



111 Caroline Street Munhall, PA 15120

PHONE (412) 461-2993 FAX: (412) 461-8983  
EMAIL: umcu.metinc@gmail.com WEB: umcu-parkview.com

*Methouse, Inc. does not discriminate on the basis of handicapped status in the admission or access to its Federally-assisted programs and activities.*

**FOR YOUR INFORMATION - 2019**

To be eligible for occupancy, persons must be 62 years of age or older or 18 years of age or older if physically disabled and applying for a designated accessible unit with special design features for the physically disabled. If you are requesting a mobility impaired unit, proper verification is required and you must complete a checklist to determine eligibility for a mobility impaired unit that appears on the Pre-Application.

HUD requires full financial disclosure for all applicants. Applicants must qualify under income limits set forth by the Department of Housing and Urban Development. All income is to be included except that approved for exclusion by HUD. In addition, Methouse, Inc. requires that Rental, Credit, and Criminal Background History be acceptable.

**Category Maximum EXTREMELY LOW INCOME:**

One person \$16,800 Annually  
Two persons \$19,200 Annually

(First Priority for Section 8 Rent Assistance)

**VERY LOW-INCOME:**

One person \$28,000 Annually  
Two persons \$32,000 Annually

(Second Priority for Section 8 Rent Assistance)

**LOW INCOME LIMITS:**

One person \$44,750 Annually  
Two persons \$51,150 Annually

(Ineligible for Section 8 Rent Assistance - Must pay Contract Rent)

*Methouse, Inc. is approved by HUD for 21 Section 8 subsidies, therefore, Section 8 can only be offered when available and will normally be offered first to eligible in-place tenants. Rent is based on 30% of your adjusted gross income.*



Office Use Only: Date Received:

Time Received:

EL Income Very Low Income Low Income Req. Altered Unit

Application for Eligibility Determination for Residency with

Parkview Towers



UNIT SIZE NEEDED: Efficiency Apt. One Bedroom



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

If Yes, please list the language and services requested:

Do you have a reasonable accommodation request due to a disability that would allow you to meet the requirements of the application process and/or potential tenancy?

Yes No If yes, please list the request:

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

Table with 8 columns: Mbr. No., Last Name, First Name, Relationship to HOH, Age, Sex, Date of Birth, Social Security Number. Rows include Head, Spouse/Co Head, and empty rows.

Current Mailing Address: Street Apt.

City, State, Zip Code Telephone (area code)

\*LIST ALL STATES\* where Applicant & Members of Household have resided:

2. Mobility Impaired/Barrier-Free Units: Do you have a mobility impairment that would necessitate the features of a fully accessible/ barrier-free unit? Please note that this need will be verified with your doctor/physician. Yes No

If a Live-In Attendant is needed, name of Attendant

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

**Parkview Towers is a Smoke Free facility**

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

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

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

Name:

---

Address:

---

Telephone: (Area Code)

---

Name:

---

Address:

---

Telephone: (Area Code)

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

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

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

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

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

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

Address \_\_\_\_\_ Estimated Value  
 \_\_\_\_\_ \$ \_\_\_\_\_

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

Name of Company	Policy #	Face Value	Current Cash Value

**8. Student Status;** Are you or any member of your household currently enrolled in an institute of higher education?  Yes  No

*On December 30, 2005, HUD published a final rule (FR-5036-F-01), entitled, “Eligibility of Students for Assisted Housing Under Section 8 of the U.S. Housing Act of 1937,” implementing section 327 of the Appropriations Act of Fiscal Year (FY) 2006. The law and final rule require that if a student is enrolled at an institution of higher education, is under the age of 24, is not a veteran, is unmarried and does not have a dependent child, is individually ineligible for section 8 assistance, or the student’s parents are, individually or jointly, ineligible for assistance, no section 8 assistance can be provided to the student.*

If Yes, please list family member(s) and institution:

\_\_\_\_\_

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

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

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

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

Name	Address, City, St., Zip	Phone

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

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

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

**Are you or any member of your household currently engaged in illegal drug use?**  
 Yes  No. If Yes, please explain and name household member: \_\_\_\_\_  
 \_\_\_\_\_

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

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

- (1) Drug-related criminal activity;*
- (2) Violent criminal activity;*
- (3) Other criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents; or*
- (4) Other criminal activity that would threaten the health or safety of the owner or any employee, contractor, subcontractor or agent of the owner who is involved in the housing operations.*

**14. Optional Information:** Do you plan to use a service or assistive animal in this facility?  Yes  No  
If yes, please described the animal:

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Do you have a pet you wish to bring into this facility?  Yes  No  
If yes, please described the animal:

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Do you have a vehicle you wish to bring onto the property?  Yes  No  
If yes, is the car registered, insured, in operable condition, and owned by a member of the household?  Yes  No

**15. 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 1681 a(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 PAGE

**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 \_\_\_\_\_

**Parkview Towers is a Smoke-Free facility** \_\_\_\_\_ (please initial)

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

Signature of Person Assisting the Applicant on Filling-In the Appl. \_\_\_\_\_ Date \_\_\_\_\_

Signature of PT Rep: \_\_\_\_\_ Date \_\_\_\_\_

*Parkview Towers does not discriminate in any fashion based upon a person's race, color, sex, creed, national origin, handicap status, religion, familial status, source of income, sexual preference, or disability. Residency is open to all qualified eligible persons in accordance with any State recognized protected classes. Parkview Towers does not discriminate based upon age for any reason, excluding HUD program/project requirements.*

### **PROGRAM ACCESSIBILITY STATEMENT**

**NOTICE TO ALL APPLICANTS: Options for Applicants with Disabilities**

**This property is managed by United Methodist Church Union. 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 accommodation 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.**

**Parkview Towers**

111 Caroline St  
Munhall, PA 15120  
(412) 461-2993

ATTACHMENT 2  
Parkview Towers  
HCDA Section 214 / Owner's  
Notice for Applicant Family

Dear Applicant:

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

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

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

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

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact the Parkview Tower's Rental Office. We will be happy to assist you. Also, if you are unable to provide the required documentation at the time of your initial application, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.



ATTACHMENT 2  
Parkview Towers  
HCDA Section 214 / Owner's  
Notice for Applicant Family  
(Continued)

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

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

Sincerely,

Luke Homitsky  
Manager  
(412) 461-2993  
Parkview Towers

ATTACHMENT 3  
 Parkview Towers  
 HCDA Section 214  
 Family Summary Sheet

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

FAMILY SUMMARY SHEET

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

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

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

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

APPLICATION DECLARATION FORMAT

**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

AND

b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - (a) "Admitted as Refugee Pursuant to section 207";
  - (b) "Section 208" or "Asylum";
  - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - (a) A final court decision granting asylum (but only if no appeal is taken);
  - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
  - (c) A court decision granting withholding or deportation; or
  - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card.

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

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

\_\_\_\_\_  
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: \_\_\_\_\_

VERIFICATION CONSENT FORM

**INSTRUCTIONS:**

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

**CONSENT**

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

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

**NOTIFICATION TO FAMILY:**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

# Methouse Inc./Parkview Towers

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111 Caroline Street – Munhall, Pennsylvania 15120 – Phone (412) 461-2993

## WAITING LIST APPLICANT VERIFICATION ITEMS (Bring all applicable items with you to your initial interview)

*Do you have the following items?*

- |    |       |      |   |
|----|-------|------|---|
| 1. | (YES) | (NO) | Proof of age  |
| 2. | (YES) | (NO) | Social Security Card  |
| 3. | (YES) | (NO) | Social Security Award Letter or Verification form from Social Security confirming SOCIAL SECURITY received and amount paid to Medicare. |
| 4. | (YES) | (NO) | Letter from State of Pennsylvania indicating State Supplementary Payment (SSP) award amount.  |
| 5. | (YES) | (NO) | Verification of Pension Income by verification form from the source or by pension check stubs and/or 1099-R year end statement.         |
| 6. | (YES) | (NO) | Savings Passbook and/or Statement Savings account information showing amount and accrued interest.                                      |
| 7. | (YES) | (NO) | Certificates of Deposit   |
| 8. | (YES) | (NO) | Stocks  |

**OVER**

(1)



For persons who are deaf, hard of hearing or speech disabled, please contact PA Relay by calling 7-1-1  
HUD Subsidized Senior Housing – A Union Methodist Church Union Affiliate

- |     |       |      |  |
|-----|-------|------|--|
| 9.  | (YES) | (NO) | Bonds  |
| 10. | (YES) | (NO) | 1099 year end interest statements showing <i>interest earned</i> on Savings, CD's, Money Market accounts, and Checking accounts. |
| 11. | (YES) | (NO) | Six (6) months of Checking Account Statements and/or Money Market Statements starting with the present month.                    |
| 12. | (YES) | (NO) | Verification of Alimony  |
| 13. | (YES) | (NO) | Verification of IRA payments received from 1099-R year end statement.  |
| 14. | (YES) | (NO) | Verification of wages – working full or part time, copy of W-2 form.   |
| 15. | (YES) | (NO) | Verification of ALL OTHER INCOME SOURCES.  |
| 16. | (YES) | (NO) | Real Estate appraisal of house.  |
| 17. | (YES) | (NO) | Whole Life Insurance policy indicating Face Value and policy numbers.  |
| 18. | (YES) | (NO) | Medical Card and/or Health Insurance Card.   |

**\*\*The Federal Government says you must keep all document for three (3) years.**



# Methouse Inc./Parkview Towers

111 Caroline Street - Munhall, Pennsylvania 15120 - Phone (412) 461-2993

## ACKNOWLEDGEMENT OF RECEIPT

### Application Packet

I/We have received the following items:

- 1) Income Limit Information
- 2) Items to be Verified
- 3) Citizens Declaration Format
- 4) Family Summary Sheet
- 5) Race and Ethnicity Data Form
- 6) 504 Non-discrimination Notice
- 7) Notice of Crime-Free & Drug-Free Housing Policy (2)
- 8) Tenant Selection Plan
- 9) Release Form for Credit/Criminal Background Check
- 10) Application for Admission
- 11) Verification of Need for an Accessible Unit
- 12) Form 92006 - Additional Contact Information
- 13) Notice of Occupancy Rights under VAWA  
Including HUD forms 5380 and 5382

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

PLEASE SIGN  
AND RETURN

For persons who are deaf, hard of hearing or speech disabled, please contact PA Relay by calling 7-1-1  
HUD Subsidized Senior Housing - An affiliate of United Methodist Church Union  
Allegheny & Beech Avenues, P.O. Box 100086, Pittsburgh, PA 15223



**Race and Ethnic Data Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

**Name of Property** **Project No.** **Address of Property**

**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 format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are 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.

# 504 NON-DISCRIMINATION NOTICE

IN ACCORDANCE WITH SECTION 504 of the Rehabilitation Act of 1973,  
**Methouse Inc./Parkview Towers** 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 participation in, or be denied the benefits of, any federally assisted program or activity administered by **METHOUSE INC./PARKVIEW TOWERS**.
- 2) **METHOUSE INC./PARKVIEW TOWERS** will provide employment opportunities, benefits, access to housing, and other appropriate services in 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) **METHOUSE INC./PARKVIEW TOWERS** 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.

**METHOUSE INC./PARKVIEW TOWERS** has designated United Methodist Church Union to serve as 504 Coordinator. They can be reached at 412-231-4900.

If you have a visual, hearing or any other impairment and need assistance with this notice please contact the Community Manager/Administrator.

To schedule assistance, please call the office between the hours of 8:00 AM and 4:00 PM at 412-461-2993. Assistance to insure equal access to this notice will be provided in a confidential manner and setting.

# ACKNOWLEDGEMENT OF RECEIPT

## “SCREENING AND ELIGIBILITY GUIDELINES”

### 504 Non-Discrimination Notice

I, \_\_\_\_\_, hereby certify that I have received from Methouse, Inc./Parkview Towers management a copy of the “Screening and Eligibility Guidelines” and “504 Non-Discrimination Notice”. I understand that management is required by HUD to provide this information to me upon application at Methouse Inc./Parkview Towers.

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Applicant Signature

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Date Received

PLEASE RETURN

## NOTICE OF METHOUSE INC./PARKVIEW TOWERS CRIME-FREE & DRUG-FREE HOUSING POLICIES

**METHOUSE INC./PARKVIEW TOWERS** 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 any felony involving violence, fraud, theft, illegal drugs or any other felony which establishes that the applicants 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.

**METHOUSE INC./PARKVIEW TOWERS** expects its tenants to refrain from using, possessing and/or being under the influence of illegal drugs while on **PARKVIEW TOWERS** premises. **METHOUSE INC./PARKVIEW TOWERS** also expects its tenants to refrain from using, possessing, selling, purchasing, receiving or distributing illegal drugs off **PARKVIEW TOWERS** premises in a manner which results in a criminal felony or misdemeanor arrest or conviction.

**METHOUSE INC./PARKVIEW TOWERS** will aggressively pursue eviction for any violation of its crime-free and drug-free environment policies.

**METHOUSE INC./PARKVIEW TOWERS** 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 **METHOUSE INC./PARKVIEW TOWERS** Crime-Free, Drug-Free policies as stated above.

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Applicant Signature

---

Date

**RELEASE OF INFORMATION FORM**

**Methouse, Inc./Parkview Towers**

In connection with my application for 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 photographic or faxed copy 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 also advised and be given the name of the agency or source of information.

\_\_\_\_\_  
Applicant Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

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**Signature of Applicant**

**Date**

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

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



**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

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

OMB Approval No. 2577-0286  
Exp. 06/30/2017

**Purpose of Form:** The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,  
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: \_\_\_\_\_

2. Name of victim: \_\_\_\_\_

3. Your name (if different from victim's): \_\_\_\_\_

4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_

\_\_\_\_\_

5. Residence of victim: \_\_\_\_\_

6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_

\_\_\_\_\_

7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_

\_\_\_\_\_

10. Location of incident(s): \_\_\_\_\_

In your own words, briefly describe the incident(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

**Methouse, Inc Parkview Towers**  
**Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup>**

**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 protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>2</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that Methouse, Inc Parkview Towers is 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 use your rights under VAWA.

**Protections for Applicants**

If you otherwise qualify for assistance under Methouse, Inc Parkview Towers 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 Methouse, Inc Parkview Towers you may 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 is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under Methouse, Inc Parkview Towers solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

**Removing the Abuser or Perpetrator from the Household**

Methouse, Inc Parkview Towers may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If Methouse, Inc Parkview Towers chooses to remove the abuser or perpetrator Methouse, Inc Parkview Towers may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program Methouse, Inc Parkview Towers must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household Methouse, Inc Parkview Towers must follow Federal, State, and local eviction procedures. In order to divide a lease Methouse, Inc Parkview Towers may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

**Moving to Another Unit**

Upon your request Methouse, Inc Parkview Towers may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request Methouse, Inc Parkview Towers may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking.

If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) **You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

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<sup>1</sup> Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

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

- (2) **You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) **You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR**

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

Methouse, Inc Parkview Towers will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

Methouse, Inc Parkview Towers's Emergency Transfer Plan provides further information on emergency transfers, and Methouse, Inc Parkview Towers must make a copy of its emergency transfer plan available to you if you ask to see it.

### **Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

Methouse, Inc Parkview Towers can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from Methouse, Inc Parkview Towers must be in writing, and Methouse, Inc Parkview Towers must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation.

Methouse, Inc Parkview Towers may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to Methouse, Inc Parkview Towers as documentation. It is your choice which of the following to submit if Methouse, Inc Parkview Towers asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by Methouse, Inc Parkview Towers with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that Methouse, Inc Parkview Towers has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days Methouse, Inc Parkview Towers does not have to provide you with the protections contained in this notice.

If Methouse, Inc Parkview Towers receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), Methouse, Inc Parkview Towers the right to request that you provide third-party documentation within thirty (30) calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, Methouse, Inc Parkview Towers does not have to provide you with the protections contained in this notice.

### **Confidentiality**

Methouse, Inc Parkview Towers must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

Methouse, Inc Parkview Towers must not allow any individual administering assistance or other services on behalf of Methouse, Inc Parkview Towers (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

Methouse, Inc Parkview Towers must not enter your information into any shared database or disclose your information to any other entity or individual. Methouse, Inc Parkview Towers however, may disclose the information provided if:

- You give written permission to Methouse, Inc Parkview Towers to release the information on a time limited basis.
- Methouse, Inc Parkview Towers needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires Methouse, Inc Parkview Towers or your landlord to release the information.

VAWA does not limit Methouse, Inc Parkview Towers's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

#### **Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, Methouse, Inc Parkview Towers cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if Methouse, Inc Parkview Towers can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- (1) Would occur within an immediate time frame, and
- (2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If Methouse, Inc Parkview Towers can demonstrate the above, Methouse, Inc Parkview Towers should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

#### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other federal laws, as well as under state and local laws.

#### **Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with HUD Philadelphia Regional Office (215) 656-0500 .

#### **For Additional Information**

You may view a copy of HUD's final VAWA rule at <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>.

Additionally, Methouse, Inc Parkview Towers must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact [insert name of program or rental assistance contact information able to answer questions on VAWA].

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY).

You may also contact any of the resources shown below as appropriate.

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

For help regarding sexual assault, you may contact **any of the resources shown below as appropriate.**

Victims of stalking seeking help may contact **any of the resources shown below as appropriate.**

Although the Methouse, Inc Parkview Towers does not provide direct services, below, please find a list of references to other resources covering a wide variety of needs. The resource lists in this entire section are not intended to be comprehensive, but rather a

place for you to start. If you find additional resources that prove helpful, please forward them along to us so we can share them with others.

**Resources:**

For help addressing domestic violence, dating violence, sexual assault and stalking, please refer to the following agencies.

The National Domestic Violence Hotline	800-799-7233 (SAFE)	<a href="http://www.ndvh.org">www.ndvh.org</a>
National Dating Abuse Helpline	866-331-9474	<a href="http://www.loveisrespect.org">www.loveisrespect.org</a>
Americans Overseas Domestic Violence Crisis Center	866-USWOMEN (879-6636)	<a href="http://www.866uswomen.org">www.866uswomen.org</a>
National Child Abuse Hotline/Childhelp	800-4-A-CHILD 800-422-4453	<a href="http://www.childhelp.org">www.childhelp.org</a>
National Sexual Assault Hotline	800-656-4673 (HOPE)	<a href="http://www.rainn.org">www.rainn.org</a>
National Center for Victims of Crime	202-467-8700	<a href="http://www.victimsofcrime.org">www.victimsofcrime.org</a>
National Human Trafficking Resource Center/Polaris Project	888-373-7888 Text: HELP to BeFree (233733)	<a href="http://www.polarisproject.org">www.polarisproject.org</a>
National Resource Center on Domestic Violence	800-537-2238	<a href="http://www.nrcdv.org">www.nrcdv.org</a> and <a href="http://www.vawnet.org">www.vawnet.org</a>
Futures Without Violence: The National Health Resource Center on Domestic Violence	888-792-2873	<a href="http://www.futureswithoutviolence.org">www.futureswithoutviolence.org</a>
National Center on Domestic Violence, Trauma & Mental Health	312-726-7020 ext. 2011	<a href="http://www.nationalcenterdvtraumamh.org">www.nationalcenterdvtraumamh.org</a>
Domestic Violence Initiative	303-839-5510 877- 839-5510	<a href="http://www.dviforwomen.org">www.dviforwomen.org</a>
Deaf Abused Women's Network (DAWN)	202-559-5366	<a href="mailto:Hotline@deafdawn.org">Hotline@deafdawn.org</a> <a href="http://www.deafdawn.org">www.deafdawn.org</a>
Women of Color Network	800-537-2238	<a href="http://www.wocninc.org">www.wocninc.org</a>
INCITE! Women of Color Against Violence		<a href="mailto:incite.natl@gmail.com">incite.natl@gmail.com</a> <a href="http://www.incite-national.org">www.incite-national.org</a>
Alianza	505-753-3334	<a href="http://www.dvalianza.org">www.dvalianza.org</a>
Casa de Esperanza	651-772-1611	<a href="http://www.casadeesperanza.org">www.casadeesperanza.org</a>
Asian and Pacific Islander Institute on Domestic Violence	415-954-9988	<a href="http://www.apiidv.org">www.apiidv.org</a>
Committee Against Anti-Asian Violence (CAA AV)	212- 473-6485	<a href="http://www.caaav.org">www.caaav.org</a>
Manavi	732-435-1414	<a href="http://www.manavi.org">www.manavi.org</a>
Institute on Domestic Violence in the African American Community	877-643-8222	<a href="http://www.dvinstitute.org">www.dvinstitute.org</a>
The Black Church and Domestic Violence Institute	770-909-0715	<a href="http://www.bcdvi.org">www.bcdvi.org</a>
The Audre Lorde Project		<a href="http://www.alp.org">www.alp.org</a>
LAMBDA GLBT Community Services	206-350-4283 178- 596-0342	<a href="http://www.qrd.org/qrd/www/orgs/avproject/main.htm">http://www.qrd.org/qrd/www/orgs/avproject/main.htm</a>
National Coalition of Anti-Violence Programs 1-212-714-1184	206-350-4283	<a href="http://www.ncavp.org">www.ncavp.org</a>
National Gay and Lesbian Task Force	202-393-5177	<a href="http://www.ngltf.org">www.ngltf.org</a>
Northwest Network of Bisexual, Trans, Lesbian & Gay Survivors of Abuse	206-568-7777	<a href="http://www.nwnetwork.org">www.nwnetwork.org</a>
National Clearinghouse on Abuse in Later Life	608-255-0539	<a href="http://www.ncall.us">www.ncall.us</a>
National Center for Elder Abuse	855-500-3537	<a href="http://www.ncea.aoa.gov/">http://www.ncea.aoa.gov/</a>
American Bar Association Commission on Domestic Violence	202-662-1000	<a href="http://www.abanet.org/domviol">www.abanet.org/domviol</a>
Battered Women's Justice Project	800-903-0111	<a href="http://www.bwjp.org">www.bwjp.org</a>
Safe Horizon stalking victims' hotline (assessment & referrals provided)	866-689-4357	
Stalking Resource Center		<a href="http://www.victimsofcrime.org/our-programs/stalking-resource-center">www.victimsofcrime.org/our-programs/stalking-resource-center</a>
The National Organization for Victim Assistance	800-879-6682	<a href="http://www.trynova.org">www.trynova.org</a>
iSafetyNet		<a href="http://www.isafetynet.org/">http://www.isafetynet.org/</a>

The U.S. Department of Justice (DOJ) administers programs that provide funding for victims covered by VAWA, and the Victims Crime Fund could be used to pay for relocation expenses of these victims, or to provide other sources of support, which could free up funding to pay for moving costs

Information about the Crime Victims Fund is available at: <http://www.ovc.gov/pubs/crimevictimsfundfs/intro.html#VictimAssist>

Information about Office of Violence Against Women grants is available at <http://www.justice.gov/ovw/grant-programs>.

**Attachment:** Certification form HUD-5382



## SCREENING AND ELIGIBILITY GUIDELINES METHOUSE, INC PARKVIEW TOWERS



### **I. EQUAL OPPORTUNITY HOUSING POLICY STATEMENT**

**Methouse, Inc Parkview Towers** and its agents and affiliates are pledged to the letter and spirit of U.S. law and policy for the achievement of equal housing opportunity throughout the nation. **Methouse, Inc Parkview Towers** and its affiliates comply with all applicable federal, state and local laws which prohibit discrimination against persons because of race, color, religion, religious creed, ancestry, national origin, place of birth, sex, pregnancy, age, familial status, sexual orientation, handicap or disability, use of a guide or support animal because of blindness, deafness or any physical handicap of the user or because the user is a handler or trainer of support or guide animals or because of the handicap or disability of an individual with whom the person is know to have a relationship or association.

**Methouse, Inc Parkview Towers** complies with HUD's Equal Access Rule, intended to ensure that HUD's core housing programs are open to all eligible individuals regardless of actual or perceived Sexual Orientation, Gender Identity or Marital Status.

**Additionally, Methouse, Inc Parkview Towers** complies with the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Public Law 109-162) as well at the technical corrections to the VAWA (Public Law 109-271)

This law offers guidance protecting against evictions or denial of housing based on domestic violence, dating violence, or stalking.

#### ***COMPLIANCE WITH REQUIREMENTS OUTLINED IN THE VIOLENCE AGAINST WOMEN ACT***

**Methouse, Inc Parkview Towers** understands that, regardless of whether state or local laws protect victims of domestic violence, rape, dating violence, sexual assault or stalking, people who have been victims of violence have certain rights under the Violence Against Women Act. If any resident wishes to exercise the protections provided in the VAWA, he/she should contact the **Methouse, Inc Parkview Towers** immediately. **Methouse, Inc Parkview Towers** is committed to ensuring that the Privacy Act is enforced in this and all other situations.

**Methouse, Inc Parkview Towers** will not assume that any act is a result of abuse covered under the Violence Against Women Act. In order to receive the protections outlined in the VAWA, the applicant/resident must specify that he/she wishes to exercise these protections.

#### **Certification and Confidentiality**

When **Methouse, Inc Parkview Towers** responds to a claim of protected status under the VAWA **Methouse, Inc Parkview Towers** will request, in writing if appropriate, that an individual document the occurrence of the domestic violence. The individual claiming rights under the VAWA has the option to complete, sign, and submit the HUD-approved certification form (HUD-91066), or chose a different method of documentation of the abuse to verify his/her status as a victim of domestic violence. The resident will have 14 days to submit the form or provide another form of documentation.

**Methouse, Inc Parkview Towers** understands that the delivery of the certification form to the resident via mail may place the victim at risk, e.g., the abuser may monitor the mail. Therefore, in order to mitigate risks, **Methouse, Inc Parkview Towers** will work with the resident in making acceptable delivery arrangements, such as inviting them into the office to pick up the certification form or making other discreet arrangements.



If the resident received or attempted to receive assistance in addressing domestic violence, dating violence or stalking from a federal, state, tribal, territorial jurisdiction, local police or court, the resident may submit written proof of this outreach in lieu of HUD Form 91066.

In place of filling out and submitting HUD 91066, the victim may submit either of the following:

A federal, state, tribal, territorial, or local police record or court record; or  
Documentation signed, notarized and attested to by a professional (employee, agent or volunteer of a victim service provider, an attorney, medical personnel, etc.) from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking or the effects of the abuse. The signatory attests under penalty of perjury (28 U.S.C. §1746) to his/her belief that the incident in question represents bona fide abuse, and the victim of domestic violence, dating violence or stalking has signed or attested to the documentation.

**Methouse, Inc Parkview Towers** will carefully evaluate abuse claims as to avoid conducting an eviction based on false or unsubstantiated accusations.

The identity of the victim and all information provided to **Methouse, Inc Parkview Towers** relating to the incident(s) of abuse covered under the VAWA will be retained in confidence.

Information will not be entered into any shared database nor provided to a related entity, except to the extent that the disclosure is Requested or consented to by the victim in writing; Required for use in an eviction proceeding or termination of assistance; or otherwise required by applicable law.

**Methouse, Inc Parkview Towers** will retain all documentation relating to an individual's domestic violence, rape, dating violence, sexual assault or stalking in a separate file that is kept in a separate secure location from other applicant/resident files.

**Methouse, Inc Parkview Towers** and its affiliates also select applicants in a nondiscriminatory manner consistent with Section 202 of the Housing Act of 1959, with the purpose of improving housing opportunities for very low income persons who are Section 202 program eligible and are able to satisfy the obligations of tenancy.

**Methouse, Inc Parkview Towers** and its affiliates comply with Section 504 of the Rehabilitation Act of 1973, The Fair Housing Act Amendment of 1988 and Title VI of the Civil Rights Act of 1964.

**Methouse, Inc Parkview Towers** shall take all appropriate steps to ensure effective communication with applicants, residents, and employees with disabilities and shall furnish appropriate auxiliary aides when necessary to effectively communicate with the person with a disability and persons with Limited English Proficiency. Examples of appropriate auxiliary aides include, but are not limited to, qualified interpreter, Sign Language interpreters, assertive listening systems, and readers, use of taped materials, and materials, in Braille or in other languages. If an applicant, resident, employee, or member of the public needs written materials in one of these forms or would like to use the services of an interpreter, he or she should make that request to the originating **Methouse, Inc Parkview Towers** department or 504/ADA Coordinator at least five (5) business days prior to the meeting or when the materials are needed at:

Methouse, Inc Parkview Towers  
504/ADA Coordinator  
111 Caroline Street  
Munhall, Pa. 15120

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

The request should state the format that is most acceptable to the requestor. Methouse, Inc Parkview Towers will pay for all services and materials associated with the request. However, Methouse, Inc Parkview Towers, will not pay for materials intended only for personal use, such as typewriters, computers, or other assistive technology not related to the meeting or documents requested.

If a request is denied for any reason or an unacceptable alternative is offered, the requestor may request an informal hearing or formal Grievance Hearing by following the procedures set forth in Methouse, Inc Parkview Towers's grievance procedure.

**Methouse, Inc Parkview Towers** is a smoke free community. Smoking in the building including in the apartments or common areas is forbidden for tenants, their guests and employees. There is a marked area designated for people who chose to smoke that is outside the buildings.

## **II. PROJECT ELIGIBILITY REQUIREMENTS**

**Methouse, Inc Parkview Towers** does not discriminate based on of race, color, religion, religious creed, ancestry, national origin, place of birth, sex, pregnancy, age, familial status, sexual orientation, handicap or disability, use of a guide or support animal because of blindness, deafness or any physical handicap of the user or because the user is a handler or trainer of support or guide animals or because of the handicap or disability of an individual with whom the person is know to have a relationship or association.

- A. There will be no priorities or application criteria (e.g., variations in applications, variations in charges or deposits) based upon race, color, religion, religious creed, ancestry, national origin, place of birth, sex, pregnancy, age, familial status, sexual orientation, handicap or disability, use of a guide or support animal because of blindness, deafness or any physical handicap of the user or because the user is a handler or trainer of support or guide animals or because of the handicap or disability of an individual with whom the person is know to have a relationship or association.
- B. **Methouse, Inc Parkview Towers** is an elderly property whose head or spouse or sole member is a person who is at least 62 years of age. It may include two or more persons who are at least 62 years of age living together, or one or more persons who are at least 62 years of age living with one or more live-in aides, or 18 years of age or older being physically disabled and in need of the features of the accessible units, of which there are three (3)
- C. By law, only U.S. citizens and eligible non-citizens may benefit from federal rental assistance. All family members, regardless of age, must declare their citizenship status. All applicants will be treated equally when administering the restrictions on assistance to non-citizens, as outlined in Section 214 of the Housing and Community Development Act of 1980 as amended – Restrictions of Assistance to Non-Citizens. In implementing the Restriction on Assistance to Non-Citizens, including pro-rated assistance – if applicable, Management will follow the procedures set forth in HUD Handbook 4350.3, Rev. 1, Section 3-12.

D. **SSN Disclosure Requirements:** All household members receiving assistance or applying to receive assistance will be required to provide a Social Security Number and adequate documentation necessary to verify that number. This rule applies to all household members including live-in aides, foster children and foster adults.

**Exemptions to Disclosure of Social Security Number:**

The Social Security Number requirements do not apply to:

1. Individuals who do not contend eligible immigration status. When applicants and residents are required to declare their citizenship status, the existing regulations pertaining to proration of assistance or screening for mixed families must continue to be followed.
2. Individuals age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010.

**SSN Documentation:** Adequate documentation means a Social Security card issued by the Social Security Administration (SSA) or other acceptable evidence of the SSN such as:

- Original Social Security Card
- Original document issued by a federal or state government agency which contains the name, SSN, and other identifying information of the individual
- Driver's license with SSN
- Identification card issued by a federal, State, or local agency, a medical insurance provider, or an employer or trade union
- Earnings statements on payroll stubs
- Bank Statement
- Form 1099
- Benefit award letter
- Retirement benefit letter
- Life Insurance policy
- Court Records

**SSN Requirements for Applicants:**

For eligibility purposes, applicants do not need to provide verification of a Social Security Number for household members to be placed on the waiting list; however, applicants must provide adequate documentation to verify each Social Security Number for all non-exempt household members before they can be housed.

The applicant who has not disclosed and provided verification of SSNs for all household members must disclose and provide verification of SSN's for all household members to the owner within 90 days from the date they are first offered an available unit.

If management determines that the applicant is otherwise eligible to participate in a program, the applicant may retain its place on the waiting list for the 90 day period from the date they re first offered and available unit for but cannot become a tenant until it can provide the documentation referred to *above*.

After 90 days, if the applicant has been unable to supply the required SSN and verification documentation, the applicant should be determined ineligible and removed from the waiting list.

**Child under age of 6 years added to “applicant” household:**

If a child under the age of 6 years is added to “applicant” household within the 6-month period prior to the household's date of admission, the applicant may become a tenant, so long as the SSN documentation required above is provided to management within 90 calendar days from the effective date of the Move-in Certification. 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. Examples include but are not limited to: delayed processing of the SSN application by the SSA, natural disaster, fire, death in family, etc. During this time period, the child is to be included as part of the household and will receive all of the benefits of the program in which the child is involved, including the dependent deduction. An interim recertification must be processed once the household discloses and provides verification of the SSN for this individual. If family fails to produce the SSN documentation within required time period assistance will be terminated as per HUD Handbook 4350.3, REV-1, paragraph 8-13.A.6.

#### **SSN Requirements for Tenants:**

##### **Adding new member who has an assigned SSN:**

When a tenant requests to add a new household member who is at least 6 years of age, or is under the age of 6 and **has an assigned SSN**, the tenant must provide the following to management at time of the request, or at the time of processing an IR or AR of family composition that includes the new member(s):

1. Complete and accurate SSN; AND
2. Any of the SSN documentation referred to above.

##### **Adding new member who is under the age of 6 and has not been assigned a SSN:**

When a tenant requests to add a new household member who is under the age of 6 and **has not been assigned a SSN**, the tenant shall be required to provide the complete and accurate SSN assigned to each new child and the documentation referred to above within 90 calendar days of the child being added to the household. Management shall grant an extension of one additional 90-day period if, in its discretion, determines that the tenant's failure to comply was due to circumstances that could not have reasonably been foreseen and were outside the control of the participant. During the period that management is awaiting documentation of a SSN, management shall include the child as part of the assisted household and the child shall be entitled to all the benefits of being a household member. If, upon expiration of the provided time period, the tenant fails to produce the SSN documentation, management will terminate assistance.

##### **Assignment of new SSN:**

If any member of the household has been assigned a new SSN, the tenant must submit the following to management at either the time of receipt of the new SSN; at the next interim or regularly scheduled reexamination or recertification of family composition or income, or other reexamination or recertification; or at such earlier time specified by management: Complete and accurate SSN and any of the SSN documentation referred to above.

#### **E. Students:**

##### **Eligibility of Students for Section 8 Assistance:**

Section 8 assistance shall not be provided to any individual who is enrolled as either a part-time or full-time student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential unless one or more of the following exceptions exist:

- a. Is 24 or older;
- b. Is married;
- c. Is a veteran of the United States Military;
- d. Has a dependent child;
- e. Is a person with disabilities, as such term is defined in 3(b)(3)(E) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(3)(E)) and was receiving section 8 assistance as of November 30, 2005;
- f. Is living with his or her parents who are receiving Section 8 assistance;
- g. Is individually eligible to receive Section 8 assistance and has parents (the parents individually or jointly) who are income eligible to receive Section 8 assistance.

For a student to be eligible independent of his or her parents, where the income of the parents is not relevant, the student must demonstrate the absence of, or his or her independence from parents. Management will use the following in determining a student's independence from parents: The student must meet **all** (1-4 below) of the following criteria to be eligible for Section 8 assistance. The student must:

1. Be of legal contract age under state law;
2. Have established a household separate from parents or legal guardians for at least one year prior to application for occupancy, **OR**, meet the U.S. Department of Education's definition of an independent student. In the Federal Register (Vol. 81, No. 183) published September 21, 2016, HUD reclassified the definition of independent student to include vulnerable youth and to align with the U.S. Department of Education's definition as follows:
  - 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 selected agencies or personal as noted in Federal Register / Vol. 81, No. 183 / September 21, 2016.
  - i. The individual is a student for whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstances.
3. Not be claimed as a dependent by parents or legal guardians pursuant to IRS regulations; and
4. Obtain a certification of the amount of financial assistance that will be provided by parents, signed by the individual providing the support. This certification is required even if no assistance will be provided.

In addition to move-in, management will also determine a student's eligibility for Section 8 assistance at annual recertification, initial certification and at the time of an interim recertification if one of the family composition changes reported is that a household member is enrolled as a student.

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

If an ineligible student is a member of an existing household receiving Section 8 assistance, the assistance for the household will not be prorated but will be terminated in accordance with the guidance in paragraph 8-6 A.

### **III. INCOME LIMITS**

**Methouse, Inc Parkview Towers** accepts applicants for **Section 8** up to HUD's very low income limit. These limits are updated annually by HUD and posted in the Management Office.

At the time of application each applicant will be designated very low (50% of Area Median Income) or extremely low (30% of Area Median Income). When assigning units, a priority may be granted to families with extremely low income in accordance with statutory requirements that at least 40% of all covered units leased each calendar year are leased to extremely low-income families.

Management will alternate between the first extremely low-income applicant on the waiting list and the applicant at the top of the waiting list. Management will select the first extremely low-income applicant on the waiting list (which may mean “skipping over” some applicants with higher incomes) for the available unit and then select the next eligible applicant currently at the top of the waiting list (regardless of income level) for the next available unit. As subsequent units become available, tenant selection continues to alternate between the next extremely low income applicant and the eligible applicant at the top of the waiting list until the 40% target is reached.

It is possible that:

- a. Selection of the “next extremely low income applicant” may result in selecting the applicant at the top of the waiting list; or
- b. Selection of the “eligible applicant at the top of the waiting list” may result in the selection of an extremely low-income family.

Those applicants applying under the **Section 202** program must be at or below HUD’s Low income limit (80% of the area’s median income)

#### **IV. APPLICATION PROCESS**

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

On the day of receipt, the application will be time and date stamped.

Applications will be screened with program eligibility requirements and the criteria set forth in this Tenant Selection Plan.

An “initial screening” of eligibility will be conducted, including areas of income and disclosed criminal, drug, and/or rental history. Based on the “initial screening,” the applicant will be added to the waiting list. If no waiting list exists and the initial screen determines the applicant is eligible, Management will begin processing the applicant for occupancy.

#### **V. WAITING LIST**

A. Data included on the waiting list must include the following data taken from the application:

1. Date and time the applicant submitted an application;
2. Name of head of household;
3. Annual income level (used to estimate levels for income targeting);
4. Identification of the need for an accessible unit, including the need for accessible features;
5. Preference status; and
6. Unit size

B. Maintaining Waiting list

1. Waiting list will be updated semi-annually by mail to all names on the waiting list.
2. If the household composition of an applicant on the waiting list changes, the family may be assigned to wait for a different size unit, but will retain the original application date.
3. An applicant will be removed from the waiting list as follows:
  - a. The applicant no longer meets the eligibility requirements for the property or program;
  - b. The applicant fails to respond to a written notice for an eligibility interview;
  - c. The applicant is offered and rejects two units in the property;
  - d. Mail sent to the applicant's address is returned as undeliverable;
  - e. The unit that is needed – using family size as the basis – changes, and no appropriate size unit exists in the property.
4. If an applicant is removed from the list and subsequently Management determines that an error was made in removing the applicant (e.g., the incorrect address was used in sending mail to the applicant), the applicant must be reinstated at the original place on the waiting list.

## **VI. SCREENING AND REJECTION CRITERIA**

Program eligible applicants will be screened to determine if they are likely to meet the requirements of tenancy. Law enforcement records will be reviewed and references may be requested from previous landlords, banks, credit agencies and persons. All applicants must provide a reference from their previous housing provider.

The objective of our resident selection criteria is to effectively screen program eligible applicants to determine whether they, with or without supportive services, can or will:

- A. Pay rent and other fair charges on a timely basis pursuant to the lease agreement.
- B. Respect and avoid damaging site property and the property of others.
- C. Avoid interfering with the rights of others and health, safety, and peaceful enjoyment of the premises.
- D. Avoid criminal activity, including drug-related criminal activity; and,
- E. Comply with all necessary and reasonable rules of the building and with all health and safety codes. Both live-in aides and new additions to the tenant household must be screened for drug abuse and other criminal activity by Applying the same criteria for screening as other applicants.
- F. Applicants will be screened thru the Enterprise Income Verification (EIV) system's Existing Tenant Search. EIV queries both Multifamily Housing and Public Indian Housing locations to determine if any member is currently receiving rental assistance. If the applicant is determined

to be residing at another subsidized property, Management will discuss this with the applicant, giving the applicant an opportunity to explain any circumstances relative to his/her being assisted at another location. Management will also follow-up with the respective Public Housing Authority or Owner/Agent to confirm the individual's program participation status before admission. If applicant meets all required eligibility requirements, management will coordinate move-out dates with the owner/agent of the property at the other assisted property.

All program applicants must qualify under the following resident criteria:

A. Established History of Credit

The credit history of each applicant expected to reside in the household shall be reviewed to determine the history of their payment practices including rent, utilities, outstanding loans, judgments, repossessions, foreclosures, etc.

After checking balances and to whom the applicant owes money, the evaluation will focus on the status of each account as follows:

1. Paid on time and number of times occurred
2. 30 days late and number of times occurred
3. 60 days late and number of times occurred
4. 90 days late and number of times occurred
5. 120 days late and number of times occurred
6. Write-offs and number of times occurred

The objective in reviewing the overall payment record is to obtain an indication of the probable expectation regarding rent payments clarification and consideration for write-off accounts and bankruptcy.

Two (2) accounts in excess of 90-120 days overdue or two (2) write-off accounts or any combination of these two will constitute a basis for rejection. Applicants will not be rejected on the basis of having no credit history.

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

B. Rental History

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

C. Personal History

Persons with a history of disturbing neighbors, interfering with housing management, destruction of property, violent acts, or any conduct that might constitute danger or disruption to the health, safety, or enjoyment of other residents will be rejected.

D. Screening and Eviction Rule



Admission is prohibited if:

1. An applicant or household member who was evicted from Federally Assisted Housing for drug-related criminal activity within three years. There are two exceptions to this provision:
  - a. The evicted household member has successfully completed an approved, supervised drug rehabilitation program; or
  - b. The circumstances leading to the eviction no longer exist (e.g., the household member no longer resides with the applicant household).
2. Any household member is currently engaging in illegal use of a drug or for which Management has reasonable cause to believe that a member's illegal use or pattern of illegal use of a drug may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents.
3. Any household member is subject to a registration under a state sex offender registration program:
  - a. Must conduct mandatory screening for this in the State where any household members have resided in adult life.
4. Any household member if there is reasonable cause to believe that 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. The screening standards must be based on behavior, not the condition of alcoholism or alcohol abuse.

E. Criminal Record

Criminal record checks shall be completed before any applicant is approved for tenancy. Applicants, in their Application package, should have signed and return Authorization for Criminal Records Check.

**Methouse, Inc Parkview Towers** screens all applicants and household members 18 years of age and older (adult members), for criminal history. Additionally, both live-in aides and new additions to the tenant household must be screened for drug abuse and other criminal activity by applying the same criteria established for screening other applicants. If the applicant, adult household member or live-in-aide has been convicted of a crime, the following policy applies, and admission is prohibited if:

**AT ANY TIME IN THE PAST OF:**

Murder, Manslaughter  
Rape  
Sexual offenses against a child or children  
Armed robbery  
Arson

**WITHIN 10 YEARS OF THE DATE OF OFFENCE:**

Illegal manufacture of controlled substances  
Illegal sales or use of controlled substances

Crimes that resulted in damage to persons or property  
Vehicular homicide  
Theft  
Stalking  
Assault

**VII. REASONABLE ACCOMMODATION AND CONSIDERATION OF MITIGATING CIRCUMSTANCES**

Throughout the resident screening procedure, applicants with disabilities are entitled to reasonable accommodations in rules, policies, practices or services and/or reasonable modifications of existing premises that may be necessary to afford equal opportunity. A log of reasonable accommodation requests and action taken should be maintained. If an applicant is certified as program eligible, the applicant must then meet the screening criteria of:

1. Landlord History
2. Credit Screening
3. Criminal History

Applicants can meet the requirements of tenancy with our without 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.

Services are provided on an individual case-by-case basis to be facilitated by the consumer and negotiated with The Department of Aging supplying agency.

In addition, in reviewing the above categories of information and determining whether an applicant is able to meet the requirements of tenancy and comply with the reasonable rules of the facility, management shall consider mitigating or extenuating circumstances. However, a unit will not be made available to an individual whose tenancy would constitute a direct threat to the health or safety of other individuals or whose tenancy would result in substantial physical damage to the property of others.

Assistance animals are permitted if they are animals that work, provide assistance, or perform task for the benefit of a person with a disability or animals that provide emotional support that alleviates one or more identified symptoms or effects of a person's disability.

Any requests for further information should be directed to the 504 Coordinator.

If a tenant household is being moved to a different unit as a reasonable accommodation to a household member's disability, then the owner must pay for the move unless doing so would constitute an undue financial and administrative burden.

**VIII. APPLICANT REJECTION AND APPEAL**

A. Grounds for rejection

1. Not program eligible;
2. Failing or refusing to verify program eligibility material;

3. Fails to pass **Methouse, Inc Parkview Towers** screening criteria, or
4. Intentionally submitted false or misleading information relevant to a determination of eligibility or the ability to satisfy the obligations of tenancy.
5. The Social Security Number requirements do not apply to individuals age 62 and older as of January 31, 2010, whose initial determination of eligibility had begun before January 31, 2010.
6. Failure or refusal to sign HUD Form 9887 – Notice & Consent for the Release of Information and/or HUD Form 9887A – Applicant’s/Tenant’s Consent to the Release of Information.
7. Has household characteristics that are not appropriate for the specific type of unit available at the time, or has a family of a size not appropriate for the unit sizes that are available;

NOTE: In such cases, the owner may deny the applicant admission to a specific unit, but the applicant may continue to wait for another unit.

8. Includes family members who did not declare citizenship or non-citizenship status, or sign a statement electing not to contend non-citizen status. However, management should permit families to revise their application to exclude proposed family members who do not declare citizenship or eligible non-citizen status.

B. Procedure

1. Rejected applicants shall receive written notice of the reason(s) for their rejection and be advised of 14 days to respond in writing or other acceptable format if applicant/ resident is unable to communicate his or her request in writing due to a disability to request a meeting to discuss the rejection.
2. **Methouse, Inc Parkview Towers** has the right to deny admission to any applicant if the criminal background check indicates the applicant provided false information, if the determination is made by either the PHA or owner to deny admission to applicant, the entity making the determination must:
  - a. Notify the applicant of the proposed denial of admission.
  - b. Provide the subject o the record and the applicant with a copy of the information the action is based upon.
  - c. Provide the applicant with an opportunity to dispute the accuracy and relevance of the information obtained from any law enforcement agency.
3. Any meeting with the applicant or review of the applicant’s written response shall be conducted by a member of staff other than the initial decision maker for the rejection decision.
4. After the applicant meets with Management to discuss this rejection, Management must give the applicant a written final decision within 5 days of the response or meeting.

5. If the rejected applicant does NOT request review of the rejection decision within the allotted time period, a closure letter shall be mailed confirming the rejection.
6. If, through this appeal process, the applicant is found to be eligible, the applicant will be placed back on the waiting list in his or her original place based on date and time of application filing.
7. For all rejected applicants, the following documents shall be maintained for at least three years:
  - a. Application
  - b. Initial rejection notice
  - c. Any applicant reply
  - d. Owner's final response
  - e. All interview and verified information on which the rejection was based.

**IX. GENERAL OCCUPANCY STANDARDS FOR DETERMINING NUMBER OF BEDROOMS**

- A. Efficiencies are limited to one person households
- B. Minimum of one person is allowed for a one-bedroom unit; maximum of two persons are allowed for a one-bedroom unit.

**X. CHANGES IN HOUSEHOLD COMPOSITION/UNIT TRANSFERS**

The household must request, in writing, or other acceptable format if the applicant/resident is unable to communicate his or her request in writing due to a disability a transfer to a different unit if eligible. Transfers shall be recorded based on date and time household requires or requested for a transfer and tracked on a manual transfer waiting list. When a vacancy occurs, the Agent shall determine if a transfer is warranted before proceeding to the applicant waiting list to select an applicant for a vacant unit. Any changes in household composition must be reported immediately to Management.

When a change in family composition occurs due to an adult child moving in after initial occupancy because they are considered essential to the care and well-being of the elderly tenant, and they meet all of the requirements as outlined in the 4350.3 Rev 1 for a live in aide, they will not have their income included in the annual income of the family, and their tenancy will terminate the same day the elderly tenant's tenancy terminates.

Determining factors for transfers can be;

1. A certified Medical reason received from a doctor; or
2. The need for an accessible unit or reasonable accommodations; or
3. The need for deeper subsidy.
4. Rent and all other charges must be current and there can be no outstanding lease violations.

O/As may request, in writing, that tenants transfer to a different unit if there has been a change in family size or composition and the present unit is no longer appropriate based on the occupancy standards established for the property.

**XI. OPENING AND CLOSING WAITING LIST**

**Methouse, Inc Parkview Towers** will advertise in accordance with a HUD-approved Affirmative Fair Housing Marketing Plan, which will include announcements concerning the opening and closing of the waiting list. The waiting list will be closed when the average wait is one year or more, calculated by the average turnovers from the past two years. **Methouse, Inc Parkview Towers** will begin to accept applications when the average wait to move in is less than one year, based on the average number of turnovers over the past two years.

Revised 9/30/17