TENANT SELECTION PLAN

DEVELOPMENT NAME

DEVELOPMENT ADDRESS

Revised: April 2008

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TENANT SELECTION PLAN

IHDA Identification Number: _____

_____
"Development"

_____
Owner's Name (the "Owner")

_____
Managing Agent's Name (the "Management")

I. INTRODUCTION

This Tenant Selection Plan (this "Plan") outlines the procedures that will be followed in selecting tenants for the Development. Management is responsible for implementing these procedures.

A. Development Description

(Check the one that applies)

☐ The Development offers subsidized rents. This means the rent that a tenant pays is based upon the tenant's household income. Therefore, the rent paid by tenants may vary among tenants as well as from time to time for an individual tenant. The rents attached to this Plan as **Exhibit A** reflect the market or contract rent for the Development and **not** the typical tenant portion of the rent. (Subsidized rents are usually made available through participation in one of two housing programs: (i) the HUD Section 8 program or (ii) the HUD 236 program, which are further augmented by either the Rent Supplement or Rental Assistance programs. Both of these programs have household income limitations.)

☐The Development does not offer subsidized rents. The Development is participating in one or more housing program(s), which provides affordable rents for tenants. These programs also have household income limitations. The tenant must pay the rents, indicated in **Exhibit A**, in their entirety.

In addition, the Development ☐ **does** ☐ **does not** accept Housing Choice Vouchers. *(Check the one that applies)*

B. Tenant Type

(Check the one that applies)

☐ The Development is not designated as housing exclusively for any particular tenant type. (This would typically include those developments known as "Family")

☐ The Development is designated as housing exclusively for: (check all that apply)

☐ Elderly ☐ Family & Special Needs

☐ Special Needs Family ☐ Elderly & Special Needs

If the "Elderly" or "Elderly & Special Needs" designation is selected, the age restriction, for the units designated Elderly, will be:
(Check the one that applies)

☐ 55 and above (households whose head or spouse or sole member is at least 55 years of age) or,

☐ 55 and above (one person 55 years of age or older) or,

☐ 62 and above (**all** members of the household are 62 years of age) or,

☐ 62 and above (households whose head **or** spouse **or** sole member is at least 62 years of age) (this is only available to developments participating in a HUD housing program); or

☐ Other *(please describe)* _____

If any of the "Special Needs" designations is selected, the Development is serving the following special needs population(s):
(Check all that apply)

☐ Battered Women

☐ Disabled

☐ HIV/AIDS

☐ Homeless

☐ Foster Care Families

☐ Transient Families

☐ Other *(please describe)* _____

_____

☐ Developmentally Disabled

☐ Physically Disabled

☐ Ex-offenders

☐ Substance Abusers

☐ Mentally Ill

C. Unit Distribution

1. Development (Start-Up only)

The Development will offer _____ rental units.
This ☐ **includes** ☐ **does not include** a management unit.
(Check the one that applies)

The income limitations of these units are as follows:

_____ Market rate (no income restriction) units

_____ Units at ___% Median income

_____ Units at ___% Median income

_____ Units at ___% Median income

_____ Units at ___% Median income

_____ Manager unit(s)

2. Development (Up and Running only)

Per Regulatory Agreement	Per Extended Use Agreement (if applicable)
_____ Market rate units	_____ Market rate units
_____ Units at ___% Median income	_____ Units at ___% Median income
_____ Units at ___% Median income	_____ Units at ___% Median income
_____ Units at ___% Median income	_____ Units at ___% Median income
_____ Units at ___% Median income	_____ Units at ___% Median income
_____ Manager unit(s)	_____ Manager unit(s)

D. Rent Structure

The current rent structure for the Development, by unit size and income distribution, is attached to this Plan as **Exhibit A**.

E. Policies to Comply with Section 504, Fair Housing Act and Civil Rights Act

1. Section 504

Section 504 of the Rehabilitation Act of 1973 ("Section 504") prohibits discrimination based upon disability in all programs or activities operated by recipients of federal financial assistance. Although Section 504 often overlaps with the disability discrimination prohibitions of the Fair Housing Act, it differs in that it also imposes broader affirmative obligations on the Owner to make their programs as a whole, accessible to persons with disabilities. Section 504 obligations include the following:

a. Making and paying for reasonable structural modifications to units and/or common areas that are needed by applicants and tenants with disabilities, unless these modifications would change the fundamental nature of the project or result in undue financial and administrative burdens;

b. Operating housing that is not segregated based upon disability or type of disability, unless authorized by federal statute or executive order;

c. Providing auxiliary aids and services necessary for effective communication with persons with disabilities;

d. Performing a self-evaluation of Management's programs and policies to ensure that they do not discriminate based on disability; and

e. Developing a transition plan to ensure that structural changes are properly implemented to meet program accessibility requirements.

f. Section 504 also establishes accessibility requirements for newly constructed or rehabilitated housing, including providing a minimum percentage of accessible units.

If the Owner, Management and Development employs 15 or more persons, regardless of their location or duties, a Section 504 Coordinator must be designated. Does the Section 504 Coordinator requirement apply?
(Check the one that applies)

☐ Yes ☐ No

If "Yes" was checked, indicate the name of the Section 504 Coordinator:

Name: _____

Telephone Number: _____

TDD Number: _____

2. Fair Housing Act

Fair Housing Act Amendments of 1988 ("Fair Housing Act") prohibits discrimination in housing on the basis of race, color, religion, sex, disability, familial status and national origin regardless of any federal financial assistance. Fair Housing Act obligations include the following:

a. Management will not refuse, either directly or indirectly, to rent or negotiate for rental of a dwelling based on race, color, religion, sex, disability, familiar status and national origin.

b. Management will not (i) engage in activities that steer potential tenants away from or toward particular units by words or action, (ii) make housing units and related services unavailable to any potential tenants, (iii) purposely provide false information to applicants about the availability of units that limits the living options of prospective tenants, and (iv) deny or limit services based on race, color, religion, sex, disability, familial status and national origin.

c. Management will market available units in a nondiscriminatory manner.

d. It is unlawful to coerce, intimidate, threaten or interfere with any person's exercise or enjoyment of any Fair Housing right.

Fair Housing Act provides additional protections for persons with disabilities. It requires that the Management make reasonable accommodations in rules, policies, practices, or services as may be necessary to afford handicapped persons equal opportunity to use and enjoy a dwelling. Moreover, it contains specific accessibility requirements that apply to the design and construction of new multi-household housing.

3. Title VI of the Civil Rights Act of 1964

Title VI of the Civil Rights Act of 1964 prohibits all recipients of federal financial assistance from discriminating based on race, color or national origin.

II. PREFERENCES

A. Establishing Preferences

Preferences are not permitted if they in any way negate affirmative marketing efforts or fair housing obligations. The following preferences apply to the Development:

1. **<u>Existing Tenant Preferences</u> (For Federally Assisted Housing Programs)**

The following actions are always given priority if applicable. If not, State Mandated Preferences take precedence.

a) A unit transfer because of household size.

b) A unit transfer based on the need for an accessible unit.

c) A unit transfer of a non-handicapped individual living in a handicapped accessible unit to accommodate a handicapped applicant on the Waiting List (as defined below). A lease addendum (**Exhibit B**) will be entered into with non-handicapped tenant living in a handicapped accessible unit.

2. **<u>State Mandated Preferences</u>**

The Development must comply with the three Illinois mandatory preferences required in Section 11 and 12 of 20 ILCS 3805 as described below:

a) Displaced from an urban renewal area.

b) Displaced as a result of a governmental action.

c) Displaced as a result of a major disaster.

3. **<u>Optional Preferences</u>**

In addition to the preferences mandated by the State of Illinois and the Existing Tenant Preferences listed above, the Development may establish the following preferences. The preferences listed below are subordinate to State Mandated Preferences and Existing Tenant Preferences.
*(Check **all** that apply and rank in the order of highest preference (1) to lowest preference):*

a) Former Federal Preferences ☐ Order # _____

b) HUD Pre-approved Preferences

i. Preference for Working Families ☐ Order # _____

ii. Preference for persons with Disabilities ☐ Order # _____

iii. Preference for Victims of Domestic Violence ☐ Order # _____

iv. Preference for elderly, displaced, homeless, or disabled single person over other single persons ☐ Order # _____

c) Residency Preferences (with HUD approval) ☐ Order # _____

d) Local Preference (as established by PHA) ☐ Order # _____

e) Existing Tenant Transfers (other) ☐ Order # _____
including, but not limited to a change in household composition, a deeper rent subsidy, or for medical reasons certified by a doctor.

B. Verification of Preference

The State Mandated Preferences will be verified by third party verification (**Exhibit C**)**.** Third party verification will also be utilized if the Owner has adopted any of the Former Federal Preferences. If Management has selected any of the optional preferences, the following means of verification will be utilized:

_____

C. Selection of Families for Participation

1. An eligible applicant who qualifies for a preference will receive housing before any other applicant who is not so qualified. These preferences take precedence over other applicants' place on the Waiting List, or date of submission of application.

2. Applicants will be informed of the availability of preferences, and will be given an opportunity to certify that they qualify for a preference. Applicants may claim a preference at any time during the application process.

D. When a Preference Is Denied

1. If it is determined that an applicant does not meet the criteria for receiving a preference, the applicant will promptly receive a written notice of this determination from Management (**Exhibit D**). The notice will contain a brief statement of the reasons for the determination, and state that the applicant has the right to meet with the Management's designee to review this decision. If the applicant requests a meeting, it will be conducted by a person or persons designated by Management.

2. Denial of a preference does not prevent the applicant from exercising any legal rights the applicant may have against Management and/or Owner.

E. Exceptions to the Preference Rule

1. **Relocation and/or Unit Transfers:**
   Management must give priority to current households
   i) when their units are designated for rehabilitation and/or
   ii) for current households residing in a unit within the Development that has been designated as uninhabitable by federal, state, local municipalities or Management due to fire, flood or other natural disaster.

III. PRE-APPLICATION CARD PROCESSING

(Please check which method will be used)

☐ The Development will use pre-application cards or;
☐ The Development will use pre-applications.

A. Distribution of Pre-Application Cards or Pre-Applications

1. A letter will be sent to households who respond to the marketing efforts (**Exhibit E**). This letter will include a Pre-Application Card or Pre-Application (**Exhibit F**) to be completed and mailed to Management. This letter will also inform persons about the Development's preferences and will indicate that all applicants will be given an opportunity to show that they qualify for a preference.

2. The letter will state that those persons qualifying for a preference will receive housing before any other applicant who is not so qualified.

3. In addition, the letter will inform all applicants that for those persons not claiming a preference, screening will be conducted according to the order in which the Pre-Application Cards or Pre-Applications are received.

4. All returned Pre-Application Cards or Pre-Applications will be logged in, indicating the time and date received (**Exhibit G**)**.** The Pre-Application log will indicate whether the applicant has claimed a preference or has requested a handicapped accessible unit.

B. Processing Pre-Application Cards or Pre-Applications

1. Pre-Application Cards or Pre-Applications will be filed in the order of receipt. In addition, Pre-Application Cards or Pre-Applications will also be categorized according to preferences, unit size and Special Occupancy Categories (as described in **Section X**).

2. All persons making inquires will be provided a Pre-Application Card or Pre-Application with instructions to mail this Pre-Application Card or Pre-Application to Management. Pre-Application Cards or Pre-Applications received after initial sorting will be categorized in accordance with the process stated above.

3. For Developments beginning their initial marketing efforts (start-up), no Pre-Application Cards or Pre-Applications will be accepted after the date on which 95% occupancy of the Development has been reached and the applicable Waiting List has been closed.

4. For Developments, which have completed their initial marketing efforts (Up and Running), no Pre-Application Cards or Pre-Applications will be accepted after the date on which the applicable Waiting List has been closed.

5. All Pre-Application Cards or Pre-Applications will be retained on-site permanently.

IV. WAITING LIST(S) PROCEDURES

A. Creation of Waiting List(s)

If an applicant is eligible for tenancy, but no appropriately sized unit is available (as referred to in **Section VII**), Management will place the applicant on a waiting list (the "Waiting List") for the Development (**Exhibit H**). The Waiting List(s) will be maintained in either:
(Check the one that applies)

☐ a bound ledger (manually)
☐ a computer program (electronically)

The Waiting List(s) will contain the following information for each applicant listed:

1. Applicant name
2. Household unit size (number of bedrooms household qualifies for under site occupancy standards)
   (*NOTE: applicant may qualify for multiple unit sizes*)
3. Date and time application received
4. Qualification for any preferences and ranking
5. Annual income level
6. Targeted program qualifications
7. Accessibility requirements
8. Number of persons in household

The Waiting List will be maintained in accordance with the following guidelines:

- The pre-application or pre-application card will be a permanent file.
- All applicants will be maintained in order of preference. Applications equal in preference will be maintained by date and time sequence.

B. Changes In Income or Household Composition

When placed on the Waiting List, applicants will be informed to notify Management when the following changes occur:

- Address and/or phone number
- Household composition
- Preference status
- Income (Optional)

If an applicant's income changes to an amount which is no longer eligible, written notice will be given advising the applicant that: (1) they are not presently eligible; (2) the applicant could be eligible if the household income decreases, the number of household member changes, or the Income Limit changes; and (3) they may choose to remain or not remain on the Waiting List.

If an applicant's household composition changes resulting in a need for a different apartments size, Management will, upon notification by applicant, place the applicant on the appropriate Waiting List. Management's policy for handling changes in household composition are indicated below: (check the one that applies)

☐ Applicant will maintain original application date. (Applicant will be placed on new bedroom list according to original application date.)

☐ Applicant will receive new application date based on redetermination. (Applicant will be placed at bottom of new bedroom list.)

C. <u>Contacting Persons on the Waiting List(s)</u>

1. Applicants on the Waiting List will be contacted as follows:

   When a unit becomes or will become available within ___ days, Management will select the next applicant who meets applicable preference criteria or whose name is chronologically at the top of the appropriate Waiting List. Management will contact the selected applicant utilizing the following procedure: (*i.e. certified mail, regular mail, telephone or other*.)

   _____

   Applicants, who respond timely and accept the offered unit, will be contacted to schedule an interview. This represents the beginning of the screening process. Those applicants who do not respond timely or who do not accept the offered unit will be processed in the manner indicated below:

   a. If Management does not receive a response within ___ days, the applicant will forfeit the opportunity to apply for the offered unit (check the one that applies)

      ☐ and will be removed from the applicable Waiting List.

      ☐ but will remain at the top of the applicable Waiting List. When a second unit becomes available, Management will again attempt to contact the applicant and will explain that if the applicant does not respond within ___ days or fails to accept the second unit, the applicant's name will be removed from the applicable Waiting List.

      ☐ (other)

      _____

   b. If Management receives a timely response but the applicant rejects the first offered unit, the applicant (check the one that applies)

☐ will be removed from the applicable Waiting List.

☐ will remain at the top of the applicable Waiting List. When a second unit becomes available, Management will again attempt to contact the applicant and will explain that if the applicant does not respond within ___ days or fails to accept the second unit, the applicant's name will be removed from the applicable Waiting List.

☐ (other)

_____

2. If, after an interview has been scheduled, the applicant fails to attend or to contact Management to reschedule the interview, the policy regarding how applicants will be addressed is: *(Please indicate Management's policy below.)*

_____

D. <u>Updating the Waiting List(s)</u>

1. The Waiting List will be updated at least once every twelve months in the following manner:

☐ A letter will be sent via regular/certified mail to each applicant on the Waiting List(s) (**Exhibit I**). The letter will include a Reply Card (**Exhibit J**) to be returned if the applicant is still interested in living at the Development. The applicant will be given ___ days (excluding weekends and designated federal holidays) from the date the letter was mailed in which to respond. If no response is received, the applicant's Pre-Application Card will be removed from the Waiting List and a letter will be sent informing the applicant of this action. If the letter is returned with a forwarding address, it will be re-mailed to the address indicated and a new response time same as above will begin.

☐ (Other)

_____

2. After each of the Waiting List(s) are updated based on the Reply Cards returned, an acknowledgement letter (**Exhibit K**) ☐ will ☐ will not *(Check the one that applies)* be sent to each applicant. It is the applicant's responsibility to notify the Management office of any change in address, telephone number or telephone device for the deaf (TDD) number (if applicable).

E. <u>Closing and Re-Opening the Waiting List(s)</u>

1. <u>Closing the Waiting List(s)</u>

The Waiting List(s) for the Development will be closed when the following occurs:

_____

When Management decides to close the Waiting List(s), future applicants will be advised that the Waiting List(s) are closed and additional applications will not be taken. When Management decides to no longer accept applications, a notice to that effect will be published in the following publication(s):

_____

The notice must state the reasons for the Management's refusal to accept additional

applications.

2. Re-opening the Waiting List(s)

Prior to each re-opening of the Waiting List(s), a notice, announcing the re-opening and providing information on how to apply, will be placed in the following publications:

_____

The Waiting List(s) will be re-opened when the following occurs:

_____

3. Affirmative Marketing Plan Requirements

Management will affirmatively market the Development in its outreach efforts during the re-opening of the Waiting List(s). Management will provide a copy of the Affirmative Fair Housing Plan to applicants upon request for review.

V. THE (INTERVIEW) SCREENING PROCESS

A. Application Requirements

The following information will be used to determine program eligibility for anyone who is seeking housing at the Development.

1. The head of household must complete a written application certifying the accuracy of all information that is provided. The applicant will be provided with the appropriate disclosures concerning the Privacy Act.

2. ☐ A credit report will be ordered.
   ☐ A credit report will not be ordered.

3. ☐ A criminal background search will be obtained.
   ☐ A criminal background search will not be obtained.

4. Verification of employment, income, bank accounts, and other assets, etc., is required as applicable for each applicant.

5. Verification of previous housing, for ___ years, is required. This will include references from previous landlords. If applicable, it will also include verification for those who were homeowners or lived with parents or guardians. Applicants will not be rejected solely for a lack of rental history.

6. Proof of citizenship status for all members of the household is required.

7. Verification of Social Security Numbers for all members of the household is required.

8. Other: _____

B. Home Visits

☐ Home Visits will be conducted to inspect the current dwelling of the applicant to determine that the housekeeping practices are acceptable. Details of this process are outlined in **Exhibit L**. Home Visits will be conducted for all applicants who reside within _____ miles of the Development. Home Visits will be conducted for every applicant household reaching the final stages of the approval process.

☐ Home Visits will not be conducted.

C. Completion of Application Process

All applications will be processed within thirty days after the date of the applicant's initial interview or within five business days of receipt of all required documentation, whichever is later (excluding weekends and designated federal holidays).

VI. ELIGIBILITY REQUIREMENTS

A. Income

The annual gross income of the applicant(s) must be equal to or less than the income limit established by the applicable program's administrative rules for the appropriate household size.

B. Income Targeting – (Applicable Only to the Section 8 Project Based Program)

1. ☐ The Development is not required to comply with the Income Targeting requirement.
   ☐ The Development is required to comply with the Income Targeting requirement.

2. The method with which to achieve this requirement is selected below:
   (check the one that applies)

☐ Admit only extremely low-income applicants until the requirement is met. In chronological order, select eligible applicants from the Waiting List whose incomes are at or below the extremely low-income limit to fill the first 40% of expected vacancies in the Development. Once the Development has achieved the 40% target, admit applicants in the Waiting List order.

☐ Alternate between the first extremely low-income applicant on the Waiting List and the applicant at the top of the Waiting List. To implement this method, select the first extremely low-income applicant on the Waiting List (bypassing applicants on the Waiting List with higher incomes) for the next available unit. Then the next eligible applicant currently at the top of the Waiting List (regardless of income level) for the next available unit. As subsequent units become available, tenant selection continues to alternate between the next extremely low-income applicant and the eligible applicant at the top of the Waiting List until the 40% target is reached.

☐ Alternate between the first extremely low-income applicant on the Waiting List and the applicant at the top of the Waiting List in groups of 10. In chronological order, admit the first 4 extremely low-income households from the Waiting List and then admit the next 6 households from the top of the Waiting List, regardless of income. This procedure results in 40% or more of admissions being extremely low-income. After filling the first 10 available units, again admit the first 4 extremely low-income households on the Waiting List and then the next 6 households currently at the top of the Waiting List.

C. Sole Residence

The unit must be the applicant's sole residence in order for the applicant to be eligible for housing.

D. Citizenship Requirements

Only applicants and tenants who are United States citizens and eligible non-citizens may benefit from federal rental assistance. Specifics regarding citizenship requirements and the documentation process are provided in **Addendum 1** attached to this Plan.

E. Certification of Social Security Numbers

The head of household/spouse/co-head must disclose Social Security Numbers for all household members at least six years of age and older. If no Social Security Numbers has been assigned to a particular household member, the applicant must sign a certification stating that no Social Security Numbers has been assigned. An explanation of required documentation and provisions for accepting applicants without proper documentation is provided in **Addendum 2** attached to this Plan.

VII. OCCUPANCY STANDARDS

The unit must have enough space to accommodate the household. Occupancy standards must comply with federal, state and local occupancy standards, and/or laws in connection with occupancy requirements, fair housing and civil rights laws, as well as landlord-tenant laws and zoning restrictions. The occupancy standards for the Development are attached as **Exhibit M**.

1. For the purpose of determining the unit size for which a household may be eligible; the following will be counted as members of the household:

   a. Fulltime household members
   b. Unborn children
   c. Children in the process of being adopted
   d. Children whose custody is being determined
   e. Foster children
   f. Children temporarily in a foster home
   g. Children in joint custody 50% of the year or more
   h. Children away at school but home for recess
   i. Live in aides
   j. Foster adults

2. Upon request, an applicant or resident may be placed on as many of the Development's Waiting List(s) that the household size qualifies.

3. A household may be required to provide proof of custody of related or unrelated occupants in order to be considered for a change in unit size.

VIII. REJECTION CRITERIA

The ability of the applicant to fulfill lease obligations will be considered. An applicant may be rejected for one or more of the following reasons:

A. Insufficient/Inaccurate Information on Application

Refusing to cooperate fully in all aspects of the application process or supplying false information will be grounds for rejection.

B. Credit and Financial Standing

1. Unsatisfactory history of meeting financial obligations (including, but not limited to timely payment of rent, outstanding judgments or a history of late payment of bills) will be considered. If an applicant is rejected based on the credit report, they will be provided with the reasons for rejection and given the name of the credit bureau that performed the credit check. Applicants will also be given two weeks to dispute any information on the credit report.

2. The inability to verify credit references may result in rejection of an applicant.

Special circumstances will be considered in which credit has not been established (income, age, marital status, etc.) and lack of credit history will not cause an applicant to be rejected. In such circumstances, a person with a history of creditworthiness may be required to guarantee the lease.

3. The applicant's financial inability to pay his/her monthly contribution toward the rent of the unit may be assessed. Ordinarily, the total of the applicant's monthly contribution plus other long-term obligations (payments extending more than twelve months) should be less than ___% of his/her monthly gross income. Income ratios may be considered in the context of the applicant's credit and employment history and potential for increases in income.

C. Criminal Convictions/Current Drug Use

1. Applicants who fall into the following categories will be rejected:

   a) current addiction to or engagement in the illegal use of a controlled substance.

   b) any household containing a member(s) who was evicted in the last three years from federally assisted housing for drug-related criminal activity. Exception: if the evicted household member has successfully completed an approved supervised drug rehabilitation or the circumstances leading to the eviction no longer exist (e.g. the household member no longer resides with the applicant household).

   c) any household member that is subject to a state sex offender lifetime requirement.

   d) any household member for whom there is reasonable cause to believe that the member's behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety, and right to peaceful enjoyment by other residents. The screening standards must be based on behavior, not the condition of alcoholism or alcohol abuse.

2. Applicants who fall into the following categories may be rejected. In addition, if other persons that will be living in the unit fall into these categories, the applicant may be rejected.

   a) criminal convictions that involved physical violence to persons or property, or endangered the health and safety of other persons within the last _____ year(s);

   b) criminal convictions in connection with the manufacture or distribution of a controlled substance within the last _____ year(s); or

D. Household Characteristics

Household size or household characteristics were not appropriate for the specific type of unit available at the time of application.

E. Unsanitary Housekeeping

Housekeeping will be considered because home visits are conducted (**See Section V.B**). Housekeeping criteria are not intended to exclude households whose housekeeping is only superficially unclean or disorderly if such conditions do not appear to affect the health, safety or welfare of other residents.

F. Exception to Rejection Criteria

Extenuating Circumstances
(Check the one that applies)

☐ Extenuating circumstances will not be considered.

☐ Extenuating circumstances will be considered in cases when applicants would normally be rejected, but the applicants will have to indicate circumstances that he/she will be an acceptable resident in the future.

IX. REJECTION PROCEDURES

A. Written Notification

Each rejected applicant will be promptly notified in writing of the reason(s) for rejection (**Exhibit N**). This notice will advise the applicant that he/she may, within 14 days of receipt of the notice (excluding weekends and designated federal holidays), respond in writing or request to meet with Management to discuss the notice.

B. Review of Rejected Applications

The applicant will have 14 days (excluding weekends and designated federal holidays) to respond in writing or request a meeting to discuss the rejection. Any meeting with the applicant or review of the applicant's written response will be conducted by a member of Management's staff who did not participate in the decision to reject the applicant.

If the applicant appeals the rejection, the applicant will be given a final written decision from Management within five days (excluding weekends and designated federal holidays) of the applicant’s written response or meeting. If the decision is reversed, the applicant will be offered a suitable vacant unit. If no such unit is available, the applicant will be offered the next appropriate unit.

X. SPECIAL OCCUPANCY CATEGORIES

Applicants will be interviewed and processed as authorized in **Sections V through VIII**, with exceptions made as follows:

A. Persons with Disabilities

An applicant with disabilities will be given priority for an accessible unit if such applicant deems that this type of unit is appropriate for their household.

If the household determines that the accessible unit is not appropriate for the household's needs, the household's name will be returned to its place on the Development’s Waiting Lists, as applicable.

XI. AMENDING THE TENANT SELECTION PLAN

This Plan may be amended only with the prior written approval of the Illinois Housing Development Authority.

XII. CERTIFICATION

By signing this Plan, Management certifies that the contents of this Plan will be followed as written, and that no other Tenant Selection Plan has been executed for the Development at this time, or will be executed in the future without written approval from the Illinois Housing Development Authority.

MANAGEMENT:

Entity Name: _____

Signature: _____

Print Name: _____

Title: _____

Today's Date: _____

OWNER:

Entity Name: _____

Signature: _____

Print Name: _____

Title: _____

Today's Date: _____

ILLINOIS HOUSING DEVELOPMENT AUTHORITY:

Signature: _____

Print Name: _____

Title: _____

Today's Date: _____

EXHIBIT A

RENT STRUCTURE

# of Units	Unit Type	Market Rate	Low-Income	Very Low-Income	Utility Allowance
	Studio				
	1 Bedroom				
	2 Bedroom				
	3 Bedroom				
	4 Bedroom				
	5 Bedroom				

NOTE: The rents shown above are the initial rents for the development. After the initial rents, this exhibit will be replaced with a copy of the most recently approved Rent Schedule for the Development.

EXHIBIT B

LEASE ADDENDUM FOR ACCESSIBLE UNIT AVAILABILITY

This addendum to the Lease Agreement between _____
(Lessor)

and _____
(Lessee)

entered into a lease agreement on _____.
(Date)

In order to comply with Section 8.27 of Section 504 of the Rehabilitation Act of 1973, the landlord or it's agent must first lease vacant accessible units to current occupants requiring accessibility features of the vacant unit and occupying a unit not having such features. If no such occupants exist, the unit would be leased to an eligible qualified applicant on the waiting list, who requires the accessibility features of the vacant unit. When offering an accessible unit to an applicant not having handicaps requiring the accessibility features of the unit, the landlord must require the applicant to agree to move to a non-accessible unit when available.

The resident noted above has been offered an accessible unit and does not have handicaps requiring such a unit. The resident noted above hereby agrees, upon request of the landlord to transfer to a non-handicapped accessible unit to accommodate a person or person(s) on the wait list who have required such an accessible unit. The resident noted above will be responsible for all moving expenses they incur.

Agreed to this _____ day of _____, 20_____

_____ Date Signed: _____
(Lessor)

_____ Date Signed: _____
(Lessee)

Accepted:

_____ Date Signed: _____
Owner or its Agent

EXHIBIT C

VERIFICATION OF PREFERENCE STATUS

Dear _____:

_____ (Applicant) SSN# _____,

has applied for housing at _____and has indicated that they are eligible for a housing preference given the following circumstance:

1. State Preferences

A. ☐ Displaced from an urban renewal area.

B. ☐ Displaced by a disaster, such as a fire or flood, that resulted in extensive damage or has destroyed the unit.

C. ☐ Displaced by an activity carried on by an agency of the United States or by any State or local government body or agency.

2. Former Federal Preferences

A. ☐ An action by an owner which resulted in the applicant's having to vacate his/her unit where:
*** the reason for the owner's action is beyond the applicant's ability to control or prevent.**
*** the action occurred despite the applicant's having met all previously imposed conditions of occupancy.**
*** the action taken is other than a rent increase**.

B. ☐ Actual or threatened physical violence directed against applicant or one or more members of the applicant's household by a spouse or other member of the applicant's household; or, the applicant lives in a housing unit with such an individual who engages in such violence

C. ☐ Applicant is living in substandard housing because:

_____

D. ☐ Applicant lacks a fixed, regular, and adequate nighttime residence.

E. ☐ Applicant is paying $_____ in monthly rent which is greater than 50% of the household income.

In order to determine the preference status, we are required to verify the preference. Therefore, we would appreciate your completing the certification below and returning this form in the enclosed envelope. This information will be used only for purpose of determining the preference for this applicant.

Sincerely,

I hereby authorize the release of the requested information.

____
Property Manager

____
Signature of Applicant

- -

(Please complete items below, sign and date).

I verify that ________________________________ (Applicant's) current living situation meets

________________________________ preference(s) as cited on the previous page.

Firm or Agency Name ________________________________

____
Signature

Print Name ________________________________

Title ________________________________

Firm or Agency Address ________________________________

Phone Number ____________________ Date ____________________

EQUAL HOUSING OPPORTUNITY

EXHIBIT D

REJECTION LETTER FOR PREFERENCES

Re: _____ Apartments

Dear_____:

In your recent application for _____Apartments, you indicated that you qualify for the following preference(s):

- ☐ Displaced from an urban renewal area.
- ☐ Displaced by a disaster, such as a fire or flood, that resulted in extensive damage or has destroyed the unit.
- ☐ Displaced by an activity carried on by an agency of the United States or by any State or local government body or agency.
- ☐ (List the preferences adopted by the owner)

After reviewing the documentation, which you submitted, we regret to inform you that you do not meet the criteria for receiving a preference based on the following reason(s):

_____

_____

_____

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

_____
Name

_____
Address

_____
City State Zip

_____ _____
Telephone (voice) Telephone (TDD)

If you feel this decision has been made in error and wish to provide additional documentation,

please contact the rental office at _____ (voice) or

_____ (TDD).

Sincerely,
Property Manager

EQUAL HOUSING OPPORTUNITY

EXHIBIT E

APPLICANT INQUIRY

Date:_____

Dear _____:

Thank you for your initial inquiry regarding housing at _____. Residents will be selected only from those eligible persons who make formal application. We had numerous inquiries for our apartments.

We are now accepting pre-application cards from interested households. If you are still interested in living at _____, please return the enclosed pre-application card by mail as soon as possible.

You may be eligible for a preference if one of the following conditions applies to you have been displaced: from an urban renewal area; by a disaster, such as a fire or flood, or by an activity carried on by an agency of the United States or by any State or local government body or agency. (Also list the preferences adopted by the owner). Households qualifying for a preference will receive assistance before any other applicant households that are not so qualified. If you feel you qualify for a housing preference, complete the appropriate certification form attached to this letter and return it along with your pre-application card by mail.

For households not claiming housing preference, screening will be conducted according to the order in which the pre-application cards were received.

Interviews will be conducted at _____. Leasing personnel will be unable to see applicants prior to their scheduled interview. If you have any questions, we will be happy to answer them at the time of your interview.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

_____
Name

_____
Address

_____
City State Zip

_____ _____
Telephone (voice) Telephone (TDD)

Sincerely,

Property Manager

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EXHIBIT F

PRE- APPLICATION CARD

Date Received: _____ Time Received: _____

Interested person for ☐ 1 BR ☐ 2 BR ☐ 3 BR ☐ Other _____
(check all that apply)

Name (Head of Household): _____

Address: _____

Phone (Home): _____ Phone (Work): _____
Cell phone: _____ E-Mail: _____

Would you be interested in a handicapped accessible unit? ☐ Yes ☐ No

Do you feel you qualify for a housing preference? ☐ Yes ☐ No

Do you live/work in the _____ Community? ☐ Yes ☐ No

Annual Household Income: $ _____ Date Apartment Needed? _____

Household data: Please list all persons who will occupy the unit:

Name	Age	Relationship

Optional and for Federally Subsidized Programs ONLY.				
ETHNICITY:	☐	Hispanic or Latino	☐	Non-Hispanic or Non-Latino
RACE:	☐	Caucasian	☐	African American
	☐	Asian	☐	American Indian or Alaskan
	☐	Native	☐	Native Hawaiian or Other Pacific Islander

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EXHIBIT G

PRE - APPLICATION CARD LOG
IN ORDER OF RECEIPT

Check All That Apply

Date Rec'd	Time Rec'd	Name	Unit Type	Housing Preference	Accessible Unit	Income Level – VL/L/M

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EXHIBIT H

SAMPLE WAITING LIST

Date Rec'd	Time Rec'd	Head of Household	Unit Size	Income Level			Need for Accessible Unit		Comment/ Contact	Remove/ Rejected Date	Move-in Date	Preference Type
				EL	VL	L	Y	N				
12/3/01	10:30 AM	Mary Tate	2	X				X				Working household preference; Elderly preference
12/4/01	1:00 PM	Hiroshi Kihara	2		X		X					

EXHIBIT I

WAITING LIST UPDATE

Date: _____

Dear _____:

We are currently in the process of updating our waiting list for _____

_____. Some time ago, you expressed an interest in living at our development, and your name was placed on the waiting list.

If you are still interested in living at_____,

enclosed is a card that must be returned to _____, management office, within 15 days (excluding weekends and designated Federal Holidays). Failure to return this information within this time period will result in your name being permanently removed from the waiting list.

It is not necessary to call or come in to the office at this time, as we do not have anything immediately available.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

_____
Name

_____
Address

_____
City State Zip

_____ _____
Telephone (voice) Telephone (TDD)

Thank you for your interest in _____.

Sincerely,

Property Manager

EXHIBIT J

REPLY CARD

I AM STILL INTERESTED IN LIVING AT

_____
DEVELOPMENT NAME

APPLICANT NAME _____

CURRENT ADDRESS _____

_____

HOME PHONE# _____ WORK PHONE# _____

E-MAIL ADDRESS _____ CELL PHONE # _____

UNIT SIZE DESIRED ☐ 0 BR ☐ 1 BR ☐ 2 BR ☐ 3 BR ☐ OTHER

EXHIBIT K

WAITING LIST ACKNOWLEDGEMENT

Date _____

Dear _____:

This letter is to acknowledge receipt of your waiting list update card. Currently you are on our

_____ bedroom waiting list(s).

We do not have an exact time in which you will be contacted regarding an apartment; however, please remember to keep us advised of your current address and phone number.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

_____
Name

_____
Address

_____
City State Zip

_____ _____
Telephone (voice) Telephone (TDD)

Sincerely,

Property Manager

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EXHIBIT L
HOME VISIT REPORT

Applicant Name _____

Current Address _____

☐ The person conducting the Home Visit report is employed by the Management

☐ The person conducting the Home Visit is a hired agent of the Management and is employed

by _____

Person Conducting Home Visit _____

Date of Applicant's Tenancy in this Unit: From _____ To _____

1. GENERAL CLEANLINESS

A. Bedrooms, Living/Dining Room ☐ Good ☐ Acceptable

Explain: _____

B. Kitchen Appliances ☐ Good ☐ Acceptable

Explain: _____

C. Bathroom ☐ Good ☐ Acceptable

Explain: _____

D. Are there any cleaning supplies in the unit? ☐ Yes ☐ No

E. Is there evidence of vermin infestation? ☐ Yes ☐ No

Explain: _____

2. OTHER COMMENTS

A. Did the applicant have any comments on the unit or its conditions?

_____

_____

B. Other comments by staff

_____

_____

3. I HAVE READ THE ABOVE HOME VISIT REPORT AND I AM AWARE OF ITS CONTENTS.

_____ _____

Applicant Signature Inspector's Signature

Date _____ Date _____

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EXHIBIT M

OCCUPANCY STANDARDS

EXHIBIT N

APPLICANT REJECTION

Date _____

Dear _____:

Thank you for your interest in renting an apartment at _____. After careful consideration and review of your application, we regret we are not able to accept your application for tenancy at this time for the following reasons:

_____

_____

If you wish to appeal this decision, please contact the _____

Management office at _____ (voice) or _____ (TDD) within 14 days of the date of this letter (excluding weekends and designated federal holidays) to schedule an appointment.

Regardless of whether or not you decide to respond to this notice, you may still exercise other avenues of relief available to you if you believe that you have been discriminated against on the basis of race, color, creed, religion, sex, national origin, age, familial status, ancestry, unfavorable military discharge, marital status, receipt of governmental assistance, or handicap.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

_____
Name

_____
Address

_____
City State Zip

_____ _____
Telephone (voice) Telephone (TDD)

Sincerely,

Property Manager

ADDENDUM 1

CITIZENSHIP REQUIREMENTS

Only United States citizens and eligible non-citizens may benefit from federal rental assistance. These requirements apply to households making application to the property, households on the waiting list and existing tenants. (*If the applicant is not proficient in the English language, Management will arrange to provide this request in a language that is understood by the applicant.)* Please note that a mixed household (*a household with one or more eligible and one or more ineligible household members)* may receive either prorated assistance, continued assistance or a temporary deferral of termination of assistance.

All applicants for assistance will be required to submit evidence of citizenship or eligible immigration status at the time of application. This includes all household members, regardless of age. Please note that financial assistance is contingent on submission and verification of citizenship or eligible immigration status.

In order to verify citizenship or eligible immigration status, **Exhibit 1** must be completed for each member of the household by the following date _____. In addition, management will also require verification of this declaration by requiring the following documentation:

- **From U.S. citizens**, presentation of a U.S. birth certificate or U.S. passport.
- **From non-citizens 62 years and older**, a signed declaration and proof of age.
- **From non-citizens under the age of 62**, a signed consent form (**Exhibit 2**) and one of the DHS-approved documents listed in **Figure 1** (attached).

Non-citizens **not** claiming eligible immigration status may elect to sign a statement that they acknowledge their ineligibility for assistance.

If an applicant cannot supply the documentation within the specified timeframe, Management may grant an extension of not more than 30 days, but only if the applicant certifies that the documentation is temporarily unavailable and additional time is needed to collect and submit the documentation. Management may establish a shorter extension period. Management will inform the applicant in writing if an extension period is granted or denied. If the request is granted, Management will state (in writing) the new deadline. If the request is denied, Management will state the reasons for the denial in writing.

Management cannot delay the household's assistance if the household submitted its immigration information in a timely manner but the Department of Homeland Security ("DHS") verification or appeals process has not been completed. If at least one member of the household has submitted the required documentation in a timely manner, the owner must offer the household a unit and provide prorated assistance to those household members whose documentation were received on time. Management must continue to provide prorated assistance to such households until information establishing the immigration status of any remaining non-citizen household members has been received and verified. The prorated assistance is calculated by multiplying a household's full assistance by a fraction. This is based upon the number of household members who are eligible compared with the total number of household members.

Once Management has determined the final citizenship/immigration status of a household assisted prior to completion of the verification or appeal process, Management will:

- Offer full assistance to a household that has established the eligibility of all of its members; or
- Offer continued prorated assistance to a mixed household, or temporary deferral of termination of assistance if the household does not accept the offer of prorated assistance; or
- Offer temporary deferral of termination of assistance to an eligible household. At the end of the deferral period the household must either pay market rent or vacate the unit.

Management will notify all households in writing as soon as possible if the secondary verification process returns a negative result and applicants may appeal Managements decision directly to the DHS. The household must send a copy of the appeal directly to the Management. The DHS should respond to the appeal within 30 days.

FIGURE 1

ACCEPTABLE DEPARTMENT OF HOMELAND SECURITY DOCUMENTATION

- Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens)

- Form 1-94, *Arrival-Departure Record* annotated with one of the following:
  - "Admitted as a Refugee Pursuant for Section 207";
  - "Section 208" or "Asylum";
  - "Section 243(h)" or "Deportation stayed by Attorney General";
  - "Paroled Pursuant for Section 212(d)(5) of the INA."

- Form I-94, *Arrival-Departure Record* (with no annotation) accompanied by one of the following:
  - A final court decision granting asylum (but only if no appeal is taken);
  - A letter from DHS asylum officer granting asylum (if application was filed on of after October 1, 1990) or from an DHS district director granting asylum (application filed before October 1, 1990);
  - A court decision granting withholding or deportation; or
  - A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

- Form I-688, *Temporary Resident Card* annotated "Section 245A" or "Section 210".

- Form I-668B, *Employment Authorization Card* annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."

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

- Form I-151, *Alien Registration Receipt Card.*

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

EXHIBIT 1

DECLARATION FORM

INSTRUCTIONS: Complete this Declaration for each member of the household.

LAST NAME _____ FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____

SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY # _____

ALIEN REGISTRATION # _____

ADMISSION NUMBER _____ If applicable
(this is an 11-digit number found on the DHS I-94, Departure Record)

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

SAVE VERIFICATION # _____
(To be entered by owner if and when received.)

INSTRUCTIONS: Complete the Declaration Form below by printing or by typing the person's First name, middle initial, and last name in the space provided. Then review the blocks below and complete either block 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under Penalty of perjury,

that I am _____
(print or type first name, middle initial, last name):

☐ **1.** A citizen or national of the United States.

Sign and date below and return to the name and address given to you by Management. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

_____
Signature Date

Check here if adult signed for a child: ☐

☐ **2.** A non-citizen with eligible immigration status as evidenced by one of the documents listed below:
Note: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 year of age, you should submit the following documents:

A. Verification Consent Form (Exhibit 2)

AND

B. One of the following documents:
   1) Form I-551, *Alien Registration Receipt Card (for permanent resident aliens).*
   2) Form I-94, *Arrival-Departure Record,* with one of the following annotations:

      a) "Admitted as Refugee Pursuant to Section 207";
      b) "Section 208" or "Asylum";
      c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
      d) "Paroled Pursuant to Sec. 212(d)(5) of INA".
   3) If Form I-94, *Arrival-Departure Record,* is not annotated, it must be accompanied by one of the following documents:

      a) A final court decision granting asylum (but only if no appeal is taken);
      b) A letter from a DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from a DHS district director granting asylum (if application was filed before October 1, 1990);
      c) A court decision granting withholding or deportation; or
      d) A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
   4) Form I-688, *Temporary Resident Card,* which must be annotated "Section 245A" or "Section 210."
   5) Form I-688B, *Employment Authorization Card,* which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."

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

   7) Form I-151 Alien Registration Receipt Card.

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

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

Signature Date

Check here if adult signed for a child: ☐

REQUEST FOR EXTENSION

I hereby certify that I am a non-citizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature Date

Check if adult signed for a child: ☐

☐ **3.** I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

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

Signature Date

Check here if adult signed for a child: ☐

EXHIBIT 2

VERIFICATION CONSENT FORM

INSTRUCTIONS:
Complete this form for each non-citizen household member who declared eligible immigration status on the Declaration Form. If this form is being completed on behalf of a child, the adult responsible for the child must sign it.

CONSENT

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

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and

2. The release of such evidence of eligible immigration status by Management without responsibility for the further use or transmission of the evidence by the entity following entities:

    a. HUD, as required by HUD; and

    b. The DHS for purposes of verification of the immigration status of the individual.

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

_____ _____
Signature Date

Check here if adult signed for a child: ☐

ADDENDUM 2

SOCIAL SECURITY NUMBER REQUIREMENTS

The head of household/spouse/co-head must disclose social security numbers (SSN's) for all household members at least six years of age and older. In addition, applicants must provide adequate documentation or acceptable evidence of the SSN including any of those listed below:

- Original Social Security card
- Driver's license with SSN
- Identification card issued by a federal, state or local agency, a medical insurance provider, or an employer or trade union
- Earnings statements on payroll stubs
- Bank statement
- Form 1099
- Benefit award letter
- Retirement benefit letter
- Life insurance policy
- Court records

If no social security number has been assigned to a particular household member, the applicant must sign a certification stating that no social security number has been assigned.

Management will accept applicants without documentation of social security numbers with the following provisions:

- When an applicant has a SSN but does not have the required documentation, the applicant may submit the SSN and certify that the number is accurate but that the acceptable documentation could not be provided. The applicant must provide SSN documentation to management within 60 days from the date on which the applicant certified that the documentation was not available, and will retain his or her place on the waiting list. After 60 days, if the applicant has been unable to supply the SSN documentation the applicant will be determined ineligible and removed from the waiting list.
- For applicants who are at least 62 years old and unable to submit the required documentation within the 60 day period, Management will extend the time period an additional 60 days.
- Individuals who have applied for legalization under the Immigration and Reform Control Act of 1986 will be able to disclose their social security numbers, but unable to supply the cards for documentation. Social security numbers are assigned to these persons when they apply for amnesty. The cards are forwarded to the Department of Homeland Security (DHS) until the persons are granted temporary lawful resident status. Until that time, their acceptable documentation is a letter from the DHS indicating social security numbers have been assigned.