



## EXHIBIT A

### INITIAL 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.



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## **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)

To comply with Section 8.27 of Section 504 of the Rehabilitation Act of 1973, the landlord or its 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 a disability 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 a disability requiring such a unit. The resident noted above hereby agrees, upon request of the landlord to transfer to a non-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\_\_\_\_

(Lessor)

Date Signed:

(Lessee)

Date Signed:

Accepted:

Owner or its Agent

Date Signed:

## 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. Existing Tenant transfer for a deeper rent subsidy.



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To determine the preference status, we are required to verify the preference. Therefore, we would appreciate you 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



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**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



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312.836.5200

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

## 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.

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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 an 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?



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

**Name**

**Age**

**Relationship**



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## EXHIBIT G

### PRE - APPLICATION CARD LOG IN ORDER OF RECEIPT

Check All That Apply

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



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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					



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**EXHIBIT I**

**ANNUAL 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 into 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



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## **EXHIBIT J**

### **REPLY CARD**

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#### **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



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## EXHIBIT K

### WAITING LIST ACKNOWLEDGEMENT

Date

Dear \_\_\_\_\_ :

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

## EXHIBIT L

### HOME VISIT REPORT

Applicant Name

Current Address

The person conducting the Home Visit is employed by the Management company for

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

Person Conducting Home Visit

Date of Applicant's Tenancy at current residence:                      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.**

Applicants Signature

Inspector's Signature

Date

Date

## **EXHIBIT M**

### **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 currently 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 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, religion, sex (including sexual harassment), pregnancy, national origin, ancestry, age (40 and over), order of protection status, marital status, sexual orientation (which includes gender related identity), unfavorable military discharge, physical and mental disability, and familial status.

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Sincerely,

Property Manager

## ADDENDUM 1

### **SOCIAL SECURITY NUMBER REQUIREMENTS** **(Applicable to developments that require disclosure of SSNs)**

The head of household/spouse/co-head must disclose social security numbers (SSN's) for all household members. 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

Applicants do not need to disclose or provide verification of a SSN to be placed on the waiting list; however applicants must disclose a SSN and provide adequate documentation to verify each SSN for all non-exempt household members before they can be housed.

If household members have not disclosed and/or provided verification of the SSN at the time a unit becomes available, the next eligible applicant must be offered the available unit. **EXCEPTION: For household members without a SSN living in properties that do not require tenants to be citizens, you should enter the 9-digit code "000-00-0000" in place of a SSN.** The applicant who has not provided required SSN has 90 days from the date they are first offered an available unit to disclose/verify the SSN. During this 90-day period, the applicant may retain its place on the waiting list. After 90 days, if the applicant has been unable to supply the SSN documentation the applicant will be determined ineligible and removed from the waiting list. An additional 90 days will be granted if the failure to provide documentation of a SSN is due to circumstances that are outside the control of the applicant.

Individuals who have applied for legalization under the Immigration and Reform Control Act of 1986 will be able to disclose their SSN, but unable to supply the cards for documentation. SSN 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.

## **ADDENDUM 2**

### **(Section 811 Only)**

#### **ENTERPRISE INCOME VERIFICATION (EIV)**

HUD has developed a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs.

The EIV system provides the owner and/or manager of the property with income information and employment history for applicants and residents. This information is used to meet HUD's requirement to independently verify employment and/or income when applicants certify for rental assistance.

This development will use EIV to perform an Existing Tenant Search Report for all applicants. This report identifies applicants applying for assisted housing that may be receiving rental assistance at the time of application processing at another location.

Owners/Agents must:

1. Run this report at the time they are processing an applicant for admission to determine if the applicant or any applicant household members are currently being assisted at another Multifamily Housing or Public and Indian Housing (PIH) location.
2. Provide a copy of the handout "EIV & You" (see attached) for all new applicants.