

APPLICATION PACKET
Las Bougainvilleas
An Affordable Apartment Community for Seniors



The Unit Council
Las Bougainvilleas
Affordable Senior Housing is extending its
Housing Waitlist Application Deadline to
May 31st 2022 4:00 P.M. PST.

Las Bougainvilleas adheres to all Fair Housing and Equal Opportunity Laws. Las Bougainvilleas does not discriminate on the basis of race, color, national origin, sex, religion, familiar status, ancestry, marital status, sexual orientation, source of income, age, creed, Acquired Immune Deficiency Syndrome, HIV status, disability, or any arbitrary reason. Las Bougainvilleas does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted program and activities.

APPLICATION PACKET
Las Bougainvilleas
An Affordable Apartment Community for Seniors

Thank you for your interest in Las Bougainvilleas. This packet contains information about the community and its admission process. Admission are proceeding accordance with HUD regulation and are processed from Waiting List.

Las Bougainvilleas is not-for-profit community designed to provide affordable housing for very-low income families. This community features a community room, coin-op laundries, and on-site staff

APPLICATIONS PACKET INSTRUCTIONS –PLEASE READ CAREFULLY!

General Requirements:

- Household must be capable of meeting all landlord/lease obligation and program requirement.
- Head of Household/Co-Head or Spouse must be at least 62 years or Household must meet Income Limits for this area: Currently, they are:

One Person \$ 47,950

Two Persons \$ 54,800

Application will be available from April 15th, 2022 through April 29th, 2022, Monday to Friday from 9:00 a.m. to 4:00 p.m. Application must be received no later than April 29th, 2022.

All applicants must meet selection requirements and return a completed application. Applications will be accepted; by mail, fax, e-mail or drop off at leasing office. If you are person with disabilities and need an accommodation to participate in the application process, please let us know.

Applications Process*:

***Note: All information requested on the application must be completed. Incomplete application will not be considered.**

1. Submit a completed application to: Las Bougaivilleas 1223 37th Ave , Oakland, CA 94601 of download application from <https://unitycouncil.org/property/las-bougainvilleas/>
2. When requested, attend an interview with Las Bougainvillea's staff. During the interview, you will be required to provide information and sign release forms to have your income and assets verified. In addition, we will need your consent to verify your criminal, sex offender, rental, and credit history.
3. Once your application has been approved and a unit becomes available you will be asked to attend a Leasing Appointment and pay your Security Deposit, your first month's rent and sign the lease.

This Packet:

The following forms are included in this packet. If you are missing any forms(s), please contact the office to ask for a copy of the missing form.

- HUD Publication-Applying for HUD Housing Assistance?
- HUD Publication-Fact Sheet "How Your Rent is Determined"
- HUD Publication-EIV and You
- Residents Selection Plan
- Application for Occupancy and HUD form 92006**
- ****Only the Application for Occupancy and form 92006 should be returned.**

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For Office Use Only

Date Received: _____
 Time Received: _____
 Received by: _____
 Original Updated Add-on
If updated, use original date and time stamps.

HOH Name: _____
Use to link multiple apps due to add'l adults

HOUSING APPLICATION

PROPERTY NAME: _____ PROPERTY TELEPHONE # _____

NOTICE: *Discrimination Prohibited: The landlord will not discriminate based upon race, color, religion, creed, national origin, sex, age, familial status, or disability.* In addition, our housing programs are open to all eligible persons regardless of sexual orientation, gender identity, marital status, and ancestry. Anyone who wishes to be admitted to the property or placed on a property's waiting list must complete an application. In addition to providing applicants the opportunity to complete applications at the project site, owners may also send out and receive applications by mail. Owners shall accommodate persons with disabilities who, as a result of their disabilities, cannot utilize the owner's preferred application process by providing alternative methods of taking applications.

The information you provide on this application will be treated as confidential. This application gives no lease or rental rights. It includes both information necessary for determining your eligibility for housing and information required for statistical purposes. If you and your household appear to be eligible, you will need to submit additional information to complete the processing of this application. **All information you provide will be verified by Casitas of Hayward (COH).** Incomplete and/or falsified information will cause the application to be denied and not processed.

It is the policy of COH-managed properties to take reasonable steps to provide meaningful access to limited English proficient (LEP) individuals applying or residents at our apartment communities, or otherwise encountering our property's facilities, programs, and activities. The policy is to ensure that language will not prevent staff from communicating effectively with LEP residents, applicants, and others to ensure safe and orderly operations, and that limited English proficiency will not prevent applicants from participating in the application process, or residents from accessing important programs and information, understanding rules and regulations, and participating in meetings, events or activities.

MARKETING:

Please let us know how you heard of us:

- Newspaper Ad Drove by Resident Referral Web Site Other: _____

*Please provide the following information for all persons that will live in the household
 ALL AREAS MUST BE COMPLETED IN ITS ENTIRETY*

Date of Application: _____	Unit Size Needed: _____
Applicant Name: _____	Applicant Name: _____
Applicant SS#: _____	Applicant SS#: _____
Applicant Date of Birth: _____	Applicant Date of Birth: _____
Gender*: _____	Gender*: _____
Applicant Race*: _____ Ethnicity*: _____	Applicant Race*: _____ Ethnicity*: _____

*Race Options: American Indian/Alaska Native Asian African American/Black Native Hawaiian/Other Pacific Islander White Other: _____
 *Ethnicity Options: Hispanic/Latino or Non-Hispanic/Latino

*This information is requested by the apartment owner in order to assure the Federal Government, acting through federal, State and local agencies that Federal Laws prohibiting discrimination against resident applicants. **You are not required to furnish this information, but are encouraged to do so.** This information will not be used in evaluating your application or to discriminate against you in any way.

X _____
 I decline to provide my race and ethnicity data

X _____
 I decline to provide my Race and Ethnicity data

General Information: Please complete each field below. Answer each question as completely as possible. **Enter N/A for all blank fields.**

GENERAL INFORMATION		
	<u>Applicant</u>	<u>Applicant</u>
Full Name (First, Middle, Last):		
Mailing Address:		
City, State, Zip:		
County:		
Home Phone:		
Work Phone:		
Alternate Phone:		
Marital Status (circle one):	Single, Separated, Married, Divorced, Widowed	Single, Separated, Married, Divorced, Widowed

Applicant

Applicant

Yes No

Yes No

Are you a student enrolled in an institute of higher education?

Yes No

Yes No

Are all household members U.S. Citizens? (*N/A for 202/202 PRAC & Tax Credit*)

Yes No

Yes No

Do you anticipate a change in household composition (i.e., addition of adult household member, household member moving out, birth or adoption of child, etc.) in the next twelve months? Explain: _____

Yes No

Yes No

Have you or any household member disposed of, sold, donated, or gifted any assets (including cash) for less than fair market value during the last two (2) years? Explain: _____

Yes No

Yes No

Do you or any household member currently engage in the illegal use of drugs or your/their behavior from this illegal use interferes with the health, safety, and right to peaceful enjoyment of the property by other residents?

Yes No

Yes No

Have you been evicted in the last three years from federally-assisted housing for drug-related activity?

Yes No

Yes No

Have you or anyone in your household's behavior, from abuse or pattern of abuse of alcohol, interfered with the health, safety, and right to peaceful enjoyment by other residents?

Yes No

Yes No

Has your tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent, or failure to comply with recertification procedures?

Yes No

Yes No

Have you or anyone in your household subject to State lifetime sex offender registration in any state?

Yes No

Yes No

Will this apartment be your sole place of residency?

Yes No

Yes No

Have you been involuntarily displaced by Government Action or Natural Disaster?

Yes No

Yes No

Are you a U.S. Veteran and/or in Active Duty? (*Optional*)

Yes No

Yes No

Do you have an **existing** Section 8 voucher?

Employment Status:

Please answer each applicable question if you are **currently employed or have been employed within the last year**. Enter N/A for fields that **do not apply**. If you have been **unemployed over the last year or have never worked**, enter **N/A in ALL fields**.

EMPLOYMENT STATUS		
	<u>Applicant</u>	<u>Applicant</u>
Are you currently employed? If yes, where?		
If employed, what is your occupation?		
If employed, list current wage and frequency:		
If unemployed within last year , enter last day worked. Otherwise enter N/A.		
If unemployed, did you receive layoff notice?		
Are you receiving unemployment benefits?		
If unemployed, have you received any employment income in the past 12 months? If yes, from what source(s)?		

Income/Cash Benefits:

Please enter dollar amounts as *estimated GROSS monthly* figures for *all sources of income*. Please round your figures to the nearest dollar amount. **For income that does not apply, enter zero (0) in each field. Do not use N/A in this section.**

INCOME/CASH BENEFITS		
	<u>Applicant</u>	<u>Applicant</u>
Alimony	\$ _____	\$ _____
Business/Self-Employment - NET	\$ _____	\$ _____
Child Support Income	\$ _____	\$ _____
Employment Wage Earnings	\$ _____	\$ _____
Pension Income	\$ _____	\$ _____
Recurring Assistance from Others	\$ _____	\$ _____
Retirement Income	\$ _____	\$ _____
School Financial Assistance	\$ _____	\$ _____
Social Security Benefits	\$ _____	\$ _____
SSI Benefits	\$ _____	\$ _____
TANF/AFDC/Monetary Public Assistance	\$ _____	\$ _____
Tribal per Capita Income	\$ _____	\$ _____
Unearned Income for Members Under 18	\$ _____	\$ _____
Unemployment Benefits	\$ _____	\$ _____
Veterans Benefits	\$ _____	\$ _____
Other Income	\$ _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____	\$ _____

Assets:

List each household member (including minors) & indicate assets held for each member in the asset table below. *Type of assets to include: checking, savings, money market, house, land, stocks, bonds, certificates of deposit, retirement, pension funds, insurance policies, trusts, annuities, pay cards, prepaid debit cards, cash or other forms of capital investments. DO NOT LIST THE VALUE OF PERSONAL AUTOMOBILES OR HOUSEHOLD FURNISHINGS. [NOTE: Each member must be listed. Enter member name in designated field followed by "None" in the Type of Asset field for those who do not have any. Otherwise, list assets held per member & value]

HOUSEHOLD ASSETS		
<u>Household Member's Name</u>	<u>Type of Asset*</u>	<u>Value (\$)</u>

Household Composition:

In the table below, list the additional household members who will reside in the household not already listed on page 1 or on an additional application. Include total number of household members in field at bottom of table to include members who may be listed on an additional application. Please also include any "unborn" children.

HOUSEHOLD COMPOSITION									
Name (First/Last)	*Gender M/F	Birth date	Age	Grade in School	Do you have full custody?	If not, list percent age of custody	Last 4#s of Social Security Number**	*Race (See Pg 1)	*Ethnicity (See Pg 1)
a.									
b.									
c.									
d.									
e.									
f.									

Total # of HH Members
Include Members on page one

Household Member #: a. _____, b. _____, c. _____, d. _____, e. _____, f. _____

*I decline to provide my Gender, Race and Ethnicity data (Each Household Member has the option to sign above if they're declining to provide this information.)

** Not Required from applicants who do not have contend eligible immigration status, who were age 62 or older as of January 31,2010 and who do not have a SSN, if they were receiving HUD rental assistance at another location in January 31, 2010

Special Needs (Optional):

Please answer the following questions.

Are you or another household member disabled? Yes No

Do you or a household member require a special accommodation in your unit or need accessible features in the unit?

Yes No

Special Needs (Optional) Continued:

If yes, select applicable accessibility needs below:

	<u>Accommodation</u>
	Wheelchair Accessible
	Walker/Cane Accessible
	Other Mobility Impairment Accessible
	Other Vision Impairment Accessible
	Other Hearing Impairment Accessible
	Other Permanent Disability Accessible
	Accessible Parking Space
	Live-in Attendant

If attendant is needed, please give name of attendant & ordering physician:

Name of Live-in Attendant

Name and Phone Number of Physician

Emergency Contact (Optional):

Please list the name and phone number of the person we should contact if we cannot reach you in the event of an emergency.

First/Last Name

Phone Number

Expenses (HUD-assisted units only):

Please enter dollar amount as *estimated monthly* figure for *all applicable expenses*. For fields that do not apply, enter zero (0). Do not use N/A in this section.

EXPENSES		
	<u>Applicant</u>	<u>Applicant</u>
Caregiver/Caregiver Duties	\$ _____	\$ _____
Child Care	\$ _____	\$ _____
Companion Animal Related	\$ _____	\$ _____
Dependent Care	\$ _____	\$ _____
Disability Related Equipment	\$ _____	\$ _____
Disability Related- Other	\$ _____	\$ _____
Health Insurance Related- Other	\$ _____	\$ _____
Medical Related- Other	\$ _____	\$ _____
Medicare Premium	\$ _____	\$ _____
Other Anticipated Medical	\$ _____	\$ _____
Over-the-Counter Medication Approved by Physician	\$ _____	\$ _____
Prescription Medication	\$ _____	\$ _____
Service Animal Related	\$ _____	\$ _____
TOTAL MONTHLY EXPENSE	\$ _____	\$ _____

Residential History: Please provide consecutive residential history. **This includes the addresses for family/friends you reside with, whether or not you pay rent, current/previous landlords & homeless shelters.**

RESIDENTIAL HISTORY		
	<u>Applicant</u>	<u>Applicant</u>
Name of CURRENT Housing Provider OR Property:		
List affiliation (circle one):	Family/ Friend/ Landlord/ Owned/Shelter	Family/ Friend/ Landlord/ Owned/Shelter
Address of Provider:		
Address of Applicant (<i>if different</i>):		
Provider/Property Phone Number:		
Dates of Occupancy : (mm/yy – mm/yy)		
Did you pay rent? If so, how much per month?		
Where you evicted or is eviction pending? If so, why?		
	<u>Applicant</u>	<u>Applicant</u>
Name of PREVIOUS Housing Provider OR Property:		
List affiliation (circle one):	Family/ Friend/ Landlord/ Owned/Shelter	Family/ Friend/ Landlord/ Owned/Shelter
Address of Provider:		
Address of Applicant (<i>if different</i>):		
Provider/Property Phone Number:		
Dates of Occupancy: (mm/yy – mm/yy)		
Did you pay rent? If so, how much per month?		
Were you evicted or is eviction pending? If so, explain why:		
	<u>Applicant</u>	<u>Applicant</u>
Name of PREVIOUS Housing Provider OR Property		
List affiliation (circle one):	Family/ Friend/ Landlord/ Owned/Shelter	Family/ Friend/ Landlord/ Owned/Shelter
Address of Provider:		
Address of Applicant (<i>if different</i>):		
Provider/Property Phone Number:		
Dates of Occupancy: (mm/yy – mm/yy)		
Did you pay rent? If so, how much per month?		

Were you evicted or is eviction pending? If so, explain why:		
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Please list all states and counties you have resided in:

Applicant 1:

ST: _____ ST: _____ ST: _____ ST: _____ ST: _____

COUNTY: _____ COUNTY: _____ COUNTY: _____ COUNTY: _____ COUNTY: _____

Applicant 2:

ST: _____ ST: _____ ST: _____ ST: _____ ST: _____

COUNTY: _____ COUNTY: _____ COUNTY: _____ COUNTY: _____ COUNTY: _____

POLICY STATEMENT & CERTIFICATION

Any general information included as part of an individual household member's records will be made accessible between departments. Other information not routinely in a household's records may be shared between professional staff on a need-to-know basis at the discretion of the department or site head staff person. Information, which involves criminal acts, including use of physical force, offenses against other persons, child abuse and neglect, etc., will be automatically reported to appropriate authorities as required by law.

I/We am/are applying for housing and state that all information provided herein is true, accurate, and complete to the best of my knowledge and belief. Application includes pages 1 through 6 of this application. The information obtained will be used for management purposes only and will be held in confidence.

Acknowledgment of being informed of the above:

Signature of Applicant

Date

Signature of Applicant

Date

ACKNOWLEDGEMENT

Any changes to your income, assets, household composition or student status from the date you signed your application up to your move in date, must be reported to Casitas of Hayward - The Unity Council. Failure to do so could result in denial of your move in. If after move in we discover that changes were not reported, Casitas of Hayward - The Unity Council may be required to take steps that could result in eviction.

Initials Initials

PENALTIES FOR MISUSING THIS CONSENT

*Title 18, Section 1001 of the U.S. Code states that 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 use 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 willingly 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) ** 6/29/2007*



APPLICATION CLARIFICATION NOTES

This section is to be used only to clarify items listed on the application itself.

Item:

Item:

Item:

Item:

Item:

Item:



Discrimination Prohibited: The landlord will not discriminate based upon race, color, religion, creed, national origin, sex, age, familial status, or disability.



NOTICE OF RIGHT TO REASONABLE ACCOMMODATION/MODIFICATION

If you have a disability and as a result of your disability you need . . .

- a change in the rules or policies or how we do things that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site,
- a change or repair in your apartment or a special type of apartment that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site,
- a change or repair to some other part of the housing site that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site.

If you can show that you have a disability and if your request is reasonable (***does not pose “an undue financial or administrative burden”**), we will try to make the changes you request.

We will give you an answer in 10 working days unless there is a need for verification of the request. In that case, the response time is 15 working days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out a REASONABLE ACCOMMODATION/MODIFICATION REQUEST FORM or if you want to give us your request in some other way, we will help you.

You can get a REASONABLE ACCOMMODATION/MODIFICATION REQUEST FORM at the Property office or by emailing hbrown@unitycouncil.org or by Fax: 510.261.4916

NOTE: All information you provide will be kept confidential and be used only to help you have an equal opportunity to use and enjoy your housing and the common areas.

** This legal phrase means if it is not too expensive and too difficult to arrange.*

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



APPLYING FOR HUD HOUSING ASSISTANCE?

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

Do You Realize...

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

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

Do You Know...

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

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

So Be Careful!

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

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

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

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

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

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

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

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

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

Ask Questions

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

Watch Out for Housing Assistance Scams!

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

Report Fraud

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



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



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION



**What YOU Should Know
if You are Applying for or are Receiving
Rental Assistance through the Department of
Housing and Urban Development (HUD)**

What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".



What income information is in EIV and where does it come from?

The Social Security Administration:

- Social Security (SS) benefits
- Supplemental Security Income (SSI) benefits
- Dual Entitlement SS benefits

The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):

- Wages
- Unemployment compensation
- New Hire (W-4)

What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

Property owners and managers are able to use the EIV system to determine if you:

- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

Is my consent required to get information about me from EIV?

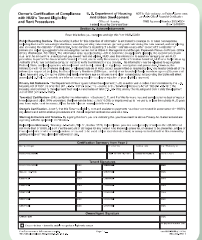
Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenants Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.



Penalties for providing false information

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to \$10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

Protect yourself, follow HUD reporting requirements

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. 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*
 - *Social security for children, etc.*

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.



Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent Is Determined" which includes a listing of what is included or excluded from income.

What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: <http://www.ssa.gov/pubs/10064.html>.

Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in; and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.



Where can I obtain more information on EIV and the income verification process?

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm.



JULY 2009

FACT SHEET

For HUD ASSISTED RESIDENTS

Section 202/162 – Project Assistance Contract (PAC) Section 202/811 – Project Rental Assistance Contract (PRAC)

“HOW YOUR RENT IS DETERMINED”

Office of Housing

June 2007

This Fact Sheet is a general guide to inform the Owner/Management Agents (OA) and HUD-assisted residents of the responsibilities and rights regarding income disclosure and verification.

Why Determining Income and Rent Correctly is Important

Department of Housing and Urban Development studies show that many resident families pay incorrect rent. The main causes of this problem are:

- Under-reporting of income by resident families, and
- OAs not granting exclusions and deductions to which resident families are entitled.

OAs and residents all have a responsibility in ensuring that the correct rent is paid.

OAs' Responsibilities:

- Obtain accurate income information

- Verify resident income
- Ensure residents receive the exclusions and deductions to which they are entitled
- Accurately calculate Tenant Rent
- Provide tenants a copy of lease agreement and income and rent determinations
- Recalculate rent when changes in family composition and decreases or increases in income are reported by \$200 more per month
- Provide information on OA policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining rent

Residents' Responsibilities:

- Provide accurate family composition information
- Report all income
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income occurring between annual recertifications
- Sign consent forms for income verification
- Follow lease requirements and house rules

Income Determinations

A family's anticipated gross income determines not only eligibility for assistance, but also determines the rent a family will pay and the subsidy required. The anticipated income, subject to exclusions and deductions the family will receive during the next twelve (12) months, is used to determine the family's rent.

What is Annual Income?

Gross Income – Income Exclusions = Annual Income

What is Adjusted Income?

Annual Income – Deductions = Adjusted Income

Determining Tenant Rent

The rent a family will pay is the **highest** of the following amounts:

- 30% of the family's monthly *adjusted* income
- 10% of the family's monthly income
- Welfare rent or welfare payment from agency to assist family in paying housing costs.

Note: An owner may admit an applicant to the PAC program only if the Total Tenant Payment is less than the gross rent. This note does not apply to the PRAC program. In some instances under the PRAC program a

tenant's Total Tenant Payment will exceed the PRAC operating rent (gross rent).

Income and Assets

HUD assisted residents are required to report **all** income from all sources to the Owner or Agent (OA).

Exclusions to income and deductions are part of the tenant rent process.

When determining the amount of income from assets to be included in annual income, the actual income derived from the assets is included except when the cash value of all of the assets is in excess of \$5,000, then the amount included in annual income is the higher of 2% of the total assets or the actual income derived from the assets.

Annual Income Includes:

- Full amount (before payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services
- Net income from the operation of a business or profession
- Interest, dividends and other net income of any kind from real or personal property (See Assets Include/Assets Do Not Include below)
- Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount ******(except for deferred periodic payments of supplemental security income and social security benefits, see Exclusions from annual Income, below)******
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay ******(except for lump-sum additions to family assets, see Exclusions from Annual Income, below)******
- Welfare assistance
- Periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling
- All regular pay, special pay and allowances of a member of the Armed Forces (except for special pay for exposure to hostile fire)
- ******For Section 8 programs only, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965,

shall be considered income to that individual, except that financial assistance is not considered annual income for persons over the age of 23 with dependent children or if a student is living with his or her parents who are receiving section 8 assistance. For the purpose of this paragraph, "financial assistance" does not include loan proceeds for the purpose of determining income.******

Assets Include:

- Stocks, bonds, Treasury bills, certificates of deposit, money market accounts
- Individual retirement and Keogh accounts
- Retirement and pension funds
- Cash held in savings and checking accounts, safe deposit boxes, homes, etc.
- Cash value of whole life insurance policies available to the individual before death
- Equity in rental property and other capital investments
- Personal property held as an investment
- Lump sum receipts or one-time receipts
- Mortgage or deed of trust held by an applicant
- Assets disposed of for less than fair market value.

Assets Do Not Include:

- Necessary personal property (clothing, furniture, cars, wedding ring, vehicles specially equipped for persons with disabilities)
- Interests in Indian trust land
- Term life insurance policies
- Equity in the cooperative unit in which the family lives
- Assets that are part of an active business
- Assets that are not effectively owned by the applicant or are held in an individual's name but:
 - The assets and any income they earn accrue to the benefit of someone else who is not a member of the household, and
 - that other person is responsible for income taxes incurred on income generated by the assets
- Assets that are not accessible to the applicant and provide no income to the applicant (Example: A battered spouse owns a house with her husband. Due to the domestic situation, she receives no income from the asset and cannot convert the asset to cash.)
- Assets disposed of for less than fair market value as a result of:
 - Foreclosure
 - Bankruptcy
 - Divorce or separation agreement if the applicant

or resident receives important consideration not necessarily in dollars.

Exclusions from Annual Income:

- Income from the employment of children (including foster children) under the age of 18
- Payment received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member
- Income of a live-in aide
- **Subject to the inclusion of income for the Section 8 program for students who are enrolled in an institution of higher education under Annual Income Includes, above,**The full amount of student financial assistance either paid directly to the student or to the educational institution
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire
- Amounts received under training programs funded by HUD
- Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)
- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program
- Resident service stipend (not to exceed \$200 per month)
- Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs and training of a family member as resident management staff
- Temporary, non-recurring or sporadic income (including gifts)

- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era
- Earnings in excess of \$480 for each full time student 18 years old or older (excluding head of household, co-head or spouse)
- Adoption assistance payments in excess of \$480 per adopted child
- Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts
- Amounts received by the family in the form of refunds or rebates under State of local law for property taxes paid on the dwelling unit
- Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home

Federally Mandated Exclusions:

- Value of the allotment provided to an eligible household under the Food Stamp Act of 1977
- Payments to Volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act
- Income derived from certain submarginal land of the US that is held in trust for certain Indian Tribes
- Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program
- Payments received under programs funded in whole or in part under the Job Training Partnership Act
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians
- The first \$2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the US. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands
- Amounts of scholarships funded under Title IV of the Higher Education Act of 1965, including awards under the Federal work-study program or under the Bureau of Indian Affairs student assistance programs
- Payments received from programs funded under Title V of the Older Americans Act of 1985
- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund

established pursuant to the settlement in *In Re Agent-product liability litigation*

- Payments received under the Maine Indian Claims Settlement Act of 1980
- The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990
- Earned income tax credit (EITC) refund payments on or after January 1, 1991
- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation
- Allowance, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- Any allowance paid under the provisions of 38U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran
- Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act
- Allowances, earnings and payments to individuals participating under the Workforce Investment Act of 1998

Deductions:

- \$480 for each dependent including full time students or persons with a disability
- \$400 for any elderly family or disabled family
- Unreimbursed medical expenses of any elderly family or disabled family that total more than 3% of Annual Income the expenditure is applied only one time
- Unreimbursed reasonable attendant care and auxiliary apparatus expenses for disabled family member(s) to allow family member(s) to work that total more than 3% of Annual Income
- If an elderly family has both unreimbursed medical expenses and disability assistance expenses, the family's 3% of income expenditure is applied only one time
- Any reasonable child care expenses for children under age 13 necessary to enable a member of the family to be employed or to further his or her education.

Reference Materials

Regulations:

- General HUD Program Requirements; 24 CFR Part 5 and CFR 24 Part 891.

Handbook:

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

Notices:

- "Federally Mandated Exclusions" Notice 66 FR 4669, April 20, 2001

For More Information:

Find out more about HUD's programs on HUD's Internet homepage at <http://www.hud.gov>



LAS BOUGAINVILLEAS
RESIDENT SELECTION CRITERIA
Affordable Senior Housing - 202 PRAC

Revised 03/15/22

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RESIDENT SELECTION PLAN

1. PREFACE

The Unity Council is a non-profit California Corporation. It owns and operates Las Bougainvilleas Senior Housing. The purpose of this complex is to provide housing for **very low-income** elderly individuals and families through the Department of Housing and Urban Development's Section 202 Capital Advance Program (24 CFR part 891, subparts A, B, C, D). Income eligibility is determined by using the HUD-published "**Very Low**" income limits for the area.

Our non-profit corporation accepts applications, admits residents and employs staff without regard to race, color, religion, sex, disability, familial status, national origin, marital status, ancestry, source of income, age, medical condition (cancer/genetic characteristics), creed, Acquired Immune Deficiency Syndrome (AIDS), or AIDS related conditions (ARC), or any arbitrary basis. We do not discriminate on the basis of disability status in the admission, or access to, or treatment, or employment in our federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Director of Property Management
Heather Brown
3301 E 12th St Ste. 177
Oakland, CA 94601

2. SELECTION & SCREENING CRITERIA

A. RESIDENT SELECTION & SCREENING CRITERIA

All potentially eligible, qualified applicants will be solicited in accordance with the HUD-Approved Affirmative Fair Housing Marketing Plan (HUD Form 935.2), and admitted after complying with all admissions requirements in HUD Handbook 4350.3 REV-1 (including all changes) and the applicable HUD-published Income Limits for the area.

B. PROGRAM ELIGIBILITY REQUIREMENTS

To live at Las Bougainvilleas, you must be:

- 62 years of age or older (Head of Household or Spouse);
- An eligible household as defined in this plan; and
- Within the appropriate income limits. *

*Specifically, this means that admission to Las Bougainvilleas is limited to those applicants whose income meets the **Very Low** Income Limits for this area.

Regulations as outlined by the Dept. of HUD will also have an effect on this policy. Therefore, HUD Manual 4350.3 REV-1 as amended is also made a part of this policy along with any changes that



HUD may make from time to time. California law that applies to Fair Housing policies shall also be followed as part of this policy.

C. PROCEDURES FOR APPLYING FOR HOUSING

All persons/families interested in applying for housing at Las Bougainvilleas must comply with the following requirements to be considered for housing:

- Applicants must complete the application packet, sign, and return it to this site. Leasing office will Date and time-stamped property received original application.
- Applicants must list all household members who will reside in the unit.
- Applicants must provide proof of identity.
- Effective January 31, 2010, all household members must provide the complete and accurate Social Security Number assigned to each member of the applicant's household and the documentation necessary to prove that the Social Security Number is accurate.

For eligibility purposes, the requirement to disclose a Social Security Number is waived if no Social Security Number has been assigned and:

- A household member is 62 or older as of January 31, 2010 and eligibility determination started before January 31, 2010.
- A household member is an ineligible non-citizen. This household member does not qualify for assistance therefore household assistance will be prorated.

Applicant households who have not disclosed and/or provided verification of their SSNs at the time an apartment becomes available will be given 90 days from the date an apartment is first offered to disclose and/or verify the SSNs. During this time, the applicant may retain their place on the waiting list, but the available apartment will be offered to the next applicant 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 household will be determined ineligible and removed from the waiting list.

The owner/agent must deny and/or terminate HUD assistance, in accordance with the provisions governing the program, if the assistance applicant does not meet the applicable SSN disclosure, documentation, and verification requirements.

The Social Security Number provided will be compared to the information recorded in the Social Security Administration database (through HUD's Enterprise Income Verification System) to ensure that the Social Security Number, birth date and last name match. If EIV returns an error that cannot be explained or resolved, assistance and/or tenancy may be terminated and any assistance paid in error must be returned to HUD. If the applicant/resident deliberately provides an inaccurate Social Security Number, the owner/agent and/or HUD may pursue additional penalties due to attempted fraud.

- All Applicants MUST disclose if they are currently receiving HUD housing assistance. The owner/agent will not knowingly assist applicants who will maintain a residence in addition to the HUD-assisted unit.

HUD provides the owner/agent with information about an applicant's current status as a HUD housing assistance recipient. The owner/agent will use the Enterprise Income Verification System's Existing Tenant Search to determine if the applicant or any member of



the applicant household is currently receiving HUD assistance.

Nothing prohibits a HUD housing assistance recipient from applying to this property. However, the applicant must move out of the current property and/or forfeit any voucher before HUD assistance on this property will begin. Special consideration applies to:

- 1) Minor children where both parents share 50% custody
- 2) Recipients of HUD assistance in another unit who are moving to establish a new household when other family/household members will remain in the original unit

If the applicant or any member of the applicant household fails to fully and accurately disclose rental history, the application may be denied based on the applicant's "misrepresentation" of information.

This information will be reviewed on an annual basis, at each annual certification. If any household member receives assistance in another HUD assisted unit while receiving assistance at this community, the household member will be required to reimburse HUD for assistance paid in error. This is considered a material lease violation and may result in penalties up to and including eviction and pursuit of fraud charges.

- Applicants must not have any evictions within the past five (5) years.
- Applicants must have an acceptable* credit history, as reported by a credit bureau. A credit report will be completed on all applicants to verify account credit ratings. The results will determine the applicant(s) eligibility to rent. Unfavorable accounts which will negatively influence the results include, but are not limited to: collections, charge-off, repossession, current or recent delinquency and bankruptcies within the past five (5) years. Applicants with a result of a decline will have the opportunity to appeal the decline recommendation.

**The absence of a credit history by itself will not be reason to reject an applicant.*

- Applicants must show ability to meet financial obligations in a satisfactory manner, and on time.
- Applicants must show that they have the ability to fulfill all the lease requirements. Persons with disabilities may meet the requirements of the lease with the assistance of others, including an assistance animal, a live-in aide, or with services provided by someone who does not live in the unit.
- Applicant/Households that contain any student(s) enrolled in an Institute of Higher Education as defined by the Higher Education Act of 1965-Amended 1998 will be deemed eligible if they meet all other eligibility requirements, pass screening criteria and:
 - Are of legal contract age under state law;
 - 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;
 - Not be claimed as a dependent by parents or legal guardians pursuant to IRS regulations; and
 - Obtain a certification of the amount of financial assistance that will be provided by parents, signed by the individual providing the support. This certification is required even if no assistance will be provided.
- Applicants must have an acceptable criminal background check. Acceptable means it does



not reveal:

- Any household member currently engaging in illegal use of drugs or for which the owner has reasonable cause to believe that a member's illegal use or pattern of illegal use of a drug may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents.
- Any household member who is subject to a state sex offender lifetime registration requirement.
- Any household member if there is reasonable cause to believe that the member's behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety, and right to peaceful enjoyment by other residents.
- Any household member who has any conviction or adjudication other than an acquittal of:
 - First-degree murder,
 - Sex offenses, including but not limited to forcible rape, child molestation, and aggravated sexual battery,
 - Arson, or
 - Crimes involving explosives.
- Any household member who within 10 years from the date of application any conviction or adjudication other than acquittal of a felony that involved bodily harm against a person or property, including but not exclusive of:
 - Homicide (other than first-degree murder),
 - Manslaughter,
 - Armed robbery,
 - Aggravated Assault,
 - Buying, receiving, or possession of stolen property,
 - Burglary or theft,
 - Auto theft,
 - Embezzlement,
 - Sales, or manufacture of a controlled substance,
 - Any crime of violence that may establish that the applicant constitutes a direct threat to the health or safety of other individuals.
- Any household member who within 5 years from the date of application any conviction or adjudication other than acquittal of a felony or misdemeanor crime, including but not exclusive of:
 - A crime involving the illegal use of a controlled substance other than sales or manufacture,
 - Illegal gambling,
 - Prostitution,
 - Commercialized vice,
 - Stalking,
 - Cruelty to animals,
 - Theft by check,



- Forgery,
 - Weapons offenses.
-
- Any household member who within 3 years from the date of application any conviction or adjudication other than acquittal of:
 - Any other felony, not included above

 - Any household member who has a pending case and/or current arrest warrant for a crime listed above.

 - Any household member who is actively on probation or parole for a crime listed above, or is currently participating in a Pre-Trial Intervention/Diversion program resulting from a crime listed above.
-
- Applicants must have acceptable landlord references*. Acceptable is defined as:
 - Rent was paid in a timely manner;
 - Full compliance with all the house rules;
 - Full compliance with lease requirements;
 - No history of disruptive behavior;
 - Property was left in an acceptable condition; and
 - All back balances paid in full;

References must include:

- Minimum 3 years rental history.
- Minimum 2 landlord references.
- One (1) reference from the applicant's current landlord will be accepted from applicants who have resided in one location 10 years or longer. If landlord(s) does not respond, applicant must provide 3 third party references that can verify the applicants rental history.

**The absence of previous rental history by itself will not be reason to reject an applicant.*

It is the intent of this Resident Selection Plan to use various forms of verification of previous history and behavior to show evidence that an applicant can demonstrate responsibility as a resident. In cases where no verification of relevant previous history or behavior (landlord references, credit history, etc.) can be confirmed, the owner is not obligated to rent a unit to the applicant.

All of this information will be verified in accordance with HUD Regulations and Requirements, as stated in HUD Handbook 4350.3REV-1. Applicants will be required to sign appropriate forms authorizing management to verify any and all factors that affect the applicant's eligibility, the rent that the applicant will pay, or the subsidy that they would receive.



D. VAWA

The final rule implementation in HUD Housing Program of the Reauthorization Act of 2013; Violence Against Women (VAWA) provides protections for all victims of domestic violence, dating violence, sexual assaults and stalking. VAWA protections are not only available for women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation, and which must be applied consistent with all nondiscrimination, and fair housing requirements. Victims cannot be discriminated against on the basis of any protected characteristic including race, color, national origin, religion, sex, family status, disability, or age.

VAWA 2013 expands protections for victims of domestic violence, dating violence, sexual assault, and stalking by amending the definition of domestic violence to include violence committed by intimate partners of victim, and providing that based on their status as a victim an applicant cannot be denial admission or rental assistance in a HUD housing program; if the applicant otherwise qualifies for assistance or admission. Also a tenant cannot be terminated or evicted from a housing community based on their status as a victim.

The new law also expands remedies for victims of domestic, violence, dating violence, sexual assault, and stalking by requiring covered housing providers to have emergencies transfer plans, and providing that if housing providers allow for bifurcation of a lease, then tenants should have a reasonable time to establish eligibility for assistance under VAWA covered program or to find new housing when an assisted household has to be divided as a result of the violence or abuse covered by VAWA.

If an incident of actual or threatened domestic violence, dating violence or stalking is reported, the applicant will be asked to complete and sign the HUD-approved certification form (HUD - 5382) documentation signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, medical or mental health professional, police records and other professional) attesting to the veracity of the abuse.

All information relating to incidents of domestic violence will be retained in confidence and will not be disclosed to related entities, except to the extent that the disclosure is a) requested or consented to by the individual in writing; b) required for use in an eviction proceeding or termination of assistance; or c) otherwise required by applicable law.

Reasonable Accommodations will be made to all disabled residents and applicants who request such accommodation in regards to communication, processing, policies, and community services in accordance with the Reasonable Accommodations Policy. (Attachment 1)

E. INTERVIEWS

Leasing office will review application completeness, and legibility, and to determine that they meet the basic requirements to qualify for this housing program. If it appears that the applicant meets the basic requirements, the applicant will be added to the waiting list. This in no way means that an applicant qualifies for a unit.

As an applicant's name approaches the top of the Waiting List, an interview will be scheduled. All



adult members of the applicant's household must attend this interview. Two failures to attend an agreed-upon time for an interview will be grounds for rejection. For applicants with limited English proficiency, language assistance is available.

During the interview, all items on the application will be discussed and confirmed, and verification forms will be signed by the applicant(s) 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 by "third party" verification, per HUD Regulations and Procedures. Third party verification includes sending verification forms and/or conducting 3rd party oral verification directly to the source, but also includes the use of HUD's Enterprise Income Verification System which pulls data directly from the Department of Health and Human Services (HHS), the Department of Housing and Urban Development (HUD), the Social Security Administration (SSA), and Medicare/Medicaid.

Eligibility for housing can be confirmed only after all items of income, assets, household composition, etc., which may have any bearing on the rent that they may pay or subsidy they may receive, are verified.

F. SCREENING/REJECTION CRITERIA

An application may be rejected for any one of the following reasons:

- The applicant/household does not meet the definition of an elderly person;
- The household gross income (using the HUD definition of income) is over the applicable income limits published by HUD;
- The applicant/household has an unacceptable credit history as reported by a credit agency;
- There is submission of false or untrue information on the application;
- Failure to cooperate in the verification process including failure to provide requested information within 30 calendar days;
- Failure to schedule and/or attend two interviews;
- The applicant/household has refused two offered apartments and does not have a valid medical reason;
- The applicant/household has refused three offered apartments;
- The applicant/household has an unacceptable criminal background;
- The applicant/household has been evicted within the past five (5) years;
- The applicant/household has bade debt, charge offs or collection in excess of 6000, not including medical or student debt.
- The applicant/household has an unacceptable reference from a current or previous landlord;
- The household size is not appropriate for any unit size in this community;
- Failure to sign designated or required forms and/or documents upon request;
- Failure to provide a valid Photo identification for adults 18 years of age and older; provide birth certificates for household members below 18 years of age; Failure to disclose and document Social Security numbers on all non-exempt household members within 90 days of the date the household was first offered a unit;



- The applicant/household has a pet that does not conform to the community's Pet Policy;
- This will not be the only residence for the applicant/household;
- The applicant/household is not willing to pay the rent as calculated under the PRAC program;
- The applicant/household is not capable of fulfilling the lease agreement, with or without the assistance of a third party, such as a live-in aide, a relative, or a contract service;
- The applicant/household is unwilling to comply with the Live-In Aide Policy.

G. REJECTION PROCEDURES

When Management rejects an application, 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 state that the applicant has the opportunity to request a meeting with Corporate Management to discuss the rejection and present any extenuating circumstances they would like to have considered. In addition, if the applicant is an individual with disabilities, and the reason their application is being denied is related to their disability, the applicant may request a meeting to discuss whether a reasonable accommodation would make their application acceptable.

If the applicant wants to request a meeting, the applicant's written request must be sent to Las Bougainvilleas within fourteen (14) calendar days of the applicant's receipt of the rejection notice. The requested meeting will be held in person or by phone by management within a reasonable period of time (usually fourteen (14) calendar days), and is to be held by a "disinterested" third party (someone who was not a party to the decision to reject).

After the meeting, the applicant must be notified, in writing, within five (5) calendar days whether or not the original decision has been changed. All of this material (original application, rejection letter, applicant's request for a meeting, summary of the meeting and final determination) must be kept for three (3) years, confidentially, in the files.

H. DEFINITIONS

ACCESSIBLE UNIT

A unit that is located on an accessible route and when designed, constructed, altered or adapted can be approached, entered, and used by individuals with a physical impairment.

ELDERLY PERSON/HOUSEHOLD

An elderly person is a household composed of one or more persons at least one of whom is 62 years of age or more at the time of initial occupancy. Adult children are not eligible to move into a Section 202 PRAC after initial occupancy unless they are performing the functions of a live-in aide and are classified as a live-in aide for eligibility purposes.

LIVE-IN AIDE

A Live-In Aide is a person who resides with one or more elderly persons, near-elderly persons, persons with disabilities and who:

1. Is determined 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.

A relative may be a Live-In Aide but must meet all of the above requirements, and sign a statement



to that effect.

A Live-In Aide qualifies for occupancy only as long as the individual needs support services and can not qualify for continued occupancy as a remaining household member. A Live-In Aide must meet the same requirements as the applicant for criminal background and drug abuse screening prior to acceptance as a Live-In Aide. The need for the live-in aide will be verified.

PHYSICAL DISABILITY

A physical impairment which:

1. Is expected to be of long-continued and indefinite duration;
2. Substantially impedes his or her ability to live independently; and
3. Is of such a nature that such ability to live independently could be improved by more suitable housing conditions.

3. ADMISSIONS

Applicants will be considered by Las Bougainvilleas according to their chronological order on the waiting list.

Units designed specifically for a person with disabilities, whenever possible, will be rented to a household or individual needing that specific unit type. These units will be offered first to current residents, and then to applicants, who have noted the need for such unit on their application, based upon their chronological order on the waiting list. In all instances, units designed specifically for a person with disabilities should be rented to a household with a member needing that type of unit. Outreach will be done to community agencies and organizations to accomplish this.

In the unlikely event that no resident or applicant/household on the waiting list requires that unit type, the next applicant on the waiting list can be housed there (temporarily) only after signing a lease addendum that they will move at their own expense within 30 days of written notification by management that there is a need for their particular unit and an appropriate sized unit is available.

4. WAITING LIST ADMINISTRATION

Any applicant, who appears to qualify after Las Bougainvilleas 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. The applicant is then informed approximately how long the wait for a unit may be. All applicants on the waiting list are required to provide timely changes to their contact information.

Management will send a routine letter/postcard, every 6 to 12 months to all applicants on the Waiting List requesting update information and asking if they wish to remain on the Waiting List. If this letter is not responded to within 30 calendar days, their name will be removed from the Waiting List. Notification of removal from the waiting list will be made in writing. The Waiting List may be closed to any further applicants when the average wait for a unit exceeds one (1) year. Notices will



be sent to agencies listed in the Affirmative Fair Housing Marketing Plan.

A notice will be prominently posted in the management /rental office or reception area, stating that the Waiting List is closed. If a Waiting List is to be reopened, notice of this will be made according to the HUD-approved Affirmative Fair Housing Marketing Plan, 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.

A. GENERAL WAITING LIST ADMINISTRATIVE GUIDELINES

If an applicant on the Waiting List is offered an apartment he/she may refuse the offered apartment once and maintain their place on the waiting list. The applicant will not be contacted again for a 30 calendar day period. If a second apartment is offered and refused, the applicant will be rejected unless a valid medical reason exists. A third refusal for any reason will cause the applicant to be rejected and removed from the waiting list. When a unit becomes available, in-place residents requiring a different unit will be housed appropriately before an applicant will be selected from the Waiting List. In this manner, management will be able to avoid displacing, through eviction or other actions, current residents whose housing needs have changed since admission. This will be done in chronological order, based upon the date the Transfer Application was submitted.

5. UNIT SIZE STANDARDS AND GUIDELINES

1. A maximum of two persons can occupy a one-bedroom apartment.
When counting household members, every member listed on the application, 50059, or lease is counted including all full-time members, persons temporarily absent from the family, children anticipated to live with the family, live-in aides, foster children, and foster adults.
2. Exceptions to these standards may be made in accordance with the Reasonable Accommodation Policy. (See Attachment #1)

6. UNIT TRANSFER POLICY

All unit transfers will be in accordance with the Las Bougainvilleas Transfer Policy. (Attachment #2)
No preference will be given to residents wishing to be relocated to other facilities owned or managed by the same corporation.

7. PET POLICY

1. Pets are allowed in accordance with the Pet Policy. Approved pets must have registration, proof of vaccination and alternate caregiver required and \$300 Pet Deposit is required.
2. Service animals or Companion animals (Assistance Animals) are allowed with a



provider's verification. Please review the Reasonable Accommodation and Modification Policy.

8. REVISION OF RESIDENT SELECTION PLAN

Las Bougainvilleas reserves the right to make modifications to this plan as necessary. When the plan is revised, the effective date of the new plan will be noted on the cover page. In addition, any time a new plan is implemented, all applicants on the waiting list and current residents will be provided with notice that a revised plan is being implemented and that they may request a copy from the Las Bougainvilleas management office.

Attachments:

- 1) Reasonable Accommodation Policy**
- 2) Transfer Policy**



Attachment 1 – Reasonable Accommodation Policy

Casitas of Hayward and The Unity Council

Management recognizes its obligations to reasonably accommodate individuals with disabilities in all phases of its operations. This includes employees, applicants for housing and residents currently in housing owned and operated by the Unity Council/ Casitas of Hayward.

The Reasonable Accommodations requirements are expressed in the Fair Housing Act Amendment of 1988 as promulgated by the Department of Housing and Urban Development (24 CFR Parts 14 et seq.) with respect to applicants for occupancy in our housing and current residents of our properties.

In accordance with these regulations, and in recognition of our obligations, Casitas of Hayward and the Unity Council hereby put forth this Reasonable Accommodations Policy as follows:

1. Management will make reasonable accommodations, which are changes, exceptions, or adjustments to a program, service, building, dwelling unit, or workplace that will allow a qualified person with a disability to participate fully in a program, take advantage of a service, live in a dwelling, or perform a job.
2. Management will make accommodations that are both reasonable and necessary to afford an individual with disabilities equal opportunity.
3. Management will determine whether a request for accommodation is reasonable and may propose an alternative that is equally as effective in affording equal opportunity.
4. In order to be eligible for a reasonable accommodation, an individual must be considered disabled as defined by Federal Law. *A person with disabilities is defined as someone who has a physical or mental impairment that substantially limits one or more major life activities; is regarded as having such an impairment; or has a record of such an impairment.*
5. Normally a reasonable accommodations request should be submitted in writing, but whenever a resident, applicant, or employee makes it clear that a request is being made for an exception, change, or adjustment to a rule, policy, practice, service, or physical structure because of his or her disability, management will consider the request. *Reasonable Accommodation requests can be made by the person with the disability, a family member, or someone else acting on the individual's behalf.*

It is usually helpful for both the individual with the disability and management if the request is reduced to writing. If the individual with a disability requires assistance in providing a written reasonable accommodation request, management will assist the individual with disabilities with this request.

6. Upon receiving the request, management will attempt to verify that the applicant/resident/employee meets the definition of a person with disabilities listed above, and needs the accommodation in order to benefit from the programs, or services offered at this community.
7. Management will respond in writing, and in a manner deemed most understandable to the



applicant/resident/employee, within ten (10) working days from the date the verification was received back from the source.

8. Management does not, by law, have to honor a reasonable accommodation request that would result in:
 - a. a fundamental alteration in the nature of the program. This means that management does not have to provide services that are not presently being provided. In such case, the individual may obtain the service(s) on his/her own;
 - b. an undue financial burden. This determination will be made on a case-by-case basis, involving various factors, such as the cost of the reasonable accommodation, the financial resources of the property, the benefits the accommodation would provide the requester, and the availability of alternative accommodations that would adequately meet the requester's disability-related need.
 - c. an undue administrative burden. This means the accommodation would not easily be accomplished with existing staff and would require the hiring of additional staff or would result in a reduction in services to other residents.
9. If an accommodation request falls into one of the three categories in (8) above, management will endeavor to identify an equally effective means of meeting the individual's needs. Reasonable accommodations are based on need, not a preference. Management may also, where a request is denied for reasons permitted by law, allow the individual to make modifications at their own expense. In those cases, management may require the individual to escrow money so that any modifications made can be restored at the conclusion of an individual's tenancy.
9. Management will allow assistance and companion animals. Management will verify the need for the assistance or companion animal (unless the need is readily apparent or already known), and the resident is responsible for the conduct of the animal at all times in a manner consistent with the lease.
10. This reasonable accommodation policy also applies to employees with disabilities who meet the definition of disabled contained in this policy. Employees with disabilities shall, subject to the limitation described in (8) above, be eligible for reasonable accommodations that will permit them to perform the essential functions of the job.
11. Consideration of all accommodation requests shall be made on a case-by-case basis.
12. Individuals who believe they have been discriminated against in connection with this policy should contact the owner/managing agent's **Section 504 Coordinator** who is:

Heather Brown
Director of Property Management
3301 E 12th St Ste 177 Oakland, CA 94601
Oakland, CA 94601
13. Individuals who believe they have been discriminated against also have the right to file a complaint with the U.S. Department of Housing and Urban Development (HUD). These individuals should send a letter specifying their complaint to the following address:



Assistant Secretary for Fair Housing and Equal Opportunity
U.S. Department of Housing and Urban Development
451 Seventh Street, S.W., Room 5100
Washington, D.C. 20410



Attachment 2 – Transfer Policy

Casitas of Hayward and The Unity Council

1. Residents needing a unit with accessibility features, or needing a reasonable accommodation due to a disability, or needing a different unit size due to a change in family composition have priority to transfer over an applicant on the waiting list. Only persons who need accessibility features will occupy accessible units. If no resident is in need of the vacant unit, the unit will be offered to the next applicant on the list who needs the accessibility features of the unit. If there is no applicant in need of the accessible unit, the unit will be offered to the next eligible applicant on the waiting list. Non-mobility-impaired persons occupying an accessible unit will be required to move when a mobility-impaired person needs the unit.
2. A waiting list of persons wishing to transfer will be maintained in the office. Transfer Applications will be considered in the order received following the order of preferences listed below.
3. Residents wishing to change units must make a written request on the attached form, the Transfer Application.
4. Preference will be given for in-house transfers to vacant units in the following order:
 - a. Placing a mobility-impaired person in a unit with accessibility features,
 - b. Reasonable Accommodations or medical requests documented with third-party verification from an appropriate source of information,
 - c. Changes in Household Composition,
 - d. Other reasons.Preferences within categories (a), (b), (c), and (d) will be based on chronological date of requests.
5. Requests for a transfer under Category d will not be accepted until the resident has lived in the building for six (6) months. In the absence of extraordinary circumstances, only one transfer per resident will be permitted under Category d.
6. Residents will be charged for resident-caused damages that exceed normal wear and tear of the vacating unit. These charges must be paid prior to transfer.
7. Transferring Resident will be required to:
 1. Sign a new lease;

And

 2. Pay a new Security Deposit, equal to one month's Total Tenant Payment or \$50, which ever is greater.

NOTE: Existing Security Deposit will be transferred to the new unit and the difference between the two deposits will be collected.
8. Residents who have serious lease violations will be denied the opportunity to transfer. Lease violations include, but are not limited to:



- a. Damage of property
 - b. Failure to pay rent on a timely basis
 - c. Violating peaceful enjoyment of neighbors
9. These policies will be superseded by any requirements from HUD or by Federal 504 regulations as the implementation of these regulations develop and/or change.

Residents who wish to appeal a decision made by Management may do so by writing to:

Casitas of Hayward
Heather Brown
Director of Property Management
3301 E 12th St. Ste 177
Oakland, CA 94601



Casitas of Hayward Las Bougainvilleas Senior Housing Transfer Application

DATE: _____

TO: Administrator

FROM: _____ APT # _____

I am requesting to transfer to a different unit.

My transfer request falls under the following category: (please circle one)

- a. My household consists of a person who requires a unit with accessibility features. I understand that the disability-related need for this unit will be verified through a third-party.
- b. My household consists of a person who needs a Reasonable Accommodation due to a disability or has a verifiable medical request for the transfer. I understand that this information will be verified through a third-party before my transfer request is approved.
- c. My family has experienced a change in household composition. Our household composition has gone from _____ to _____ members. We are requesting to be transferred to a _____ bedroom unit.
- d. Other Reason, please state your request and reason for the request below:

_____ -

I understand that **Las Bougainvilleas** has an established **Transfer Policy**. I have read that policy and understand that certain transfer requests are given priority over other and that there may be certain charges associated with my transfer.

Signature _____ Date _____

Do Not Write Below This Line

Date Received _____ Application Approved Yes No

Action Taken: _____

Total Charges for Excessive Damage (attach detail) _____



Date Resident Transferred _____

New Unit # _____