



## APPENDIX F RESIDENT POPULATIONS WITH SPECIAL NEEDS

Projects requesting consideration under the Resident Populations with Special Needs scoring category must submit all documentation requested in Exhibit 1S or, if an Affordable Assisted Living Project, all documentation requested in Exhibit 1S – AAL, to qualify for points.

### **Category Overview**

**Category 3.** Resident Populations with Special Needs 0 to 20 points  
Projects providing service-enriched housing in which a maximum of twenty-five percent (25%) of the total Project Units give preference in tenant selection to Resident Populations with Special Needs. Points will be awarded to an Applicant committing to provide service-enriched housing to the following Minimum Unit Percentage calculated based upon the total number of units to give preference in tenant selection to Resident Populations with Special Needs divided by the total number of Project Units (not the number of Low-Income Units):

- Ten percent (10%) of the total Project Units give preference in tenant selection to Resident Populations with Special Needs: 5 points
- Fifteen percent (15%) of the total Project Units give preference in tenant selection to Resident Populations with Special Needs 10 points
- Twenty percent (20%) of the total Project Units give preference in tenant selection to Resident Populations with Special Needs 15 points
- Twenty-five percent (25%) of the total Project Units give preference in tenant selection to Resident Populations with Special Needs 20 points

To receive points, services must be actively linked to the Project, not simply provided to the community at-large, and the Applicant must submit all requested documentation on IFA required forms at Application including, but not necessarily limited to, the following:

- Commitment to hold throughout the Compliance Period, pursuant to IFA's held for occupancy policy, the Applicant's Minimum Unit Percentage commitment of the total Project Units for occupancy by the selected Resident Populations with Special Needs
- Service budget that supports the proposed services plan consisting of a \$150 per unit minimum annual contribution to the supportive services line item on the pro forma to be calculated based upon the total number of Project Units
- Marketing plan describing the planned methods of outreach to specifically target potential Resident Populations with Special Needs tenants
- Executed memorandum of understanding between the Ownership Entity or Developer, a Lead Service Provider, and the Management Company outlining the duties and responsibilities of each party in relation to service delivery to the tenants
- Commitment to provide a minimum number of hours per week of on-site service coordination to tenants through a qualified Service Coordinator employee, who cannot also be serving as the property manager, or a written contractual arrangement with a Lead Service Provider
  - 36 or fewer Low-Income Units: minimum of 10 hours per week required
  - 37 or more Low-Income Units: minimum of 20 hours per week required
- A list of all services and/or activities to be made available to tenants at no cost, except daycare or any charges or fees required by law, and documented through a Tenant Service Form signed by the service provider committing to making the supportive service available to tenants.

- Commitment to obtain Tenant Services Certification forms at least annually, signed by one or more nonprofit service providers and maintain such written verification of services made available to tenants in the Project files for compliance monitoring purposes
- All Project Units must be designed and suitable for occupancy by the targeted Resident Populations with Special Needs. For example, in housing targeted to persons with a physical Disability, at least the Minimum Unit Percentage of apartments must be Handicapped Accessible and the Handicapped Accessible units must be dispersed throughout the property rather than segregated. In housing targeted to survivors of domestic violence and their families, appropriate security measures should be incorporated in the project's design.
- The Ownership Entity must agree to maintain an extra column on the waiting list for persons in the targeted Resident Populations with Special Needs with a preference shown as part of the project's Affirmative Fair Housing Marketing Plan. The waiting list must also track whether the household requires a Handicapped Accessible unit.
- The Applicant is responsible for ensuring that all Fair Housing requirements are met.
- The Project's Resident Populations with Special Needs scoring commitments will be specified in the LURA.

Affordable Assisted Living projects including 10 or more Low-Income Units providing assisted living and making a commitment to appropriate certification as an assisted living program by the Iowa Department of Inspections and Appeals and to maintain that certification throughout the Compliance Period. 20 points

### **Boarding Home Registration**

The Boarding Home Registration certification on the Special Needs tab must be completed as part of the on-line application submission. Iowa law (Iowa Code Chapter 135O and Iowa Administrative Code 481 – chapter 66) requires that owners, operators, or managers of a “boarding home” register the property with the Iowa Department of Inspections and Appeals (DIA) and submit an annual occupancy report. A “boarding home” has a specific definition under Iowa law that may apply to a residential apartment building. Please review Iowa's requirements at the DIA Boarding Home Registration web site to determine if the Project must comply upon completion. After review of the applicable law and administrative rules, complete the Boarding Home Registration certification on the Special Needs tab in the on-line application.

### **Abbreviated Glossary of Terms**

**also refer to QAP Appendix 2 – Glossary of Terms and Exhibit 1S or Exhibit 1S – AAL, as applicable**

**Assisted Living Program/Facility** means housing with services, as defined in Chapter 231C of the Iowa Code. The Developer must have successfully obtained an Assisted Living certification for at least one project from the State of Iowa and is currently in good standing with the Iowa Dept. of Inspections and Appeals.

**Disability** means at least one of the following criteria: 1) Has a physical, mental or emotional impairment which is expected to be of long-continued and indefinite duration, substantially impedes the person's ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions; OR 2) Has a developmental Disability, defined as a severe chronic Disability which is attributable to a mental or physical impairment or combination of mental and physical impairments, is manifested before the Person attains age 22, is likely to continue indefinitely, results in substantial functional limitation in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and which reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong, or extended duration and are individually planned and coordinated.

**Frail Older Persons** mean Older Persons requiring assistance with three or more activities of daily living.

**Handicapped Accessible** means meeting the construction standards for the Unit set forth in Chapter 11 of the International Building Code 2006, or the local building code related to Accessibility of Units if more stringent.

**Held for Occupancy** means the percentage of the total Project units specified in the approved Application must be designed and held for occupancy by members of the selected Resident Populations with Special Needs Target Population(s) (the Target Population), with IFA's "held for occupancy policy" that states the following: (1). During

Initial Lease-up, priority must be given in the tenant screening process to income-qualified households in the selected Target Population. A minimum of the percentage of total Project units committed in the approved Application for occupancy by the selected Target Population (the "Minimum Unit Percentage") up to a maximum of twenty-five (25%) percent of the total Project units must be held for occupancy by qualified Target Population households until the lesser of such time as the minimum unit commitment has been met or for a period of 60 days from the Placed-in-Service date; (2). Once a unit occupied by a Target Population household has vacated, that unit must be held for a minimum of 30 days for occupancy by another qualified Target Population household unless the Project otherwise complies with the Minimum Unit Percentage. Efforts to market the available unit to the selected Target Population must be demonstrated during this time period; (3). If after a 30-day period the unit is leased to a household that doesn't meet the Target Population commitment and the Project does not otherwise meet the Minimum Unit Percentage, the next subsequent available unit must be marketed to and held for occupancy by the Target Population for 30 days. This subsequent unoccupied unit rule will continue to apply until the Project has once again met its Minimum Unit Percentage requirement; (4). Any household that qualified as a member of the Target Population at initial occupancy or at any time during occupancy will be counted as occupying a qualified service plan unit when calculating the Project's compliance with the Minimum Unit Percentage; (5). The Project must comply with the Minimum Unit Percentage and all other Resident Populations with Special Needs scoring requirements at initial lease-up and throughout the 15-year Compliance Period. In addition, the Project's Residential Populations with Special Needs scoring commitments will be specified in the Land Use Restriction Agreement (LURA).

**Homeless** means the term as defined by The McKinney-Vento Homeless Assistance Act as amended by S. 896 The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act; the reference for the regulatory definition is 24 CFR Part 91.5.

**Lead Service Provider** means an organization that is described in IRC Section 501(c)(3) or (4), that is exempt from federal income taxation under IRC Section 501(a), that is not affiliated with or Controlled by a for-profit organization, and includes as one of its exempt purposes the provision of social services to improve the quality of life of low-income households or Resident Populations with Special Needs and has a minimum of two years of experience in providing such services in the market area.

**Low-Income Unit** means any residential rental Unit if such Unit is rent-restricted and the occupant's income meets the limitations applicable as required for a qualified low-income housing Project.

**Resident Population with Special Needs** means one of the following:

- Homeless Persons, including homeless individuals, families, youth, and/or veterans
- Persons with a physical or mental, and/or developmental Disability, which may include persons with brain injury, mental illness, or co-occurring disorders
- Victims of domestic violence
- Frail Older Persons
- Older Persons 62 and older
- Persons living with HIV/AIDS
- Persons in recovery from chemical dependency

**Service Coordination** means the activities carried out by a Service Coordinator position to provide information and referrals to tenants who need supportive services to maintain self-sufficiency and achieve greater economic security. Service Coordinators typically have social work or human services education and experience. Service Coordinators provide assistance and access to community-based supports, skills training, and resources for tenants to achieve self-sufficiency and economic independence. Service Coordinators also assist in identifying, locating, and acquiring the services necessary for Older Persons, Frail Older Persons, or Persons with Disabilities to maintain their independence and remain in their own homes, helping to avoid admission to more costly institutionalized care.