



105 E. Walnut Street, Kalamazoo, MI 49007  
269-388-3011 Fax: 269-388-3013 | TTY: 711  
Office Hours: M-F 10 AM-12 PM, 1 PM-3PM

## Rental Application

Thank you for your interest in Skyrise Apartments! Since 1987, Skyrise has been the premier unassisted, income-based living community in the downtown area. We know you will enjoy our spacious apartments, resident activities, close proximity to restaurants, shopping, and entertainment.

### Important Information to Note

**Required Documents:** Picture identification, social security card and birth certificate must be presented upon return of application. Additional forms may be required for verification of citizenship.

**Waitlist:** Upon the return of a completed application, your name will be added to our waiting list. Credit checks, criminal background checks, and landlord references will be performed when the applicant is placed on the waiting list and again when your name comes to the top of the wait list if the first initial screening is more than 120 days from the first initial screening. You must also meet the criteria of our Tenant Selection Plan to qualify for an apartment (a copy of this document is available upon request).

Our waiting list is comprised of three separate categories based on a HUD elderly preference:

*First Priority:* Persons 62 years or older get first choice at apartments. Please contact the office directly for the current waitlist timeframe as they are subject to change.

*Second Priority:* Persons 50 to 61 years old who are disabled or handicapped. Please contact the office directly for the current waitlist timeframe as they are subject to change.

*Third Priority:* Persons 49 years or younger who are disabled or handicapped. Please contact the office directly for the current waitlist timeframe as they are subject to change.

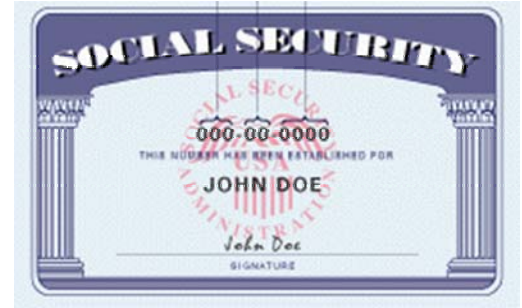
**Change in Address or Phone Number:** Should you move, change your telephone number, or have any other circumstances change after completing and returning the application, please note it is your responsibility to report these changes to Skyrise staff. Failure to report changes will result in the denial of your application.

**Rent Calculation:** Rent is based on your income. The rental rate is 30% of your adjusted income. Adjustments are made for medical expenses and other allowances. Because of the varying adjustments, we are unable to determine your monthly rent until your name comes to the top of the waitlist and your household completes the certification process. We apologize for any inconvenience this may cause.





# Do you have a Social Security Number (SSN)?



If you do not disclose a SSN, you may not be able to receive housing assistance.

The federal government requires each applicant for HUD-assisted housing to provide documentation of their SSN to the property owner/manager the time a unit becomes available. This requirement affects household members who are U.S. citizens, U.S. nationals and eligible non-citizens.



### The SSNs of all members of my household have been provided. What do I do?

Nothing further is required. The owner/property manager will contact you if there is a problem with the SSN or any of your household members.



### I have not provided the SSNs for all my household members to the property owner/manager. What do I do?

Does everyone in your household have a SSN?

- Yes**
- 1 Ensure the correct SSN for each household member who is a U.S. citizen, U.S. national or eligible non-citizen is reported to the owner/property manager by the time a unit becomes available.
  - 2 You will need to provide the owner/property manager with documentation to verify the SSNs.

- No**
- 1 For any household member who is a U.S. citizen, U.S. national or eligible non-citizen and does not have a SSN, apply for a SSN by submitting a completed SS-5 form to the Social Security Administration. For the SS-5 form and/or assistance, contact the owner/property manager
  - 2 Provide documentation of a SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen to the owner/property manager by the time a unit becomes available.

**Note: If you turned 62 before January 21, 2010, ask the property manager for further details on what you need to do.**



**RENTAL HOUSING APPLICATION  
SKYRISE APARTMENTS  
105 E. WALNUT ST.  
KALAMAZOO, MI 49007**

**OFFICE HOURS  
10:00 A.M. – NOON  
1:00 P.M. – 5:00 P.M.  
MONDAY – FRIDAY**

Required Unit Type

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

\_\_\_\_\_ One Bedroom

Time Received: \_\_\_\_\_

\_\_\_\_\_ One Bedroom-Barrier free

\_\_\_\_\_ Two Bedroom

***We do not discriminate against applicants on the basis of their race, color, religion, sex, national origin, familial status, disability or handicap.***

**Instructions for Head of Household**

1. Please print all sections in ink. Do not leave any sections blank, even those which do not apply to you. For instance, if a section asks for a driver's license and you do not have a driver's license, you may enter "none" or "N/A" (not applicable). If you need to make a correction, draw one line through the incorrect information, then print the correct information above and initial the change. **Applications will not be considered unless they are filled in completely.**
2. As head of household, you will complete this application form. Each additional adult who will live in the apartment must sign this application.
3. It is important that all information on this form be complete and correct. False, incomplete, or misleading information will cause your household's application to be rejected.
4. As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number, income situation, or family size changes.

5. After we accept your application we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List, but this does not guarantee that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be rejected. We will process your application according to our standard procedures, which are summarized in the Resident Selection Plan available in the Management Office.

**Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or obtaining Federal funds.**

6. Please note how you heard about our property, TV, radio, newspaper, a friend, etc.

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7. Name of head of household: \_\_\_\_\_

8. What is your present address and phone number?

\_\_\_\_\_ Home Phone # \_\_\_\_\_

\_\_\_\_\_ Work Phone # \_\_\_\_\_

\_\_\_\_\_

Do you receive a subsidy at this residence?  Yes  No

What is the present address of co-applicant, if any?

\_\_\_\_\_ Home Phone # \_\_\_\_\_

\_\_\_\_\_ Work Phone # \_\_\_\_\_

\_\_\_\_\_

Does he/she receive a subsidy at this residence?  Yes  No

9. Have you ever lived in subsidized housing?  Yes  No

If YES, where:

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Were you evicted?  Yes  No

If YES, did you owe rent?  Yes  No

If YES, how much did you owe? \$ \_\_\_\_\_

10. Do you have any pets?

Yes  No If YES, what kind: \_\_\_\_\_ Weight \_\_\_\_\_

11. Household Composition: *PLEASE PRINT*

List all persons, including you, who will reside in the apartment. *Note: The number to the right of family member is the household member number and is the number requested in the remaining sections of this application.*

**SKYRISE APARTMENTS**

Head of Household (1) Name \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Family Member (2) Name \_\_\_\_\_

Relation to Head of Household \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Family Member (3) Name \_\_\_\_\_

Relation to Head of Household \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Family Member (4) Name \_\_\_\_\_

Relation to Head of Household \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

12. Will any of the above household members live anywhere except the apartment?

Yes  No

Are there other persons who will live in the apartment on a less than full-time basis?  Yes

No

If either question is answered YES, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you expect any of the above to change in the future:  Yes  No

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

13. Have you, your spouse or your co-applicant(s) ever used different names from the names shown above?  Yes  No

If YES, please list names used and dates when such names were in use:

\_\_\_\_\_

\_\_\_\_\_

14. Have you, your spouse or your co-applicant(s) ever been evicted or otherwise removed from rental housing?  Yes  No

If YES, provide landlord name, address and dates:

\_\_\_\_\_

\_\_\_\_\_

15. How many vehicles does the family own? \_\_\_\_\_

List make, year, license, state and color for each:

\_\_\_\_\_

\_\_\_\_\_

16. List all of the states in which you have resided: \_\_\_\_\_

\_\_\_\_\_

17. List all of the states in which members of the applicants household have resided:

\_\_\_\_\_

\_\_\_\_\_

18. Have you, or any other household member, ever been convicted of any felony or misdemeanor other than traffic violations?  Yes  No

If YES, explain: \_\_\_\_\_  
\_\_\_\_\_

19. Have you or any member of your household been involved in criminal activity that poses a threat to the safety or welfare of others?  Yes  No

If yes, when and where? \_\_\_\_\_  
\_\_\_\_\_

20. Do you, or any other member of your household currently use an illegal drug or other illegal controlled substance?  Yes  No

If YES, explain: \_\_\_\_\_  
\_\_\_\_\_

21. Have you, or any member of your household ever engaged in drug-related criminal activity, such as use, possession, distribution, trafficking, or manufacture of an illegal drug?

Yes  No

If YES, explain circumstances, outcome and present status.

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

22. Have you, or any member of your household, ever been convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substance?  Yes  No

If YES, explain: \_\_\_\_\_  
\_\_\_\_\_

23. Have you or any member of your household been subject to a lifetime state sex offender registration in any state?  Yes  No

If YES, explain: \_\_\_\_\_  
\_\_\_\_\_

**Applicants Under the Age of 62 Applying to Elderly Complexes:** Answers to the following questions are optional. If you decline to answer, we may be unable to determine your eligibility for the housing program offered at this property.

- 24. Are you handicapped?     Yes    No
- 25. Are you disabled?        Yes    No
- 26. Are you displaced?        Yes    No

Please list name and address of physician who can verify this:

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27. **Rental History**

Please enter the information requested for your current address and those for any landlords during the past five years. Include places where you were not listed on the lease and places where you lived under a different name. If any household member lived at a different address from the head of household, those addresses must also be listed. (If more space is needed, please use back of this page.)

**APPLICANT:**

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

City, State & Zip: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Landlord Telephone (\_\_\_\_) \_\_\_\_\_

Landlord Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Names of Household Members:

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Move-in Date: \_\_\_\_\_ Security Deposit \$ \_\_\_\_\_

*Do you have an executed lease agreement at the above address?*    Yes    No

*Did the household fulfill the terms of the executed lease agreement?*    Yes    No

\*\*\*\*\*



**CO-APPLICANT:**

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

City, State & Zip: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Landlord Telephone (\_\_\_\_) \_\_\_\_\_

Landlord Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Names of Household Members:

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

Move-in Date: \_\_\_\_\_ Security Deposit \$ \_\_\_\_\_

*Do you have an executed lease agreement at the above address?*  Yes  No

*Did the household fulfill the terms of the executed lease agreement?*  Yes  No

\*\*\*\*\*

**28. Income from Employment:**

List all full-time, part-time, and/or seasonal employment of head of household, spouse/co-applicant(s) and other household members age 18 or older, including the self-employed:

**Member Name:** \_\_\_\_\_ Est. Total \$ \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

Name of Employer

\_\_\_\_\_ Supervisor \_\_\_\_\_

Address of Employer

**Member Name:** \_\_\_\_\_ Est. Total \$ \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

Name of Employer

\_\_\_\_\_ Supervisor \_\_\_\_\_

Address of Employer

**Member Name:** \_\_\_\_\_ Est. Total \$ \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

Name of Employer

\_\_\_\_\_ Supervisor \_\_\_\_\_

Address of Employer

(If more space is needed, please use back of this page.)

29. Income from Other Sources

List non-employment income for all household members. This includes interest, dividends, income from rental property, social security, pensions, public assistance, SSI, unemployment compensation, alimony, child support, worker's compensation, disability compensation, and all other income.

Household Member #	Type of Income and Who Pays It	Address of Source of Income	Contact Person Name & Phone #	Estimated Total \$

30. Do you expect any change in your income during the next twelve months?  Yes  No. If YES, explain: \_\_\_\_\_

\_\_\_\_\_

31. Does any member of your household receive regular cash contributions from agencies or from individuals not living with you?  Yes  No

\_\_\_\_\_

\_\_\_\_\_

32. Please give three (3) references (other than family).

	<u>Name</u>	<u>Complete Address</u>	<u>Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

## **Proof of Social Security Number, Picture ID, and Citizenship**

33. I certify that I have given proof of social security and a picture ID with this application.  
 Yes  No
34. I certify that each member of my household is a U.S. Citizen, National, or a non-citizen with eligible immigration status as determined by HUD.  
 Yes  No
35. I have provided proof of citizenship (birth certificate) or completed the "Acceptable Form of Verification" form included at the end of this application for each member of the household.  
 Yes  No

*Last Updated: 6/1/2013*



**ACCEPTABLE FORM OF VERIFICATION  
IN LIEU OF ORIGINAL SOCIAL SECURITY CARD AND/OR BIRTH CERTIFICATE**

**1. SOCIAL SECURITY CARD**

I am unable to provide a copy of my Original Social Security Card and I am providing the following alternative/acceptable form of verification: Check which document(s) has/have been provided.

<input type="checkbox"/>	<b>Driver's license with SSN</b>
<input type="checkbox"/>	<b>Identification card issued by a Federal, State, or local agency, a medical insurance provider, or an employer or trade union</b>
<input type="checkbox"/>	<b>Earnings statements on payroll stubs</b>
<input type="checkbox"/>	<b>Bank statement</b>
<input type="checkbox"/>	<b>Form 1099</b>
<input type="checkbox"/>	<b>Benefit award letter</b>
<input type="checkbox"/>	<b>Retirement benefit letter</b>
<input type="checkbox"/>	<b>Life insurance policy</b>
<input type="checkbox"/>	<b>Court records</b>
<input type="checkbox"/>	<b>Other: Please specify</b>

**I certify that the document(s) provided represent a complete/accurate indication of my Social Security Number.**

\_\_\_\_\_  
Name of Person Completing This Form (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Completing This Form

\_\_\_\_\_  
Phone Number

**2. Birth Certificate**

I am unable to provide a copy of my Original Birth Certificate and I am providing the following alternative/acceptable form of verification: Check which document(s) has/have been provided.

<input type="checkbox"/>	<b>Baptismal Certificate</b>
<input type="checkbox"/>	<b>Military Discharge papers</b>
<input type="checkbox"/>	<b>Valid Passport</b>
<input type="checkbox"/>	<b>Census document showing age</b>
<input type="checkbox"/>	<b>Naturalization certificate</b>
<input type="checkbox"/>	<b>Social Security Administration Benefits printout</b>
<input type="checkbox"/>	<b>Other. Please specify</b>

**I certify that the document(s) provided represent a complete/accurate indication of my date of birth and correct age.**

\_\_\_\_\_  
Name of Person Completing This Form (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Completing This Form

\_\_\_\_\_  
Phone Number

**Penalties For Misusing This Consent:**

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

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</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.	
<b>Signature of Applicant</b>	<b>Date</b>

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.

# TENANT SELECTION PLAN

## REVISED May 10<sup>th</sup> 2023

**FOR MOBILITY IMPAIRED PERSONS** -- this document is kept at 105 E. Walnut Street, Kalamazoo, Michigan, which is an accessible facility on an accessible route. This document is also a permanent part of the application packet and can be obtained on-site, email, USPS, and via website.

**FOR VISION IMPAIRED PERSONS** -- MICHIGAN CAPITAL MANAGEMENT will provide a staff person to assist a vision impaired person in reviewing this document. Assistance may include: Describing the contents of the document, reading the document or sections of the document, or providing such other assistance, as may be needed to permit the contents of the document to be communicated to the person with vision impairments. To allow proper assistance, please phone in advance to make arrangements for assistance. Please call 269-388-3011.

**FOR THE HEARING IMPAIRED** -- MICHIGAN CAPITAL MANAGEMENT will provide assistance to hearing impaired persons in reviewing this document. Assistance may include provision of a qualified interpreter at a time convenient to both the Property and the individual with handicaps. Please call 269-388-3011 to schedule an appointment.

**FOR ANY DISABILITY** -- assistance to ensure equal access to this document will be provided in a confidential manner and setting. The individual with disabilities is responsible for providing his/her own transportation to and from the location. If an individual with disabilities is involved, all hearings or meetings required by this document will be conducted at an accessible location with appropriate assistance provided.

MICHIGAN CAPITAL MANAGEMENT  
RESIDENT SELECTION PLAN

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- XIII. Rents
- XIV. Verification/Documentation of Information
- XV. Income Targeting/Limits

Each of these stages of processing is described in detail in the following pages. Throughout this document, for the sake of brevity, Michigan Capital Management shall be referred to as the Property.



**I. PROPERTY DESIGNATION.**

Skyrise Apartments is a community for elderly, disabled and handicapped individuals.

**II. FAIR HOUSING AND EQUAL OPPORTUNITY REQUIREMENTS, STATEMENT OF NON-DISCRIMINATION;**

It is the policy of the Property, to comply fully with Title VI of the Civil Rights Act of 1964, Title VIII and Section 3 of the Civil Rights Act of 1968 (as Amended by the Community Development Act of 1974), Executive Order 11063, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, HUD's Equal Access Rule Notice H 2015-06 of July 13, 2015 and any legislation protecting the individual rights of residents, applicants or staff which may subsequently be enacted.

Michigan Capital Management shall not discriminate because of race, color, sex, religion, age, handicap, disability, familial status or national origin and with regards to actual or perceived sexual orientation, gender identity, or marital status. in the leasing, rental, or other disposition of housing or related facilities, (including land), included in any Development or Developments under its jurisdiction or in the use or occupancy thereof.

Michigan Capital Management shall not on account of race, color, sex, religion, age, handicap, disability, national origin or familial status and without regard to actual or perceived sexual orientation, gender identity, or marital status.

- (1) Deny to any family the opportunity to apply for housing, nor deny to any eligible applicant the opportunity to lease housing suitable to its needs.
- (2) Provide housing which is different than that provided to others.
- (3) Subject a person to segregation or disparate treatment.
- (4) Restrict a person's access to any benefit enjoyed by others in connection with the housing program.
- (5) Treat a person differently in determining eligibility or other requirements for admission.
- (6) Deny a person access to the same level of services; or
- (7) Deny a person the opportunity to participate in a planning or advisory group, which is an integral part of the housing program.

Michigan Capital Management shall not automatically deny admission to a particular group or category of otherwise eligible applicants. Each applicant in a particular group or category will be treated on an individual basis in the normal processing routine.

Michigan Capital Management will seek to identify and eliminate situations or procedures, which create a barrier to equal housing opportunity for all. In accordance with Section 504, the Property will make reasonable accommodation for individuals with handicaps or disabilities (applicants or residents). Such accommodations may include changes in the method of administering policies, procedures, or services.

In addition, the property may perform structural modifications to housing and non-housing facilities on sites where such modifications would be necessary to afford full access to the housing program for qualified individuals with handicaps.

In reaching a reasonable accommodation with, or performing structural modifications for, otherwise qualified individuals with handicaps, Michigan Capital Management is not required to:

- (1) Make structural alterations that require the removal or altering of a load-bearing structural member.
- (2) Provide an elevator in any multi-family housing project solely for the purpose of locating accessible units above or below the grade level.
- (3) Provide support services that are not already part of its housing programs.

- (4) Take any action that would result in a fundamental alteration in the nature of the program or service;
- (5) Take any action that would result in an undue financial and administrative burden on the Property (including structural impracticality as defined in the UFAS).

### **III. PRIVACY POLICY**

It is the policy of Michigan Capital Management to guard the privacy of individuals conferred by the Federal Privacy Act of 1974, and to ensure the protection to such individuals' records maintained by the Property.

Therefore, neither the Property nor its agents shall disclose any personal information contained in its records to any person or agency unless the individual about whom information is requested shall give written consent to such disclosure.

The privacy policy in no way limits the Property's ability to collect such information as it may need to determine eligibility, compute rent, or determine an applicant's suitability for tenancy.

Consistent with the intent of section 504 of the Rehabilitation Act of 1973, any information obtained on handicap or disability will be treated in a confidential manner.

### **IV. QUALIFYING FOR ADMISSION**

Based on its HAP Contract, the Property may not admit ineligible applicants. In order to be eligible a family must meet the following:

- 1) Qualify as a family or eligible single person as defined in the HUD Handbook, 4350.3.
- 2) Gross family income must not exceed the applicable HUD-determined very low-income limits for Kalamazoo County for admission.
- 3) 3) 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.

If all household members have not disclosed and/or provided verification of their SSNs at the time a unit becomes available, the next eligible applicant must be offered the available unit. The applicant who has not disclosed and provided verification of SSNs for all household members must disclose and provide verification of SSNs 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 were first offered an 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.

If all household members have not disclosed and/or provided verification of their SSNs using any or all options listed above (certification) at the time a unit becomes available, the next eligible applicant must be offered the available unit.

Social Security number requirements do not apply to individuals who do not contend eligible immigration status and individuals aged 62 or older, as of January 31, 2010, whose initial determination of eligibility was before January 31, 2010.

- 4) This property has an elderly preference. Applicants must be 62 years of age or older or disabled or handicapped. Applicants with preferences are selected from the waiting list and receive an opportunity for an available unit earlier than those who do not have a preference. Preferences affect only the order of applicants on the waiting list. They do not make anyone eligible who was not otherwise eligible, and they do not change

an owner's right to adopt and enforce tenant screening criteria. Applicants must verify their qualification for the elderly preference by using the following acceptable methods:

Elderly applicants must provide proof of age by submitting one of the following documents:

- Birth Certificate
- Baptismal Certificate
- Military Discharge Papers
- Valid Passport
- Census Document showing Age
- Naturalization Certificate
- Social Security Benefits printout (must include date of birth)
- Driver's License

Disabled applicants must provide one of the following documents to determine disability requirements:

- Social Security Supplemental Income (Disability) printout
- Medical professional Verification, stating the applicant qualifies under the definition of disability.

5) Applicant has not committed any fraud in connection with any Federal Housing Assistance Program.

6) Comply with the unit size standards contained herein:

<u>Bedroom Size</u>	<u>Persons Per Household</u>	
	<u>Minimum</u>	<u>Maximum</u>
Efficiency/Studio	1	2
1	1	2
2	2	4

7) The applicant agrees to pay the rent required by the subsidy program under which the applicant will be admitted, and

8) The unit will be the family's only residence.

9) Assistance in subsidized housing is restricted to U.S. Citizens or Nationals and non-citizens who have eligible immigration status as determined by HUD. Each family member, regardless of age, will be required to declare their citizenship or immigration status at the time of application. Those declaring citizenship will be required to verify their declaration by presenting a U.S. birth certificate or other acceptable form of verification. Noncitizens 62 years and older in addition to the declaration must submit proof of age. Noncitizens under the age of 62 in addition to the declaration must submit a signed consent form to be forwarded to Systematic Alien Verification for Entitlements along with one of the following:

1. Form I-551 Permanent Resident Card.
2. Form I-94 Arrival –Departure Record annotated with one of the following:
  - a)Admitted as a 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 section 212 (d)(5) of the INA
3. Form I-94 Arrival-Departure record (with no annotation) accompanied by one of the following:
  - a)A final court decision granting asylum (but only if no appeal is taken)
  - b)A letter from a DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from a DHS district director granting asylum (application was filed before October 01, 1990);
  - c)A court decision granting withholding of deportation; or
  - d)A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 01, 1990).

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 of the document has been verified.

Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

Applicants must submit required documentation of citizenship/immigration status no later than the date the owner initiates verification of other eligibility factors.

If the applicant cannot supply the documentation within 10 business days of initiation, the owner may grant an extension of 10 business days, only if the applicant certifies the documentation is temporarily unavailable and additional time is needed to collect and submit required documentation. The owner will respond in writing of granting or rejection of extension request.

Applicants who hold a non-citizen student visa are ineligible for assistance.

#### 10) Requirements for Determining Eligibility of Students for Assistance

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

- a. 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.
- b. Is under the age of 24.
- c. Is not married.
- d. Is not a veteran of the United States Military.
- e. Does not have a dependent child.
- f. Is not a person with disabilities, as such term is defined in 3(b)(3)(E) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(3)(E)) and was not receiving section 8 assistance as of \*November 30, 2005. \* (See Definition E in Figure 3-6);
- g. Is not living with his or her parents who are receiving Section 8 assistance; and
- h. Is not individually eligible to receive Section 8 assistance **and** has parents (the parents individually or jointly) who are not income eligible to receive Section 8 assistance. (See paragraph 3-33 for verifying parents' eligibility.)

\*\*\*Note: Unless the student can demonstrate his or her independence from parents, the student must be eligible to receive Section 8 assistance and the parents (individually or jointly) must be eligible to receive Section 8 assistance in order for the tenant to receive Section 8 assistance. \*\*\*

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

- a. Be of legal contract age under state law.
- b. Have established a household separate from parents or legal guardians for at least one year prior to application for occupancy or meet the U.S. Department of Education's definition of an independent student. (See the Glossary for Definition of Independent Student).
- c. Not be claimed as a dependent by parents or legal guardians pursuant to IRS regulations; and
- d. 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.

Any financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965 from private sources or an institution of high education (as defined under the

High Education Act of 1965) shall be considered income to that individual. There are two exceptions to this income calculation requirement. If the student is:

- Living with his/her parents/guardian, or
- A person over the age of 23 with dependent children

Being eligible, however, is not an entitlement to housing. In addition, every applicant must meet the Tenant Selection Criteria. The Tenant Selection Criteria are used to demonstrate the applicant's suitability as a resident using verified information on past behavior to document the applicant's ability, either alone or with assistance, to comply with essential lease provisions and any other rules governing tenancy.

The applicant family will be judged on past habits and practices related to tenancy and not on any attribute or behavior which may be imputed to a particular group or category of persons of which an applicant may be a member.

## **V. APPLICATION INTAKE AND PROCESSING**

It is the Property's policy to accept and process applications in accordance with applicable HUD Regulations.

Applications may be obtained from the site, mailed, emailed or obtained via website. All applications are taken on site at the Property. Applications may be submitted via fax, e-mail, first class mail or personal delivery to the site. Failure to respond to letters from the Property may result in withdrawal of an application from further processing. Management may make exceptions to the procedures described herein to consider circumstances beyond the applicant's control, for example, medical emergencies or extreme weather conditions.

Written applications for open waiting lists will be accepted from anyone who wishes to apply. Subsequent review will eliminate applications of families that do not qualify.

Every application must be completed and signed by the head of the household, spouse and all other adult family member certifying the accuracy and completeness of the information provided. All other members of the household will be listed on the application form. Staff will be prepared to assist any applicants who might have trouble completing the application form. This assistance might take the form of answering questions about the application, helping applicants who might have literacy, vision or language problems and, in general, making it possible for interested parties to apply for assisted housing.

All applicants must be prepared to submit a picture ID, proof of Social Security number as well as one of the following, to establish date of birth

Elderly applicants must provide proof of age by submitting the one of the following documents:

- Birth Certificate
- Baptismal Certificate
- Military Discharge Papers
- Valid Passport
- Census Document showing Age
- Naturalization Certificate
- Social Security Benefits printout
- Drivers License

Disabled applicants must provide one of the following documents to determine disability requirements:

- Social Security Supplemental Income (Disability) printout
- Medical professional Verification, stating the applicant qualifies under the definition of disability.

## **VI. WAITING LIST**

The above listed items are not mandatory for placement on the waiting list; however, the above items are mandatory for being housed. Applicants are added to the waiting list as they are received in the office. Applicants requesting placement on multiple wait list should be placed on lists simultaneously. Applicants will be selected from the waitlist in chronological order. All paperwork received in the property office, is date and time stamped for accuracy. All

applicants will be placed on the wait list they indicate on their application. All applicants requesting a 2-bedroom unit must have at least two people in the household or have a medical need for the additional room.

The waiting list for any particular unit size may be closed if the wait for the unit becomes excessive, in excess of three years.

If the waiting list is closed, potential applicants will be advised via a published notice in the Kalamazoo Gazette and applications for that unit size will no longer be accepted. When the waiting list is reopened, a notice will be published in the Kalamazoo Gazette.

An applicant is allowed to turn down, for any reason, the first apartment offered and maintain their position on the waiting list. Refusing to accept another apartment offered at a subsequent time, will result in the applicant's name being removed from the waiting list. To return to the list, a new application must be completed. The position on the waiting list will be in accordance with the date and time of the new application. The waiting list is updated every 6 months to ensure applicants wish to remain on the waiting list. Applicants are asked to provide contact preference on the application to ensure continued communication methods for everyone. Applicants may choose more than one contact method for waiting list updates.

Applicants placed on the waiting list will be screened ((credit, sex offender, criminal) at the time of placement on the waiting list and then again when they reach the top of the list if the first screening is beyond 120 days from the first initial screening.

## **VII. DETERMINATION OF APPLICANT QUALIFICATION**

### **THE APPLICANT SCREENING POLICY:**

For screening purposes, a live-in attendant shall be considered a part of the household, and therefore, must also pass all screening criteria except for any criterion regarding the ability to pay rent on time. All applicants will be screened according to the criteria set forth in this Resident Selection Plan. All screening requirements shall apply to other individuals added to the household after move-in. All households will have an Existing Tenant Search conducted through the EIV system, to determine whether they may be receiving rental assistance at another assisted housing facility at the time of application.

**Violence Against Women Act Protections** – This law offers the following protections to ensure survivors of domestic violence, dating violence, sexual assault, or stalking are not denied assistance as an applicant; are not evicted or have assistance terminated due to having been a victim, or for being affiliated with a victim.

- a. Owners must provide notice to Section 8 tenants of their rights and obligations under VAWA:
  1. Notice of Occupancy Rights Under the Violence Against Women Act (Form HUD-5380)
  2. Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking (Form HUD-5381)
  3. Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking and Alternate Documentation (Form HUD-5382)
  4. Emergency Transfer Request for Certain Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking (Form HUD-5383)
- b. Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking.
  1. Owners must provide tenants the option to complete the Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking and Alternate Documentation Form HUD-5382. The certification form may be made available to all eligible families at the time of admission or, in the event of a termination or start of an eviction for cause proceeding, the certification may be enclosed with the appropriate notice, directing the family to complete, sign and return the form within fourteen (14) business days. The owner may extend this time period at his/her discretion.
  2. Alternately, in lieu of certification form or in addition to it, owners may accept:
    - (i) A federal, state, tribal, territorial, or local police record, or court record, or
    - (ii) Documentation signed by an employee, agent, volunteer of a victim service provider, an attorney, or medical professional from whom the victim has sought assistance in

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

3. Owners are not required to demand that an individual produce official documentation or physical proof of an individual's status as a victim of domestic violence, dating violence, sexual assault or stalking in order to receive the protections of the VAWA. Owners, at their discretion, may provide assistance to an individual based solely upon the individual's statement or other corroborating evidence. Owners are encouraged to carefully evaluate abuse claims as to avoid conducting eviction based on false or unsubstantiated accusations.

4. Owners should be mindful that the delivery of the certification form to the tenant via mail may place the victim at risk, e.g., the abuser may monitor the mail. Therefore, in order to mitigate risks, owners are encouraged to work with the tenant in making acceptable delivery arrangements, such as inviting them into the office to pick up the certification form or making other discreet arrangements.

c. Confidentiality of Information.

The identity of the victim and all information provided to owners relating to the incident(s) of domestic violence, dating violence, sexual assault or stalking must be retained in confidence by the owner and must not be entered into any shared database or provided to a related entity, except to the extent that the disclosure is:

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

The HUD-approved certification form provides notice to the tenant of the confidentiality of the form and the limits thereof.

d. Retention of information.

Owners must retain all documentation relating to an individual's domestic violence, dating violence, sexual assault or stalking in a separate file that is kept in a separate secure location from other tenant files.

e. VAWA Lease Addendum

Owners must have tenants sign the VAWA lease addendum, form HUD-91067.

- An applicants or program participants status as a domestic violence, dating violence, sexual assault or stalking is not a basis for denial of rental assistance or denial of admission, if the applicant otherwise qualifies for assistance or admission.
- An incident/s of actual or threatened domestic violence, dating violence, sexual assault or stalking will not be construed as serious or repeated violations of the lease or other good cause for terminating the assistance, tenancy, or occupancy rights of a victim of abuse.
- Criminal activity directly related to domestic violence, dating violence, sexual assault or stalking, engaged in by a member of a tenant's household or any guest or other person under the tenants control, shall be not be cause for termination of assistance, tenancy, or occupancy rights of the victim of the criminal acts.
- Assistance may be terminated or "bifurcated" in order to remove any offending household member from the home. Whether or not the individual is a signatory to the lease and unlawful tenant, if he/she engages in a criminal act of physical violence against family members or others, he/she stands to be evicted, removed, or have his/her occupancy rights terminated. This action is taken while allowing the victim, who is a tenant or a lawful occupant, to remain.
- The provisions protecting victims of domestic violence, dating violence, sexual assault or stalking engaged in by a member of the household, may not be construed to limit the Skyrise, when notified from honoring various court orders issued to either protect the victim or address the distribution of property in case a family breaks up.
- The authority to evict or terminate assistance is not limited with respect to a victim that commits unrelated criminal activity. Furthermore, if Skyrise can show an actual and imminent threat to other tenants or those employed at or providing service to the property if an unlawful tenant's residency is not terminated, then evicting a victim as an option, the VAWA notwithstanding. Ultimately Skyrise may not subject victims to more demanding standards than other residents.
- The VAWA protections shall not supersede any provision of any federal, state, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault or stalking. The laws offering greater protection are applied in instances of domestic violence, dating violence, sexual assault or stalking.

These criteria, which are based on those set forth in the HUD Handbook 4350.3, relate to the individual behavior of each applicant household:

1. Verification of all Income Sources
2. Verification of all Assets
3. EIV Screening
  - a) Management will use the Enterprise Income verification system to determine if the applicant or any member of the applicant's household is currently receiving HUD assistance. Any applicant or member of the applicant's household currently receiving HUD subsidy will need to forfeit that subsidy before receiving subsidy for Skyrise Apartments.
  - b) This information will be reviewed on an annual basis during the certification process. Any household members found to be receiving double subsidy will be required to reimburse HUD for the overpayment of assistance.
4. Past performance in meeting financial obligations, especially rent.
  - a) Prior landlords will be contacted by management to verify rental payment history. Any applicant with a record of late payments (more than 10 days past-due on two or more occasions within a one-year period) will be rejected.
  - b) Any applicant who has been evicted from federally assisted and or conventional housing in the past three years will not be considered.
  - c) Credit references. All available credit references will be checked by management without charge to the applicant. Lack of credit history shall not be grounds for rejection, but a poor credit history may be. The following items will be considered as examples of unfavorable credit and will serve as a basis for rejection:
    - Persons/Families with more than three outstanding collections and/or past due balances not exceeding a grand total of more than \$3,000 at the time of application, not to include any medical collection(s). Exception may be made if written verification is received from the creditor showing a payment plan with at least two (2) payments made according to the requirements set forth in the plan. The payment agreement must be in good standing and current.
    - Persons/Families with one or more outstanding collection(s), civil judgment(s), or civil suit(s) at the time of application for non-payment of rent.
    - Persons/Families with one or more outstanding civil judgments or civil suits for matters other than non-payment of rent, not to include mortgage foreclosure(s).
    - Persons/Families who have filed bankruptcy within the past five (3) years unless bankruptcy is, in the sole judgment of Management, the result of a medical catastrophe.
  - D) Evidence of mitigating circumstances or rehabilitation and requests for disability related reasonable accommodations will be considered.

Women heads of household and male heads of households will similarly be accorded like treatment. All credit shown in the report issued by the local credit bureau will reflect positively or negatively on both spouses in the absence of divorce and/or other legal documentation brought to the attention of the management by the initiation of the applicants, which clearly separates the parties' credit responsibilities.

In the case of unfavorable credit references, the responsibility of the management is limited to informing applicant families that their application has been rejected based on confidential information received from the local credit bureau. The management is, of course, agreeable to reappraising a credit report forwarded to the management by



the credit bureau on behalf of the applicant which encompasses certain corrections or additions made in that report as a result of action taken by the applicant directly with the credit bureau.

The application is, however, considered rejected until updated information is received from the credit reporting agency. Waiting list priority is suspended until such time of receipt. This suspension is limited to thirty (30) days following the date of issuance of the credit reject letter. Other qualified applicants will be contacted for the available unit during this suspension. If the application process for another qualified Applicant results in the possibility for leasing before a rejected applicants' record is satisfactorily corrected, a lease will be executed for the other applicant and the reinstated applicant will be leased the next available unit of proper size.

5. A record of disturbance of neighbors, destruction of property, or living at prior residences which may adversely affect the health, safety or welfare of other residents, or cause damage to the unit or development.

Applicant will be denied housing if previous landlords report significant complaint levels of non-compliance activity including but not limited to:

- Housekeeping habits that are unclean, unsanitary and/or unhealthy and may be conducive of pest.
  - Repeated disturbance of the neighbor's peaceful enjoyment of the area.
  - Reports of gambling, prostitution, illegal drug use, drug dealing or drug manufacturing.
  - Abuse of alcohol that interferes with the health, safety, and right to be peaceful enjoyment by others.
  - Damage to the real property beyond normal wear.
  - Reports of violence or threats to landlords or the neighbors.
  - Allowing persons not on the lease to reside on the premises.
  - Any other reason why a previous landlord would decline to rent to an applicant pertaining to the behavior of applicant or others allowed on property during applicant's tenancy.
6. Criminal checks will be obtained on all applicants. Involvement in criminal activity on the part of any applicant family member which would adversely affect the health, safety or welfare of other residents shall be cause for the application to be rejected. This history may include but is not limited to:
    - Violent criminal activity. Depending on the severity of the crime or pattern of criminal activity as determined by management, admission will not be considered until twenty years after the date the sentencing was completed.
    - Other criminal activity. Depending on the severity of the crime or pattern of criminal activity as determined by management, admission will not be considered until 6 years after the sentence is completed.
    - 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. Depending on the severity of the crime or pattern of criminal activity as determined by management, admission will not be considered until 6 years after the sentence is completed.
    - Conviction for the use of a controlled substance. Admission will not be considered until ten years after the date the sentencing was completed as determined by management.
    - Conviction for manufacturing or distribution of a controlled substance. Admission will not be considered until twenty years after the date the sentencing was completed as determined by management.
    - A sexual offense which makes the family member subject to any registration requirement under a federal and/or state sex offender registration program; the registry will be revisited annually to

establish continued compliance with the program. This review will be processed during your annual recertification.

7. Any household member is currently engaging in illegal drug use.
8. It is determined by management that there is reasonable cause to believe that a household member's illegal use or a pattern of illegal use of a drug may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents.
9. It is determined by management that there is reasonable cause to believe that a household member's abuse or pattern of abuse of alcohol interferes with the health, safety or right to peaceful enjoyment of the premises by other residents.
10. It is determined by management that there is reasonable cause to believe that a household member's behavior or actions during the application process interferes with the health, safety or right to peaceful enjoyment of the premises by other residents and/or health and safety of staff.
11. An eviction from housing or termination from residential programs including that for drug related criminal activity.
12. An applicant's ability and willingness to comply with the terms of the Property's lease.
13. An applicant's misrepresentation of any application information which may include but is not limited to falsifying any information related to eligibility, allowances, family composition or rent.
14. Evidence of mitigating circumstances or rehabilitation and requests for disability related reasonable accommodations will be considered.

#### **VIII. REJECTION OF APPLICANT**

Applicants may be rejected for admission for any of the following reasons:

1. Household's annual income is greater than the appropriate income limit.
2. Calculated rent equals or exceeds Gross Rent for the unit.
3. Family size is not appropriate for the size unit available.
4. Applicant does not meet management's Resident Selection Criteria, including screening.
5. Any applicant adult family member refuses to sign consent form to authorize the collection of information to verify eligibility, income, expenses, and deductions.
6. Persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process.

#### **IX. NOTIFICATION TO APPLICANT**

Management will notify the applicant and indicate in writing:

1. If the applicant is approved for admission, the approximate date that the family could be offered a unit (to the extent that the date can be estimated).
2. If the applicant is not approved for admission, the reason(s) for that determination will be provided; and if requested by the applicant within 14 days from the date of the rejection letter, management will arrange an informal hearing.

#### **X. ELIGIBILITY FOR ACCESSIBLE UNITS**

Skyrise Apartments will not prohibit an eligible family with a member who has a disability from accepting a suitable non accessible unit if no accessible unit is available when the family reaches the top of the waiting list.

## **XI. PREFERENCE FOR ACCESSIBLE OR ADAPTABLE UNITS**

Verification of the need for an accessible unit from a qualified health care provider is required. For units accessible to or adaptable for person with mobility, visual or hearing impairments, households containing at least one person with such impairment will have first priority, (as applicable for a particular unit's features). NOTE: Current residents in good standing requiring accessible/adaptable units shall be given priority over applicants requiring this type of unity. Where no such applicants or current residents are at hand, management reserves the right to hold such units available while outreach efforts are in process to obtain applicants with needs for such units. Where non-handicapped persons are moved into units designed to meet special needs, they shall do so only after signing a lease addendum agreeing to move to a unit with no such design features should an applicant or current resident require an accessible unit of the type currently occupied by the non-handicapped person.

## **XII. TRANSFER POLICY**

In filling of a vacant unit, priority is given to current resident families who comply with the established occupancy standards and lease provisions.

Transfers or reassignment to other dwelling units shall be made without regard to race, color, sex, religion, age, familial status or national origin as follows:

Skyrise Apartments will limit transfers to no more than 6 per calendar year.

In order to qualify for a transfer, the resident must be current on rent with no balance due and no late payments in the last 12 months. Resident must also have no complaints on record placed within the last 12 months.

1. Transfers shall be made to correct over-housing or under-housing.
2. Transfers shall be made, after a two-year waiting period to any resident who desires to move from a Studio style apartment.
3. Transfer will be granted for:
  - a. Change in family size
  - b. Change in family composition
  - c. A medical reason certified by a doctor
  - d. A need for an accessible unit.
4. When there is a change in family size or composition, or a reasonable accommodation arises. The family will be placed on the waiting list.
5. Residents name will be placed on the list in the order it was received.
6. Current residents will have preference over all other applicants on waiting list.
7. Failure of a resident to accept a transfer to a unit of appropriate size within 30 days will result in the tenant paying market rent to continue residency in the present apartment.
8. Residents shall be given at least 30 days in which to move.
9. Residents shall not be transferred to a dwelling unit of equal size except for alleviating hardships as determined by management.
10. Transfers will be granted as a reasonable accommodation for a disabled resident when the need for the features of the unit is verified in writing by a qualified health care provider.
11. When a resident is granted a reasonable accommodations transfer the owner must pay for transfer cost.

## **XIII. RENTS**

Rents charged by the Michigan Capital Management Company shall be computed in accordance with the rules contained in the HUD 4350.3 Handbook.

## **XIV. VERIFICATION/DOCUMENTATION OF INFORMATION**

All information provided by each applicant will be verified by the staff. Provision of false information shall be grounds for rejecting such applicant. Each applicant is required to execute all appropriate verification forms and releases to include the HUD form 9887 and the 9887A, permitting the Management Company to obtain information from all sources. Failure to promptly execute such releases shall render an applicant ineligible for housing. Any information relative to the acceptance or rejection of an applicant shall be documented and placed in the applicant's file. This will include information obtained through EIV (Enterprise Income Verification) system.

EIV is an income reporting agency used by HUD for verification of certain types of income. EIV reports will be used during recertification of family composition and income; monthly as required by HUD or at other times as determined by the Owner Agent. It may also include reports of interviews, letters, and telephone conversations with reliable sources. At a minimum, these reports shall include the date, the source of the information, including the name and title of the individual contacted, and a summary of the information received.

Sources of information may also include, but are not limited to, the applicant (by means of interviews), landlords, employers, credit bureaus, family, social workers, parole officers, court records, drug treatment centers, clinic, physicians, schools, or police departments. Applicant/tenant certifications shall be accepted only as a temporary verification of tenant supplied information with management taking further action to verify said information by third-party or review of document.

In the event of the receipt of unfavorable information, consideration may be given to the time, nature and extent of the applicant's conduct and to factors which might indicate a reasonable probability of future conduct or financial prospects, such as:

- A. Evidence of rehabilitation.
- B. Evidence of applicant family's participation in social programs or other appropriate counseling service programs.
- C. Other evidence as determined by management.

During tenancy, when information is received which indicates that a tenant might be receiving excess benefits or falsifying eligibility, management will diligently pursue and investigate allegations or misrepresentation and other violations. If verified, management will fully enforce the terms of the Lease Agreement and the Occupancy Policies and Procedures and reserves the right to pursue any and all of the administrative/civil/criminal remedies at its disposal.

**XV. INCOME TARGETING**

In accordance to the Final Rule, Changes to Admission and Occupancy Requirements in the Public Housing and Section 8 Housing Assistance Programs, FR-4485, published March 29, 2000 the Property will make forty percent (40%) of its apartments that become available in each calendar year available for leasing to families whose income do not exceed thirty percent (30%) of the area median income, "extremely low income", at the time of admission.

In order to be considered, as a "very low income" household, annual gross income shall not exceed the below chart:

	1 person	2 people	3 people	4 people
Very Low Income (50%)	\$32,100	\$36,700	\$41,300	\$45,850
Extremely Low Income (30%)	\$19,250	\$22,000	\$24,860	\$30,000

**To implement this requirement, the first extremely low-income applicant on the waiting list will be selected, which may mean "skipping over" some applicant with higher incomes. For the next available unit, the next eligible applicant at the top of the waiting list, regardless of income level, will be selected. As other units become available, resident selection will continue to alternate.**