

Dear Applicant:

Thank you for your interest in Goldberg B'nai B'rith Towers (the Towers). Attached is the Application Packet. Applicants must meet age and income qualifications for admission to the Towers. Head of household, spouse, or co-head must be 62 years of age, or over 18 and need the features of an architecturally designed unit. Income limits are determined by the U.S. Department of Housing & Urban Development (HUD) in accordance with the Section 8 program. Income limits as of May, 2012 are:

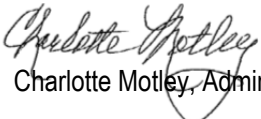
Extremely Low income	1 person \$14,050	2 persons \$16,050
Very low income	1 person \$23,450	2 persons \$26,800

**Instructions: Please follow carefully - Incomplete applications will be returned**

1. Complete all areas: If an item does not apply to you, mark "N/A" on that line.
2. Submit a copy Social Security Card(s): All applicants must submit a copy of their social security card. If you do not have a social security card, we will accept one of the following, if your social security number appears on the document: a Driver's License, Medicare Card, Medical Insurance Card, Bank Statement; Benefit award letter. *If you cannot provide any of the above documents, you must certify that you have made application to the Social Security Office for a new card before we will accept your housing application.*
3. Proof of Citizenship: The US Department of Housing & Urban Development requires that all applicants be US Citizens, nationals or certain categories of eligible noncitizens. To do this, you must have the attached Declaration of Section 214 Status forms completed by EACH family member (including yourself). Please make sure you follow the instructions on the Declaration Form.
4. Signatures are required by all adult applicants.
5. **Return your application to:** Goldberg B'nai B'rith Towers, 10909 Fondren Rd., Houston, TX 77096-5512.

The Towers does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The Fair Housing Act, federal law, prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national origin, sex, religion, age, disability, marital or familial status. Section 8 applicants may file any complaints of discrimination to the U.S. Dept. of Housing & Urban Development, Assistant Secretary for Fair Housing & Equal Opportunity, Washington, DC 20410.

Sincerely,

  
 Charlotte Motley, Administrator

- You did not complete all areas or you did not sign the application.
- You did not provide the required social security cards for all household members.
- The Declaration of Section 214 Status and Family Summary Sheet were not completed, signed as Instructed above
- Other \_\_\_\_\_

**To be considered for an apartment, please return your application along with the information that was missing**

## **Application for Eligibility Determination for Residency at Goldberg B'nai B'rith Towers**

- If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicants ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.
- All applicants must be able to meet essential obligations of tenancy. They must be able to pay rent, to care for their apartment, to report required information to the Towers management, avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- The Towers is a non-profit company, managed by a Project Administrator that provides low rent housing to eligible households, elderly households and adults over 18 who need the features of an architecturally designed unit. The Towers has a legal obligation to provide “reasonable accommodations” to applicants if they, or any household member, have a disability or handicap.
- A reasonable accommodation is some modification or change the Towers can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of government programs.
- If you, or a member of your household, have a disability or handicap and think you might need or want a reasonable accommodation, or qualify for a handicap adjustment to income under the USDA, Rural Development program, or any other adjustment you are eligible for, you may request it at any time in the application process or after admission.

### **Frequently Asked Questions**

**Is there an application fee?** *No, there is no application fee.*

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**How much is the rent?** *The rent is based on 30% of adjusted income. Income includes: Social Security, SSI, Private and/or Domestic or foreign pensions, wages, disability income, unemployment, interest from investments, dividends.*

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**How long is the wait list?** *Approximately 18 months.*

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**What type of housing is this?** *This is housing for the elderly and adults over 18 who need the features of an architecturally designed unit. This is not a nursing home or assisted.*

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**Are meals provided?** *Meals are available for a nominal fee through the J.B. Goldberg Foundation. We serve meals 2 days a week which is prepared by a local cafeteria and delivered to the main lobby.*

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Office Use Only: Date Received: \_\_\_\_\_ Time Received \_\_\_\_\_  
 Extremely Low Income \_\_\_\_\_ Very Low Income \_\_\_\_\_ Disabled Unit \_\_\_\_\_ 2 Bedroom \_\_\_\_\_



## Application for Eligibility Determination for Residency with Goldberg B'nai B'rith Towers



To comply with Federal Executive Order #13166, management will make reasonable attempts to improve the access of persons with Limited English Proficiency (LEP). While we cannot guarantee the following request, management will take affirmative steps to communicate the provided information and services. Do you require services of an interpreter or materials translated into another language other than English, as available for persons with Limited English Proficiency (LEP)?  Yes  No. If Yes, please list the language and services requested:

Do you have a reasonable accommodation request due to a disability that would allow you to meet the requirements of the application process and/or potential tenancy?  Yes  No. If yes, please list the request:

1. **Household Composition and Characteristics & Family Summary Sheet:** *(List the head of the household and all other members who will be living in the unit. Give the relationship of each family member to the head of household. Please Print)*

Mbr No.	Last Name	First Name	Relationship to HOH	Student Y or N	Age	Sex	Date of Birth	Social Security Number
			Head					
			Spouse/Co Head					

Current Mailing Address: \_\_\_\_\_  
Street Apt.

City, State, Zip Code

Telephone (area code)

2. **Mobility Impaired/Barrier-Free Units:** Do you have a mobility impairment that would necessitate the features of a fully accessible/ barrier-free unit? Please note that this need will be verified with your doctor/physician.  Yes  No  
 If a Live-In Attendant is needed, name of Attendant \_\_\_\_\_

Name/Address of a Doctor who can verify either of these needs: \_\_\_\_\_

3. **Current Housing Status:** Please list all addresses where you have lived during the past ten years. (Use additional sheet if necessary.)

Address (including Apt. #)	City/State/Zip	Dates	Rental	Manager
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

4. **Employment:** Are you or a household member currently employed?  Yes  No. If yes, give name and address of your employer(s):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (Area Code) \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (Area Code) \_\_\_\_\_

5. **Income:** Do you or any members of your household receive any of the following types of income on a regular basis? Include amount in dollars.

Answer	Source	Monthly or Periodic Amt	Documentation Needed at Eligibility Interview
<input type="checkbox"/> Yes <input type="checkbox"/> No	Wages/Salaries		Pay stub/letter from employer
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security, SSI or Railroad Retirement		Current Award Letter
<input type="checkbox"/> Yes <input type="checkbox"/> No	Private Pensions		Most Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Annuities		Most Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability Insurance		Most Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Interest from Investments		Bank Statement; Forms 1099
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dividends		Dividend Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust Income		Most Recent Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Student/ Financial Aid Income		Current Award Letter
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from Self-Employment		Tax Documents or Written Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (specify)		Written Documentation

Do you or any members of your family have any regular sources on income not listed above?  Yes  No. If yes, please describe \_\_\_\_\_

6. **Assets:** Do you or any members of your family have any of the following assets?

Please Select An Answer	Asset	Current Value	Documentation Needed As Attachments to Application
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash (over \$1,000)		Signed Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking Account(s)		Copy of Most Recent Bank Statement(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings/Money Market Account(s)		Most Recent Statement(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks and Bonds		Most Recent Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate of Deposit		Copy of Certificate
<input type="checkbox"/> Yes <input type="checkbox"/> No	Collectibles held for Investment		Current Appraisal
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trusts, IRA, or Pension Accounts		Most Recent Statement

Do you or any members of your household own a home, commercial property, or other real estate?  Yes  No. If yes, please list and provide documents. Address \_\_\_\_\_  
 Estimated Value \$ \_\_\_\_\_

7. Do you or any members of your household have any life insurance policies with permanent cash value? (May be called "whole life," universal," or "paid up" coverage.)  Yes  No. If yes, please list policies below:

Name of Company	Policy #	Face Value	Current Cash Value

8. **Student Status:** Are you or any member of your household currently enrolled in an institute of higher education?  Yes  No. *On December 30, 2005, HUD published a final rule (FR-5036-F-01), entitled, "Eligibility of Students for Assisted Housing Under Section 8 of the U.S. Housing Act of 1937," implementing section 327 of the Appropriations Act of Fiscal Year (FY) 2006. The law and final rule require that if a student is enrolled at an institution of higher education, is under the age of 24, is not a veteran, is unmarried and does not have a dependent child, is individually ineligible for section 8 assistance, or the student's parents are, individually or jointly, ineligible for assistance, no section 8 assistance can be provided to the student.* If Yes, please list family member(s) and institution:  
 \_\_\_\_\_

9. Do you have Medicare?  Yes  No. Please provide documentation.  
 Do you have other medical insurance?  Yes  No. If Yes, give the name of the insurance company and your policy number: \_\_\_\_\_  
 Are your medical bills paid by insurance? \_\_\_\_\_  
 Are you receiving medical assistance through Welfare?(Medicaid) \_\_\_\_\_  
 If you pay any portion of your medical and/or drug costs, please furnish us with an anticipated cost for the upcoming twelve (12) month period.

10. Do you have any dependents who live with you?  Yes  No

11. Have you or any members of your household disposed of assets totaling more than \$2,000 for less than fair market value during the past two years?  Yes  No. If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

12. List names, addresses, and phone numbers of two relatives or friends who generally know how to contact you.

Name	Relationship	Address, City, St., Zip	Phone

13. Have you or any member of your household ever been convicted or adjudicated of a felony or any other criminal activity including a violation of the Controlled Substance Act within the past ten (10) years? This also includes harassment, sexual assault, drug abuse, and other crimes.  Yes  No. If Yes, please explain and name household member: \_\_\_\_\_  
 \_\_\_\_\_

Are you or any member of your household subject to a lifetime registration requirement under a state sex offender registration program?  Yes  No. If Yes, please explain and name household member:

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Have you or any member of your household ever been evicted from Federally-assisted housing or other types of housing? This specifically includes drug-related criminal activity.  Yes  No. If Yes, please explain and name household member:

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Are you or any member of your household currently engaged in illegal drug use?

Yes  No. If Yes, please explain and name household member: \_\_\_\_\_

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Are you or any member of your household currently engaged in alcohol abuse that may threaten the health and safety of the residents or staff or hinders the peaceful enjoyment of the housing premises?  Yes  No. If Yes, please explain and name household member: \_\_\_\_\_

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*Goldberg B'nai B'rith Towers may prohibit admission of a household to federally assisted housing under your standards if you determine that any household member is currently engaging in, or has engaged in during a reasonable time before the admission decision:*

(1) *Drug-related criminal activity;*

(2) *Violent criminal activity;*

(3) *Other criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents; or*

(4) *Other criminal activity that would threaten the health or safety of the owner or any employee, contractor, subcontractor or agent of the owner who is involved in the housing operations.*

14. How did you hear about Goldberg B'nai B'rith Towers?

Current resident or resident family member: Name \_\_\_\_\_ Apt.# \_\_\_\_\_

Friend

Employee

Religious organization

Information provided by a government agency?

Advertisement (Where?) \_\_\_\_\_

Other \_\_\_\_\_

15. **Optional Information:** Do you plan to use a service or assistive animal in this facility?  Yes  No

If yes, please list the organization who trained and placed the animal:

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Do you have a pet you wish to bring into this facility?  Yes  No

If yes, please described the animal:

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Do you have a vehicle you wish to bring onto the property?  Yes  No

If yes, is the car registered, insured, in operable condition, and owned by a member of the household?

Yes  No

**16. Applicant(s)' Certification**

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for assistance. I/we authorize the owner/management to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal background check, and verification information which may be released to appropriate Federal, State or Local agencies. I/we understand that our information will be kept confidential, but may be reviewed by a HUD auditor. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law, and could result in this application being rejected. I/we am/are aware that the applicant may be given less than thirty (30) days notice to move into an available apartment. If for any reason I/we am/are unable to move in within the allowed time, I/we understand that our offer may be forfeited. I/we also understand that it is a requirement of our placement on the Waiting List that I/we contact Goldberg B'nai B'rith Towers in writing every six (6) months should we decide to remain on the List. I/we understand that failure to complete this application in its entirety will result in the rejection of this application.

Signature of Head of Household: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse / Co-Head: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Person Assisting the \_\_\_\_\_ Date \_\_\_\_\_

Applicant on Filling-In the Appl.

Signature of GBBT Rep: \_\_\_\_\_ Date \_\_\_\_\_

*Goldberg B'nai B'rith Towers does not discriminate in any fashion based upon a person's race, color, sex, creed, national origin, handicap status, religion, familial status, source of income, sexual preference, or disability. Residency is open to all qualified eligible persons in accordance with any State recognized protected classes. Goldberg B'nai B'rith Towers does not discriminate based upon age for any reason, excluding HUD program/project requirements. The Goldberg B'nai B'rith Towers does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.*

**Race and Ethnic Data Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 5/31/2011)

Goldberg B'nai B'rith Towers 114-11239

10909 Fondren Rd., Houston, TX 77096

Name of Property	Project No.	Address of Property
B'nai B'rith Senior Housing Committee of Houston, Inc.	114-11239	Section 8/202
Name of Owner/Managing Agent	Type of Assistance or Program Title:	

Name of Head of Household	Name of Household Member
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Date (mm/dd/yyyy): \_\_\_\_\_

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self-certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

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

### A. General Instructions:

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

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

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

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
  1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
  2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
  1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
  2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
  3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
  4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

# Goldberg B'nai B'rith Towers

10909 Fondren Rd. • Houston, Texas 77096-5512 • 713-771-2417 • FAX 713-771-5468 • TTY 711



## ATTACHMENT 1 HCDA Section 214 / Owner's Notice for Applicant Family

Dear Applicant:

Section 214 of the Towers and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

- a. Section 8 Towers Assistance Payments programs;
- b. Section 236 of the National Towers Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program.

You have applied, or are applying for, assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking Towers assistance. You must do the following:

1. Complete a Family Summary Sheet, using the attached blank format to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a Citizenship Declaration. If there are 2 people listed on the Family Summary Sheet, you should have 2 completed copies of the Citizenship Declaration. The Citizenship Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Citizenship Declaration.
3. Submit the Family Summary Sheet, the Citizenship Declarations, and any other forms and/or evidence to the Goldberg B'nai B'rith Towers rental office within 6 weeks.

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact the Goldberg B'nai B'rith Towers rental office. We will be happy to assist you. Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Citizenship Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for Towers assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for Towers assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Sincerely,

*Charlotte Motley*

Charlotte Motley, Administrator

FAMILY SUMMARY SHEET  
Attachment 2 HCDA Section 214 Family Summary Sheet

Under provisions of Section 214 Housing and Community Development Act of 1980, all Tenant families/Applicant families must provide a listing of all persons who are residing or will reside in the assisted Towers unit.

Family Member	Last Name	First Name	Relation to Head	Sex	Date of Birth
HEAD					
2					

**CITIZENSHIP DELARATION:** Complete this Declaration for each member of the household listed on the Family Summary Sheet.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Relationship to Head of Household \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Alien Registration No. \_\_\_\_\_  
 Admission No. \_\_\_\_\_ Nationality \_\_\_\_\_  
*if applicable (this is an 11-digit number found on DHS Form I-94, Departure Record)* *(Enter the foreign nation or country to which you owe legal This is normally but not always the country of birth.)*

**Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Check and complete the appropriate number 1, 2, or 3:**

**DECLARATION:** I, \_\_\_\_\_ hereby declare, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because I am:

1. A citizen or national of the United States. *Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.*

\_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  Check here if adult signed for a child

2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below. **NOTE:** *If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below: If you checked this block and you are less than 62 years of age, you should submit the following documents:*

- a. Verification Consent Format (\*\*see Sample Verification Consent Form in Exhibit 3-6\*\*). **AND**
- b. One of the following documents:
  - (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
  - (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
    - (a) "Admitted as Refugee Pursuant to section 207";
    - (b) "Section 208" or "Asylum";
    - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
    - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
  - (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
    - (a) A final court decision granting asylum (but only if no appeal is taken);
    - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
    - (c) A court decision granting withholding or deportation; or

- (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card.

*If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.*

\_\_\_\_\_  Check here if adult signed for a child  
 Signature \_\_\_\_\_ Date

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

\_\_\_\_\_  Check here if adult signed for a child  
 Signature \_\_\_\_\_ Date

3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance. *If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.*

\_\_\_\_\_  Check here if adult signed for a child  
 Signature \_\_\_\_\_ Date

**VERIFICATION CONSENT FORM:** *Complete this format for each noncitizen family member who declared eligible immigration status on the Citizenship Declaration format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.*

**Consent:** I, \_\_\_\_\_ hereby consent to the following:  
 (print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for Towers; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
  - a. HUD, as required by HUD; and
  - b. The DHS for purposes of verification of the immigration status of the individual.

**Notification to Family:** *Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.*

\_\_\_\_\_  Check here if adult signed for a child  
 Signature \_\_\_\_\_ Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

# Do you have a Social Security Number (SSN)?

If you do not disclose a SSN, you may not be able to receive housing assistance.



The federal government requires each applicant for HUD-assisted housing to provide documentation of their SSN to the property owner/manager by the time a unit becomes available. This requirement affects household members who are U.S. citizens, U.S. nationals and eligible noncitizens.



**The SSNs of all members of my household have been provided. What do I do?**

Nothing further is required. The owner/property manager will contact you if there is a problem with the SSN of any of your household members.



**I have not provided SSNs for all of my household members to the property owner/manager. What do I do?**

Does everyone in your household have a SSN?

## Yes

1. Ensure the correct SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen is reported to the owner/property manager by the time a unit becomes available.
2. You will need to provide the owner/property manager with documentation to verify the SSNs.

## No

1. For any household member who is a U.S. citizen, U.S. national or eligible noncitizen and does not have a SSN, apply for a SSN by submitting a completed SS-5 form to the Social Security Administration. For the SS-5 form and/or assistance, contact the owner/property manager.
2. Provide documentation of a SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen to the owner/property manager by the time a unit becomes available.

**Note: If you turned 62 before January 31, 2010, ask the property manager for further details on what you need to do.**



**GOLDBERG B'NAI B'RITH TOWERS**

**TENANT SELECTION PLAN**

**SEPTEMBER 2010**

*Houston, Texas*

*Section 202 / 8 Program*



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## 1. PROJECT DESCRIPTION & MISSION

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**B'nai B'rith Senior Citizens Housing Committee of Houston, Inc.** is a Texas based non-profit corporation. It owns and operates **Goldberg B'nai B'rith Towers I & II (GBBT)**, two apartment housing facilities consisting of 150 units each in Houston, Texas. The purpose of this equal opportunity housing facility is to provide housing for extremely low, very low, and low income elderly and disabled individuals and families through the **Department of Housing and Urban Development's Section 202 Direct Loan and New Construction Section 8 programs.**

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## 2. GENERAL INFORMATION

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- 1. FAIR HOUSING:** Residency at **GBBT** is open to all qualified eligible elderly and adults over 18 who need the features of an architecturally designed units in accordance with the **Fair Housing Act** which prohibits discrimination in housing and housing related transactions based on race, color, religion, sex, national origin, disability and familial status. Residency is also in accordance with **Title VI of the Civil Rights Act of 1964** that prohibits discrimination on the basis of race, color, or national origin in any program or activity receiving federal financial assistance from **HUD**. Residency is open to all qualified eligible persons in accordance with any State recognized protected classes. Finally, **Section 504 of the Rehabilitation Act of 1973** prohibits discrimination on the basis of disability in any program or activity receiving federal financial assistance from **HUD**. **GBBT** does not discriminate based upon age for any reason, excluding HUD program/project requirements. All interested persons, applicants, tenants and the general public will be given information on LEP (Limited English Proficiency) and asked if they need any translation assistance. See LAP (Language Assistance Plan) for details.
- 2. REASONABLE ACCOMMODATION:** In keeping with Section 504 of the Rehabilitation Act of 1973, **GBBT** will make "reasonable accommodations" to individuals whose disabilities so require, in accordance with **HUD** regulations and management policies. This includes the application process and residency period. For more information on reasonable accommodations please refer to management's **Section 504 Compliance Policy**, Appendix I on page 21) or the site's Section 504 Coordinator.
- 3. ACCESSIBLE UNITS:** Certain units at **GBBT** have been architecturally designed for accessibility (to various degrees). Someone in the family must qualify as "needing" the architecturally designed features to apply for or live in these units. These units may have wider doorways, higher commode, extra grab bar(s) and may or may not have cabinets under sinks and kitchen work areas. An applicant requesting an accessible unit will be requested to verify his or her need with a medical practitioner and is in accordance with **HUD Handbook 4350.3**.
- 4. APPLICANT/TENANT RESPONSIBILITIES:** A person, in order to be a tenant at **GBBT**, must be capable of fulfilling all lease requirements. This means that all applicants must be able to meet all of his/her personal needs and be able to fulfill all lease obligations with or without assistance. **GBBT** does not provide, and does not have the authority to provide, any personal/medical care or supervisory services. **GBBT** does not accept or retain tenants who demonstrate any level of need for care. **GBBT** does not provide any assistance with

personal activities of daily living. Management will be happy to provide any applicant or tenant with a list of outside “providers” who deliver these services in the community.

5. **ELIGIBILITY:** All applicants must comply with any applicable admissions requirements in **HUD Handbooks**. All potentially eligible, qualified applicants will be considered in accordance with the marketing procedures of **HUD**.
6. **INCOME LIMITS:** The local **Section 8 Income Limits** apply to **GBBT** and thus applicants must meet specific income restrictions to be eligible for tenancy at **GBBT**. This facility will house extremely low, very low, and low income elderly and disabled individuals and families, per program requirements.
7. **GBBT** reserves the right to alter the **GBBT** Tenant Selection Plan at any time. In such an event, management will provide applicants and residents with ample notice.

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### 3. SMOKE-FREE FACILITY

**SMOKE-FREE: GBBT** is a smoke-free environment. The purpose of this rule is to protect the health and safety of our residents and property. It is a violation of the House Rules for any resident, guest, visitor, contractor and/or staff persons to smoke, carry, inhale or exhale lighted cigarettes, pipes, cigars or any other tobacco product anywhere inside the building, except in designated areas. The public designated areas are located outside the building at a distance of 25 feet from the facility. The area designated is at the rear of the building and there is a sign posted. Violations of the smoke-free policy can result in eviction as a violation of the House Rules (which Rules are incorporated by reference in the Lease). A violation of the Lease agreement allows for immediate termination of the Lease by the Landlord.

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### 4. PREFERENCES

**PREFERENCES: GBBT** has permanently suspended **Federal Preferences**, in accordance with **HUD** directives. Preferences affect only the order of applicants on the waiting list. They do not make anyone eligible who was not otherwise eligible, and they do not change management’s right to adopt and enforce tenant screening criteria (please refer to **Extremely Low Income (ELI) Procedures** within this Plan for further information).

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### 5. ADMISSIONS

**APPLICATION PROCESS:** Applicants will be considered on a first-received, first-reviewed basis, based upon the date that the completed and signed application is received and date and time stamped by management of **GBBT**. Admission to **GBBT** is limited to those applicants whose income meets the "**Section 8**" **Income Limits** for this area. **GBBT** can admit persons who meet the low, very low, and extremely low income levels.

40% of the **Section 8** units that turnover in a year, and are rented to applicants on the Waiting List, must be made available to applicants who meet the "extremely low" income (30% of median) limits. This is accomplished by renting every other available unit to an extremely low applicant/family, beginning with an extremely low applicant/family each year

(please refer to **ELI Procedures** within this Plan and also in **HUD Handbook 4350.3, chapter 3, section 3-7** for more information).

**ELIGIBILITY:** To live at **GBBT** you must be:

- An eligible elderly individual or family (See **Definitions**);
- An eligible disabled (handicapped) individual or family (See **Definitions**). This includes a **project eligible nonelderly disabled family**. A **project eligible nonelderly disabled family** is only eligible for housing in an accessible unit **AND** requires the accessibility of the unit.

**APARTMENT ASSIGNMENTS:** **GBBT** will first assign apartments to in-place tenants who have a demonstrated need for a change in housing before offering units to an applicant on the Waiting List. This will be done in chronological order, based on the date of the tenant notification to the management of the new "Need." All current, in place tenants whose needs have changed will be housed and/or transferred before anyone on the Waiting List is housed.

**INDEPENDENT STUDENTS:** **HUD** published a final rule implementing a new law that restricts individuals who are seeking **Section 8** assistance and are enrolled at an institution of higher education, under the age of 24, not a veteran, unmarried, and do not have a dependent child from receiving **Section 8** assistance. Such individuals are ineligible unless the student is determined independent from his or her parents upon review and verification of such status or the student is determined independent from his or her parents upon review and the parents are eligible for **Section 8** assistance.

The financial assistance of the student in excess of tuition will be included in annual income when determining the student's eligibility for **Section 8** assistance, unless the student is over the age of 23 with dependent children and the determination of rent is made in accordance with the requirements of the **Section 8** program. The financial assistance of a student residing with his or her parents would continue to be excluded from annual income. Management will ensure at each annual recertification that an independent student remains eligible to continue to receive **Section 8** assistance.

During the application process, management will appropriately screen applicants and households for eligibility under this final rule. An applicant who is a student and who does not meet the income eligibility requirements or jointly, do not meet the income eligibility requirements for **Section 8** assistance are not eligible for **Section 8** assistance and will be prohibited from participating in the program. A student under the age of 24 who is not a veteran, unmarried, does not have a dependent child and who is currently receiving **Section 8** assistance, if at recertification is determined to be ineligible, will have his/her assistance terminated.

\*\*Students with disabilities receiving Section 8 as of November 30, 2005 are exempt from the Independent Student restrictions on receiving Section 8 rental assistance.

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## 6. PROCEDURES FOR APPLYING FOR HOUSING

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- 1. APPLICATION PROCEDURE:** All persons/families interested in applying for housing at **GBBT** must meet with the following requirements to be "considered for housing". Applications may be picked up at the Management Office located at **Goldberg B'nai B'rith Towers, 10909 Fondren, Houston, Texas 77096-5512** between the hours of 9 AM and 4:30 PM, Monday through Friday. Applications can be downloaded from the web at [www.gbbt.org](http://www.gbbt.org) or request in writing at the above address or by telephoning **(713) 771-2417** or **TTY 711**. Applications should be returned during business hours in person or via first class mail. Allowances will be made for persons with mobility impairments or who live out-of-state. Applications will be date and time stamped and applications will enter the Waiting List in the chronological order of receipt.

### **The Applicant(s) must:**

- a) List all family members who will reside in the unit.
  - b) Meet certain credit/criminal report standards. (A credit/criminal/sex offender registration report will be run on the applicant(s) by the management or contracted credit/criminal report companies.) A credit/criminal report will be run on the applicant(s) by the **GBBT** in accordance with HUD Notice 02-22, all applicants age 18 or older will be subject to a criminal background check. Applicant(s) must not have an eviction for drug related criminal activity, or display a pattern of abuse of alcohol that would interfere with the health, safety or right to a peaceful enjoyment of the premises by other residents, or are subject to a state lifetime sex offender registration program. No family member can have a conviction or adjudication other than acquittal for any sexual offense. **GBBT** will also use the Dru Sjodin National Sex Offender website at [www.nsopw.gov](http://www.nsopw.gov). to confirm that applicants and federal housing assistance recipients are not lifetime registered sex offenders. The check will be carried out with respect to Texas state and with respect to States where the applicant and members of the applicant's household are known to have resided as adults.
  - c) Demonstrate ability to meet financial obligations in a satisfactory manner, and on time.
  - d) List monthly obligations, including current utilities.
  - e) Provide good/acceptable references from all landlords, both current and previous, listed on the application and in credit bureau files.
  - f) Demonstrate that the applicant has the ability to fulfill all the lease requirements (with or without care assistance) where applicable.
  - g) Maintain satisfactory housekeeping practices that will not jeopardize the health, security or welfare of other residents.
  - h) **Provide proof of citizenship for each household member as well as social security numbers for every member of the family.**
- 2. VERIFICATION:** All of the above information will be verified in accordance with **HUD Regulations and Requirements**, as stated in **HUD Handbook 4350.3** (including all revisions). Applicants will be required to sign appropriate forms authorizing management to verify any and all factors that affect the applicant's eligibility or the rent that the applicant will pay. **HUD** may release the information to other Federal, State and Local

Agencies. If an applicant fails to supply all necessary verification forms, information, or meet the requests of the application process, or **GBBT** cannot obtain verification of specific required information due to illegible forms/application, the applicant will be rejected (please refer to **Rejection Procedures** for further information).

3. **APPLICANT ASSISTANCE:** In the event the applicant is personally unable to complete the form, the applicant must provide the information to someone assisting in completing the form. The person assisting the applicant must sign and date the application, indicating that it was completed at the direction of the named applicant. \*\*If the applicant is a person with disabilities, management must consider extenuating circumstances where this would be required as a matter of reasonable accommodation.

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## 7. INTERVIEWS

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1. **INITIAL ELIGIBILITY:** Upon receipt of the original application, the application is preliminarily reviewed. The initial review will be for application completeness, to make sure that the application is legible and to initially determine if the applicant appears to qualify for the **Section 8 Program**. This in no way means that an applicant qualifies, or is eligible. Eligibility can be confirmed only after all items which may have any bearing on the rent that the applicant may pay or subsidy he/she may receive are verified: income, assets, family composition, etc. The applicant must be determined eligible to be offered housing. Failure to meet for an interview or contact **GBBT** will cause the removal of the application from the Waiting List.
2. **A FORMAL INTERVIEW:** As an applicant's name approaches the top of the Waiting List, a formal interview will be scheduled. At the time the applicant is interviewed, all items on the application will be discussed and confirmed, and verification forms will be signed by the applicant authorizing management to verify all of these issues/items. Until all items are verified, eligibility cannot be determined, nor any housing offered. Management must make an attempt to verify all factors with "third party" written verification, as per **HUD Regulations and Procedures**.
3. **ALTERNATE VERIFICATION:** In the absence of third party verification within 14 days after attempting third party verification, and no response being received, management will use "Review of Documents" to verify items/issues in accordance with the **HUD Handbook 4350.3** (including all revisions). (See **GBBT EIV Policies & Procedures**)

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## 8. WAITING LIST

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1. **WAITING LIST PLACEMENT:** Any applicant who appears to qualify after **GBBT** reviews the application, but before any information is formally verified, and for whom a unit is not currently available, will be placed on the Waiting List. All received applications are date and time stamped, entering the Waiting List in the chronological order of receipt. One Waiting List is maintained for all apartments at **GBBT** which includes identification of the need for units architecturally designed for accessibility. The applicant is informed of the approximate wait for a unit and/or placement position on the Waiting List. It is the applicant's responsibility to report changes on the application to **GBBT** in a timely fashion.

2. **ELIGIBILITY:** Applicants who are placed on the Waiting List are apparently eligible at the time of application, based on local applicable income limits as published annually in the Federal Register and information provided by the applicant. Verifications of income and other eligibility factors are only conducted at the time the applicant is called in for an interview and prior to move-in.
3. **INCOMPLETE APPLICATIONS:** Any applicant who fails to complete his or her application form in its entirety will result in the disqualification of the application. The application will not be processed.
4. **APPLICANT RESPONSIBILITIES FOR INFORMATION UPDATES:** To remain on the Waiting List, applicant(s) are required to contact **GBBT** in writing every six (6) months. **NO PHONE CALLS.** Failure to do so will result in the removal of the application from the Waiting List. Contact may be initiated by **GBBT** in the form of a routine letter/postcard, sent to all applicants on the Waiting List, requesting (1) update information, (2) asking if they wish to remain on the Waiting List and (3) stating that if the letter is not responded to within thirty (30) days, their name will be dropped from the Waiting List without further notice.
5. **WAITING LIST STATUS:** When the number of names/families on the Waiting List for any particular size exceeds the annual apartment turn over for that size unit, the Waiting List may be closed. Management will advise potential applicants of the closure of the Waiting List and refusal to take additional applications. A notice will be prominently posted in the Management/rental office or reception area and in a local newspaper, stating the reason the Waiting List is closed and the effective date of the closure. When the Waiting list is to be reopened, notice of this will be placed in the same local publication, as well as notifications sent to appropriate social service agencies stating when the Waiting List will be re-opened, as well as times and days that applications will be taken. This is done in accordance with the **AFHMP (HUD Form 935.2a)**.
6. **WAITING LIST STATUS DETERMINANTS:** The Waiting List may be closed again, to any further applicants, when the average wait for any apartment type exceeds one (1) year. This wait is calculated by taking the average number of apartments that turnover monthly X 12 months = annual apartment turnover. Management will advise potential applicants of the closure of the Waiting List and refusal to take additional applications. A notice will be prominently posted in the Management/rental office or reception area and in a local newspaper, stating the reason Waiting List is closed and the effective date of the closure.
7. **ELIGIBILITY WHILE ON THE WAITING LIST:** Only eligible applications are allowed to remain on the Waiting List. If in the unfortunate event, the applying household head, co-head or spouse passes away during the time while waiting on the list, the remaining applying household member(s), if any, must meet the definition of an elderly or disabled household to remain on the Waiting List. If the remaining member(s) is not eligible, the application will be removed from the Waiting List and not processed.
8. **DEFERRAL OF PROCESSING AN APPLICATION:** As an applicant's name approaches the top of the Waiting List, the applicant must proceed with the processing of the application within the required time frame. Any delay will result in the removal of their application from Waiting List. An applicant can only defer the processing of his/her application for up to six

(6) months on the basis of a verifiable medical reason. Any applicant who is deferred for a verifiable medical reason will not be assigned another reference number. The applicant must contact management in writing during those six months if the medical condition persists. Failure to do so will indicate that the applicant is no longer interested in housing at **GBBT** and will result in the removal of his/her name from the Waiting List without further notice.

9. **REFUSAL OF AN OFFERED APARTMENT:** If an applicant on the Waiting List is offered an apartment and refuses the offered apartment (first offer), the application may remain on the Waiting List at the original spot. In the event of a second refusal of an offered apartment, the application will be rejected and the applicant's name removed from the Waiting List. The applicant may reapply in the future, at a time that new applications are being taken.
10. **LEASE SIGNING & MOVE-IN:** When an applicant is offered an apartment, the applicant must sign the lease and move into the apartment. If the applicant is receiving the same program subsidy, the applicant is given up to thirty (30) days to sign the lease and move into the apartment. If for any reason the applicant is unable to sign the lease and move into the apartment within the allowed time, the application will be dropped from the Waiting List. If the applicant does not move into the apartment after signing the lease, **GBBT** management will terminate the housing subsidy.
11. **IN-PLACE TENANT HOUSING NEEDS:** When a unit becomes available, in-place tenants requiring a different apartment (see Transfer Policy) will be housed appropriately before we move in an applicant on the Waiting List. This allows management to treat current tenants having the greatest housing need prior to applicants on the Waiting List. In this manner, we are able to avoid displacing, through any action, current tenants whose housing needs have changed since admission.
12. **HARDSHIPS:** Applicants who are experiencing hardships due to health or financial reasons will not be moved from their original date on the Waiting List if proper documentation is received by management approves the hardship case.
13. **REMOVAL OF NAMES FROM THE WAITING LIST:** Applicant names will be removed from the Waiting List for any of the following reasons:
  - a) The applicant no longer meets the eligibility requirements for the property or program;
  - b) The applicant fails to contact **GBBT** in writing every six (6) months to indicate their interest in retaining his /her placement on the Waiting List.
  - c) The applicant fails to respond to a written notice within the required time frame;
  - d) The applicant does not comply to the verification process in a timely manner;
  - e) The applicant does not provide the required documentation in a timely manner;
  - f) The applicant fails to sign any and all documents in a timely way, up to and including the lease;
  - g) The applicant is offered an apartment and rejects the offer;
  - h) The applicant seeks deferral in the processing of the application for any other reason other than a verifiable medical reason;

- i) Mail sent to the applicant's address is returned as undeliverable, unclaimed or not forwarded; or
- j) The apartment that is needed – using family size as the basis - changes, and no appropriate size unit exists in the property.
- k) The applicant requests removal from the Waiting List.
- l) The applicant cancels their interest and decides not to proceed with the processing of the application.

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## 9. MINIMUM HARDSHIP POLICY

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1. **WAITING LIST PLACEMENT:** All residents of **GBBT** are required to pay a minimum Total Tenant Payment (the resident's portion of rental payments) of \$25. This minimum rent includes the resident's contribution for rent and utilities.
2. In the event that a household or family is unable to pay due to a long-term financial hardship, management will waive the minimum rent policy. Examples of such long-term financial hardships include:
  - Situations where the family has lost federal, state, or local government assistance or is waiting for eligibility determination.
  - The family would be evicted if the minimum rent requirement was imposed.
  - The family income has decreased due to a change in circumstances, including but not limited to loss of employment.
  - A death in the family has occurred.
  - Other applicable situations have occurred, as determined by the Department of Housing & Urban Development (HUD).
3. Management will waive the minimum \$25 rent charge beginning the month immediately following the resident request and implement the Total Tenant Payment calculated at the higher of 30% of adjusted monthly income or 10% of gross monthly income.
4. A resident must request such an exemption in writing and present this statement to **GBBT** management. Management may request reasonable documentation of the hardship in order to determine whether there is a hardship and whether it is temporary or long-term in nature. Management will present a final answer within seven (7) days of receipt of any necessary documentation.
5. If management determines there is no hardship as covered by the statute, management will immediately reinstate the minimum rent requirements. The resident and household is responsible for paying any minimum rent that was not paid from the date the rent was suspended. Management may not evict the resident for non-payment of rent during the time in which management was making the determination. Management will make an effort to reach a reasonable repayment agreement for any back payment of rent.
6. If management determines that the hardship is temporary, management will not impose the minimum rent requirement until 90 days after the date of suspension. At the end of the 90-day period, the resident is responsible for paying the minimum rent, retroactive to the initial date of suspension. Management will not evict the resident for nonpayment of

rent during the time in which management was making the determination or during the 90-day suspension period. Again, management will make an attempt to reach a reasonable repayment schedule and agreement for any back payment of rent.

7. If the hardship is determined to be long term, management will exempt the resident from the minimum rent requirement from the date management granted the suspension. The suspension will continue until such time that the hardship no longer exists. However, management will recertify the household every 90 days while the suspension lasts to verify that circumstances have not changed.

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## 10. EXTREMELY LOW INCOME (ELI) PROCEDURES

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1. **INCOME TARGETING REQUIREMENTS:** If management determines that the **GBBT** Waiting List, maintained in standard chronological order, may not (or will not) achieve the admissions necessary to meet the HUD income-targeting requirements, then management must implement procedures that will ensure compliance.
2. **INCOME TARGETING REQUIREMENT PROCEDURE:** Management will implement the procedure of alternating between the first extremely low-income (ELI) applicant on the Waiting List and the applicant at the top of the Waiting List. To implement this method, management will select the first extremely low-income applicant on the Waiting List (which may mean "skipping over" some applicants with higher incomes) for the available unit, and then select the next eligible applicant currently at the top of the Waiting List (regardless of income level) for the next available unit. As subsequent units become available, tenant selection continues to alternate between the next extremely low-income applicant and the eligible applicant at the top of the Waiting List so that the annual 40% target is always reached.

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## 1. ENTERPRISE INCOME VERIFICATION SYSTEM (EIV)

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1. **APPLICANTS:** HUD provides **GBBT** with information about an applicant's current status as a HUD housing assistance recipient. **GBBT** will use the Enterprise Income Verification System (EIV) Existing Tenant Search to determine if any applying household members are currently receiving HUD assistance elsewhere. If any applying household members fail to fully and accurately disclose rental history, the application may be denied based on misrepresentation of information.
2. **TENANTS:** **GBBT** uses the EIV system to verify employment and income information on tenants receiving HUD rental assistance. Tenants are required to give consent to **GBBT** for the release of information by signing the HUD forms 9887 and 9887A each year.

The Income Reports in **Enterprise Income Verification (EIV)** contain the social security numbers (SSNs), full days of birth, first and last names, and physical address of tenant families. This is all sensitive information that **must not** be handled carelessly. Therefore, **GBBT** realizes that it must be careful not to share this information with anyone who is not authorized to have it.

Privacy Act of 1974 ...552a (a) Definitions for purposes of this section— (1) the term “agency” means agency as defined in section 552(f) of this title; (2) the term “individual” means citizen of the United States or an alien lawfully admitted for residence; (3) the term “maintain” includes maintain, collect, use or disseminate; (4) the term “record” means any item, collection or grouping of information.

**EIV Data** may only be disclosed to:

- Private Owners
- Management Agents
- Service Bureaus
- Contract Administrators
- HUD Staff
- HUD Office of Inspector General (OIG) for investigative purposes
- Individual to whom the record pertains

### **EIV Unauthorized Disclosure**

- Must not disclose data in any way that would violate the privacy of the individuals
- **EIV Data** must not be disclosed (or re-disclosed) to any third parties

### **Sanctions**

- Willful disclosure or inspection of **EIV Data** can result in civil and criminal penalties.  
Unauthorized disclosure – felony conviction and fine up to \$5000.00 and/or imprisonment up to five (5) years, as well as civil damages  
Unauthorized inspection – misdemeanor penalty of up to \$1000.00 and/or imprisonment, as well as civil damages

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## **12. REJECTION PROCEDURES**

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- 1. MANAGEMENT REJECTION OF APPLICANT:** When management rejects an applicant, the *applicant will be notified of this decision in writing*. This written statement, which will be sent in a timely fashion, will include the reason(s) for the rejection, and will state that the applicant has the opportunity to request a meeting with management representatives to discuss the rejection. The applicant will be further instructed to request the meeting within fourteen (14) days of the date of the rejection letter.
- 2. REQUEST PROCEDURE:** If the applicant wants to request a meeting, the applicant's verbal or written request must be sent to **GBBT** within fourteen (14) days of the date of the rejection notice. A staff member, who was not involved in the initial decision to deny admission or assistance to the applicant, will hold the requested meeting. Within five (5) business days of management's response or meeting, management must advise the applicant in writing of the final decision regarding eligibility. All of this material (original application, rejection letter, applicant's request for a meeting, summary of the meeting and

the final decision) must be kept for three (3) years in confidential files. \*\*Persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process.

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## 13. UNIT SIZE STANDARDS & GUIDELINES

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### 1. OCCUPANCY STANDARDS

- a) Efficiencies are limited to one person households.
- b) Minimum of one person per bedroom; maximum of two persons per bedroom.
- c) Minimum of one person is allowed for a one-bedroom unit; maximum of two persons are allowed for a one-bedroom unit.
- d) Minimum of two persons are allowed for a two bedroom unit; maximum of four persons are allowed for a two bedroom unit.

### 2. WHEN ASSIGNING BEDROOMS:

- a) Every family member listed on 50059 or application is counted.
- b) An unborn child may be counted for occupancy but not eligibility determination.
- c) Live-in attendants and foster children are counted when determining bedroom size.
- d) Children who live in the unit 50% of the time may be counted.
- e) Children away at school, who live with the family when school recesses, may be counted. Management will not count children who are away at school and who have established residency at another address or location as evidenced by a lease agreement or other proof.
- f) Minimum of one person per bedroom, maximum of two persons per bedroom.

3. **APARTMENT CHANGE REQUEST:** A larger apartment than needed may be assigned to an eligible family if the family can certify with third party verification that there is a medical reason for the larger unit. This certification must include a specific explanation as to how the medical condition will improve by the assignment of a different apartment.

4. **FAMILY CHANGING NEEDS:** **GBBT** will accommodate the changing needs of the in-house tenants because of increases in the number of family members or changes in the family composition, before going to the Waiting List.

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## 14. ACCESSIBLE UNITS

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1. **ACCESSIBLE UNITS:** Because thirty (30) of the units at **GBBT** have been architecturally altered for accessibility for persons with mobility impairment disabilities, someone in the family must qualify as "needing" the architecturally altered features to apply for or live in these units. This need must be verified with a medical practitioner. Units that have been altered in any way for a disabled person will be rented to a family or individual needing that specific unit type, or the architectural features present in that unit. In all instances, "accessible" units shall be rented to a family or family with a member needing that type of unit.

2. In the unlikely event that no applicant or family can be found that requires that unit type, a non-disabled elderly applicant or family can be housed there, (temporarily) only after signing a statement, that will become a lease amendment, that states that they will move, within 30 days, "at their own expense" when they are notified by management, in writing, that a non-handicapped unit is available.

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## 15. TRANSFER POLICY

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1. **IN-HOUSE TRANSFERS:** Management will approve in-house transfers, in the following situations:
  - a) A **verifiable medical reason** requiring a different apartment, including the need for a 24-hour live-in care attendant (this will be verified with a medical practitioner using the **GBBT** form);
  - b) **Change in family composition** and/or **size**.
  - c) Transfer from apartment **due to renovation** of previous apartment.
  - d) A **household** that is living in a mobility-impaired apartment and **does not require the features** of that apartment.
2. **REASONABLE ACCOMMODATION:** Requests for transfers that are based on a need for a provided to persons who have a **medical or other verified need**, because of a disability, in the chronological order of requests received. All other transfers will be provided after requests for reasonable accommodations and will occur in chronological order by the date the request was received.

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## 16. DEFINITIONS

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1. **ELDERLY FAMILY:**

An Elderly Family includes but is not limited to:

1. Families of two or more persons, the head of which (or his or her spouse) is 62 years of age or older;
2. The surviving member or members of a family described in paragraph (1) living in a unit assisted under subpart E of this part (Section 202 loans) with the now deceased member of the family at the time of his or her death;
3. A single person who is 62 years of age or older; or
4. Two or more elderly persons living together or one or more such persons living with another person who is determined by HUD, based upon a licensed physician's certificate provided by the family, to be essential to their care or well-being.

2. **DISABLED FAMILY:**

A Disabled Family includes but is not limited to:

1. Families of two or more persons the head of which (or his or her spouse) is a person with disabilities (handicapped);
2. The surviving member or members of any family described in paragraph (1) of this definition living in a unit assisted under subpart E of this part (Section 202 loans) with the deceased member of the family at the time of his or her death;
3. A single person with disabilities (handicapped person) over the age of 18; or

4. Two or more persons with disabilities (handicapped persons) living together, or one or more such persons living with another person who is determined by HUD, based upon a licensed physician's certificate provided by the family, to be essential to their care or well-being.

**3. PERSON WITH DISABILITIES:**

Such a person has a disability, as defined in 42 U.S.C. 423;

1. Any adult having a physical impairment that is expected to be of long, continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.

**4. NONELDERLY DISABLED (HANDICAPPED) FAMILY:**

A nonelderly disabled family means a disabled family in which the head of the family (and spouse, if any) is less than 62 years of age at the time of the family's initial occupancy of a project.

**5. PROJECT ELIGIBLE NONELDERLY DISABLED (HANDICAPPED) FAMILY:**

A nonelderly disabled person or family who is only eligible for housing through this program in an accessible unit and requires the accessibility features of that unit.

**6. INDEPENDENT STUDENT ELIGIBILITY:**

Determining the eligibility of students who are head or co-head of a household:

- a) The individual must be of legal contract age under state law;
- b) The individual must have established a household separate from parents or legal guardians for at least one year prior to application for occupancy or the individual meets the U.S. Department of Education's definition of an independent student;
- c) The individual must not be claimed as a dependent by parents or legal guardians pursuant to IRS regulations;
- d) The individual must obtain a certification of the amount of financial assistance that will be provided by parents, guardians or others signed by the individual providing the support. This certification is required even if no assistance will be provided. The financial assistance provided by persons not living in the unit is part of annual income that must be verified to determine eligibility and at annual recertification to determine rent.

**Independent Student**

To be classified as an independent student for Title IV aid, a student must meet one or more of the following criteria:

1. Be at least 24 years old by December 31 of the award year for which aid is sought;
2. Be an orphan or a ward of the court through the age of 18;
3. Be a veteran of the U.S. Armed Forces;
4. Have legal dependents other than a spouse (for example, dependent children or an elderly dependent parent);
5. Be a graduate or professional student; or
6. Be married.

No assistance shall be provided under Section 8 of the United States Housing Act of 1937 (42 U.S.C. 1437f) to any individual who:

1. Is enrolled as a student at an institution of higher education (as defined under section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002));
2. Is under 24 years of age;
3. Is not a veteran;
4. Is unmarried;
5. Does not have a dependent child;
6. Is not otherwise individually eligible, or has parents who, individually or jointly, are not eligible, to receive assistance under section 8 of the United States Housing Act of 1937 (42 U.S.C. 1437f);
7. Is not a person with disabilities, as such term is defined in section 3(b)(3)(E) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(3)(E)) and was not receiving assistance under such section 8 as of November 20, 2005.

**\*\*Students with disabilities receiving Section 8 as of November 30, 2005 are exempt from the Independent Student restrictions on receiving Section 8 rental assistance.**

For purposes of determining the eligibility of a person to receive assistance under section 8 of the United States Housing Act of 1937 (42 U.S.C. 1437f), any financial assistance (in excess of amounts received for tuition) that an individual receives under the Higher Education Act of 1965 (20 U.S.C. 1001 et seq.), from private sources, or an institution of higher education (as defined under the Higher Education Act of 1965 (20 U.S.C. 1002), shall be considered income to that individual, except for a person over the age of 23 with dependent children.

Please refer to Appendix A of FR-5036-N-02 for further definitions pertaining to Independent Students and applicable eligibility.

**7. LIVE-IN CARE ATTENDANT:**

A person who resides with one or more elderly persons, near-elderly persons, or persons with disabilities, and who:

1. Is determined to be essential to the care and well-being of the persons;
  2. Is not obligated for the support of the persons; and
  3. Would not be living in the unit except to provide the necessary supportive services.
- [24 CFR 5.403]*

A relative may be a **Live In Aide** but must meet all of the above requirements, and sign a statement to that effect. **GBBT** will verify this with a physician or recognized health care professional. The sole purpose of a **Live In Aide** is to provide the tenant with support services and will not qualify for continued occupancy in the event the tenant vacates the unit. **GBBT** may re-verify the need for a **Live In Aide** when necessary.

The screening of **Live In Aides** at initial occupancy and the screening of persons or **Live In Aides** to be added to the tenant household after initial occupancy involve identical screening activities as applicants. **Live In Aides** must be screened for drug abuse and other criminal activity, including lifetime registration as a sex offender, by applying the same criteria established for screening other applicants. Owner-established screening criteria must also be applied to **Live In Attendants**.

To qualify as a **Live In Aide**:

(a) The Owner must verify the need for the **Live In Aide**. Verification that the **Live In Aide** is needed to provide the necessary supportive services essential to the care and well-being of the person must be obtained from the person's physician, psychiatrist or other medical practitioner or health care provider. The Owner must approve a **Live In Aide** if needed as a reasonable accommodation in accordance with 24 CFR part 8 to make the program accessible to and usable by the family member with a disability. The Owner may verify whether the **Live In Aide** is necessary only to the extent necessary to document that applicants or tenants who have requested a **Live In Aide** have a disability-related need for the requested accommodation. This may include verification from the person's physician, psychiatrist or other medical practitioner or health care provider. The Owner may not require applicants or tenants to provide access to confidential medical records or to submit to a physical examination. (See discussion in Chapter 2, **HUD Handbook 4350.3**)

(b) Expenses for services provided by the **Live In Aide**, such as nursing services (dispensing of medications or providing other medical needs) and personal care (such as bathing or dressing), that are out-of-pocket expenses for the tenant and where the tenant is not reimbursed for the expenses from other sources, are considered as eligible medical expenses. Homemaker services such as housekeeping and meal preparation are not eligible medical expenses. (See Chapter 5 and Exhibit 5-3 for more information on medical expenses.)

(c) Qualifies for occupancy only as long as the individual needing supportive services requires the aide's services and remains a tenant. The **Live In Aide** may not qualify for continued occupancy as a remaining family member. Owners are encouraged to use a **HUD**-approved lease addendum that denies occupancy of the unit to a **Live In Aide** after the tenant, for whatever reason, is no longer living in the unit. (See **HUD Handbook 4350.3** paragraph 6-5.A.4.g for more information.) The lease addendum should also give the owner the right to evict a live-in aide who violates any of the house rules.

(d) Income of a **Live In Aide** is excluded from annual income. (See Exhibit 5-1 of the **HUD Handbook 4350.3**.)

(e) Must meet the screening criteria discussed in Paragraph 4-7 B.5 of the **HUD Handbook 4350.3**.

An adult child is eligible to move into a **Section 202/8** project after initial occupancy only if they are essential to the care or well-being of the elderly parent(s). The adult child may be considered a live-in aide if all of the requirements in the opening paragraph listed above apply and there is a verified need for a live-in aide (see Paragraph 7-4.D of the **HUD Handbook 4350.3** for more discussion on adult children moving in after initial occupancy).

## 8. ANNUAL INCOME:

According to **Federal Register 24 CFR Part 5**, Annual Income is now defined as all amounts, monetary or not, which:

1. Go to, or on behalf of, the family head or spouse (even if temporarily absent) or to any other family member; and
2. Are based on, at the time of admission, reexamination, or recertification:
  - i. Actual income being received (projected forward for a 12-month period) or

- ii. Past actual income received or earned within the last 12 months of the determination date, as HUD may prescribe in applicable administrative instructions when:
  - A. The family reports little or no income; and
  - B. The processing entity is unable to determine annual income due to fluctuations in income (e.g., seasonal or cyclical income).
3. Which are not specifically excluded in paragraph (e) of this section.
4. Annual income also means amounts derived (during the 12-month period) from assets to which any member of the family has access.

Please note that paragraph (e) referred to in (3) above is currently 5.609(e) of the existing regulation which describes the exclusions to annual income.

**9. EXTREMELY LOW INCOME FAMILY:**

A family whose annual income does not exceed 30% of the median income for the area, as determined by HUD, with adjustments for smaller and larger families, except that HUD may establish income ceilings higher or lower than 30% of the median income for the area if HUD finds that such variations are necessary because of unusually high or low family incomes. [24 CFR 5.603]

**10. VERY LOW INCOME FAMILY:**

A very low-income family is a family whose annual income does not exceed 50 percent of the area median income, as determined by HUD, with adjustments for smaller and larger families. [24 CFR 5.603]

**11. LOW INCOME FAMILY:**

A low-income family is a family whose annual income does not exceed 80 percent of the area median income, as determined by HUD, with adjustments for smaller and larger families. [24 CFR 5.603]

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## **17. PROOF OF CITIZENSHIP OR ELIGIBLE NON-CITIZEN STATUS**

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All family members, regardless of age, must declare their citizenship or immigration status. U.S. citizens must sign a declaration of citizenship document at the time of application. According to **Federal Register 24 CFR Part 5**, beginning on January 31, 2010 owners are required to obtain verification of a signed declaration of U.S. citizenship or U.S. nationality for each household member. For U.S. citizens or U.S. nationals, the evidence consists of a signed declaration of U.S. citizenship or U.S. nationality. Management will obtain verification of the declaration by requiring presentation of a U.S. passport, U.S. birth certificate, employment authorization card, or other appropriate documentation as provided by Section 214. For non-citizens, adequate evidence consists of a signed declaration of eligible immigration status, and one of the Section 214 eligible documents. For noncitizens, **GBBT** is required to verify with the **Department of Homeland Security (DHS)** the validity of documents provided by applicants. Applicants who hold a noncitizen visa are ineligible for assistance, as are any noncitizen family members living with the student.

Applicants must submit required documentation of citizenship/immigration status no later than the date the owner initiates verification of other eligibility factors. Because of the prohibition against delaying assistance to obtain verification of citizenship/immigration status, owners are advised to implement procedures to verify eligible immigration status in advance of other verification efforts.

Assistance in subsidized housing is restricted to the following:

- |   |
|---|
| <ul style="list-style-type: none"><li>• U.S. citizens or nationals; and</li><li>• Noncitizens who have eligible immigration status as determined by <b>HUD</b>.</li></ul> |
|---|

A mixed family—a family with one or more ineligible family members and one or more eligible family members—may receive either prorated assistance, continued assistance, or a temporary deferral of termination of assistance.

Management may deny assistance to an applicant if the applicant submits evidence of citizenship and eligible immigration status in a timely basis, but DHS primary and secondary documentation does not verify eligible immigration status of a family member and the family does not pursue a DHS appeal or informal hearing rights, or the family pursues the DHS appeal but the final ruling is against the family member. Management will inform the applicant or family of this ruling and the family has 30 days from the date of management’s notification to request an appeal of the DHS results. The family must make the request in writing directly to DHS and must provide management with a copy of the written request and proof of mailing.

If the applicant cannot supply the documentation within the specified timeframe, management may grant the applicant an extension of not more than 30 days, but only if the applicant certifies that the documentation is temporarily unavailable and additional time is needed to collect and submit the required documentation. Although the extension period may not exceed 30 days, management may establish a shorter extension period based on the circumstances of the individual case.

Management must inform the applicant in writing if an extension request is granted or denied. If the request is granted, management will include the new deadline for submitting the documentation. If the request is denied, management will state the reasons for the denial in the written response.

Please see management and the **4350.3 HUD Handbook, Chapter 3**, for deferral policies and prorated assistance.

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## 18. PROOF OF SOCIAL SECURITY NUMBERS

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Applicants must provide documentation of SSNs in order to be eligible for subsidy at **GBBT**. Adequate documentation means a social security card issued by the **Social Security Administration (SSA)** or other acceptable evidence of the SSN. The head of household/spouse/co-head must disclose SSNs for all family members. HUD regulation 24

CFR 5.216 now requires that assistance applicants and tenants, excluding tenants age 62 and older as of January 31, 2010, whose initial determination of eligibility was begun prior to January 31, 2010, and those individuals who do not contend eligible immigration status, to disclose and provide verification of the complete and accurate SSN assigned to them.

For current tenants, all social security numbers must be provided and verified at the next interim or regularly scheduled recertification. All efforts should be made to ensure current tenants and those on the Waiting List are aware of this new requirement that took effect on January 31, 2010.

For new additions to the household, including a child or children, the participant must submit the new member's SSN at the time of the request for assistance or at the time of processing the interim recertification of family composition.

- (1) Age Six or Older - When a tenant requests to add a household member who is age six or older, the documentation of the SSN for the new household member must be provided to management at the time of the request or at the time the recertification that includes the new household member is processed. Management must not add the new household member until such time as the documentation is provided.
- (2) Child Under the Age of Six
  - a. With a SSN - When adding a household member who is a child under the age of six with a SSN, the child's SSN must be disclosed and verification provided at the time of processing the recertification of family composition that includes the new household member.
  - b. Without a SSN - If the child does not have a SSN, management must give the household 90 days in which to provide documentation of a SSN for the child. An additional 90-day period **must** be granted by management if the failure to provide documentation of a SSN is due to circumstances that are outside the control of the tenant. Examples include but are not limited to: delayed processing of the SSN application by the SSA, natural disaster, fire, death in family, etc. During this time period, the child is to be included as part of the household and will receive all of the benefits of the program in which the tenant is involved, including the dependent deduction.

A TRACS ID will be assigned to the child until the documentation of the SSN is required to be provided. At the time of the disclosure of the SSN, an interim recertification must be processed changing the child's TRACS ID to the child's verified SSN.

Applicants do not need to disclose or provide verification of a SSN for all non-exempt household members at the time of application and for placement on the waiting list. However, applicants must disclose and provide verification of a SSN for all non-exempt household members before they can be housed.

When an applicant has a SSN but does not have the required documentation, the applicant must submit the SSN and certify that the number is accurate but that acceptable documentation could not be provided. Please note that until such time that the applicant

and/or household can provide proof of SSN for all household members (unless an exception applies), the household is ineligible from receiving subsidy assistance.

If all non-exempt household members have not disclosed and/or provided verification of their SSNs at the time a unit becomes available, the next eligible applicant must be offered the available unit.

The applicant who has not disclosed and/or provided verification of SSNs for all non-exempt household members has 90 days from the date they are first offered an available unit to disclose and/or verify the SSNs. During this 90-day period, the applicant may, at its discretion, retain its place on the waiting list. After 90 days, if the applicant is unable to disclose and/or verify the SSNs of all non-exempt household members, the applicant should be determined ineligible and removed from the waiting list.

Individuals who have applied for legalization under the Immigration and **Reform Control Act of 1986** will be able to disclose the social security numbers, but unable to supply the cards for documentation. Social security numbers are assigned to these persons when they apply for amnesty. The cards go to the **Department of Homeland Security (DHS)** until the persons are granted temporary lawful resident status. Until that time, their acceptable documentation is a letter from the **DHS** indicating social security numbers have been assigned.

The SSN requirements do not apply to:

- (a) Individuals who do not contend eligible immigration status.
  - a. Mixed Families: For projects where the restriction on assistance to noncitizens applies and where individuals are required to declare their citizenship status, the existing regulations pertaining to proration of assistance or screening for mixed families must continue to be followed. In these instances, management will have the tenant's Citizenship Declaration on file whereby the individual did not contend eligible immigration status to support the individual not being subject to the requirements to disclose and provide verification of a SSN.
- (b) Individuals age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010.

When determining the eligibility of an individual who meets the exception requirements for SSN disclosure and verification, management will obtain documentation where the initial determination of eligibility was determined prior to January 31, 2010, that verifies the applicant's exemption status. This documentation must be retained in the tenant file. Management must not accept a certification from the applicant stating they qualify for the exemption.

Please refer to **HUD Notice 10-08** for further information regarding SSN requirements.

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## 19. VICTIMS OF DOMESTIC VIOLENCE

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The Violence Against Women Act of 2005 (VAWA) protections apply to families applying for or receiving rental assistance payments under the project-based Section 8 program. The law protects victims of domestic violence, dating violence or stalking, as well as their immediate family members generally, from being evicted or being denied housing assistance if an incident of violence that is reported and confirmed. The VAWA also provides that an incident of actual or threatened domestic violence, dating violence or stalking does not qualify as a serious or repeated violation of the lease nor does it constitute good cause for terminating the assistance, tenancy, or occupancy rights of the victim. Furthermore, criminal activity directly relating to domestic violence, dating violence or stalking is not grounds for terminating the victim's tenancy. Owners and agents may bifurcate a lease in order to evict, remove, or terminate the assistance of the offender while allowing the victim, who is a tenant or lawful occupant, to remain in the unit.

**Domestic Violence** includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabited with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

**Dating Violence** means violence committed by a person: (A) who is or has been in a social relationship of a romantic or intimate nature with the victim, and (B) where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) the length of the relationship; (ii) the type of relationship; and (iii) the frequency of interaction between the persons involved in the relationship.

**Stalking** means (A)(i) to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate; or (ii) to place under surveillance with the intent to kill, injure, harass, or intimidate another person; and (B) in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to (i) that person; (ii) a member of the immediate family of that person; or (iii) the spouse or intimate partner of that person.

**Immediate Family Member** means, with respect to a person: (a) a spouse, parent, brother or sister, or child of the person, or an individual to whom that person stands in loco parentis (in place of a parent); or (B) any other person living in the household of that person and related to that person by blood or marriage.

**Bifurcate** means to divide a lease as a matter of law so that certain tenants can be evicted or removed while the remaining family members' lease and occupancy rights are allowed to remain intact.

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## 20. SCREENING\REJECTION CRITERIA

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All applicants 18 years of age or older in a household will be screened for rental history, credit and criminal history, and general program eligibility prior to residency. This includes police officers or security personnel living on-site. The screening of live-in aides at initial occupancy, and the screening of persons or live-in aides to be added to the tenant household after initial occupancy involve similar screening activities. Both live-in aides and new additions to the tenant household will be screened for drug abuse and other criminal activity. An application may be rejected for any one of the following reasons:

- a) The applicant/family is not elderly;
- b) The applicant/family is not physically disabled;
- c) Submission of false, incomplete or inaccurate information on the application, or failure to cooperate in the verification process;
- d) The applicant has a history of unacceptable or unsatisfactory credit or criminal history as reported by a credit agency or other organization. This includes registration as a Sexual Offender. (***Please see Section 19 - Credit & Criminal Screening Criteria for more information***);
- e) Negative reference from current or previous landlord, including but not limited to late rent, non-sufficient funds (NSF) checks, lease violations, evictions, etc;
- f) The household (including a **Live-In Aide**) size is not appropriate for a specific apartment. (***Please refer to Section 11 - Apartment Size Standards & Guidelines.***);
- g) Failure to sign designated or required forms;
- h) Failure to provide required documentation in a timely manner;
- i) The applicant cannot pay the appropriate security deposit at move-in;
- j) The applicant will be maintaining a separate 2<sup>nd</sup> residence and/or legal address;
- k) The applicant has been offered a housing apartment and has refused to take the apartment offered;
- l) The applicant is not a Citizen, National or eligible non-Citizen (as defined by HUD);
- m) The applicant is not capable of fulfilling the lease agreement, with or without assistance;
- n) The applicant has a criminal history (***as defined Section 19 - Criminal or Drug-Related Activity***);
- o) The applicant cannot show (by HUD formula) a need for the subsidy assistance, where applicable, or the household income exceeds the **HUD** limits;
- p) The applicant is unable to provide proof of social security numbers as required by HUD and management policy.

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## 21. CRIMINAL OR DRUG-RELATED ACTIVITY

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Upon move-in, tenants sign leases requiring them to accept responsibility for the actions of individual household members, their guests, or other persons on the premises with their consent. No tenant, or member of the tenant's family or household, guest, or any other person visiting a tenant shall engage in criminal activity on or near the apartment complex. This criminal activity includes drug-related criminal activity, other criminal activity or drug and

alcohol abuse that threatens the health and safety of the tenants and staff or hinders the peaceful enjoyment of the housing premises. "Drug-related criminal activity" means the illegal manufacture, sale, distribution and/or use of a controlled substance (as defined in **Section 102 of the Controlled Substance Act**).

- a) No tenant, or member of the tenant's household or family, or any guest or other person shall engage in any act intended to facilitate criminal activity, drug-related activity on or near the apartment complex;
- b) No tenant, or member of the tenant's household or family, or any guest or other person shall permit the dwelling unit to be used for, or to facilitate, criminal activity, including drug-related criminal activity, regardless of whether the individual engaging in such activity is a member of the household, family or a guest;
- c) No tenant, or member of the tenant's household or family, or any guest or other person shall engage in the manufacture, sale or distribution of illegal drugs on or near the apartment complex or project site;
- d) No tenant, or member of the tenant's household or family, or any guest or other person shall engage in acts of violence, including, but not limited to, the unlawful discharge of firearms and/or weapons on or near the apartment complex;

Violation of the above provisions shall be a material noncompliance violation of the lease and good cause for termination of the lease. A single violation of any of these provisions shall be deemed a serious violation and material noncompliance of the lease. It is understood and agreed that a single violation shall be good cause for termination of the lease. Unless otherwise provided by law, proof of violation shall not require criminal conviction, but shall be by a preponderance of the evidence.

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## **22. CREDIT & CRIMINAL SCREENING CRITERIA**

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### **1. Rental Approval:**

1. If a prior landlord reported the applicant(s) damaged property or lease violations the applicant can be denied. This includes lease violations, disturbing the peace, harassment, poor house keeping habits, improper conduct or other negative reference against the household.
2. Any eviction within the past three (3) years is automatically grounds for denial. This includes any household members who have been evicted from Federally-assisted housing within the last three (3) years for drug-related criminal activity. If the evicted household member who engaged in drug-related criminal activity has successfully completed a supervised drug rehabilitation program or circumstances leading to the eviction no longer exist, management will review on a case-by-case basis.
3. Management may accept a rental history of no more than two (2) late payments of rent in a six (6) month period, with verification of all charges paid and no more than

two (2) NSF checks in a one (1) year period. Anything beyond this specification can be grounds for denial.

4. Any evidence of illegal activity including drugs, gangs, weaponry, etc., will be grounds for denial.
5. Grossly unsanitary or hazardous housekeeping habits can be grounds for denial.
6. Any debt balance owing to a prior management company or housing complex will need to be paid prior to move-in.
7. Lack of rental history is not grounds for denial.

## **2. Credit Approval:**

1. Applicants with more than two (2) accounts in negative standing within the past two (2) years will be denied. Examples of negative standing are late payments, collections, bad credit status, etc.
2. Public records such as collections and judgments are included as negative accounts.
3. Each bankruptcy item or foreclosure proceeding within the past five (5) years is rated as the worst account and counted individually.
4. Federal and State Tax liens within the past three (3) years are counted as a negative account. Prior to the three (3) year period we may request proof of payment/release on any Lien over \$1000.00 that is still on the applicant's credit history.
5. Financial Aid or School Loans in negative standing are counted.
6. Any amount showing owed to a prior management company can be grounds for denial. We reserve the right to ask for proof of payment.
7. Any other item(s) that appear on the credit report, which would reflect negatively on the applicant, will be reviewed and a decision will be made based on the date, source, and amount of the action.
8. Lack of credit history is not grounds for denial.

## **3. Criminal Background Check:**

1. Any conviction within the past five (5) years for illegal drug use, manufacture or distribution of a controlled illegal substance is grounds for denial.
2. Any conviction within the past five (5) years for any crime of violence, fraud, theft,

or other crime which establishes that the applicant's tendency might constitute a direct threat to the health or safety of other individuals or result in the substantial physical damage to the property of others is grounds for denial.

3. Any conviction for any activity concerning sexual abuse or assault is grounds for denial. This includes, but is not limited to, any member of the household who is subject to a registration requirement under a nationwide sex offender registration program.
4. Any other felony conviction within the past five (5) years can be grounds for denial.
5. Any household member who is currently engaging in illegal drug use is grounds for denial. This can include a pattern of illegal drug use that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other tenants.
6. Any household member who has a pattern of alcohol abuse that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other tenants is grounds for denial.

*NOTE: All applicants in a household will be processed as one approval or denial for an apartment. If any one of the applicants has negative rental history, negative credit history or negative criminal history all applicants will be denied.*

## Appendix I

### Goldberg B'nai B'rith Towers Section 504 Compliance Policy on Reasonable Accommodation

**GBBT** is an equal opportunity housing provider and does not discriminate against applicants, tenants or any other members of our disabled community.

It is the **GBBT** policy to provide reasonable accommodations to all tenants, especially those whose disability requires a change or exception to our usual policies and/or procedures. Such accommodations are made to enable the tenant to fully use and enjoy their apartment and all public spaces of **GBBT**. This same policy applies to all tenants who request and document/certify the need for the requested structural modifications.

The procedure for tenants to request a reasonable accommodation/modification is as follows:

1. The tenant submits a request to the **GBBT** administration, stating the reasonable accommodation needed and being requested.
2. The tenant signs the appropriate third party verification forms that management will mail to the tenant's physician or healthcare professional who is treating them for the disability.
3. When the verification form is returned from the healthcare professional, management will notify the tenant in writing of the determination concerning the request.
4. The tenant may be asked to complete additional forms necessary to implement the accommodation. For example: if the tenant is requesting an assistance or service animal, he/she will need to sign the lease addendum form that describes the responsibilities of maintaining an animal on this property.
5. If the tenant requires the services of a live-in aide, both the tenant and the caregiver are required to sign a live-in aide agreement.
6. If the request for an accommodation is to be denied, a representative of management will meet with the tenant explaining the reason for the denial. Alternate means of meeting the tenant's needs will be explored.

A request for a reasonable accommodation and/or structural modification may be denied if the reasonable accommodation places an undue administrative or financial burden on **GBBT**.