

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

I am applying to the following waitlist, which I believe is open:

App Generated:

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

☐ **This is not the correct application. The correct application is available by/from:**

☐ **Any other info you wish to tell HousingWorks?**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: **617-536-8516**



○	Head of Household's FIRST Name
	Head of Household's MIDDLE Name
	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER	GENDER	HoH's DATE OF BIRTH
○	○	○

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> write your country!
○	○

○ YOUR MOTHER'S MAIDEN NAME

YOUR HOME TELEPHONE	SECOND TELEPHONE
○	
YOUR EMAIL ADDRESS	
○	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
○
○

SECOND CONTACT ADDRESS
This is:
○
○

TOTAL HOUSEHOLD SIZE	# BEDROOMS	How much money does your family receive in a year?
○ # Adults # Children Total #	○	○ .0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
○

REQUESTED ACCOMMODATIONS
○

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○

<i>For Office Use</i>
Date Rcvd./Time: _____

OLDE ENGLISH VILLAGE
 152 Manca Drive
 Gardner, MA 01440
 Tel: (978-632-6560) TTY: (800-439-2370)

APPLICATION FOR HOUSING

Applicant Name: _____

Current Address: _____ Apt. #: _____

City/State: _____ Zip Code: _____

Home Phone #: _____ Work #: _____

Please indicate size apartment applying for (circle one): 1 Bdrm. 2 Bdrm. 3 Bdrm. 4 Bdrm.

List name, address and phone number of two relatives or friends who generally know how to contact you:

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
PHONE: _____	PHONE: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the Head.

Full Name	Relationship	Birthdate	Age	Sex	F/T Student?	SS#	United States Citizen? Yes/No Self
1. _____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____	_____	_____

Do you plan to have anyone living with you in the future who is not listed above?

☐ Yes ☐ No If yes, please explain: _____

FOR STATISTICAL PURPOSES

Race of Head of Household:	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Asian
	<input type="checkbox"/> American Indian	<input type="checkbox"/> Do not wish to answer	
Ethnicity of Head of Household:	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic	
	<input type="checkbox"/> Do not wish to answer		

Is there a handicap or disability that you as head of household or spouse wish to claim for Section 8 eligibility purposes:

Are there any reasonable accommodations that the household will require:

Identify any special housing needs required as a result of the handicap.

CURRENT HOUSING STATUS

Provide the name, address, and phone number of all your landlords for the past five years.

Current Landlord: _____ Phone #: _____

Address: _____

Previous Landlord: _____ Phone #: _____

Address: _____

INCOME INFORMATION

Please answer each of the following questions. For each "yes" answer, provide the details in the chart below.

		Yes	No
1.	Is any member of your household employed, full-time, part-time, or seasonally?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does any member of your household expect to work for any period during the next twelve months?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does any member of your household work for someone who pays them in cash?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is any member of your household on leave of absence from work due to lay-off, medical, maternity, or military leave?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does any member of your household now receive or expect to receive unemployment benefits?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does any member of your family now receive or expect to receive child support? Please check whether the child support is court ordered _____ or a verbal agreement _____	<input type="checkbox"/>	<input type="checkbox"/>
7.	Is any member of your household entitled to child support that he/she is not now receiving?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Does any member of your household now receive or expect to receive alimony payments?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Is any member of your household entitled to alimony payments that he/she is not now receiving?	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|-----|--|--------------------------|--------------------------|
| 10. | Does any member of your household receive or expect to receive welfare assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Does any member of your family receive or expect to receive Social Security benefits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Does any member of your household receive or expect to receive income from a pension or annuity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, income from the rental of property? | <input type="checkbox"/> | <input type="checkbox"/> |

For each type of income that your household receives, give the source of the income and the amount of income that can be expected from that source during the next twelve months.

Family Member #	Source of Income/Type of Income	Annual Income

ASSET INFORMATION

List all checking and savings accounts (including IRAs, KEOGH Accounts, and Certificates of Deposit) of all household members, including amounts disposed of during the past two years.

Family Member	Bank Name	Account Number	Current Balance

List value of all stocks, bonds, trusts, pension contributions, or other assets: _____

Do you own a home or other real estate? ☐ Yes ☐ No

Have you sold or given any real property or other assets in the past two years?
☐ Yes ☐ No If yes, what is the current market value of the asset? _____

EXPENSES

Do you pay for child care which allows you or another family member to work or go to school? ☐ Yes ☐ No
If yes, give name and address of child care provider, weekly cost and name of family member enabled to work or go to school: -

ELDERLY/DISABLED FAMILIES ONLY

Do you have Medicare? ☐ Yes ☐ No

Do you have any other kind of medical insurance? ☐ Yes ☐ No

Do you have any outstanding medical bills on which you are paying? ☐ Yes ☐ No

Do you expect to have any medical expenses during the next 12 months?

☐ Yes ☐ No

If yes, amount of medical expenses: \$ _____

PREFERENCES

Are you claiming a preference as a result of displacement by government action or displacement as a result of a presidentially declared disaster?

☐ Yes ☐ No

If yes, please explain: _____

Please note: Acceptable documentation to verify preference includes copies of local government condemnation or displacement notices or government notices indicating that an applicant is eligible for disaster relief benefits.

If one of these documents is not available, please contact the management office for further clarification.

Have you or has any member of your household ever been convicted of a crime?

☐ Yes ☐ No

If yes, please explain _____

Have you or any member of your household ever lived at Olde English Village previously?

☐ Yes ☐ No

If yes, when? _____

Have you or any member of your household ever applied for housing at Olde English Village previously?

☐ Yes ☐ No

If so, when? _____

APPLICANT CERTIFICATION:

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for Section 8 assistance. I/we authorize the Agent to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, State or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal law.

Signature of Head: _____

Date: _____

Signature of Spouse / Co-Head: _____

Date: _____

Signature of Owner: _____

Date: _____

COMMENTS/ADDITIONAL INFORMATION:

PERSONAL DECLARATION

THIS FORM MUST BE COMPLETED IN YOUR OWN HANDWRITING. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW CERTIFYING THE INFORMATION PERTAINING TO THEM. PLEASE PRINT.

- I. HOUSEHOLD COMPOSITION: List all persons who will be living in your home listing head of household first:

Adult (Legal Name)	Date Of Birth	Relationship To Head of Household	Full Time Student?	Social Security Number	Indicate if Married (M), Widowed (W), Separated (S), Divorced (D)
1.					Year:
2.					Year:
3.					Year:
4.					Year:

Children (name as it appears on SS Card)	Date of Birth	Relationship To Head of Household	Full Time Student? Yes/No	School Name	Absent Parent's Name & Address
1.					
2.					
3.					
4.					

If separated or divorced, last name and address of spouse / ex-spouse as follows:

Name

Address

City, State, Zip

Are there any special accommodations that the household will require in order to enjoy equal opportunity to use and enjoy the apartment? (e.g. unit for mobility impaired, unit for visually impaired, unit for hearing impaired, grab bars)

Check One: ____ Yes ____ No If Yes, you will be asked to complete a Request for Reasonable Accommodation.

Signature of Head of Household: _____ Date: _____

RENTAL APPLICATION ATTACHMENT
For State and Federally Regulated Properties

Federal law requires us to get drug and criminal background information about all adult household members applying for assisted housing. The head of household must answer the questions below for all household members and each household member age 18 or older must sign below to consent to a background check.

1. Have you or any member of your household ever lived in any federally or state assisted housing?
Yes _____ No _____
2. Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity?
Yes _____ No _____

If yes, list where and when below:

3. Are you or any member of your household currently engaging in the use of illegal drugs?
Yes _____ No _____
4. Have you or any member of your household ever been convicted of a felony?
Yes _____ No _____

If yes, please explain:

5. Are you or any member of your household currently abusing alcohol?
Yes _____ No _____
6. Have you or any member of your household been previously denied admission to this property for criminal activity that is no longer occurring?

If yes, please explain:

7. Are you or any member of your household subject to a lifetime registration requirement under a State Sex Offender registration program?
Yes _____ No _____
8. List all addresses where you and other adult household members have previously resided over the past 5 years:

The applicant hereby certifies that the above information is true and correct. I understand that making false statements on this form is ground for rejection or termination of my lease. I authorize (insert name of property) to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

Applicant	_____	Date	_____
Co-Applicant	_____	Date	_____
Other Adult	_____	Date	_____
Other Adult	_____	Date	_____

**OWNER'S NOTICE NO. 1
FOR AN APPLICANT FAMILY**

Section 21.4 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 United States citizens, nationals, or certain categories of eligible non-citizens in the following HUD programs.

- a. Public and Indian Housing Programs
- b. Section 8 Housing Assistance Payments programs
- c. Section 235 of the National Housing Act
- d. Section 236 of the National Housing Act
- e. Section 101/Rent Supplement Program

You have applied, or are applying for assistance under one of those 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. To do this you should:

1. Complete a Family Summary Sheet, using the attached blank format (identified as Attachment 5) to list all family members who will reside in the assisted unit.
2. Have a Declaration Format (Attachment 7) completed by each family member (including yourself) who is listed on the Family Summary Sheet. If there are 10 people listed on the **Family** Summary Sheet, you should have 10 completed copies of the declaration, Format. The declaration Format has easy-to-follow, instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration format.
3. Submit the Family Summary Sheet, the Declaration Formats and any other forms and/or evidence to the name and address listed below

Olde English Village
152 Manca Drive
Gardner, Massachusetts 01440

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 formats or determining the type of documentation required, please contact the Management Office at (978)632-6560 for assistance.

Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, a reduced amount may be provided for you 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, it may be provided to you prior to the final determination of this Section 214 review, depending on how far the review has progressed and the information that is available at that point. You will be contacted as soon as we have further information regarding your eligibility of assistance

ATTACHMENT 5

FAMILY SUMMARY SHEET

Mr. No.	Last Name of Family Member	First Name	Relationship to HOH	Sex	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

ETHNICITY AND RACIAL DATA

Provide Your Name: _____
(Last, First and MI)

Your Relationship to the Head
Of Household (Select One)

☐ Head of Household

☐ Spouse

☐ Co-Head

☐ Dependent

☐ Foster Child/Adult

☐ Other Adult

☐ Non-Member

Your Social Security Number!
TRACS ID

Ethnicity
(Select One)

Race (Select All Which Apply)

Your Signature and Date Signed _____

HEAD AND CO-HEAD MANDATORY

XOEVAP

OLDE ENGLISH VILLAGE

Corn REQUEST FORM

Olde English Village Apartments has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As a (prospective) employee volunteer for the position of Resident I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

(Prospective) Employee /Volunteer Signature

(PROSPECTIVE) EMPLOYEE / VOLUNTEER INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER _____

ADDRESS: _____

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

CHSB USE ONLY

RECORD ATTACHED: _____

NO RECORD: _____

Declaration of Section 214 Status

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the US. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury ¹, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- ☐ I am a citizen by birth, a naturalized citizen or a national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older. *Attach evidence of proof of age*² or
- ☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). *Attach INS document(s) evidencing eligible immigration status and signed verification consent form.*
 - ☐ Immigrant status under §§101(a)(15) or 101 (a) (20) of the Immigration and Nationality Act (INA) ³; or
 - ☐ Permanent residence under §249 of INA ⁴; or
 - ☐ Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA ⁵; or
 - ☐ Parole status under §§212(d) (5) of the INA ⁶; or
 - ☐ Threat to life or freedom under §243(h) of the INA ⁷; or
 - ☐ Amnesty under §245A of the NA ⁸;

PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.

Olde English Village

152 Manca Drive, Gardner MA 01440
Telephone: (978) 632-6560
Fax: (978) 632-5289
TTY: 1-800-439-2370

Dear Applicant:

We welcome you to fill out an application for residency at Olde English Village. We ask that each adult member of your household age 18 or older complete an Application For Housing.

Please FILL OUT EVERY LINE ON THE APPLICATION. If something does not apply to you, please write "N/A" or "0". Failure to do so will result in your application being returned to you as incomplete.

If you current receive a subsidy certificate and are applying to transfer this subsidy to Olde English Village, please attach verification from your subsidy source.

Family Members:

ALL persons who will reside in the apartment must be listed along with the date of birth, gender, relationship, and Social Security number (for everyone over 6 years old), beginning with the applicant. Proof of citizenship/alien status for ALL family members must also be provided (see attachments). Please include a photocopy of all Social Security Cards for all members in the household and copies of all adult's drivers licenses. For children under the age of 6 years old, please include a photocopy of the birth certificates.

Rental History:

Each adult member applying for residency must supply information about former and present landlords going back at least five (5) years.

Employment Information:

ALL applicants 18 years of age and over must provide employment and income information. ALL sources of income, including asset information, must be reported for every applicant.

We hope these notations will assist you in filing your application with Olde English Village. If you have any further questions, please do not hesitate to give us a call!

IT IS YOUR RESPONSIBILITY TO MAINTAIN A CURRENT ADDRESS AND TELEPHONE NUMBER FOR YOUR APPLICATION ON THE WAITING LIST! FAILURE TO DO SO MAY JEOPARDIZE YOUR WAITING LIST STATUS AND EVEN HAVE YOUR NAME REMOVED!



Winn Residential

Winn Residential does not discriminate against any person because of race, color, religion, sex, sexual orientation, handicap, familial status or national origin.

Olde English Village

Resident Selection Plan

Applicants will be considered for housing and assigned units for housing at Olde English Village regardless of race, color, religion, sex, national origin, disability or familial status in Compliance of the Fair Housing Act Amendments of 1988 and the Section 504 of the Rehabilitation Act of 1973.

Applicants with Disabilities and Reasonable Accommodations -- Olde English Village will make reasonable accommodations in policies or reasonable modification of common or unit premises for all applicants with disabilities (as defined in the above listed Acts or any subsequent legislation) who require such changes to have equal access to any aspect of the application process or to the development and its programs and services. Olde English Village will, for example, arrange for sign language interpreters or other communications aides for interviews during the application process.

Appointments for an application or for reasonable accommodations, including materials in alternate formats, may be made by contacting the site office:

Site:	Olde English Village Address: 152 Manca Drive, Gardner, MA 01440
Phone:	(978) 632-6560
TTY:	(800) 439-2370
Fax:	(978) 632-5289
Email:	oldenglishvillage!@winnc.com

The Project Eligibility Requirements will be considered in processing applicants for available units:

a) **Verification of Social Security Numbers (SSNs):** The head of household/spouse/co-head must disclose SSNs for all family members at least 6 years or older and provide documentation of such. If no SSN has been assigned to a particular family member, the applicant must sign a certification stating that no SSN has been assigned. Applicants must provide the SSN documentation to Olde English Village within 60 days from the date on which the applicant certified that the documentation was not available. Applicants may retain their place on the waiting list during this 60 day period. If after 60 days, the applicant has been unable to supply the required SSN documentation, the applicant will be determined ineligible and removed from the waiting list. A 60 day extension may be granted if the applicant is at least 62 years of age and unable to submit the SSN documentation within the first 60 day period.

b) **Verification of Eligible Immigration Status:** By law, only U.S. citizens and eligible non-citizens may benefit from the federal rental assistance programs offered at Olde English Village. Therefore, all applicant family members, regardless of age, must declare their citizenship or immigration status prior to being placed on the Waiting List. Non-Citizens (except those 62 and older) must sign a Verification Consent Form and submit documentation of their status or sign a declaration that they do not claim to have eligible status. (Olde English Village will grant the applicant an extension of not more than 30 days, but only if the applicant certifies that the documentation is temporarily unavailable and additional time is needed to collect and submit the required documentation.) Non-Citizens age 62 and older must sign a declaration of eligible immigration status and provide a proof of age document. U.S. citizens must sign a declaration of citizenship.

3. Income Eligibility: Applicants will be considered ineligible if the household's annual income is greater than the applicable income limit set by HUD. These limits change each year.

Olde English Village Resident Selection Plan (continued)

4. Occupancy Standards: Olde English Village will assign a family to a unit of appropriate size, taking in consideration all persons residing in the household and the Occupancy Standards listed below.

<u>Size of Apartment</u>	<u>Minimum#</u>	<u>Maximum #</u>
One Bedroom	1 person	2 persons
Two Bedroom	2 persons	4 persons
Three Bedroom	3 persons	6 persons
Four Bedroom	4 persons	8 persons

5. **Waiting Lists:**

Applications for occupancy will be accepted at the on-site management office. If an application meets the Program Eligibility Requirements, Income Eligibility Requirements and Occupancy Standards, the applicant will be placed on the Waiting List. Applications will be placed on the appropriate Waiting List for family size, in chronological order based on the date and time the application was received. Notations will be made for any household requiring special housing needs as identified on the Rental Application. HUD regulations require that Olde English Village give preference to applicants who have been displaced by government or a presidentially declared disaster. The Waiting List may be closed for a specific unit size if the project turnover rate indicates that an applicant would be unable to obtain a unit within three years. The Management of Olde English Village will post a notice which indicates the date the list will be closing. When an applicant pool is no longer adequate due to the closure of the waiting list, the list shall be re-opened and a public notice shall be placed in area publications indicating that the list has reopened.

6. **Screening Criteria:**

- a) Demonstrated ability to pay rent on time: Applicants who have been evicted from their previous housing within the last 5 years or who are currently under eviction proceedings will be denied. Applicant who currently owe rent to either a present or previous landlord within the last 5 years will be denied.
- b) **Comments from present and former landlords:** Applicants who receive present or former landlord references that show that the applicant family has damaged their unit beyond normal wear and tear or that applicant family has not respected the rights of other resident families or that the applicant family has not followed previous or present house rules will be denied.
- c) **Credit references:** Applicants who have less than 48% of their credit references paid on time will be denied. Applicants who are unable to demonstrate that the utilities can be turned on in their name at Olde English Village will be denied.
- d) **Criminal Background Check:** Olde English Village has established standards that prohibit the admission of:
 - 1) Any household containing a member(s) who was evicted in the last five (5) years from Federally Assisted Housing for drug-related criminal activity. 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) A household in which a member is currently engaged in the illegal use of drugs or for which the Owner has reasonable cause to believe that a member's illegal use or pattern of illegal use of a drug may interfere with the health, safety and right to peaceful enjoyment of the property by other residents.
 - 3) Any household member who is subject to the state sex offender lifetime registration requirement.
 - 4) Any household member if there is reasonable cause to believe that a member's behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety and right to peaceful enjoyment of the property by other residents. -

Olde English Village Resident Selection Plan (continued)

- e) Verification of a disability from an applicable professional when the applicant requests a modification to a unit or a reasonable accommodation. Inquiries concerning a person's disability or disabilities in this regard should be limited to verification of the disability and the need for an accommodation or the qualification for a program. Olde English Village will ask questions about the nature or severity of a disability only as they relate to the specifics of an accommodation request. Olde English Village will not make inquiries regarding an applicant's ability to comply with the terms of the lease, including caring for the unit, unless past tenancy history or other evidence suggests that the applicant is unable to satisfy some term of the lease.

If an applicant claims that past tenancy-related problems were the result of a disability and that some condition has changed making such behavior unlikely to recur, Olde English Village will consider evidence supporting such claims. All applicants are responsible for providing verification for such claims. In instances where the applicant claims that some services or treatment will be available to enable the applicant to correct the problem behavior, the development will require verification that such services are available and that the applicant is likely to continue to use such services or treatment.

- f) **Meet all requirements of the Low Income Tax Credit Program.**

Olde English Village will also deny admission to families with family members having a history of other drug-related criminal conduct, violent criminal activity or other criminal activity that threatens the health, safety and right to peaceful enjoyment of the property by the owner or other residents within the past 5 years.

7. **Rejecting Applicants and Denial of Rental Assistance:** Olde English Village will promptly notify the applicant in writing of the denial of admission for the following reasons:

- a) Applicant ineligible for the Program requirements at Olde English Village, including the Low Income Tax Credit Program.
- b) Applicant unable to disclose and document SSNs as described above in 2-a.
- c) Applicant does not sign and submit verification consent forms or Authorization for Release of Information Forms for Olde English Village to verify their income eligibility.
- d) Applicant household includes family members who did not declare citizenship or non-citizenship status.
- e) Applicant household does not meet the owner's tenant screening criteria.
- e) Applicants failing to attend scheduled interviews and applicants refusing a unit when it is offered to them are subject to removal from the wait list.

Rejected applicants will be notified in writing of the reason for rejection and of their right to respond to Olde English Village in writing or request a meeting within 14 days to challenge the rejection.

8. **Resident Selection: Qualified applicants who pass the Screening Criteria will be offered housing as follows:**

- a) Management initiated transfers as outlined below including residents who are over-housed.
- b) Resident Initiated transfers as outlined below including medical impairments and under-housed.
- c) CURRENT residents who request a unit transfer due to living in overcrowded (under housed) conditions.
- d) Program eligible low-income applicants with a verified preference of displacement by government action or presidentially declared disaster based chronologically by date and time of receipt of application.
- e) Program eligible low-income applicants based chronologically by date and time of receipt of application.

Note: *If an accessible apartment becomes available, attempts will be made to rent the apartment to a household requiring the special features first. This will be determined by the notation on the waiting list of the special feature required as identified on the Rental Application. If an accessible unit must be offered to someone who does not require the accessibility features, the lease shall include a clause requiring the resident to relocate to the first available comparable apartment if a resident or eligible applicant requires the apartment's accessible features.*

Olde English Village Resident Selection Plan (continued)

9. Unit Transfer Policies:

Management Initiated Transfers

1. The unit has become uninhabitable due to fire, condemnation or other reasons, which cannot be addressed within a reasonable time period.
2. The unit has special features which are required by another household and which are not required by the current household.
3. The household is at risk of harassment or threatened violence.
4. Other administrative necessity such as over-housed.

Resident Initiated Transfers

All resident initiated transfers require that the household be in good standing, which means:

1. Current on all payments due Olde English Village.
2. In full compliance with all lease provisions.

Resident initiated transfer requests fall into the following categories:

1. Compelling and documented medical impairments, which are expected to be permanent or of long, continued and indefinite duration and which could be substantially improved by a transfer to another unit.
2. The household is under-housed.

Olde English Village will assign units and determine “over-housed” and “under-housed” status based on the Occupancy Standards outlined above.

Unless otherwise requested, Olde English Village will assign the maximum size unit at initial move-in, based on household composition. If the minimum size unit is requested and assigned, no transfer will be permitted unless the household composition increases. Households that accept the smallest unit for which they are eligible will have the right to request a transfer consistent with Olde English Village Transfer Policy. However, this transfer cannot be made on the basis of being “under-housed”, unless there has been a change in the size of the family composition due to a birth or an approved addition to the household.

A household that voluntarily took a smaller unit which created a maximum density load in order to access housing sooner, is not entitled to a request for transfer to a larger unit unless the household has increased in size and the increase is anticipated to be long term.

All additions to the household are subject to a full re-determination of household eligibility and program screening standards. No individual may move into a unit without the approval of the Management of Olde English Village. Additions to the household during the initial term of the lease will not give the household the right to request a transfer to a larger unit until the end of the initial lease period.

EXCEPTION: A pregnant applicant, who requests a one bedroom unit, will be eligible to request a transfer to a larger unit when both the initial lease term is completed and the child reaches the age of two.