

THE UPPER ROOMS, INC.  
2334 PERRYVILLE AVENUE PITTSBURGH, PA 15214  
412-224-6692

Dear Applicant,

Thank you for your interest in the Upper Rooms. Enclosed is an application packet and information regarding our apartment community. To assist us in determining your eligibility for residency at the Upper Rooms, please complete the enclosed forms in their entirety and return it to our Management Office at your earliest convenience.

In addition to the enclosed forms, please submit the following:

1. A copy of your identification, social security card, and birth certificate
2. Income verification: 6 months of paystubs, current social security letter (must be dated the current month), copy of current investment incomes.
3. Banking statements: 6 months of both checking and savings account statements
4. Copies of receipts for all over the counter medication
5. Copies of all out of pocket medical expenses. (Must be actual receipts, not EOBs)

Once we determine your eligibility, you will be notified by mail. If you need assistance in filling out the application or have any questions, please feel free to contact the Management Office at (412)224-6692.

We look forward to meeting with you and assisting you with your housing needs.

Sincerely,

Upper Rooms Management

Should you need assistance with a hearing or speech disability, please dial 711 to utilize the Pennsylvania Relay Service.

A Ministry of the Reformed Presbyterian Woman's Association



**NOTICE**  
**UPPER ROOMS**  
**2334 PERRYSVILLE AVENUE**  
**PITTSBURGH, PA 15214**

**Applications will be accepted by mail or may be  
Dropped off at the address listed above.**

**To be considered for initial occupancy**  
**YEARLY INCOME LIMITS:**

**\$33,200.00 – Single**

**\$37,950.00 – Couple**

**Preference will be given to those persons 62 years of age or older**

**Meeting HUD's definition of Frail Elderly**

**as defined in 24CRF part 891.205, Definitions**

**Section 202 Supportive Housing for the Elderly Program.**

**For more information call 412-224-6692**





# THE UPPER ROOMS TENANT SELECTION PLAN

The Upper Rooms  
2334 Perrysville Ave.  
Pittsburgh PA 15214  
Phone: (412) 224-6692

# The Upper Rooms PRAC 202 Tenant Selection Plan

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# **The Upper Rooms PRAC 202 Tenant Selection Plan**

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## **Introduction**

The Upper Rooms provides affordable housing for senior individuals and families. This Tenant Selection Plan describes how the management of The Upper Rooms selects qualified applicants for occupancy.

The United States Department of Housing and Urban Development (HUD) provides rental subsidy for each unit through the project-based Section 8 program. The procedures that management uses during the selection process is in compliance with the HUD Handbook 4350.3, as amended, and all other applicable federal statutes and regulations, as well as all state and local requirements.

If Managements finds it necessary to implement any new or revised tenant selection policies that may affect an application or tenancy, a letter will be sent to each applicant on the Waiting List and to each tenant, and a public notice will be provided in the manner outlined in the Affirmative Fair Housing Marketing Plan.

## **Use of Marijuana in HUD Housing**

The use of marijuana is prohibited by Federal Law. The federal Controlled Substance Act ("CSA") continues to categorize marijuana as a Schedule 1 substance. As such, the manufacture, distribution, or possession of marijuana remains a federal criminal offense. Applicants will be denied admission to any household with a member who the owner determines is, at the time of application for admission, illegally using a controlled substance.

Furthermore, the U.S. Department of Housing and Urban Development ("HUD") has distributed a memorandum which provides that the use of marijuana for medical purposes violates federal law and that federal and state anti-discrimination laws do not require leasing offices to accommodate requests by current or prospective residents with disabilities to use medical marijuana. The use of medical marijuana is not a reasonable accommodation because: (a) persons who are currently using illegal drugs (which include medical marijuana) are disqualified from protection under the definition of disability in the law; and (b) such a proposed accommodation is not reasonable under the FHA because it would constitute a fundamental alteration in the nature of the property's operation.



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## **Policies to Comply with Civil Rights Laws and Statutes**

### **Affirmative Fair Housing Marketing Plan**

The Upper Rooms maintains an Affirmative Fair Housing Marketing Plan which outlines the affirmative marketing efforts the project uses in its outreach efforts. Management will provide a copy of the Affirmative Fair Housing Marketing Plan upon request.

### **Title VI of the Civil Rights Act of 1964**

Title VI of the Civil Rights Act of 1964 prohibits all recipients of federal financial assistance from discriminating based on race, color or national origin. The Upper Rooms complies with the provisions of this law in its day-to-day operations, including, but not limited to all rules, policies, practices, services, and all oral and written statements.

### **Limited English Proficiency**

Limited English Proficiency Management complies with Executive Order 13166 in its efforts to improve access to all of its program activities for persons who, as a result of national origin, are limited in their English proficiency. A Language Access Plan, which outlines the specific language assistance that is provided for persons who are limited in their English proficiency, is available for review upon request.

### **The Fair Housing Act**

As amended prohibits discrimination in housing on the basis of race, color, religion, sex, disability, familial status and national origin. In compliance with this law Management will not:

1. Refuse to rent or negotiate for rental of a dwelling based on race, color, religion, sex, disability, familial status and national origin.
2. Try to steer any potential tenants away from or toward particular units.
3. Make housing units and related services unavailable to any potential tenants.
4. Purposely provide false information to applicants about the availability of units that limits the living options of prospective tenants.
5. Deny or limit services based on race, color, religion, sex, disability, familial status and national origin.
6. Market available units in a discriminatory manner.
7. Refuse to make reasonable accommodations in rules, policies, practices, or services as may be necessary to afford handicapped persons equal opportunity to use and enjoy a dwelling.



# **The Upper Rooms PRAC 202 Tenant Selection Plan**

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## **Equal Access**

The Upper Rooms will provide Equal Access to housing regardless of sexual orientation, gender identity or marital status. Fair Housing guidelines prohibit discrimination in housing related transactions and it applies to all housing regardless of Federal Financial Assistance.

## **The Privacy Act of 1974, as amended**

In order to determine eligibility, Management is required to gather information on all applicants and tenants. The Privacy Act of 1974, as amended establishes controls over what personal information is collected by Management and how it is used. All applicants and tenants have the right to expect that the information they provide will be safeguarded and used only in accordance with law.

Under the Privacy Act applicants and tenants have the right to:

1. See records about themselves
2. Correct a record that is inaccurate, irrelevant, untimely, or incomplete.

All employees of The Upper Rooms are required to conduct their actions in a way that reflects a commitment to deal with applicants and tenants fairly and honestly, and to protect the tenant's right to privacy by ensuring that their personal information is protected.

In order to promote and maintain the privacy, confidentiality and security of all applicant and tenant records, has adopted these privacy principles provided by HUD:

1. Protecting individual privacy and safeguarding confidential information are a public trust.
2. No information will be collected or used that is not necessary and relevant for the administration of The Upper Rooms Apartment's programs, and other legally mandated or authorized purposes.
3. Information will be collected, to the greatest extent practicable, directly from the individual to whom it relates.
4. Information about individuals collected from third parties will be verified to the greatest extent practical with the individuals themselves before any adverse action is taken against them.
5. Personally identifiable information will be used only for the purpose for which it was collected, unless other uses are specifically authorized or mandated by law.
6. Personally identifiable information will be disposed of at the end of the retention period required by law or regulation.
7. Individual information will be kept confidential and will not be discussed with, nor disclosed to, any person within or outside of The Upper Rooms other than as authorized by law and in the performance of official duties.





## **The Upper Rooms PRAC 202 Tenant Selection Plan**

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8. Unauthorized access to individual information by any The Upper Rooms employee constitutes a serious breach of the confidentiality of that information and will not be tolerated.
9. Requirements governing the accuracy, reliability, completeness, and timeliness of individual information will ensure fair treatment of all individuals.
10. The privacy rights of individuals will be respected at all times and every individual will be treated honestly, fairly, and respectfully.

### **Section 504 of the Rehabilitation Act of 1973**

Section 504 of the Rehabilitation Act of 1973 ("Section 504") prohibits discrimination based upon disability in all programs or activities operated by recipients of federal financial assistance. In order to comply with Section 504, The Upper Rooms will:

1. Make and pay for reasonable structural modifications to units and/or common areas that are needed by applicants and tenants with disabilities, unless these modifications would change the fundamental nature of the project or result in undue financial and administrative burdens.
2. Operate housing that is not segregated based upon disability or type of disability, unless authorized by federal statute or executive order.
3. Provide auxiliary aids and services necessary for effective communication with persons with disabilities.

### **Victims of Domestic Violence**

The Violence Against Women Act (VAWA) provides that criminal activity directly relating to domestic violence, dating violence, or stalking, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, shall not be cause for termination of assistance, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or the threatened victim of that abuse. VAWA also provides that an incident(s) of actual or threatened domestic violence, dating violence, sexual assault or stalking will not be construed as serious or repeated violations of the lease by the victim (or threatened victim) and will not be "good cause" for the termination of the assistance, tenancy, or occupancy rights of a victim of such violence. Management utilizes form HUD5380 to certify that a person is a victim of domestic violence, dating violence, sexual assault or stalking. In lieu of a certification, a tenant may provide:

1. A federal, State, tribal territorial, or local police record or court record;
2. Documentation signed and attested to by an employee, agent or volunteer of a victim service provider, an attorney or a medical professional, from which the victim has



## The Upper Rooms PRAC 202 Tenant Selection Plan

sought assistance in addressing domestic violence, dating violence or stalking, or the effects of abuse in which the professional attests under penalty of perjury under 28 U.S.C 1746 to the professional's believe that the incident or incidents are bona fide of abuse and the victim of domestic violence, dating violence, sexual assault or stalking has signed or attested to the documentation.

Management is mindful that the delivery of the certification form to the tenant in response to an incident via mail may place the victim at risk. Therefore, management may require that the tenant come into the office to pick up the certification form and will work with tenants to make delivery arrangements that do not place the tenant at risk. In certain circumstances, at the discretion of Management, the protections of the Women against Violence Act may be provided to an individual based solely upon the individual's statement or other corroborating evidence.

Confidentiality of Information – the identity of the victim and all information provided to owners relating to the incident(s) of domestic violence, dating violence, sexual assault or stalking must be retained in confidence by the owner except to the extent that the disclosure is:

1. Requested or consented by the individual in writing;
2. Required for use in an eviction proceeding; or
3. Otherwise required by applicable law.

Retention of Information – Owners must retain all documentation relating to an individual's domestic violence, dating violence, sexual assault or stalking in a separate location for other tenant files.

All applicants/tenants will receive the Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking and Alternate Documentation (HUD-5382) when an individual is denied residency, when an individual is admitted to the dwelling unit and with any notification of eviction or termination of subsidy.

NOTE: Any household containing a member with a demonstrated history of committing domestic violence, dating violence, sexual assault and/or stalking must exclude that member from the household to be considered for residency.

The Upper Rooms has developed an Emergency Transfer Plan as per the VAWA Reauthorization Act of 2013. In the event a current resident is a victim of domestic violence, stalking, sexual assault or dating violence, the plan describes the steps that will be taken when a victim does not feel safe in their current unit. The Upper Rooms does not have a waiting list as all of the tenants are placed through the State of Massachusetts. When a unit is not



## **The Upper Rooms PRAC 202 Tenant Selection Plan**

immediately available, the victim has the right to notify the State of Massachusetts that they are no longer safe at The Upper Rooms and request a transfer to another property.

If a tenant, who is a victim, decides that he/she is no longer safe at The Upper Rooms the tenant has the right to request assistance in finding another subsidized apartment. The staff at The Upper Rooms will assist the victim by providing support in following up with the State of Massachusetts regarding transferring to another unit within their system. At the tenant's request, The Upper Rooms will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking.

### **Eligibility Requirements**

#### **Project Eligibility Requirements**

Applicants must meet the Definition of an Elderly person. 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.

#### **Preference for Frail Elderly Persons**

The Upper Rooms has a preference for person who meet the definition of Frail Elderly. Frail Elderly is defined as having deficiencies in three or more activities of daily living. Minimum requires of activities of daily living are:

1. Eating – the applicant may need assistance with cooking, preparing or serving food, but **MUST** be able to feed themselves.
2. Bathing – May need assistance in getting in and out of the shower or tub but **MUST** be able to wash themselves.
3. Grooming – May need assistance in washing hair but **MUST** be able to take care of personal appearance.
4. Dressing – **MUST** be able to dress themselves but may need occasional assistance.
5. Home Management Activities – May need assistance in doing housework or laundry or getting to and from one location to another for activities such as going to the doctor or shopping but **MUST** be mobile. The mobility requirement does not exclude persons in wheelchairs or those requiring mobility devices.

#### **PRAC Program Eligibility Requirements**

In addition to the project eligibility requirements, all of the following program eligibility requirements must be met, before for any applicant can qualify for occupancy at time of application.

1. The applicant family's total annual income must not exceed 50% of the median income for the applicable Metro Statistical Area that the property is located in.



## The Upper Rooms PRAC 202 Tenant Selection Plan

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- A. HUD establishes and publishes income limits for each county or Metropolitan Statistical Area in the country each year. The income limits are based on the median income of the geographic area for which the limit is established. Income limits are based on family size and the annual income the family receives.
  - B. The applicable income limit for The Upper Rooms is very low-income limit.
  - C. Management utilizes HUD's Enterprise Income Verification System to validate all income information, obtained from applicants and tenants. The Enterprise Income Verification System accesses the National Directory of New Hires database, which contains income information that has been reported through various State and Federal agencies. This information includes W-4 new hires, wages, and unemployment benefits. The Enterprise Income Verification System also accesses the Social Security Administration database, which includes information on all of the Social Security benefits programs.
2. The applicant does not need to disclose or provide verification of social security number at the time of application and for placement on the waiting list.
- A. However, an applicant may not become a participant in the program unless the applicant submits the required social security number documentation to Management. The applicant must provide SSN documentation to the owner within 90 days from the date on which the applicant was first offered a unit.
  - B. The applicant retains his or her place on the waiting list for the 90-day period during which the applicant is trying to obtain documentation.
  - C. After 90 days, if the applicant has been unable to supply the required a social security number documentation, the applicant will be determined ineligible and removed from the waiting list.
  - D. A child who has joined the applicant family within the 6-month period prior to the household's date of admission, the assistance applicant may become a participant, so long as documentation of the social security number is received within 90-calendar days from the date of admission. Management will grant an extension of one additional 90-day period if they determine that, in its discretion, the applicant's failure to comply was due to circumstances that could not reasonably have been foreseen and were outside the control of the assistance applicant.
  - E. Applicants or members of an applicant's household who do not contend eligible immigration status do not need to meet the social security number requirement.
3. All adults (age 18 and older) in each applicant family must sign an Authorization for Release of Information prior to receiving assistance and annually thereafter. The applicant will be considered ineligible if any of the adults in the applicant's family refuse to sign applicable consent and verification forms.

## The Upper Rooms PRAC 202 Tenant Selection Plan

4. The unit for which the family is applying must be the family's only residence. Applicants, who will maintain a residence in addition to the HUD-assisted unit, will be considered ineligible for occupancy.
5. The applicant must agree to pay the rent required by the Section 8 Program.
6. The restriction on providing assistance to noncitizens does not apply in a PRAC 811 Property. At these properties, individuals who do not contend eligible immigration status must sign a certification, containing the penalty of perjury clause, certifying to that effect. The certification will support the individual not being subject to the requirements to disclose or provide verification of a SSN. The certification must be retained in the tenant file

### Students

A student's eligibility for Section-8 assistance will be determined at move-in, annual recertification, initial certification (when an in-place tenant begins receiving Section 8) and due to household changes in enrollment – interim certification. The eligibility restrictions imposed on students and/or college students enrolled in institutions of higher education is set out in two parts.

The eligibility restrictions provide as follows:

No assistance shall be provided under section 8 to any individual who:

1. Is enrolled as a part-time or full-time student at an institution of higher education, as defined under section 102 of the Higher Education Act of 1965
2. Is under 24 years of age
3. Is not a veteran of the United States Military
4. Is unmarried
5. Does not have a dependent child. And
6. Is not individually eligible to receive Section 8 assistance or has parents (individually or jointly who are not income eligible to receive Section 8 assistance).
7. Is not a person with disabilities, as such term is defined in section 3(b)(3)(E) of the United States Housing Act of 1937 (42 U.S.C.1437a(b)(3)(E)) and was not receiving assistance under such section 8 as of November 30, 2005.
8. Is not living with his/her parents who are receiving Section 8 assistance.
9. Noncitizen students and their noncitizen families may not receive assistance.
10. If the qualifying person leaves the unit, in order to receive assistance, the remaining member of the household must be a party to the lease when the family member leaves the unit and of legal contract age under state law.

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or a student under the age of 24 who is not a veteran, is unmarried, does not have a dependent child and who is seeking section 8 assistance, a two-part eligibility test must be met. Both the student and the student's parents (individually or jointly) must be eligible for the student to receive section 8 assistance. If it is determined that the parents are not income eligible, the student is ineligible to receive section 8 assistance.



## The Upper Rooms PRAC 202 Tenant Selection Plan

A student under the age of 24 may be income eligible for assistance in circumstances where an examination of the income of the student's parents may not be relevant if the student can claim the absence of or the independence of the student from his or her parents. The student must meet one or more of the following criteria:

The Department of Education's definition of "independent student", which now applies is:

- a. The individual is 24 years of age or older by December 31 of the award year;
- b. The individual is an orphan, in foster care, or a ward of the court or was an orphan, in foster care, or a ward of the court at any time when the individual was 13 years of age or older;
- c. The individual is, or was immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in the individual's State of legal residence;
- d. The individual is a veteran of the Armed Forces of the United States (as defined in subsection (c)(1) of HEA) or is currently serving on active duty in the Armed Forces for other than training purposes;
- e. The individual is a graduate or professional student;
- f. The individual is a married individual;
- g. The individual has legal dependents other than a spouse;
- h. The individual has been verified during the school year in which the application is submitted as either an unaccompanied youth who is a homeless child or youth (as such terms are defined in section 725 of the McKinney-Vento Homeless Assistance Act) (42 U.S.C. 11431 et seq.), or as unaccompanied, at risk of homelessness, and self-supporting, by—
  - (i) a local educational agency homeless liaison, designated pursuant to section 722(g)(1)(J)(ii) of the McKinney-Vento Homeless Assistance Act;
  - (ii) the director of a program funded under the Runaway and Homeless Youth Act or a designee of the director;
  - (iii) the director of a program funded under subtitle B of title IV of the McKinney-Vento Homeless Assistance Act (relating to emergency shelter grants) or a designee of the director; or
  - (iv) a financial aid administrator; or

The individual is a student for whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstances.

This law will not affect students residing in section 8 units with his or her parents or who reside with parents who are applying to receive section 8 assistance.

For section 8 programs, any financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965, from private sources, or from an institution of higher education, shall be considered income to that individual, except that financial assistance described in this paragraph is not considered annual income for persons over the age of 23 with dependent children. For purposes of this paragraph, "financial assistance" does not include loan proceeds for the purpose of



## The Upper Rooms PRAC 202 Tenant Selection Plan

determining income. If the student's financial assistance in excess of tuition makes the student ineligible for section 8 assistance, the student cannot receive section 8 assistance.

### Occupancy Standards

All tenants are required to occupy units that have adequate space to accommodate the entire family. The occupancy standards of The Upper Rooms comply with all federal, state and local occupancy standards, and/or laws in connection with occupancy requirements, fair housing and civil rights laws, as well as landlord-tenant laws and zoning restrictions.

For the purpose of determining the unit size for which a family may be eligible; the following persons will be counted as members of the household:

1. All fulltime household members
2. Children away at school but home for recess
3. Children temporarily in a foster home
4. Children whose custody is being determined and/or in joint custody 50% of the year or more
5. Children in the process of being adopted
6. Unborn children
7. Foster children and Foster Adults
8. Live in aides

The occupancy policies of The Upper Rooms Group Home are as follows:

1 Bed            1 Person

### Procedures for Accepting Applications

Applications will be accepted during normal business hours or by mail.

<b>Personal Visit Or Mail</b>	The Upper Rooms 2334 Perrysville Ave. Pittsburgh PA 15214
<b>Phone</b>	(412) 224-6692
<b>Fax</b>	(412) 224-6694
<b>TTY Service</b>	711

All applications will be date and time stamped when they are received by Management and will only be accepted if the waiting list is open.





## **The Upper Rooms PRAC 202 Tenant Selection Plan**

If, at the time of application, an applicant can be offered a unit of appropriate size within the next 30 – 60 days, he or she must complete a full application and be interviewed so that Management can determine if the applicant is eligible for occupancy.

If, at the time of application, there are no units of appropriate size available, the applicant will still be required to fill out a pre-application. If the pre-application indicates that an applicant may be eligible for occupancy the applicant will be placed on the Waiting List based on the date and time the pre-application was received by Management.

Submitting incomplete pre-applications or applications, refusing to cooperate fully in all aspects of the application process or supplying false information will be considered grounds for rejection.

### **Waiting List**

#### **Maintaining the Waiting List**

Management utilizes a computerized waiting list. However, the waiting list is printed monthly and placed on file in a waiting list book. All applicants will be placed on the waiting in chronological order, based on the date and time the application was received.

The Waiting List will contain the following information for each applicant listed:

1. Applicant name
2. Unit size the household qualifies for under the occupancy standards
3. Date and time application received
4. Qualification for any preferences and ranking
5. Annual income level
6. Targeted program qualifications
7. Accessibility requirements

It is the applicant's responsibility to notify Management when any of the following changes occur:

1. Address and/or phone number
2. Household composition
3. Preference status
4. Income

If an applicant's income changes to an amount which is no longer eligible, written notice will be given advising the applicant that they are not presently eligible but could be eligible if the household income decreases, the number of household member changes, or the Income Limit changes.

#### **Applicant Notification of an Available Unit**

When a unit is available or will be available within the next 30 days, Management will select the next applicant who meets applicable preference criteria or whose name is chronologically





## **The Upper Rooms PRAC 202 Tenant Selection Plan**

at the top of the Waiting List. Management will contact the selected applicant by mail and by telephone and applicant will be required to fill out a full application. Applicants on the waiting list for persons with disabilities will also be placed on the general waiting list and given the option of the next available unit if they come to the top of the list.

1. Applicants, who respond timely and accept the offered unit, will be contacted to schedule an interview.
2. If Management does not receive a response within 7 days, the applicant will forfeit the opportunity to apply for the offered unit but will remain at the top of the Waiting List. When a second unit becomes available, Management will again attempt to contact the applicant and will explain that if the applicant does not respond within 7 days or fails to accept the second unit, the applicant's name will be removed from the Waiting List.
3. If Management receives a timely response but the applicant rejects the first offered unit, the applicant will remain at the top of the Waiting List. When a second unit becomes available, Management will again attempt to contact the applicant and will explain that if the applicant does not respond within 7 days or fails to accept the second unit, the applicant's name will be removed from the Waiting List.

### **Order When Assigning Accessible Units**

1. Management must first offer the unit to an individual with disabilities currently residing in a non-accessible unit, or a tenant who requires the features of the unit with a medical reason certified by a doctor.
2. If no current tenants require the special features of the accessible unit, the Management must then offer the unit to the next qualified applicant on the waiting list with a family member who needs the features of the accessible unit.
3. When neither a current tenant nor a qualified applicant requires the features of the available accessible unit, Management may offer the unit to an applicant who does not need the features of the accessible unit. However, the tenant must move to a non-accessible unit of the proper size when one becomes available.
4. In the case where the members of the tenant household who required the special features of the accessible unit no longer reside in the unit, the remaining members of the household must move to a unit without accessibility features.

### **Updating the Waiting List**

The Waiting List will be updated at least once every 12 months in the following manner:

1. A letter will be sent to each applicant on the Waiting List. The letter will include an update letter to be returned, if the applicant is still interested in living at the Development.
2. The applicant will be given 14 calendar days from the date the letter was mailed in which to respond.



## **The Upper Rooms PRAC 202 Tenant Selection Plan**

3. If no response is received, the applicant will be removed from the Waiting List unless by error of management and a letter will be sent informing the applicant of this action. If the letter is returned with a forwarding address, it will be re-mailed to the address indicated and a new response time same as above will begin.
4. After the Waiting List is updated an acknowledgement letter will be sent to each applicant.

### **Closing the Waiting List**

When the average wait for a unit is 3 years or more, the Waiting List will be closed and no additional pre-applications or applications will be taken.

When Management decides to close the Waiting List future applicants will be advised that the Waiting List is closed and additional pre-applications or applications will not be taken. When Management decides to no longer accept pre-applications or applications, a public notice will be provided in the manner outlined in the Affirmative Fair Housing Marketing Plan.

### **Re-opening the Waiting List**

Prior to each re-opening of the Waiting List, a public notice will be provided in the manner outlined in the Affirmative Fair Housing Marketing Plan, announcing the re-opening and providing information on how to apply.

### **Rejection Procedures**

Each rejected applicant will be promptly notified in writing of the reason(s) for rejection. This notice will advise the applicant that he/she may, within 14 business days of receipt of the notice (excluding weekends and designated federal holidays), respond in writing or request to meet with Management to discuss the notice.

The applicant will have 14 business days (excluding weekends and designated federal holidays) to respond in writing or request a meeting to discuss the rejection. Any meeting with the applicant or review of the applicant's written response will be conducted by a member of Management's staff who did not participate in the decision to reject the applicant. If the applicant appeals the rejection, the applicant will be given a final written decision from Management within five days (excluding weekends and designated federal holidays) of the applicant's written response or meeting. If the decision is reversed, the applicant will be offered a suitable vacant unit. If no such unit is available, the applicant will be offered the next appropriate unit.

If the applicant is a person with disabilities, the owner must consider extenuating circumstances where this would be required as a matter for reasonable accommodation.



# The Upper Rooms PRAC 202 Tenant Selection Plan

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## Screening Criteria

Management screens all applicants to determine if they are able to fulfill the requirements of the lease. If it is determined that an applicant cannot fulfill the requirements of the lease the applicant will be rejected.

An applicant may be rejected for one or more of the following reasons:

1. Insufficient and/or inaccurate information on the pre-application or application
2. A household member that is currently showing assistance being received at another location based on the Enterprise Income Verification System's Existing Tenant Report unless notified on pre-application or application.
3. Criminal Convictions/Current Drug Use; applicants who fall into the following categories will be rejected:
  - a. A household in which any member is currently engaged 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 by other residents.
  - b. Any household containing a member who was evicted in the last three years from federally assisted housing for drug-related criminal activity.
  - c. Any household containing a member who is subject to a state sex offender lifetime requirement.
  - d. Any household containing a member whom 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. These screening standards will be based on behavior, not the condition of alcoholism or alcohol abuse.
  - e. Any household containing a member who is fleeing to avoid arrest and/or prosecution,
  - f. A household in which any member is currently engaged 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 by other residents,
  - g. A criminal background check will be conducted on each adult applicant.

An applicant WILL be rejected if...

- they must register as a lifetime sex offender in any state.
- they have ever been convicted of manufacturing methamphetamine in federally assisted housing; or
- they have been evicted from federally assisted housing for drug-related criminal activity within the past 3 years UNLESS you have completed a drug treatment program, or
- have a conviction of a crime within five years that could threaten the health, safety, or right to peaceful enjoyment of the building by other residents or our employees.



## The Upper Rooms PRAC 202 Tenant Selection Plan

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If a conviction has been dismissed or expunged, we will consider this fact but will require verification.

We will consider individual circumstances and facts that put a criminal record in context and show that it is unlikely that the applicant will commit crimes in the future.

For example,

They have made positive changes since conviction which can be shown by

- Letters of support to show that the applicant will be a good tenant and will not commit crimes in the future.
- An applicant can gather letters from credible third parties (not friends or family) such as a parole or probation officer, teacher, employer, treatment program, social worker, neighbor, or current or prior landlord.

Another example is an applicant who is a survivor of domestic violence, and acts of domestic violence against the applicant led to a conviction; or their conviction has been dismissed or expunged.

- It is the applicant's responsibility to present any "mitigating" circumstances at the time of the background check.

We will NOT consider individual circumstances if: (1) they must register as a lifetime sex offender in any state or (2) they have been convicted of manufacturing or producing methamphetamine in federally assisted housing.

Criminal record that relate to a mental or physical disability:

- We will consider requests for a reasonable accommodation on a case by case basis. A reasonable accommodation is a change in policy or practice that is needed to allow a person with a disability to access housing.
- An applicant seeking a request for an accommodation relative to a criminal background check result should show:
  - they have a disability;
  - the disability is related to their criminal record; and
  - they are acting to reasonably manage the disability.
- Past substance abuse can be a disability if the applicant is in recovery.

An unsatisfactory credit score resulting in any of the following:

- Pay rent and other fare charges on a timely basis pursuant to the lease agreement.
- One of more accounts over 90 days delinquent or two (2) write-off accounts and has not made an attempt to make restitution or form of payment plan, unless caused by medical expense



## The Upper Rooms PRAC 202 Tenant Selection Plan

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- An outstanding balance owed to a present or previous landlord due to unpaid rent and/or damages to the unit that was caused by any applicant member or guests of the applicant

Exceptions to these credit review standards will be made when appropriate to reasonably accommodate an applicant due to a disability. Exceptions for applicants may be granted when a credit history relates to sudden loss of income, medical bills or utility bills.

The Applicant must provide information, which includes the name, address and phone number of his/her most recent two (2) landlords. One of the landlords must be the one that the applicant is currently renting from. In the event that the applicant owns his/her current residence or is living with another person who owns the current residence or the applicant is not on the lease, the applicant will have to provide the name, address and current phone numbers of two people who can provide a sworn statement regarding:

- A history of not keeping their unit in a clean, safe and sanitary manner as stated in the lease.
- A record of disturbances of neighbors, destruction of property, or living or housekeeping habits at prior residences which caused an adverse effect on the health, safety or welfare of other residents, or caused damage to the unit or development.

References shall be obtained from the current and previous landlords for a minimum of seven years prior to application for each adult member who plans to reside in the household. An applicant cannot be rejected on the basis of no previous landlord. Temporary or transitional housing are not considered adequate landlord references.

### **Security Deposit Policy**

A security deposit of the one month of the Total Tenant Payment is required. This security deposit must be paid in full before the tenant may take occupancy of the unit. The amount of the security deposit established at move-in does not change when the total tenant's rent changes. The Upper Rooms complies with all federal, state, and local laws regarding the deposits of tenant security deposits. The amount of the security deposit must equal the amount shown on the lease, when signed.

### **Unit Inspections**

#### **Move-In Inspections**

Prior to taking occupancy the owner and the tenant will inspect the unit to be occupied. During the move in inspection:

1. The condition of the unit will be documented
2. An explanation will be given to the tenant regarding the tenant's responsibility for damages caused to the unit by the tenant and guests.



## The Upper Rooms PRAC 202 Tenant Selection Plan

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3. An explanation of the house rules will be given.
4. The tenant will be instructed how to operate the appliances and equipment in the unit.

### **Move-Out Inspections:**

When a unit is being vacated by the tenant, a move-out inspection will be done to ensure there are no damages to the unit. Any and all damages will be listed on the move-out form and will be compared to the move-in form to determine if the damage is reasonable wear or tear or excessive damage caused by the tenant's abuse or negligence. The tenant will be given prior notice of the move-out inspection and be allowed to accompany the inspector if the tenant chooses.

### **Annual Unit Inspections:**

Each unit will be inspected once per year to determine:

1. Whether the appliances and equipment in the unit are functioning properly and to assess whether a component needs to be repaired or replaced.
2. If any damage to the unit has been caused by the tenant's abuse or negligence and, if so, make the necessary repairs and bill the tenant for the cost of the repairs.
3. If the tenant is maintaining the unit in a safe and sanitary manner.

### **Enterprise Income Verification System**

Management utilizes HUD's Enterprise Income Verification System (EIV) in its entirety. This includes verification of tenant employment and income information during mandatory reexaminations or recertifications of family composition and income. The Enterprise Income Verification System accesses the National Directory of New Hires database, which contains income information that has been reported through various State and Federal agencies. This information includes W-4 new hires, wages, and unemployment benefits. The Enterprise Income Verification System also accesses the Social Security Administration database, which includes information on all of the Social Security benefits programs.

HUD provides Management with information about an applicant's current status as a HUD housing assistance recipient through the EIV Existing Tenant Search. Management will utilize EIV 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 The Upper Rooms. 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



## The Upper Rooms PRAC 202 Tenant Selection Plan

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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 or attempts to receive assistance in another HUD assisted unit while receiving assistance at The Upper Rooms, the household member will be required to reimburse HUD for assistance paid in error.

### **Social Security Numbers**

Social Security Numbers will be verified through EIV. Once verified all copies and the social security card will be removed from the file and the EIV verification will be kept in their place. All applicants and residents, regardless of age, must provide the correct social security number. Special consideration applies to tenants age 62 and older as of January 31, 2010, whose initial determination of eligibility for assistance began prior to January 31, 2010.

### **Recertification Requirements**

#### **Annual Recertifications**

All tenants are required to recertify at least once per year according to the property's HUD approved mass recertification date. Tenants must supply all information requested for use in a regularly scheduled recertification of applicant income and composition in accordance with HUD requirements.

#### **Interim Recertifications**

All tenants must notify the rental office to be recertified when:

1. A family member moves out of the unit
2. The family proposes to move a new member into the unit
3. An adult member of the family who was reported as unemployed on the most recent certification or recertification obtains employment





## The Upper Rooms PRAC 202 Tenant Selection Plan

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4. The family's income cumulatively increases by \$200 or more per month.

Tenants may request an interim recertification due to any changes occurring since the last recertification that may affect the tenant rent and assistance payment for the tenant.

Changes a tenant may report include the following:

1. Decreases in income including, but not limited to, loss of employment, reduction in number of hours worked by an employed family member, and loss or reduction of welfare income
2. Increases in allowances including, but not limited to, increased medical expenses, and higher child care costs
3. A family member turning 62 years old
4. A family member becoming a full-time student
5. A family member becoming a person with a disability.

Management will not process an interim recertification when the tenant reports a decrease in income:

1. That was caused by a deliberate action of the tenant to avoid paying rent.
2. When Management has confirmation that the decrease will last less than one month.

Management will delay processing an interim recertification if there is confirmation that a tenant's income will be partially or fully restored within two months. Processing will be delayed until the new income is known.

### Unit Transfer Policies

Tenant requests for Unit Transfers will be considered if:

1. The Unit Transfer is needed as a reasonable accommodation, in compliance with Section 504 of the Rehabilitation Act of 1973 and the Fair Housing Act. Before the transfer is approved, Management must receive verification from a medical professional stating that the individual qualifies under the HUD definition of disability and needs the accommodation as a result of the disability. Management will not make any attempts to verify information about a person's specific disability other than obtaining a professional's opinion of qualification under the definition of a person with disabilities.

Reasonable accommodations will be transferred when the next available qualifying unit becomes available. A tenant will be placed on the waiting list in the order the reasonable accommodation was approved. Reasonable accommodations will be given priority over applicants on the waiting list.





## **The Upper Rooms PRAC 202 Tenant Selection Plan**

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2. This property only has one (1) bedroom units and therefore, will never have a unit transfer due to family composition.

### **Reimbursement to HUD for Overpayment of Assistance**

#### **Tenant's Obligation to Repay**

The tenant must reimburse the owner for the difference between the rent the tenant should have paid and the rent he/she was actually charged, if the tenant:

1. Fails to provide the owner with interim changes in income or other factors
2. Submits incorrect information on any pre-application, application, certification, or recertification; and as a result, is charged a rent less than the amount required by HUD's rent formulas.

#### **Repayment Requirements**

If the tenant does not pay in full, Management will enter into a repayment plan with the tenant to collect these funds over a specific period of time.

#### **Live-In Aide Policy**

A Live-in aide is a person who resides with one or more persons with disabilities, and who is determined to be essential to the care and well-being of the person, is not obligated for the support of the person, and would not be living in the unit except to provide the necessary supportive services.

1. The need for a live-in aide must be verified by a health care professional prior to taking occupancy.
2. While a relative may be considered to be a live-in aide/attendant, they must meet the above requirements.
3. The live-in aide qualifies for occupancy only as long as the individual needing supportive services requires the aide's services and remains a tenant. A live-in aide must vacate the unit after the tenant, for whatever reason, is no longer living in the unit.
4. Management has the right to evict a live-in aide who violates any of the house rules.

#### **Pet Policy**

The Upper Rooms allows tenants to have common household pets in the tenants' units. Management will not discriminate against applicants based on their ownership of a pet.



## The Upper Rooms PRAC 202 Tenant Selection Plan

HUD defines a common household pet as a domesticated animal, such as a dog, cat, bird, rodent (including a rabbit), fish, or turtle that is traditionally kept in the home for pleasure rather than for commercial purposes. Common household pets do not include reptiles (except turtles).

Limitations of the size, weight, and type of common household pets are as follows:

1. Dogs must be less than 25 pounds in weight;
2. Fish must be kept in aquariums less than 20 gallons;
3. The number of four-legged, warm-blooded pets is limited to one per unit.

The Upper Rooms will refuse to register a pet if:

1. The pet is not a common household pet
2. The keeping of the pet would violate any applicable house rule
3. The pet owner fails to provide complete pet registration.
4. The Upper Rooms reasonably determines based on the pet owner's habits and practices, that a pet owner will be unable to keep the pet in compliance with the Pet Rules and other lease obligations
5. A pet's temperament interferes with a prospective pet owner's ability to comply with the Pet Rules and other lease obligations

Other rules and regulations, including a refundable pet security deposit of \$300 can be found in the Pet Rules document for The Upper Rooms

An applicant may reject an available unit if this unit is close to another unit with a pet. This action will not negatively affect the family's pre-application or application for occupancy or position on the waiting list to be eligible for the next available unit.

### **Assistance Animals for Persons with Disabilities**

An assistance animal is an animal that works, provides assistance or performs a task for the benefit of a person with a disability, or that provides emotional support that alleviates one or more identified effects of a person's disability. An assistance animal is not a pet.

The Upper Rooms will not refuse to allow a person with a disability to have an assistance animal, regardless of if the animal has had formal training or not. An Assistance Animal

The Upper Rooms will not require an applicant or tenant to pay a fee or a security deposit as a condition of allowing the applicant or tenant to keep the assistance animal. However, if the



## **The Upper Rooms PRAC 202 Tenant Selection Plan**

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individual's assistance animal causes damage to the applicant's unit or the common areas of the dwelling, at that time, The Upper Rooms may charge the individual for the cost of repairing the damage.

The Upper Rooms has the right to refuse to allow a person with a disability to have an assistance animal if:

1. The animal poses a direct threat to the health or safety of others that cannot be reduced or eliminated by a reasonable accommodation,
2. The animal would cause substantial physical damage to the property of others,
3. The presence of the assistance animal would pose an undue financial and administrative burden to the provider, or
4. The presence of the assistance animal would fundamentally alter the nature of the provider's services.

The fact that a person has a disability does not automatically entitle him or her to an assistance animal. There must be a relationship between the person's disability and his or her need for the animal.



**UPPER ROOMS**  
2334 Perrysville Ave  
Pittsburgh, PA, 15214  
Telephone: (412) 224-6692 Fax: (412) 224-6694



## APPLICATION FOR ADMISSION

This is an Application for Admission. Please answer all questions completely and truthfully. We will verify your answers. Any misrepresentation of information related to eligibility, preference for admission, allowance, rent, family composition, personal history, or prior tenant history is grounds for rejection. Enter "none" or "N/A" for those questions which you believe does not apply to you. Before offering you a unit, you will need to sign appropriate consent forms which will let us check the information you gave us. Information you provide on income and disability will be maintained as confidential. However, in accordance with program regulations, information may be released to appropriate federal, state or local agencies.

The federal eligibility requirements for this housing, along with other information about the facility, are summarized in the Screening and Eligibility Guide Lines enclosed with this Application. Please read the Screening and Eligibility Guide Lines carefully, because we must verify your eligibility pursuant to federal law. Once verified, all applicants are also screened with regard to their willingness and/or ability to satisfy the essential obligations of tenancy, by themselves or with the assistance of (1) an aide, attendant, or other outside support service; (2) the provision of reasonable accommodation; and/or (3) a reasonable modification of the premises. We will consider mitigating or extenuating circumstances during the screening process if related to disability.

**IF FOR ANY REASON, YOU REQUIRE ASSISTANCE  
OR HAVE QUESTIONS RELATING TO THE APPLICATION  
FOR SCREENING PROCESS,  
PLEASE CONTACT THE UPPER ROOMS MANAGER 412-224-6692**

## HOUSING INFORMATION

Applicant Name	Social Security #	Date of Birth

Current Street Address	City, State & Zip	Telephone #

<b>APPLICANT PRESENT AND PAST HOUSING: Provide the name, address and phone number of all your landlords for the past 7 years</b>	
Current Landlord Name: _____	Phone #: _____
Current Landlord Address: _____	
Previous Landlord Name: _____	Phone #: _____
Previous Landlord Address: _____	

Previous Landlord Name: _____	Phone #: _____
Previous Landlord Address: _____	

<b>Co-Applicant Name</b>	<b>Social Security #</b>	<b>Date of Birth</b>

<b>Current Street Address</b>	<b>City, State &amp; Zip</b>	<b>Telephone #</b>

<b>CO-APPLICANT PRESENT AND PAST HOUSING: Provide the name, address and phone number of all your landlords for the past 7 years</b>	
Current Landlord Name: _____ Phone #: _____ Current Landlord Address: _____	
Previous Landlord Name: _____ Phone #: _____ Previous Landlord Address: _____	
Previous Landlord Name: _____ Phone #: _____ Previous Landlord Address: _____	

## EQUAL OPPORTUNITY HOUSING

Our housing complies with federal and state fair housing laws and does not discriminate against any person because of race, color, religion, national origin, sex, age, familial status, sexual orientation, or disability.

## HOUSEHOLD FINANCIAL INFORMATION

Please provide this information for each member of the household who will live in the apartment (except proposed live-in aides). The financial information is necessary to meet the requirements of HUD and this facility's screening criteria.

<b>ANNUAL INCOME</b>				
Source	Applicant	Co-Applicant	Other Household Members over 18 years	Total
<u>Gross</u> Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
SSP	\$	\$	\$	\$
<u>Gross</u> Pensions	\$	\$	\$	\$
Interest from: Savings, Certificates of Deposits, Stocks & Bonds	\$	\$	\$	\$
Family Assistance	\$	\$	\$	\$
Employment	\$	\$	\$	\$
Dividends	\$	\$	\$	\$
Annuities	\$	\$	\$	\$
Other Income (specify type)	\$	\$	\$	\$
Other Income (specify type)	\$	\$	\$	\$
Other Income (specify type)	\$	\$	\$	\$

ASSETS				
Source	Applicant	Co-Applicant	OtherHousehold Members over 18 Years	Total
Checking Account (avg. 6 months)	\$	\$	\$	\$
Savings Account (current balance)	\$	\$	\$	\$
Certificate of Deposit	\$	\$	\$	\$
Stocks & Bonds (current value)	\$	\$	\$	\$
IRA/Keogh	\$	\$	\$	\$
Real Estate (appraised value less mortgage)	\$	\$	\$	\$
Life Insurance (cash surrender value)	\$	\$	\$	\$
All other Assets	\$	\$	\$	\$
Total Assets	\$	\$	\$	\$

Have you disposed of any asset(s) valued at \$1,000 or more in the past two years for less than fair market value of the item? ☐ Yes ☐ No If yes, please list the asset value under the "other" column in the above listing of assets.

Are there any full-time or part-time students 18 years of age or older in your household? ☐ Yes ☐ No

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

If widowed or divorced, give date: \_\_\_\_\_

Are you currently living in Section 8 Subsidized Housing? ☐ Yes ☐ No

Is the Co-Applicant currently living in Section 8 Subsidized Housing? ☐ Yes ☐ No

Do you own an automobile? ☐ Yes ☐ No

Do you plan to have a pet upon move-in? ☐ Yes ☐ No

Have you or any household family member been convicted of a felony or any other criminal activity including a violation of the Controlled Substance Act within the past 7 years? ☐ Yes ☐ No

If yes, list dates, crimes/violations, locations, jail/prison time served, probation, or parole status: \_\_\_\_\_

## SPECIAL UNIT SELECTION

Do you or any member of your household have a condition that requires:

- ☐ A barrier free unit ☐ Unit for hearing impaired  
☐ Physical Modifications to a typical unit ☐ Unit for vision impaired

If you checked any of the above, please explain exactly what you believe is required to accommodate your situation: \_\_\_\_\_

What is the name of the family member requiring the features identified above? \_\_\_\_\_

Will you or any family member require a live-in aide to assist you? ☐ Yes ☐ No

## MARKETING INFORMATION

How did you learn about our community? \_\_\_\_\_

☐ Current Resident ☐ Friends ☐ Newspaper ☐ Advocate ☐ Other

If Current Resident please list name: \_\_\_\_\_

## APPLICANT CERTIFICATION AND RELEASE

We understand the information in this application will be used to determine eligibility for a unit and understand that any false information may make me/us ineligible for a unit. We also understand that all adult members of the household must sign the Applicant's/Tenant's Consent to the Release of Information and HUD required Notice and Consent for the Release of Information to enable verification of our information before we can be offered a unit.

We also recognize and agree that management may obtain one or more consumer reports as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment and they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing. We agree to notify management in writing regarding any changes in household address, telephone numbers, income, and household composition.

## SIGNATURE SECTION

**WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS OF ANY MATERIAL FACT INVOLVING THE USE OF OR OBTAINING FEDERAL FUNDS.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Co-Applicant

\_\_\_\_\_  
Date

Contact Person (in the event you cannot be reached):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

**IF SOMEONE OTHER THAN THE APPLICANT(S) COMPLETED THIS APPLICATION:**

\_\_\_\_\_  
Name of Preparer

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

## PROGRAM ACCESSIBILITY STATEMENT

This property is managed by Reformed Presbyterian Woman's Association. We provide affordable housing to persons with disabilities. We do not discriminate against applicants or residents on the basis of their race, color, religion, national origin, sex, age, familial status, sexual orientation, or disability. In addition, we have a legal requirement to provide a reasonable accommodations to applicants and residents if they or any member of their family have a disability. Reasonable accommodation is some modification or change that we can make to the rules or procedures or to the structure of the property that will assist an otherwise eligible applicant or resident with a disability to take advantage of the program.

PLEASE RETURN



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

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

## APPLICATION ADDENDUM THE UPPER ROOMS

**THE UPPER ROOMS** is Section 202 Housing designated to provide housing for persons age 62 and over with very low income. Special preference will be given those persons considered to be Frail Elderly. Frail Elderly as defined in 24CFR part 891.205, Section 202 Supportive Housing for the Elderly Program, means an elderly person who is unable to perform at least three (3) activities of daily living. Those activities include the following: Eating, Bathing, Grooming, Dressing and Home management activities, such as doing house work, grocery shopping, laundry, or getting to and from the doctors. **THE UPPER ROOMS** also has special design features for the physically disabled incorporated into 10% of the apartments and for the hearing/vision impaired in 2% of the units.

To be eligible for this housing, applicants must meet the following eligibility requirements:

1. Be 62 years of age or older
2. Be 62 years of age or older and have the preference of Frail Elderly
3. Income must fall within 50% of the median income as listed in the Revised Income Limits published yearly by HUD.

Once eligibility is verified, applicants are screened as to whether they, with or without supportive services or reasonable accommodations, can or will:

1. Pay rent and other fair charges on a timely basis pursuant to the lease agreement;
2. Respect and avoid damaging **THE UPPER ROOMS'** property and the property of others;



3. Avoid interfering with the rights of others and their health, safety, and peaceful enjoyment of the premises;
4. Avoid criminal activity, including drug-related criminal activity; and
5. Comply with all necessary and reasonable rules of the building and with all health and safety codes.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Co-Applicant

\_\_\_\_\_  
Date

**IF SOMEONE OTHER THAN THE APPLICANT(S) COMPLETED THIS APPLICATION:**

\_\_\_\_\_  
Name of Preparer

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

(    ) \_\_\_\_\_  
Telephone

# NOTICE OF THE UPPER ROOMS CRIME-FREE & DRUG-FREE HOUSING POLICIES

**The Upper Rooms** strives to promote a safe residential environment free from criminal activity, including illegal drug activity. Be advised that:

- Criminal record checks will be conducted for all applicants. Grounds for rejection may include any past conviction for a felony involving violence, fraud, theft, illegal drugs, or any other felony which establishes that the applicant's tenancy might constitute a direct threat to the health or safety of other individuals or result in physical loss or damage to the property of others.
- Current illegal use, distribution, and/or manufacture of drugs is strictly prohibited.
- **The Upper Rooms** expect its tenants to refrain from using possessing and/or being under the influence of illegal drugs while on **The Upper Rooms** premises. **The Upper Rooms** also expects its tenants to refrain from using, possessing, selling, purchasing, receiving, or distrusting illegal drugs on **The Upper Rooms** premises in a manner which results in a criminal felony or misdemeanor arrest or conviction.
- **The Upper Rooms** will aggressively pursue eviction for any violation of the Crime-free and Drug-free environment policies.
- **The Upper Rooms** reserves the right to develop additional policies and programs during the lease term to promote safe, crime and drug free housing. Advance notice of all such initiatives shall be provided to residents.

I acknowledge receipt of **The Upper Rooms** Crime-free, Drug-free policies as stated above.

---

Applicant Signature

---

Date



## **504 NON-DISCRIMINATION NOTICE**

IN ACCORDANCE WITH SECTION 504 of the Rehabilitation Act of 1973, **The Upper Rooms, Inc.** hereby notifies the general public that it does not discriminate regarding admission, access, treatment, or employment in its federally assisted programs and activities. Specifically:

- (1) No qualified individual with handicaps shall be excluded, solely on the basis of handicap, from the participation in, or be denied the benefits of, any federally assisted program or activity administered by **The Upper Rooms, Inc.**
- (2) **The Upper Rooms, Inc.** will provide employment opportunities, benefits, access to housing, and other appropriate services in a manner that will not, directly or through contractual or other arrangements, subject qualified individuals with handicaps to discrimination solely on the basis of handicap; and
- (3) **The Upper Rooms, Inc.** will not participate in any contractual or other relationship that has the effect of subjecting qualified individuals with handicaps to discrimination solely on the basis of handicap.

**The Upper Rooms has a designated 504 Coordinator who can be reached by calling: 412-224-6692.**

**If you have a visual, hearing, or any other impairment and need assistance with this notice, please contact the Community Manager by calling 412-224-6692.**

**To schedule assistance, please call the Community Manager between the hours of 8:00 am and 4:00 pm at 412-224-6692. Assistance to insure equal access to this notice will be provided in a confidential manner and setting.**

# ACKNOWLEDGEMENT OF RECEIPT

For

## 504 Non-Discrimination Notice And Screening and Eligibility Guidelines

I, \_\_\_\_\_, hereby certify that I have received from the Upper Rooms a copy of the '**504 Non-Discrimination Notice**' and the '**Screening and Eligibility Guidelines**'. I understand that management is required by HUD to provide this information to me upon application to the Upper Rooms.

---

Applicant Signature

---

Date Received



Optional and Supplemental 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.

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

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

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.

## VERIFICATION OF FRAILTY AND NEED FOR SERVICES

DATE: \_\_\_\_\_

From: The Upper Rooms, Inc.  
2334 Perrysville Ave.  
Pittsburgh, PA 15214

\_\_\_\_\_ I have left the original to be completed by a Licensed Professional. *(Please check if applicable)*

**APPLICANT:** The Upper Rooms offers a supportive housing program for very low income elderly households composed of persons 62 years of age or older. This property does offer preferences for persons who meet the definition of frail elderly. **Frail elderly is defined as having deficiencies in three or more Activities of Daily Living.** Minimum requirements of Activities of Daily Living are:

- (1) EATING: May need assistance with cooking, preparing or serving food, but **MUST** be able to feed self;
- (2) BATHING: May need assistance in getting in and out of the shower or tub, but **MUST** be able to wash self;
- (3) GROOMING: May need assistance in washing hair, but **MUST** be able to take care of personal appearance;
- (4) DRESSING: **MUST** be able to dress self, but may need occasional assistance.
- (5) HOME MANAGEMENT ACTIVITIES: May need assistance in doing housework or laundry or getting to and from one location to another, for activities such as going to the doctor or shopping, but **MUST** be mobile. The mobility requirement does not exclude persons in wheelchairs or those requiring mobility devices.

PLEASE CHECK WHICH CATEGORIES YOU NEED ASSISTANCE. CHECK ALL THAT APPLY:

\_\_\_ Eating      \_\_\_ Bathing      \_\_\_ Grooming      \_\_\_ Dressing      \_\_\_ Home Management

PLEASE HAVE THE PROFESSIONAL WHO COMPLETES THE REMAINDER OF THIS FORM RETURN IT TO THE FACILITY IN THE ENCLOSED ENVELOPE.

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

### APPLICANT INFORMATION:

NAME: \_\_\_\_\_

Social Security No: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**Professional Verification Required on Reverse Side**

**TO WHOM IT MAY CONCERN:**

The Applicant has applied for Supportive Housing.

Based on your professional judgment of the above-named individual, do they need assistance to meet the minimum requirements of Activities of Daily Living as defined above in the areas the applicant has indicated?

☐ Yes                      ☐ No

Would you be willing to testify to the information you have provided?

☐ Yes                      ☐ No

Name (please print)

---

Title and Professional Licenses:

---

Address:

---

City/State/Zip:

---

Telephone: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to The Upper Rooms, Inc. in the enclosed envelope. If you have not been provided with an envelop, please return to: The Upper Rooms, Inc., 2334 Perrysville Avenue, Pittsburgh, PA 15214.**

**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, the PHA and any owner (or any employee of HUD, the PHA, 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, the PHA or the owner responsible for the unauthorized disclosure or improper use.

**Race and Ethnic Data  
Reporting Form**U.S. Department of Housing  
and Urban Development  
Office of HousingOMB Approval No. 2502-0204  
(Exp. 03/31/2014)

The Upper Rooms, Inc. 033-EE114

2334 Perrysville Avenue, Pittsburgh, PA 15214

Name of Property

Project No.

Address of Property

Reformed Presbyterian Woman's Association Section 202 PRAC

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

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

**\*Definitions of these categories may be found on the reverse side.****There is no penalty for persons who do not complete the form.**\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

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

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.



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

### A. General Instructions:

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

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

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

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

THE UPPER ROOMS, INC.  
2334 Perrysville Avenue  
Pittsburgh, PA 15214

**RELEASE OF INFORMATION FORM**

In connection with my application of residency with you, I understand that an investigative consumer report may be requested that will include information as to my criminal history from various state, private, and insurance sources along with other public records available. Worker's compensation information will only be requested in compliance with ADA.

**I voluntarily and knowingly authorize any law enforcement agency, state agency, federal agency, finance bureau office, credit bureau, collection agency to give records or information they may have concerning my criminal history and/or credit history. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. This authorization shall be valid for one year from the date signed and a photocopy or facsimile of this authorization shall be valid as the original.**

This release includes all state and federal agencies. According to the Fair Credit Reporting Act, I am entitled to know if housing is denied because of information obtained by my prospective landlord from a consumer reporting agency. If so, I will be advised and be given the name of the agency or source of information.

---

Applicant Name (Please Print)

---

Signature

---

Date

MUST BE RETURNED WITH THE  
APPLICATION IF APPLICABLE

**VERIFICATION OF NEED FOR ACCESSIBLE APARTMENT UNIT**

Date:

To: **Upper Rooms Inc.**  
**2334 Perrysville Avenue**  
**Pittsburgh, PA 15214**

Subject: Verification of Information Supplied by an Applicant for Housing Assistance

Name:

SSN:

Address:

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this Person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self addressed envelope for this purpose. The applicant/tenant has consented to the release of information as shown below.

To Whom It May Concern:

\_\_\_\_\_ (applicant) has requested an accessible apartment unit. The unit applied for (checked below) comes with the following features:

\_\_\_\_\_ Type A

- Doorways are 36 inches wide
- Accessible route into and throughout dwelling unit
- Light fixtures, outlets, and environmental controls in accessible location
- Grab bars at bathroom walls, at toilet, and tub/shower stall
- All doorknobs and fixtures are levers
- Usable kitchen and bathrooms that will allow for a wheelchair user to maneuver about the space
- Knee space for wheelchair user under all bathroom sinks
- Kitchen countertops at the height of 34 inches at the sink
- Accessible shower with grab bars
- Stove with controls located on the front
- Visual smoke detector fire alarms-visual units
- Peep sights in hallway doors
- Emergency pull cords in bathrooms and bedrooms
- Kitchen cabinets adaptable for knee space for wheelchair user under kitchen sink and beside range

\_\_\_\_\_ Type B

- An electrical outlet adjacent to the telephone outlet to permit use of a telecommunications device for the deaf (TTD)
- A flashing light signal tied to front door buzzer. (available upon request)
- Light receptacles capable of handling 150-watt bulbs
- Tactile markings will be made available for range controls (available upon request)
- Baseboards, doors, and door frames and window frames are painted to contrast with the wall and floor color.

The applicant is entitled to have reasonable modifications and accommodations made if modifications are necessary to allow the applicant full use and enjoyment of the property.

Based on your professional judgment and knowledge of the above named individual:

1. Does he/she have a physical or mental impairment which substantially limits one or more major life activities?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

2. Would this individual benefit from the availability of specific design features such as those particularly described above designed to provide accessibility to person with physical handicaps?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

3. Would you be willing to testify to the information you have provided in this form?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

\_\_\_\_\_  
Name of person providing verification Signature

\_\_\_\_\_  
Agency/Business Name

\_\_\_\_\_  
Date                      Agency/Business Phone Number

---

**YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.**

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances, which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**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, the PHA, and any owner (or any employee of HUD, the PHA, 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, the PHA, 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 42 U.S.C. 208(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 ((f), (g), and (h). Upper Rooms does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

PLEASE RETURN

## UPPER ROOMS WAITING LIST CHOICE FORM

The Upper Rooms, Inc. has twenty six (26) one bedroom apartments: twenty four (24) with standard features, and two (2) handicapped accessible apartments for the mobility impaired. All of the apartments are designed to be accessible for the visually/hearing impaired. Units are assigned on a first-come basis based on your place on the waiting list.

The waiting list has two categories: standard, one-bedroom waiting list, and handicapped accessible waiting list. Each applicant must designate which waiting list on which they wish to be placed.

**PLEASE INDICATE ON WHICH WAITING LIST YOU WISH TO BE PLACED.**

**MARK YOUR CHOICE WITH AN X:**

- \_\_\_\_\_ Standard, One-Bedroom
- \_\_\_\_\_ Designated handicapped accessible unit with design features  
for mobility impaired

Units will be assigned based on your place on the waiting list on a first-come, first-served basis.

### **Standard, one-bedroom units**

Fully equipped kitchen with refrigerator and self-cleaning range.  
Wall-to-wall carpeting  
Individually controlled heating and air conditioning units  
Modern bathrooms  
Emergency pull cords in bathroom and bedroom  
Visual smoke detector fire alarms  
An electrical outlet adjacent to the telephone outlet to permit use of  
a telecommunications device for the deaf (TTD).  
A flashing light signal tied to front door buzzer (available upon request)  
Light receptacles capable of handling 150-watt bulbs

**Handicapped accessible units with design features for mobility impaired which contain all of the above, plus:**

Doorways are 36 inches wide  
Accessible route into and throughout dwelling unit  
Light fixtures, outlets and environmental controls in accessible locations  
Reinforced grab bars on bathroom walls at tub, toilet and shower stall  
All doorknobs are levers  
Usable kitchens and bathrooms that will allow for a wheelchair user to maneuver  
about the space  
Knee space for wheelchair user under all bathroom sinks  
Kitchen counter tops at a height of 34 inches at the kitchen sink  
Accessible shower with grab bars  
Stoves with controls located on the front  
Peep sights in hallway doors  
Kitchen cabinets adaptable for knee space for wheelchair user beside self-cleaning  
range.

Tactile markings will be made available for range controls (available upon request)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## The Upper Rooms

Federal law requires us to obtain criminal background and sex offender registration information for all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below. The questions regard drug-related, sex offender and other criminal activity that could adversely affect the health, safety or welfare of other residents. Failure to provide complete and accurate information will result in the rejection of the application.

1. Have you been evicted from a federally-assisted site for drug-related criminal activity within the past three years? ☐ Yes ☐ No
2. Do you currently use illegal drugs or abuse alcohol? ☐ Yes ☐ No
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? ☐ Yes ☐ No
4. Have you been convicted of any drug-related crime within the past five years? ☐ Yes ☐ No
5. Have you been convicted of any felony within the past five years? ☐ Yes ☐ No
6. Have you been convicted of any crime involving fraud or dishonesty within the past five years?  
☐ Yes ☐ No
7. Have you been convicted of any crime involving violence within the past five years?  
☐ Yes ☐ No
8. Are you currently charged with any of the above criminal activities? ☐ Yes ☐ No
9. Please list all states in which you currently and have previously resided.  
  
\_\_\_\_\_  
\_\_\_\_\_

10. Have you ever used or been known by any other name? ☐ Yes ☐ No  
If yes, please list the name(s) used: \_\_\_\_\_

### **PENALTY OF PERJURY CLAUSE**

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the denial of subsidy, termination of the lease agreement and referral to the U.S. Inspector General's office.

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, the PHA and any owner (or any employee of HUD, the PHA 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, the PHA 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).

\_\_\_\_\_  
Resident's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident's Name (Print) «First Name» «Last Name»

\_\_\_\_\_  
«Unit»

U.S. Department of Housing and Urban Development

## **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)

---

Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

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

## 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.): William Moorhead Federal Building 1000 Liberty Avenue Suite 1000 Pittsburgh, PA 15222-4004	O/A requesting release of information (Owner should provide the full name and address of the Owner.): The Upper Rooms 2344 Perrysville Ave, Pittsburgh, PA 15214	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.): XX XX XX
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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.**

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Name of Applicant or Tenant (Print)

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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.**

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The Upper Rooms / Paulhus and Associates

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Name of Project Owner or his/her representative

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Management / Compliance Analyst

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Title

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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.

## Summary of Family

Member No.	Last Name of Family Member	First Name of Family Member	Relationship to Head of Household	Sex	Date of Birth	OFFICE USE ONLY	
						Declaration	Date Verified
Head			Self				
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

**CERTIFICATION REGARDING DISPOSITION OF ASSETS**

I, \_\_\_\_\_, certify that I:

(Check one): \_\_\_\_\_ Have  
\_\_\_\_\_ Have Not

disposed of assets for less than fair market value in the two years (24 months) proceeding the date of this certification. Any asset that is disposed of for less than its full value is counted, including cash gifts as well as property. Assets that are disposed of include, but are not limited to, assets that are given away or sold for less than the fair market value.

If an asset was disposed of, please complete the following information.

The asset disposed of was:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date asset was disposed of: \_\_\_\_\_

The fair market value of the asset was: \$ \_\_\_\_\_

The amount received for the asset was: \$ \_\_\_\_\_

I certify that the information provided herein is true and complete to the best of my knowledge

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 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 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). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## STUDENT QUESTIONNAIRE – SECTION 8

Applicant/Resident \_\_\_\_\_ Date \_\_\_\_\_

Property Name \_\_\_\_\_ The Upper Rooms \_\_\_\_\_

### TO BE COMPLETED BY APPLICANT / RESIDENT

Yes No

1. Are you student at an institution of higher education?

☐ ☐

*\*Institutes of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation", and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it.*

If you answered yes, the owner agent is required to determine your eligibility as a student. You may refer to the resident selection plan for additional information regarding student eligibility. Please complete the following questions:

Yes No

2. Are you a full-time student?

☐ ☐

3. Will you be living with your parents?

☐ ☐

4. Are your parents receiving or eligible to receive Section 8 assistance?

☐ ☐

5. Are you claimed as a dependent on your parent's tax return?

☐ ☐

6. Are you a graduate or professional student?

☐ ☐

7. Are you at least 24 years of age?

☐ ☐

8. Are you a veteran of the United States military?

☐ ☐

9. Are you married?

☐ ☐

10. Do you have a dependent child?

☐ ☐

11. Do you have dependents other than a child or spouse?

☐ ☐

12. Have you been independent of your parents for at least one year?

☐ ☐



## STUDENT QUESTIONNAIRE – SECTION 8

13. Do you feel you qualify as a disabled student who was receiving Section 8 ☐ ☐ Assistance as of November 30, 2005?
14. Are you receiving any financial assistance to pay for your education? ☐ ☐
- If Yes, - Please list all sources of financial assistance including the school, any providers of scholarships or grants, parents, associations, etc.

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### PENALTIES FOR MISUSING THIS FORM

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, the PHA and any owner (or any employee of HUD, the PHA 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, the PHA 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).

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_







# APPLYING FOR HUD HOUSING ASSISTANCE?

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

## Do You Realize...

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

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

## Do You Know...

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

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

## So Be Careful!

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

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

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

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

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

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

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

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

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

## Ask Questions

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

## Watch Out for Housing Assistance Scams!

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

## Report Fraud

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



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410



## 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.

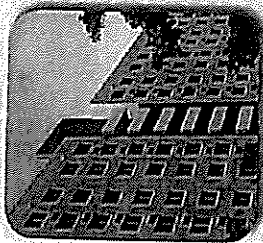
## What if the information in EIV is not about me?

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.

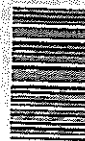
## Where can I obtain more information on EIV and the income verification process?

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.

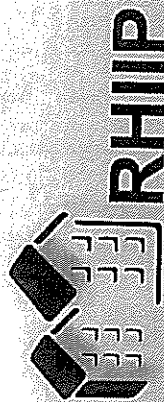
If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: [www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm](http://www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm).



8323



JULY 2009



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 Entitlementment 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?

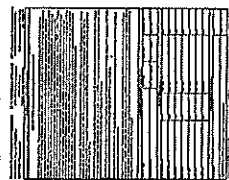
Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or 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.

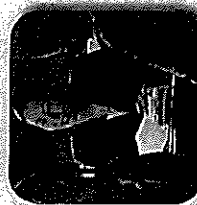
## Protect yourself, follow HUD reporting requirements

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.

# 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>





# RESIDENT RIGHTS & RESPONSIBILITIES



## OFFICE OF MULTIFAMILY HOUSING PROGRAMS

This brochure applies to assisted housing programs administered by the Department of Housing and Urban Development (HUD), Office of Multifamily Housing Programs. This brochure does not apply to the Public Housing Program, the Section 8 Moderate Rehabilitation Program or the Housing Choice Voucher Program.

# **AS A RESIDENT, YOU HAVE RIGHTS AND RESPONSIBILITIES THAT HELP MAKE YOUR HUD-ASSISTED HOUSING A BETTER HOME FOR YOU AND YOUR FAMILY.**

This brochure is being distributed to you because the United States Department of Housing and Urban Development (HUD), which regulates the property in which you live, has provided some form of assistance or subsidy for your apartment. The brochure briefly lists some of the most important rights and responsibilities to help you get the most out of your home.

As part of its dedication to maintaining the best possible living environment for all residents, your local HUD office encourages and supports the following:

- Property management agents and property owners communicating with residents on any relevant issues or concerns
- Property managers and property owners giving prompt consideration to all valid resident complaints and resolving them as quickly as possible
- Your right to file complaints with management, owners, or government agencies without retaliation, harassment or intimidation
- Your right to organize and participate in certain decisions regarding the well-being of the property and your home
- Your right to appeal a decision made by the local HUD office to the Office of Asset Management and Portfolio Oversight at HUD Headquarters

Along with the owner/management agent, you play an important role in making your apartment, the grounds, and other common areas a better place to live.



## YOUR RIGHTS

As a resident of a HUD-assisted multifamily housing property, you should be aware of your rights.

### *Rights: Involving Your Apartment*

- The right to live in decent, safe, and sanitary housing that is free from deteriorating paint and environmental hazards, including lead-based paint hazards.
- The right to receive a lead disclosure form disclosing the landlord's knowledge of any lead-based paint or lead-based paint hazards, available records and reports, and a lead hazard information pamphlet before you are obligated under your lease.
- The right to have repairs performed in a timely manner, upon request.
- The right to be given reasonable notice, in writing, of any non-emergency inspection or other entry into your apartment.
- The right to protection from eviction except for specific causes stated in your lease.
- The right to request that your rent be recalculated if your income decreases.
- The right to access your tenant file.

### *Rights: Involving Resident Organizations*

- The right to organize as residents without obstruction, harassment, or retaliation from property owners or management.
- The right to provide leaflets and post materials in common areas informing other residents of their rights and opportunities to involve themselves in their property.
- The right to be recognized by property owners/management company as having a voice in residential community affairs.
- The right to use appropriate common space or meeting facilities to organize (this may be subject to a reasonable, HUD-approved fee).
- The right to meet without representatives or employees of the owner/management company present.



### ***Rights: Involving Nondiscrimination***

The right, under the Fair Housing Act of 1968 and other civil rights laws, to equal and fair treatment and use of your building's services and facilities, without regard to race, color, religion, sex, disability, familial status (having children under 18) or national origin (ethnicity or language). Residents with disabilities are also reserved the right to reasonable accommodations. In some cases, the prohibition against age discrimination under the Age Discrimination Act of 1975 may also apply.

In addition, residents have the right, under HUD's Equal Access Rule, to equal access to HUD programs without regard to a person's actual or perceived sexual orientation, gender identity, or marital status.

## **YOUR RESPONSIBILITIES**

As a resident of a HUD-assisted multifamily housing property, you also have certain responsibilities to ensure that your building remains a suitable home for you and your neighbors. By signing your lease, you, the owner, and the management company have entered into a legal, enforceable contract. You are responsible for complying with your lease, house rules, and local laws governing your property. If you have any questions about your lease or do not have a copy of it, contact your property management company or the local HUD office. You should be aware of the following responsibilities:

### ***Responsibilities: To Your Property Owner or Management Company***

- Complying with the rules and guidelines that govern your lease.
- Paying the correct amount of rent on time each month.
- Providing accurate information to the owner/management agent's company at the certification or recertification interview to determine your total tenant payment, and consenting to the release of information by a third party to allow for verification.
- Reporting changes in the family's income or composition to the owner/management company in a timely manner.

### ***Responsibilities: To the Property and Your Fellow Residents***

- Complying with rules and guidelines that govern your lease.
- Conducting yourself in a manner that will not disturb your neighbors.



- Not engaging in criminal activity in your apartment, common areas or grounds.
- Keeping your apartment reasonably clean, with exits and entrances free of debris, clutter or fire hazards and not littering the grounds or common areas.
- Disposing of garbage and waste in the proper manner.
- Maintaining your apartment and common areas in the same general physical condition as when you moved in.
- Reporting any apparent environmental hazards to the management company (such as peeling paint (which is a hazard if it is a lead-based paint) and any defects in building systems, fixtures, appliances, or other parts of the apartment, the grounds, or related facilities.

## **YOUR RIGHT TO BE INVOLVED**

### **In Decisions Affecting Your Home**

As a resident in HUD-assisted multifamily housing, you play an important role in decisions that affect your community. Different HUD programs provide for specific resident rights. You have the right to know under which HUD program your building is assisted. To find out if your apartment building is covered under any of the following programs, contact your management company, Section 8 Contract Administrator, or the HUD office nearest you. If your building was funded or currently receives assistance under HUD's Rental Assistance Demonstration (RAD), Section 236 (including the Rental Assistance Program (RAP), Section 221(d) (3)/below market interest rate (BMIR), Section 202 Direct Loan, Rent Supplement, Section 202/811 Capital Advance programs, 811 (Project Rental Assistance), or is assisted under any applicable project-based Section 8 program (except for the Section 8 Moderate Rehabilitation program), you have the right to be notified of or, in some instances, to comment on the following:

- Nonrenewal of a project based Section 8 contract at the end of its term
- An increase in the maximum permissible rent
- Conversion of a project from project-paid utilities to tenant-paid utilities
- A proposed reduction in tenant utility allowance
- Conversion of residential apartments in a multifamily housing property to nonresidential use or to condominiums, or the transfer of the housing property to a cooperative housing mortgagor corporation or association



- Transfer of the project-based Section 8 contract in your property to one or more buildings at other locations
- Partial release of mortgage security
- Capital improvements that represent a substantial addition to the property
- Prepayment of mortgage (if prior HUD approval is required before owner can prepay)
- Other actions identified by the Uniform Relocation Act that could ultimately lead to involuntary, temporary or permanent relocation of residents
- If you live in a building that is owned by HUD and is being sold, you have the right to be notified of and comment on HUD's plans for disposing of the building.

## **ELIGIBILITY FOR ENHANCED VOUCHERS**

If your apartment is assisted under a project-based Section 8 contract that is ending, and if the owner decides not to renew it, the owner is required by law to notify you in writing of that decision at least one year before the contract expires. Under these circumstances, you may be eligible for an Enhanced Voucher (EV), which would give you the right to remain in an apartment at your property, provided that you are in compliance with your lease and the property remains as rental housing. HUD will select a local Public Housing Agency (PHA) to provide an EV for eligible families who decide to remain at the property and to administer this assistance.

If you decide to remain at your property using an EV, a higher payment standard will be used to determine the amount of Section 8 assistance that is paid on your behalf, if the gross rent for the apartment is more than the PHA's payment standard. However, the PHA must determine that the rent the owner charges for your apartment is reasonable, and you must continue paying at least the amount of rent that you were previously paying.

If you are eligible for an EV, you can instead choose to move out of the property and use the voucher to rent an apartment anywhere in the United States where the owner will accept the voucher and the rents are in an allowable range, subject to approval. If you move out, however, the voucher is no longer "enhanced," and the amount of Section 8 assistance that is paid on your behalf will be based on the PHA's normally applicable payment standard.



## ADDITIONAL ASSISTANCE

For additional help or information, you may contact:

- Your property owner or the management company
- The Account Executive for your property in HUD's Multifamily Regional Center or Satellite Office. Refer to on-line resources for contact information
- HUD's National Multifamily Housing Clearinghouse at 1-800-685-8470 to report maintenance or management concerns
- HUD's Office of Fair Housing and Equal Opportunity at 1-800-669-9777, if you believe you have been discriminated against
- HUD's Office of Inspector General Hot Line at 1-800-347-3735 to report fraud, waste, or mismanagement
- HUD's Housing Counseling Service locator at 1-800-569-4287 for the housing counseling agency in your community
- The HUD-EPA National Lead Information Center 1-800-424-LEAD
- Your local government tenant/landlord affairs office, legal services office, or tenant organizations to obtain information on additional rights under local and state law

If appealing a local HUD Office decision, you may contact the Director of the Office of Asset Management and Portfolio Oversight in Washington, DC at 202-708-3730.

Persons who are deaf or hard of hearing or have speech disabilities may reach the numbers above through the Federal Relay (FedRelay) teletype (TTY) number, 800-877-8339, or by other methods shown at [www.gsa.gov/fedrelay](http://www.gsa.gov/fedrelay).

### ON-LINE RESOURCES:

- Department of Housing and Urban Development website: [www.hud.gov](http://www.hud.gov)
- The local HUD Field Offices: <http://www.hud.gov/local> *Note: To locate your local field office, select: Contact My Local Office (under the I Want To section)*





**U.S. Department of Housing and Urban Development**  
Office of Multifamily Housing Programs  
**Washington, DC 20410-0002 Official Business**  
**Penalty for Private Use \$300**



This brochure about your rights and responsibilities as a resident of HUD assisted multifamily housing is available in 13 alternate languages in addition to English and Braille. To determine if your language is available, please contact HUD's National Multifamily Housing Clearinghouse at 1-800-685-8470 or visit <http://www.hud.gov/offices/fheo/lep.xml>



# Resident Acknowledgement Form

U.S. Department of Housing and Urban Development  
Office of Housing - Office of Multifamily Housing Programs

U.S. Department of Housing and Urban Development  
Office of Housing - Office of Multifamily Housing Programs

**Nature of Occupancy Rights under the Violence Against Women Act**

**To all Tenants and Applicants**  
The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA's protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation. The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that enforces the Section 8 Multifamily Housing program in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to assert your rights under VAWA.


**Protections for Applicants**  
If you otherwise qualify for assistance under Section 8 Multifamily Housing, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

**Protections for Tenants**  
If you are receiving assistance under Section 8 Multifamily Housing, you must not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours or he has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any past, you may not be denied rental assistance or occupancy rights under Section 8 Multifamily Housing solely on the basis of criminal history. HUD will evaluate the criminal history, among other factors, against applicable law.

U.S. Department of Housing and Urban Development  
Office of Housing - Office of Multifamily Housing Programs

**RESIDENT RIGHTS & RESPONSIBILITIES**




**Secretary of HUD**

The following text has been added to the Public Housing Program, the Section 8 Multifamily Housing Program, and the Section 8 Rental Assistance Program. It is a requirement for all HUD-assisted housing programs to comply with the requirements of the VAWA.

U.S. Department of Housing and Urban Development  
Office of Housing - Office of Multifamily Housing Programs

**RHIIP**  
Rental Housing Initiative Program

**EIV & You**



**What You Should Know**  
If you are applying for or are receiving Rental Assistance through the Department of Housing and Urban Development (HUD), you must complete the EIV (Enterprise Income Verification) process.

**FACT SHEET**  
For HUD ASSISTED RESIDENTS

Section 202/862 - Project Assistance Contract (PAC)  
Section 202/911 - Project Rental Assistance Contract (PRAC)

**"HOW YOUR RENT IS DETERMINED"**

Office of Housing  
June 2011

This Fact Sheet is a general guide to explain the On-site Management Agency (OMA) and HUD-assisted residents of the responsibilities and rights regarding income determination and verification.

**Why Determining Income and Rent Correctly is Important**  
Determining income and rent is important to ensure that HUD-assisted residents pay no more than their share of the rent. The HUD-assisted residents must pay no more than their share of the rent.

**Order of priority of income for rental housing, and**  
• HUD-assisted residents must pay no more than their share of the rent.

OMA and residents must have a responsibility to ensure that the rent is paid to HUD.

**OMA's Responsibilities:**  
• OMA must ensure income determination.

U.S. Department of Housing and Urban Development  
Office of Housing - Office of Multifamily Housing Programs


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

This Package contains the following documents:  
1. HUD-862/862-A Fact Sheet describing the necessary verifications.  
2. Form HUD-862/862-A to be signed by the Applicant or Tenant.  
3. Form HUD-862/862-A to be signed by the Applicant or Tenant and Housing Owner.  
4. Release of Information to be signed by the Applicant or Tenant.

Each document must include a copy of the HUD-862/862-A Fact Sheet and HUD-862/862-A to be signed by the Applicant or Tenant.

**APPLYING FOR HUD HOUSING ASSISTANCE?**

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



**Do You Realize...**  
If you cannot afford to obtain needed housing from HUD, you could be:  
• Evicted from your apartment or house.  
• Forced to pay for shelter and food assistance, such as a meal.  
• Fined up to \$1,000.  
• Imprisoned for up to 6 months.  
• Prohibited from seeking future assistance.  
• Subject to State and local government penalties.

**Do You Know...**  
You are responsible for providing information that you provided false or misleading information.

The information you provide on housing assistance application and verification form (HUD-862/862-A) must be true and accurate. If you provide false or misleading information, you may be denied assistance. If you provide false or misleading information, you may be denied assistance.

**Be Careful!**  
When you fill out your application and verification form for HUD housing from HUD, make sure you provide true and accurate information. If you provide false or misleading information, you may be denied assistance. If you provide false or misleading information, you may be denied assistance.

At least one of the following must be true for you to be eligible for HUD housing assistance:  
• You are a U.S. citizen or national.  
• You are a lawful permanent resident.  
• You are a member of a U.S. military branch.  
• You are a member of a U.S. military branch.

For more information, contact your local HUD office or HUD website. HUD website: [www.hud.gov](http://www.hud.gov)

By signing this form, you are acknowledging that you have received a copy of the HUD forms shown above. You also acknowledge it is your responsibility to read the forms and to contact your Property Manager with any questions about the information contained in the documents shown.

Signature of Applicant or Tenant and Date

Signature of Applicant or Tenant and Date

Signature of Applicant or Tenant and Date

Signature of Applicant or Tenant and Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </div> <div style="width: 50%;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </div> </div>	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

--	--

**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.

### Citizenship Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_  
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

#### DECLARATION

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that I am \_\_\_\_\_  
(print or type first name, middle initial, last name):

\_\_\_\_\_ 1. A citizen or national of the United States.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Check here if adult signed for a child: \_\_\_\_\_

- 
- \_\_\_\_\_ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

**NOTE:** If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (see Sample Verification Consent Form in Exhibit 3-6).

AND

- b. One of the following documents:

- (1) Form I-551, *\*Permanent Resident Card\**
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - (a) "Admitted as Refugee Pursuant to section 207";
  - (b) "Section 208" or "Asylum";
  - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - (a) A final court decision granting asylum (but only if no appeal is taken);
  - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
  - (c) A court decision granting withholding or deportation; or
  - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) *\*Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.\**

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

**REQUEST FOR EXTENSION**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

**Race and Ethnic Data  
Reporting Form**U.S. Department of Housing  
and Urban Development  
Office of HousingOMB Approval No. 2502-0204  
(Exp. 06/30/2017)

The Upper Rooms

033EE1114

2334 Perrysville Ave, Pittsburgh PA 15214

Name of Property

Project No.

Address of Property

Reformed Presbyterian Woman's Associaton 202 PRAC

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

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

**\*Definitions of these categories may be found on the reverse side.****There is no penalty for persons who do not complete the form.**\_\_\_\_\_  
**Signature**\_\_\_\_\_  
**Date**

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

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

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

### A. General Instructions:

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

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

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

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

# TENANT CONSENT TO DISCLOSE EIV INCOME INFORMATION

*Print name of tenant authorizing release*

*Print name of third party being authorized to view information*

**A. Third party to view and/or discuss information for the sole purpose of recertification assistance is an:**

- ☐ Adult Household Member      ☐ Translator / Interpreter      ☐ Service Coordinator  
☐ Guardian      ☐ Temporarily Absent Family Member  
☐ Individual Assisting Elderly Individual or Person with a Disability  
☐ Other Individual (Include Relationship): \_\_\_\_\_

**B. Enterprise Income Verification (EIV) information to be viewed and/or discussed for the sole purpose of recertification assistance:**

- ☐ EIV Income Report      ☐ EIV Income Discrepancy Report      ☐ EIV No Income Report  
☐ EIV New Hires Report      ☐ Other EIV information: \_\_\_\_\_

**C. Penalties for Misuse of Information:**

The following federal law prohibits the misuse of the information viewed or discussed pursuant to this consent and certification. Tenants, authorized third parties, and HUD or authorized entities employees may be subject to these penalties.

"[W]hoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully - (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years or, if the offense involves international or domestic terrorism (as defined in section 2331), imprisoned not more than 8 years, or both. If the matter relates to an offense under chapter 109A, 109B, 110, or 117, or section 1591, then the term of imprisonment imposed under this section shall be not more than 8 years." 18 U.S.C. 1001.

"Any officer or employee of an agency, who by virtue of his employment or official position, has possession of, or access to, agency records which contain individually identifiable information the disclosure of which is prohibited by this section or by rules or regulations established thereunder, and who knowing that disclosure of the specific material is so prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000. 5 U.S.C. 552a(i).

"The Secretary [of Health and Human Services] shall require the imposition of an administrative penalty (up to and including dismissal from employment), and a fine of \$1,000, for each act of unauthorized access to, disclosure of, or use of, information in the National Directory of New Hires established under subsection (i) of this section by any officer or employee of the United States or any other person who knowingly and willfully violates this paragraph." 42 U.S.C. 653(l).

Federal law also provides penalties for misusing Social Security numbers. 42 U.S.C. 408 (a) (6), (7) and (8).

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.

**D. Certifications:**

I hereby authorize the third party listed on this consent to view and/or discuss the EIV information identified above for the sole purpose of assisting in the recertification of my housing assistance in accordance with the rights afforded to me by the Privacy Act of 1974. I understand further use of such information is prohibited by the Privacy Act and Social Security Act, and that it may not be disclosed, redisclosed, copied, duplicated, or removed from the property for any reason. I also have read and understand the penalties for such misuse of the information, as provided on this form.

\_\_\_\_\_  
*Signature of tenant authorizing release*

\_\_\_\_\_  
*Printed name of tenant authorizing release*

\_\_\_\_\_  
*Date*

I hereby acknowledge and certify that I am permitted to view and discuss tenant information pertaining to the above named individual for the sole purpose of assisting the tenant in the recertification of his/her subsidy. I understand further use of such information is prohibited by the Privacy Act and Social Security Act, and that it may not be disclosed, redisclosed, copied, duplicated, or removed from the property for any reason. I also have read and understand the penalties for such misuse of the information, as provided on this form.

\_\_\_\_\_  
*Signature of authorized third party*

\_\_\_\_\_  
*Printed name of authorized third party*

\_\_\_\_\_  
*Date*







# HOUSE RULES

The Upper Rooms

Effective 1/1/2022

# The Upper Room Apartments

## House Rules

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# **The Upper Room Apartments**

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# **The Upper Room Apartments**

## **House Rules**

### **Introduction**

This handbook is written to assist residents in understanding their rights, responsibilities, and the management policies of The Upper Rooms. These policies are regulations, but they are intended to help each, and every resident make The Upper Rooms an enjoyable place to live. Residents will be governed by such additional published House Rules as Management may, from time to time, deem necessary to the best interest of all concerned. The addition of such House Rules as well as those contained herein is a part of your Lease. Violations of these and subsequent House Rules can lead to termination of your lease.

### **Rental Office Hours**

The Management Office is open Monday through Friday. If the Property Manager is not in the office, please go to the Receptionist at nursing home. There is a drop box outside of the door for requests and rent payments.

### **Residents' Rights and Responsibilities**

- ♦ Each Resident is entitled to peaceful enjoyment of the housing unit he or she has rented.
- ♦ Each resident is responsible for paying the rent agreed upon each month at the time it is due.
- ♦ A resident has the right to reside in the building which is kept in good repair.
- ♦ Each resident is responsible for small improvements within their apartment.
- ♦ Residents are entitled to the same privacy as if his or her apartment were a private home.
- ♦ The housing unit that you rented is to be your only residence.

### **Rent Collection**

Rent is due on the first (1<sup>st</sup>) day of each month; partial payment will not be accepted. Money orders and personal checks are acceptable methods of payment; cash will not be accepted. Money orders and personal checks are acceptable methods of payment and must be made out to The Upper Rooms.

For your convenience, a drop box is outside the Management Office located near the 1<sup>st</sup> floor entrance. Rent payments can also be given to the Receptionist at the nursing home or to the Service Coordinator.

A fee will be imposed the second time a check is not honored (bounces), and the tenant will be charged the amount the bank charges for processing the returned check. Furthermore,

# **The Upper Room Apartments**

## **House Rules**

any household bouncing more than one check will be required to pay rent in a guaranteed form (i.e., money order, cashier's check, etc.)

Consistent delinquencies will result in eviction.

If you plan on going away when rent is due, rental payments may be made in advance.

### **Security Deposit**

Your security deposit is not rent, but a deposit to ensure the fulfillment of the lease conditions and as a contingency against any damages to the apartment. The security deposit will not be applied to your last month's rent. If you fulfill your lease, according to its terms, only charges for damages (excluding normal wear and tear) will be deducted.

The following are conditions for return of your security deposit.

- ♦ You have fulfilled the terms and conditions of your lease agreement.
- ♦ You have given 30-days written notice of your intent to move.
- ♦ After you remove your belongings, the manager will inspect the apartment and complete the inspection report.
- ♦ You must give the office a valid forwarding address.
- ♦ You must hand in all keys you were given to management

The security deposit, or any portion thereof, will be returned to you within 30-days from the date you vacate the apartment.

### **Changes to Family Composition or Income**

When a change in the size of your family that occupies your apartment or a change in your family income, it is important that you report the change to the Property Manager immediately. This is a requirement of your lease.

### **Emergencies**

Emergencies should be reported promptly. Staff is available 24 hours a day. Only emergency situations will be answered after regular business hours. Please call the main number (412) 321-4139 to report an emergency.

The following situations constitute an emergency:

- ♦ Fire (CALL 911)
- ♦ Blocked plumbing or water leaks which would damage your property or the building if it is left unattended until normal working hours.
- ♦ Lack of heat

# **The Upper Room Apartments**

## **House Rules**

- ♦ No electricity in apartment
- ♦ Being locked out of your apartment (continued abuse of this will result in a lockout fee being charged to the tenant)
- ♦ Other problems which would cause an immediate loss of property or be a safety hazard left unattended until normal working hours.

### **Non-Smoking Policy**

The Upper Rooms has adopted a no smoking policy for the health and safety of the residents, guests, and staff. Residents who smoke or allow their guests to smoke in places other than the designated smoking area, are in violation of their lease. The smoking area is identified by a sign, and smokers are required use the ash cans provided. Smoking is not permitted inside the building or at any other place on the property.

### **Use of Marijuana**

The use of marijuana is prohibited by Federal Law. The federal Controlled Substance Act ("CSA") continues to categorize marijuana as a Schedule 1 substance. As such, the manufacture, distribution, or possession of marijuana remains a federal criminal offense. Applicants will be denied admission to any household with a member who the owner determines is, at the time of application for admission, illegally using a controlled substance.

Furthermore, the U.S. Department of Housing and Urban Development ("HUD") has distributed a memorandum which provides that the use of marijuana for medical purposes violates federal law and that federal and state anti-discrimination laws do not require leasing offices to accommodate requests by current or prospective residents with disabilities to use medical marijuana. The use of medical marijuana is not a reasonable accommodation because: (a) persons who are currently using illegal drugs (which include medical marijuana) are disqualified from protection under the definition of disability in the law; and (b) such a proposed accommodation is not reasonable under the FHA because it would constitute a fundamental alteration in the nature of the property's operation.

### **Unlawful Activities/Drug Free Housing**

All tenants and their guests must agree not to participate in unlawful activities in the unit, the common areas or on the project grounds. Unlawful activities include, but are not limited to, the possession, use, sale or manufacturing of illegal drugs or gambling and/or prostitution, disturbances or acts of violence that damage or destroy the dwelling unit or disturb or injure other residents or guests.

# **The Upper Room Apartments**

## **House Rules**

### **Absence from the Apartment**

You are to notify the management office whenever you are going to be away for more than two days. Be sure that all windows are closed, and all water and electrical devices are shut off.

If no one is in the office when you are leaving, you can slip a note under the rental office door, or in the drop box outside of the Property Manager's office, indicating when you leave and your return.

Do not put a note on your apartment door indicating that you are away, this can be inviting danger. It is advisable to notify the mailman, newsboy and all other routine delivery people when you plan to be away for any extended period of time. No one will be permitted to occupy the apartment while the resident listed on the lease is away.

If you are planning to go on a vacation, the maximum consecutive days (including weekends and holidays) that you can be absent from your unit is 30-days. You must notify management of your intention to be out of the unit.

If you become ill and are hospitalized, admitted to a rehab facility or nursing home, the maximum number of consecutive days you can be absent from your unit is 180 days. You are required to continue to pay rent during your absence.

If, during the 180-days, your doctor determines that you will not be able to resume independent living in your unit, you will be required to give a 30-day notice and have the unit cleared out.

Any unit that is vacant for more than 14 consecutive days and the resident or household has not given management notice of the absence; Management will consider the unit as abandoned.

### **Keys**

Each tenant will be given keys and/or a key card for entrance to the building and to their unit. Tenants are prohibited from making copies of the keys or key cards that they receive and distributing them to friends, family members or other residents.

### **Bulletin Boards**

The Community Bulletin Board is located in the 1<sup>st</sup> floor lobby. Please check frequently for news that you need.

If you would like to post something on the bulletin boards, please check with management for prior permission.

# The Upper Room Apartments

## House Rules

### **Community Room**

A community room is located near the 1<sup>st</sup> floor entrance. Feel free to utilize the room at your leisure for cards, bingo, checkers, etc. Most events scheduled for this room are planned a head of time and listed on the Bulletin Board.

The community room is not to be used exclusively by one group of residents. It is to be shared by all. No resident may be excluded from a gathering unless the room has been reserved. People who use the community room must clean up when they are done.

If you want to get together with your friends in the building, please consider meeting in one or another's apartment.

No outside rental of the room will be allowed.

### **FIRE INSIDE YOUR UNIT**

- KEEP CALM.
- DO NOT TRY TO PUT THE FIRE OUT BY YOURSELF
- LEAVE THE ROOM WHERE THE FIRE HAS STARTED AND CLOSE THE DOOR
- SOUND THE FIRE ALARM SYSTEM.
- WARN OTHER RESIDENTS ON YOUR FLOOR
- GO DIRECTLY TO THE FIRE EXIT STAIRWELL.
- LEAVE THE BUILDING **IMMEDIATELY**
- DO NOT LOSE TIME TRYING TO SAVE PERSONAL PROPERTY. EVEN A FEW MOMENTS CAN MEAN THE DIFFERENCE BETWEEN SURVIVAL AND TRAGEDY.
- DO NOT USE THE ELEVATORS. THEY ARE INOPERABLE DURING THE FIRE
- NEVER ASSUME THAT AN ALARM SIGNAL IS A FALSE ALARM. Leave the building first and then inquire of a responsible party. Do not take the word of another resident. He may be making an assumption or be misinformed.
- AFTER YOU HAVE LEFT THE BUILDING, DO NOT RETURN until the fire has been put out and approval has been given by the fire department.

### **Safety and Precautionary Measures**

Each tenant is expected to cooperate and comply with security measures a condition of tenancy.

- Never admit any person into the build unless the person is there to see you personally.
- Each tenant must use his/her key or fob to enter the building.
- Guests must announce themselves to the person that they are visiting. The tenant is responsible for admitting them. The tenant is to use the intercom latch or by physically going to the front door and opening it for a guest.



# The Upper Room Apartments

## House Rules

- ANY RESIDENT WHO PLACES A STICK, STONE OR OTHER DEVICE INTO AN OUTSIDE DOOR TO HOLD IT OPEN WILL RECEIVE A LEASE VIOLATION. Any lease violations can result in termination of the lease.
- The Upper Rooms uses surveillance cameras to monitor activity in common areas and outside the building. Any damaging, alerting, blocking and manipulating the position of the surveillance cameras is prohibited.
- The telephone number of the Fire Department should be taped to the phone or kept near it. **Remember! CALL 911.**
- If a resident is immobile or confined to bed, the Fire Department should be notified as to the floor and apartment number in the event of a future emergency.
- Do not overload your electrical outlets. If any appliances or TV starts smoking, pull out the plugs and call the Fire Department.
- When leaving your apartment for any length of time, make sure that the stove, TV, Heat/AC unit and other electrical appliances are turned off.
- Keep a large box of baking soda opened and near your stove. If a grease fire starts, throw handfuls of the baking soda on the fire. DO NOT throw water on a grease fire. The water will cause the fire to spread.
- DO NOT place furniture too close to heating units; this can be a potential fire hazard. The same applies to draperies.
- DO NOT allow old clothing, newspapers, etc. to accumulate in your apartment for any length of time. This is a potential danger.
- DO NOT use any electrical appliance having a loose or frayed wiring.
- DO NOT allow your stove or oven to become laden with grease and spill-overs or burned on foods. This can be especially hazardous when using the broiler

### **Smoke Detectors**

Each apartment is equipped with a hardwired with battery backup smoke detector. If this smoke detector should go off for no apparent reason, notify maintenance immediately. DO NOT TAKE OUT THE BATTERY to stop it from ringing, fan it with a paper and/or open a window.

### **Disruptions in Utility Services**

- All disruptions in utility services must be reported as a maintenance request, with the exception of electricity outages.
- Electricity outages must be reported directly to Duquesne Light. The number to report electricity outages is 412-393-7000.
- It is not the responsibility of The Upper Rooms to maintain an emergency water supply for residents. In the event of a water outage, The Upper Rooms Management will provide resources to residents to find alternative water sources.

# **The Upper Room Apartments**

## **House Rules**

- If the HVAC system fails, management will supply a temporary unit until the repair is completed.

### **Pets**

For questions regarding pets, please refer to the property's Pet Rule Policy or set up an appointment to meet with the Property Manager. Note: Assistance Animals are not pets.

### **Grounds**

Wild and/or stray animals are not to be fed. If you want to feed birds, use of a bird feeder is required. Do not feed birds bread as it will attract other animals to the property.

### **Laundry Room**

The Laundry Room may only be used by residents (or authorized caregivers or live-in aides). The Laundry Room is open 24 hours a day. All authorized users are to leave the room and facilities clean for the next resident. Any person(s), who will be laundry for a resident, must be registered with the manager's office.

The machines accept cards only. Cards are available in the laundry room for \$5.00. Management is not responsible for replacing lost or stolen cards.

Because laundry facilities are provided, no washer or dryer is to be installed in an apartment. Do not wash clothes or rugs in the sink.

#### **Rules of the Laundry Room (as posted)**

1. Wipe out washer after using it.
2. Do not overload washers
3. Do not wash heavy rugs or dye anything in the washers
4. Clean out lint screen in dryer after use
5. Remove your wash immediately. Do not leave it sit in machines.
6. Notify the Rental Office immediately if any machine is out of order

### **Proper Attire**

Under no circumstances, except in cases of emergency such as a fire, should anyone walk through the public areas of the building, lobby, lounge, community room, etc. wearing night gowns, pajamas, bath robes or similar attire. Shoes should be worn at all times in public areas.

# **The Upper Room Apartments**

## **House Rules**

### **Noise and Conduct**

Tenants shall not make or allow any disturbing noises in the building or grounds by themselves, family, friends or guests that will interfere with the rights, comforts, conveniences and quiet enjoyment of the other tenants. All noise levels created by radio, television musical instruments, etc. must be kept at a reasonable volume level that will not disturb the other tenants. Noise levels must be especially low during the hours of 10:00 p.m. and 8:00 a.m. Loud disturbing noises will not be tolerated.

### **Overnight Guests and Extended Visits**

Occupants of each unit will be limited to those persons listed on the original lease; no borders or lodgers will be allowed. Guest, with Property Manager's approval, will be allowed to visit for a maximum of 14 calendar days in a 12-month period.

Residents are responsible for all of their guests and their behavior. Guests shall not play or loiter in the lobby, recreations room, hallways, stairwells, elevator or parking areas. Minors under the age of 12 years of age must be accompanied by an adult resident when using Building Facilities.

Due to building code and safety restrictions, you may not have more than three (3) people total residing in your unit.

### **Unit Inspections**

Unit inspections will be conducted at least once per year to determine whether the appliances and equipment in the unit are functioning properly and to determine whether objects need to be repaired or replaced. The inspection will also be used to determine if any damage to the unit was caused by the tenant's abuse or negligence. Any damage caused by other than normal "wear and tear" will be repaired or replaced by management and billed to the tenants. Residents who fail to repay management for such services are in direct violation of the terms of the Lease Agreement. Per Management's discretion, units that are reported to have foul/offensive odors or poor sanitation practices may be subject to an interim unit inspection.

### **Housing keeping**

- Residents are expected to maintain and keep their units in normal, acceptable sanitary standards;
- Rubbish, litter, waste, etc. must be placed in a plastic bag and disposed in the proper trash receptacle. Should the north-side trash receptacle become full, please use the south-side receptacle to prevent over piling;
- Please do not stockpile grocery sacks or other combustible items in your unit;

# The Upper Room Apartments

## House Rules

- Cigarette butts, matches or other litter discarded on the property grounds, walkways, balconies, etc. will not be tolerated;
- Do not attach aluminum foil to your windows.
- Do not use contact paper on the shelves or drawers. However, the use of shelf paper is allowable.
- If you use a tub mat, please remove and dry daily to help prevent mold from accumulating in the bathtub.
- Do not attach magnets to appliances as they scratch the surfaces.
- Do not apply contact paper or wallpaper to the walls.
- Rubber flower pieces (or the like) are prohibited in the bathtub
- Carpeting cannot be glued, taped or nailed down in any room in the apartment, including the bathroom.
- Window shades are supplied and not to be removed.
- To prevent electrical problems do not use more than two plugs in any of the electrical outlets in the apartment
- The carpeting in each apartment is the responsibility of each resident. Regular vacuuming prevents dust and dirt from being ground into the carpeting. Yearly shampooing is recommended. Small rugs placed in front of chairs you frequently sit at helps to prevent ground in dirt and worn spots. Residents are responsible for those damages.

### **Pull Cords**

The Upper Rooms is responsible for the operation and maintenance of the pull cords within the apartments. The Upper Rooms does not monitor the pull cords. Emergency services are notified when a pull cord is pulled. Emergency services does not notify The Upper Rooms when the cord has been pulled.

Tenants are responsible for their safety and security while in their apartments and should take necessary precautions.

Pull cords **MUST** always remain extended close to the floor and accessible.

The tenant is responsible for notifying Maintenance if the pull cord is not functioning properly or if there is damage to the pull cord.

### **Oxygen Use and Syringe Disposal**

The tenant should notify The Upper Rooms and post a notice of oxygen in use on the outside of their apartment door and apartment window. The tenant is responsible for ensuring that the use of oxygen complies with all state and local health regulations.

# **The Upper Room Apartments**

## **House Rules**

Oxygen tanks, full or empty, must be stored securely in the tenant's apartment away from fire (i.e.: candles, etc.) flame and heat.

If the tenant uses syringes, the tenant should notify The Upper Rooms and cooperate by using appropriate safety procedures for disposal. Syringes should never be included with degradable trash.

### **Pest Control**

We provide our residents with no-cost pest control services throughout the year. We recommend that you take advantage of this service, as necessary. Please remember that good housekeeping is one of the methods to keep your unit and the property free of pests. In addition, exterior pest control services are provided on a monthly basis. **EXCEPTION: Bed Bugs.** All residents are required to notify the management office immediately if Bed Bugs are suspected.

Persistent infestation by rodents or insects because of the Tenant's housekeeping habits is grounds for termination of the Lease. Extermination costs due to persistent infestation of rodents or insects will be at the expense of the tenant.

### **Maintenance Requests**

Maintenance requests are to be made to the Property Manager, Service Coordinator or the Reception Desk. A ticket will be created for maintenance staff fix the problem.

Management must be notified immediately concerning any non-operative or defective appliances, plumbing or other mechanical equipment within the unit. If the cause of the defect is due to negligence or abuse, the tenant will be responsible for charges of materials and labor. Residents may not hire a plumber or have a friend or a family member work on any plumbing problems or clogs. Do not attempt to correct the problem yourself by placing liquids or granules in the drain designed to un-clog the pipe.

### **Tipping**

NO TIPPING is allowed. When the job is completed, you will be asked to sign the maintenance form. If you do not report a maintenance problem, we cannot correct it and it may get worse. Residents are asked to refrain from approaching the maintenance staff with requests.

# **The Upper Room Apartments**

## **House Rules**

### **Damage to Property**

Damage(s) caused by resident(s) or their guest(s) will be charged to the resident. Payment for repair of damages will be due 30 days from the date of the invoice. Should the payment due date fall on a weekend or holiday, payment will be due on the following business day.

### **Key/Locks/Lockouts**

Residents are provided with a set of keys for their unit. Any key(s) not returned upon moving out the unit will be charged to the resident at actual replacement cost, as specified in the lease. Alterations or replacement of locks are not permitted. Should a tenant be locked out after business hours, please call the reception desk.

### **Alterations and Installations**

Management must pre-approve alterations or installations made to the unit or the building. Tenants who fail to receive approval prior to making such changes will be billed for the cost of restoring the unit to its original state. Changes or attachments (other than hanging normal picture frames) made to the ceilings, walls, floors or cabinets or installation of portable equipment such as a dishwasher, washer and dryer, window fans, etc. within or about the unit is strictly prohibited.

### **Vehicles**

Parking spaces are available on a first-come-first-served basis and are for residents only. Visitors must park in designated areas. All vehicles must be in running (operating) condition; have current vehicle registration and proof of insurance; and, must be registered with the Management Office to park in the parking lot. Furthermore, residents that own more than one automobile may only park one registered automobile in the parking lot.

For your safety, it is advisable to keep your car locked at all times. Management is not responsible for damage occurring in any of the parking lots not just the one adjacent to the building. No repair work or washing of vehicles is permitted in the parking lot. The lot in the rear of the building is for staff, deliveries and emergency parking. Unauthorized cars in either lot will be towed away at the owner's expense.

Damage to the parking lot due to vehicle leakage, etc., will be charged to the resident.

Storage of vehicles is prohibited. This includes automobiles, motorcycles, motorized bicycles, campers, mobile homes and boats. Motorcycles will be treated the same as automobiles.

Spaces are reserved for persons with handicaps. Vehicles parked in a handicap space must be identified by a certified sticker, placard or license plate from the State of Pennsylvania.

# **The Upper Room Apartments**

## **House Rules**

Vehicles not exhibiting a valid handicap sticker, placard or license plate will be towed at the owner's expense.

### **Moving**

Should you need to move or transfer units, you may do so between the hours of 9:00 a.m. and 9:00 p.m. Residents will be charged for any damages made to the walls, elevator, carpet, doors or over-filling of the trash receptacles.

### **Extended Absences/Abandonment**

If you are planning to go on a vacation, the maximum consecutive days (including weekends and holidays) that you can be absent from your unit is 30 consecutive days (60 consecutive days within the calendar year).

If you become ill and are hospitalized, admitted to a rehab facility or nursing home, the maximum number of consecutive days you can be absent from your unit is 180 days. You are required to continue to pay rent during your absence.

If, during the 180-days, your doctor determines that you will not be able to resume independent living in your unit, you will be required to give a 30-day notice and have the unit cleared out.

Any unit that is vacant for more than 30 consecutive days and the resident or household has not given management notice of the absence; Management will consider the unit as abandoned.

### **Notice to Vacate Unit**

If you intend to vacate your unit, you must provide management with a written, signed and dated 30-day notice. Once a notice is given, it cannot be retracted. Upon moving out, the apartment will then be inspected by management. We suggest that your family be made aware of these procedures.

HUD REQUIRES ALL PERSONAL PROPERTY OF THE DECEASED TENANT TO BE REMOVED WITHIN 14 CALENDAR DAYS OF THE TENANT'S DEATH. Any rent due during the 14-day time period will be charged to the tenant's estate. If the Executor or qualified representative notifies The Upper Rooms that additional time is needed to clear the unit, the estate will pay a daily rate based on the contract/market rate for the unit.

### **Eviction Procedures**

If you are provided a notice of eviction, you have the right to meet with Management and appeal the decision. Such meeting must occur within 10 business days of receiving a notice of

# **The Upper Room Apartments**

## **House Rules**

eviction. You have the right to defend yourself, as a party to a lawsuit, you may be obligated to pay attorney's fees or other costs if you lose the suit.

### **Live-in Aide**

A Live-in Aide is a person who resides in a tenant's unit and is determined to be essential to the care and well-being of that tenant. A live-in aide would not be living in the tenant's unit except to provide necessary supportive services and is not eligible to remain in the unit once the tenant is no longer living in the unit, regardless of the circumstances of the tenant's departure. Tenants who require the services of a live-in aide must notify the Property Manager or Service Coordinator of the need for a Live-in Aide. The prospective live-in aide must undergo criminal, drug and sex offender screening, as required by HUD.

### **VAWA (Violence Against Women Act)**

No tenant may be evicted or denied housing assistance if an incident of domestic violence is reported and confirmed. The VAWA also provides that an incident of actual or threatened domestic violence, dating violence, sexual assault or stalking does not qualify as a serious or repeated violation of the lease nor does it constitute good cause for terminating the assistance, tenancy or occupancy rights of the victim. Furthermore, criminal activity directly related to the domestic violence, dating violence, sexual assault or stalking is not ground for terminating the victim's residency. The management may bifurcate a lease in order to evict, remove or terminate the assistance of the offender while allowing the victim, who is the tenant or lawful occupant, to remain in the unit. The management may request in writing that the victim certify that they are a victim of abuse and the Certification of Domestic Violence, Dating Violence, sexual assault or Stalking or other documentation as noted on the certification form to be completed and submitted within 14 business days or an agreed upon extension date to receive protection under VAWA. The Upper Rooms will retain all documentation relating to an individual's domestic violence, dating violence, sexual assault or stalking confidential. This documentation will be kept separate from the tenant file and will remain confidential in nature.

Failure to provide the certification within the specified time frame may result in a Violation of your Lease.

The HUD form 5382 - Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking and Alternative Documentation and Notice of Occupancy Rights will be provided at the following times:

1. When an Individual is denied residency;
2. When an individual is admitted to a dwelling unit; and



# **The Upper Room Apartments**

## **House Rules**

3. With any notification of eviction or termination of assistance.

Note: All information relating to the VAWA statute will be kept in a location separate and locked from the tenant files and be kept in the strictest of confidences.

### **Solicitation**

Management must approve any solicitation(s) by residents or outside vendors. This includes posting of signs, ads, notices, etc. in the building is restricted to bulletin board in the lobby. Prior permission of Management is required before personal ads, etc. can be put on the bulletin board.

### **Complaint Policy**

If you have any legitimate complaints that apply to your neighbors, their guests, management staff or the property, it must be in writing and submitted to the property manager. If unable to write due to a disability, please phone the Office. Residents must report their own complaints. Management staff will not accept a complaint filed on behalf of another person.

If the complaint pertains to another resident, you may decide to remain anonymous, or you may ask to meet with the reported tenant and use management as a 3<sup>rd</sup>-party mediator. The outcome of the grievance will be documented and maintained in office files. Dissatisfactions with the management's handling of the grievance should be voiced to management and the resident should request a meeting with the owner.

Grievances that pertain to the loss of subsidy are handled in accordance with the property's grievance policy. This is a separate document and is different from the complaint policy listed here.

### **Personal Property Insurance**

For your own protection, we strongly urge you to purchase apartment insurance to cover the cost of your personal belongings. Management is not responsible for theft or damage to your personal property.

### **Miscellaneous**

- Common areas are not meant to be a congregational meeting area. This includes the Community Room and Living Room at the entrance.
- Signs are to be placed by management only;
- Personal plants, furniture, etc. may not be placed in common areas or hallways without written consent by management.
- Do not open hallway windows if it is raining or if it appears that it is about to rain.

# The Upper Room Apartments

## House Rules

- Residents are allowed to have a waterbed if they purchase insurance against any damage resulting from water damage to the property.

By signing below, I/we acknowledge that we have received a copy of the House Rules and I/we agree to these Rules and their enforcement. Furthermore, I/we understand that failure to abide by the House Rules may result in violation of your Lease.

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Resident Signature

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Date

---

Resident Signature

---

Date

---

Owner/Agent's Signature

---

Date



2021

# Pet Rules

The Upper Rooms



# The Upper Rooms

## Pet Rules

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# **The Upper Rooms**

## **Pet Rules**

The following will serve as ownership policies regarding keeping pets at all properties that are managed by The Upper Rooms. The tenant must have the approval of The Upper Rooms prior to bringing the pet onto the property.

The HUD Handbook defines a “common household pet” to mean a domesticated animal, such as a dog, cat, bird, rodent (including a rabbit), fish or turtle, that is traditionally kept in the home for pleasure rather than for commercial purposes. Common household pet does not include reptiles (except turtles). If this definition conflicts with any applicable State or local laws or regulations defining the pets that may be owned or kept at the facility, the State or local laws or regulations must be applied. This definition does not include animals that are used to assist persons with disabilities.

### **Mandatory Requirements**

#### **Inoculations**

All pet owners must have their pet inoculated in accordance with State or local laws or regulations. A certificate must be presented to management, before a pet is allowed into a tenant’s apartment, signed by a licensed veterinarian or a State or local authority authorized to inoculate animals, which states that the pet has received all inoculations required by applicable State or local law or regulations. Pet owners will certify that vaccinations are current at each Annual Recertification. If there is any updated information that is not on the certificate on file, a current certificate must be presented and filed with management.

#### **Sanitary Standards**

Dog owners must not allow their dogs to deposit waste (liquid or solid) on the facility grounds, outside the designated pet area. Pet owners must clean up after their pet both inside the building and outside on the grounds IMMEDIATELY; it is not acceptable to wait and clean up after the pet later. If the facility does not have a designated pet area, pet owners must remove their pets from the premises to deposit waste. Bag dispensers may be provided at designated pet areas, but pet owners must take them to the garbage bin as a garbage can in the pet area will not be provided. If the dog owner does not clean up waste from the dog immediately, The Upper Rooms will impose a \$5 waste removal penalty, per occurrence, for failure to comply with sanitary standards.

If situations allow for the presence of a cat or dog, cat owners must keep cat litter odor free and clean at all times. Cat owners must separate pet waste from litter at least once per day and dispose of used litter at least twice a week. Under no circumstances should kitty litter be disposed of by flushing it down the toilet. Cat litter and dog feces must be placed in plastic, wrapped tightly and deposited securely in designated receptacles.

# **The Upper Rooms**

## **Pet Rules**

### **Pet Restraint**

Pets must be controlled and kept on hand-held leashes or in carriers at all times while in common areas and outside grounds at the facility. Pets are not allowed, other than entering or exiting the building, to be in the interior common areas (even if they are on a leash or in a carrier). Retractable leashes must be kept at a short-retracted length of no more than three feet (36 inches) while inside the facility, (not including the confines of the pet owner's apartment). While on the outside of the building, pets should also be kept on a short-retracted leash, controlled by the owner or other designated person, of no more than six feet, except for when in the designated pet area. Pets must still be on leashes in common areas and the designated pet area. The pet must be under the control of the owner or other responsible designated person.

Pets are not allowed to roam free anywhere outside the resident apartment, whether on a leash or not. Pets are never allowed on any community furniture (interior or exterior) at any time. The only exception to pets loitering in the common areas would be during an emergency or emergency preparation situation (i.e. fire drill, earthquake or tornado warnings); during these situations, pets must be on a leash or pet carrier and controlled by the owner.

Pets are not permitted to be tied to any interior or exterior building fixture.

Pets are not permitted in the laundry area.

Only one pet at a time maybe in an elevator, unless the pet is in a crate or carrier.

### **Registration**

Every pet must be registered with management prior to admission. The pet's registration must be updated annually at Annual Recertifications. If there is any updated information that is not on the certificate on file, a current certificate must be presented and filed with management. The registration must include, if applicable, the following:

1. Pet Application/Identification form and Alternate Caretakers form
2. Proof of licensing of dogs and cats in accordance with state and local laws.
3. Veterinarian
  - The name, address and phone number of the Veterinarian that treats the pet (dogs and cats only).
  - Veterinarian's certificate that the pet is in good health.
  - Verification that the pet has received all of its inoculations, booster shots and other treatments (including those for heartworm, parvo, rabies, distemper for dogs and feline distemper for cats)

# **The Upper Rooms**

## **Pet Rules**

- Information sufficient to identify the pet and demonstrate the pet is a common household pet as defined above.

NOTE: If the health or safety of a pet is threatened by the death or incapacity of the pet owner or by other factors that render a pet owner unable to care for the pet, an owner/agent may contact the following to care for or remove the pet:

- a. Party or parties the tenant has listed in the pet registration.
- b. Appropriate state or local authority (or designated agent of such an authority) to request removal of pet if responsible party is unwilling or unable to care for pet or owner/agent, despite reasonable efforts, has been unable to contact the responsible parties.
- c. An owner/agent may enter the pet owner's unit, remove the pet, and place the pet in a facility (for no longer than 30 days) until the pet owner or a representative of the pet owner is able to assume responsibility if there is no State or local authority authorized to remove a pet under these circumstances. The cost of the animal care facility provided shall be paid for by the pet owner.

### **Notification of Pet Owner**

If owner/agent refuses to register a pet, written notice of refusal, along with an explanation, will be provided to tenant and/or prospective tenant. An owner/agent may refuse to admit a pet for the following reasons:

1. Pet is not a common household pet.
2. Keeping a pet would violate an applicable pet or house rule.
3. A pet owner fails to provide complete pet registration information or fails annually to update the pet registration.
4. An owner/agent reasonably determined based on the pet owner's habits and practices, that a pet owner will be unable to keep the pet in compliance with the pet rules and other lease obligations.
5. A pet's temperament may be considered as a factor in determining the prospective pet owner's ability to comply with the pet rules and other lease obligations.

### **Discretionary Pet Rules**

#### **Proportion of Tenants to Pets**

No more than one fur-bearing animal or two small, caged pets are permitted per apartment.

Fish are permitted as long as the aquarium cannot exceed ten gallons in capacity.

Birds must be caged and cannot exceed two birds per apartment. No birds of prey maybe kept.

# **The Upper Rooms**

## **Pet Rules**

### **Pet Size and Pet Type**

Dogs shall weigh no more than 25 pounds when fully grown and stand no more than 18 inches at the shoulder. Dogs brought into the building as puppies must meet these requirements when fully grown. The American Kennel Club's standards will determine the height and weight after maturity of a particular breed. A non-documented pet will be assumed to mature to that which has been determined by a veterinarian, and this fact must be verified to management prior to acceptance by a written statement from a veterinarian to management. (Written fact necessary only if there is doubt).

### **Pet Deposit and Potential Financial Obligation of Tenants**

The Upper Rooms requires a refundable pet deposit for cats and dogs. The pet deposit is \$300. The Upper Rooms abides by the Department of Housing and Urban Development's guidelines in the collection of the pet deposit. The initial pet deposit charged at the time the pet is brought to the premises should not exceed \$50. The tenant will then be responsible for subsequent monthly payments of \$10 until the \$300 deposit is reached. Every resident is financially responsible to reimburse the facility for any damages and/or fumigation costs (in the apartment and/or common area of the facility) caused by their pet in excess of the amount deposited (up to \$300). Use of the pet deposit is reasonable and directly attributable to the presence of the pet.

Any unused portion of the Pet Deposit will be returned to the owner (1) after the pet leaves the apartment or (2) the tenant moves out of the complex.

### **Standards of Pet Care**

These standards are necessary to protect the condition of the tenant's unit and the general condition of the facility, and to protect the health and safety of tenants, employees, and the public:

1. Female dogs or cats six months or older must be spayed, and males over eight months must be neutered. There will be no exceptions to this rule for any reason other than a statement from a veterinarian that to do so would endanger the health of the pet in question. Proof of an animal being spayed / neutered (if applicable) must be presented to the office upon move-in or when your pet turns the respective ages.
2. Pets shall not be brought into any common area in the building except when checking mail, entering, or exiting the building, etc. It is not acceptable to loiter in common areas with a pet (even if they are on a leash or in a carrier).
3. Fur bearing pets may not be left unattended in an apartment for more than 12 hours.
4. Pets must be always kept free of fleas and ticks. Pets must be kept clean and odor free. Caged rodents, birds and fish tanks must also be kept clean and odor free.



# **The Upper Rooms**

## **Pet Rules**

5. No pet may make excessive noise that disrupts other residents. Aggressive and/or excessive barking, whining, crying, or caterwauling will not be tolerated.
6. Cats must have their claws cut short.
7. Birds must be always maintained within a cage.

### **Pet Licensing**

Every dog and cat must wear appropriate local licenses and other necessary tags to follow animal control laws within the city/county/state.

### **Temperament of Pet**

If a pet has shown to respond aggressively and could be a danger to others, they may be prohibited from being on the property. Depending on the severity of the incident, and if other parties were injured, the pet may be required to be removed immediately (within 24 hours) and not allowed to return to the property even if a onetime occurrence. Repeated violations will not be tolerated as it negatively impacts the peaceful livability and safety.

### **Violating Pet Rules**

If a pet's conduct or condition causes a threat or nuisance to the health safety of the property's occupants, its owner is in violation of the Pet Rules. If the owner/agent determines, based on clear evidence, supported by written statements, that a pet owner has violated a pet rule, the owner/agent will serve a written notice of the Pet Rules violation to the pet owner. The notice will be served in the same manner as if the owner/agent refuses to register a pet (see Notification of Pet Owner) and the notice will include:

1. Pet rule(s) alleged to be violated.
2. A brief factual statement of how the pet violation was determined.
3. A statement that the pet owner has ten (10) calendar days from the effective date of the notice to correct the alleged violation or to make a written request for a meeting to discuss it.
4. A statement that the pet owner is entitled to be accompanied by another person of his/her choice at the meeting; and
5. A statement that the pet owner's failure to correct the violation, request a meeting, or appear at a requested meeting may result in initiation of procedures to terminate the pet owner's tenancy.

If the pet owner makes a timely request for a meeting to discuss an alleged pet rule violation, the Owner/Agent must establish a mutually agreeable time and place for the meeting. The meeting must take place no later than 15 calendar days from the effective date of the notice, unless the Owner/Agent agrees to a later date. As a result of the meeting, the owner agent may give the pet owner additional time to correct the violation. The Owner/Agent will issue a notice for the removal of the pet, if the pet owner and Owner/Agent are unable to resolve the

# **The Upper Rooms**

## **Pet Rules**

pet rule violation at the meeting, or it is determined that the pet owner has failed to correct the pet rule violation.

The Owner/Agent will not initiate procedures to terminate a pet owner's tenancy based on a pet rule violation, unless:

1. The pet owner has failed to remove the pet or correct the pet rule violation within the applicable time period; and
2. The pet rule violation is sufficient to begin procedures to terminate the pet owner's tenancy under the terms of the lease and applicable regulations.

The Owner/Agent may initiate procedures in accordance with the provision of applicable state or local laws. If the state or local provisions conflict with the ten (10) days that the pet owner is given to correct the violation, then the time frame that is most beneficial to the pet owner must be followed.

The Owner/Agent may, after reasonable notice to the pet owner and during reasonable hours, enter and inspect the apartment. Entry and inspection is permitted only if the Owner/Agent has received a signed written complaint alleging (or the Owner/Agent has reasonable grounds to believe) that the conduct or condition of a pet in the dwelling constitutes, under applicable State and Local law, a nuisance or a threat to the health or safety of the occupants in the apartment complex or other persons in the community where the complex is located. The Owner/Agent shall enter the premises and remove the pet from the property immediately if the pet owner refused to do so or if the Owner/Agent is unable to contact the tenant to make a removal request.

If the health or safety of a pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet, the Owner/Agent may contact the responsible party or parties listed in the pet registration. If the responsible party or parties are unwilling or unable to care for the pet the Owner/Agent may contact the appropriate State or local and request the removal of the pet.

If there is no applicable State or local enforcement agency authorized to remove a pet that becomes vicious, displays symptoms of severe illness or demonstrates other behavior that constitutes an immediate threat to the health or safety of the tenancy as a whole, the Owner/Agent may enter the apartment to remove the pet and take such action with respect to the pet which may include placing it in a facility that will provide care and shelter for a period not to exceed 30 days. The cost of the animal care facility provided under this section. The cost of the animal care facility provided under this section shall be the responsibility of the pet owner. If the pet owner (or pet owner's estate) is unable or unwilling to pay, the cost of the animal care facility will be deducted from the pet deposit.

# **The Upper Rooms**

## **Pet Rules**

### **Assistance Animals**

Animals considered to be service/assistance animals are not pets. As the Head-of-Household where the use of a Service/Assistance Animal there are some basic guidelines that must be met.

### **Animal waste**

The animal's waste must be cleaned up immediately upon deposit, regardless of the location. This includes all bodily fluids excreted from the animal.

### **Damages**

As Head-of-Household, you will be required to pay for any damages caused by the service/assistance animal. These damages will not come out of a "Pet Deposit" as one was not charged because of the need for the service/assistance animal.

### **Neighbor Complaints**

Please be aware that your neighbors have the right to file a complaint regarding your service/assistance animal. Property Management will require that the complaint be signed and dated by the complainant and the complaint be substantiated. We will make every effort to resolve the problem.

### **Bad Behavior**

If a service/assistance animal bites or otherwise threatens other residents or staff the local animal control office will be contacted, and the incident investigated. If it is found that the service/assistance animal is aggressive, we may require that the service/assistance animal leave the property.

### **Health**

All animals should be properly vaccinated, and owners are required to observe all leash laws. Local laws regarding spaying/neutering must be followed.

### **Licensing**

All local laws must be followed regarding licensing of animals. Each animal must contain a current/valid license in accordance with local laws.

### **Allergies**

A request for a service animal will not be denied based on the potential for a future issue involving another resident's allergies. However, if there is an actual documented allergy that shows another resident could be harmed or that the other resident would have to move-out, allowing the animal might be unreasonable.

**The Upper Rooms** reserves the right to check with former housing providers about the history of any animal, regardless of the breed. This policy will apply to all animals.

# The Upper Rooms

## Pet Rules

### **Affidavit**

I/We have read and understand the above Pet Rules and agree to fully comply with the outlined provisions. I/We understand that any breach of these rules is a breach of the lease and may constitute grounds for the removal of the pet. Furthermore, I/We understand that failure to remove the pet from the premises may constitute grounds for eviction.

Pet Owner's Signature (Tenant)

\_\_\_\_\_

Date

\_\_\_\_\_

Pet Owner's Signature (Tenant)

\_\_\_\_\_

Date

\_\_\_\_\_

Owner/Agent Signature (Landlord)

\_\_\_\_\_

Date

### PET APPLICATION AND IDENTIFICATION

Breed: \_\_\_\_\_ Sex: ☐ F ☐ M Age \_\_\_\_\_

Name of Pet \_\_\_\_\_

When full grown: Height \_\_\_\_\_ Weight \_\_\_\_\_ Color \_\_\_\_\_

Markings \_\_\_\_\_

License Number \_\_\_\_\_ Tag information \_\_\_\_\_

Flea collar \_\_\_\_\_ ☐ Yes ☐ N

Veterinarian's Information:

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

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

Phone: \_\_\_\_\_

Proof of Inoculation: \_\_\_\_\_

Type of Caged Animal ☐ Bird Breed \_\_\_\_\_

☐ Guinea Pig ☐ Gerbil ☐ Rabbit ☐ Turtle

☐ Other: \_\_\_\_\_

Remarks: \_\_\_\_\_

Tenant's Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Tenant must inform Landlord of any change in the identity of the pet registered to Tenant.

Alternate Pet Caretakers:

Caretaker #1: Name \_\_\_\_\_

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

Phone: \_\_\_\_\_ Work  
Home

Caretaker #1: Name \_\_\_\_\_

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

Phone: \_\_\_\_\_ Work  
Home

Federal law requires us to obtain criminal background and sex offender registration information for all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below. The questions regard drug-related, sex offender and other criminal activity that could adversely affect the health, safety or welfare of other residents. Failure to provide complete and accurate information will result in the rejection of the application.

1. Have you been evicted from a federally-assisted site for drug-related criminal activity within the past three years? ☐ Yes ☐ No
2. Do you currently use illegal drugs or abuse alcohol? ☐ Yes ☐ No
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? ☐ Yes ☐ No
4. Have you been convicted of any drug-related crime within the past five years? ☐ Yes ☐ No
5. Have you been convicted of any felony within the past five years? ☐ Yes ☐ No
6. Have you been convicted of any crime involving fraud or dishonesty within the past five years?  
☐ Yes ☐ No
7. Have you been convicted of any crime involving violence within the past five years?  
☐ Yes ☐ No
8. Are you currently charged with any of the above criminal activities? ☐ Yes ☐ No
9. Please list all states in which you currently and have previously resided.

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10. Have you ever used or been known by any other name? ☐ Yes ☐ No  
If yes, please list the name(s) used:

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### **PENALTY OF PERJURY CLAUSE**

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the denial of subsidy, termination of the lease agreement and referral to the U.S. Inspector General's office.

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, the PHA and any owner (or any employee of HUD, the PHA 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, the PHA 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).

**Resident's Signature**

**Date**

**Resident's Name (Print)**

**Unit:**