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STATEMENT OF ADMISSIONS AND CONTINUED OCCUPANCY POLICY FOR PUBLIC HOUSING FAMILY DEVELOPMENTS, SCATTERED SITES AND SENIOR PROPERTIES

The following policy shall be known as Admission and Continued Occupancy Policy for Public Housing and shall apply to all HACLA owned and operated public housing properties covered by The United States Housing Act of 1937 (42 USC 1437).

I. ELIGIBILITY FOR ADMISSION AND PROCESSING OF APPLICATIONS

A. Nondiscrimination

1. It is the policy of the Housing Authority of the City of Los Angeles, hereinafter referred to as HACLA or the Authority, to comply fully with the following:

   - Title VI of the Civil Rights Act of 1964;
   - The Fair Housing Act;
   - Executive Order 11063 on Equal Opportunity in Housing;
   - Section 504 of the Rehabilitation Act of 1973;
   - The Age Discrimination Act of 1975;
   - The Americans with Disabilities Act; and
   - The Violence Against Women Act (VAWA)

2. The Authority will comply with any legislation protecting the individual rights of applicants or staff, which may subsequently be enacted.

   The Authority shall not discriminate because of race, color, sex, age, religion, national origin, ancestry, disability, handicap, sexual orientation, marital status, source of income, or familial status in the leasing, rental or other disposition of housing or related facilities (including land) included in any development or developments under its jurisdiction covered by a contract for annual contributions under the United States Housing Act of 1937, as amended, or in the use or occupancy thereof.

3. The Authority shall not on account of race, color, sex, age,
religion, national origin, ancestry, disability, handicap, sexual orientation, marital status, source of income, or familial status:

- Deny to any family the opportunity to apply for housing, nor deny to any eligible applicant the opportunity to lease housing suitable to its needs;

- Provide housing which is different than that provided others;

- Subject a person to segregation or disparate treatment;

- Restrict a person's access to any benefit enjoyed by others in connection with the public housing program;

- Treat a person differently in determining eligibility or other requirements for admission;

- Deny a person access to the same level of services; or

- Deny a person the opportunity to participate in a planning or advisory group that is an integral part of the public housing program.

4. The Authority shall not automatically deny admission to a particular group or category of otherwise eligible and qualified applicants (e.g., families with children born to unmarried parents, or families whose head or spouse is a student). Each applicant in a particular group or category will be treated on an individual basis in the normal processing routine.

5. The Authority will seek to identify and eliminate situations or procedures that create a barrier to equal housing opportunity for all. In accordance with Section 504, the Authority will make such physical or procedural changes as will reasonably accommodate people with disabilities.

6. The Authority records with respect to applications for admissions to any low-income housing assisted under the United States Housing of 1937, as amended, shall indicate for each application the date and time of receipt; the determination of the Authority as to eligibility or non-eligibility of the applicant; where eligible the unit size required; the preference rating, if any; and the date, location, identification, and circumstances of each vacancy offered and accepted or rejected.
7. The Authority shall not discriminate against an applicant or public housing resident on the basis of the rights or protections provided under VAWA (Violence Against Women Reauthorization Act of 2013).

Additionally, an applicant for assistance or resident assisted under public housing may not be denied admission to, denied assistance under, terminated from participation in, or evicted from the housing on the basis or as a direct result of the fact that the applicant or resident is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, if the applicant or resident otherwise qualifies for admission, assistance, participation, or occupancy.

B. Marketing

1. It is the policy of the Authority to conduct outreach as needed to maintain an adequate application pool representative of the eligible population in the area.

2. Outreach efforts will take into consideration the level of vacancy in the Authority’s units, unit availability through turnover, and waiting list characteristics.

3. The Authority will periodically assess these factors in order to determine the needs and scopes of the marketing effort.

4. In the event that additional applications are required to attain any of the objectives and preferences established in this statement, Authority will engage in an outreach effort directed towards those potential applicants who might fulfill that need. However, HACLA will avoid any outreach methods which are likely to result in the receipt of applications from large numbers of applicants whom it will be unable to serve within a reasonable period of time.

C. Eligibility for Admission

The Authority will consider for admission to its developments all applicants who, at the time of admission, meet all of the following requirements and conditions:

1. The applicant’s family income (as defined in Exhibit 201:1A) must not exceed the Income Limits for Occupancy (as stated in
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Exhibit 201:1B) approved by the U.S. Department of Housing and Urban Development (HUD). These income limits will be adjusted periodically. A copy of the current income limits is included in this statement as Exhibit 201:1B.

2. The applicant, or at least one member of the applicant’s family, must be a citizen, or have eligible immigration status. Where some family members are not citizens, nationals or do not have eligible immigration status, assistance shall be subject to proration.

3. The applicant must satisfy in full any overdue accounts or indebtedness owned HACLA resulting from previous tenancies in any housing development or housing program administered or managed by the HACLA. There must be documentation in the tenant file and computer records supporting the amount and origin of the debt.

4. The applicant must satisfy any outstanding debt owed to any other public housing authority as reported to HACLA via HUD’s Enterprise Income Verification (EIV) system or other database.

5. The applicant’s previous lease with HACLA (if any) must not have been terminated for cause within the previous 120 months for a termination due to drug related criminal activity or criminal activity including crimes of physical violence to persons or property, crimes that adversely affected the health, safety or welfare of other tenants, or termination for failing to report family income or composition.

In addition, the applicant must not have had an application for housing with the HACLA denied within the last 12 months.

6. In accordance with HUD guidelines and California Penal Code 11105.03, in order to avoid admitting residents whose presence might be damaging to the health, safety and welfare of the residents, the HACLA will obtain criminal summary history information from State and/or Local law enforcement agencies, and the FBI on all prospective adult residents of public housing owned or operated by the HACLA for the purpose of determining resident eligibility. The HACLA will test all applicants against the following additional criteria:

a. Is there a history of criminal activity involving crimes of physical violence to persons or property or other
criminal acts which might have an adverse effect on the health, safety and welfare of other residents?

b. Is there a history of any drug-related or violent criminal activity which would adversely affect the health, safety, wellbeing or right of peaceful enjoyment of the premises by other residents or HACLA employees?

c. Is there a history of abusing alcohol in a way that may interfere with the health, safety, or right to peaceful enjoyment of the premises by others?

Alcohol abuse shall only be evaluated as an aggravating factor in the context of a criminal conviction, as determined in Exhibit 201:1F hereof, or in the context of a prior housing eviction.

d. Is any family member registered as a lifetime sex offender? Such individuals are ineligible for assisted housing for life; and

e. Has any family member been convicted of producing or manufacturing methamphetamines on the premises of an assisted housing unit?

Such individuals are ineligible for assisted housing for life.

This information shall be used only for the purpose of determining eligibility.

7. In accordance with HUD guidelines and in order to avoid admitting residents whose presence might be damaging to the health, safety and welfare of the residents, the HACLA will evaluate all applicants against the following additional criteria (applicable to all adult members of the applicant’s household):

a. Is there evidence of a record of disturbing neighbors, destruction of property, or living and housekeeping habits at prior residences that might adversely affect the health, safety and welfare of other residents?

Applicants with prior evictions for nuisance and/or breach of lease agreement within the past three years will be denied admission.
b. Does the applicant have a poor past performance in meeting financial obligations, especially rent? At a minimum, the applicant shall:

(1). Have a consistent record of timely rent payments during the immediate three years prior to the evaluation.

Applicants who have had 2 or more evictions for non-payment of rent in the immediate three years prior to the evaluation will be denied admission.

(2). Not have a consumer debt balance (excludes medical bills and student loans) such that the minimum monthly payments exceed 60% of the gross income of the household.

c. Does the family have the ability to maintain (or with assistance have the ability to maintain) their housing in a decent and safe condition based on living or housekeeping habits, and whether such habits could adversely affect the health, safety, or welfare of other residents? and

d. Has a family member committed fraud in connection with any Federally assisted housing program, including the intentional misrepresentation of information related to their application or benefits derived therefore?

8. The applicant must provide the complete and accurate Social Security numbers and the documentation to verify each Social Security number assigned to the applicant and to each member of the applicant’s household, regardless of age, who claim to have legal residency or citizenship status.

9. If a minor under the age of six (6) years old is added to the applicant family within six (6) months prior to the admission date, the family will have 90 calendar days from the date of admission to provide documentation of that minor’s Social Security Number. The family may be provided an additional 90 days if they were unable to obtain the necessary documentation due to unforeseeable circumstances or circumstances outside of the control of the family.
10. The applicant, spouse, and each member of the applicant’s household who is 18 years of age or older must sign and submit a Form HUD-9886, “Authorization for the Release of Information” and other release forms necessary for the Housing Authority to verify the family’s income and other eligibility factors.

11. Applicants will be provided the opportunity to provide any facts and documents they deem relevant for the HACLA to consider regarding mitigating circumstances for past conduct/history that my otherwise deem a member of a household or an Applicant as ineligible for admission. Such facts include, but are not limited to, the time, nature, and extent of the past conduct; evidence of rehabilitation; and evidence of the prospective resident’s participation in, or willingness to participate in, an appropriate social service or counseling program.

D. Application Procedure

1. Any applicant wishing to apply for admission must submit a written application to the HACLA Application Center. The application must be signed by the head of the household who must be at least 18 years of age or have minor status removed by marriage or previous court order, and may be completed and submitted to the HACLA Application Center.

2. All applications will be dated and time marked as received in their complete form.

3. All information received will be verified and all verification documents kept in the applicant file.

4. At the very least, the HACLA will verify the following:
   a. Income Information, both earned and unearned income sources and amounts, for all household members.
   b. Family size, composition, ages and identity of family members.
   c. Citizenship or eligible immigration status of the applicant and each member of the applicant’s household.
   d. Full-time student(s) status.
e. The value of and income from all assets.

f. Any condition(s) which allow an applicant a preference or determines eligibility.

g. Assigned Social Security numbers for the applicant(s) and each member of the applicant’s household.

h. If any member of the family is currently residing in assisted housing or if the family has outstanding debt to another public housing agency as reported in HUD’s EIV System.

E. Changes Prior to Unit Leasing

Any changes to the household composition or income following certification and prior to the Applicant signing a lease with the HACLA must be reported by the Applicant to the Application Center for recertification.

Changes reported must be in writing or via any on-line applicant portal that may be in operations.

An Applicant or Co-Applicant will not be allowed to remove the other from the application without the expressed written permission of the person being removed or without proof of the other person’s death or permanent placement in a long-term skilled nursing or related facility.

F. Removal of Applicant from the Waiting List

1. Under any of the following conditions, applicants will be removed from the waiting list:

   a. The applicant has already accepted an offer of public housing from the HACLA;

   b. The applicant requests that their application be removed, such request must be in writing;

   c. The applicant failed to respond to the HACLA’s first class mail correspondence to confirm their continued interest in public housing during an update of the waiting list;
d. The applicant has not responded to reasonable efforts to schedule an interview to complete the application or to provide clarification to information provided on their application; or

e. The applicant failed to keep a scheduled interview or failed to respond to the HACLA regarding information that is necessary to process the application or to remain on the waiting list.

For these applicants, the HACLA will notify the applicant via first class mail that they have 10 working days to reschedule the interview or to provide the requested information. The applicant will be removed from the waiting list if they failed to respond within the period.

The HACLA will consider mitigating circumstances such as health problems or lack of transportation when determining to withdraw an application from the waiting list.

2. Under the following conditions an Applicant or Co-Applicant can be removed from the application:

a. If the individual being removed submits in writing to the Conventional Application Center that they would like their name removed from the application.

b. If the Applicant or Co-Applicant does not attend the scheduled interview.

G. Reinstatement to the Waiting List

HACLA will reinstate applicants who have been withdrawn from the waiting list based upon proof of mitigating circumstances such as health problems or lack of transportation to attend scheduled interviews.

H. Splitting of an Application

1. At any time before the interview, the Applicant and Co-applicant can split their application and their place(s) on the waiting list shall be appropriately adjusted.

The Co-applicant will retain the date of when he/she was
initially placed on the application.

2. Under no circumstances will an application be split between either the Applicant or Co-applicant and any other household members.

I. Updating the Waiting List

The Authority shall have sole discretion in determining when to update the waiting list.

J. Suspension of Application Taking.

1. Any time the number of eligible applicants on the waiting list is such that there is no reasonable prospect that additional applicants could be housed within a reasonable period of time as deemed by the HACLA, the President/CEO may suspend the taking of further applications. Such suspension shall be publicly announced. When the decision is made to resume taking applications, that action shall also be publicly announced.

2. During periods of suspension, HACLA shall not maintain a listing of the names and addresses of persons expressing a desire to apply for participation in the program.

K. Determination of Eligibility and Notification of Applicants

Once HACLA staff have received and verified a complete and full application, the eligibility or ineligibility of the applicant will be determined.

Each applicant determined to be eligible will be promptly notified in writing of his/her eligibility and informed, if possible, of the approximate date he/she will be offered housing subject to suitability. A copy of this notification will be retained in the application file.

Each applicant determined to be ineligible will be promptly notified in writing by the Application Center Manager that he/she is ineligible. This notice shall advise the applicant:

1. Of the specific grounds for denial of the application;

2. That he/she has a right to request an informal hearing;
3. That he/she may be assisted by Counsel and witnesses may offer testimony;

4. That the informal hearing is the sole remaining opportunity for the applicant to offer information or argument in support of why the action should not have been taken; and

5. That the request for an informal hearing must be received within 30 days of the date of the letter.

L. Local Preferences

1. Applicant families who qualify for a local preference shall have preference for admission.

2. Definition of a Local Preference

   a. Preference shall be given to applicant families whose head or cohead is:

      (1). working at least 20 hours per week at the State’s minimum wage and has been employed for a minimum of 6 months prior to the determination of eligibility; or

      (2). attending one or more accredited institutions of higher learning (college, trade school, vocational school) the equivalent of full-time (fulltime is defined by the policies or guidelines of the learning institution), and the course of study is expected to lead to employment; or

      (3). working and attending one or more accredited institutions of higher learning, and the combined total is at least 20 hours per week; or

      (4). otherwise equally income self-sufficient;

      (5). an active member in or veteran of a United States military service (Army, Navy, Air Force, Marine Corp, or Coast Guard);

      (6). disabled or age 62 years of age and older.
(7). HACLA may, during periods when the vacancy rate exceeds 10%, provide a first preference to homeless families who have been referred to the HACLA by homeless agencies that have entered into a written memorandum of understanding with the HACLA regarding placement of homeless families. Such families must be otherwise eligible and suitable for the public housing program.

For the purposes of this section, income shall mean the amount of money or its equivalent received during a period of time in exchange for labor or services, or the sale of goods or property, or as profit from financial investments.

b. Second preference shall be given to families who have been displaced by public or private action within six months of application shall also receive this preference. Such families must be certified as displaced by a public or private agency that has an agreement with the HACLA regarding the displacement.

c. Priority among each preference shall be given to families of veterans or servicemen of the United States armed forces.

d. If two or more applicant families still share the same preference and priority rating for the same size unit, the date and time of the application shall determine the place on the waiting list.

e. Exception for Disabled Applicants Whose Sole Disability Is Drug or Alcohol Related

Applicants whose sole disability is drug or alcohol dependent shall not be considered disabled for the purpose of determining preference. The provision in paragraph 2, e applies to these applicants.

3. Applicants may claim qualification of a local preference when they apply for admission to the program or thereafter until they are offered a unit.

4. Prior to executing a Rental Agreement, the applicant must
provide the HACLA with verification that by the applicant’s current status he/she qualifies for a local preference or priority.

5. Should the HACLA exhaust the pool of applications with local preferences, applications shall be accepted at any time from those families who claim a local preference.

6. No applicant shall be denied a local preference for which the family otherwise qualifies on the basis that the applicant already resides in assisted housing.

7. Prohibition of Preference If Applicant Was Evicted For Drug-Related Criminal Activity

The Housing Authority shall not give any preference to an applicant if any member of the family is a person who was evicted during the prior three years because of drug-related criminal activity from housing assisted under a 1937 Housing Act program. The Authority may give an admission preference in any of the following cases:

a. If the HACLA determines that the evicted person has successfully completed a rehabilitation program approved by the HACLA;

b. If the HACLA determines that the evicted person clearly did not participate in or know about the drug-related criminal activity; or

c. If the HACLA determines that the evicted person no longer participates in any drug-related criminal activity.

8. Transfer of Residents

Transfer of a family within a HUD-aided, low rent development or transfer to such a development from any other HUD-aided, low-rent development operated by this Authority, when such family is eligible for continued occupancy in the dwelling to which it is transferred, is not for any purpose deemed to be an admission to the development and is not subject to the established preferences.

Required transfers shall have precedence over new admissions.
M. Income Targeting

Applications will be grouped as follows:

1. Extremely Low Income Applicants
   
   40% of new admissions annually to the low rent public housing program shall be to families with incomes which are 30% or below the City of Los Angeles area median income limits.

   This is the minimum percentage of new admissions.

2. Very Low Income Applicants
   
   40% of new admissions annually to the low rent public housing program shall be to families with incomes which are between 30.1 - 50% of the City of Los Angeles area median family income limits.

   This is the maximum percentage of new admissions.

3. Low Income Applicants
   
   20% of new admissions annually to the low rent public housing program shall be to families with incomes which are between 50.1 - 80% of the City of Los Angeles area median family income limits.

   This is the maximum percentage of new admissions.

4. Fungibility
   
   If the Section 8 program admissions of extremely low income families exceeds 75%, the public housing requirements for extremely low income family admissions can be reduced percentage point by percentage point up to a maximum of 10%. The reduced percentage shall be divided between the very low income and low income new admission percentages.

   See Exhibit 201:1B for the income limits according to the number of family members.

N. Method of Applying Local Preferences/Income Targeting

1. The HACLA will rank the applications within each income tier.
2. In order to ensure the HACLA admits the statutory required percentage of extremely low income applicants, and to avoid concentration of families by income at any of the sites, a \textit{minimum} of four out of ten applicants admitted will be families with extremely low incomes.

Families who qualify for the first local preference and have extremely low incomes will be offered housing first. Families who qualify for the second local preference and have extremely low incomes will be offered housing next. Families who do not qualify for a local preference and have extremely low incomes will be offered housing last.

3. In order to ensure the HACLA admits very low income applicants, and to avoid concentration of families by income at any of the sites, a \textit{maximum} of four out of ten applicants admitted will be families with very low incomes.

Families who qualify for the first local preference and have very low incomes will be offered housing first. Families who qualify for the second local preference and have very low incomes will be offered housing next. Families who do not qualify for a local preference and have very low income will be offered housing last.

4. In order to ensure the HACLA admits low income applicants, and to avoid concentration of families by income at any of the sites, a \textit{maximum} of two out of ten applicants admitted will be families with low incomes.

Families who qualify for the first local preference and have low incomes will be offered housing first. Families who qualify for the second local preference and have low incomes will be offered housing next. Families who do not qualify for a local preference and have low incomes will be offered housing last.

5. Exception For Single Applicants and Disabled Applicants Whose Sole Disability is Drug or Alcohol Related

See H, 2, e and f of this subsection.

O. Deconcentration Policy

1. Each Fiscal Year, the Housing Authority will analyze the
incomes of families residing in each of the developments, the income levels of the census tracts in which the developments are located, and the income levels of families on the waiting list.

2. Based on this analysis, the Housing Authority will determine the level of marketing strategies and which deconcentration incentives to implement.

3. The Housing Authority will affirmatively market its housing to all eligible income groups.

Applicants will not be steered to a particular site based solely on the family's income.

4. The deconcentration policy, and any incentives adopted in the future, will be applied in a consistent and non-discriminatory manner.

5. The Authority shall provide in its Annual Plan an analysis of Deconcentration and Income Mixing each fiscal year. The analysis will identify those sites whose average incomes are below 85% and above 115% the Authority’s average income for covered properties. Incomes that are above 115% of the Authority’s average but still below 30% of the area median income shall not be considered “higher income.” The analysis shall provide explanations as to why sites are outside of the 85% - 115% range and strategies the Authority will implement to address if needed.

6. Strategy for Deconcentration
   a. The Housing Authority will continue the employment self-sufficiency efforts for residents living in public housing to increase the incomes of these families.

The self-sufficiency programs include the Family Investment Center, Computer Learning Centers, Community Service Centers, and Resident Service Centers. The programs also include resident owned businesses, after school tutoring programs, Force Account Construction, Welfare-to-Work, and units off the rent roll for a variety of service providers.

b. The Housing Authority will utilize the local preferences
and income targeting to admit families whose incomes exceed 30% of the City’s median income.

P. Rent Ranges

1. The HACLA will, to the maximum extent feasible, maintain a resident body at each development that is composed of families with a broad range of incomes.

2. In order to maintain the basic objective of admitting families with a broad range of incomes representative of the incomes of low income families in the City of Los Angeles, and with rent-paying ability sufficient to achieve financial stability, the HACLA will conduct studies and maintain data concerning the income distribution of its residents, the applicants on its waiting lists, and the City of Los Angeles as a whole.

3. The HACLA shall seek to maintain a broad range of incomes through a marketing/outreach program to attract applications from a cross section of low-income families.

Q. Application Procedure; Offers of Housing

Subject to the factors affecting preferences set forth in subsection L each applicant shall be assigned his/her appropriate place on the waiting list in sequence based upon the time and date of receipt of a completed application and the suitable size and type of unit.

In accordance with HUD’s Public Housing Occupancy Guidebook, the selection of applicants and assignment of units shall be as follows:

1. When an applicant reaches the top of the waiting list, the number of Conventional housing development locations that have available units of suitable size and type will be determined. If a suitable unit is available in:

   Three or more locations, the applicant must be offered a suitable unit in the location with the highest number of vacancies. If the offer is rejected, the applicant must be offered a suitable unit in the location with the second highest number of vacancies.

   If that offer is rejected, the applicant must be offered a suitable unit in the location with the third highest number of vacancies. If that offer is rejected, the applicant’s name shall be dropped
2. An applicant will have 5 business days to accept an offer. If an applicant does not respond within the 5 business days to the request, it shall be deemed a refusal.

3. If an application is withdrawn due to the applicant’s refusal to accept up to three offers of suitable housing the applicant is ineligible to be placed on the active waiting list unless a new application is made during an open application period.

An offer made, but not expressly accepted during the offering period, shall be deemed a refusal. “Expressly accepted” means that the applicant has signed a lease (rental agreement) for the unit referred.

4. In carrying out the above plan, any applicant who is able to provide clear and convincing evidence that an offer was refused or deemed refused as a result of an undue hardship or disability such as:

(a). Inaccessibility to source of employment, education, or job training, children’s day care, or educational program for children with disabilities, so that accepting the unit offer would require the adult household member to quit a job, drop out of an educational institution or job training program, or take a child out of day care or an educational program for children with disabilities;

(b). The family demonstrates to the Housing Authority’s satisfaction that accepting the offer will place a family member’s life in jeopardy. The family should offer specific and compelling documentation such as restraining orders, other court orders, or risk assessments related to witness protection from a law enforcement agency. Reasons offered must be specific to the family. Refusals due to location alone do not qualify for this good cause exemption.

(c). A health professional verifies temporary hospitalization or recovery from illness of the principal household member, other household members (each listed on the final application) or live-in aide necessary to take care of the principal household member.
(d). The unit is inappropriate for the applicant’s disabilities, or the family does not need the accessible features in the unit offered and does not want to be subject to a 30-day notice to move;

(e). The unit has lead-based paint and the family includes children under the age of six;

(f). Serving on a jury which has been sequestered; or

(g). The unit offered to the applicant is not available for occupancy.

If good cause is verified, the refusal of the offer will not require that the applicant be dropped from the waiting list or otherwise affect the family’s position on the waiting list. The family’s application should remain at the top of the waiting list until the family receives an offer which they have no good cause refusal.

5. The Application Center Manager must maintain a record of the units offered to the applicants. The record must include location, date, circumstances of each offer, and each rejection or acceptance. The reason for any rejection must be documented.

R. Offers to Units Proposed for Disposition

1. In order to continue to provide decent, safe, and affordable housing to eligible applicants, the Housing Authority may continue to offer vacant units at sites proposed for disposition.

2. Applicants who accept such a unit will be provided with a lease addendum notifying them of the pending change in housing program attached to the unit.

3. Applicants who refuse an offer to a unit proposed for disposition shall not have that offer count against one of their three offers if the reason is due to the pending disposition.

S. Offers of Accessible Units or Units With Accessible Features

1. Accessible units or units with accessibility features which are vacant and available for occupancy shall be offered to qualified applicants and residents who have requested and have verified
a disability-related need for those units. Priority is determined as follows:

a. A current resident family with a member with disabilities living at the same site;

b. A current resident family with a member with disabilities who lives at other sites; and

c. An applicant family with a member with disabilities who needs the accessibility features.

d. If no family of the appropriate bedroom size accepts the unit, the unit will be offered following the above three priorities to a family of the next bedroom size down requiring the accessibility features.

2. If there are no resident or applicant families with a member with disabilities interested or available, then the unit may be leased to an applicant or resident without a disability.

3. The Rental Agreement for all residents will include a provision requiring the resident family with no member with disabilities to transfer to a non-accessible unit if a family with a member with disabilities subsequently requires the accessible unit.

II. VERIFICATION HIERARCHY

The HACLA shall use the following five methods of verifying information.

A. Up-Front Income Verification (UIV)

1. Upfront Verification is that method of verifying information from a governmental agency under a cooperative computer matching agreement or from a private company who collects such information. When and where available, HACLA shall first attempt to verify family members income, and any other available information, using this method.

2. Among the forms of UIV is HUD’s Enterprise Income Verification (EIV) system. The EIV system must be accessed for all reviews to verify tenant income as well as during the admission process to verify if the applicant or a member of the applicant family is currently receiving housing assistance or
owes money to a public housing authority.

3. EIV must be accessed within 120 days of an admission to verify that all income was accurately reported at the time of admission and discrepancies must be resolved within 30 days from the report date.

4. The EIV system is accessed by an assigned employee on a regular basis to monitor deceased and duplicate tenants.

B. Tenant Provided Third Party Verification

An original or authentic document generated by a third party source dated within the 60-day period preceding the reexamination (interview) or date requested by the Authority will be accepted as third party verification even if provided to the Authority by the resident. Staff are to examine the original document to ensure that the document is genuine, unaltered and complete with respect to that information. For the purpose of wages, two current and consecutive pay stubs must be provided.

C. Written Third Party Verification

Through written third party verification, the Authority submits the request for verification directly to the income source and the income source resubmits the information directly to the Authority either via mail, fax, or email.

D. Oral Third Party Verification

If the income source does not respond to the Authority’s written verification request within ten (10) business days, staff are to contact the source to get the information requested. All contact attempts are to be documented on the Verification Log and the information recorded on the appropriate verification form.

E. Self Certification

Self-Certification verification is that method whereby information is verified by the appropriate member of the family attesting to the truthfulness, accuracy and completeness of the information provided. This method of verification may only be used when all other forms of verification are not possible and the file must document the reason why Self Certification was used instead of higher forms of verification.
Refer to the Housing Management Income Verification Guidebook for verification procedures.

F. Verification of Total Family Assets under $5,000

Effective January 1, 2017, for families with total net assets equal to or less than $5,000, the HACLA will require third party verification every third year.

Regardless of when the family’s assets were last certified, all families’ assets will be verified in 2017.

III. RENT DETERMINATIONS

A. Initial Occupancy

The initial amount of the family’s rent payment will be determined on the information verified during the application process, provided that information is not older than 120 days from the date of the rent determination.

In the event the 120-day limitation has been exceeded, the income and other information will be re-verified prior to calculation of the initial rent level. Income will be included according to the definitions included in Exhibit 201:1A.

Unless one of the provisions under III, D is applicable, the total tenant payment charged to a family (new move-in) by HACLA shall be the lowest of Income-Based Rent or Flat Rent, unless the family chooses otherwise.

For new tenants, the Authority will access HUD’s Enterprise Income Verification (EIV) system approximately 120 days following initial lease date to ensure that there was no unreported income at the time of move in. If the EIV report indicates unreported income, the family will be called in and rent may be recalculated.

B. Income Based Formula shall be the highest of:

1. 10% of the total monthly income;

2. 30% of the adjusted monthly income; or

3. Minimum rent of $50 (see Section IV regarding Minimum Rent
C. Flat Rents

1. In accordance with Congressional and HUD requirements, HACLA will set the Flat Rent at 80% of the Small Area Fair Market Rent (SAFMR) as set by HUD for the Housing Choice Voucher program.

2. If there is a change in the family’s economic situation between regular examinations that would make it a financial hardship for the family to continue to pay the Flat Rent, the family may request a special review and have their rent calculated in accordance with the Income Based method during the period of the hardship. Situations that would create a financial hardship include a loss of income or an increase in deductible expenses.

   The period of hardship shall commence on the first of the month following the month hardship was reported and continue until the earlier of the next scheduled annual review or until such time the rent calculated on the Income Based method equals or exceeds the Flat Rent.

3. Changes to the Flat Rent schedule due to changes initiated by the HUD to the SAFMR will not be considered a “significant change” to the Agency Plan.

4. The new Flat Rent will be phased in to ensure that any family currently paying Flat Rent will not experience a rental increase of more than 35% due to the change in the Flat Rent schedule.

5. In accordance with HUD guidance, residents paying the Flat Rent will receive the utility allowance for that unit beginning with their next annual income review following October 8, 2015. The Flat Rent will be the SAFMR less the UA as set for each dwelling unit.

   The Flat Rent schedule is found in Exhibit 201:1E.

D. Rent Choice

Once a year, families will be offered a choice in the type of rent method their monthly tenant rent will be determined. The choices are between the Income Based method or the Flat Rent. Choice of rent is
not applicable to families with members who do not have eligible immigration status ("Mixed Families") and whose rent may or may not be prorated.

E. Other Rental Amounts

1. Prorated rents are applicable for families where some family members are citizens or have eligible immigration status and some do not. The prorated rents are more than 30% of adjusted family income.

See Chapter 201:8 and the related Exhibits.

2. Rent adjustments due to reductions in welfare grant amount:
   a. If a family’s welfare grant is reduced because of a sanction for noncompliance with the CalWORKS self-sufficiency or work requirements or fraud, the HACLA shall not reduce the amount of tenant rent.

   The total tenant payment shall be based on the eligible welfare grant amount received before the sanction reduction, and will be more than 30% of adjusted income.

   b. Families whose income increases after the sanctioned welfare reduction shall have the higher old welfare grant amounts (upon which the rent is calculated) reduced dollar for dollar of the new income source up to the grant reduction amount.

   c. If the family’s welfare grant is reduced because of the expiration of the CalWORKS time limits or the resident’s inability to locate employment after completing the requirements, the rent shall be based on the amount of welfare actually received. Section II, B would apply.

3. Families who meet all of the requirements for the exclusion of incremental income under the Earned Income Disallowance (EID) for 12 months, and exclusion of 50% of the incremental income for an additional 12 months, will pay a rent which is less than 30% of adjusted income.

See Exhibit 201:1D for the provision details.
4. Rent Calculation for Over-Income Households

1). Effective January 1, 2019, households whose gross annual income exceeds the 120% AMI income limit published annually by HUD – will be considered "over-income" households.

2). On the second annual reexamination following January 1, 2019, an over-income household will be provided written notification of their over-income status and an estimate as to what their rent would be at their next annual reexamination.

3). Following two (2) consecutive years of exceeding the income limit, over-income households shall pay the higher of the following for rent:

   a) The applicable Fair Market Rent (FMR) as established by HUD for the Section 8 program for the bedroom size for the City of Los Angeles, or

   b) The amount received by the Housing Authority in the form of subsidy and capital funds per bedroom for the development where the household resides.

4). If at any time during the two-year period the over-income household’s income falls below the over-income threshold, the household will no longer be characterized as an over-income household subject to this provision. Should the household’s income once again exceed the over-income threshold, a new two (2) consecutive year period shall commence.

Rent for such over-income households may be subject to additional changes pending HUD regulatory changes.

F. Other Charges

In accordance with the Rental Agreement, the Resident may be charged by the Management for delinquent rental payment, returned checks, damages, and excess utility usage. Payment of these charges shall be in accordance with the Rental Agreement.
G. Utility Reimbursement

1. The family shall receive a utility reimbursement from the HACLA if the total tenant payment is less than the utility allowance.

2. The utility reimbursement amount is the difference of the total tenant payment and the utility allowance.

H. Posting of Payment Charges

Payments made for rent, excess utility usage, services, or other charges shall be credited in the following order:

1. Rent
2. Security deposit
3. Excess utility
4. Maintenance and Other Services
5. Other charges, including late fees
6. Amounts due under a repayment agreement with the HACLA.

The oldest obligation within any of the above classifications will be the first to be retired.

It is the responsibility of the tenant to ensure that all mandatory obligations are paid in full and on time.

Late fees only apply to unpaid rent balances.

I. Prorated Rents for Mid-Month Transfers

If a family transfers to a unit at a HACLA owned unit in a development other than the one in which they currently reside, the rent for that unit will be prorated for the vacating month and rent already paid in excess of the pro-ration will be returned to the family. The family will be required to pay the prorated rent amount due at the new site.

IV. MINIMUM RENT FINANCIAL HARDSHIP PROVISIONS

A. A family required to pay the minimum rent may request a financial hardship exemption. For the purpose of determining whether a qualifying hardship is temporary or long term, “temporary” is considered to be a period of less than 90 days.
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B. If the family requests a financial hardship, the 90-day period is measured from the date the family requested the hardship exemption.

C. The family must apply for a financial hardship exemption from payment of the minimum rent. If the situation is expected to last for at least 90 days from the date the family requested the exemption, a long term exemption is granted. If the situation is expected to last less than 90 days, a temporary exemption is granted.

D. A financial hardship exemption must be granted if the family provides proof that any of the following situations exists.

1. The family has lost eligibility for or is awaiting eligibility determination for a Federal, State or local assistance program, including a family member who is a noncitizen lawfully admitted for permanent residence under the Immigration and Nationality Act who would be entitled to public benefits but for title IV of the Personal Responsibility and Work Opportunity Act of 1996;

2. The income of the family has decreased because of changed circumstances, including loss of employment, since the last reexamination;

3. A death has occurred in the assisted family which has a continuing financial impact on the family.

4. The death of an immediate member of the family has occurred which has a continuing financial impact on the family. “Immediate member of the family” means those relatives or step relatives bearing the following relationship to the head, spouse, or co-head: spouse, domestic partner, mother, father, son, daughter, sister, grandparent, grandchild, aunt, or uncle. Such family members do not need to be a member of the assisted family.

5. The family would be evicted because it is unable to pay the minimum rent.

“Unable to pay” means that the minimum rent would require the family to pay more than 50 percent of its monthly income (50 percent of one twelfth of annual income) toward the gross rent.

E. Prohibition of Eviction

A family who has requested a financial hardship exemption from the minimum rent will not be subject to eviction for non-payment of rent for
90-days beginning the month following the request for the exemption.

F. Long Term Financial Hardship

1. If it is determined that the family's financial hardship is long-term, the family will be exempt from the minimum rent as long as the hardship continues.

2. The hardship exemption will begin the month following the request for a hardship exemption until the end of the qualifying financial hardship.

3. The family receiving a financial hardship exemption must notify the Housing Authority once there is a change in the family's income.

4. The family receiving the financial hardship exemption will be subject to Special rent reviews as set in Section XI, Periodic Examinations.

G. Temporary Financial Hardship

1. If the Housing Authority determines that the qualifying financial hardship is temporary, the minimum rent will be reinstated to the beginning of the suspension of the minimum rent.

2. The Housing Authority will offer the family a reasonable repayment agreement for the amount of back minimum rent owed to the Housing Authority.

H. Determination of No Financial Hardship

1. If the Housing Authority determines that there is no financial hardship, the minimum rent is reinstated from the beginning of the suspension and the family must repay the amount of back rent owed by the family.

2. The family must sign a repayment agreement on terms established by the Housing Authority for the amount of back rent accrued during the period of suspension.

I. Duration of Financial Hardship Exemption

Financial hardship exemptions are reviewed automatically at the next
annual reexamination. At that time the HACLA must re-determine the family’s composition and income. If the family remains subject to the minimum rent and the qualifying hardship continues, the financial hardship exemption continues.

J. Grievance Right

If the request for a financial hardship exemption is rejected, the family may request a hearing under the Housing Authority’s grievance policy (MPP212:12)

V. OCCUPANCY STANDARDS

A. Each unit shall be used solely as a residence for the family as represented in the application and on the lease. The following standards will govern the number of bedrooms required to accommodate a family of a given size and composition:

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B. Families shall have the choice of the smaller or larger bedroom size for their family size. If the family enters into a lease for a smaller bedroom size the family will not be eligible to transfer to a larger bedroom size for the first 36 months of occupancy unless there is a change in the family composition.

C. Single persons as defined in Exhibit 201:1A shall not be assigned units with more than one bedroom.

D. If there are not enough certified families on the waiting list for a bedroom size, families on the higher end of the next bedroom size down shall be offered the larger unit.
E. Only bedrooms may be used as regular sleeping quarters.

When it is found that the size of the dwelling is no longer suitable for the family in accordance with these standards, the family shall be required to move as soon as a dwelling unit of the appropriate size becomes available, subject to a waiting list, if any. The family has a choice of unit size within the acceptable range.

A Manager may waive these occupancy limits when necessary to eliminate or reduce vacancies, or to house a family in urgent need. However, the reason for the waiver shall be documented in the applicant/resident file.

The occupancy standards may also be waived to accommodate court awarded custody or other governmental (DCFS) foster care requirements. If the children are removed from the unit the family will be required to move once a dwelling unit of the appropriate size becomes available.

F. If a family’s composition has grown due to the addition of children thorough birth, adoption or court awarded custody, such that the family exceeds the occupancy guidelines for the largest unit available at a site, the family can be offered a split transfer into two units.

Each new family must have as its head at least one adult listed on the most recent lease (1 must be the original head of household) and each head of household must be legally capable of executing a lease.

G. Only 1 additional bedroom shall be provided for any Live-In Aide.

H. Shared Custody

A dependent may not reside with more than one family at a time. The family that has the primary custody, the family with whom the dependent lives more than 50% of the time, shall be the dependent’s family for the purpose of determining income, deductions, and the appropriate size of the apartment.

Additional guideline for shared custody is included in the Annual Income Guidebook.

VI. LEASING OF UNITS

A. General
A Rental Agreement will be entered into by HACLA and every family that will be admitted to a low-rent housing unit. No family may occupy a dwelling unit without an executed Rental Agreement. The head of the household and the co-head (if any) will be required to sign the Agreement on behalf of the family. The Agreement will be kept current at all times and must be compatible with the HACLA policy and California and Federal law.

B. Security Deposits.

A security deposit shall be paid to the HACLA by the family at the time of admission. This amount must be paid in full within 45 days of move-in. For new residents leasing January 1, 2008 or after, the following security deposits shall be required in Low-Rent Housing:

1. New Resident families shall be required to pay a security deposit equal to the greater of the monthly rent or $50.

2. Once paid, the security deposit will not be decreased.

3. The security deposit shall be transferred without offset between units when a family is transferred between HACLA owned units within the same development. If a family transfers to a unit in a different HACLA development, the amount of the security deposit remaining after payment of tenant caused damages to the vacating unit shall be returned to the tenant. The tenant will be required to place a new security deposit upon the signing of the lease at the other development.

4. Regardless if transferring within or between sites, the cost of any repairs and clean up to the unit from which the family was transferred shall be charged to the Resident as an “Other Charge” under the lease agreement.

5. Upon vacating a unit, other than a transfer between HACLA owned units (within the same development), the security deposit shall be accounted for and returned in accordance with California State law.

6. For residents in occupancy the following security deposit provision shall apply:

Following a lease forfeiture, i.e., the HACLA has obtained judgment against the family, a resident may be reinstated at
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the discretion of the Assistant Housing Services Director, provided all arrearage for rent and charges have been paid. The resident will also be required to pay the difference, if any, to bring the security deposit to the maximum allowable level as provided in B 1, above prior to the execution of a new Rental Agreement.

7. When the family’s Rental Agreement is terminated, voluntarily or involuntarily, the security deposit shall be returned to the resident if he/she gives at least 30 day-notice in writing saying that he/she plans to move out.

8. The following will be withheld from the security deposit:
   a. Any unpaid rent or other charges due HACLA;
   b. Any charges for non-routine cleaning or for repairing or replacing damage or destruction caused by the resident;
   c. Charges for new keys to replace those not returned;
   d. Charges for stoves, refrigerators, or other HACLA property.

The charges being withheld from a security deposit shall be itemized in a letter to the former resident sent to the current or last known address.

9. The Director of Housing Management may waive the security deposit for new admissions to a development in order to reduce excess vacancies within that development. This waiver may apply to 1 or more developments at a particular time.

VII. PERIODIC REEXAMINATIONS

A. Annual Reexaminations

In accordance with the Master Reexamination Schedule, the HACLA shall, at least once a year, reexamine the eligibility of all residents. Increases or decreases in the tenant rent as a result of regular reexaminations will be effective in accordance with the Master Reexamination Schedule.

In order to place a family on the correct reexamination schedule, the initial reexamination may be for a period of less than 12 months, with
B. Special Reexaminations

When it is not possible to estimate projected family income at the time of admission or annual reexamination, a temporary determination will be made with respect to income and a special reexamination will be scheduled. Special reexaminations will be scheduled every 30, 60, or 90 days until a reasonably accurate estimate of income can be made.

Situations that would trigger a Special Reexamination would be:

a. When a family reports zero income or income less than $200 a month, or

b. When a family’s financial condition is expected to change (example – if a family member is on temporary disability or is expected to be employed).

c. If it was discovered that an error was made in the calculation and corrective action is required.

d. If there is a change in composition of the household.

e. If after admission to the program HUD’s EIV data indicates income that was not reported at the time of admission.

C. Interim Reexaminations

Any Resident who has a decrease in annual household income and who applies for a decrease in tenant rent shall be given an appropriate adjustment in conformance with the Rent Determination Procedures (Section III), and until the next annual reexamination must report all increases in his/her family’s income. However, where reported increases in the family’s income are so small that the cost of administratively processing the information in relationship to the anticipated increase in rent cannot be economically justified, no verification, processing or rent adjustment shall be made. For the purposes of this paragraph, a cumulative increase since the last adjustment, in family income of less than $200.00 a month shall be deemed too small to justify processing.

Exception: resident whose welfare grant is decreased because of non-compliance sanction with CalWORKS self-sufficiency or work requirements or fraud are not eligible for a rent reduction.
D. Earned Income Disallowance (EID) Review

In households where the increased income of a family member(s) is being disregarded from the rent calculation, in accordance with HUD regulations, due to the EID, recalculation of the rent will depend on the tolling period for that member. Families who have members subject to the EID will be scheduled for 30, 60, or 90 day reviews as appropriate when a member’s EID tolling period has changed.

See Exhibit 201:1D

E. General Reexamination Requirements

1. Annual Reexaminations

At the time of an annual reexamination, the head of the household will be required to submit an Application for Continued Occupancy (Lot-27) along with verification and documentation of income, family composition, assets, deductions, and employment.

Following receipt of this documentation, a determination of eligibility for continued occupancy will be made using the following criteria:

a. The family must continue to qualify as a family as defined in CFR 24, Section 5.403, and outlined in Exhibit 201:1A.

b. The family must be in compliance with the eligible immigration status (“Residency Rule”) requirements as described in Section 201:8 and related Exhibits.

c. The family must meet the applicable Social Security number disclosure, documentation, verification, and Certification requirements. As a condition of continued eligibility, any household member who is under the age of 62 as of January 31, 2010 and who claim legal residency or citizenship status must provide documentation of a Social Security Number if they have not previously done so.

The Housing Authority will terminate the tenancy of any
family who does not meet the applicable Social Security number disclosure, documentation, and verification, requirements set forth above. Termination may be deferred for up to 90 days if the family can provide proof of diligent attempts to obtain the information.

e. The family must meet the authorization for the release of information requirements. This includes the HUD-9886 form, “Authorization for the Release of Information”, and other release forms deemed necessary by HACLA to determine the family’s income and continued eligibility factors.

f. The family must be in compliance with the Community Service Self Sufficiency Requirements found in Section XII.

2. Interims and Special Review

If the Resident qualifies for a reexamination of rent they will be required to complete an Application for Continued Occupancy and all requirements listed under Annual Reexaminations will be evaluated.

F. Effective Date of Reviews

1. Annual Reexaminations

a. If the Resident is entitled to a rent decrease as a result of the annual reexamination of income, the decrease shall be made effective the first day of the month following the month in which the annual review was conducted.

b. If the Resident is to receive a rent increase, the new rent shall be effective the first day of the second month following from the date of notice of rent increase.

2. Interims Reviews (including Specials)

Changes in rent occasioned by an Interim Reexamination shall be effective as follows:

a. A decrease in rent shall be made effective the first day of the month following the month in which the change in
annual income was reported by the resident, providing the change has occurred and has been verified in accordance with HUD rules and regulations.

b. An increase in rent shall be made effective the first day of the second month following the month in which the increase in annual income occurred. The resident must be given a 30-day notice of rent increase.

For interims conducted due to statutory changes in annual income that occur for all recipients of AFDC, SSI, General Relief, Social Security, or other similar benefit, the HACLA will conduct a modified interim as long as the household certifies that there has not been a significant change ($200 per month) in each of the other reported income sources from the last review. Modified interims include the completion of an application for continued occupancy, certified statement from the head of household, accessing of HUD’s EIV report, and receipt of the public agency’s notice of action or reduction letter.

3. Additional 30-Day Notification of Rent Increases – Special Cases

In accordance to CA Civil Code 827 families experiencing an increase in rent over 10% for reasons other than a change in family composition or income shall be provided an additional 30-days before such a rent increase will be effective.

H. Resident Misrepresentations

In accordance with the Rental Agreement, if a resident’s misrepresentations at the time of admission, annual, special, or interim reexamination have caused a family to pay a lower rent than should have been paid, such residents will be notified in writing and required to pay the difference between the rent paid and that which should have been paid, retroactive to the date the change in rent would have been effective.

In addition to collecting retroactive rent, HACLA has the right to pursue additional actions and remedies under the law including terminating the Rental Agreement.
I. Failure to provide reexamination information at the proper time may result in termination of the Rental Agreement.

VIII. TRANSFERS

A. General

1. The Authority does not transfer any family to any particular apartment, community, neighborhood or development because of race, color, sex, religion (creed), disability, familial status, national origin, ancestry, sexual orientation, marital status, source of income, or age.

2. The Authority will not transfer Residents except in accordance with this section and the Authority’s Public Housing Rental Agreement (“Rental Agreement”). As used throughout this transfer policy, “Residence”, “Resident” and “Household Member” shall have the same meaning as set forth in the Rental Agreement.

3. Site managers shall administer occupancy transfers in such a manner as to minimize vacancy loss, minimize the time families are over housed or under housed (as determined under the Authority’s occupancy guidelines), and still provide housing opportunities for new admissions.

4. Transfers, whether to an Authority owned unit or to non-Authority owned accommodations, shall not be deemed to waive an existing breach of the Rental Agreement by the Resident; and the Authority may pursue, or continue to pursue, any legal action and remedy against the Resident as if no transfer had been made.

B. Types of Transfers

There are two types of transfers, Emergency and Routine. Depending on the reasons for transfer, each transfer may also be:

1. Required or requested;

2. Compensable or noncompensable;

3. Temporary or permanent; or
4. Interdevelopmental (between developments owned or operated by HACLA) or intradevelopmental (within a development owned or operated by HACLA).

5. Interprogramatic (from another HACLA administered housing program)

C. Emergency Transfers

1. An emergency transfer is a transfer determined at the sole discretion of the President/CEO, or his/her designee, to be required:

   a. Due to the existence of one or more physical conditions of the Resident’s dwelling unit, the building in which the dwelling is situated, or the grounds surrounding the dwelling, and which poses an imminent threat to the life, health, or the safety of the Resident or a Household Member;

   b. To alleviate a doctor verified medical condition which is imminently life threatening or seriously impairs the health of the Resident or a Household Member (i.e. lead poisoning or amputation); or

   c. To protect a Resident or a Household Member from a factually verifiable or documented threat of real and imminent criminal attack that is specifically directed towards that Resident, Household Member or other occupant of the Residence. In making such a determination, the President/CEO or designee may consider facts and circumstances including, but not limited to, recommendations by the District Attorney or a sworn peace officer with a rank equivalent to LAPD Detective II or higher attesting to the factual need for a transfer.

   d. In the case of an emergency transfer due to domestic violence, dating violence, sexual assault, or stalking, the resident needs to:

      i. Qualify for VAWA protections; and
      ii. Expressly request the transfer; and
      iii. Reasonably believe that there is a threat of imminent harm from further violence; or
iv. If the request is due to sexual assault, the resident is also eligible if the assault occurred on the premises within the 90-calendar-day period preceding the request.

2. Request and Approval of Emergency Transfers

a. Except as provide below, all emergency transfer requests made by or on behalf of a Resident and all law enforcement recommendations shall be made in writing and submitted to the Housing Services Department or President/CEO. Upon receipt of a request and all other required documentation, the Housing Services Department shall immediately forward the relevant paperwork to the President/CEO or his/her designee for a decision.

b. In cases of extreme emergency, verbal requests, verbal recommendations and the verbal rendering of facts may be made directly to the President/CEO or his/her designee by law enforcement upon which the President/CEO or his/her designee may act, provided that verbal assurances from law enforcement that all written documentation supporting the transfer will be submitted within 48 hours.

c. Except in the case of VAWA, a Resident may be denied an emergency transfer if he/she has been relocated at least once due to an emergency situation or condition and the situation/conditions recreated by the Resident or a member of the household at the new development.

d. A Resident may be denied an emergency transfer if the Resident or household member materially contributes to the situation or condition that gave rise to the need for an emergency transfer.

3. Emergency Transfer Options

a. The Authority shall have sole discretion in determining whether an emergency transfer shall be interdevelopmental, intradevelopmental, or to a temporary housing accommodation not owned and/or operated by the Authority; and whether the transfer is permanent or temporary.
b. If the President/CEO or his/her designee determines there are no appropriate dwelling units available for the Resident at the time of the emergency, the Authority may utilize a tenant-based Section 8 voucher for the purposes of providing alternative housing, if one is available.

c. Pending a determination of the availability of an Authority-owned and operated dwelling and/or a determination of a Resident’s eligibility for an emergency transfer, the President/CEO or his/her designee may offer the Resident temporary non-Authority housing accommodations under an agreement with a third party. Such accommodations shall not exceed five business days unless otherwise extended in writing by the President/CEO. However, before non-Authority accommodations are offered the Resident must (i) be informed of the five business day limitation rule, (ii) informed of the possibility that an emergency transfer may be denied and, (iii) given a copy of these policies and procedures governing emergency transfers.

4. Moving, Compensation For Move and Storage

a. Except as provided below, the resident shall pay for the move.

b. When the Resident cannot afford to pay for the move at the time of the emergency (as determined by the Authority), the Authority, at its sole discretion, shall advance assistance to the family through one of two means, either:

(1). Provide moving services to the Resident; or

(2). Allow the Resident to secure their own moving services and reimburse the Resident for all actual and reasonable out of pocket expenses connected with the move.

Once the family is settled into the new unit, the Authority may enter into a repayment agreement with the family for the reimbursement of moving expenses.
c. If the Authority determines that the Resident, Household Member, or a guest of the Resident’s family created or caused the emergency, the Resident shall reimburse the Authority for any and all costs connected with the move.

d. Where the Resident is provided temporary accommodations in accordance with subsection C(3)(c) above, the Authority shall pack, move and store (at a public storage facility) all the personal property located within the Residence. Additionally, the Authority shall be obligated to move the property to the Resident’s permanent dwelling upon the Resident’s request, provided the move is within the first thirty days of storing said property. Although, the storage contract shall be in the name of the Resident, the Authority shall advance all security deposits for the storage and pay for the first month’s rental. The Resident shall be obligated to reimburse the Authority for the security deposit within thirty days of the initial move and shall be required to pay for any and all storage costs beyond the first month, unless the Authority and the Resident specifically agree in writing to the contrary. Failure of the Resident to request the moving of the Resident’s personal property from the storage facility within the first 30 days of storage shall be deemed a waiver of the Authority’s obligation to move said property from storage.

D. Routine Transfers

1. A routine transfer is any transfer other than an emergency transfer, and which the Rental Agreement and this policy authorize. Such transfers are those:

a. Required by the Authority to adjust unit occupancy in accordance with the Authority’s Occupancy Guidelines;

b. Required due to an approved reasonable accommodation request;

c. Required by the Authority to alleviate documented social conflicts between the Resident’s family and their neighbors;
d. *Required* by the Authority due to proposed demolition, repair, alteration, rehabilitation or modernization of the unit;

e. Otherwise required by law or determined by the Authority’s Board of Commissioners as necessary or convenient in the management of the public housing program;

f. *Requested* by a Resident for employment reasons rationally related to the transfer and duly verified by the applicable Resident’s or Household Member’s employer;

g. *Requested* by a Resident for verified medical reasons other than those subject to the Authority’s policies regarding reasonable accommodations;

h. *Requested* by the Resident to alleviate documented social conflicts between the Resident’s family and their neighbors;

i. Requested by a participant family in another HACLA administered housing program, or

j. Otherwise Requested by a Resident for “good cause” other than those stated above.

2. Prerequisite for Resident requested routine transfers

a. All Resident requested transfers shall be in writing and submitted to the site management office on a designated form. The Authority will accept all Resident requested routine transfer for placement on the appropriate transfer list. However, residents are not eligible for transfer during the initial term of a lease or while the Resident is under the threat of eviction or owes the HACLA money. The Director of Housing Services may waive the one year residency requirement to reduce vacancies.

b. Resident requested transfers to a Public Housing Scattered Site will only be accepted from families who have been in residence at one of the HACLA’s public housing family developments for a minimum of two
years at the time the request for transfer is made.

However, in order to avoid excessive vacancy loss, the Assistant Housing Services Director may apply a one-year requirement in lieu of a two-year requirement.

The resident file must be documented as to the circumstances of the transfer approval.

Additionally, the manager of the scattered site shall select from the site transfer waiting list the family whom the manager believes, after consideration of relevant circumstances, is the most likely to succeed without on-site supervision and support.

3. Prerequisite for Interprogramatic requested transfer

a. Request for transfers into the public housing program from participants in another HACLA administered housing program shall require the following:

   (1). Approval from the Director of Housing Services;

   (2). In addition to the requirements under Section V G 2 a - d of this policy, all adult household members shall be required to undergo criminal background and credit checks required of new admissions; and

   (3). Units offered to interprogramatic transfers will be in accordance with the HACLA's procedures for new admissions as administered by the Application Center.

b. Request for interprogramatic transfers shall take precedence over all transfers except emergency transfers.

4. Routine Transfer Options

a. All required routine transfers may be interdevelopmental or intradevelopmental, as solely determined by the Authority.

b. All requested routine transfers must be
interdevelopmental.

c. Unless agreed to by the Authority in writing and in advance, all routine transfers shall be permanent.

5. Compensation For Move

a. The following routine transfers shall be noncompensable:

(1) Those requested by the Resident;

(2) Those made to adjust occupancy;

(3) Those made to resolve social conflicts between residents;

(4) Those made to recapture an adaptable unit from a nondisabled family for use by a disabled family, or;

(5) Interprogramatic transfers.

b. Unless required by law, all other transfers shall be noncompensable, unless the Authority determines the resident cannot afford to pay for the move. Where the Authority determines the Resident cannot afford to pay for the move, the Authority shall have the choice of either:

(1) Provide moving services to the Resident; or

(2) Allow the Resident to move themselves and reimburse the Resident for all actual and reasonable out of pocket expenses connected with the move.

c. If the Authority determines that the Resident, Household Member, or a guest of the Resident’s family created, caused, or contributed to the Authority requiring the move, the Resident shall reimburse the Authority for any and all costs connected with the move.

E. Emergency Transfer Placement

Emergency transfers have priority over all other transfers. Those
approved for an emergency transfer shall be concurrently offered three units, if available, of suitable bedroom size at three different developments. The developments containing the units offered, shall be those with the most vacancies that meet the family’s bedroom requirements, except units within the development that the family currently occupies shall not be offered or counted as being offered. The family will have no more than two business days to inspect the units and accept an offer. Should the family fail to affirmatively accept one of the three offers, the Resident will be deemed to have rejected all offers and the Authority shall have no further obligation to offer additional units.

VAWA transfers are exempt from the above provision limiting the number of offers to three (3) and withdrawing the transfer request if one of the offers is not accepted. VAWA transfers do not end at a specific time, but remain until the victim informs the Authority that the victim no longer seeks the transfer, or the victim no longer receives assistance under the program.

F. Transfer List Priority and Placement

1. Each development shall maintain a transfer waiting list for all non-emergency transfers. The Authority will order the list first by priority and then by date and time of placement on the list.

2. Except as required or limited by law, the priority of transfers shall be:

   a. Those required as a result of demolition, disposition repair, alteration, rehabilitation or modernization of units and then by those required to alleviate social conflicts.

   b. Required transfers shall have priority over requested transfers.

   c. Required transfers shall have precedence over new admissions.

3. Required transfers shall be placed on the transfer list in order of the date and time that Management first determines the transfer is required.

4. Resident requested transfers, which meet the prerequisite requirements, shall be placed on the transfer list in order of the date and time the Authority accepts the Resident’s requests.
5. The transfer list shall be current at all times for requested and required transfers, except transfers adjusting occupancy which the Authority shall update at the time of the annual review or recertification.

G. Transfer Approvals

1. Required Routine Transfers

When the Resident reaches the top of a site transfer list, a vacancy exists at the site, and the site manager at the site where the unit exists determines that the Authority will fill such vacancy by transfer, that site manager shall offer to transfer the Resident to the unit. Should the Resident refuse to transfer, the Authority will seek to terminate the Resident’s tenancy in accordance with the Rental Agreement.

2. Resident Requested Routine Transfers

When the Resident reaches the top of a site transfer list, a vacancy exists at the site, and the site manager where the unit exists determines that the Authority will fill such vacancy by a transfer, that site manager shall review the Resident’s documented tenant history only over the immediately preceding twelve months. The site manager shall approve the transfer unless the Resident:

   a. Or any Household Member has a record of creating a nuisance, disturbing any other resident or interfering with staff;

   b. Currently owes back rent or other charges;

   c. Has a poor payment record (a “poor payment record” means the Resident has failed to pay all rent on or before the fifth of each and every month or has failed to pay all charges when due); or

   d. Has failed a housekeeping inspection.

   e. The Resident may be denied the transfer for other reasonable reasons including, but not limited to, the fact that rent at the new site would be outside of their financial reach.
Should the site manager approve the transfer, the Authority will offer the Resident the unit. If the Resident accepts the offer, the Resident will be dropped from all transfer lists. Should the Resident refuse to accept the unit the Authority will skip over the Resident without affecting the Resident's placement on the transfer list. However, if the Resident refuses a second offer made at that particular site, the Resident shall be dropped from that site’s transfer list.

If the site manager disapproves the transfer, the Authority will drop the Resident from that site’s transfer list. Within five (5) working days after disapproving the transfer, the Site manager shall notify the Resident in writing as to the reasons for the disapproval and the action taken. Additionally, such notice shall inform the Resident of their rights to grieve the manager’s decision in accordance with the Authority’s grievance policy.

**IX. ADDITIONS/DELETIONS TO THE HOUSEHOLD COMPOSITIONS**

A. General

1. For the purpose of this section, Resident, Household Member, and Residence shall have the same meaning as set forth in the Authority’s *Public Housing Rental Agreement*.

2. The Resident must make a request in writing and obtain the written approval of the Authority before anyone other than those persons authorized under the terms of the Resident’s *Public Housing Rental Agreement* may occupy the Residence.

3. The Authority shall only approve the deletion of a Household Member or a Resident from the *Rental Agreement* in accordance with this policy.

4. All requests by a Resident for a change in the family composition (addition or deletion) shall be:
   a. Made in writing;
   b. Submitted to the Management Office on a form designated for such purpose; and
   c. Placed in the tenant file with all supporting
5. At the time of any deletion or addition, all information, forms and signatures necessary to complete a redetermination of rent must be completed and placed in the tenant file.

6. Additions and/or deletions shall be effective in accordance to the interim reexamination rule discussed in section XI E. 5. of this document.

B. Deletions to the Family Composition

1. Within thirty (30) days of a Household Member ceasing to reside within the Residence, a Resident shall report such occurrence to the Authority.

2. When a Household Member moves from the Residence, the Resident shall provide to the Authority, when available, evidence that the Household Member resides elsewhere. Such evidence includes but is not limited to a rental agreement showing the new address where the Household Member may be found. If such evidence is unavailable, follow the steps in the verification hierarchy to determine the actual absence from the Residence down to a certified statement.

3. No minor Household Member shall be deleted from the Rental Agreement unless the Resident gives the Authority a certified copy of a court order showing that someone other than the Resident or a Household Member has full custody and control of such minor.

4. For all deletions of a Resident for reasons other than death, permanent placement in a medical care/retirement facility, or for other non-voluntary reasons, the Resident who is to be deleted must provide the Authority with written notice of their intent to permanently vacate and relinquish all their rights to occupy the rental dwelling or have the medical care/retirement facility verify the inability to return to the unit. A Resident may also be removed from the household in accordance to Section XIIIF of the Rental Agreement.

C. Additions to the Family Composition

1. All additions to the household, including but not limited to foster
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children, shall be as Household Members only.

2. The Authority shall not approve any additions to the household where such addition would cause the occupancy of the dwelling to exceed the Authority's occupancy standards.

The HACLA occupancy standard can be exempted when the individual being added to the household is a person whom the head of household has a "legal duty to support." In the state of California, spouses, domestic partners, and children fall into this category.

3. The Authority must approve the addition of all minors to the household except newborns born to a Resident or a Household Member, an adoption by a Resident or a Household Member, or a court ordered custody of a minor. As used herein, a court ordered custody shall not include “foster care” placements.

4. As it pertains to the addition of minors, other than from circumstances described in number 3 above, the Resident shall give the Authority in the appropriate case:

   a. A certified copy of all court orders granting custody to the Resident or Household Member; or

   b. Certified proof of foster care placement with the Resident or Household Member; or

   c. Other proof of legal custody, or

   d. A notarized statement by a parent or other person having legal custody giving written permission for the minor to live with the Resident, along with a copy of the minor’s birth certificate or other related documentation.

5. Any addition to the household, regardless of age, who claim legal residency or citizenship status must provide the Authority with a valid Social Security Number and documentation to verify each number.

The Resident shall be allowed 90 days to provide a Social Security Number and documentation for children under 6 years old. A 90 day extension may be granted if the delay in providing the Social Security Number and verification is due to circumstances outside the Resident’s control. Failure to
provide Social Security Numbers could lead to termination from the program.

6. The Authority shall not approve any adult addition to the family who, if as part of an applicant family, would cause the Authority to deny the admission of that family to the Authority’s public housing program. Specifically, without limitation, this shall require the processing of an application by the Authority’s application center for the proposed addition that includes the passing of the Authority’s criminal screening procedures. With respect to a family’s income eligibility, this limitation shall only apply for the first 12 months of occupancy following admission.

7. No additions to the family shall be made once the family has been notified that they will be required to transfer to another specified unit.

D. Live-In Aides

It is the policy of the Housing Authority of the City of Los Angeles to allow a family to have a live-in aid(s) under the following conditions:

1. The person for whom the Live-In Aide is requested is:
   a. Elderly (Age 62 or Older) or
   b. Near Elderly (Age 50 – 61); or
   c. Disabled
      (1). Has a disability, as defined in 42 U.S.C. 423;
      (2). Is determined, in accordance with HUD regulations, to have a physical, mental, or emotional impairment that:
         (a). Is expected to be of long-continued and indefinite duration:
         (b). Substantially impedes his or her ability to live independently; and
         (c). Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.
(d). Has a developmental disability.

The term “developmental disability” means a severe, chronic disability of an individual that:

(i). is attributable to a mental or physical impairment or combination of mental and physical impairments;

(ii). is manifested before the individual attains age 22;

(iii). is likely to continue indefinitely;

(iv). results in substantial functional limitations in 3 or more of the following areas of major life activity:

(1). Self-care.
(2). Receptive and expressive language.
(3). Learning.
(4). Mobility.
(5). Self-direction.
(6). Capacity for independent living.
(7). Economic self-sufficiency; and
(8). Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.
d. Is none of the above, but is still an individual with handicaps as defined in 24 CFR 8.3.

2. Any individual that is proposed to become a live-in aide:
   a. Must be determined to be essential to the care and well-being of the person(s);
   b. Must not be obligated for the support of the person(s), (example: spouses, registered Domestic Partners, and minor dependants of family member); and
   c. Would not be living in the unit except to provide the necessary supportive services, as determined from RE 36C & RE 36D.
   d. Any individual that is proposed to become a live-in aide must pass that program’s requirements as it pertains to criminal background checks. Any adult family member of a live-in-aide who will be residing in the unit, must also pass the program’s screening requirements.

3. The procedures used to verify the need of a live-in aide are found in MPP 201:1H

4. For occupancy standards regarding live-in aides, see Section III (3) of this document.

E. Family Break-up

In the event when the head and co-head break up, the individual entitled to the interest of the unit will be determined by the parties involved or legal settlement, if any.

X. THE DEATH OF THE RESIDENT AND STATUS OF THE REMAINING HOUSEHOLD MEMBERS

A. For the purposes of this section governing the status of the remaining Household Members, when the sole Resident dies, the terms “Resident”, “Household Member” and “Residence” shall have the same meaning as set forth in the Authority’s Public Housing Rental Agreement.

B. When (i) a Resident to a Public Housing Rental Agreement dies, (ii)
there is no one else with a Resident status on the Rental Agreement, and (iii) there is at least one adult Household Member in possession of the Residence, the Authority shall execute a new Public Housing Rental Agreement with the remaining adult family member(s), provided the remaining family member(s) meet the then existing admission requirements to the Authority’s public housing program (it is up to the household member(s) to determine who will be head and/or co-head).

Specifically, without limitation, this shall require the processing of an application by the Authority’s application center and the passing of the Authority’s criminal screening procedures by all remaining adult Household Members.

C. Where the Resident to a Public Housing Rental Agreement dies leaving only minor Household Members in possession of the Residence, the Authority shall execute a new Public Housing Rental Agreement with any court appointed guardian of such minors, providing such guardian, and their family (if any), meet the then existing admission requirements to the Authority’s public housing program. Specifically, without limitation, this shall require the processing of an application by the Authority’s application center and the passing of the Authority’s criminal screening procedures by all proposed adult occupants of the Residence.

xi. THE STATUS OF THE REMAINING HOUSEHOLD MEMBERS WHEN THE RESIDENT IS PERMANENTLY PLACED IN A NURSING/RETIREMENT HOME/BOARD & CARE OR OTHERWISE INVOLUNTARILY REMOVED FROM THE UNIT

When (i) a Resident to a Public Housing Rental Agreement is permanently placed in a Nursing/Retirement Home (Board & Care) or similar facility or is unable to return to the rental unit for other involuntary reasons, and (ii) the Resident gives up his/her rights in writing or the facility or other third party has verified that the individual will not be returning to the unit, (iii) there is no one else with a Resident status on the Rental Agreement, and (iv) there is at least one adult Household Member in possession of the Residence, the Authority shall execute a new Public Housing Rental Agreement with the remaining adult family member(s), provid the remaining family member(s) meet the then existing admission requirements to the Authority’s public housing program (it is up to the household member(s) to determine who will be head and/or co-head). Specifically, without limitation, this shall require the processing of an application by the Authority’s application center and the passing of the Authority’s criminal screening procedures by all remaining
adult Household Members.

XII. COMMUNITY SERVICE AND SELF SUFFICIENCY REQUIREMENT

This section establishes the policy for verification of resident compliance with the requirement for participation in community service or self-sufficiency programs.

A. Purpose

1. The Housing Authority is required to adhere to the statutes and regulations established by the Congress of the United States and the Department of Housing and Urban Development.

2. Effective January 1, 2001, as part of the Housing Reform Act of 1998, and in accordance with provisions therein, all adult residents of HACLA public housing developments, who do not fall under any of the prescribed exemptions, are required to perform eight (8) hours a month of community service and/or self-sufficiency activities. (Title 24 of the Code of Federal Regulations, Part 960, subparts 600, 601, 603, and 605).

3. Third-party verification of involvement in such activity is to be made available to the HACLA upon resident’s annual review. Third party verification includes verification of adult residents exemption status.

B. Applicability

1. This policy is applicable to all adult residents (head of household, spouse and household member age 18 years or older) of HACLA public housing sites, except for those household members who fall into one or more of the exempted categories listed in Section III, definition.

2. The eight (8) hours may be made up of a combination of community service and/or self-sufficiency activities.

C. Definitions

1. Community Service: The performance of voluntary work or duties that are a public benefit, and that serve to improve the quality of life, enhance resident self-sufficiency, or increase resident self-responsibility in the community. Community
service is not employment and may not include political activities.

2. Exempt individuals: Individuals exempt from this requirement include those adults who are:
   a. 62 years of age or older;
   b. Blind;
   c. Disabled (as defined in #4 below);
   d. Is the primary caregiver to someone 62 years or older, blind or disabled;
   e. Is engaged in work activities (as defined in Section III C);
   f. Is exempt from the CalWORKS or other State of California’s Welfare-to-Work program, or
   g. Is a participant in a Welfare-to-Work program and is in compliance with the requirements of such program.

3. Work Activity: Participation in one or more of the following activities constitutes work activity.
   a. Unsubsidized employment;
   b. Subsidized private or public employment;
   c. On the job training;
   d. Job search;
   e. Job readiness;
   f. Community service programs;
   g. Vocational education training;
   h. Education directly related to employment for residents without a high school diploma or GED;
   i. Satisfactory attendance at a secondary school, or
   j. Provision of childcare services to a resident participating in a community service program.

4. Disabled: For the purpose of this requirement, “disability” means the “inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to last for a continuous period of not less than 12 months.” (42 USC 416(i)(1))

5. Economic self-sufficiency program: Any approved program designed to encourage, assist, train, or facilitate the economic independence of participants.

D. Example of Acceptable Community Service Activities

HACLA non-exempt adult residents may satisfy this requirement by
providing volunteer service to the following types of programs:

1. Youth programs: this may include preschool programs, child care, and after-school programs;
2. Local elementary school (i.e.: PTO/PTA, or other activities as needed);
3. Participation on Resident Advisory Council, Resident Management Corporations, Resident Advisory Board, or;
4. On-going volunteering with other community based non-profit organizations (may include faith-based institutions).

E. Example of Acceptable Self-Sufficiency Activities

Adult HACLA residents may satisfy this requirement by participating in self-sufficiency activities such as:

1. Programs for job training or on-the-job training including apprenticeships;
2. Work Experience programs;
3. Employment counseling;
4. Work placement;
5. Basic skills training;
6. Education (such as those leading to a GED, other degrees or employment possibilities);
7. English proficiency;
8. Workfare;
9. Financial or household management, and
10. Any program necessary to ready a participant for work (including a substance abuse or mental health treatment program) or other work.

F. Verification

1. All adult residents of HACLA public housing sites must provide verification of either compliance with this requirement or exemption. Verification of compliance may include:
   a. Completion of the appropriate HACLA form;
   b. Copy of school enrollment confirmation;
   c. Copy of most recent paycheck stub;
   d. Copy of participation compliance with CalWORKS (welfare) or other welfare-to-work activities, or
   e. Other third party verification.

2. Date of verification documentation must be at least 30 days
before the date of the annual lease review.

3. Exemption status for those members over the age of 62 years old or disabled as defined by Section C 4 above will not be reverified annually.

G. Execution of Revised Rental Agreement

1. Beginning with reexaminations effective January 1, 2001, all residents are required to sign a revised Rental Agreement. The term of the lease will be 12 months.

2. One of the requirements for the Housing Authority to renew the Rental Agreement for another term of 12 months is to be in compliance with the community service requirements set forth in this Chapter.

H. Compliance Review

1. Beginning January 1, 2002, all adult residents of HACLA public housing sites will be required to provide documentation confirming compliance with or exemption from the community service provision within 30 days of the date of lease renewal.

2. At the time of the annual recertification, the HACLA will provide the family a list of adult household members’ status as to exemption from, in compliance with, or need to comply with the community service regulation and will provide instructions as to how household members may come into compliance or claim exemption from this provision.

3. Non-exempt adult household member and the Resident will sign a written plan of action in concordance with the development management indicating how they will come into compliance. This is to include additional hours needed to make up for the hours not served while in non-compliance retroactive to the first annual reexamination after January 1, 2002.

4. If the HACLA determines that a family member is in non-compliance with this provision, the resident will be provided the following:

a. Notification of the non-compliance;

b. A statement that HACLA will not renew the lease at the
end of the 12-month term unless the non-compliant adult performs according to the written agreement;

c. That the resident may request a grievance procedure to address the issue of non-renewal of the lease.

5. Refusal to develop and adhere to a plan of action will result in non-renewal of the lease.

XIII. RENTAL AGREEMENT TERMINATION AND EVICTION

A. Notice of Rental Agreement Termination

Except for an eviction where pursuant to the Grievance Policy the resident is not entitled to a grievance hearing, no resident will be evicted without the HACLA first providing that resident with a written Notice of Rental Agreement Termination in which is stated the reason(s) for the termination and advising the resident of his/her right to request a hearing in writing in accordance with the Resident Grievance Procedure. Following delivery of the Notice of Rental Agreement Termination, the resident will be given an opportunity to present a written reply or explanation concerning the HACLA’s reasons for terminating the lease.

Except as noted above, judicial eviction proceedings will not begin until the period specified in the Notice of Rental Agreement Termination has passed or the Grievance Procedure has been completed, whichever is appropriate.

B. Eviction

The HACLA shall give written notice of termination of the Rental Agreement only for good cause which includes, but is not limited to, serious or repeated interference with the rights of other residents, serious or repeated damages to the premises, creation or maintenance of a threat to the health or safety of other residents or HACLA’s employees, non-payment of rent, or serious or repeated violations of the material terms of the Rental Agreement.

C. Upon the vacate of a HACLA owned unit due to violation of the Rental Agreement and/or Eviction, the HACLA will input information regarding the lease termination into HUD’s EIV database of debts owed to public housing agencies and adverse information of former participants. Information inputted include: the amount of any balance owed the HACLA and/or any payment agreement; whether or not a
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former resident has defaulted on a repayment agreement or if the HACLA has obtained a judgment against a former resident; and the negative reason(s) for the resident’s end of participation.

XIV. DISASTER VICTIMS

A. In response to a disaster, HACLA may use available community area space or vacant units to meet the immediate shelter needs of those affected by the disaster, regardless of their eligibility for public housing. This does not constitute an admission.

B. HACLA may use public housing units as temporary shelter only for the duration of the emergency.

C. Such efforts should be coordinated with the Federal Emergency Management Agency (FEMA) or with state or local emergency organizations or with private relief organizations such as the Red Cross.

D. The family is to be charged rent based on HUD regulations.

E. For admissions purposes, disaster victims must be processed like any other applicant. The family must meet the eligibility requirements, undergo the required screening and verification process, and, if determined to be eligible, offered housing in accordance with existing policies and procedures.

F. Applicants on the waiting list, whether disaster victims or not, shall have a priority for vacant, habitable units over disaster victims who are not qualified for public housing.
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DEFINITIONS OF ELIGIBILITY AND INCOME

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DEFINITIONS OF ELIGIBILITY AND INCOME

I. DEFINITIONS OF ELIGIBILITY AND INCOME

The following definitions shall apply in determining eligibility for admission to, and continued occupancy in, assisted housing programs at all HACLA owned properties:

A. Adjusted Income

Adjusted income means annual income less the deductions and exemptions specified below, and anticipated during the 12-month period for which annual income is estimated.

Only the mandatory deductions specified below are allowed in determining adjusted income, and such deductions are applied to all families in like circumstances:

1. Elderly/Disabled Deduction

An exemption of $400 per family for all families in which the head, spouse, or sole member is at least 62 years of age or disabled (regardless of age).

The $400 is a household deduction (only one per family, even if both head and spouse are elderly).

2. Dependent Deduction

An exemption of $480 for each dependent. No family member is entitled to more than one exemption.

There shall be an exemption of $480 for each household member who is age 17 and under.

There shall be an exemption of $480 for each household member who is age 18 and older AND disabled or a fulltime student.

The head, spouse, foster child, foster adult, or live-in aide is never counted as a dependent, regardless of age or disability.

3. Child Care Deduction

Reasonable childcare expenses for the care of children ages 12 or younger, including foster children shall be deducted from annual income if all of the following are true:
DEFINITIONS OF ELIGIBILITY AND INCOME

a. The care is necessary to enable a family member to actively seek employment, or to further his or her education;

b. The expense is not reimbursed by an agency or individual outside the household;

c. In the case of child care to permit employment, the expenses incurred to enable a family member to work shall not exceed the amount earned; and

d. The amount deducted shall reflect reasonable charges for childcare;

Child Support payments made on behalf of a minor who is not living in the household cannot be deducted as child care.

Child care expenses for the care of disabled family members over the age of 12 shall not be deducted as childcare expenses (see Allowance for Disabled Family).

4. The sum of the following, to the extent the sum exceeds three percent of annual income:

a. Unreimbursed medical expenses of any elderly or disabled family.

(1) The medical expenses deduction is permitted only for elderly or disabled families.

(2) If the household is eligible for a medical expense deduction (i.e., is an “elderly” family), the medical expenses of all family members are counted.

(3) “Total medical expense” includes medical insurance premiums, and other medical expenses, which are anticipated during the period for which annual income is computed, and that are not covered by insurance or reimbursed by any other source.

(4) Third parties are sometimes hesitant to estimate future medical needs. To address this, anticipated medical expenses may be based on the expenses the family paid in the 12 months preceding the effective date of the certification/recertification less any one-time expenses that are not expected to recur.
(5) “Medical Expense” also includes the cost of prescription and non-prescription medicines, transportation to and from treatment, dental treatment, eye examination, attendant care or periodic medical care, medically needed equipment and assistive animals and upkeep of both. Examples of equipment include: hearing aids, walkers, artificial limbs, eye glasses and contact lenses.

b. Disability Assistance Expenses

Unreimbursed reasonable attendant care and auxiliary apparatus expenses for each member of the family who is a person with disabilities, to the extent necessary to enable any member of the family (including the member who is a person with disabilities) to be employed.

This allowance may not exceed the earned income received by family members who are 18 years of age or older who are able to work because of such attendant care or auxiliary apparatus.

Reasonable anticipated expenses for attendant care and “auxiliary apparatus” for handicapped or disabled family members if such expenses:

- Enable a family member (including the handicapped family member) to work;
- Exceed three percent of Annual Income;
- Do not exceed the earned income of house hold member(s) enabled to work; and
- Are neither paid to a family member nor reimbursed by an outside source.

An auxiliary apparatus is an item such as wheelchair, ramp, adaptations to vehicles, special equipment to enable a blind person to read or type, etc. if directly related to permitting the disabled person or other family member to work.

If a family has both medical expenses and disability assistance expenses, three percent of annual income must first be deducted.
from the disability assistance expenses. Any remainder is then deducted from total medical expenses.

B. Annual Income

Annual Income is used to determine income eligibility.

1. Annual income means all gross amounts that are monetary or not, which:
   a. Go to, or on behalf of, the family head or spouse (even temporarily absent) or to any other family member;
   b. Are anticipated to be received from a source outside the household during the upcoming 12 month period following admission or annual reexamination effective date;
   c. Includes income from assets to which any family member has access;
   d. Are not specifically excluded (by statute or HUD); pursuant to 24 CFR 5.609(c); and
   e. Projected on a yearly basis even if income is not expected to be received for a full year.

2. Annual Income Inclusions
   a. Salary and wages including:
      (1) Salary Income (gross)
      (2) Tips
      (3) Overtime Pay
      (4) Fees
      (5) Bonuses
      (6) Commissions
      (7) Other compensation for personal services
   b. Net income from operation of business/profession

Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal
Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family.

c. Full amount of Periodic payments from sources (except lump-sum payments as provide in Section 3 m below) such as:
   (1) Social Security
   (2) Pensions
   (3) Annuities
   (4) Life Insurance Policies

d. Payments in lieu of earnings, such as:
   (1) Unemployment compensation
   (2) Disability Pay
   (3) Worker’s Compensation
   (4) Severance pay

e. Welfare Assistance
   (1) General relief
   (2) Temporary Assistance to Needy Families (TANF) (CALWORKS in California)
   (3) Supplemental Security Income (SSI).

f. Alimony and Child Support

g. Military pay
   Regular pay and allowances (except for hostile fire pay)

h. Asset Income, such as:
   (1) Interest Income
   (2) Dividends

i. Income from real/personal property

j. Lump-sum amounts for the delayed start of an:
   (1) Annuity;
   (2) Pension;
   (3) Welfare payment;
   (4) Unemployment benefit; or
   (5) Back child support
DEFINITIONS OF ELIGIBILITY AND INCOME

k. Benefits or other non-earned income paid directly to or on behalf of minors or fulltime students such as:
   (1) Social Security
   (2) SSI

l. Regular contribution or gifts received from organizations or from persons not residing in the dwelling.

m. Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family.

3. Annual Income Exclusion:

   The lists of types of income that are excluded when determining Annual income are included in this section. Annual income shall not include:

   a. Earned income from the employment of children (including foster children) under the age of 18 (age 17 and younger) years.

   Income from the employment of the family head or spouse is always included, regardless of their ages. Welfare assistance, SSI, and other non-earned income paid to children is always included in Annual Income.

   b. Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone). This does not include KinGAP.

   c. Lump-sum payments to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker’s compensation), capital gains and settlements for personal or property losses.

   These lump sum payments are to be treated as assets.

   d. Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member.

   This exclusion is not limited to elderly and disabled families.
DEFINITIONS OF ELIGIBILITY AND INCOME

e. Income of a live-in aide, (or family members of live-in aide).

Live-in Aide means a person(s) determined to be:

- Essential to care and well being of elderly/disabled tenant;
- Who would not be living in the unit except to provide the necessary supportive services; and
- Not otherwise obligated for support of the tenant.

f. The full amount of student financial assistance paid directly to the student or to the educational institutions.

This exclusion applies to all students, not just those eligible for the dependent deduction, and that is not limited to assistance for tuition, books or fees.

g. Special pay to a family member serving in the Armed Forces who is exposed to hostile fire.
   (1) Imminent danger pay
   (2) Combat pay
   (3) Hazardous duty pay

h. Amounts received under certain economic self sufficiency training programs including:

   (1) Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS);

   (2) Amounts received by a participant in other publicly-assisted programs that are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.), and that are made solely to allow participation in a specific program.

i. Temporary, nonrecurring or sporadic income, including gifts.

Income that is neither reliable nor periodic.
DEFINITIONS OF ELIGIBILITY AND INCOME

j. Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era.

k. Earnings in excess of $480 for each full-time student 18 years of age or older (excluding the head of household and spouse).

l. Adoption assistance payments in excess of $480 per adopted child.

m. Deferred periodic amounts from Supplemental Security Income and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts; a lump sum payment covering the period from application to determination of eligibility.

This exclusion very specifically exempts from Annual Income certain delayed benefits from Social Security and Supplemental Security Income. While not income, these lump sums are additions to assets. This includes a SSI lump sum payment from application to determination of eligibility.

n. Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit.

o. Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home.

The State funds alluded to in this paragraph are paid to prevent the institutionalization of a family member.

p. Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits (refer to the Income Guidebook for complete list):

(1) The value of the allotment provided to an eligible household for coupons under the Food Stamp Act of 1977 [7 USC 2017(h)].
DEFINITIONS OF ELIGIBILITY AND INCOME

(2) Payments to volunteers under the Domestic Volunteer Services Act of 1973 [42 USC 5044(g), 5088]. Examples of programs under this Act include but are not limited to:
   a. The Retired Senior Volunteer Program (RSVP)
   b. Foster Grandparent Program (FGP)
   c. Senior Companion Program (SCP)
   d. Older American Committee Service Program; and
   e. National Volunteer Antipoverty Programs such as VISTA, Peace Corps, Service Learning Program, and Special Volunteer Programs

(3) Small Business Administration Programs such as the National Volunteer Program to Assist Small Business and Promote Volunteer Service to Persons with Business Experience, Service Corps of Retired Executives (SCORE), and Active Corps of Executives (ACE).

(4) Payments received under the Alaska Native Claims Settlement Act [43 USC 1626(a)].

(5) Income derived from certain sub-marginal land of the United States that is held in trust for certain Indian tribes [25 USC 459E].

(6) Payments or allowances made under the Department of Health and Human Services’ Low-Income Home Energy Assistance Program [42 USC 8624 (f)].

(7) Income derived from the disposition of funds of the Grand River Band of Ottawa Indians [pub. L. 94-540, 90 State 2503-04].

(8) The first $2,000 of per capita shares received from judgment funds awarded by the Indian Claims Commission [25 USC 1407-08], or the Court of Claims or from funds held in trust for an Indian tribe by the Secretary of Interior [25 USC 117(b), 1407].

(9) Amounts of scholarships funded under Title IV of the Higher Education Act of 1965, including awards under the Federal work-study program or under the Bureau of Indian Affairs student assistance programs [20...
USC 1087(uu)]. Examples of Title IV programs include but are not limited to: Basis Educational Opportunity Grants (Pell Grants), Supplemental Opportunity Grants, State Student Incentive Grants, College Work Study, and Byrd Scholarships.

(10) Payments received from programs funded under Title V of the Older Americans Act of 1965 [42 USC 3056 (f)]. Examples of programs under this act include but are not limited to:
   a. Senior Community Services Employment Program (CSEP);
   b. National Caucus Center on the Black Aged;
   c. National Urban League;
   d. Association National Pro Personas Mayors;
   e. National Council on Aging;
   f. American Association of Retired Persons;
   g. National Council on Senior Citizens, and
   h. Green Thumb.

(11) Payments received after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established in the Agent Orange product liability litigation.


(13) The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990 [42 USC 9859(q)].

(14) Earned income tax credit refund payments received on or after 1/1/91 [26 USC 32(j)];

(15) Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservations.
DEFINITIONS OF ELIGIBILITY AND INCOME

(16) Allowances, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990.

(17) Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act.

(18) Allowances, earnings and payments to individuals participating in programs under the Workforce Investment Act of 1998.

(19) Monies earned as an official census taker.

(20) Amounts received under training programs funded by HUD. Excludes stipends, wages, transportation payments, child care assistance and other related training expenses for the duration of the training.

(21) (Public Housing Units Only) Incremental income increases for 12 months, and 50% of the incremental increase for an additional 12 months, of earned income providing the resident:

a. Was unemployed 12 months or more prior to the date of employment; or

b. Was underemployed in the 12 months prior to the date of employment (earned less than what would be received for 10 hours a week for 50 weeks, at the state’s minimum wage); or

c. Earnings increase while the resident is participating in a job training or self sufficiency program; or

d. Is or was receiving welfare assistance, with benefits and/or services of at least $500 within six months of the date of employment.

(24). Resident Service Stipends.
DEFINITIONS OF ELIGIBILITY AND INCOME

Amounts received under resident service stipend. A resident service stipend is a modest amount (not to exceed $200 per month in total) received by a resident for performing a service for the Housing Authority, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, resident initiatives coordination, and serving as a member of the Housing Authority’s governing Board. No resident may receive more than one such stipend during the same period of time.

C. Annualization of Income

Convert periodic source/amounts of income to annual income as follows:

1. Multiply hourly wages by the number of hours worked /year. (2080 hours for fulltime employment with a 40 hour work week and no overtime).

2. Multiply weekly income by 52

3. Multiply bi-weekly income by 26

4. Multiply semi-monthly income by 24

5. Multiply monthly income by 12

6. If it is not feasible to anticipate a level of income over a 12-month period (e.g., seasonal or cyclic income), or the Management staff believes that past income is the best available indicator of expected future income, staff may annualize the income anticipated for a shorter period. The family shall be scheduled for a special review for a redetermination of income at the end of the shorter period.

D. Applicant

The adult member of the household who signs the application as the applicant.

E. Asset Value and Income to Use

1. When the total family assets are less than or equal to $5,000, use the actual income from the assets in the annual income.
2. When the total family assets total $5,001 or more, use the greater of the actual or imputed income from the assets.

Imputed income from the assets is determined by taking the total value of the family assets times the Passbook Savings Rate (PSR).

The PSR is issued by the local HUD office and is currently 2%.

3. Assets include:
   a. "cash-on-hand"
   b. stocks, bonds, and certificates of deposit
   c. money market funds
   d. other investment accounts
   e. equity in real property or other capital investments
   f. cash value of trusts funds accessible to the family
   g. IRA/KEOGH or other retirement/pension funds (while employed only count what they have access to, after retirement or termination, count only what they take as lump-sum payment)
   h. assets jointly owned that allow for unrestricted access by applicant or tenant
   i. lump-sum receipts
   j. personal property for investment purposes
   k. cash value of life insurance policies
   l. assets disposed for less than fair market value in the year period preceding the date of (re)certification.

F. Co-Applicant

The adult member of the household who signs the application as the co-head.

G. Co-head

The cohead is the co-applicant at the time of the admission and is a Resident once admitted as defined in the Rental Agreement. A co-head can not be appointed or added to the lease after the family has been admitted.

H. Dependent

A disabled (handicapped) person, or a member of the household (excluding foster children or foster adults), other than the family head,
DEFINITIONS OF ELIGIBILITY AND INCOME

spouse, or co-head who is under 18 years of age or is a full-time student (and qualifies for the $480 deduction when computing income-based rent).

I. Developmental Disability

The term "developmental disability" means a severe, chronic disability of an individual 5 years of age or older that -
1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
2. Is manifested before the individual attains age 18;
3. Is likely to continue indefinitely;
4. Results in substantial functional limitations in three or more of the following areas of major life activity -
   (a) self-care;
   (b) receptive and expressive language;
   (c) learning;
   (d) mobility;
   (e) self-direction;
   (f) capacity for independent living; and
   (g) economic self-sufficiency; and
   (h) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, supports, or other assistance that is of lifelong or extended duration and is individually planned and coordinated.

J. Disabled Family

A family whose head (including co-head), spouse, or sole member is a person with disabilities. It may include two or more persons with disabilities living together, or one or more persons with disabilities living with one or more live-in aides.

1. A person or person with disabilities is a person or persons who:

   a. Has a disability, as defined in 42 U.S.C. 423;

   b. Is determined, in accordance with HUD regulations, to have a physical, mental, or emotional impairment that:

      (1) Is expected to be of long-continued and indefinite duration:

      (2) Substantially impedes his or her ability to live independently; and
(2) Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

c. Has a developmental disability as defined in I above.

2. Does not exclude persons who have the disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome.

3. Means individual with handicaps, as defined in 24 CFR, Sec. 8.3, for purposes of determining reasonable accommodation and program accessibility. Also see Section 504 Definitions as set forth in this Exhibit.

4. For purposes of qualifying for elderly low-income housing or a local preference, does not include a person whose disability is based solely on drug or alcohol dependence.

K. Displaced Family or Person

For the purpose of admissions and receiving a preference on the waiting list, a displaced family or person shall mean one that:

1. Has been displaced by public or private actions;

2. The entity displacing the family has entered into a formal agreement with the Housing Authority to provide housing assistance to the families who were displaced by their action, would receive a preference on the waiting list; and

3. Meet all other admission eligibility requirements.

L. Elderly Family

A family whose head (including co-head), spouse, or sole member is a person who is at least 62 years of age. It may include two or more persons who are at least 62 years of age living together, or one or more persons who are at least 62 years of age living with one or more live-in aides.

M. Economic self-sufficiency program

Any program designed to encourage, assist, train, or facilitate the economic independence of HUD-assisted families or to provide work for
such families. These programs include programs for job training, employment counseling, work placement, basis skills training, education, English proficiency, workfare, financial or household management, apprenticeship, and any program necessary to ready a participant for work (including a substance abuse or mental health treatment program), or other work activities.

N. Equally Income Self-Sufficient (Public Housing Only)

Any source of income other than earnings from wages and or public assistance, which is equal to the income received by an individual working 20 hours a week at the state minimum wage.

Example – Income from investment or a financial trust.

O. Extremely low income family

A family whose annual income does not exceed 30 percent of the median income for the area as determined by HUD, with adjustments for smaller and larger families.

P. Family

A family is:

1. Two or more persons, with or without children.
2. Disabled Family as defined in paragraph J of this section.
3. Displaced family as defined in paragraph K of this section.
4. Elderly family as defined as paragraph L of this section.
5. Near-elderly family as defined in paragraph AH of this section
6. Residual member(s) of a resident family, e.g., a person or persons who are the residuum of a formerly eligible family.
7. A single person who is not elderly or disabled, or is not a displaced person, or is not a remaining members of a resident family.

Q. Family of a Veteran or Serviceperson

A family is the family of a veteran or serviceperson when:
DEFINITIONS OF ELIGIBILITY AND INCOME

1. The head of the family is a veteran or serviceperson.

2. A member of the family, related to the head by blood, marriage or adoption is a veteran or serviceperson.

3. The former head of the family is a deceased veteran or serviceperson provided the spouse has not remarried.

4. A former member of the family, related to the head by blood, marriage or adoption, is a deceased veteran or serviceperson and was a member of the family at the time of death.

To qualify as the family of a veteran or serviceperson, the veteran or serviceperson, unless deceased, must be living with the family or be only temporarily absent, unless:

1. The veteran or serviceperson, formerly the head, is permanently absent because of hospitalization, separation, or desertion.

2. The veteran or serviceperson, formerly the head, is divorced, provided there remains in the family one or more persons for whose support he/she is still legally or morally responsible, and provided that the spouse has not remarried.

3. The veteran or serviceperson, not the family head, is permanently hospitalized provided that he/she was a member of the family at the time he/she was hospitalized and provided further there remains in the family two or more persons related to him/her by blood, marriage, or adoption.

R. Flat Rent – Public Housing Units Only

Rents for public housing units that are based on the fair market value of the unit.

S. Full-Time Student

A person who is attending school or vocational training on a full-time basis as determined by the institution.

T. Head of Household

The adult member of the family (identified by the family) who is:

1. Held responsible and accountable for the family, and
2. Is the head of the household for purposes of determining income eligibility and rent.

U. **Imputed Welfare Income**

The amount of annual income that is not actually received by a family (as a result of a specified welfare benefit reduction), but is included in the family's annual income for purposes of determining rent. A specified welfare benefit reduction is defined as a reduction in the welfare benefit due to fraud or non-compliance with a welfare agency requirement to participate in an economic self-sufficiency program.

V. **Income-based Rent**

Rent based upon the income of the family.

W. **Incremental Increase – Public Housing Program Only**

1. The amount of increase of a family member's income calculated by comparing the amount of the income before the beginning of qualifying employment to the amount of such income after beginning the employment.

2. The amount subject to the public housing economic self-sufficiency incentive.

See MPP 201:1 XI D.

X. **Live-In Aide**

A person who resides with an elderly, near-elderly, or disabled person or persons, and who:

1. Is determined to be essential to the care and well-being of the person(s);

2. Is not obligated for support of the person(s); and

3. Would not be living in the unit except to provide necessary supportive services.

Y. **Local Preferences – Public Housing Program Only**
Categories established by the Housing Authority, which provides qualified individuals a preference for admission to the public housing program and establishes the order for placement on the waiting list.

Preferences are found in MPP 201:1 K.

Z. Low-Income Family

A family whose income does not exceed 80 percent of the median income for the area, as determined by HUD, with adjustments for smaller or larger families.

AA. Medical Expenses

As established by regulations that are deducted from income for purposes of determining the rent.

See Section I A 4 of this document, under Adjusted Income.

BB. Military Service of the United States

Shall mean the Army, Navy, Air Force, Marine Corps, or Coast Guard.

CC. Minimum Rent

Minimum rent is the lowest rent to be charged.

For the Public Housing Program
- The amount of the minimum rent is $50.

For the Section 8 New Construction Program
- Minimum rent for the Section 8 New Construction (Senior and Multifamily) will be set at $50.

DD. Minor

A person who is less than 18 years of age.

EE. Mitigating Circumstances

A situation that effects an individual’s or household’s ability to comply with the HACLA program requirements and results in an adverse action by the HACLA against the Client.
DEFINITIONS OF ELIGIBILITY AND INCOME

FF. Monthly Adjust Income

One twelfth of adjusted annual income.

GG. Monthly Income

One twelfth of annual income.

HH. Near Elderly Family

A family whose head (including co-head) or spouse or sole member is at least 50 years of age, but below the age of 62 years.

II. Reasonable Accommodation

A reasonable accommodation is a change, exception or adjustment that the HACLA makes to its rules, policies, practices, procedures or to its housing units or common areas that will provide a person with a disability an equal opportunity to participate in and benefit from the programs administered by the HACLA. A reasonable accommodation does not include accommodations that would require a fundamental alteration to the nature of HACLA's operations or program rules or would create an undue financial or administrative hardship.

JJ. Serviceperson

A person (man or woman) in active military service of the United States.

KK. Single Person

A person who does not qualify as an elderly family, disabled family, displace person, or the remaining member of a resident family.

LL. Single Person, Securing Legal Custody

A single person who is in the process of securing legal custody of any individual under the age of 18 through adoption or other means.

MM. Spouse

The husband or wife of the head of household.
DEFINITIONS OF ELIGIBILITY AND INCOME

NN. **Tenant Rent**

The amount payable monthly by the family as rent.

OO. **Utility Reimbursement**

The amount by which the utility allowance for a unit exceeds the total tenant payment for the family occupying the unit. If the total tenant payment less the utility allowance results in a negative number, the family is entitled to a monthly reimbursement equal to the negative rent.

PP. **Very Low-Income Family**

A family whose income does not exceed 50 percent of the median income for the area, as determined by HUD.

QQ. **Veteran**

A person, who served in active military service of the United States at any time, and who was discharged or released there from under conditions other than dishonorable.

RR. **Welfare Benefit Reduction Definitions - Public Housing Only**

1. Covered families: Families who receive welfare assistance or other public assistance benefits from the State or other public agency under a program for which, State, or local law requires that a member of a family must participate in an economic self-sufficiency program as a condition for such assistance.

2. Imputed welfare income: The amount of annual income not actually received by a family, as a result of a specified welfare benefit reduction, that is included in the family’s annual income for purposes of determining rent.
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INCOME LIMITS FOR ADMISSION TO THE PUBLIC HOUSING PROGRAM

This Exhibit sets forth the maximum income limits for eligibility for admission to low-rent public housing.

I. GENERAL

A. The annual income limits are established by the U.S. Department of Housing and Urban Development (HUD).

B. Annual income is the applicant family’s income before any deductions.

II. INCOME LIMITS

Effective April 15, 2018 the following income limits shall apply:

<table>
<thead>
<tr>
<th>Number of Persons In Household</th>
<th>Extremely Low Income (30% of Median Income)</th>
<th>Very Low Income (50% of Median Income)</th>
<th>Low Income (80% of Median Income)</th>
</tr>
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<td>$ 33,950</td>
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<td>$ 63,280</td>
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III. FAMILY SIZE ADJUSTMENTS

A. Very Low and Low Income

For 50% (Very Low Income) and 80% (Low Income) income limits for families with more than eight persons, add 8% of the 4-person base to the 8-person income limit. Actual numbers are those generated by the HUD User Calculator for Determining Extremely Low Income Limits for Families with More Than 8 People.

<table>
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<tr>
<th>Number of Persons in Family and Percentage Adjustments</th>
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<tbody>
<tr>
<td>1</td>
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<tr>
<td>70%</td>
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IV. EXTREMELY LOW INCOME

Due to changes in the calculation for the Extremely Low-Income households due to Section 238 of the 2014 Consolidated Appropriation Bill, the calculator provided for on the HUD user website must be used to determine the income limits.

This Exhibit sets forth the monthly utility allowances for the low-rent housing developments. For CALs 401 though 422 the monthly utility allowance is made up of an amount for electrical use and for the City of Los Angeles’s solid resources fee from the Bureau of Sanitation. This Exhibit also sets forth the quarterly gas usage allowances for each of these sites and the charge for excess gas usage.

For CALs 593 and 594 and the Jordan Scattered/Mosaic units the monthly utility allowance is made up of an amount for electric, natural gas, and the City of Los Angeles’s solid resource fee from the Bureau of Sanitation.

I. CITY OF LOS ANGELES SANITATION CHARGES

A. Effective February 1, 2012, an allowance for tenant paid City of Los Angeles Sanitation Solid Resources Fees will be included in the tenant’s monthly utility allowance.

B. The allowance for units in multifamily buildings (more than 2 units) will be set at $24.33, and added to the electric allowance. The result will be rounded up/down.

C. Units in single-family structures or duplex buildings will be provided an allowance at the rate of $36 for sanitation charges. The amount will be added to the electric allowance and the result will be rounded up/down.

II. ELECTRICITY ALLOWANCES CALs 401 THROUGH 422

A. The electrical rates set forth in this exhibit were effective August 1, 2014.

B. Electrical utility allowance is based upon engineer determined electric consumption levels by an energy-conservative household of modest circumstances. Consumption level is then multiplied by the current average Los Angeles Department of Water and Power rate for kilowatt hour (within 10%) to determine the dollar value per month.

C. Effective August 1, 2014, the current electrical rate is $0.15 per kilowatt hour (Kwh).

III. TOTAL UTILITY ALLOWANCE FOR FAMILY DEVELOPMENTS

The following table illustrates the Utility Allowance (UA) for CALs 401 – 422. The total UA for a single family or duplex unit will show up in parentheses ( ) where applicable.
The monthly utility allowance is subtracted from the Total Tenant Payment to determine the amount of the Tenant Rent.

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<tr>
<th>Bdrm Size</th>
<th>New Electric UA</th>
<th>Total UA w/ City Sanitation (Trash)</th>
<th>Total UA (rounded)</th>
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IV. NATURAL GAS ALLOWANCES

A. The rent paid by a resident includes a monthly allowance for gas usage.

B. The allowance varies quarter by quarter depending on factors such as the weather.

C. Components

The natural gas allowance includes allowances for all components of the natural gas consumption necessary for each bedroom size at each site. Natural gas provides for space heating, water heating, and cooking.

D. Site Consumption Allowances

The following table shows the natural gas utility consumption allowances for each quarter and annually for the site and bedroom size listed.
## Utility Allowances for Low-Rent Public Housing

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<tr>
<th>CAL No.</th>
<th>SITE</th>
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<th>4-BR</th>
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## UTILITY ALLOWANCES FOR LOW-RENT PUBLIC HOUSING

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## Utility Allowances for Low-Rent Public Housing

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### UTILITY ALLOWANCES FOR LOW-RENT PUBLIC HOUSING

**Hundred Cubic Feet**

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<td>589</td>
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Charges for gas consumption in excess of quarterly allowances shall be based on a charge of $0.65 per 100 cubic feet (term).

### V. NEW PICO AND LAS CASITAS

#### A. New Pico (593)

<table>
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<td>5</td>
<td>44</td>
<td>63</td>
<td>24</td>
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#### B. Las Casitas (594)

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<th>Sanitation</th>
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<td>35</td>
<td>36</td>
<td>97</td>
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<tr>
<td>3</td>
<td>31</td>
<td>43</td>
<td>36</td>
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VI. UTILITY ALLOWANCES FOR JORDAN DOWNS MOSAICS & SCATTERED UNITS

Until an energy audit is completed on these properties, the utility allowance will be based on the Section 8 allowance. The following allowances are effective December 1, 2012:

A. Mosaic Units (Santa Ana Blvd)

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<tr>
<td>4</td>
<td>52</td>
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B. Jordan Scattered

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<td>$97</td>
</tr>
<tr>
<td>3</td>
<td>41</td>
<td>31</td>
<td>36</td>
<td>108</td>
</tr>
</tbody>
</table>
Effective September 1, 2018 all payments to residents including but not limited to refunds for utility reimbursement payments (URPs), rent calculation corrections, damage payments, payments to Block Captains, and security/other deposit repayments will be provided to residents via a debit card or automatic deposit into a checking or savings account (ACH deposit). Paper checks will no longer be issued.

I. INITIAL ISSUANCE OF CARDS TO CURRENT URP RECIPIENTS

A. Effective September 1, 2018, all residents who receive a URP will be transferred to a debit card from the banking institution currently being used by the Housing Authority.

B. Finance will submit to the banking institution the information necessary to set up the prepaid cards. Finance will utilize the list provided by Housing Services Administration for the current URP recipients.

C. Once the cards have been received by Finance from the bank, Finance will interoffice the appropriate cards to each of the appropriate properties. Cards will be sent to the attention of the Site Manager.

D. Once the Site Manager receives the cards, he/she or their designee (but no lower than the Assistant Manager) shall notify the Resident to come into the office to receive their card.

E. Site Manager is to follow the procedures in Section IV when issuing the card(s).

F. Following the initial September 2018 reimbursement, a Resident may opt for their URP to be directly deposited into an existing checking or savings account. If they chose to do so:

1. The Site Manager is to complete the top portion of the Selection of Method of Reimbursement Payment form (Pymt-Op).

2. The Resident is to complete the bottom portion of the Pymt-Op form and provide the necessary bank deposit slip or voided check.

3. The Site Manager is to scan the Pymt-Op form and banking information and email to the Finance Department to finance@hacla.org.

   Indicate in subject line “Change from DebitCard to ACH”
PROCEDURES FOR PROCESSING PAYMENTS TO RESIDENTS

II. ISSUANCE OF CARDS TO RESIDENT BEING ADDED TO THE URP LIST

A. If, after the completion of a reexamination of a household’s composition and/or income a household will start to receive the URP, the Site Manager (or designee) is to submit to the Resident along with the RE-38 the Pymt-Op form. Site Management is to meet with the Resident and have them complete the form and to provide the necessary documentation required for their payment choice.

B. Site Management is to scan the completed Pymt-Op form and email it to the Finance Department’s (finance@hacla.org).

Indicate in the subject line “New URP”

C. Site Management is to place the completed form and support documentation in the tenant file under the “Miscellaneous” tab.

D. Finance will set up the account with the bank and interoffice the card to the Site Manager once received from the bank.

E. Site Manager is to contact the Resident to have them pick up the card once it has been received from Finance.

F. When the Resident is receiving the card, the Site Manager is to have the Resident complete the DebitCard-1 form and follow the steps outlined in Section IV below.

III. OTHER REIMBURSEMENT PAYMENTS

A. For payments due to a resident due to miscalculation of rent, validated damage claims, participation as a Block Captain, or other reasons, the Site Manager is to complete the top portion of the Pymt-Op form and have the resident complete the bottom portion of the form.

B. Once the Resident has completed the Paymt-Op form, the Site Manager is to scan the form and transmit it via email to the Finance Department (finance@hacla.org).

Indicate on the subject line “New ACH” or “New DebitCard” (depending on the option chosen.)
C. The original form is to be placed in the tenant file under the “Miscellaneous” tab.

D. For Residents who have vacated (including transferred to a different public housing development), the Finance Department will mail the card directly to the forwarding address provided at the time of move out.

E. For all other residents, the Finance Department will interoffice the card to the Site Manager for the resident to receive it.

F. The Site Manager is to follow the same processes as outlined in Section IV below.

IV. DEBITCARD-1 FORM

A. At time of the issuance of the prepaid debit card, the Site Manager is to complete the top portion of the DebitCard-1 form (Receipt of Debit Card for Payment by HACLA).

B. The Site Manager is to review the form with the Resident to ensure that he/she understands the terms of the card.

C. The Site Manager is to provide the Resident with any additional information regarding the form as provided to the HACLA by the bank.

D. The Resident is to complete the middle portion of the form.

E. The Site Manager is to complete the bottom portion of the form.

F. Once the form is complete, the Site Manager is to make a copy of the form and provide it to the Resident for their record and to file the original in the tenant file under the “Miscellaneous” tab.

V. CHANGE IN HEAD OF HOUSEHOLD

Any time there is a change in the Head of Household (retaining the original T#) for a family who is being reimbursed via the debit card or ACH direct deposit, the following is to occur:

A. Have the new Head of Household complete a new Pymt-Op form (follow previous procedures).
B. Scan the form and any banking documents (if ACH option chosen).

C. Once the new 50058 has been completed, email the Pymt-Op form and banking documents (if ACH) to the Finance Department (finance@hacla.org).

D. Indicate on the subject line: “Change of HoH -Debt Card” or if ACH “Change of HoH – ACH”.

Include in the body of the email the additional information:

Site:
T #:
Old HoH Name:
New HoH Name:
Effective Date:

VI. CHANGE IN BANKING INFORMATION

If a Resident receiving reoccurring ACH direct deposit reports a change in banking information, Site Management is to:

A. Have the Resident complete a Certified Statement confirming they request to discontinue ACH deposit to the account of file (have them include that account info on the statement)

B. Have the Resident complete an updated Pymt-Op form (Site Management complete top portion first).

C. Scan the certified statement, form and supporting banking documentation and email to Finance (finance@hacla.org).

Include in subject line: “Change in ACH Account”
Effect with January 1, 2019 annual reviews, admissions, and transfers, the following table is to be followed for the use of the Flat Rent option for higher-income households as well as for the Max Rent for the purpose of prorating rent for Mixed families. These figures already are reflective of the SAFMR for the zip code and bedroom size less the utility allowance for the site/bedroom size.

* Units with this bedroom size that are in single family/duplex buildings will have slightly lower FR/MR due to the higher Utility Allowance for such units.

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<td>871</td>
<td>1,138 *</td>
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I. ELIGIBILITY REQUIREMENT

HACLA will obtain criminal summary history information from local law enforcement agencies on all prospective adult residents of housing owned or operated by HACLA for purpose of determining whether that individual’s criminal history indicates that he or she is likely to pose a risk to children under the age of 18 years or persons categorized as aged, blind, or disabled living in housing owned or operated by HACLA. Such determination shall be solely HACLA’s.

A. REQUESTS FOR CRIMINAL SUMMARY HISTORY

1. Requests for criminal summary history and criminal summary history information shall only be made by the Manager of the Application Center or other authorized designee of the Executive Director (hereinafter, “Application Center Manager”), shall only pertain to prospective residents of HACLA-owned or operated property, and shall be made to the Housing Authority Public Safety Department (“HAPSD”) on Form RE-73 (Request for Criminal History), along with RE-1A (Consent for Release of Information). See Exhibit G.

2. Excluding only crimes committed while a minor or crimes committed more than 10 years ago, HACLA may only obtain information related to any conviction by a prospective resident for any serious felony as defined by California Penal Code 11105.03.

3. HAPSD shall, within fourteen (14) days of receiving a request for a summary criminal history on any individual, process the Request for Criminal History (Form RE-73) and return it to the Application Center Manager, with the original Consent for Release of Information (RE-1A).

B. UNFAVORABLE INFORMATION

In the event of the receipt of any information which, in the opinion of the Application Center Manager, suggests that the prospective resident’s past criminal conduct is likely to pose a risk to children under the age of 18 years or persons categorized as aged, blind, or disabled living in housing operated by HACLA (hereinafter “Unfavorable Information”), the Application Center Manager shall evaluate and consider such Unfavorable Information, together with any mitigation and rehabilitation information submitted on the RE1-A. in determining the eligibility of the prospective resident.
C. APPLICATION CENTER MANAGER’S MEETING

If the Application Center Manager determines the prospective resident ineligible, the prospective resident to whom the Unfavorable Information pertains shall be given written notice of a date, time and place which has been reserved for them to meet with the Application Center Manager (the “Application Center Manager’s Meeting”).

1. The purpose of the Application Center Manager’s Meeting shall be to provide the prospective resident with an opportunity to present additional pertinent information including, but not limited to, evidence of rehabilitation and evidence of the prospective resident’s participation in, or willingness to participate in, a social service or other appropriate counseling program, or any other information received by or presented to the Application Center Manager which, in the discretion of the Application Center Manager affects, positively or negatively, the health, safety or welfare of those residents categorized as under the age of 18 years, aged, blind or disabled.

2. The Application Center Manager’s Meeting shall be held in private unless requested otherwise by the prospective resident. The prospective resident shall also have the right to be represented by counsel or other person chosen as the prospective resident’s representative, and to have such person make statements and arguments on behalf of the prospective resident. Furthermore, the prospective resident shall have the right to have a decision based solely and exclusively upon the facts and information presented at the time of the Application Center Manager’s Meeting.

D. EVALUATION

1. In evaluating Unfavorable Information, the Application Center Manager shall give consideration to all relevant available factors and circumstances including, but not limited to, the time, nature, and extent of the past conduct; evidence of rehabilitation; and evidence of the prospective resident’s participation in, or willingness to participate in, an appropriate social service or counseling program.
2. If the prospective resident fails to appear at the Application Center Manager’s Meeting, then the Application Center Manager shall evaluate the Unfavorable Information solely on the information available to the Application Center Manager as of the date of the Application Manager’s Meeting.

3. The Application Center Manager shall then issue a written decision (“Application Center Manager’s Decision”) which sets forth all the facts considered by the Application Center Manager and how and why such facts have or have not led the Application Center Manager to conclude that the prospective resident’s past criminal conduct poses a risk to children under the age of 18 years or persons categorized as aged, blind, or disabled. Such decision shall be promptly mailed to the prospective resident.

If the prospective resident is determined to be ineligible based on their past criminal history, the Application Center Manager’s Decision shall include notice to the prospective resident:

a. That he/she has a right to request an informal hearing and that such hearing shall be before someone other than the Application Center Manager who has been designated to hear such hearings (“Hearing Officer”);

b. That he/she may be assisted by Counsel and witnesses may offer testimony;

c. That the informal hearing is the sole opportunity for the prospective resident to offer information or argument against the Application Center Manager’s decision;

d. That he/she will be notified in writing of the Hearing Officer’s decision within 30 days of the informal hearing and that such decision shall be final; and

e. That the request for the informal hearing must be received within 30 days of the date of the Application Center Manager’s decision and should HACLA not receive such a request for an informal hearing within said 30 days, the Application Center Manager’s decision shall be final.
E. CONFIDENTIALITY

Any information obtained from the summary criminal history of an individual is confidential and shall not be disclosed or used for any other purpose other than to evaluate a prospective occupants suitability for HACLA units. Copies of the Application Center Manager’s decision, notes, and Form RE-73 shall be maintained in a separate locked file from the applicant’s file.

Once a final decision by HACLA has been made regarding the eligibility of any prospective resident, the RE-37 shall be returned to HAPSD for destruction. The Consent for Release of Information (RE-1A), manager’s notes, and decision shall be placed and maintained in the applicant file. HAPSD shall destroy the RE-37 and the state summary criminal history received, and all copies made therefrom, not more than 30 days after HACLA’s final decision on the housing status of the individual whom the information relates.

F. PROCEDURES FOR DESTROYING SENSITIVE DOCUMENTS

The Department of Justice guidelines require all the material be shredded so that no legible content is exposed, and no tangible evidence of any information will be read or distributed by outside sources.

The following steps must be followed:

1. The material is read for pertinent content by the authorized receiver.

2. The material is housed for the required amount of time for evaluation in a locked file accessible only to the authorized personnel.

3. The documents shall be destroyed by a shredder that normally shreds 20 – 24 sheets of paper at one time. This will ensure that no tangible evidence of any information will be read or distributed by outside sources.

4. If any legible content is exposed after the initial shredding, the material must be shredded a second time.
5. The material can only be shredded by authorized personnel.

6. The shredded material must be disposed by the recycling method that is offered by the City of Los Angeles. The shredded material is not to be placed in the trash.

G. INFORMAL HEARING

Nothing stated in this Exhibit F of Chapter 201:1 shall diminish, deny, or expand an applicant’s right to an informal hearing set forth in Section (I) (G) of Chapter 201:1 of the Housing Authority City of Los Angeles Manual of Policy and Procedures.

H. NOTICE TO APPLICANTS

All Consent for Release of Information forms completed by applicants to HACLA housing shall contain the language notifying the individual as to the HACLA’s authorization to obtain a criminal summary history and the use of such information for the purpose of determining eligibility to housing pursuant to California Penal Code 11105.03.

I. SOURCE OF AUTHORITY

The subsection governing evaluation of criminal records is found in California Penal Code Section 11105.03. HACLA shall comply with any and all future changes made to the Penal Code Section 11105.03.
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**HEAD OF HOUSEHOLD**

| NAME (Print) |  |

| CLIENT APPLICATION NUMBER |  |

Your Name:

Last, First, Middle – Suffix (i.e. Jr)

Social Security Number: ---  ---  Date of Birth  Sex  State Licenses(s) or ID Number(s)  Issuing State(s)

| Height | Weight | Ethnicity (circle one):  African Amer/Black  Asian/Pacific Isld  White  Hispanic  Other  Hair  Eyes |

I have used other names other than the one above. If yes, please print below each other name used.

YES  NO

Current Address

Previous Address

**CREDIT HISTORY**

**CREDIT REPORT CONSENT** – I, the undersigned, understand as a program requirement the Housing Authority inquires into the residential and credit histories of every adult seeking to reside in publicly assisted housing; and that I hereby give my consent to the Housing Authority to seek and obtain any and all such information about me. I understand that all information gathered will be kept confidential and used only for the purposes of determining my eligibility for assisted housing.

**SIGNATURE** _____________________________________________  **DATED:** ______________

**CRIMINAL HISTORY**

**CRIMINAL HISTORY CONSENT** – I, the undersigned, understand as a program requirement, the Housing Authority inquires into the criminal history of every adult who wishes to reside in publicly assisted housing, and that I hereby give my consent to the Housing Authority obtaining any and all such information that there might be about me regarding any criminal history I might have. I understand that all information obtained will be kept confidential and used only for the purposes of determining my eligibility for assisted housing.

**SIGNATURE** _______________________________________________  **DATED:** ____________

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<th>YES</th>
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<th>PLEASE ANSWER THE FOLLOWING QUESTIONS</th>
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<td>Have you ever been convicted of a criminal act (do not include traffic tickets)? If so, complete the table below</td>
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<td>Are you required to register as a sex offender for the rest of you life under any law of any State?</td>
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<td>Have you ever been convicted of manufacturing methamphetamine?</td>
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<tr>
<td>Month/Year of Conviction</td>
<td>County / State / County of CONVICTION</td>
<td>I was convicted of:</td>
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**NOTICE** – Pursuant to federal law and California Penal Code Section 11105.03, the Housing Authority of the City of Los Angeles is authorized to obtain from local law enforcement agencies criminal summary history information on prospective tenants and occupants of Housing Authority properties.

**CRIMINAL HISTORY CONSENT** – I, the undersigned, understand as a program requirement, the Housing Authority inquires into the criminal history of every adult who wishes to reside in publicly assisted housing, and that I hereby give my consent to the Housing Authority obtaining any and all such information that there might be about me regarding any criminal history I might have. I understand that all information obtained will be kept confidential and used only for the purposes of determining my eligibility for assisted housing.

**SIGNATURE** _____________________________________________  **DATED:** ______________

**MITIGATION AND REHABILITATION OF CRIMINAL HISTORY** – If you have a criminal history and you believe that there are facts and circumstances about that history or other information which you believe we should consider, please provide us with those facts, circumstances, and other information in the space provided on the back of this form.
MITIGATION AND REHABILITATION OF CRIMINAL HISTORY – If you have a criminal history and you believe that there are facts and circumstances about that history or other information, which you believe we should consider, please provide us with those facts, circumstances, and other information in the space provided below.
AUTORIDAD DE VIVIENDA DE LA CIUDAD DE LOS ÁNGELES
HISTORIAL DE CRÉDITO Y ANTECEDENTES PENALES –
PERMISO PARA SOLICITAR INFORMACIÓN

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<th>NÚMERO DE SOLICITUD DEL CLIENTE</th>
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<tr>
<td>Su nombre: Apellido, nombre, 2o. nombre y sufijo (Ejem. Jr.)</td>
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<th>Núm. de Seguro Social</th>
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<th>Sexo</th>
<th>Número de licencias estatales o identificaciones</th>
<th>Estado que las emitió</th>
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He usado otros nombres aparte del que aparece anteriormente. Si este es cierto, escriba con letra de molde todos los otros nombres que ha usado.

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Dirección Actual

Dirección Anterior

**HISTORIAL DE CRÉDITO**

PERMISO PARA SOLICITAR REPORTE DE CRÉDITO – Yo, el firmante, entiendo que como requisito del programa la Autoridad de Vivienda se informa sobre los historiales de residencia y crédito de todo adulto que solicite residir en una vivienda subsidiada con fondos públicos y, que por el presente doy mi consentimiento para que la Autoridad de Vivienda solicite y obtenga cualesquier y toda información semejante acerca de mi. Entiendo que dicha información que obtenga se mantendrá confidencial y se usará únicamente para el propósito de determinar si tengo derecho a vivienda subsidiada.

Firma ____________________________________________    Fecha: ________________

**ANTECEDENTES PENALES**

SÍ NO

FAVOR DE CONTESTAR LAS PREGUNTAS A CONTINUACIÓN

¿Alguna vez lo han declarado culpable de un delito (sin contar las multas de tráfico)? Si contesta afirmativamente, llene la tabla siguiente.

¿Tiene usted que registrarse como delincuente sexual por el resto de su vida bajo alguna ley de algún estado?

¿Lo han declarado culpable de elaborar metamfetaminas?

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<th>Condado, estado o condado del VEREDICTO</th>
<th>Se me declaró culpable de:</th>
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AVISOS – De conformidad con la ley federal y el Artículo 11105.03 del Código Penal de California, la Autoridad de Vivienda de la Ciudad de Los Ángeles está autorizada para obtener información concisa de los cuerpos encargados de imponer el cumplimiento de la ley sobre el historial delictivo de posibles inquilinos e de inquilinos actuales de las propiedades de la Autoridad de Vivienda.

CONSENTIMIENTO DE ANTECEDENTES PENALES – Yo, el firmante, entiendo que como requisito del programa la Autoridad de Vivienda se informa de los antecedentes penales de todo adulto que solicite residir en una vivienda subsidiada con fondos públicos y que por el presente doy mi consentimiento para que la Autoridad de Vivienda solicite y obtenga cualesquier y toda información sobre mi que pudiera haber con relación a cualquier antecedente penal que yo pudiese tener. Entiendo que dicha información que obtenga se mantendrá confidencial y se usará únicamente para el propósito de determinar si tengo derecho a vivienda subsidiada.

Firma ____________________________________________    Fecha: ________________

ATENUANTES Y REPARACIÓN DE LOS ANTECEDENTES PENALES – Si tiene antecedentes penales y usted cree que existen hechos y circunstancias acerca de dichos antecedentes u otra información que piense que nosotros debemos tomar en consideración, anote esos hechos, circunstancias u otra información en el espacio que se dejó para ese propósito al reverso del presente formulario.

RE – 1A (1/06)
ATENUANTES Y REPARACIÓN DE LOS ANTECEDENTES PENALES – Si tiene antecedentes penales y usted cree que existen hechos y circunstancias acerca de dichos antecedentes u otra información que piense que nosotros debemos tomar en consideración, anote esos hechos, circunstancias u otra información en el espacio a continuación.
HOUSING AUTHORITY OF THE CITY OF LOS ANGELES
REQUEST FOR CRIMINAL HISTORY

In accordance with California Penal Code Section 11105.03, federal regulations, and Housing Authority Policy and Procedures (MPP 201:1F), the following information is being provided to the Application Manager.

THIS FORM MUST BE RETURNED TO HAPSD FOR DESTRUCTION NO LATER THAN 30 DAYS AFTER ANY FINAL ACTION IS TAKEN ON THE APPLICATION.

Information Sought

1. Is the individual a registered sex offender? YES NO (Circle One)

2. Has the individual ever been convicted for the manufacture of Methamphetamine? YES NO (Circle One)

3. Does the individual have a conviction or release from custody, as an adult, that occurred within the last 10 years (excluding incarceration time, if known) for a serious felony as described in Section 1192.7(c), 273.5, 422.6, 422.7, 422.75, 422.9, 1170.75, 12020, 12021, or 12021.1; all of the CA Penal Code? YES NO (Circle One). If Yes, please list all such offences in space provide at the bottom of the page.

4. Does the individual have a conviction or release from custody, as an adult, that occurred within the past 10 years (excluding incarceration time if known) under Penal Code Section 273.6 that involves a violation of any protective order, as defined in Section 6218 of the Family Code, or a conviction for any offense that involves domestic violence, as defined in Penal Code Section 13700? YES NO (Circle One) If Yes, please list all such offences in space provide at the bottom of the page.

5. Does the individual have a felony conviction or release from custody, as an adult, that occurred within the last 5 years (excluding incarceration time, if known) involving alcoholic beverages or a controlled substance? YES NO (Circle One).

6. If the individual has a conviction meeting any of the criteria set forth in set forth in 3, 4, and 5 above, then please provide all summary criminal history information involving convictions set forth in 3, 4, and 5 without regard to when the individual was convicted.

7. Is the Individual's Criminal History Questionnaire true and complete? YES NO (Circle One)

☐ APP ONLY ☐ NO HITS ☐ NO HITS MEETING CRITERIA ☐ MANUAL RECORD SEARCH

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<th>PC Section</th>
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Date and time of search __________________________ Search completed by __________________________
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CHAPTER 201:1G

GROUND FLOOR/FLAT UNIT OFFER PROCEDURES

The following are operating procedures for maintaining a centralized ground floor/flat unit waiting list (GFFU-WL) for reasonable accommodations, requesting and updating resident preferences for approved transfers, monitoring ground floor/flat unit turnover, and administering transfers to such units when they become available.

For the purpose of these procedures, units in buildings with elevators and units with at least one bedroom, one bathroom and living/kitchen space on the ground floor are included as “ground floor/flat units”.

I. OVERVIEW

Due to a limited number of ground floor/flat units, a centralized GFFU-WL will be maintained to ensure that these units are first offered to households who have been approved for a reasonable accommodation requiring such a unit. Residents approved for ground floor/flat units are to be placed on this centralized GFFU-WL administered by the Director of Housing Services or his/her designee.

At the time of approval, the Resident will be provided the corresponding Ground Floor Unit Survey (GFUS form) to indicate their location preference(s) for the transfer. This preference will dictate which sites they will be offered ground floor units that become available.

When ground floor/flat units are available, offers are to be made in accordance with the following priority:

1. Bedroom size
2. Residents from the site where the unit is available
3. Approval date
4. Residents from other sites
5. Applicants from the Certified Wait List (CWL) requiring such unit
6. Resident from the GFFU-WL for the next bedroom size down

The preference(s) selected on the GFUS form are to be considered at each level of the preceding priority.

II. RESPONSIBILITIES OF THE HOUSING SERVICES ADMINISTRATIVE STAFF

It is the responsibility of the designated Housing Services Administrative (“Admin”) staff to do the following:

A. Review reasonable accommodation requests for ground floor/flat units and notify site staff if the request is approved, denied, or if additional information is needed.
B. Confirm the family composition in the business system to determine the appropriate bedroom size for the transfer and clarify with site staff any discrepancies between the reasonable accommodation request and the information in the business system.

C. Instruct site staff to deliver approval/denial letter to the Resident.

D. Instruct site staff to include the GFUS form for the corresponding bedroom size with all approvals.

E. Add to the GFFU-WL all approved requests based on bedroom size, approval date, and the location preference(s) indicated on the GFUS form.

F. Monitor the availability of turnover ground floor/flat units in the business system on a weekly basis.

G. Contact the corresponding site when “One Level Units” appear as available in the business system to confirm the unit is available and request it be excluded from offers.

H. Identify the next resident on the GFFU-WL for available unit bedroom size.

I. Notify, via phone/e-mail, staff from the home site of the next resident on the GFFU-WL to inform them that a unit is available and instruct them to offer it to the Resident.

J. Document and record all offers made and the outcome of each offer on the GFFU-WL.

K. For residents who decline multiple offers, if after re-engaging them and allowing them the opportunity to update their preference(s) and/or after re-verifying the need for the accommodation, additional offers are declined, administrative staff is to assess if the request continues to be reasonable.

L. Update records if there is a change in family composition affecting the bedroom size and remove residents from the GFFU-WL if they no longer need the transfer, leave the program, or when the transfer is complete.

III. RESPONSIBILITIES OF SITE MANAGEMENT STAFF

Site Management is not to do any transfers to ground floor/flat units without notifying and consulting with designated Admin staff.
GROUND FLOOR/FLAT UNIT OFFER PROCEDURES

Such transfers are to be handled by the Site Manager or his/her Assistant Manager.

It is the responsibility of site management to do the following:

A. Deliver a letter as directed by Admin staff when a request for a ground floor unit has been approved or denied. If approved, site staff is to discuss the transfer with the Resident and ensure the GFUS form is completed and returned.

B. Date stamp the GFUS form when received.

C. Ensure the Resident understands that if they limit the transfer to specific site(s), the transfer will be delayed as unit turnover varies from site to site and it is extremely low at some sites.

D. Scan and e-mail a copy of the completed GFUS form to designated Admin staff.

E. Notify Admin staff if a resident on the GFFU-WL has a change affecting the bedroom size, no longer needs or desires the transfer, or leaves the program.

F. When a unit is available to be offered, site management is to contact the Resident via phone/e-mail and hand delivered letter the same day the offer is received. Site staff must inform the Resident that they have two business days to respond to the offer (not counting the day of the offer).

G. Inform Admin staff if the Resident accepts, declines, or fails to respond to the offer.

H. If an offer is accepted, the home site management is to work in collaboration with management from the receiving site and Admin staff to complete the transfer.

I. When multiple offers are declined site management (in collaboration with Admin staff) is to re-engage with the Resident to determine if such a unit is still needed, if preferences need to be updated, or if other circumstances have changed.

J. If a ground floor/flat unit is being leased to a family who does not need the accessibility feature(s) due to not having residents or applicants in need of such features, site management must explain to the Resident signing the
lease the provisions from the Rental Agreement and the Admissions and Continued Occupancy Policy (ACOP) requiring a transfer if another family requires the accessible unit.

IV. RESPONSIBILITIES OF THE APPLICATION CENTER

It is the responsibility of staff from the Application Center to do the following:

A. Notify Admin staff when “One Level Units” appear in the business system. These units are to be excluded from offers.

B. Offer ground floor/flat units to applicants from the Certified Waiting List (CWL) who have been approved for the accessibility features if there are no residents on the GFFU-WL or if the residents on the GFFU-WL decline the offer.

C. If there are no existing residents or applicants in need of the accessibility features, staff from the Application Center may offer ground floor/flat units to other applicants.

V. OFFERS TO RESIDENTS

A. The next resident on the GFFU-WL will be determined in accordance with the priority listed in Section I of these procedures.

B. Residents will have two business days (not counting the day of the offer) to accept or decline each offer.

C. If the Resident fails to respond within the two business days, the offer will be recorded as a declined offer.

D. If the Resident does not accept, the unit is to be offered to the next resident on the GFFU-WL following the priority outlined in Section I.

E. If an offer for a site listed as preferred is declined or if the Resident fails to respond within the two business days, that site will not be re-offered unless the Resident explains and documents why the offer was not accepted and indicates that he/she will accept future offers from that site.

F. In some instances, it may be necessary to re-verify the need for a ground floor/flat unit with a provider/worker when there is change of circumstances, this will be determined on case-by-case basis.
G. If it is determined that it is no longer reasonable to continue to make offers and attempting to meet the obligation of the request has turned into an undue burden, Admin staff may deny the request. All denials are to be processed in accordance with HACLA’s Nondiscrimination on the Basis of Disability and Reasonable Accommodation Policy (MPP 125:1).

VI. DOCUMENTATION

The Site Management is to document in the business system and the tenant file the following:

A. The reasonable accommodation requests, approval/denial memos, letters to residents, location preference(s), offers made, and the responses to the offers.

B. Form GFUS for the corresponding bedroom size is to be used to record the location preference(s).

C. Form S504-09 is to be used to record all offers made. This form documents the site, unit number, date of offer, and decision.

D. All hard copies must be maintained in the tenant file under the “504 Forms and Correspondence” tab per the file protocol.

Admin staff will maintain hard copies of requests and decision memos. Information regarding location preferences, offers, and decisions will be recorded and maintained as part of the GFFU-WL.

VII. INTERACTIVE PROCESS

If, after multiple offers, HACLA determines that the request is no longer reasonable, Admin staff will discuss with the Resident whether there is an alternative accommodation that would effectively address the disability-related needs without fundamentally altering the nature of HACLA’s operation or imposing an undue administrative and financial burden. If an alternative accommodation would effectively meet the disability-related need and it is reasonable, such an accommodation must be granted.
PROCEDURES FOR VERIFICATION OF THE NEED FOR A LIVE-IN AIDE

For public housing six facts must be verified to establish a family’s need for a Live-in Aide.

1. Verification must first be obtained that the person requesting the live-in aide is either:
   - Elderly (as defined in MPP 201:1A)
   - Near Elderly (as defined in MPP 201:1A), or
   - Disabled (as defined in MPP 201:1 Section V D).

   The following are acceptable forms of verification for elderly, near elderly, and disabled:

   A. For elderly persons (Age 62 or Older) a birth certificate, California Driver’s license or other official governmental document may be used to verify the person’s age.

   B. For Near Elderly persons (between the age of 50 and 62), the age may be established as above. In addition to meeting the age requirements, the Near Elderly person must be the head, co-head or sole member of the household.

   C. For those with a disability, the disability shall be verified by a third party by using a RE-36A Verification of Disability for Preference and/or Rent Calculation.

   D. In those cases where a third party refuses to or fails to verify a person’s disability using an RE-36A, the person requesting the Live-in Aide may still be allowed a Live-in Aide as a reasonable accommodation, providing that person meets all the requirements established under the Authority’s Reasonable Accommodations Policy, Section 125:1 of the MPP.

2. Verification must be obtained that a Live-in Aide is essential to the care and well-being of the person requesting the aide. Form RE-36C Verification of the Need for Live-In Aide shall be used to verify this factor.

3. Verification must be obtained that the proposed aide is not obligated to support the person requesting the aide nor would be living in the unit except to supply the necessary supportive services. Form RE-36D Verification by Live-In Aide shall be used to verify this factor. A Live-in Aide will not be approved without this form being completed.
4. It must be established that the proposed Live-in Aide has an acceptable criminal history. This fact may be determined by following the HACLA’s established screening procedures for adding an adult to the household.

5. It must be established that the proposed Live-in Aide does not have a history of disturbing his or her neighbors in their current and/or past tenancies. This factor shall be established by following the HACLA’s standard procedures used to evaluate an individual’s behavior in past tenancies.

6. The Live-in Aide is to be listed on the Application for Continued Occupancy (Lot-27) and attend the annual review to ensure that the person on record is still fulfilling the role of the Live-In Aide.

7. The Live in Aide does not sign the Lot-27 or the Rental Agreement.

8. The Live-in Aide is to be included and properly coded on the HUD-50058.

9. If the family replaces the Live-in Aide with a new person, the new Live-in Aide must go through the screening process as described above and complete the RE-36D.
SECTION A. TO BE COMPLETED BY THE INDIVIDUAL REQUESTING THE ACCOMMODATION

I authorize __________________________________ addressed above to verify the need for a Live-In Aide.

Signature ___________________________ Date ______________

(A parent/guardian shall sign for a minor. A requestor’s conservator may sign. Adult requestors shall sign.)

If signing for a minor/conservatee, please print your name: ______________________________

Federal law requires the Housing Authority to verify some information of families applying for admission to or residing in subsidized housing to ensure that they receive the proper level of government assistance. To comply with this federal requirement, we ask your cooperation in providing the information/certification requested below. Please do not return this form to the person named above – it must be sent directly to the Housing Authority.

SECTION B. TO BE COMPLETED, SIGNED, AND DATED BY THE PROVIDER/WORKER INDICATED ABOVE.

The regulations for the U.S. Department of Housing and Urban Development (HUD) defines a Live-in Aide as: “…a person who resides with one or more elderly persons, near-elderly persons or persons with disabilities and who is determined to be essential to the care and well-being of the persons…”

The family member named above has indicated a need for a Live-In Aide.

I have reviewed and am familiar with the medical history, the needs, and care of the person named at the top of this form and can, and hereby do, certify that (initial in the box next to the applicable statement):

A Live-In Aide is not essential for the care and well being of the family member listed above

OR

A Live-In Aide is essential to care and well being the family member listed above

Notes/Comments: __________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Certification: I certify that the information above is accurate and true.

WARNING: 18 U.S.C. 1001 provides that whoever knowingly and willingly makes or uses a document or writing containing a false, fictitious, or fraudulent statement or entry in any manner within the jurisdiction of any department or agency of the United States shall be fined or imprisoned for not more than five years or both

Signature __________________________________ Date: _________ Title/Position__________________________

Print Name __________________________________________ Phone No. ______________________________

Agency Name: _______________________________________ License Number __________________________

Address: ___________________________________________ E-mail: __________________________________

Office name: ____________________________________ Attn: __________ Phone (______) _______________

Address: __________________________________________ FAX: ___________________________ E-mail: ______________________@hacla.org

Please return directly to the housing authority no later than ____________________

I authorize ________________________________________ addressed above to verify the need for a Live-In Aide.

Signature ___________________________ Date ______________

(A parent/guardian shall sign for a minor. A requestor’s conservator may sign. Adult requestors shall sign.)

If signing for a minor/conservatee, please print your name: ______________________________

Federal law requires the Housing Authority to verify some information of families applying for admission to or residing in subsidized housing to ensure that they receive the proper level of government assistance. To comply with this federal requirement, we ask your cooperation in providing the information/certification requested below. Please do not return this form to the person named above – it must be sent directly to the Housing Authority.

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A Live-In Aide is not essential for the care and well being of the family member listed above

OR

A Live-In Aide is essential to care and well being the family member listed above

Notes/Comments: __________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Certification: I certify that the information above is accurate and true.

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Signature __________________________________ Date: _________ Title/Position__________________________

Print Name __________________________________________ Phone No. ______________________________

Agency Name: _______________________________________ License Number __________________________

Address: ___________________________________________ E-mail: __________________________________

Office name: ____________________________________ Attn: __________ Phone (______) _______________

Address: __________________________________________ FAX: ___________________________ E-mail: ______________________@hacla.org

Please return directly to the housing authority no later than ____________________
AUTORIDAD DE VIVIENDA DE LA CIUDAD DE LOS ÁNGELES
VERIFICACIÓN DE AYUDANTE QUE VIVE CON LA FAMILIA

PARA: __________________________
Fecha: __________________________
Código Cal/Gerente: ______________
Vivienda Núm.: ________________
Núm. Cliente o Reg.: ______________

Miembro de la Familia que requiere ayudante:
__________________________________________________

SECCIÓN A. DEBE COMPLETARSE POR LA PERSONA QUE SOLICIOTA LA ADAPTACIÓN

Yo autorizo a __________________________________, a quien se dirige arriba, a verificar la necesidad de un ayudante que vive con la familia.

Firma: __________________________________ Fecha: ______________

(Padre, madre o guardián firmará por un menor. Un custodio del solicitante puede firmar. Un solicitante adulto debe firmar)

Si firma por un menor/custodiado, por favor, escriba su nombre en letras de molde:

La ley federal exige a la Autoridad de Vivienda verificar alguna información sobre las familias que soliciten admisión o que residan en viviendas subsidiadas para asegurarse de que reciban el grado adecuado de ayuda del gobierno. Para cumplir con este requisito federal, solicitamos su cooperación para que nos proporcione los datos y la certificación que se solicita a continuación. Favor de no devolver el presente formulario a la persona mencionada anteriormente; debe enviarse directamente a la Autoridad de Vivienda.

SECCIÓN B. DEBE COMPLETARSE, FIRMASE Y FECHARSE POR EL TRABAJADOR/PROVEEDOR INDICADO ANTERIORMENTE

Las regulaciones del Departamento de Vivienda y Desarrollo Urbano (HUD por Department of Housing and Urban Development) de Estados Unidos define Ayudante que vive con la familia (Live-in Aide) como:"…una persona que vive con una o más personas ancianas, casi ancianas o personas con discapacidades, quien se ha determinado que es esencial para el cuidado y bienestar de las personas…”

El miembro de la familia que se ha nombrado anteriormente ha indicado la necesidad de un ayudante que vive con la familia.

He revisado y estoy familiarizado con el historial médico, las necesidades, y el cuidado de la persona mencionada al principio de este formulario y puedo, y lo hago aquí, certificar que (el cuadro con las iniciales al lado de la declaración que se aplica):

Un ayudante no es esencial para el cuidado y bienestar del miembro de la familia mencionado antes.

O

Un ayudante es esencial para el cuidado y bienestar del miembro de la familia mencionado antes

Notas/Comentarios: __________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
__________________________________________________________________________

Certificación: Certifico que la información precedente es exacta y verdadera.

ADVERTENCIA: El Código de Los Estados Unidos, Título 18, 1001 (18 U.S.C. 1001) establece que cualquiera que a sabiendas y por voluntad propia haga uso de un documento o escrito que contenga alguna información o declaración falsa, ficticia o fraudulenta en cualquier asunto dentro de la jurisdicción de todo departamento u oficina de los Estados Unidos, será multado o encarcelado por un plazo no mayor de cinco años, o ambas cosas.

Firma: __________________________ Fecha: ______________ Título/Posición: __________________________
Nombre (en letras de molde): __________________________ No. Tel: __________________________
Nombre de la Agencia: __________________________ No. Licencia: __________________________
Dirección: __________________________________________ Correo electrónico: __________________________

FAVOR DE ENVIAR DIRECTAMENTE A LA AUTORIDAD DE VIVIENDA A MAS TARDIR EL DÍA ______________

Nombre de la oficina: __________________________ Atención: __________________________ Teléfono (______): __________________________
Dirección: __________________________________________ Fax #: __________________________________________ E-mail: __________________________

RE-36D (11/2013)
HOUSING AUTHORITY OF THE CITY OF LOS ANGELES
CERTIFICATION BY LIVE-IN AIDE

SECTION A. TO BE COMPLETED BY THE HEAD OF HOUSEHOLD OR CO-HEAD – PLEASE PRINT

Name of Head of Household: ________________________________________  or Client # _________
Address: __________________________________________________________________________
Name of the Household Member requiring a Live-In Aide: ____________________________________
Name of Live-In Aide: ________________________________________________________________

SECTION B. TO BE COMPLETED BY THE PROPOSED LIVE-IN AIDE

The person named above has indicated that you are (or will be) a Live-In Aide for a member of the household. Regulations of the U.S. Department of Housing and Urban Development (HUD) allow for a Live-In Aide under certain circumstances. To comply with HUD requirements, we ask your cooperation in reading and completing the certification below. In addition to this form, you will be required to complete a criminal background check.

I certify that I am not the spouse, registered domestic partner, or a legal dependent of a household member of the assisted unit where I will be the Live-In Aide; and can, and hereby do, certify that:

1. I am not obligated in any manner for the support of the person(s) for whom I provide care (for example, I am not obligated to provide financial support);
2. I would not be living in the assisted unit except to provide the necessary supportive services for the person listed above;
3. I understand that by living in the assisted unit as a Live-In Aide, I am not a tenant under the Public Housing Rental Agreement or the Section 8 HAP contract or otherwise entitled to any of the benefits under the program including, but not limited to, a right to subsidized housing should my services no longer be required;
4. I understand I must immediately vacate the assisted unit if my supportive services are no longer required for any reason including, but not limited to: the family terminating my services; the termination of the family from the assisted housing program; or the death of the household member for whom I am the Live-In Aide; and
5. I understand I must obey and comply with all of the provisions of the family’s Rental Agreement that pertain to occupants of, or visitors to, the assisted unit.

Please sign, date, and return this form to the Housing Authority only. Do not take or mail this form to any other agency, entity, or persons (including the individual whose information is requested).

WARNING: 18 U.S.C. 1001 provides that whoever knowingly and willingly makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry in any manner within the jurisdiction of any department or agency of the United States shall be fined or imprisoned for not more than five years or both.

Completed By ___________________________________________   Date ______________
(Signature)
Print Name ________________________________________   Phone No.________________

RE-36D  (11/2013)
AUTORIDAD DE VIVIENDA DE LA CIUDAD DE LOS ÁNGELES
VERIFICACIÓN DE AYUDANTE QUE VIVE CON LA FAMILIA

Para:

Fecha _____________
Código Cal/Gerente _____________
Vivienda Núm._____________
Núm. Cliente o Reg._____________

Ref.: Solicitante o residente: ___________________________________________________________

La ley federal le exige a la Autoridad de Vivienda verificar algunas de las necesidades de las familias que soliciten entrada o que residan en viviendas subsidiadas para asegurarse que reciban el grado adecuado de ayuda del gobierno. Para cumplir con este requisito federal, solicitamos su cooperación para que nos proporcione los datos y la certificación que se solicita a continuación, o ambas cosas. La persona cuyo nombre aparece anteriormente ha indicado que usted es su Ayudante de Servicios Auxiliares a Domicilio y que puede verificar la información requerida. Dicha información se mantendrá confidencial y se usará únicamente para determinar qué medida de ayuda gubernamental puede recibir la familia. Favor de no devolver el presente formulario a la Autoridad de Vivienda. Se ha incluido un sobre con el nombre y domicilio del remitente para que no tenga problemas para enviar el formulario o puede mandarlo por fax al (_____)_______________________. Agradecemos su colaboración.

Si tiene alguna duda llame a _______________________________________ al (_________)_______________

FAVOR DE ENVIAR DIRECTAMENTE A LA AUTORIDAD DE VIVIENDA A MÁS TARDAR EL DÍA ______

Enviar a: 
Atención: 

Certificación del solicitante, residente o participante en un programa: Por el presente autorizo que se den a conocer a la Autoridad de Vivienda de la Ciudad de Los Ángeles los datos específicos que se solicitan a continuación.

Firmar: ________________________________________________ Fecha ______________

Yo, el abajo firmante, certifico que no soy cónyuge, compañero registrado que vive con o dependiente legal de la persona cuyo nombre aparece al principio de este formulario (el “solicitante o residente”), y que puedo, y por el presente, certifico que:

1. No estaría viviendo con el participante en el programa si no fuera porque le proporciono servicios auxiliares necesarios y esenciales para su cuidado y bienestar;
2. No estoy obligado de ninguna manera a mantener a la persona, o personas, a las cuales proporciono cuidado (por ejemplo, no estoy obligado a darles ayuda económica);
3. No estaría viviendo en este hogar si no fuera porque proporciono los servicios auxiliares que se necesitan;
4. Entiendo que al vivir con la familia del participante en el programa en calidad de ayudante, no soy inquilino bajo el contrato de arrendamiento o que de ninguna otra manera tengo derecho a alguno de los beneficios del programa, entre los que se incluye el derecho a vivienda subsidiada cuando mis servicios ya no sean necesarios;
5. Entiendo que tengo que salirme de la vivienda del participante en el programa si mis servicios auxiliares ya no se llegaran a necesitar por cualquier motivo, entre los que se incluyen que el participante en el programa dé por terminados mis servicios, que al participante se le dé por terminada su participación en el programa o por el fallecimiento de la persona que participa en el programa y;
6. Entiendo que debo obedecer y cumplir con todas las disposiciones del contrato de arrendamiento del participante en el programa que se relacionan con los ocupantes de, o los invitados a, la vivienda del participante en el programa.

Llenado por ________________________________________________ Fecha ______________
Nombre (letra de molde) ________________________________________ Tel_________________

Firme, fecha y devuelva el siguiente formulario a la Autoridad de Vivienda exclusivamente. No entregue ni mande por correo el formulario a ninguna agencia, entidad o persona (incluso el cliente cuyo información se solicita).

ADVERTENCIA: El Código de Los Estados Unidos, Título 18, 1001 (18 U.S.C. 1001) establece que cualquiera que a sabiendas y por voluntad propia haga uso de un documento o escrito que contenga alguna información o declaración falsa, ficticia o fraudulenta en cualquier asunto dentro de la jurisdicción de todo departamento o oficina de los Estados Unidos, será multado o encarcelado por un plazo no mayor de cinco años, o ambas cosas.
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These procedures are to be followed along with any computer business system procedures related to the Annual Review function.

I. SCHEDULING ANNUAL REEXAMINATIONS

A. The Master Schedules for Reexaminations (Exhibit 201:5B) is to be followed without exception.

B. In order to complete reviews in time to provide the Resident with a 30-day Notice of Review Determination (RE-38), interviews packets with appointment letters are to be mailed by the date indicated on the Master Schedule.

When scheduling interviews, provide residents at least a two (2) week notice as to the time/date of their review appointment.

Interviews are to be completed far enough from the RE-38 deadline to allow time for all verifications to be submitted.

C. Third party verification of documents is to be in accordance with Chapter 201:1 Section II (or subsequent numbering) along with the Income Guidebook.

Document in the Verification Hierarchy log efforts to obtain the third party verifications. Do not hold up the completion of the review due to verification documents – follow the verification hierarchy protocol.

D. The annual reexaminations for families shall be conducted at least every 12 months. The length of time between admission of a family and the date of the first reexamination may be less than 12 months, if necessary to fit the Master Schedule for Reexaminations.

EXAMPLE:

Date of resident occupancy: February 2013

Effective date of annual reexamination for the family’s unit per the Master Reexamination Schedule: June 2013

An initial reexamination must be conducted for June 1, 2013 effective date. Thereafter, the family’s annual reexamination shall be effective June 1st.
E. An annual reexamination need not be conducted when a family transfers within or between housing programs, unless:

1. The time of the transfer coincides with the regularly scheduled reexamination for the family, or

2. The next reexamination for the unit to which the family is transferring is scheduled for a date in excess of 12 months from the date of the most recent reexamination conducted for the family for the previously occupied unit.

EXAMPLE #1:

Effective date of the family’s most recent reexamination for the previously occupied unit: April 2012
Date of resident transfer: October 2012
Effective date of the next annual reexamination for the unit to which the family is transferring per the Master Reexamination Schedule: February 2013

Since the February reexamination is within 12 months of the previous reexamination in April 2012 a reexamination at the time of the October transfer is not required.

The reexamination must be effective February 2013, and each February thereafter.

EXAMPLE #2:

Effective date of the family’s most recent reexamination for the previously occupied unit: March 2012
Date of resident transfer: September 2012
Effective date of the next annual reexamination for the unit to which the family is transferring per the Master Reexamination Schedule: May 2013

In order to satisfy the annual reexamination requirement, a reexamination must be conducted for the family at the time of the September transfer.

Another reexamination must be conducted for May 2013, to place the family on the Master Reexamination Schedule for the unit to which the family transferred.
Thereafter, each annual reexamination of the family shall be effective in May.

II. TENANT RENT

A. In the event that it is impossible to obtain all of the necessary verifications to complete the reexamination in the allotted time, the established rent shall continue in effect until sufficient data is obtained to complete the reexamination and to establish the appropriate rent.

1. If the delay occurred through no fault of the family and the completed reexamination results in an increased tenant rent, the family shall not be charged retroactively.

2. If the family is entitled to a rent decrease, a rent credit shall be issued retroactive to the first day of the month following the month in which the reexamination was scheduled and the Resident was in compliance with the review requirements.

3. If the delay occurred because of willful or deliberate failure of the family to present the necessary documents, and the completed reexamination results in an increased tenant rent, the family shall be charged retroactively to the original effective date. If the family is entitled to a rent decrease, a retroactive rent credit shall not be given.

B. The rent established as the result of the annual reexamination remains in effect until the next reexamination, unless one of the following conditions occurs:

1. An error is detected subsequent to completion, or annual income is not stabilized at the time of the reexamination and a special reexamination is to be scheduled, or

2. A change in annual income or household composition occurs which necessitates an interim reexamination.

III. LEAD-BASED PAINT NOTICES

A. Effective September 23, 1986, HUD regulations require that all residents currently residing in developments constructed prior to 1978 be directly and personally notified of the potential lead hazards and the availability
PROcedures for Conduct of Annual Reexaminations

and advisability of blood lead level screening for children under seven (7) years of age. The regulations also require the testing of all units constructed prior to 1978, and the notification to the residents of any positive results.

B. All households residing in HACLA units as of August 1996 were to have received the EPA brochure, “Protect Your Family from Lead in Your Home” along with the HACLA “Notification of Results of Lead-Based Paint Testing” (LBP-400) and the LBP Notice specific to the site. The head of the household and/or spouse was required sign the LBP-400 to certify receipt of the Notices.

C. At the time of each annual reexamination, the interviewer must review the resident file and ascertain whether or not there is a signed LBP-400 receipt form. If there is no LBP-400 form, the interviewer must give the family the appropriate Notices and have the head of household and/or co-head sign to certify receipt of the Notices.

D. Families who transfer to another development (built before 1978), must be issued the applicable Notices. The head of household and/or co-head must sign to certify receipt of the Notices at the time of lease signing for the new unit.

IV. Social Security Number Disclosure, Documentation, and Certification Requirements

As a condition of their continued eligibility the resident must:

A. Effective January 31, 2010, HUD regulations require that all current residents regardless of age, as a condition of their continued eligibility provide the complete and accurate Social Security numbers assigned to each member of the resident’s household who claim to have legal residency or citizenship status, and the documentation to verify each Social Security number.

Household members of the age of 62 years of older as of January 31, 2010 and whose eligibility was determined prior to January 31, 2010 are exempt from this requirement.

B. For additions to the household under the age of six years old, the Resident shall be allowed 90 days to provide a Social Security Number and documentation. A 90 day extension may be granted if the delay in providing the Social Security Number and verification is due to circumstances outside the Resident’s control.
PROCEDURES FOR CONDUCT OF ANNUAL REEXAMINATIONS

C. A HUD alternate number ("H#") must be generated for any addition to the household with no Social Security Number.

1. The Request for HUD Alternative ID, SSN Data Correction or Changing the Head of Household form ("Alt-ID Form") must be completed and submitted to Housing Services Administration.

2. When the H# has been generated and provided by Housing Services Administration, enter the information in the computer business system for the household member.

3. If a family member who has an H# receives a Social Security Number the Alt-ID form is to be resubmitted to Housing Services Administration so the new Social Security Number can be corrected in the HUD PIC system.

C. Acceptable evidence of the SSN consists of:

A. An original SSN card issued by SSA;
B. An original SSA-issued document, which contains the name and SSN of the individual; or
C. An original document issued by a federal, state, or local government agency, which contains the name and SSN of the individual.

Documentation of a SSN will be rejected if:

- The document is not an original document; or
- The original document has been altered, mutilated, or not legible; or
- The document appears to be a forged document (i.e. does not appear to be authentic).

D. The interviewer must review the resident file to determine if the Social Security number disclosure, documentation, and certification requirements have been met for all family members who claim to have a number, legal residency, and or citizenship status.

E. Once the Social Security number(s) has been verified by HUD's EIV system, the copy of the Social Security documentation provided by the household member(s) is to be removed from the file and shredded.
PROCEDURES FOR CONDUCT OF ANNUAL REEXAMINATIONS

V. AUTHORIZATION OF RELEASE OF INFORMATION, FORM HUD-9886 AND OTHER RELEASE FORMS

A. As a condition of continued eligibility, each member of the Resident’s household who is 18 years of age or older must sign and submit a form HUD-9886 “Authorization for the Release of Information”, and other release forms necessary for the Housing Authority to determine income and other continued eligibility factors.

B. The resident must meet the “Authorization for the Release of Information” and other release form requirements for any new family member who is 18 years of age or older or any family member who has attained the age of 18.

VI. DOCUMENTATION OF CITIZENSHIP OR ELIGIBLE IMMIGRATION STATUS

Effective October 2, 1995, HUD requirements require all current residents as a condition of continued eligibility:

A. Sign Certification forms for each family member declaring citizenship, eligible immigration status, or electing not to claim eligible immigration status.

Residents must provide the applicable documentation where required.

B. The interviewer must review the resident file to determine if the documentation of citizenship or eligible immigration status has been met for all family members.

See Chapter 201:8 and the related exhibits.

VII. COMMUNITY SERVICE REQUIREMENTS

Effective November 1, 2003, 12 months after the Resident signs the 12 month term Rental Agreement, non-exempt family members must provide evidence of community service of at least eight hours per month as a condition of renewal of the Rental Agreement.

See Chapter 201:1 Section XII (or subsequent numbered section).
VIII. DOCUMENT REVIEW

A. HACLA staff conducting the review is to review resident provided documentation for completeness. All questions on the Application for Continued Occupancy (Lot-27) are to be answered by the Resident; if a question does not apply to the family it is to be marked by “N/A” – no question is to remain blank.

B. HACLA staff are to ensure that the top of each page of the Lot-27 is filled out indicating the Household Name, Client #, and Review Date. Staff reviewing an application is to also sign off in the space provided on the last page.

IX. USE OF EIV

Prior to the family arriving for their review, the HUD EIV income report for the household is to be accessed and printed. Any discrepancies in reported income are to be identified and presented to the applicable household member at the time of the review.

Follow the policy and procedures relating to Electronic Verification in MPP 127:1

X. FILE CHECK LIST

Upon completion of the review, staff is to ensure that:

A. A current Housing Management File Review Check List is to be completed with each review and placed in the Resident’s file; and

B. The computer business system print out of income sources verifications is printed and included in the tenant file.

XI. NONCOMPLIANCE WITH REVIEW

A. If a resident fails to attend the scheduled review appointment and has not contacted the Management Office to reschedule the appointment the Lot-30: Second and Final Notice of Appointment for Review is to be sent to the Resident with a new appointment date and time.

B. If the Resident attends the scheduled appointment but failed to provide all the necessary documentation or if an adult family member who is not
temporarily away from the home failed to attend the appointment, the Lot-26A: Request for Submission of Information is to be prepared and sent to the Resident. The Resident will have 14-days from the date of the letter to provide the missing information.

C. If the Resident fails to attend the second scheduled appointment or fails to provide the requested missing information, the Lot-23AD: 3-Day Notice to Perform or Quit Within 30 Days (Failure to Comply with Review) is to be served to the Resident.
### MASTER SCHEDULE FOR ANNUAL RE-EXAMINATIONS

#### CAL 401 – Ramona Gardens

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<th>Interview Packet &amp; Apptmt Letter Mailed by</th>
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#### CAL 403 – Pueblo Del Rio

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### MASTER SCHEDULE FOR ANNUAL RE-EXAMINATIONS

#### CAL 404 – Rancho San Pedro

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## MASTER SCHEDULE FOR ANNUAL RE-EXAMINATIONS

### CAL 407 – Estrada Courts

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# MASTER SCHEDULE FOR ANNUAL RE-EXAMINATIONS

## CAL 409 – Avalon Gardens

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### Master Schedule for Annual Re-Examinations

#### CAL 416 – Jordan Downs

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## MASTER SCHEDULE FOR ANNUAL RE-EXAMINATIONS

### CAL 422 – San Fernando Gardens

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## MASTER SCHEDULE FOR ANNUAL RE-EXAMINATIONS

### CAL 416 - Jordan Downs Mosaics and Scattered

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<td>701 – 714</td>
<td>Sept 1</td>
<td>May 18</td>
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<td>715 – 724</td>
<td>Oct 1</td>
<td>June 18</td>
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<td>725 - 735</td>
<td>Nov 1</td>
<td>July 18</td>
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PROCEDURES FOR CONDUCTING SPECIAL REEXAMINATIONS

I. SCHEDULING SPECIAL REEXAMINATIONS

A. All special reexaminations, except those conducted to correct an error or to recalculate the tenant rent when a new member is added to the household, must be scheduled either at the time of leasing or at the time of the annual reexamination.

B. Families whose past employment has been sporadic and continues to be and is expected to remain sporadic will not be scheduled for a special reexamination. Use reasonable 12-month estimate of the family's income to calculate the rent.

C. When it is not possible to estimate annual income with any reasonable degree of accuracy for the next 12 months and a special reexamination is scheduled, the rent to be charged from the date of the current determination to the date of the special reexamination is to be based upon current income.

D. The term 30, 60, or 90-days shall mean the special reexamination shall be scheduled during the first, second, or third month following the date of admission, regular reexamination, or special reexamination.

E. If an interim review is conducted and the rent is adjusted downward before the scheduled special reexamination is conducted, it is not necessary to conduct additional special reexaminations. The resident will be required to report immediately all income increases which occur prior to the next annual reexamination.

F. Families who qualify for the incremental earned income disregard (EID) under the Federal regulations shall be scheduled for special reviews if the disallowance period will elapse between annual reexaminations.

G. After the HUD EIV Report has been pulled for new admissions 120 days following admission and the EIV report indicates income not reported on their application, the family must be scheduled for a special reexamination.

II. STEPS REQUIRED IN CONDUCTING SPECIAL REEXAMINATIONS

The following steps are required in conducting special reexaminations:

A. A certified statement (RE-20) shall be sent to each resident scheduled for a special reexamination. If the resident returns this form certifying there
PROCEDURES FOR CONDUCTING SPECIAL REEXAMINATIONS

has been no change whatsoever, another special reexamination shall be scheduled for 30, 60, or 90-days.

B. If the resident reports that there has been a change, an interim reexamination shall be completed in its entirety, eligibility determined, and rent adjusted as necessary in accordance with 201:7A.

C. If the family’s income is still of an unstable nature, the rent shall be based on a current income and another special reexamination scheduled.

D. When the income has been stabilized and a realistic estimate of 12 months income can be made, the special reexamination shall be completed and stabilized.
PROCEDURES FOR CONDUCT OF INTERIM REEXAMINATIONS

I. RECEIPT AND PROCESSING OF APPLICATIONS FOR INTERIM REEXAMINATIONS

In accordance with the policy established in Chapter 201:1 and the Rental Agreement, it is the responsibility of the Resident to report changes in annual income to the Management Office as such changes occur.

If it is determined that an interim review is warranted, then all aspects of the household’s income and composition is to be verified as if conducting a regular annual review.

Follow instructions for the computer business system for processing an interim review.

A. Decrease in Income

1. At the time a Resident reports a decrease in annual income, without exception, an RE-14, “Application for Interim Rent Adjustment”, shall be completed and dated.

2. In order to determine whether or not the Resident is eligible for an interim review, staff shall complete the worksheet on the reverse side of the RE-14 – or another comparable calculation method.

3. If the Resident is eligible for a rent adjustment, (i.e., is currently paying a total tenant payment that exceeds the rent based on the decreased income) an interim review shall be conducted.

4. A resident is ineligible for an interim if the decrease in income is because of the resident’s failure to comply with the Department of Social Services CALWORKS economic self-sufficiency requirements or fraud.

5. If the Resident is ineligible for an interim rent adjustment, the Resident shall be notified in writing of the ineligibility and a copy of the letter is to be placed in the Resident’s file.

6. The RE-14 shall be filed in the Resident file for future reference.

B. Increase in Income

If a Resident reports an increase in annual income, an interim rent adjustment shall be made only if the rent has been decreased in
PROCEDURES FOR CONDUCT OF INTERIM REEXAMINATIONS

accordance with paragraph A above since the most recent annual reexamination.

II. INTERIM REDETERMINATION OF ADJUSTED INCOME

A. If the Resident is determined to be eligible for an interim adjustment in rent, the “Application for Continued Occupancy” (LOT-27) shall be provided to the Resident for completion as well as any necessary verification and/or certification forms.

B. On the top right corner of the front of the LOT-27, staff is to indicate in writing “Interim”.

C. Verify the income in accordance with the procedures in the Income Guidebook and the Verification Hierarchy section of MPP 201:1 and make the appropriate rent adjustment.

D. If the adjustment is a decrease in tenant rent, make certain that the Resident understands that he/she is required to report immediately all income increases which occur prior to the next annual reexamination and his/her failure to do so will result in a retroactive rent charge.

III. AUTHORIZATION OF RELEASE OF INFORMATION, FORM HUD-9886

Ensure that all adult members of the household have a valid current signed HUD-9886 form as well as any other necessary release forms.

Any new adult member of the household as well as any household member that has turned 18-years old since the last annual review must sign the HUD-9886 release form as well as any other necessary release form.

IV. DOCUMENT REVIEW

A. HACLA staff conducting the review is to review resident provided documentation for completeness. All questions on the Application for Continued Occupancy (Lot-27) are to be answered by the Resident; if a question does not apply to the family it is to be marked by “N/A” – no question is to remain blank.

B. HACLA staff are to ensure that the top of each page of the Lot-27 is filled out indicating the Household Name, Client #, and Review Date. Staff
reviewing an application is to also sign off in the space provided on the last page.

C. Third party verification of documents is to be in accordance with Chapter 201:1 Section II (or subsequent numbering) along with the Income Guidebook.

V. USE OF EIV

The household's EIV Income Report is to be accessed to ensure that there has been no unreported income since the annual review.

VI. FILE CHECK LIST

Upon completion of the review, staff is to ensure that:

A. A current Housing Management File Review Check List is to be completed and placed in the Resident’s file – indicate “Interim” on the top right corner of the check list; and

B. The computer business system print out of income sources verifications is printed and included in the tenant file.

VII. RESIDENT FAILURE TO COMPLY

A. If an interim was requested by the Resident and the Resident fails to provide all the necessary documentation, staff is to send the Resident a letter identifying the missing information and notifying the Resident that they have five (5) business days to submit the information or their request for an interim will be denied.

B. If conducting an interim for a rent increase following an interim for a rent decrease and the family fails to provide the necessary documentation, follow the procedures under Section 201:5A regarding Noncompliance with Review.

C. Place a copy of all correspondence sent to the Resident in their file.