

## WAITLIST COMPLETION INSTRUCTIONS

*Thank you for your interest in our community and your request to complete an application to our waitlist. As you are not applying at our offices, it is very important you read the following documentation. You MUST complete and return*

*Any part of the application not completed or completed incorrectly will be a basis to deny your application to the waitlist.*

### **Pages 1-2 of Application**

1. Do NOT write in the box on the upper right hand corner that states: Office Use Only
2. You must complete each question. N/A will not be an accepted answer.
3. Any applicant 18 years or older that will be residing in the household must sign the application.

### **Page 3 Authorization to Release Information**

This must be ***signed*** (not printed) by every adult 18 years or older who expects to reside in the unit.

### **Pages 4-9 Document Package for Applicant's/Tenant's Consent to Release of Information**

This is a HUD required form.

Any adult 18 years or older who expects to reside in the unit, ***must sign & date page 5*** at the bottom.

Any adult 18 years or older who expects to reside in the unit ***must print, sign & date page 8*** only where it states Name of Applicant or Tenant & Signature of Applicant or Tenant. *This means you may have more than one of this page for each adult.*

### **Pages 10-17 Tenant Selection Plan**

Any adult 18 years or older ***must sign the bottom of each page & sign the last page.*** *Please read this document carefully. This document specifies our criteria for housing with Renaissance Towers Apartments.*

### **Required Additional Documentation**

If you are mailing in your application, you **MUST** include a copy of each adult household member's State issued photo id/driver's license and their social security number cards.

*If you should have ANY questions while completing this packet, please do not hesitate to contact our offices at 219-932-4848 (TTY 800-743-3333) during our business hours of Monday through Friday, 8:30am to 12pm and 2pm to 4:30pm.*

*You may remit your application in person to our offices during waitlist application hours or via US Mail. If remitting via US Mail, please mail to:*

*Applications Processing  
Renaissance Towers Apartments  
524 Michigan Street  
Hammond, IN 46320*

***Thank you for your interest in housing at our community!***





## PRE-APPLICATION for Subsidized Housing Waitlist at Renaissance Towers Apts.

**Office use only:**

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time: \_\_\_\_\_ am / pm

**If you do not complete the application in full, please be aware, your application will be subject to cancellation.**

**APPLICANT CURRENT HOUSEHOLD INFORMATION**

List each person who would live with you if you receive housing assistance. (Start with yourself.)

Last Name	First Name	Birth Date	Gender (optional- not req'd)	U.S. Citizen? Yes / No	Relationship to You	Monthly Income	Social Security No.
					SELF		

**Please identify your housing needs:** 1<sup>st</sup> Choice - ☐ One Bedroom ☐ Two Bedroom ☐ Three Bedroom

2<sup>nd</sup> Choice - ☐ One Bedroom ☐ Two Bedroom ☐ Three Bedroom

**\*Note: If you are applying to Senior/Disabled housing, you will be required to provide medical documentation as to why you need a 2 bedroom if you are a single person in the household.**

**\*Note: On Family Housing, you must have a minimum of 2 persons for 2 bedroom, and minimum of 3 people for 3 bedroom (pregnancy is accepted for both unit typed, but you must indicate such with due date above)**

**CURRENT ADDRESS/CONTACT INFORMATION**\_\_\_\_\_  
Mailing Street Address\_\_\_\_\_  
City, State, Zip Code\_\_\_\_\_  
Current Phone Number\_\_\_\_\_  
Alternate Phone Number\_\_\_\_\_  
Email Address**CURRENT LANDLORD INFORMATION**\_\_\_\_\_  
Name\_\_\_\_\_  
Phone Number\_\_\_\_\_  
Email Address\_\_\_\_\_  
Landlord Mailing Street Address\_\_\_\_\_  
City, State, Zip Code**CURRENT HOUSEHOLD INFORMATION****Does any of the household conditions apply to you or any household member (listed above)**☐ U.S Military Veteran ☐ Disabled ☐ Elderly (over 62 yr)**If disabled, please identify household member who is disabled:** \_\_\_\_\_☐ Seeking housing as a result of Presidentially Declared Disaster ☐ Full Time Student (higher education/trade/technical school only)**If you check Presidentially Declared Disaster, you will need to provide documentation from the government****If you check Full Time Student, please identify household member attending higher education:** \_\_\_\_\_**Does anyone live with you now who is not listed above?** ☐ Yes ☐ No Explain: \_\_\_\_\_**Do you expect any change in the number of people in your household?** ☐ Yes ☐ No Explain: \_\_\_\_\_

Please identify any special housing needs your household has. \_\_\_\_\_



## PRE-APPLICATION for Subsidized Housing Waitlist at Renaissance Towers Apts-CONTINUED

### PREVIOUS LANDLORD HISTORY (LIST ANY 3<sup>RD</sup> PARTY (NOT RELATED) LANDLORD INFORMATION)

Any Previous Rental History? ☐ Yes ☐ No

Any Previous Street Address? ☐ Yes ☐ No

**If yes to either above, complete below:** Dates can be by year and approximate (ex: 2017-2018)

Dates: \_\_\_\_\_

Rental Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dates: \_\_\_\_\_

Rental Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dates: \_\_\_\_\_

Rental Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### ADDITIONAL HOUSING INFORMATION

List all city(ies)/state(s) you have resided in since birth. Every person(s) age 18 yrs or older must answer this question. *For additional space/listing, please put on bottom of page 3 where specified.*

Month/Year Start: \_\_\_\_\_ Month/Year End: \_\_\_\_\_ City/State: \_\_\_\_\_

Month/Year Start: \_\_\_\_\_ Month/Year End: \_\_\_\_\_ City/State: \_\_\_\_\_

Month/Year Start: \_\_\_\_\_ Month/Year End: \_\_\_\_\_ City/State: \_\_\_\_\_

### INCOME INFORMATION

What is your current source of income (please select all that apply)

- ☐ SSA/SSI Benefits ☐ TANF CASH (not food stamps) ☐ Retirement/Pension ☐ Child Support  
☐ Employment ☐ Other

**If Other selected, please list source of income (family assistance/grants/self employed/etc):** \_\_\_\_\_

APPLICANT PRE-CERTIFICATION: I/we certify that if selected to receive assistance, 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. I/we authorize the owner/manager/RTA to verify all information provided on this pre-application and to contact previous or current landlords, search credit history, search criminal history and other verification information that may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this pre-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.

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

Signature of Spouse or Co-Head or Other Adult \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse or Co-Head or Other Adult \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse or Co-Head or Other Adult \_\_\_\_\_ Date \_\_\_\_\_

*If preliminary application is approved, you will be placed on our waiting list. When a proper unit size for your household becomes available, you will be notified and be asked to complete a full application within 7 days. Please refer to the Tenant Selection Plan for required qualifications to reside at Renaissance Towers Apartments.*



## AUTHORIZATION for Release of Information Form & Additional Information Form

### CONSENT

I/we authorize, approve and direct any Federal, State, or Local agency, organization, business, or individuals to release to the **Renaissance Towers & Apartments** any information or materials needed to complete and verify my/our application for participation and/or to maintain my/our continued assistance in the Section 8 Programs, low-income Public Housing, and/or other housing assistance programs. I/we understand agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I/We understand that criminal and credit is ran in all 50 states and US Territories, with the exception of Puerto Rico. I/We understand that Sex Offender information is searched in all 50 states and US Territories.

### INFORMATION COVERED

I/we understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested and obtained but not limited to:

Identity and Martial Status	Employment, Income, and Assets	Parental Child Custody	Residence and Rental History / Activity
Credit History / Activity	Guardianship Status	Medical Allowances	Criminal History / Activity      Child Care Allowances

### GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) includes but are not limited to:

Previous and Current Landlords (Including Public Housing Agencies)	Past and Present Employers State Unemployment Agencies	Welfare Agencies Schools and Colleges	Support and Alimony Providers Law Enforcements Agencies	Court Records and Post Offices Social Security Administration
Criminal justice information Center of INDIANA	Medical and Child Care Providers	Utility Companies	Banks and Other Financial Inst.	Veterans Administrations
Credit Providers and Credit Bureaus	Retirement Systems			

### COMPUTER MATCHING NOTICE AND CONSENT

I/we understand and agree that HUD or the Public Housing Authority may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I/we understand that I/we have a right to notification of any adverse information found and a chance to disprove that information. HUD may, in the course of its duties, exchange such automated information with other Federal, State, or Local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office Personnel Management; the U.S. Postal Service; the Social Security Agency; and State Welfare and Food Stamp Agencies.

### CONDITIONS

I/we agree that a photocopy of this authorization may be used for the purpose stated herein, for Interim Recertifications and Annual Recertifications. I/we also consent to allow, in requesting and obtaining income, credit and criminal information from the agencies listed on this form for the purpose of verifying my/our eligibility and level of benefits under HUD's assisted housing programs. Also I/we agree that this authorization will stay in affect for 18 months from the date signed.

_____ SIGNATURE-Head of Household	_____ Print Full Name	____/____/____ Date
_____ SIGNATURE-Other Legal Adult	_____ Print Full Name	____/____/____ Date
_____ SIGNATURE-Other Legal Adult	_____ Print Full Name	____/____/____ Date

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

### ADDITIONAL INFORMATION SPACE FOR PREVIOUS ADDRESSES NOT ABLE TO BE LISTED ON PAGE 1 OF APPLICATION.

Month/Year Start: _____	Month/Year End: _____	City/State: _____
Month/Year Start: _____	Month/Year End: _____	City/State: _____
Month/Year Start: _____	Month/Year End: _____	City/State: _____
Month/Year Start: _____	Month/Year End: _____	City/State: _____
Month/Year Start: _____	Month/Year End: _____	City/State: _____
Month/Year Start: _____	Month/Year End: _____	City/State: _____
Month/Year Start: _____	Month/Year End: _____	City/State: _____

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

**This Package contains the following documents:**

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

## HUD-9887/A Fact Sheet

# Verification of Information Provided by Applicants and Tenants of Assisted Housing

### What Verification Involves

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

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

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

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

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

### Customer Protections

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

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

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

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

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

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

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

### Consequences for Not Signing the Consent Forms

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

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

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

### Programs Covered by this Fact Sheet

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

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

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

# Notice and Consent for the Release of Information

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

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

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.): <b>US Dept of Housing &amp; Urban Development 77 W Jackson Blvd Ralph Metcalfe Federal Building Chicago, IL 60604 Attn: Director, Multifamily Asset Management</b>	O/A requesting release of information (Owner should provide the full name and address of the Owner.):  <b>Renaissance Towers Apartments The Medve Group Inc. 1411 W Walnut Hill Lane Irving, TX 75038</b>	<del>PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):</del>
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**Notice To Tenant:** Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

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

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

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

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

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

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

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

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

Rental Assistance Program (RAP)

Rent Supplement

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

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

Section 236

HOPE 2 Homeownership of Multifamily Units

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

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

Signatures:

Additional Signatures, if needed:

_____ Head of Household	_____ Date	_____ Other Family Members 18 and Over	_____ Date
_____ Spouse	_____ Date	_____ Other Family Members 18 and Over	_____ Date
_____ Other Family Members 18 and Over	_____ Date	_____ Other Family Members 18 and Over	_____ Date
_____ Other Family Members 18 and Over	_____ Date	_____ Other Family Members 18 and Over	_____ Date

## Agencies To Provide Information

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

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

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

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

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

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

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

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

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

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

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

Statement of Gambling Winnings

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

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

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

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

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

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

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

This consent form expires 15 months after signed.

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

### Penalties for Misusing this Consent:

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

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

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



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

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

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

## Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
  - a. The HUD-9887/A Fact Sheet.
  - b. Form HUD-9887.
  - c. Form HUD-9887-A.
  - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
  - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
  - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

## Instructions to Applicants and Tenants

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

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

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

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

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

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

## Purpose of Requiring Consent to the Release of Information

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

## Uses of Information to be Obtained

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

## Who Must Sign the Consent Form

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

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

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

### Failure to Sign the Consent Form

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

### Conditions

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

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

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

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

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

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

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

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

---

Name of Applicant or Tenant (Print)

---

Signature of Applicant or Tenant & Date

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

---

Name of Project Owner or his/her representative

---

Title

---

Signature & Date  
cc:Applicant/Tenant  
Owner file

### Penalties for Misusing this Consent:

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

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

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

# Renaissance Towers Apartments Tenant Selection Plan

Renaissance Towers Apartments is a 450-unit community comprised of 258 units (1 & 2 Bedroom only) Senior/Disabled Units and 192 units (2 & 3 Bedroom only) Family Units. All units are section 8 project based that provides housing for very low income households without regard to race, color, sex, creed, religion, national origin, physical or mental disability status. In order to reside in our community, we require each Legal Adult occupant to meet certain criteria. Before you complete a Rental Application, we encourage you to review these requirements to determine if you are eligible. Applicants must qualify for Federal Housing Assistance. This property is an Equal Opportunity Housing Facility, admitting people in accordance with Local, State and Federal Fair Housing laws. A determination of eligibility for housing that is assisted by HUD or subject to a mortgage insured by the Federal Housing Administration shall be made in accordance with the eligibility requirements provided for such program by HUD and as such housing shall be made available without regard to actual or perceived sexual orientation, gender identity, or marital status.

<b><u>OCCUPANCY LIMITS:</u></b>	One Bedroom	Two (2) Occupants	Minimum Standards (1)
	Two Bedroom	Four (4) Occupants	Minimum Standards (2)
	Three Bedroom	Six (6) Occupants	Minimum Standards (3)

*If the number of occupants changes, HUD will require the Landlord to assign units according to the size of the household.*

## **OCCUPANCY REQUIREMENTS & SUBSIDY REQUIREMENTS:**

### **Senior/Disabled Units**

For the units known as the “Towers”, these units are specifically for senior and disabled residents as designated by HUD. Applicants must be 62 years or older or permanently disabled.

We will accept residents who are permanently disabled, provided they can prove this status. Preference will be given as follows:

- 1<sup>st</sup> Seniors age 62 years of age or older
- 2<sup>nd</sup> Disabled persons 54 years of age or older
- 3<sup>rd</sup> Disabled persons under the age of 54 years of age

Head of Household must meet the qualifications above to be considered for occupancy. If Head of Household is no longer in the home, the remaining occupants must vacate the unit if they cannot meet the requirements age 62 years or older or age 18 years of age or older and disabled.

If you lose disability status for any reason, and cannot prove status, you cannot reside in the “Towers” portion of the community. Your subsidy and lease will be terminated with a thirty (30) day written notice.

### **Family Units**

For the units known as the “Family Side”, these units are for any households meeting the HUD definition of a family unit and meeting the qualification standards set forth in this TSP. Households must contain at least one member, who will be designated the Head of Household, who is age 18 years or older and one other qualifying occupant who can be any age.

## **CITIZENSHIP REQUIREMENTS:**

1. Assistance at the Renaissance Tower/Apartments is restricted to the following: A. U.S citizens or national B: Non-citizens who have eligible immigration status.
2. All applicants for assistance must be given notice of the requirement to submit evidence of citizenship or eligible immigration status at the time of application. Then entity responsible for receiving the documentation, where possible, must arrange to provide the notice in a language that is understood by the individual if the person is not proficient in English.
3. All family members, regardless of age, must declare their citizenship or immigration status.
4. Non-citizens (except those age 62 and older) must sign a verification consent form and submit documentation of their status r sign a declaration that they don't claim to have eligible status Non citizens age 62 and older must sign a declaration of eligible immigration status and provide a proof of age document. U.S. citizens must sign a declaration of citizenship. We the owner must requiring additional proof of citizenship for those declaring to be U.S. citizens or nationals.
5. A mixed family is a family with one or more ineligible family members and one or more eligible family members that may receive prorated assistance continued assistance, or a temporary deferral of termination of assistance.
6. Applicants who hold a non-citizen student visa are ineligible for assistance, as are any non-citizen family members living with the student. For non-citizen family members living with the student, all Applicants must be eligible US citizens or have eligible U.S. immigration status at the time of application. Financial assistance is contingent on submission and verification of citizenship or eligible immigration status. Assistance may be prorated, denied, or terminated if any or all family's members are determined ineligible for assistance. **All applicants must complete or provide one of the following within 30 days from the date on which the applicant applies.** A. U.S. Citizens, a signed declaration of citizenship, Owners must require verification of the declaration by requiring presentation of a U.S. Birth certificate or U.S. passport B. Non-citizens 62 years and older, a signed declaration of eligible non-citizen status and proof of age. C. Non-citizens under the age of 62 claiming eligible status are required to have: (1) A signed declaration of eligible immigration status; (2) A signed consent form; and (3) one of the DHS-approved documents listed in Figure 3-4.

## **SOCIAL SECURITY NUMBER REQUIREMENTS:**

All household members must disclose and document Social Security numbers with the application. Social security numbers by **all** individuals applying for or participating in HUD's rental assistance programs. All applicants will be required to disclose and provide verification of the social security number for all Members of their household before they can be admitted. Current residents will be required to disclose and provide verification of social security numbers for all members of their household, where disclosure and verification has not occurred, at the time of their next interim or annual recertification. All household members age 18 years or age or older must provide proof of social security number at time of application.

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

Other Adult Signature: \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_



# Renaissance Towers Apartments Tenant Selection Plan

## 1. Revised Regulation

The regulation at 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. The requirement to disclose and provide verification of a SSN is no longer limited to those assistance applicants and tenants six years of age and older.

## 2. Exceptions to Disclosure of SSN

- (a) Individuals who do not contend eligible immigration status.
- (b) Children under the age of 6 years. If a child is added to the household within six (6) months of Applicant/Leaseholder date of admission to the community, Applicant/Leaseholder will be admitted, but within 90 days from date of move in, must provide O/A with Social Security Numbers

(1) Mixed Families: For projects where the restriction on assistance to non-citizens 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, the owner 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.

*NOTE: The O/A may **not** deny assistance to mixed families due to nondisclosure of a SSN by an individual who does not contend eligible immigration status.*

(2) All tenants, except those individuals age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010 (based on the effective date of the form HUD-50059 or form HUD-50058, whichever is applicable), and those individuals who do not contend eligible immigration status, must disclose and provide verification of their SSN at the time of their next interim or annual recertification if:

- (i) They have not previously disclosed a SSN;
- (ii) Previously disclosed a SSN that HUD or the SSA determined was invalid; or
- (iii) Been issued a new SSN.

(3) If a tenant fails to provide a valid and verified SSN, the household is subject to termination of tenancy in accordance with 24 CFR 5.218.

All applicant who has not disclosed and/or provided verification of Social Security numbers 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 Social Security numbers. 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 Social Security numbers of all non-exempt household members, the applicant should be determined ineligible and removed from the waiting list.

## INCOME LIMITS-effective 4/1/2024:

To qualify for Federal Housing Assistance at Renaissance Towers/Apartments applicants must fall into the Current Year Published income categories of Very Low or Extremely Low income limits and **may not exceed** the following Annual Income Limits below, as established by HUD for this area.

1 Person Household- \$31,850 Annual Income Limit	4 Person Household- \$45,450 Annual Income Limit
2 Person Household- \$36,400 Annual Income Limit	5 Person Household- \$49,100 Annual Income Limit
3 Person Household- \$40,950 Annual Income Limit	6 Person Household- \$52,750 Annual Income Limit

*Extremely Low Income family is defined as: A very low-income family whose annual income does not exceed the higher of:*

1. The poverty guidelines established by the Department of Health and Human Services applicable to the family of the size involved
2. Thirty percent (30%) of the median income for the area, as determined by HUD.

## APPLICATION PROCEDURES:

- Each site maintains a waiting list for residency.
- Once received, and application will be evaluated; any application meeting the requirements will be placed on the wait list.
- Every person(s) age 18 years and older, who plan to reside in the household must be present during the initial application process and must provide a valid state issued id/driver's license and their social security card or birth certificate.
- Every person(s) age 18 years and older, who plan to reside in the household must complete their own application. *Exception: Applicants that are 18 years and older who are considered dependents based upon current enrollment in high school or higher education and the parent is the primary source of financial support. Those dependents will still be subject to other requirements being 18 years and older: criminal background check, completing income checklist, signing HUD required documentation and community policies and rules and regulations.*
- Each applicant must complete an application and be willing to submit to a credit history, rental history, and criminal background inquiry, as well as income and asset verifications.
- The application must be completed and signed by the head of household and all household members 18 years of age and older before an application can be processed for residency.
- Applicants may request applications via in person, mail, email, or fax. However, persons picking up in person may only do so during the hours specified under Opening/Closing of Waitlist on page 3 of this document. Additionally, all applications must be original. We will not accept faxed or emailed copies of applications. Any receipt of applications via postal mail delivery or other methods of delivery such as UPS or FedEx, will not be opened or logged into the system until the open waitlist times specified in paragraph 3. Applicants may pick up application and return completed application during open waitlist days/times. Applicants may stay during the open waitlist days/times and complete application onsite.
- Applicants previously denied can only re-apply for occupancy every six (6) months. This allows time to resolve any issues that resulted in denial of application.

## EIV & YOU:

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

Other Adult Signature: \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_



# Renaissance Towers Apartments Tenant Selection Plan

## What is the EIV System?

The EIV System is a web-based application, which provides Property with employment, wage, unemployment compensation and social security benefit information of tenants who participate in the various Section 8 programs under the jurisdiction of the Office. This system is available to all Property nationwide. Information in EIV is derived from computer matching programs initiated by HUD with the Social Security Administration (SSA) and the U.S. Department of Health and Human Services (HHS), for all program participants with valid personal identifying information (name, date of birth (DOB), and social security number (SSN)) reported on the form HUD-50059. All Property are required to review the EIV Income Report of each family before or during mandatory annual and interim reexaminations of family income and/or composition to reduce tenant under reporting of income and improper subsidy payments. EIV is classified as an UIV technique (or automated written third party verification), which helps to identify income sources and/or amounts that the tenant may not have disclosed. This UIV technique in many instances will reduce the need to mail or fax third party verification request forms to an income source. EIV also provides various reports to assist Property with the following:

- (1) The property will Use this report at the time they are processing an applicant for admission to determine if the applicant or any applicant household members are currently being assisted at another Multifamily Housing location.
- (2) The property will discuss with the applicant if the report identifies that the applicant or a member of the applicant's household is residing at another location, giving the applicant the opportunity to explain any circumstances relative to his/her being assisted at another location. This may be a case where the applicant wants to move from his/her present location or where two assisted families share custody of a minor child.
- (3) The Property will follow up with the respective O/A to confirm the individual's program participation status before admission, if necessary, depending on the outcome of the discussion with the applicant. The report gives the O/A the ability to coordinate move-out and move-in dates with the O/A of the property at the other location.
- (4) The property will retain the search results with the application along with any documentation obtained as a result of contacts with the applicant and the O/A at the other location.

## What is the information in EIV used for?

The property owners and managers are able to use the EIV system to determine if any household member:

- Has correctly reported any income source of any household member
- Has correctly reported new employment of any household member
- Is potentially receiving rental assistance at another property
- Used a false social security number for any household member

Your Responsibilities is to follow the HUD reporting requirements when completing an **Application** or **Recertification** you must include all sources of income you or any member of your household receives. Listed below are some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security, Income (SSI ) benefits
- Veteran Benefits
- Pensions, Retirement, etc.
- Income from assets
- Monies received on behalf of a child such as – Child Support, AFDC Payments, and Social Security for children, etc.

## **VIOLENCE AGAINST WOMEN'S ACT (VAWA) PROTECTIONS:**

Renaissance Towers Apartments does not discriminate against any victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation. No applicant will be denied admissions on the grounds of acts resulting as applicant(s) being a victim of violence as defined by 2013 reauthorization Violence Against Women's Act.

1. The Landlord may not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
2. The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for Termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
3. The Landlord will require in writing that the victim, or a family member on the victim's behalf, Certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-5382, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive Protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.
4. The Landlord will review and act on any transfer requests relating to VAWA protection as first priority over move ins or other transfer requests.

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

Other Adult Signature: \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_



# Renaissance Towers Apartments Tenant Selection Plan

## OPENING / CLOSING OF WAITING LIST:

Waitlist is opened and/or closed based upon wait periods and availability. Availability of applying to the waitlist will be posted in the common vestibules of the management office building.

There are two (2) waitlists maintained at the property. Each Waitlist accepts applications at the below specified times and on below specified dates:

**Senior/Disabled Housing:** **Mondays & Fridays** 830am to 12pm and **Wednesdays** 830am to 12pm & 2pm to 4pm

**Family Housing:** **Tuesdays** 2pm to 4pm and **Thursdays** 830am to 12pm & 2pm to 4pm

On those days, we accept applications only during normal operations. Holidays are excluded if they fall on these days as our offices are closed for all major holidays. Waitlists may be closed on days where the property office is not fully staffed due to vacations, illness, loss of power in office, weather (weather between the months of November to April), or any other emergency that interferes with normal operations of the property. Notice will be posted on entry doors to property for applicants to view.

## WAITING LIST PROCEDURES:

The property is required to maintain a Waiting List of all eligible applicants. Applicants must be placed on the Waiting List and selected from the Waiting List in order as notices to vacate are received. This procedure is necessary to assure the complete and accurate processing of all documentation for all applicants. The property maintains four (4) waitlists (one per bedroom size) that are established and maintained in the date/time order; however, acceptance to the waiting list does not automatically guarantee eligibility for an apartment. Further screening as described in this Tenant Selection Plan Criteria will be completed at the time an apartment is offered to applicant as a unit becomes available.

Apartments are rented to eligible persons in the order of receipt of all application materials requested.

An offer of an apartment will be made by telephone and, if necessary, by letter. A person offered an apartment has 24 hours from receipt of the phone call or, if notified by letter, five (5) days from the date of mailing, to notify the office of their intention to accept or reject the offered apartment. An applicant will be removed from the waiting list if mail is returned due to incorrect mailing information or if a number is disconnected or incorrect.

An applicant can call or visit the property office during normal business hours to change a contact phone number. However, to change an address, the applicant must submit the change in writing to the management office. This may be done in person, via email, via fax, or via mail.

Any eligible person who refuses an apartment due to medically necessary reasons will not lose his or her place on the waiting list. Otherwise, any applicant who is offered a unit and refuses a third time, will be removed from the waiting list. The individual may reapply every six (6) months. Any reapplication will be considered a new application and position on the waiting list will be determined by the date of the most recent application.

Any changes to the household composition after applying to the waitlist may affect the approval/acceptance of household to the community and in some instances result in denial of application/housing. These changes may include: removing a household member that affects the eligibility based on the size of the unit, attempting to remove one household member and replacing with another household member, or adding a member to be eligible for a unit size when that member will not be residing in the unit.

## ACCEPTING AN OFFERED UNIT

Once an applicant is assigned a unit they have up to thirty (30) days to move into the unit from the date of notice of unit availability. Notification will be via telephone and/or in writing. If the applicant fails to take occupancy within the thirty days, the unit will be offered to the next applicant in line. If the applicant declines/fails to take occupancy of an offered unit, they will be placed back on the waitlist and offered the next available unit that they qualify for. If an applicant declines a unit offer three times, they will be removed from the waitlist and their application will be cancelled.

## RESTRICTIONS REGARDING OWNERSHIP OF REAL PROPERTY SUITABLE FOR OCCUPANCY

HOTMA provides that families may not receive HUD housing assistance if they have a present ownership interest in, legal right to reside in, and the legal authority to sell real property suitable for occupancy. **This restriction does not apply if:**

1. The property is jointly owned by a member of the family and at least one non-household member who does not live with the family, if the person resides in the jointly owned property;
2. The property is not large enough for the size of the family ;
3. If there are any disabled family members, the home does not provide for the disability-related needs. (*e.g., physical accessibility requirements, disability-related need for additional bedrooms, proximity to accessible transportation, etc.*);
4. The property is currently offered for sale. Under this proposed rule, in order to demonstrate that a family is offering property for sale, the owner/agent may require that the family provide evidence that the property has been listed for sale;
5. The property is considered unsafe to reside in when the property's physical condition poses a risk to the family's health and safety and the condition of the property cannot be easily remedied;
6. The family may not reside in the property under State or local laws of the jurisdiction where the property is located;
7. The property is owned by a survivor of a VAWA crime (*domestic violence, dating violence, sexual assault, stalking*) and such status prevents access to or use of the home or is there a possibility that the survivor could be in imminent danger if the survivor attempted to access the home;
8. The property is located so that the distance or commuting time between the property and the family's place of work or a family member's educational institution would create a hardship for the family? (*e.g., the distance or commuting time between the property and the family's place of work or school would be a hardship to the family, as determined by the owner/agent*);
9. The property is a manufactured home for which the family is receiving Section 8 tenant-based assistance;
10. The family receives homeownership assistance from a PHA;
11. The property part of an irrevocable trust.

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

Other Adult Signature: \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_



# Renaissance Towers Apartments Tenant Selection Plan

## **RESTRICTIONS BASED ON NET CASH VALUE OF FAMILY ASSETS**

A HUD Section 8 unit (dwelling) may not be rented and assistance may not be provided to any applicant if the net family assets (as defined in § 5.603) exceed \$100,000.00. For existing residents, assistance may be terminated, upon reexamination of family income, if the net cash value of all included family assets (as defined in §5.603) exceed \$100,000.00. This "Asset Cap" maybe adjusted for inflation annually in accordance with a commonly recognized inflationary index, as determined by HUD.

Please note, the owner/agent will not consider the cash value of:

ABLE Accounts/Assets NOT effectively owned by the resident/applicant/Baby bonds/Coverdell education savings account under Section 530 of the Internal Revenue Code of 1986 or any qualified tuition program under Section 529 of such Code/Irrevocable Trusts/Necessary Personal Property/Non-necessary Personal Property unless the net cash value of all non-Necessary Personal Property exceeds \$50,000 (value subject to annual adjustment by HUD)/Revocable Trusts that are controlled by a person who does not live in the unit/Tax Refunds/Credits received in the last 12 months/Other assets as provided by HUD in future published guidance.

## **UNIT TRANSFER POLICIES:**

Residents will be approved for unit transfer for the following reasons:

- Family size or Changes in family composition
- Medical reasons: Residents who request a transfer due to medical need, as certified in writing by their physician can submit a request for transfer. These households will go to the top of the transfer list in order of submission and have priority over others on the waiting list. Owner is responsible to pay for applicable transfer expenses as determined by HUD guidelines.
- Need for an accessible unit (where applicable)
- Transfer requests will be placed on an in-house waiting list, in the order of the date they are received.
- All in house transfers must meet separate transfer policy.
- Over/under occupied households that are required to be transferred per HUD Model Lease, uninhabitable unit, or medically necessary transfers will be given priority over other transfer requests and new move ins, so long as the household is in compliance with the HUD Model Lease regarding violations.
- Transfers under VAWA will be handled separately and will be given priority over all other transfers other than uninhabitable unit transfers.
- Other transfer requests will not be given priority over new move ins.

## **ELIGIBILITY OF STUDENTS WHO ARE HOUSEHOLD MEMBERS OF THE HOUSEHOLD:**

**All Eligibility students should be verified for all adult household members.**

An applicant who is a Full or Part-Time Student and claims to be any adult member of a household must meet special HUD rules. On-Site staff will require verification that the student is of legal age to enter a contract and is either an Independent Student, as defined below, or has maintained a separate household from their parents/guardians for at least one year before applying for housing. In addition, staff will verify that the student was not claimed as a dependent on the parent/guardian's most recent tax return. On-site staff, will request the name and address of the Household Members student's parents/guardians to verify whether they are providing student with financial assistance. If parents/guardians are providing student with financial assistance, that amount will be counted as income. You must determine eligibility of students enrolled at an institution of higher education to receive assistance.

### **Section 8 assistance shall not be provided to any individual who:**

Is enrolled as either a part-time or full-time student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential:

- Is under the age of 24
- Is not married
- Is not a veteran of the United States Military
- Does not have a dependent child
- Is not a person with disabilities As such term is defined in 3(b) (3) (e) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b) (3) (e) and was not receiving section 8 assistance as of November 30, 2005).
- Is not living with his or her parents who are receiving Section 8 assistance; and
- Is not individually eligible to receive Section 8 assistance and has parents (the parents individually or jointly) who are not income eligible to receive Section 8 assistance.

For a student to be eligible independent of his or her parents (where the income of the parents is not relevant), the student must demonstrate the absence of, or his or her independence from, parents. While owners may use additional criteria for determining the student's independence from parents, owners must use, and the student must meet, at a minimum all of the following criteria to be eligible for Section 8 assistance. The student must:

- a. Be of legal contract age under state law.
- b. Have established a household separate from parents or legal guardians for at least one year prior to application for occupancy or meet the U.S Department of Education's definition of an independent student.
- c. You cannot be claimed as a dependent by parents or legal guardians pursuant to IRS regulation.
- d. You must obtain a certification of the amount of financial assistance that will be provided by, signed by the individual providing the
- e. support. This certification is required even if no assistance will be provided.

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

Other Adult Signature: \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_



# Renaissance Towers Apartments Tenant Selection Plan

Final ruling any financial assistance a student receives (1) under the Higher Education Act of 1965, (2) from private sources or (3) from and institution of higher education that is in excess of amounts received for tuition and other required fees and charges, is included in annual income, except if the student is over the age of 23 with dependent children or if the student is living with his or her parents who are receiving Section 8 assistance.

If an ineligible student is a member of an applicant household or an existing household receiving Section 8 assistance, the assistance for the household will not be prorated but will be terminated in accordance with the guidance.

## **POLICY TO COMPLY WITH SECTION 504 OF THE REHABILITATION ACT OF 1973 AND FAIR HOUSING ACT AMENDMENTS OF 1988:**

Section 504 prohibits discrimination based upon disability in all programs or activities operated by recipients of federal financial assistance. A reasonable accommodation as defined by the Fair Housing Act is any accommodation by management in rules, policies (including acceptance of assistance animals as an exception to a "no pets" rule), and practices of services to give a person with a disability and equal opportunity to use and enjoy a dwelling unit or common space. It is your responsibility to inform management of any situation where a reasonable accommodation is needed.

Reasonable Accommodations should be submitted in writing, if unable to provide the request in writing, management will accept verbal requests and management staff will document verbal request. Reasonable structural modifications to units and or common areas that are needed by applicants and residents with disabilities may be approved and funded by the project, unless these modifications would change the fundamental nature of the project or result in undue financial and administrative burdens. Fair Housing Act Amendment of 1988 prohibits discrimination on the basis of race, color, religion, gender, national origin, disability or familial status. We do 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.

## **RENTAL HISTORY:**

- Verifiable and/or satisfactory rental history on all Head and Co-Head of Household(s) who have previous or current rental history.
- If current landlord is from non-related person/company (not friend or family) then must have positive payment history, no material compliance violations and provided proper notice to vacate.
- Negative rental history will be grounds for denial of an application.
- We will verify a minimum of (1) year of rental history. If current landlord is relative, we will attempt to verify non-related rental history if available. This may exceed the one (1) year period.
- Rental history from a family or friend may be used as positive rental history only if applicant is able to produce proof of positive payments made for rent or documentation received via mail from family or friend. If you do not pay rent, we will not verify.
- If you have had an eviction within the past three (3) years, you will be required to have obtained at least one year positive rental history prior to admission and/or resolve any balance due on previous negative rental history. Verifiable cannot be relative who you are residing with currently.
- If negative rating of rental history is based upon an income to rent ratio that does not meet industry standards, the application will be considered.
- No rental history is not grounds for denial and will not be a factor in determining eligibility.
- Three (3) attempts will be made to verify rental history. If unable to verify, applicant may be asked to obtain other proof of positive rental history.
- Negative rental history based upon domestic violence as defined by VAWA (Violence Against Women's Act) will not be considered grounds for denial. Applicant(s) may be required to provide documentation.

## **CREDIT HISTORY:**

- Negative credit references for utilities and housing within the past (3) three years will be grounds for declining an application.
- Medical Bills, credit cards, and cell phone bills are not taken into consideration.
- Any outstanding debt still due to a utility company (i.e. telephone, gas, electric, water/sewer, trash) will not be considered for residency until said debt has been fulfilled.
- Any judgment and/or negative credit rating to a landlord will not be considered for residency.  
*Exception: If since the negative credit rating the applicant has obtained verifiable, third party, positive rental history, the application will be considered*  
*Exception: If the negative rating is based upon an income to rent ratio that does not meet current industry standards, the application will be considered*
- If applicant has filed bankruptcy, the bankruptcy must be discharged (closed) or dismissed. If bankruptcy is open on the credit report, it will be grounds for denial, unless the applicant can prove, with court order, that the bankruptcy is discharged/dismissed. If bankruptcy includes any rental or mortgage collections, this may be grounds for denial of application.
- Negative credit history based upon domestic violence as defined by VAWA (Violence Against Women's Act) will not be considered grounds for denial. Applicant(s) may be required to provide documentation.

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

Other Adult Signature: \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_





# Renaissance Towers Apartments Tenant Selection Plan

## **CRIMINAL HISTORY:**

Background- The Quality Housing and Work Responsibility Act (QHWRA), among other statutes, provided authority for better screening and denial of Federally-assisted housing to individuals and families with specific types of criminal activities in their history.

### **No Admittance Crimes**

- A. Any crime involving a minor that resulted in conviction, indictment, arraignment, or deferred adjudication
- B. Any crime of a sexual nature that resulted in applicant/occupant being required to registration on any State/Federal Sex Offender List.

### **Non Drug Related Crimes**

- A. No felony convictions, indictments, arraignment, or deferred adjudication within the past 15 years-violent crimes.
- B. No felony convictions, indictments, arraignment, or deferred adjudication within the past 7 years –non-violent crimes.
- C. No misdemeanor convictions, indictments, arraignment, or deferred adjudication involving public intoxication, disorderly conduct, resisting arrest, conversion, prostitution, and/or failure to appear within the past 12 months.
- D. No misdemeanor convictions, indictments, arraignment, or deferred adjudication involving theft, unlawful entry/trespass, destruction of property, aiding/abetting, and/or violent acts/weapons within the past 5 years.
- E. Repeated convictions of any nature will be used to determine if a current (within 5 years) pattern of criminal behavior exists.

### **Drug Related Crimes**

- A. Any felony convictions, indictments, arraignment, or adjudication within the past 15 years
- B. Any repeat (more than 1) misdemeanor convictions, indictments, arraignment, or adjudication within the past 5 years
- C. Any drug related activity resulting in conviction, indictment, arraignment, or deferred adjudication, within the past 5 years

Criminal background screening will be conducted in all states/territories with the exception of Puerto Rico. Criminal background screening will be conducted in all local/regional online databanks in the immediate area, this includes any online dockets available in counties in Illinois and Indiana.

Applicant(s) will be required to provide all states they have resided in during their lifetime.

Annual criminal background checks will be done on all occupants age 18 years or older, once occupancy is established. All occupants, age 18 years or older, must meet the criteria established above to continue residing as an occupant of the community.

## **INTERVIEW PROCESS CONDITIONS**

During the interview process, staff will conduct face to face interviews with every household member age 18 years or older. Please be aware that if there is evidence of behavior, appearance or odor that would violate the HUD Model Lease and property Rules and Regulations and community policies that it may be grounds for denial.

Our findings will be documented on your application and another staff member will be asked to conduct an interview to determine if the initial staff member's assessment is accurate.

Some instances are:

- Smell of alcohol or marijuana/other narcotic emanating from applicant's clothing/self
- Strong/overwhelming smell of urine or other body fluids
- Behavior related to alcohol consumption or drug use

## **SMOKE FREE COMMUNITY**

Effective 9/1/2020, our community is smoke free in the individual units and interior common areas of the buildings. Residents will be allowed to smoke outside, so long as they maintain a minimum of ten (10) feet away from the building structure, entrances, or windows. Applicants are not asked whether they smoke or not and we will not deny admission on the grounds of smoking. This is for informational purposes so each applicant knows we will not allow smoking, except outside the buildings.

## **DENIAL OF ADMISSIONS:**

Pursuant to HUD Notice 2002-22 the following are the mandatory provisions with regards to HUD and Owner guidelines that prohibit admission to applicants who fit into the following categories:

- Any household member that has been **evicted** from Federally assisted housing for drug-related criminal activity, for three years from the date of eviction.
- Any household member currently engaging in illegal drug use.
- The Owner's determination of reasonable cause to believe that a household member's illegal use or a pattern of illegal use of a drug may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents.
- Any member of the household subject to a lifetime registration requirement under a state sex offender registration program or any member of the household that has ever been convicted of any sex-related criminal activity.
- Any household where the Owner determines that there is reasonable cause to believe that a member's abuse or pattern of abuse of alcohol interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.
- Any member of the household that participates in any activity that would threaten the health, safety, or right to peace of other residents, PHA, Owner or employee, contractor, subcontractor, or agent of the PHA or Owner who is involved in the housing operations.

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

Other Adult Signature: \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_



# Renaissance Towers Apartments Tenant Selection Plan

## **INCOME TARGETING:**

HUD requires that no less than 40% of the admissions to any project assisted through the project-based section 8 programs in any fiscal year must be extremely low-income households. Income Targeting will be analyzed quarterly to insure the 40% target is met. In keeping with HUD's Income Targeting Policies, applicants at Renaissance Towers/Apartments whose incomes are below the Extremely Low Income Limit (30% of the area median income) may receive preference over another applicant in a higher position on the waitlist when a unit becomes available. To implement this preference the first extremely low-income applicant on the waitlist (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 until the 40% target is reached.

## **NOTIFICATION OF REJECTION:**

All rejection notices will be sent to applicant(s), in writing, within 5 business days of rejection. Written rejection notice will include reason(s) regarding rejection. An applicant has the right to respond in writing or request a meeting with the Owner's Agent within 14 days to dispute the rejection. A member of the owner's staff, who was not involved in the initial decision to deny admission or assistance, will conduct the dispute resolution. Owner will notify applicant within 5 business days on Owner's final decision on applicant's eligibility.

## **Signatures:**

Your failure to sign this Tenant Selection Plan may result in the denial of assistance. The above-mentioned criteria, I/we understand and to the best of my/our knowledge meet such requirements.

_____	_____	____/____/____
Head of Household	Print Full Name	Date
_____	_____	____/____/____
Spouse / Co-Head / Other Adult	Print Full Name	Date
_____	_____	____/____/____
Other Adult	Print Full Name	Date
_____	_____	____/____/____
Other Adult	Print Full Name	Date

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## **PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of the U.S. Code states that if a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD and any owner (or any employee of HUD, or the owner), may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the \*\*Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S. C. 408 (a) (6), (7) and (8)\*

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

Other Adult Signature: \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_

