



FRIENDSHIP GARDENS

FRIENDSHIP GARDENS

100 Friendship Gardens
Howell, NJ 07731
732-370-9110 | f: 732-370-8955

Dear Applicant:

Enclosed please find the information you requested on affordable housing as well as an application for placement on the waiting list at Friendship Gardens a HUD-assisted rental housing program for seniors or mobility impaired for 18 years and over in Howell, NJ. Please note that being placed on the waiting list does not guarantee occupancy of a unit. **At some point, as your name gets closer to the top of the wait list, your credit, criminal and sex offender background checks will be conducted. It is suggested you review your credit report from TransUnion and address any outstanding items. An applicant can be rejected for tenancy for failing one or more of the HUD reporting requirements, eligibility criteria and/or tenant screening criteria as outlined in the enclosed Tenant Selection Criteria.**

At the present time our community is fully occupied. However, we are accepting applications for the waiting list. Please carefully review all the information we are enclosing, then complete the application and return it to our office; no facsimiles or e-mails will be accepted. **Friendship Gardens has a Smoke-Free Policy and leases executed after February 1, 2013 will be for Smoke-Free units only.**

Answer **all** questions as completely and accurately as possible. Any incomplete application will be held in a pending file and will not be processed until all information is received.

The waiting list will be reviewed at least once a year by management. Periodically, a letter is sent to all applicants in our database requesting information regarding continued interest in remaining on our waiting list. It is your responsibility to –

- 1) inform this office in writing of any change in address, name or telephone number and
- 2) contact this office if you do not receive a confirmation letter stating that your application has been received.

(Please continue reading on second side)

A Springpoint Affordable Senior Housing Community | springpointsl.org

Howell Senior citizens Housing, LP, D.B.A. Friendship Gardens does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The Vice President of Affordable Housing has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988), 1-800-222-0609, Sprint NJ Relay Service 1-800-852-7899/TTY, 1-800-852-7897/Voice or 711.



Eligible applicants are added to the waiting list in chronological order based on time and date received; no facsimiles or e-mails will be accepted. You will receive a confirmation letter once your name has been placed on the waiting list. When your name is near the top of the waiting list you will be asked to come to our office for an assessment interview.

Should you require additional information, please contact the management office during normal business hours Monday through Friday from 9:00 am to 4:30 pm. The office is closed on weekends and most holidays. The office phone number is 732-370-9110. If you would like to meet with us in person, we suggest you make an appointment to insure that we have scheduled time to answer your questions.

This property is a U. S. Department of Housing and Urban Development funded project and operates in accordance with the federal Fair Housing Act which prohibits housing discrimination based on race, color, national origin, religion, sex, disability, and familial status (i.e., presence of children in the household). The U.S. Department of Housing and Urban Development enforces regulations that ensure its programs are open to all eligible individuals regardless of actual or perceived sexual orientation or gender identity.

Thank you for your interest in affordable housing. We hope the information provided is helpful. If you have a disability or need assistance with the application, please contact Judy Immordino at 732-370-9110.

Sincerely,



Karen Rousseau
Executive Director

11 Enclosures: Pre-application for Waiting List Form; Housing Requirement Questionnaire; Eligibility Requirements; Enterprise Information Verification (EIV) Brochure; Tenant Selection Criteria (6/1/2019); Applying for HUD Housing Assistance HUD-1141; Supplement to Application for Federally Assisted Housing HUD-92006; Limited English Proficient Notice to Residents & Applicants, Citizen Declaration, Disability Verification & A Summary of Consumer Rights Under the Fair Credit Reporting Act



Friendship Gardens

Friendship Gardens is a HUD- assisted rental community in Monmouth County for seniors and mobility impaired for 18 years and older. The three-story brick building sits one block from Route 9 with close proximity to shopping. There are 73 one bedroom apartments with square footage each approximately 528 and 26 studio apartments with square footage each approximately 408.

Applicants must meet the Eligibility Requirements below to qualify for an apartment. Residents pay 30% of their adjusted income for rent. Included with the rent is heat and hot water.

Eligibility Requirements - please refer to the Tenant Selection plan for details.

Age: 62 or over
or
Income: Not to Exceed*

1 person \$ 45,750
2 people \$ 52,250

**Income limits are updated by the Department of Housing and Urban Development and are subject to change. The above limits are effective as of April 1, 2024.*

Smoke Free Policy

Friendship Gardens has a Smoke-Free Policy and leases executed after February 1, 2013 will be for Smoke-Free units only.

Equal Housing

This property is a U. S. Department of Housing and Urban Development funded project and operates in accordance with the Federal Fair Housing Act which prohibits housing discrimination based on race, color, national origin, religion, sex, disability, and familial status (i.e., presence of children in the household). The U. S. Department of Housing and Urban Development enforces regulations that ensure its programs are open to all eligible individuals regardless of actual or perceived sexual orientation or gender identity.



Pre-application/Waiting List Form – Friendship Gardens
 100 Friendship Gardens, Howell, NJ 07731 / Phone (732)370-9110 Fax (732)370-8955

This property is a U. S. Department of Housing and Urban Development funded project and operates in accordance with the federal Fair Housing Act which prohibits housing discrimination based on race, color, national origin, religion, sex, disability, and familial status (i.e., presence of children in the household). The U.S. Department of Housing and Urban Development enforces regulations that ensure its rooms are open to all eligible individuals regardless of actual or perceived sexual orientation or gender identity.

If you have a disability and need assistance with the application process, please contact (732)370-9110

1. List each person who would be living in the unit if you received assistance. (Begin with yourself)

Last Name	First Name	Birth Date	Relation to you	Social Security Number	Gross Annual Income
_____	_____	____/____/____	_____	____/____/____	\$ _____
_____	_____	____/____/____	_____	____/____/____	\$ _____

(Information from applicants who were age 62 or older as of January 31, 2010 and who do not have a SSN. If they were receiving HUD rental assistance at another location on January 31, 2010. This information is needed in order for the owner to verify whether the applicant qualifies for the exemption from disclosing and providing verification of a SSN.)

2. Current Address _____ Apt. # _____

City _____ State _____ Zip _____ Tele _____
Day Night

3. a. Does anyone live with you now who are not listed above? YES NO

b. If yes, explain why this person will not be living with you if you move into a unit. _____

4. Is anyone listed above a full-time Student? YES NO

5. Have you ever lived in government subsidized housing? YES NO

If yes, provide the following information on the most recent subsidized housing:

Name and address of site/landlord _____

City _____ State _____ Zip _____ Tele # _____

6. Does any member of your household have any special needs? YES NO

If yes, please identify: _____

7. Have you or any household member been evicted from assisted housing? YES NO

8. How did you hear about Friendship Gardens? _____

9. Race of Household (there is no penalty for not completing this item [optional])

- White Black or African American American Indian or Alaskan Native
- Asian Native or Hawaiian or Pacific Islander Other

10. Ethnicity of Head of Household (there is no penalty for not completing this item [optional])

- Hispanic or Latino Non-Hispanic or Non-Latino

Applicant Certification: I hereby certify that the statements made on this application are true and complete to the best of my knowledge and belief. I understand that providing false statements or incomplete information may result in punishment under Federal Law.

I acknowledge a copy of the Fair Chance in Housing Notice was provided in the application packet.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Management Office Use:

Date Application Mailed _____ Initials _____ Date & Time Application Returned _____ Initials _____



Solicitud previa/formulario de la lista de espera

Esta comunidad tiene una Política de no fumar y los alquileres realizados después del 1 de febrero de 2013 serán solo de unidades para no fumadores. (Esta versión traducida del documento solo tiene el propósito de brindar información. La versión operativa está en inglés).

Esta propiedad es un proyecto financiado por el Departamento de Vivienda y Desarrollo Urbano de EE. UU. (US Department of Housing and Urban Development, HUD) y opera de acuerdo con la Ley Federal de Vivienda Justa que prohíbe la discriminación en la vivienda con base en la raza, el color, la nacionalidad, la religión, el sexo, la discapacidad y el estado familiar (es decir, presencia de los hijos en la casa). El Departamento de Vivienda y Desarrollo Urbano de EE. UU. implementa los reglamentos que garantizan que sus programas estén disponibles para todas las personas elegibles sin importar su orientación sexual real o percibida o identidad de género.

Si tiene una discapacidad y necesita asistencia con el proceso de solicitud, comuníquese con el Director ejecutivo de esta comunidad.

1. Mencione a cada persona que vivirá en la unidad si recibió asistencia. (Comience por usted mismo)

Apellido	Nombre	Fecha de nacimiento	Relación con usted	N.º de seguro social	Ingreso anual bruto
_____	_____	____/____/____	_____	____/____/____	\$ _____
_____	_____	____/____/____	_____	____/____/____	\$ _____

2. Dirección actual _____ Apto. N.º _____

Ciudad _____ Estado _____ Código postal _____ Tel. _____

3. a. ¿Alguien más vive con usted ahora que no se haya mencionado anteriormente? SÍ NO

b. Si la respuesta es afirmativa, explique porqué esta persona no vivirá con usted si se muda a una unidad.

4. ¿Es alguna de las personas antes mencionadas un estudiante de tiempo completo? SÍ NO

5. ¿Alguna vez ha vivido en una vivienda subsidiada por el gobierno? SÍ NO

Si su respuesta es afirmativa, proporcione la siguiente información sobre la vivienda subsidiada más reciente:
Nombre y dirección del sitio/propietario _____

Ciudad _____ Estado _____ Código postal _____ N.º de tel. _____

6. ¿Tiene algún integrante de su grupo familiar alguna necesidad especial? SÍ NO

Si la respuesta es sí, identifique: _____

7. ¿Usted o algún miembro de su familia han sido desalojados de la vivienda asistida? SÍ NO

8. ¿Cómo se enteró de esta comunidad? _____

9. Raza del grupo familiar (no existe sanción alguna por no completar este inciso [opcional])

- Blanco Negro o afroamericano Indígena americano o nativo de Alaska
- Asiático Nativo, hawaiano o isleño del Pacífico Otro

10. Etnia del jefe del grupo familiar (no existe sanción alguna por no completar este inciso [opcional])

- Hispano o latino No hispano o no latino

Certificación del solicitante: Por este medio certifico que las declaraciones realizadas en esta solicitud son verídicas y están completas según mi leal saber y entender. Entiendo que hacer declaraciones falsas o dar información incompleta puede ser motivo para un castigo según la Ley federal. Reconozco que se proporciona una copia del Aviso de Oportunidad Justa en la Vivienda en el paquete del solicitud.

Firma del solicitante: _____ Fecha: _____

Firma del solicitante: _____ Fecha: _____

Management Office Use:

Date Application Mailed _____ Initials _____ Date & Time Application Returned _____ Initials _____



Pre-Application Housing Requirement Questionnaire

Please read the following regarding this questionnaire:

I choose **NOT** to complete this optional portion of the Pre-application.

If you do not complete the information below, please check the box above. The choice not to complete the information below will not affect the processing of your application for an apartment at Friendship Gardens. These questions are included as part of every Friendship Gardens Pre-application and is used to determine the need for special features in a unit.

I choose to complete this portion of the Pre-application.

If you choose to complete this form, check the box above indicating your choice to furnish this information on the Pre-application. Provide the information requested below and sign and date in the box below.

Applicant Election to Provide Special Needs Information

Household Head Name _____ <small>Print</small>	SS # _____
Applicant's signature _____	Date ____/____/____
Executive Director _____	Date ____/____/____

Information Relative to the Housing Requirements of Applicant's Family

1. Do you, or any member of your family, have a condition that requires:

- | | | |
|-------------------------------|------------------------------|-----------------------------|
| A. unit for hearing impaired? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| B. a barrier free apartment? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| C. unit for vision impaired? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| D. other? | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Please explain: _____

2. If you have checked any of the above listed categories, please explain your need for accommodation(s): _____

3. Name of family member in need of accommodation(s) identified above.

Print

4. Will a live-in aide be needed for assistance? yes no

5. Provide the information below on who should be contacted for verification of recipients need for the features identified above (e.g. your doctor or other healthcare professional)

Name _____ Tel # _____ Fax # _____
Print

Address _____
Street City State Zip Code

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

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Signature of Applicant

Date

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

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

FRIENDSHIP GARDENS
100 New Friendship Road, Howell, NJ 07731
732-370-9110

Limited English Proficient Notice to Residents & Applicants

On August 11, 2000, President Clinton signed Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency. This Order was designed to enforce and implement the obligations of the Government under Title VI of the Civil Rights Act of 1964, which "prohibits recipients of federal financial assistance from discriminating based on national origin by, among other things, failing to provide meaningful access to individuals who are Limited English Proficient (LEP)." It also requires that federal agencies meet those same standards.

The Friendship Gardens is surveying all residents and applicants to identify possible language assistance needs. Please let us know if you need translation services by returning this form to the management office.

_____ No, I do not need the assistance of translating services.

_____ Yes, I need the assistance of translating services in the following language: _____

_____ I prefer to have a family member or friend translate for me as needed.

_____ I prefer to have translating services provided by Friendship Gardens.

NAME (please print)

ADDRESS

SIGNATURE

_____/_____/_____
DATE

7 LEP Survey5/2007



Citizenship Declaration

Property Name: Friendship Gardens

Contract Number: NJ39T831030

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

Name: _____

Unit #: _____ Head of Household Name: _____

Relationship to Head of Household: _____ Date Of Birth: _____

Sex: Male / Female / No Answer (Circle One) Social Security #: _____ (If Applicable)

Nationality: _____
(Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always, the country of birth.)

INSTRUCTIONS: Complete the Declaration below by printing or typing each household members first name, middle initial, and last name in the space provided (if completing for child, use child's name). Then review the sections shown below and complete either section number 1, 2, or 3:

DECLARATION

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

(print or type first name, middle initial, last name)

SECTION 1

1. A CITIZEN OR NATIONAL of the United States.

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

- Check box if adult is signing for child

Signature

Date

SECTION 2

2. I AM NOT CONTENDING ELIGIBLE IMMIGRATION STATUS and I understand that I am not eligible for financial assistance.

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

- Check box if adult is signing for child

Signature

Date



Citizenship Declaration

Property Name: Friendship Gardens

Contract Number: NJ39T831030

SECTION 3

Alien Registration #: _____ Admission #: _____
(11-digit number found on DHS Form I-94, Departure Record)

Save Verification #: _____
(To be entered by owner if and when received)

3. A NONCITIZEN WITH ELIGIBLE IMMIGRATION STATUS as evidenced by one of the documents listed below.

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

Check box if adult is signing for child _____
Signature Date

NOTE: If you checked the above section and you are 62 years of age or older, you need only submit a proof of age document together with this form:

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

a. Verification Consent Form

AND

b. One of the Following documents:

(1) Form I-551, *Permanent Resident Card*

(2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:

(a) "Admitted as Refugee Pursuant to section 207";

(b) "Section 208" or "Asylum";

(c) "Section 243(h)" or "Deportation stayed by Attorney General"; or

(d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."

(3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:

(a) A final court decision granting asylum (but only if no appeal is taken);

(b) A letter from a DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);

(c) A court decision granting withholding or deportation; or

(d) A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

(4) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above listed categories has been made and that the applicant's entitlement to the document has been verified.

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

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

REQUEST FOR EXTENSION

I hereby certify that I am a no citizen with eligible immigration status, as noted in section 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Check box if adult is signing for child _____
Signature Date



HOWELL SENIOR CITIZENS HOUSING, L.P.
D/B/A Friendship Gardens
100 Friendship Gardens
Howell, NJ 07731
732-370-9110
732-370-8955 (Fax)

DISABILITY VERIFICATION

Date: _____

TO: _____
Healthcare Provider Name

Healthcare Provider Address

From: Karen Rousseau, Executive Director, Howell Senior Citizen Housing, L.P. d/b/a Friendship Gardens
100 Friendship Road, Howell, NJ 07731 (732-370-9110).

Subject: DISABILITY

Household Member's Name: _____

Household Member's Address: _____

HOUSEHOLD MEMBER RELEASE:

To the household member:

YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER OR THE VERIFICATION SOURCE I LEFT BLANK.

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

Signature of Household Member: _____ Date: _____

Federal Fair Housing Definition of "Disabled" *

Under Federal Law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment. The term physical or mental impairment includes but is not limited to such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, Epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction, and alcoholism. This does not include any individual who is drug addict or an alcoholic and is currently using illegal drugs or alcohol.





A Summary of Consumer Rights Under the Fair Credit Reporting Act

Para información en español, visite www.ftc.gov/credito escriba a la Consumer Financial Protection Bureau, 1700 G Street N.W. Washington, D.C. 20552.

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552.

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information. Consumers can access their annual reports at no charge from www.annualcreditreport.com.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 888.414.1120.

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

CONTACT:

Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552 202-435-700

Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 877-382-4357

Springpoint Senior Living Affordable Housing

The following Model Disclosure Statement has been drafted by the New Jersey Division on Civil Rights (DCR) to reflect housing protections set forth in the Fair Chance in Housing Act, N.J.S.A. 46:8-52 to 64, (FCHA) and the accompanying rules, N.J.A.C. 13:5. This Model Disclosure Statement can be used by housing providers as a resource in creating their own materials.

Model Disclosure Statement:

New Jersey's Fair Chance in Housing Act, N.J.S.A. 46:8-52 to 64 (FCHA), limits a housing provider's ability to consider a person's criminal history in deciding whether to extend an offer or whether to rent a home after extending an offer.

Before making a conditional offer of housing, [name of housing provider] may consider only whether an applicant has a conviction for the manufacture or production of methamphetamine on the premises of federally assisted housing, or whether an applicant has a lifetime registration requirement under a State sex offender registration program. [Name of housing provider] will not consider, or request from an applicant or any other person or entity, any other information about an applicant's criminal history as part of the application process until and unless a conditional offer of housing has been made.

After extending a conditional offer of housing, [name of housing provider] intends to review and consider an applicant's criminal record in determining whether to rent a home, in accordance with the FCHA and its accompanying rules.

[Name of housing provider] will not, either before or after the issuance of a conditional offer, evaluate or consider any of the following criminal records:

- (1) arrests or charges that have not resulted in a criminal conviction;
- (2) expunged convictions;
- (3) convictions erased through executive pardon;
- (4) vacated and otherwise legally nullified convictions;
- (5) juvenile adjudications of delinquency; and
- (6) records that have been sealed.

[Name of housing provider] may consider, after the issuance of a conditional offer, a criminal record that:

- Resulted in a conviction for murder, aggravated sexual assault, kidnapping, arson, human trafficking, sexual assault, endangering the welfare of a child in violation of N.J.S.2C:24-4(b)(3);
- Resulted in a conviction for any crime that requires lifetime state sex offender registration;
- Is for any 1st degree indictable offense, or release from prison for that offense, within the past 6 years;
- Is for any 2nd or 3rd degree indictable offense, or release from prison for that offense, within the past 4 years; or
- Is for any 4th degree indictable offense, or release from prison for that offense, within the past 1 year.

For more information about how these rules apply, please refer to the resources at <https://www.njcra.gov/about/divisions-and-offices/division-on-civil-rights-home/fcha/>.



<http://www.njcivilrights.gov>
New Jersey is an Equal Opportunity Employer



1

I acknowledge I have received a copy of New Jersey Fair Change in Housing Act Disclosure Statement

Signature

Date

Signature

Date

The following Model Disclosure Statement has been drafted by the New Jersey Division on Civil Rights (DCR) to reflect housing protections set forth in the Fair Chance in Housing Act, N.J.S.A. 46:8-52 to 64, (FCHA) and the accompanying rules, N.J.A.C. 13:5. This Model Disclosure Statement can be used by housing providers as a resource in creating their own materials.

Model Disclosure Statement:

New Jersey's Fair Chance in Housing Act, N.J.S.A. 46:8-52 to 64 (FCHA), limits a housing provider's ability to consider a person's criminal history in deciding whether to extend an offer or whether to rent a home after extending an offer.

Before making a conditional offer of housing, Friendship Gardens may consider only whether an applicant has a conviction for the manufacture or production of methamphetamine on the premises of federally assisted housing, or whether an applicant has a lifetime registration requirement under a State sex offender registration program. Friendship Gardens will not consider, or request from an applicant or any other person or entity, any other information about an applicant's criminal history as part of the application process until and unless a conditional offer of housing has been made.

After extending a conditional offer of housing, Friendship Gardens intends to review and consider an applicant's criminal record in determining whether to rent a home, in accordance with the FCHA and its accompanying rules.

Friendship Gardens will not, either before or after the issuance of a conditional offer, evaluate or consider any of the following criminal records:

- (1) arrests or charges that have not resulted in a criminal conviction;
- (2) expunged convictions;
- (3) convictions erased through executive pardon;
- (4) vacated and otherwise legally nullified convictions;
- (5) juvenile adjudications of delinquency; and
- (6) records that have been sealed.

Friendship Gardens may consider, after the issuance of a conditional offer, a criminal record that:

- Resulted in a conviction for murder, aggravated sexual assault, kidnapping, arson, human trafficking, sexual assault, endangering the welfare of a child in violation of N.J.S.2C:24-4(b)(3);
- Resulted in a conviction for any crime that requires lifetime state sex offender registration;
- Is for any 1st degree indictable offense, or release from prison for that offense, within the past 6 years;
- Is for any 2nd or 3rd degree indictable offense, or release from prison for that offense, within the past 4 years; or
- Is for any 4th degree indictable offense, or release from prison for that offense, within the past 1 year.

For more information about how these rules apply, please refer to the resources at <https://www.njoag.gov/about/divisions-and-offices/division-on-civil-rights-home/fcha/>.



Friendship Gardens may withdraw a conditional offer based on your criminal record only if Friendship Gardens determines, by a preponderance of the evidence, that the withdrawal is necessary to fulfill a substantial, legitimate, and nondiscriminatory interest.

If Friendship Gardens utilizes any vendor or outside person/entity to conduct a criminal record check on their behalf, Friendship Gardens will take reasonable steps to ensure that the vendor or outside person/entity conducts the criminal record check consistent with the requirements of the FCHA and rules. Specifically, if Friendship Gardens receives a criminal history inquiry conducted by a vendor or outside person or entity that is conducted in violation of the FCHA in that it reveals a record that is not permitted to be considered under the FCHA, Friendship Gardens must show that it did not rely on that information in making a determination about your tenancy.

If you are subjected to the withdrawal of a conditional offer of housing due to criminal history, you have the right to request and receive the materials relied upon by Friendship Gardens in making this determination.

You have the right to dispute, within ten (10) days of receiving this statement, the relevance and accuracy of any criminal record, and to offer evidence of any mitigating facts or circumstances, including but not limited to your rehabilitation and good conduct since the criminal offense. You may also provide evidence demonstrating inaccuracies within aspects of your criminal record which may be considered under the FCHA, or evidence of rehabilitation or other mitigating factors to Friendship Gardens at any time, including after the ten days.

Any action taken by Friendship Gardens in violation of the process laid out in this statement may constitute a violation of the FCHA. **If you believe that any owner, agent, employee, or designee of Friendship Gardens has violated any of the above requirements, you may contact the New Jersey Division on Civil Rights at www.NJCivilRights.gov 1-866-405-3050).** A complaint must be filed with DCR within 180 days of the allegedly discriminatory conduct. You cannot be subjected to retaliation for filing a complaint or for attempting to exercise your rights under the FCHA.

DCR has several fair housing fact sheets available at <https://www.nj.gov/oag/dcr/housing.html>, or available for pickup in any of DCR's four (4) regional offices.

31 Clinton Street, 3rd Floor
Newark, NJ 07102

5 Executive Campus
Suite 107, Bldg. 5
Cherry Hill, NJ 08002

1601 Atlantic Avenue, 6th Fl.
Atlantic City, NJ 08401

140 East Front Street, 6th Floor
Trenton, NJ 08625

Housing Provider Signature

Date

Prospective Tenant Signature

Date



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION



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

What is EIV?

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

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

- The Social Security Administration:
 - Social Security (SS) benefits
 - Supplemental Security Income (SSI) benefits
 - Dual Enrollment SS benefits
- The Department of Health and Human Services (HHS) National Directory of New Hires (NDNH):
 - Wages
 - Unemployment compensation
 - New Hire (W-4)

What is the information in EIV used for?

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

Property owners and managers are able to use the EIV system to determine if you:
• correctly reported your income

They will also be able to determine if you:

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

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

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

Who has access to the EIV information?

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

What are my responsibilities?

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



Penalties for providing false information

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

Protect yourself, follow HUD reporting requirements

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Money received on behalf of a child such as:
 - Child support
 - AFDC payments
 - Social security for children, etc.

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

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



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

What if I disagree with the EIV information?

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

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

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

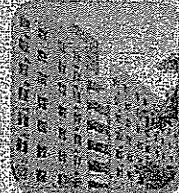
What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1243. Further information on identity theft is available on the Social Security Administration website at <http://www.ssa.gov/pvusi/40064.html>.

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

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

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



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


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

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



JULY 2009


Springpoint Senior Living Affordable Housing



RHIP
RENTAL HOUSING INTERESTY IMPROVEMENT PROJECT

EIV & You

ENTERPRISE INCOME VERIFICATION



What You Should Know
 If you are applying for the Affordable Housing Program through the Department of Housing and Community Development (DHCD).

What is EIV?

EIV is a web-based system to verify your income and other information. It is used to determine if you are eligible for HUD's rental assistance program. The program is called HUD's Enterprise Income Verification (EIV) program.

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

- The Social Security Administration (SSA)
- Social Security (SS) benefits
- Supplemental Security Income (SSI) benefits
- Disability Insurance (DI) benefits
- The Department of Health and Human Services (HHS) (Federal Directory of New Hires (FDNH))
- Wages
- The Unemployment Compensation (UC) program

What is the information in EIV used for?

The EIV program verifies the information that you provide on your rental application. If the information is correct, HUD will use it to determine if you are eligible for HUD's rental assistance. HUD will also use the information to determine if you are eligible for HUD's rental assistance. HUD will also use the information to determine if you are eligible for HUD's rental assistance.

Property owners and managers do not use the EIV system to determine if you are eligible for HUD's rental assistance.

How do I use EIV?

You will be able to determine if you are eligible for HUD's rental assistance. You will be able to determine if you are eligible for HUD's rental assistance. You will be able to determine if you are eligible for HUD's rental assistance.

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

Yes. When you sign your HUD-987, HUD-987-2, and HUD-987-3, you are giving your consent to the release of information. You are giving your consent to the release of information. You are giving your consent to the release of information.

Who has access to the EIV information?

Only you and HUD are able to access the information. Only you and HUD are able to access the information. Only you and HUD are able to access the information.

What are my responsibilities?

You are responsible for providing accurate information. You are responsible for providing accurate information. You are responsible for providing accurate information.

I acknowledge I have received a copy of this brochure.

Signature _____

Date _____

Signature _____

Date _____

**HUD EIV AND YOU
BROCHURE RECEIPT**



APPLYING FOR HUD HOUSING ASSISTANCE?

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

Do You Realize...

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

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

Do You Know...

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

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

So Be Careful!

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

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

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

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

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

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

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

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

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

Ask Questions

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

Watch Out for Housing Assistance Scams!

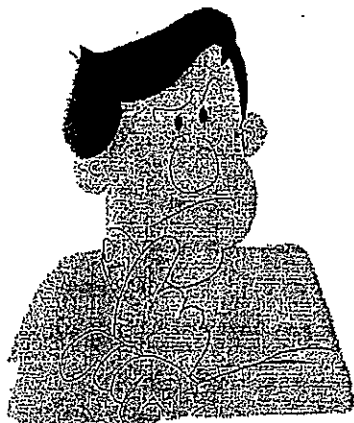
- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required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

Report Fraud

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



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



APPLYING FOR HUD HOUSING ASSISTANCE?

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

Do You Realize:

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

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

Do You Know...

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

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

So Be Carefull!

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

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

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

I acknowledge that I have received a copy of this notice.

form HUD-1141
(12/2005)

Signature

Date



FRIENDSHIP GARDENS

TENANT SELECTION PLAN

JULY 1, 2022

Howell, New Jersey

Section 202/8 Program, Tax Credit Section 42



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1. PROJECT DESCRIPTION & MISSION

Howell Senior Citizens Housing, LP is a New Jersey limited partnership. It owns and operates **Community Name**, an apartment housing facility consisting of a 99-unit apartment complex in Howell, New Jersey. Currently, **Springpoint Senior Living, Inc.** acts as the managing agent for this property. **Friendship Gardens** has formulated a Tenant Selection Policy which meets the **New Jersey Housing Mortgage Finance Agency (NJHMFA)** and the **Department of Housing and Urban Development (HUD)** requirements. The purpose of this equal opportunity housing facility is to provide housing for very low income and extremely low income elderly and disabled individuals and families through the **Department of Housing and Urban Development's Section 202 Direct Loan and New Construction Section 8 programs**.

The **Low Income Housing Tax Credit (LIHTC) Section 42 program** covering the property has additional requirements for eligibility. All residents must fall under the **60% area gross median income (AGMI)** threshold at initial certification.

2. GENERAL INFORMATION

- 1. FAIR HOUSING:** Residency at **Friendship Gardens** is open to all qualified eligible elderly and disabled persons in accordance with the **Fair Housing Act** and **HUD** which prohibits discrimination in housing and housing related transactions based on race, color, religion, sex, national origin, disability and familial status. Residency is also in accordance with **Title VI of the Civil Rights Act of 1964** that prohibits discrimination on the basis of race, color, or national origin in any program or activity receiving federal financial assistance from **HUD**. Furthermore, residency is open to all qualified eligible persons covered under HUD's protected classes of sexual orientation, gender identity, and marital status and in accordance with any State recognized protected classes. All persons are also entitled to the protections provided by New Jersey's Fair Chance in Housing Act (N.J.S.A. 46:8-52 to 64) Finally, **Section 504 of the Rehabilitation Act of 1973** prohibits discrimination on the basis of disability in any program or activity receiving federal financial assistance from **HUD**. If requested all applicants and tenants will be provided translation assistance if they are not proficient in English.
- 2. REASONABLE ACCOMMODATION:** In keeping with **Section 504 of the Rehabilitation Act of 1973**, **Friendship Gardens** will make "**reasonable accommodations**" including **reasonable modifications** for individuals whose disabilities so require, in accordance with **HUD** regulations and management policies. This includes the application process and residency period. For more information on reasonable accommodations please refer to management's **Section 504 Compliance Policy**, Appendix I) or the site's Section 504 Coordinator.



202/8 TSP Effective 7/1/2022

3. **ACCESSIBLE UNITS:** Because some of the units at **Friendship Gardens** have been architecturally designed for accessibility (to various degrees), someone in the family must qualify as “needing” **the architecturally designed features to apply** for or receive a priority to live in these units. These units may have wider doorways, higher commode, extra grab bar(s) and may or may not have cabinets under sinks and kitchen work areas. An applicant requesting an accessible unit will be requested to verify his or her need with a medical practitioner and will be in accordance with **HUD Handbook 4350.3**.
4. **APPLICANT/TENANT RESPONSIBILITIES:** A person, in order to be a tenant at **Friendship Gardens**, must be capable of fulfilling all lease requirements. This means that all applicants must be able to meet all of his/her personal needs and be able to fulfill all lease obligations with or without assistance. **Friendship Gardens** does not provide, and does not have the authority to provide, any personal services, medical care or supervisory services. **Friendship Gardens** does not provide any assistance with personal activities of daily living. Should such assistance be needed by a resident, management will provide any applicant or tenant with a list of third party “providers” who deliver assistive living services in the community.
5. **ELIGIBILITY:** All potentially eligible, qualified applicants will be considered in accordance with the marketing procedures of **HUD** and pursuant to the provision of New Jersey’s Fair Chance in Housing Act (N.J.S.A. 46:8-52 to 64) All applicants must comply with any applicable admissions requirements in **HUD Handbooks**.
6. **INCOME LIMITS:** The local **HUD Section 8 Income Limits** apply to **Friendship Gardens** and thus applicants must meet specific income restrictions to be eligible for tenancy at **Friendship Gardens**. This facility will house the very low and extremely low elderly and disabled individuals and families, per program requirements. **HUD** updates Income Limits on an annual basis. Tenants must also meet the income limits for the Tax Credit program as established by **HUD** and **NJHMFA** based on the minimum set-aside specified in the Allocation Agreement which is calculated as a percentage of the **area gross median income (AGMI)**. Income limits are established and adjusted annually. This property’s income limit is very low for **202/8** properties.
7. **Friendship Gardens** reserves the right to alter the **Friendship Gardens** Tenant Selection Plan at any time. In such an event, management will provide applicants and residents with ample notice.
8. **Friendship Gardens** provides its applicants and residents the legal protections for victims of domestic violence, dating violence, sexual assault, or stalking in compliance with the Violence Against Women Act (VAWA) Reauthorization Act of 2013. These protections prohibit management from evicting or terminating assistance from individuals if the asserted grounds for such action are an instance of domestic violence, dating violence, sexual assault or stalking. VAWA permits management to request an applicant or tenant certify that he/she is a victim of domestic violence, dating violence, sexual assault, or stalking and that the



incidence(s) of threatened or actual abuse are bona fide in determining whether the protections afforded under VAWA are applicable.

3. PREFERENCES

PREFERENCES: Friendship Gardens has permanently suspended **Federal Preferences**, in accordance with **HUD** directives. 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 management's right to adopt and enforce tenant screening criteria (please refer to **Extremely Low Income (ELI) Procedures** within this Plan for further information).

4. SMOKE-FREE FACILITY

SMOKE-FREE: Friendship Gardens is a smoke-free facility and has instituted a Smoke-free Policy. The purpose of this policy is to protect the health and safety of our residents and property and prohibits smoking or tobacco use in all interior areas of the building. This includes, but is not limited to the following: common areas, community rooms, community bathrooms, lobbies, reception areas, hallways, laundry rooms, stairways, offices and elevators, within apartment units or within twenty-five feet of the building including entry ways, vestibules, porches, balconies and patios. The smoke-free policy is part of the House Rules that are an attachment to the lease, and if violated can result in eviction **as it is a Lease violation**. A violation of the Lease agreement may allow the Landlord to take action to terminate the lease.

5. ADMISSIONS

APPLICATION PROCESS: Applicants will be considered on a first-received, first-reviewed basis, based upon the date that the completed and signed application is received and date and time stamped by management of **Friendship Gardens**. Admission to **Friendship Gardens** is limited to those applicants whose income meets the "**Section 8**" **Income Limits** for this area. **Friendship Gardens** can admit persons who meet the extremely low income and very low income levels. **HUD** publishes and releases income limits on an annual basis.

40% of the **Section 8** units that turnover in a year, and are rented to applicants on the Waiting List, must be made available to applicants who meet the "extremely low" income (30% of median) limits if it is necessary to deviate from and time to accomplish. This is accomplished by renting every other available unit to an extremely low applicant/family, beginning with an extremely low applicant/family each year (please refer to **ELI Procedures** within this Plan and also in **HUD Handbook 4350.3, chapter 3, section 3-7** for more information).



NOTE: HUD updates the income limits annually. A copy of the current income limits is posted in the office.

ELIGIBILITY: To live at **Friendship Gardens** a resident must be:

- An eligible elderly individual or family (See **Definitions**);
- An eligible disabled (handicapped) individual or family (See **Definitions**). This includes a **project eligible nonelderly disabled family**. A **project eligible nonelderly disabled family** is only eligible for housing in an accessible unit **AND** requires the accessibility of the unit.

APARTMENT ASSIGNMENTS: Friendship Gardens will first assign apartments to in-place tenants who have a demonstrated need for a change in housing before offering units to an applicant on the Waiting List. This will be done in chronological order, based on the date of the tenant notification to the management of the new "Need." All current, in place tenants whose needs have changed will be housed and/or transferred before anyone on the Waiting List is housed.

INDEPENDENT STUDENTS: HUD published a final rule implementing a new law that restricts individuals who are seeking **Section 8** assistance and are enrolled at an institution of higher education, under the age of 24, not a veteran, unmarried, and do not have a dependent child from receiving **Section 8** assistance. Such individuals are ineligible unless the student is determined independent from his or her parents upon review and verification of such status or the student is determined independent from his or her parents upon review and the parents are eligible for **Section 8** assistance. An eligible student must not be living with his or her parents who are receiving **Section 8** assistance.

The financial assistance of the student in excess of tuition will be included in annual income when determining the student's eligibility for **Section 8** assistance, unless the student is over the age of 23 with dependent children and the determination of rent is made in accordance with the requirements of the **Section 8** program. The financial assistance of a student residing with his or her parents would continue to be excluded from annual income. Management will ensure at each annual recertification that an independent student remains eligible to continue to receive **Section 8** assistance.

During the application process, management will appropriately screen applicants and households for eligibility under this final rule. An applicant who is a student and who does not meet the income eligibility requirements or jointly, do not meet the income eligibility requirements for **Section 8** assistance are not eligible for **Section 8** assistance and will be prohibited from participating in the program. A student under the age of 24 who is not a veteran, unmarried, does not have a dependent child and who is currently receiving **Section 8** assistance, if at recertification is determined to be ineligible, will have his/her assistance terminated.

****Students with disabilities receiving Section 8 as of November 30, 2005 are exempt from the Independent student restrictions on receiving Section 8 rental assistance.**



6. PROCEDURES FOR APPLYING FOR HOUSING

- 1. APPLICATION PROCEDURE:** All persons/families interested in applying for housing at **Friendship Gardens** must meet with the following requirements to be "considered for housing". Applications may be picked up at the Management Office located at **Friendship Gardens, 100 Friendship Gardens, Howell, NJ 07731** between the hours of 8:30AM and 5:00 PM, Monday through Friday. Applications can be requested in writing at the above address or by telephoning **(732) 370-9110** or the **Sprint NJ Relay Service 1-800-852-7899\TTY, 1-800-852-7897\Voice or 711**. Applications should be returned during business hours in person or via first class mail. Allowances will be made for persons with disabilities or who live out-of-state. Applications will be date and time stamped and applications will enter the Waiting List in the chronological order of receipt.

The Applicant(s) must:

- a) List all family members who will reside in the unit.
 - b) Meet certain criminal report standards. Upon initial application, a sex offender registration report will be run on the applicant as well as on all adult household members. In accordance with the NJ Fair Chance in Housing Act, once a conditional offer is made a criminal history and sex offender registration report will be run on the applicant as well as on all adult household members 18 years of age or older applying to live at Friendship Gardens. Any conviction will be assessed in accordance with the parameters set forth by NJ law. **Friendship Gardens** will also use the Dru Sjodin National Sex Offender website at www.nsopw.gov to confirm that applicants and federal housing assistance recipients are not lifetime registered sex offenders. The check will be carried out with respect to New Jersey and with States where the applicant and members of the applicant's household are known to have resided as adults. *(Please refer to **Screening for Sex Offender Registration**)*
 - c) Demonstrate ability to meet financial obligations in a satisfactory manner, and on time.
 - d) List monthly obligations, including current utilities.
 - e) Provide good/acceptable references from all landlords, both current and previous, listed on the application and in credit bureau files.
 - f) Demonstrate that the applicant has the ability to fulfill all the lease requirements (with or without care assistance) where applicable.
 - g) Maintain satisfactory housekeeping practices that will not jeopardize the health, security or welfare of other residents. This is determined through the landlord/rental verification.
 - h) Provide requested declaration of citizenship for each household member as well as social security numbers for every member of the family.
- 2. VERIFICATION:** All of the above information will be verified in accordance with **HUD Regulations and Requirements**, as stated in **HUD Handbook 4350.3** (including all revisions). Applicants will be required to sign appropriate forms authorizing management to verify any and all factors that affect the applicant's eligibility or the rent that the applicant will



pay. **HUD** may release the information to other Federal, State and Local Agencies. If an applicant fails to supply all necessary verification forms, information, or meet the requests of the application process, or **Friendship Gardens** cannot obtain verification of specific required information due to illegible forms/application, the applicant will be rejected (please refer to **Rejection Procedures** for further information).

3. **APPLICANT ASSISTANCE:** In the event the applicant is personally unable to complete the form, the applicant must provide the information to someone assisting in completing the form. The person assisting the applicant must sign and date the application, indicating that it was completed at the direction of the named applicant. If the applicant is a person with disabilities, management must consider extenuating circumstances where this would be required as a matter of reasonable accommodation.
4. **BED BUGS: Friendship Gardens** recently adopted the policy of screening applicants for the presence of bed bugs prior to admittance to the property. If an applicant has had problems with bed bugs at their current residence, they must advise **Friendship Gardens** of this prior to being offered an apartment. We have adopted a compliant screening practice to inspect resident's furniture. Should the screening indicate infestation we would assume the cost to treat the furniture and unit to prevent spread.

7. INTERVIEWS

1. **INITIAL ELIGIBILITY:** Upon receipt of the original application, the application is preliminarily reviewed. The initial review will be for application completeness, to make sure that the application is legible and to initially determine if the applicant appears to qualify for the **Section 8 Program and if so, the applicant will be placed on the Waiting List**. This in no way means that an applicant qualifies, or is eligible. Eligibility can be confirmed only after all items which may have any bearing on the rent that the applicant may pay or subsidy he/she may receive are verified: income, assets, family composition, etc. The applicant must be determined eligible to be offered housing. Failure to meet for an interview or contact **Friendship Gardens** will cause the removal of the application from the Waiting List.
2. **A FORMAL INTERVIEW:** As an applicant's name approaches the top of the Waiting List, a formal interview will be scheduled. At the time the applicant is interviewed, all items on the application will be discussed and confirmed, and verification forms will be signed by the applicant authorizing management to verify all of these issues/items. Until all items are verified, eligibility cannot be determined, nor any housing offered. Management must make an attempt to verify all factors with "third party" written verification, as per **HUD Regulations and Procedures**.
3. **ALTERNATE VERIFICATION:** In the absence of third party verification within 14 days after attempting third party verification, and no response being received, management will use



“Review of Documents” to verify items/issues in accordance with the **HUD Handbook 4350.3** (including all revisions). (See **Friendship Gardens** EIV Policies & Procedures)

8. WAITING LIST

1. **WAITING LIST PLACEMENT:** Any applicant, who appears to qualify after **Friendship Gardens** reviews the application, but before any information is formally verified, and for whom a unit is not currently available, will be placed on the Waiting List. All received applications are date and time stamped, entering the Waiting List in the chronological order of receipt. One Waiting List is maintained for all apartments at **Friendship Gardens** which includes identification of the need for units architecturally designed for accessibility. The applicant is informed of the approximate wait for a unit and/or placement position on the Waiting List. It is the applicant’s responsibility to report changes on the application to **Friendship Gardens** in a timely fashion.
2. **ELIGIBILITY:** Applicants who are placed on the Waiting List are apparently eligible at the time of application, based on local applicable income limits as published annually in the Federal Register and information provided by the applicant. Verifications of income and other eligibility factors are only conducted at the time the applicant is called in for an interview and prior to move-in. Being placed on the waiting list does not guarantee that an applicant will be deemed qualified for an apartment, as that determination can only be made after all screening and verification has been completed.
3. **INCOMPLETE APPLICATIONS:** Any applicant who fails to complete his or her application form in its entirety will result in the disqualification of the application. An incomplete application will not be processed.
4. **APPLICANT RESPONSIBILITIES FOR INFORMATION UPDATES:** All applicants on the Waiting List are required to report, in writing, to the management office any change of address, telephone number (s) or information that may affect eligibility. If an applicant or designated contact cannot be reached by the management office due to incorrect information on the application or unreported changes, the applicant will be removed from the Waiting List.

Applicants may be contacted in writing once a year by **Friendship Gardens** to confirm their continued interest in applying for residency. Failure by applicants to respond in writing within thirty (30) days to this request will result in the applicant being removed from the Waiting List without further notice.

5. **WAITING LIST STATUS:** Management will advise potential applicants of the closure of the Waiting List and refusal to take additional applications. A notice will be prominently posted in the Management/rental office or reception area and in a local newspaper, stating the reason the Waiting List is closed and the effective date of the closure. When the Waiting list is to be reopened, notice of this will be placed in the same local publication, as well as notifications



sent to appropriate social service agencies stating when the Waiting List will be re-opened, as well as times and days that applications will be taken. This is done in accordance with **HUD's Affirmative Fair Housing Marketing Plan.**

6. **WAITING LIST STATUS DETERMINANTS:** The Waiting List may be closed to any further applicants, when the average number of applicants exceeds two and one half times the number of units. Management will advise potential applicants in writing of the closure of the Waiting List and the refusal to take additional applications. A notice will be prominently posted in the Management/rental office or reception area and in a local newspaper, stating the reason the Waiting List is closed and the effective date of the closure. This is done in accordance with HUD's Affirmative Fair Housing Marketing Plan.
7. **ELIGIBILITY WHILE ON THE WAITING LIST:** Only eligible applications are allowed to remain on the Waiting List. If in the unfortunate event, the applying household head, co-head or spouse passes away during the time while waiting on the list, the remaining applying household member(s), if any, must meet the requirements of the program/property type to remain on the Waiting List. If the remaining member(s) is not eligible, the application will be removed from the Waiting List and not processed.
8. **DEFERRAL OF PROCESSING AN APPLICATION:** Once an applicant's name nears the top of the Waiting List, it is the applicant's responsibility to adhere to the application process in the required time frame. Any delay will result in the removal of their application from Waiting List. An applicant can only defer the processing of his/her application for up to six (6) months on the basis of a verifiable medical reason. The applicant must contact management in writing during those six months if the medical condition persists. Failure to do so will indicate that the applicant is no longer interested in housing at **Friendship Gardens** and will result in the removal of his/her name from the Waiting List without further notice.
9. **EXCLUSION OF CULPABLE HOUSEHOLD MEMBERS:** **Friendship Gardens** or the applicant may require a household member be excluded from the application for housing when that member's past or current actions would prevent the household from being eligible.
10. **REFUSAL OF AN OFFERED APARTMENT & REQUESTS TO MOVE TO THE BOTTOM OF THE WAITING LIST:** If an applicant on the Waiting List is offered an apartment and refuses the offer, the applicant's name will be removed from the waiting list or moved to the bottom of the waiting list one time only. If an apartment is offered to an applicant when the applicant's name comes to the top of the Waiting List for a second time, and the applicant refuses the offered apartment, the applicant's name will be removed from the Waiting List. The applicant may reapply at a time when applications are being accepted for the Waiting List.
11. **REQUESTS TO MOVE TO THE BOTTOM OF THE WAIT LIST** Any requests to be moved to the bottom of the wait list will be honored one time only. When the applicant makes a second



request to move to the bottom of the list this will result in removal from the waiting list. The applicant may reapply at a time when applications are being accepted for the Waiting List.

- 12. LEASE SIGNING & MOVE-IN:** When an applicant is offered an apartment, the applicant must sign the lease within five (5) business days and move into the apartment. If the applicant is receiving the same program subsidy or assistance, the applicant is given up to thirty (30) days to sign the lease and move into the apartment. If for any reason the applicant is unable to sign the lease and move into the apartment within the allowed time, the application will be removed from the Waiting List.
- 13. IN-PLACE TENANT HOUSING NEEDS:** When a unit becomes available, in-place tenants requiring a different apartment (see Transfer Policy) will be housed appropriately before we move in an applicant on the Waiting List. This allows management to treat current tenants having the greatest housing need prior to an applicant on the Waiting List. In this manner, we are able to avoid displacing, through any action, current tenants whose housing needs have changed since admission. If a resident on the in-house Transfer Waiting List is offered an apartment and refuses the offered apartment (first offer), the resident may remain on the Transfer Waiting List at the original spot. In the event of a second refusal of an offered apartment, the resident will be removed from the Transfer Waiting List. The resident may request a transfer in the future.
- 14. REMOVAL OF NAMES FROM THE WAITING LIST:** Applicant names will be removed from the Waiting List for any of the following reasons:
 - a) The applicant no longer meets the eligibility requirements for the property or program
 - b) The applicant fails to respond to a written notice within the required time frame
 - c) The applicant does not comply to the verification process in a timely manner
 - d) The applicant does not provide the required documentation in a timely manner
 - e) The applicant fails to sign any and all documents in a timely way, up to and including the lease
 - f) The applicant is offered an apartment for the second time and rejects the second offer; the applicant has already been moved to the bottom of the Waiting List one time and refuses the second offer
 - g) The applicant seeks deferral in the processing of the application for any other reason other than a verifiable medical reason
 - h) Mail sent to the applicant's address is returned as undeliverable, unclaimed or not forwarded
 - i) The applicant requests removal in writing from the Waiting List.
 - j) The applicant is no longer interested and decides not to proceed with the processing of the application.

NOTE: Being placed on the waiting list does not guarantee occupancy of a unit. The applicant can be subsequently rejected for failing one or more of the tenant screening criteria and/or eligibility criteria.



9. EXTREMELY LOW INCOME (ELI) PROCEDURES

- 1. INCOME TARGETING REQUIREMENTS:** If management determines that the **Friendship Gardens** Waiting List, maintained in standard chronological order, may not (or will not) achieve the admissions necessary to meet the HUD income-targeting requirements, then management must implement procedures that will ensure compliance.
- 2. INCOME TARGETING REQUIREMENT PROCEDURE:** Management will implement the procedure of alternating between the first extremely low-income (ELI) applicant on the Waiting List and the applicant at the top of the Waiting List if necessary to obtain adequate low income families. To implement this method, management will select the first extremely low-income applicant on the Waiting List (which may mean "skipping over" some applicants with higher incomes) for the available unit, and then select the next eligible applicant currently at the top of the Waiting List (regardless of income level) for the next available unit. As subsequent units become available, tenant selection continues to alternate between the next extremely low-income applicant and the eligible applicant at the top of the Waiting List so that the annual 40% target is always reached.

10. ENTERPRISE INCOME VERIFICATION SYSTEM (EIV)

- 1. APPLICANTS:** HUD provides **Friendship Gardens** with information about an applicant's current status as a HUD housing assistance recipient. **Friendship Gardens Community** will use the Enterprise Income Verification System (EIV) Existing Tenant Search to determine if any applying household members are currently receiving HUD assistance elsewhere, this includes subsidy through the Multifamily Housing division or Public & Indian Housing (PIH). Management will use this report at the time they are processing an applicant for admission. Management will discuss with the applicant if the report identifies that the applicant or a member of the applicant's household is residing at another location, giving the applicant the opportunity to explain any circumstances relative to his/her being assisted at another location. Management will follow up with the respective Public Housing Authority (PHA) or owner to confirm the individual's program participation status before admission, if necessary, depending on the outcome of the discussion with the applicant. Furthermore, management will retain the search results with the application along with any documentation obtained as a result of contacts with the applicant and the PHA and/or owner at the other location.

If any applying household members fail to fully and accurately disclose rental history, the application may be denied based on misrepresentation of information.

- 2. TENANTS:** **Friendship Gardens** uses the EIV system to verify employment and income information of tenants receiving HUD rental assistance. Tenants are required to give consent to **Friendship Gardens** for the release of information by signing the HUD forms 9887 and 9887A each year.



The Income Reports in **Enterprise Income Verification (EIV)** contain the social security numbers (SSNs), full dates of birth, first and last names, and physical address of tenant families. This is all sensitive information that **must not** be handled carelessly. Therefore, **Friendship Gardens** realizes that it must be careful not to share this information with anyone who is not authorized to have it. 202/8 Friendship Gardens will manage information obtained from EIV and other sources in compliance with the Privacy Act of 1974. EIV data will be disclosed only to those entities that have rights to review such information. These entities include service bureaus, contract administrators, HUD staff HUD Office of Inspector General (OIG) for investigative purposes, and the individual to whom the record pertains.

11. REJECTION PROCEDURES

- 1. MANAGEMENT REJECTION OF APPLICANT:** When management rejects an applicant or removes the applicant from the Waiting List, unless otherwise stated in the Tenant Selection Plan, the applicant will be promptly notified in writing of the decision. This written statement will include 1) the specific reason(s) for the rejection and 2) the applicant's right to respond to management in writing or to request a meeting within fourteen (14) calendar days to dispute the rejection. Persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process.

REQUEST PROCEDURE: A written or verbal meeting request from the applicant, to dispute the rejection, must be received by management within fourteen (14) calendar days of the date of the rejection letter. Whenever possible a staff member, not involved in the initial decision to reject the applicant, will conduct the meeting. Management must advise the applicant in writing of the final decision on eligibility within five (5) business days of the appeal meeting. All applicant rejection information will be kept with the original application file for three (3) years in a secure area.

INDIVIDUALIZED ASSESSMENT CRITERIA –Management will evaluate the criminal record(s) of the applicant(s) to determine if a withdrawal of the conditional offer to rent is necessary to fulfill a substantial, legitimate, and nondiscriminatory interest to ensure the safety of the property or the safety of the residents living within our property. This determination of suitability will include consideration of the following factors:

- a) The nature and severity of the offense(s);
- b) Applicant's age at the time of the offense(s);
- c) How recently the offense(s) occurred;
- d) Any information the applicant provided in their favor since the offense(s);
- e) If the offense(s) happened again in the future, whether that would impact the safety of other tenants or property; and
- f) Whether the offense(s) happened on, or was connected to, property that the applicant rented or leased.



12. UNIT SIZE STANDARDS & GUIDELINES

1. OCCUPANCY STANDARDS

- a) Efficiencies are limited to one person households.
- b) Minimum of one person per bedroom; maximum of two persons per bedroom.
- c) Minimum of one person is allowed for a one-bedroom unit; maximum of two persons are allowed for a one-bedroom unit.

2. WHEN ASSIGNING BEDROOMS:

- a) Every family member listed on 50059 or application is counted.
- b) An unborn child may be counted for occupancy but not eligibility determination.
- c) Live-in attendants and foster children are counted when determining bedroom size.
- d) Children who live in the unit 50% of the time may be counted.
- e) Children away at school, who live with the family when school recesses, may be counted. Management will not count children who are away at school and who have established residency at another address or location as evidenced by a lease agreement or other proof.
- f) Minimum of one person per bedroom, maximum of two persons per bedroom.

3. **APARTMENT CHANGE REQUEST:** A larger apartment than needed may be assigned to an eligible family if the family can certify with third party verification that there is a medical reason for the larger unit. This certification must include a specific explanation as to how the medical condition will improve by the assignment of a different apartment.

4. **FAMILY CHANGING NEEDS: Friendship Gardens** will accommodate the changing needs of the in-house tenants because of increases in the number of family members or changes in the family composition, before going to the Waiting List.

13. ACCESSIBLE UNITS

1. **ACCESSIBLE UNITS:** Because **nine (9)** of the units at **Friendship Gardens** have been architecturally altered for accessibility for persons with mobility impairment disabilities, to obtain a priority for these units someone in the family must qualify as "needing" the architecturally altered features to apply for or live in these units. This need must be verified with a medical practitioner. Units that have been altered in any way for a disabled person will be rented whenever possible to a family or individual needing that specific unit type, or the architectural features present in that unit. In all instances, "accessible" units shall be rented to a family or family with a member needing that type of unit. Due to the program type, these apartments are the only apartments younger, disabled applicants are eligible to apply for.

2. When there is a vacant unit with special accessible design features and an applicant requiring these features cannot be found only then can the unit be offered to an applicant(s) who does not require the features of the unit. The unit can be offered to this applicant(s) only after the applicant



acknowledges (lease addendum) that they will move, within thirty (30) days, after notice by management that the accessible unit is needed by a disabled resident or applicant and a standard unit is available for the resident to transfer.

14. TRANSFER POLICY

- 1. IN-HOUSE TRANSFERS:** Management will approve in-house transfers, in the following situations:
- A **verifiable medical reason** requiring a different apartment or accessible unit, including the need for a 24-hour live-in care attendant (this will be verified with a medical practitioner using the **Friendship Gardens** form).
 - Change in family composition** and/or **size**.
 - Transfer from apartment **due to renovation** of previous apartment.
 - A **household** that is living in a mobility-impaired apartment and **does not require the features** of that apartment.
 - VAWA Transfer -- Request an **emergency** transfer if the tenant reasonably believes that they are threatened with imminent harm from further violence if the tenant remains in the same unit.

Management will house persons from the in-house transfer waiting list first before offering the unit to someone on the outside waiting list. If a resident is offered a unit to transfer twice, the resident will be removed from the in-house transfer waiting list.

REASONABLE ACCOMMODATION: Requests for transfers that are based on a need for a reasonable accommodation will be provided priority over other requests. Transfers will be provided to persons who have a **medical or other verified need**, because of a disability, in the chronological order of requests received. All other transfers will be provided after requests for reasonable accommodations and will occur in chronological order by the date the request was received.

The Owner will pay for a tenant's move based on a reasonable accommodation transfer for medical reasons or disability.

15. DEFINITIONS

1. ELDERLY FAMILY:

An Elderly Family includes but is not limited to:

- Families of two or more persons, the head of which (or his or her spouse) is 62 years of age or older;
- The surviving member or members of a family described in paragraph (1) living in a unit assisted under subpart E of this part (Section 202 loans) with the now deceased member of the family at the time of his or her death;
- A single person who is 62 years of age or older; or



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- d) Two or more elderly persons living together or one or more such persons living with another person who is determined by HUD, based upon a licensed physician's certificate provided by the family, to be essential to their care or well-being.

2. DISABLED FAMILY:

A Disabled Family includes but is not limited to:

- a) Families of two or more persons the head of which (or his or her spouse) is a person with disabilities (handicapped);
- b) The surviving member or members of any family described in paragraph (1) of this definition living in a unit assisted under subpart E of this part (Section 202 loans) with the deceased member of the family at the time of his or her death;
- c) A single person with disabilities (handicapped person) over the age of 18; or
- d) Two or more persons with disabilities (handicapped persons) live together, or one or more such persons living with another person who is determined by HUD, based upon a licensed physician's certificate provided by the family, to be essential to their care or well-being.

3. PERSON WITH DISABILITIES: Such a person has a disability, as defined under Section 8 statute:

- a) A person with a physical or mental impairment that:
 - 1) Is expected to be of long-continued and indefinite duration;
 - 2) Substantially impedes the person's ability to live independently; and
 - 3) Is such that the person's ability to live independently could be improved by more suitable housing conditions;

4. NON-ELDERLY DISABLED (HANDICAPPED) FAMILY:

A non-elderly disabled family means a disabled family in which the head of the family (and spouse, if any) is less than 62 years of age at the time of the family's initial occupancy of a project.

5. PROJECT ELIGIBLE NON-ELDERLY DISABLED (HANDICAPPED) FAMILY:

A non-elderly disabled person or family who is only eligible for housing through this program in an accessible apartment and requires the accessibility features of that apartment.

6. INDEPENDENT STUDENT ELIGIBILITY:

Determining the eligibility of students who are head or co-head of a household:

- a) The individual must be of legal contract age under state law;
- b) The individual must have established a household separate from parents or legal guardians for at least one year prior to application for occupancy or the individual meets the U.S. Department of Education's definition of an independent student;
- c) The individual must not be claimed as a dependent by parents or legal guardians pursuant to IRS regulations;
- d) The individual must obtain a certification of the amount of financial assistance that will be provided by parents, guardians or others signed by the individual providing the support. This certification is required even if no assistance will be provided. The financial assistance provided



by persons not living in the unit is part of annual income that must be verified to determine eligibility and at annual recertification to determine rent.

- e) The verification process for vulnerable youth populations: (1) the tax return requirement only applies to providing the student's tax returns and not that of the student's parents, and (2) a written clarification is not required by the student's parent.

Independent Student

To be classified as an independent student for Title IV aid, a student must meet one or more of the following criteria:

- a) Be at least 24 years old by December 31 of the award year for which aid is sought;
- b) Be an orphan, in foster care, or a ward of the court or was an orphan, in foster care, or a ward of the court at any time when the individual was 13 years of age or older;
- c) The individual is, or was immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in the individual's state of legal residence;
- d) Be an unaccompanied youth who are homeless or at risk of homelessness
- e) Be a veteran of the U.S. Armed Forces;
- f) Have legal dependents other than a spouse (for example, dependent children or an elderly dependent parent);
- g) Be a graduate or professional student;
- h) Is not living with his or her parents who are receiving Section 8 assistance, or
- i) Be married.

No assistance shall be provided under Section 8 of the United States Housing Act of 1937 (42 U.S.C. 1437f) to any individual who:

- a) Is enrolled as a student at an institution of higher education (as defined under section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002));
- b) Is under 24 years of age;
- c) Is not a veteran;
- d) Is unmarried;
- e) Does not have a dependent child;
- f) Is not otherwise individually eligible, or has parents who, individually or jointly, are not eligible, to receive assistance under section 8 of the United States Housing Act of 1937 (42 U.S.C. 1437f);
- g) Is not living with his/her parents who are receiving Section 8 assistance; and
- h) Is not a person with disabilities, as such term is defined in section 3(b)(3)(E) of the United States Housing Act of 1937 (42 U.S.C. 1437a(b)(3)(E)) and was not receiving assistance under such section 8 as of November 30, 2005.

**Students with disabilities receiving Section 8 as of November 30, 2005 are exempt from the Independent Student restrictions on receiving Section 8 rental assistance.



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For purposes of determining the eligibility of a person to receive assistance under section 8 of the United States Housing Act of 1937 (42 U.S.C. 1437f), any financial assistance (in excess of amounts received for tuition) that an individual receives under the Higher Education Act of 1965 (20 U.S.C. 1001 et seq.), from private sources, or an institution of higher education (as defined under the Higher Education Act of 1965 (20 U.S.C. 1002), shall be considered income to that individual, except for a person over the age of 23 with dependent children.

Please refer to Appendix A of FR-5036-N-02 for further definitions pertaining to Independent Students and applicable eligibility.

7. LIVE-IN CARE ATTENDANT (AIDE):

A person who resides with one or more elderly persons, near-elderly persons, or persons with disabilities, and who:

1. Is determined to be essential to the care and well-being of the persons;
2. Is not obligated for the financial support of the persons; and
3. Would not be living in the unit except to provide the necessary supportive services. [24 CFR 5.403]

A relative but not a spouse may be a **Live-In Aide** but must meet all of the above requirements, and sign a statement to that effect. **Friendship Gardens** will verify the need of the resident for a full time live-in aide with a physician or recognized health care professional. The sole purpose of a **Live-In Aide** is to provide the tenant with support services and will not qualify for continued occupancy in the event the tenant vacates the unit. **Friendship Gardens** may re-verify the need for a **Live-In Aide** when necessary.

The screening of **Live-In Aides** at initial occupancy and the screening of persons or **Live-In Aides** to be added to the tenant household after initial occupancy involve identical screening activities as applicants. **Live-In Aides** must be screened for drug abuse and other criminal activity, including lifetime registration as a sex offender, by applying the same criteria established for screening other applicants. Owner-established screening criteria must also be applied to **Live-In Aides**. **Live-In Aides** are required to disclose and provide verification of their social security number.

To qualify as a **Live-In Aide**:

- (a) The Owner must verify the need for the **Live-In Aide**. Verification should state that the **Live-In Aide** is needed to provide the necessary supportive services essential to the care and well-being of the person and must be obtained from the person's physician, psychiatrist or other medical practitioner or health care provider. Management will approve a **Live-In Aide** if needed as a reasonable accommodation in accordance with 24 CFR part 8 to make the program accessible to and usable by the disabled person.
- (b) Expenses for services provided by the **Live-In Aide**, such as nursing services (dispensing of medications or providing other medical needs) and personal care (such as bathing or dressing), that are out-of-pocket expenses for the tenant and where the tenant is not reimbursed for the expenses from other sources, are considered as eligible medical expenses. Homemaker services



such as housekeeping and meal preparation are not eligible medical expenses. (See 4350.3 Chapter 5 and Exhibit 5-3 for more information on medical expenses.)

(c) Qualifies for occupancy only as long as the individual needing supportive services requires the aide's services and remains a tenant. The **Live-In Aide** will not qualify for continued occupancy as a remaining family member.

(d) Income of a **Live-In Aide** is excluded from annual income. (See Exhibit 5-1 of the **HUD Handbook 4350.3**.)

(e) Must meet the screening criteria discussed in Paragraph 4-7 B.5 of the **HUD Handbook 4350.3**.

An adult child is eligible to move into a **Section 202/8** project after initial occupancy only if they are essential to the care or well-being of the elderly parent(s). The adult child may be considered a live-in aide if all of the requirements in the opening paragraph listed above apply and there is a verified need for a live-in aide (see Paragraph 7-4.D of the **HUD Handbook 4350.3** for more discussion on adult children moving in after initial occupancy).

8. ANNUAL INCOME:

All amounts, monetary or not, which:

1. Go to, or on behalf of, the family head or spouse [or co-head] (even if temporarily absent) or to any other family member; or
2. Are anticipated to be received from a source outside the family during the 12-month period following admission or annual re-examination effective date; and
3. Which are not specifically excluded [by regulation].

Annual income also means amounts derived (during the 12-month period) from assets to which any member of the family has access. [24 CFR 5.609]

9. EXTREMELY LOW INCOME FAMILY:

A family whose annual income does not exceed 30% of the median income for the area, as determined by HUD, with adjustments for smaller and larger families, except that HUD may establish income ceilings higher or lower than 30% of the median income for the area if HUD finds that such variations are necessary because of unusually high or low family incomes. [24 CFR 5.603]

10. VERY LOW INCOME FAMILY:

A very low-income family is a family whose annual income does not exceed 50 percent of the area median income, as determined by HUD, with adjustments for smaller and larger families. [24 CFR 5.603]



16. PROOF OF CITIZENSHIP OR ELIGIBLE NON-CITIZEN STATUS

All family members, regardless of age, are requested to declare their citizenship or immigration status. U.S. citizens are requested to sign a declaration of citizenship document at the time of application. For U.S. citizens or U.S. nationals, the evidence consists of a signed declaration of U.S. citizenship or U.S. nationality.

Management must conduct primary verification through the SAVE (Systematic Alien Verification for Entitlements) web based program, the Department of Homeland Security (DHS) automated system. If Management is unable to obtain the results using the automated primary and secondary verification method, the owner must attempt to obtain results using the secondary verification paper process.

Management will obtain verification of the declaration by requesting presentation of a U.S. passport, U.S. birth certificate, employment authorization card, or other appropriate documentation as provided by Section 214. For non-citizens under the age of 62, adequate evidence consists of a signed declaration of eligible immigration status, and one of the Section 214 eligible documents. For noncitizens under the age of 62, **Friendship Gardens** is required to verify with the **Department of Homeland Security (DHS)** the validity of documents provided by applicants. Applicants who hold a noncitizen visa are ineligible for assistance, as are any noncitizen family members living with the student.

Applicants must submit required documentation of citizenship/immigration status no later than the date the owner initiates verification of other eligibility factors. Because of the prohibition against delaying assistance to obtain verification of citizenship/immigration status, owners are advised to implement procedures to verify eligible immigration status in advance of other verification efforts.

Assistance in subsidized housing is restricted to the following:

- | |
|---|
| <ul style="list-style-type: none"> • U.S. citizens or nationals; and • Noncitizens that have eligible immigration status as determined by HUD. |
|---|

A mixed family—a family with one or more ineligible family members and one or more eligible family members—may receive prorated assistance, continued assistance, or a temporary deferral of termination of assistance.

Management may deny assistance to an applicant if the applicant submits evidence of citizenship and eligible immigration status in a timely basis, but DHS primary and secondary documentation does not verify eligible immigration status of a family member and the family does not pursue a DHS appeal or informal hearing rights, or the family pursues the DHS appeal but the final ruling is against the family member. Management will inform the applicant or family of this ruling and the family has 30 days from the date of management's notification to request an appeal of the DHS results. The family must



make the request in writing directly to DHS and must provide management with a copy of the written request and proof of mailing.

If the applicant cannot supply the documentation within the specified timeframe, management may 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. Although the extension period may not exceed 30 days, management may establish a shorter extension period based on the circumstances of the individual case.

Management must inform the applicant in writing if an extension request is granted or denied. If the request is granted, management will include the new deadline for submitting the documentation. If the request is denied, management will state the reasons for the denial in the written response.

Please see management and the **4350.3 HUD Handbook, Chapter 3**, for deferral policies and prorated assistance.

17. PROOF OF SOCIAL SECURITY NUMBERS

Applicants are requested to provide documentation of SSNs in order to be eligible for subsidy at **Friendship Gardens**. Adequate documentation means a social security card issued by the **Social Security Administration (SSA)** or other acceptable evidence of the SSN. The head of household/spouse/co-head must disclose SSNs for all family members. **HUD** requires that assistance applicants and tenants, excluding tenants age 62 and older as of January 31, 2010, whose initial determination of eligibility was begun prior to January 31, 2010, and those individuals, who do not contend eligible immigration status, disclose and provide verification of the complete and accurate SSN assigned to them.

For Current Tenants:

All social security numbers must be provided and verified at the next interim or regularly scheduled recertification. All efforts should be made to ensure current tenants and those on the Waiting List are aware of this requirement.

For new additions to the household, including a child or children, the participant must submit the new member's SSN at the time of the request for assistance or at the time of processing the interim recertification of family composition.

- (1) Age Six or Older - When a tenant requests to add a household member who is age six or older, the documentation of the SSN for the new household member must be provided to management at the time of the request or at the time the recertification that includes the new household member is processed. Management must not add the new household member until such time as the documentation is provided.
- (2) Child Under the Age of Six



- a. With a SSN - When adding a household member who is a child under the age of six with a SSN, the child's SSN must be disclosed and verification provided at the time of processing the recertification of family composition that includes the new household member.
- b. Without a SSN - If the child does not have a SSN, management must give the household 90 days in which to provide documentation of a SSN for the child. An additional 90-day period **must** be granted by management if the failure to provide documentation of a SSN is due to circumstances that are outside the control of the tenant. Examples include but are not limited to: delayed processing of the SSN application by the SSA, natural disaster, fire, death in family, etc. During this time period, the child is to be included as part of the household and will receive all of the benefits of the program in which the tenant is involved, including the dependent deduction.

A TRACS ID will be assigned to the child until the documentation of the SSN is required to be provided. At the time of the disclosure of the SSN, an interim recertification must be processed changing the child's TRACS ID to the child's verified SSN.

For Applicants:

Applicants do not need to disclose or provide verification of a SSN for all non-exempt household members at the time of application and for placement on the waiting list. However, applicants must disclose and provide verification of a SSN for all non-exempt household members before they can be housed.

When an applicant has a SSN but does not have the required documentation, the applicant must submit the SSN and certify that the number is accurate but that acceptable documentation could not be provided. Please note that until such time that the applicant and/or household can provide proof of SSN for all household members (unless an exception applies), the household is ineligible from receiving subsidy assistance.

If all non-exempt 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/or provided verification of SSNs for all non-exempt household members has 90 days from the date they are first offered an available unit to disclose and/or verify the SSNs. During this 90-day period, the applicant may, at its discretion, retain its place on the waiting list. After 90 days, if the applicant is unable to disclose and/or verify the SSNs of all non-exempt household members, the applicant should be determined ineligible and removed from the waiting list.

Child Under the Age of Six

- a. With a SSN - When adding a household member who is a child under the age of six with a SSN, the child's SSN must be disclosed and verification provided at the time



of processing the recertification of family composition that includes the new household member.

- b.** Without a SSN – **Provided the child was added to the household within the last six months**, the household will have 90 days and one additional 90-day extension to provide documentation of a SSN. (*Pursuant to 24 CFR 5.216*)

Individuals who have applied for legalization under the Immigration and **Reform Control Act of 1986** will be able to disclose the social security numbers, but unable to supply the cards for documentation. Social security numbers are assigned to these persons when they apply for amnesty. The cards go to the **Department of Homeland Security (DHS)** until the persons are granted temporary lawful resident status. Until that time, their acceptable documentation is a letter from the **DHS** indicating social security numbers have been assigned.

The SSN requirements do not apply to:

- (a) Individuals who do not contend eligible immigration status.
 - a. **Mixed Families:** For projects where the restriction on assistance to noncitizens applies and where individuals are required to declare their citizenship status, the existing regulations pertaining to proration of assistance or screening for mixed families must continue to be followed. In these instances, management will have the tenant's Citizenship Declaration on file whereby the individual did not contend eligible immigration status to support the individual not being subject to the requirements to disclose and provide verification of a SSN.
- (b) Individuals age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010.

When determining the eligibility of an individual who meets the exception requirements for SSN disclosure and verification, management should obtain documentation where the initial determination of eligibility was determined prior to January 31, 2010, that verifies the applicant's exemption status. This documentation must be retained in the tenant file. Management must not accept a certification from the applicant stating they qualify for the exemption.

Please refer to **HUD Notice 10-08** for further information regarding SSN requirements.

18. VICTIMS OF DOMESTIC VIOLENCE

Violence Against Women's Act

A. **Background.** The Final Rule of Violence Against Women Reauthorization Act of 2013 (VAWA) protects applicants and residents who are victims of domestic violence, dating violence, stalking or sexual assault from being denied housing, evicted or terminated from housing assistance when the Adverse Factors leading to such denial, eviction or termination are the direct result of the domestic violence, dating violence, stalking, or sexual assault they have suffered.



B. Notices of Occupancy Rights and Responsibilities Under VAWA:

1. Notice of Occupancy Rights. The O/A will provide the Notice of Occupancy Rights under VAWA to Section 8 tenants, which outlines their rights and obligations under VAWA, at the following points in time:

- When an individual is denied residency.
- When an individual is admitted to a dwelling unit.
- With any notification of eviction (not including Notices to Pay or Quit) or termination of assistance.

C. Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation (form HUD-5382).

1. Form HUD-5382. An applicant who certifies they are eligible for VAWA status by completing form HUD-5382, Certification of Domestic Violence, may be admitted if they can demonstrate that the Adverse Factors that might otherwise prevent their admission are a direct result of the circumstances that led to their VAWA status. Adverse Factors include poor rental history, poor credit history, negative criminal background and nonpayment of rent. It is the applicant's responsibility to adequately document that their Adverse Factors are the direct result of their VAWA circumstances. Typical documentation includes, but is not limited to, police records, medical records, and communications with creditors or landlords. The documentation must be relevant to the time frame(s) in question.

2. Alternate Documentation. Alternately, in lieu of the certification form or in addition to it, Friendship Gardens will accept:

- a. A federal, state, tribal, territorial, or local police record or court record, or
- b. 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 or 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.

D. Confidentiality of Information. The identity of the applicant 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 in a separate file secured in a secured location by the O/A 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;
3. Otherwise required by applicable law.



E. All Adults Must Sign the Addendum. All family members, 18 and over, must sign the VAWA lease addendum. The HUD-approved certification form provides notice to the applicant of the confidentiality of the form and the limits thereof.

F. Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking. An “Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking” has been drafted for the Property. This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that the Management Agent is in compliance with VAWA. It is available in the Management office with a list of available referral agencies.

19. SCREENING\REJECTION CRITERIA

All applicants 18 years of age or older in a household will be screened for rental history, credit and general program eligibility prior to residency. Applicants will be screened for sex offender registrations as well at initial application. If issued a conditional offer to rent, all applicants 18 years of age or older in a household will subsequently be screened for criminal history. The screening of live-in aides at initial occupancy and the screening of persons or live-in aides to be added to the tenant household after initial occupancy involve similar screening activities. Both live-in aides and new additions to the tenant household will be screened for drug abuse and other criminal activity. An application may be rejected for any one of the following reasons:

- a) The applicant/family is not elderly;
- b) The applicant/family is not disabled;
- c) Submission of false, incomplete or inaccurate information on the application, or failure to cooperate in the verification process;
- d) The applicant has a history of unacceptable or unsatisfactory credit or criminal history as reported by a credit agency or other organization in accordance with the parameters set forth by the NJ Fair Chance in Housing Act. This includes registration as a Sexual Offender. *(Please see **Credit & Criminal Screening Criteria** for more information);*
- e) Negative reference from current or previous landlord, including but not limited to late rent, non-sufficient funds (NSF) checks, lease violations, evictions, etc;
- f) Failure to sign designated or required forms;
- g) Failure to provide required documentation in a timely manner;
- h) The applicant cannot pay the appropriate security deposit at move-in;
- i) The applicant will be maintaining a separate 2nd residence and/or legal address;
- j) The applicant has been offered a housing apartment and has refused to take the apartment offered without a verifiable medically-related reason;
- k) The applicant is not a Citizen, National or eligible non-Citizen (as defined by HUD), is



- seeking assistance, and is unable to pay market rent;
- l) The applicant is not capable of fulfilling the lease agreement, with or without assistance;
 - m) The applicant has an unacceptable criminal history (*as stated in the sections on Criminal or Drug-Related Activity and the Criminal Screening Criteria*);
 - n) The applicant cannot show (by HUD formula) a need for the subsidy assistance, where applicable, or the household income exceeds the **HUD** limits;
 - o) The applicant is unable to provide proof of social security numbers as required by HUD and management policy.

20. CRIMINAL OR DRUG-RELATED ACTIVITY

Upon move-in, tenants sign leases requiring them to accept responsibility for the actions of individual household members, their guests, or other persons on the premises with their consent. No tenant or member of the tenant's family or household, guest, or any other person visiting a tenant shall engage in criminal activity on or near the apartment complex. This criminal activity includes drug-related criminal activity, other criminal activity or drug and alcohol abuse that threatens the health and safety of the tenants and staff or hinders the peaceful enjoyment of the housing premises. "Drug-related criminal activity" means the illegal manufacture, sale, distribution and/or use of a controlled substance (as defined in **Section 102 of the Controlled Substance Act**).

- a) No tenant, or member of the tenant's household or family, or any guest or other person shall engage in any act intended to facilitate criminal activity, drug-related activity on or near the apartment complex;
- b) No tenant, or member of the tenant's household or family, or any guest or other person shall permit the dwelling unit to be used for, or to facilitate, criminal activity, including drug-related criminal activity, regardless of whether the individual engaging in such activity is a member of the household, family or a guest;
- c) No tenant, or member of the tenant's household or family, or any guest or other person shall engage in the manufacture, sale or distribution of illegal drugs on or near the apartment complex or project site;
- d) No tenant, or member of the tenant's household or family, or any guest or other person shall engage in acts of violence, including, but not limited to, the unlawful discharge of firearms and/or weapons on or near the apartment complex.

Violation of the above provisions shall be a material noncompliance violation of the lease and good cause for termination of the lease. A single violation of any of these provisions shall be deemed a serious violation and material noncompliance of the lease. It is understood and agreed that a single violation shall be good cause for termination of the lease.



21. RENTAL, CREDIT & CRIMINAL SCREENING CRITERIA

1. Rental History:

1. If a prior landlord reported the applicant(s) damaged property or committed other lease violations the applicant can be denied. This includes lease violations, disturbing the peace, harassment, poor housekeeping habits, improper conduct or other negative reference against the household.

2. Credit History:

A. Rental Screening Criteria

Confirmed eviction filings resulting in judgments for restitution or money owed will result in an **automatic denial** for:

- i. Any unpaid rental debt unless there is a repayment plan with the landlord and payments are current.

B. Rental Scoring and Exclusions - Springpoint Senior Living uses an outside firm for scoring.

- i. A scored report with a rental score of 60-100 is an acceptance.
- ii. A scored report with a rental score of 59 and below is a rejection;
- iii. Exclusions not factored into the rental scoring:
 - a) Negative medical debt, paid collections, and individual collections with a balance less than \$150.
 - b) Total negative debt of less than \$2,000
 - c) Lack of credit history is not grounds for denial.

3. Criminal Background History:

A. Rejection Criteria

The provisions of the New Jersey Fair Chance in Housing Act set forth the criteria that will be utilized in assessing a person's criminal conviction history as it impacts upon a determination of eligibility for tenancy. If a person is subject to lifetime registration as a sexual offender, or has a conviction for manufacture of methamphetamine in a federally subsidized housing project, that person is automatically considered ineligible for tenancy.

Tenants/Applicants will be rejected if the tenants/applicant's or anyone in the household has a criminal history demonstrating a potential threat to the health and wellbeing of the



other residents or the property. Examples of the restrictions to an applicant's criminal history includes:

B. Convictions for which no time limit will apply:

- a) Murder
- b) Sexual Assault
- c) Aggravated Sexual Assault
- d) Human Trafficking
- e) Kidnapping
- f) Arson
- g) Causing or permitting a child to engage in prohibited sexual acts or in the simulation of such acts.
- h) Any crimes that result in lifetime registration on a state sex offender registry.

C. Convictions for which a 6 year exclusion applies:

- a) All First-Degree Crimes

D. Convictions for which a 4 year exclusion applies:

- a) All Second-degree crimes
- b) All Third-Degree crimes

E. Convictions for which a 1 year exclusion will apply:

- a) All Fourth-Degree Crimes

At no point can (Friendship Gardens) consider any of the following:

- a) Arrests or changes that have not resulted in a conviction;
- b) Expunged convictions;
- c) Convictions erased through executive pardon;
- d) Vacated and otherwise legally nullified convictions
- e) Convictions being appealed;
- f) Juvenile adjudications of delinquency;
- g) Records that have been sealed.

Once a conditional offer of tenancy is made, a withdrawal of that conditional offer may only be based upon a conviction or convictions of murder, aggravated sexual assault, kidnapping, arson, human trafficking, sexual assault, causing or permitting a child to engage in a limited sexual act or in the simulation of such an act or crime that resulted in lifetime registration in a state sex offender registry, or production of Methamphetamine on a federally subsidized property.



F. End of Prison Term

If a conviction resulted in a prison sentence, the exclusion period will begin on the date that sentence concluded.

4. Screening for Sex Offender Registration:

- A. Pursuant to 24 C.F.R. § 5.856 and § 5.905, **Friendship Gardens** must perform criminal background checks during the application stage to determine if an applicant, or a member of an applicant's household, is subject to a lifetime registration requirement under any State sex offender registration program. Sex Offender checks must be performed in the state in which the housing is located and for states where the applicant and members of the applicant's household may have resided. As such, applicants for admission into the applicable HUD-assisted housing programs must provide a complete list of all states in which any household member has resided. Failure to accurately respond to any question during the application process is cause to deny the family admission.
- B. If the processes described above reveal an applicant's household includes an individual subject to State lifetime sex offender registration, **Friendship Gardens** must offer the family the opportunity to remove the ineligible family member from the household. If the family is unwilling to remove that individual from the household, **Friendship Gardens** must deny admission to the family.
- C. During the annual review (re-certifications) process for each tenant, it is mandatory that management perform a criminal background check to determine if a household member is under any sex offender registration program. If **it is discovered** that a household member is a registered sex offender and was subject to a lifetime registration requirement at admission and was admitted after June 25, 2001, management must immediately pursue eviction or termination of assistance for the household member.

Appendix I

Friendship Gardens

Section 504 Compliance Policy on Reasonable Accommodation

Friendship Gardens is an equal opportunity housing provider and does not discriminate against applicants or tenants.

It is the **Friendship Gardens** policy to provide reasonable accommodations to residents whose disability requires a change or exception to our usual policies and/or procedures. Such accommodations are made to enable the tenant to fully use and enjoy their apartment and all public



spaces of **Friendship Gardens**. This same policy applies to all tenants who request and document/certify the need for requested structural modifications.

The procedure for tenants to request a reasonable accommodation/modification is as follows:

1. The tenant submits a request to the **Friendship Gardens** administration, describing the reasonable accommodation being requested.
2. If the tenant's disability status and/or need for the requested accommodation is not readily apparent, the tenant will be requested to sign the appropriate third party verification forms that management will mail to the verifier identified by the tenant as a third party professional who is knowledgeable about the tenant's disability related needs.
3. If verification occurs when the verification form is returned from the third party professional, management will notify the tenant in writing of the determination concerning the request.
4. The tenant may be asked to complete additional forms necessary to implement the accommodation. For example: if the tenant is requesting an assistance or service animal, he/she will need to sign the lease addendum form that describes the responsibilities of maintaining an animal on this property.
5. If the tenant requires the services of a live-in aide, both the tenant and the caregiver are required to sign a live-in aide agreement.
6. If the request for an accommodation is to be denied, or if management has any questions or concerns with the request, a representative of management will meet with the tenant to explain the reason for the concern. Alternate means of meeting the tenant's needs will be explored during this meeting.
7. Depending upon the circumstances of the transfer, a tenant may be obligated to pay all costs associated with the move. However, if a tenant is transferred as a reasonable accommodation due to a household members disability, then the owner must pay the costs associated with the transfer unless doing so would be an undue financial and administrative burden.

A request for a reasonable accommodation and/or structural modification may be denied if the reasonable accommodation places an undue administrative and financial burden on or would result in a fundamental alteration to the program of **Friendship Gardens**.

Appendix II

Friendship Gardens Presidential Disaster Declaration

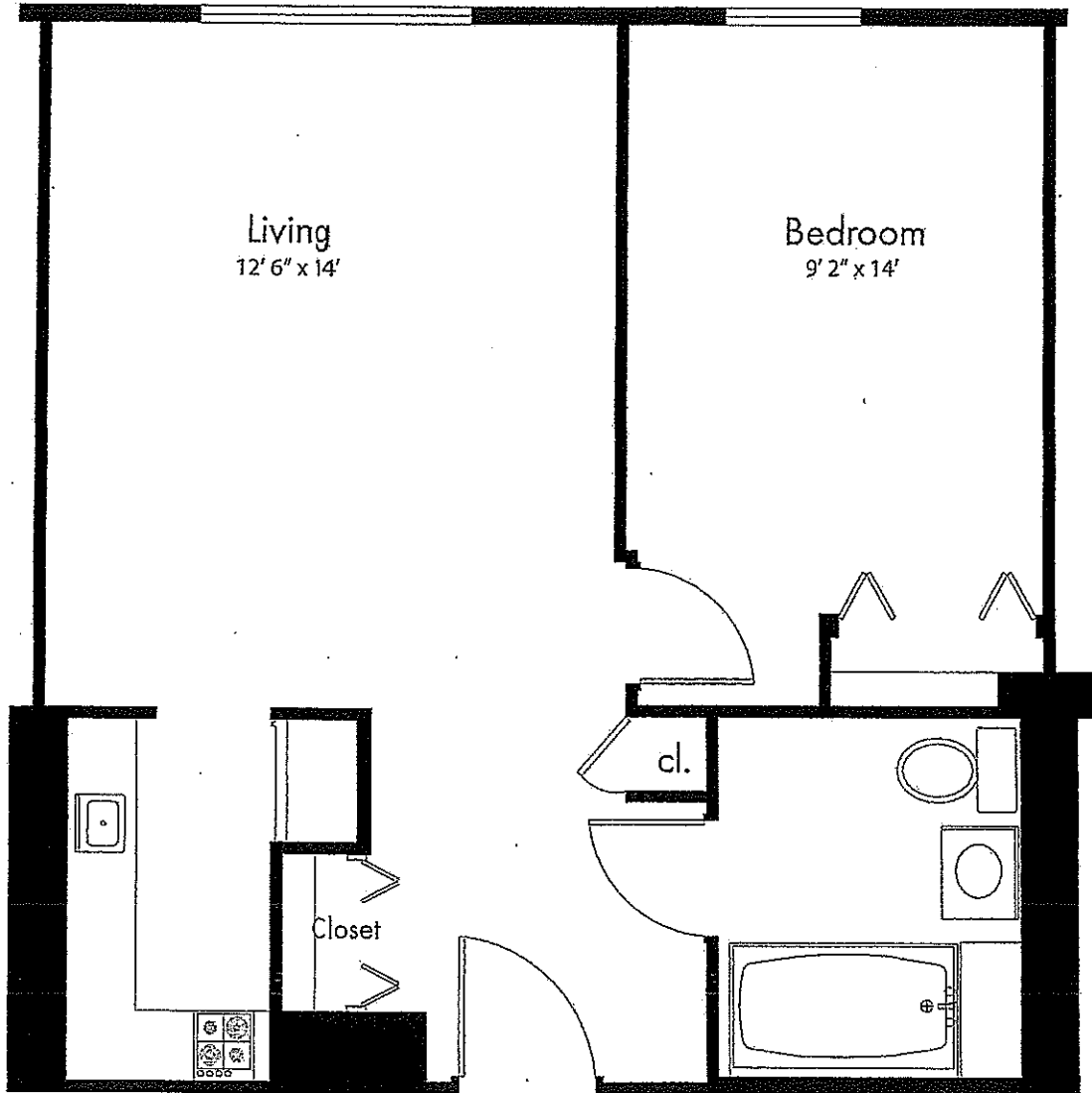


A Presidential Declared Disaster (PDD) is defined as a “major disaster or emergency declared under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (42 U.S.C. 5121 et seq.). FEMA recommends that the President declare a major disaster or emergency and coordinates all relief efforts”.

All HUD-related properties in a PDD area may not be impacted. The number of properties that require special disaster assistance due to a PDD will be in addition to normal servicing of the regular portfolio.

1 BEDROOM - 528 SQUARE FEET

 **FRIENDSHIP GARDENS**
A SPRINGPOINT COMMUNITY



100 Friendship Gardens • Howell, NJ 07731 • 732-370-9110

This application was downloaded from the Springpoint Senior Living website.

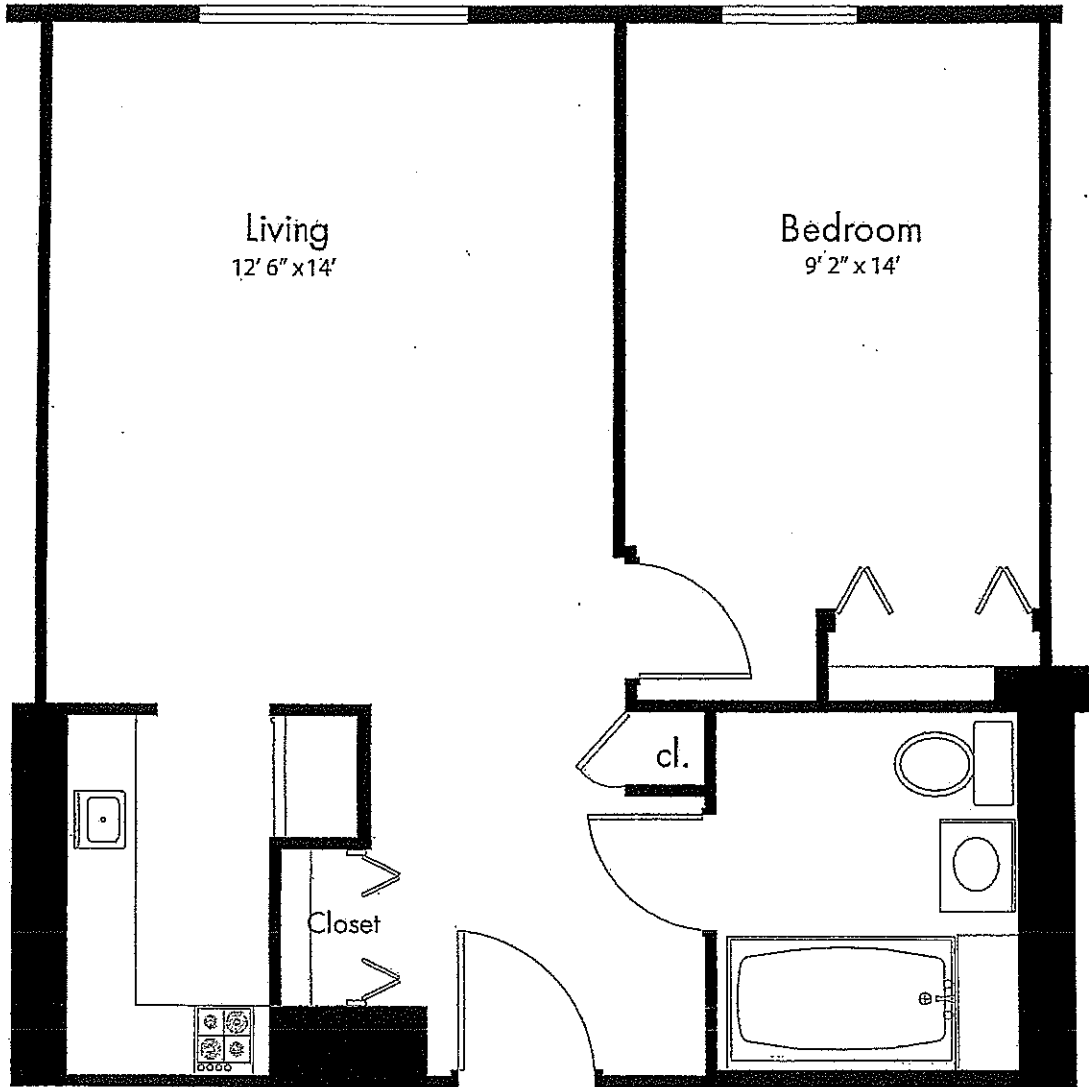


HDCP 1 BEDROOM - 528 SQUARE FEET



FRIENDSHIP GARDENS

A SPRINGPOINT COMMUNITY



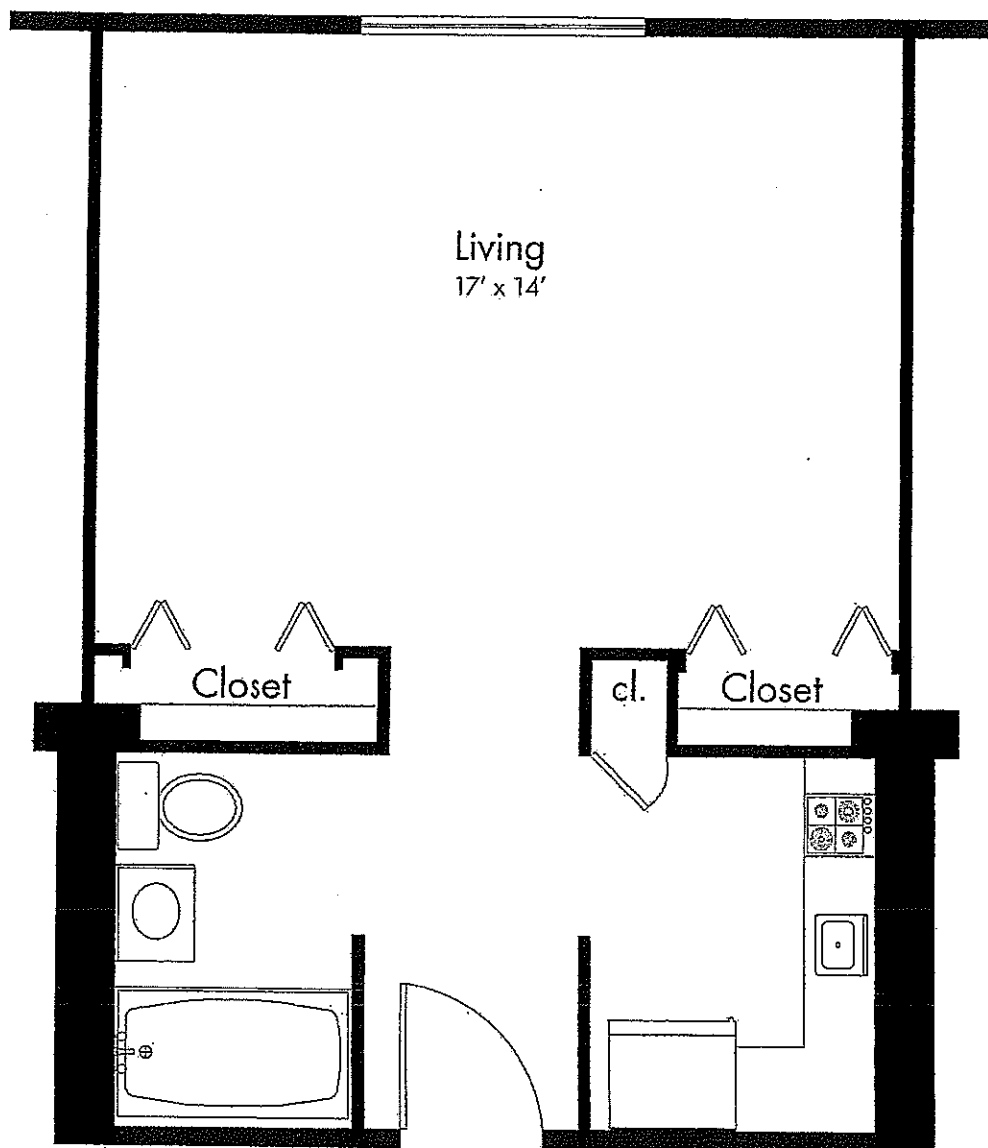
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EFFICIENCY - 408 SQUARE FEET

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HDCP EFFICIENCY - 408 SQUARE FEET

