application fee of \$ 35.00 is hereby submitted for the cost of processing this application, to obtain credit history and other background information.

Applicant represents that all information given on this application is true and correct. Applicant hereby authorizes verification of all references and facts, including but not limited to current and previous landlords and employers, and personal references. Applicant hereby authorizes owner/agent to obtain Unlawful Detainer, Credit Reports, Telechecks, and/or criminal background reports. Applicant agrees to furnish additional credit and/or personal references upon request. Applicant understands that incomplete or incorrect information provided in the application may cause a delay in processing which may result in denial of tenancy. Applicant hereby waives any claim and releases from liability any person providing or obtaining said verification or additional information.

Applicant: _____ Date: _____
(Signature required)



TENANT INCOME CERTIFICATION QUESTIONNAIRE

One Form per Adult Member of the Household

NAME: _____ <input type="checkbox"/> Initial Certification <input type="checkbox"/> Re-certification <input type="checkbox"/> Other	TELEPHONE NUMBER: _____ BIN # _____ Unit # _____
--	---

INCOME INFORMATION

	YES	NO		MONTHLY GROSS INCOME
1.	<input type="checkbox"/>	<input type="checkbox"/>	I am self-employed. (List nature of self employment) _____	(use <u>net</u> income from self-employment only) \$ _____
2.	<input type="checkbox"/>	<input type="checkbox"/>	I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: <div style="text-align: center;"><u>Name of Employer</u></div> 1) _____ \$ _____ 2) _____ \$ _____ 3) _____ \$ _____	
3.	<input type="checkbox"/>	<input type="checkbox"/>	I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
4.	<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment benefits.	\$ _____
5.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
6.	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic social security payments.	\$ _____
7.	<input type="checkbox"/>	<input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
8.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Supplemental Security Income (SSI).	\$ _____
9.	<input type="checkbox"/>	<input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
10.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (examples: TANF, AFDC)	\$ _____
11.	<input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments.	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	I am currently receiving child support payments.	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	If yes, from how many persons do you receive support? _____ I am currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____ _____ _____	\$ _____
12.	<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony/spousal support payments	\$ _____
13.	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: 1) _____	\$ _____ \$ _____
14.	<input type="checkbox"/>	<input type="checkbox"/>	I receive income from real or personal property.	(use <u>net</u> earned income) \$ _____
15.	<input type="checkbox"/>	<input type="checkbox"/>	Student financial aid (public or private, not including student loans) Subtract cost of tuition from Aid received <i>*For Households receiving Section 8 Assistance Only</i>	\$ _____

ASSET INFORMATION

	YES	NO		INTEREST RATE	CASH VALUE
16.	<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). If yes, list bank(s) 1) _____ 2) _____	_____ % _____ %	\$ _____ \$ _____

17.	<input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s) If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
18.	<input type="checkbox"/>	<input type="checkbox"/>	I have an EBT, Debit Visa, MasterCard account(s). (Including Social Security wages, Unemployment, Public Assistance, Disability, Etc...) If yes, list sources(s) of income being received/type of account(s) 1) _____ 2) _____ 3) _____		\$ _____ \$ _____ \$ _____
19.	<input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s) If yes, list bank(s) 1) _____	_____%	\$ _____
20.	<input type="checkbox"/>	<input type="checkbox"/>	I own real estate. If yes, provide description: _____		\$ _____
21.	<input type="checkbox"/>	<input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
22.	<input type="checkbox"/>	<input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
23.	<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____	_____% _____%	\$ _____ \$ _____
24.	<input type="checkbox"/>	<input type="checkbox"/>	I have a whole life insurance policy. If yes, how many policies _____		\$ _____
25.	<input type="checkbox"/>	<input type="checkbox"/>	I have cash on hand.		\$ _____
26.	<input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____

STUDENT STATUS

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of all persons who are <u>full-time</u> students (Examples: K-12, College, Trade School, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of all persons who have been a <u>full-time</u> student 5 months in the current calendar year?
<input type="checkbox"/>	<input type="checkbox"/>	Does your household anticipate becoming an all full-time student household in the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	If you answered yes to any of the previous three questions are you:
<input type="checkbox"/>	<input type="checkbox"/>	• Receiving assistance under Title IV of the Social Security Act (AFDC/TANF/Cal Works - not SSA/SSI)
<input type="checkbox"/>	<input type="checkbox"/>	• Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program
<input type="checkbox"/>	<input type="checkbox"/>	• Married and filing (or are entitled to file) a joint tax return
<input type="checkbox"/>	<input type="checkbox"/>	• Single parent with a dependant child or children and neither you nor your child(ren) are dependent of another individual
<input type="checkbox"/>	<input type="checkbox"/>	• Previously enrolled in the Foster Care program (currently age 18-24)

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE

WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE)

DATE

UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets do not exceed \$4999.99.

Complete one form for households with joint assets or one form per person with separate assets. If a household contains both joint and separate assets, use separate forms and list the joint asset on both forms with the statement (**Joint**) next to the applicable asset.

Household Name: _____ Unit No. _____

Development Name: _____ City: _____

Complete the following:

1. Choose one:

☐ I/we do not have any assets at this time. (if this box is checked, draw a line through the asset information below, place a zero in #3, sign and date)

OR

☐ My/our assets include:

(Please complete fully. Put a zero in any columns that do not apply)

(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safety Deposit Box
\$ _____	_____	\$ _____	EBT/Debit Visa or MC	\$ _____	_____	\$ _____	Certificates of Deposit
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Money market funds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	401K Accounts
\$ _____	_____	\$ _____	Equity in real estate	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital investments
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above:				_____
\$ _____	_____	\$ _____	Personal property held as an investment** :				_____
\$ _____	_____	\$ _____	Other (list):				_____

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. Choose one:

☐ I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

OR

☐ Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: \$ _____
_____ (*the difference between FMV and the amount received, for each asset on which this occurred).

3. Please complete:

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5,000 and the total annual income (add all annual income columns) from the net family assets is \$ _____. This amount is included in total gross annual income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant

Date

Applicant/Tenant

Date



CERTIFICATION OF NON-EMPLOYMENT

(To be completed by adult household members only, if appropriate.)

Household: _____

Unit No. _____

Development Name: _____

City: _____

I, _____, am not personally employed or operate my own business. I am not contracted or have any obligation to obtain employment nor do I anticipate becoming employed in the next 12 months.

☐ I do not receive any unemployment benefits or compensation due to my non-employment status.

☐ I do receive unemployment benefits from _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of an application and/or lease agreement.

Signature of Applicant

Printed Name of Applicant

Date

www.AFHusa.org : O 714.897.3221
15161 Jackson Street, Midway City, CA 92655





CERTIFICATION OF ZERO INCOME

(To be completed by adult household members only, if appropriate.)

Household: _____ Unit No. _____

Development Name: _____ City: _____

1. I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.)
 - b. Income from operation of a business.
 - c. Rental income from real or personal property.
 - d. Interest of dividends from assets.
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits.
 - f. Unemployment or disability payments.
 - g. Public assistance payments.
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household.
 - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.)
 - j. Any other source not named above.
2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.
3. I will be using the following sources of funds to pay for rent and other necessities:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of an application and/or lease agreement.

Signature of Applicant

Printed Name of Applicant

Date

www.AFHusa.org : O 714.897.3221
15161 Jackson Street, Midway City, CA 92655



Applicant/Resident Name _____

Development Name _____

Unit Number/Identification _____

Child support and/or spousal support payments that are received shall be included as income whether or not there is yet a court order awarding payment.

Child/Spousal support amounts awarded by the courts but not received can be excluded only when the applicant/resident certifies that payments are not being made and further documents that all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payment, have been taken.

As part of the qualification process required by federal and/or state housing programs with jurisdiction over this development the following information is needed:

A. Do you receive child support and/or spousal support? Yes ☐ No ☐
Go to B Go to C.1

B. I receive:

1. Payment amount \$ _____
2. Frequency _____
3. Name(s) of Recipient(s) _____

4. Name of source _____
Complete multiple affidavit forms if there are multiple sources.
5. Go to C.1

C. 1. Have you been awarded child or spousal support by court order? Yes ☐ No ☐
Go to C.2 Sign Form

2. Provide copy of entire document, enter amount of award
\$ _____, and frequency _____; go to C.3.

3. Is payment being received as awarded? Yes ☐ No ☐
Go to 3.a Go to 3.b

a. Indicate the manner by which payment is received and sign form.

- i. _____ **Enforcement agency** Name agency _____
and provide agency print out
- ii. _____ **Court of Law** Name court _____
- iii. _____ **Direct from responsible party** Name source _____
and provide affidavit or statement from the source.
- iv. _____ **Other** (Explain) _____

b. If payment not received or if amount received is less than amount awarded provide details and documentation of collection efforts.

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Resident Signature _____

Date _____

AMERICAN FAMILY HOUSING

15161 Jackson Street
Midway City, CA 92655
(714) 897-3221

TENANT RELEASE AND CONSENT

I/We _____, authorize & consent for the requested information to be released to **American Family Housing** upon request.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity: employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are no limited to:

Past and Present Employers
Previous Landlords (including
Public Housing Agencies)
Support and Alimony Providers

Welfare Agencies
State Unemployment Agencies
Social Security Administration
Medical and Child Care Providers

Veterans Administration
Retirement Systems
Banks and other Financial
Institutions

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review this file and correct information that I/We can prove is incorrect.

SIGNATURES BELOW:

_____ Applicant (adult)	_____ Print Name	_____ Date
_____ Co-applicant (adult)	_____ Print Name	_____ Date
_____ Co-applicant (adult)	_____ Print Name	_____ Date
_____ Co-applicant (adult)	_____ Print Name	_____ Date



Fair Housing and Equal Opportunity for All Non-Discrimination

Equal Access to Housing in HUD Programs – Regardless of Sexual Orientation or Gender Identity –

The Owner/Agent will comply with the requirements established in the Final Rule which ensures that HUD's core housing programs are open to all eligible persons regardless of race, religion, sex national origin, gender, disability, familial status, sexual orientation, gender identity or marital status in any phase of the occupancy process. No Owner/Agent or administrator of HUD-assisted housing may inquire about the sexual orientation or gender identity of an applicant or occupant for purposes of determining eligibility.

It is the policy of American Family Housing (AFH) to comply fully with Title VI of the Civil Rights Act of 1964, Title VIII and Section 3 of the Civil Rights Act of 1968 (as amended by the Community Development Act of 1974), Executive Order 11063, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and any legislation protecting the individual rights of residents, applicants or staff which may subsequently be enacted. Further AFH will comply with the requirements established in the Final Rule which ensures that HUD's core housing programs are open to all eligible persons regardless of race, religion, sex national origin, gender, disability, familial status, sexual orientation, gender identity or marital status in any phase of the occupancy process.

Per section 311 of the Fair Employment and Housing Act, 2 CCR Section 12005 et seq, AFH follows all of California's fair housing laws that apply in all shelters, including emergency, overnight, and transitional shelters. The Department of Fair Employment and Housing enforces laws that protect participants from illegal discrimination and harassment in shelters based on actual or perceived:

• Ancestry, national origin • Marital status • Citizenship* • Military and veteran Status • Disability, mental or physical • Primary language* • Familial status • Race, color • Gender identity, gender • Religious expression • Genetic information • Sexual orientation • Immigration status* • Source of income

SEXUAL HARASSMENT: Sexual harassment is unlawful whether it occurs between shelter staff and residents, or between residents. Sexual harassment includes demands for sex or sexual acts in order to stay at a shelter. Sexual harassment also includes other unwelcome sexual conduct that makes it hard to keep living in or feel comfortable in a shelter. A victim of sexual harassment can be any gender. Shelters have a duty to prevent sexual harassment from occurring between program participants.

PROTECTIONS BASED ON SEXUAL ORIENTATION, GENDER IDENTITY, AND GENDER

EXPRESSION: It is unlawful to discriminate against or harass individuals in shelters based on their sexual orientation, gender identity, or gender expression. This includes individuals who identify as transgender and those who identify as non-binary. Shelters must determine eligibility for housing

*Covered under the Unruh Civil Rights Act, which applies to most housing accommodations in California regardless of sexual orientation or gender identity. American Family Housing shall take non-discriminatory steps to address the privacy and safety concerns of all residents.

PEOPLE WITH DISABILITIES: AFH will ensure that people with disabilities are not discriminated against in any programs or services. People with disabilities must be able to physically access a shelter. People with disabilities may request a reasonable accommodation to rules and policies that will allow them to live in, use, and enjoy a shelter equally as others without a disability.

IMMIGRATION STATUS, CITIZEN STATUS, PRIMARY LANGUAGE, NATIONAL ORIGIN: We will ensure no person is treated differently when accessing shelter services based on immigration status, citizenship status, primary language, or national origin. All Californians are protected under California's fair housing civil rights laws to be free from discrimination and harassment.

American Family Housing Program will not discriminate on the basis of race, color, sex, religion, age, handicap, disability, or national origin in the leasing, rental, or use or occupancy thereof. In addition AFH will not:

- Provide housing which is different from that provided others;
- Deny to any applicant the opportunity to apply for housing, nor deny to any eligible applicant the opportunity to lease housing suitable to its needs;
- Subject a person to segregation or disparate treatment;
- Restrict a person's access to any benefit enjoyed by others in connection with the housing program;
- Treat a person differently in determining eligibility or other requirements for admission;
- Deny a person access to the same level of services; or
- Deny a person the opportunity to participate in a planning or advisory group that is an integral part of the program.

Equal Access to Housing Regardless of Sexual Orientation, Gender Identity or Marital Status (Equal Access Rule)

On February 3, 2012, HUD published a final rule entitled Equal Access to Housing in HUD Programs regardless of Sexual Orientation or Gender Identity, which ensures that properties across HUD programs are open to all eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status. The rule includes the following provisions, which will be upheld by AFH at all times:

- A determination of eligibility for this program will be made in accordance with the eligibility requirements provided by HUD, and will be made available without regard to actual or perceived sexual orientation, gender identity, or marital status.
- AFH will not inquire about the sexual orientation or gender identity of an applicant or tenant for purposes of determining eligibility or otherwise making housing available. However, it is possible that AFH may need to make inquiries into sex for temporary, emergency shelter with shared sleeping areas or bathrooms, or to determine the number of bedrooms to which a household may be entitled.

Definitions for the Equal Access Rule

AFH will use the following definitions that are applicable to the Equal Access Rule:

- The term *family* includes, but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status:
- A single person, who may be an elderly person, displaced person, disabled person, near-elderly person or any other single person; or
- A group of persons residing together and such group includes, but is not limited to (i) a family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family); (ii) an elderly family; (iii) a near-elderly family; (iv) a disabled family; (v) a displaced family; and (vi) the remaining member of a tenant family.

Emergency Transfers

American Family Housing, Inc. is concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA),¹ HP allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's

¹ Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.² The ability of HP to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether HP has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that Section 202 Supportive Housing for the Elderly (including PRAC), Section 811 Supportive Housing for Persons with Disabilities (including PRAC), Housing Opportunities for Persons With AIDS (HOPWA), Home Investment Partnerships (HOME), Homeless programs under title IV of the McKinney-Vento Homeless Assistance Act (including the Emergency Solutions Grants Program, the Continuum of Care program and the Rural Housing Stability Assistance program), Multifamily rental housing under section 221(d)(3) of the National Housing Act (12 USC 17151(d)) with a below market interest rate pursuant to section 221(d)(5), Multifamily rental housing under section 236 of the National Housing Act (12 USC 1715z-1), HUD programs assisted under the United States Housing ACT of 1937 (42 USC 1437 *et seq*), Section 8 Moderate Rehabilitation Single Room Occupancy or the Housing Trust Fund (12 USC 4568) is in compliance with VAWA.

Eligibility for Emergency Transfers

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer

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

if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

Emergency Transfer Request Documentation

To request an emergency transfer, the tenant shall notify HP's management office and submit a written request for a transfer to applicable Community . HP will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under HP's program; OR
2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

Confidentiality

HP will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives HP written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the Notice of Occupancy Rights under the Violence Against Women Act For All Tenants for more information about HP's responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

Emergency Transfer Timing and Availability

HP cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. HP will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. HP may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If HP has no safe and available units for which a tenant who needs an emergency is eligible, HP will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, HP will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

Safety and Security of Tenants

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.

Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>.

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