APPLICATION FOR OCCUPANCY

mercy HOUSING
Live in Hope

Site Name: Mercy Magnuson Place
Leasing Office Address: 7101 62nd Ave NE Seattle WA 9811
☐ Mark if Temporary
Leasing Office Ph#: 206.455.9269
Leasing Office Fax#:
Leasing Office Email: mercymagnusonplace@mercyhousing.c

For Office Use Only
Date Rcvd:
Time Rcvd:
Rcvd by:
☐ Original ☐ Updated ☐ Add-on
If updated, use original date and time stamps.
HoH Name:
Use to link multiple apps due to addt'l adults

COMPLETED FORMS CAN BE SUBMITTED VIA FAX OR DROPPED OFF DURING BUSINESS HOURS:

Monday - Thursday 8:30 am - 5:30 pm Friday 8:30 am - 2:30 pm

This document is used to provided to households who are applying for an available unit. Each adult household member must complete their own application.

☑ Please note- if this box is checked, then the community is non-smoking.

ADDITIONAL PROTECTION FOR INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY

Executive Order 13166 requires all recipients of federal funds to take reasonable steps to ensure that persons with limited English proficiency (LEP persons) have meaningful access to federal programs and activities. In response to this executive order, this community has created a Language Access Plan which details the steps taken to ensure meaningful access including but not limited to providing for oral translation services for applicants who need language assistance. Copies of the Language Access Plan are available for review in our leasing office.

Please complete one application per adult household member.

Basic Details about yourself:

1. Legal/Birth Name of this Applicant: _____
2. Preferred Name (if different): _____
3. Phone #(s): _____
4. Email Address(es): _____
5. How many people will reside in the unit? _____
6. What unit size are you requesting?
7. We ask questions about marketing, so we know the best way to advertise to people. How did you find our apartment community? ☐ Newspaper Ad; ☐ Drove by; ☐ Resident Referral; ☐ Website;_____ ☐ Other;_____

☐ Yes ☐ No 8. Does your household have animals/pets?
   a. If yes, what kind of pets?
      ☐ Cat(s), How many _____; ☐ Dog(s), How many _____;
      ☐ Other, # of _____ and Type of _____

☐ Yes ☐ No 9. Will this apartment be your sole place of residency?

☐ Yes ☐ No 10. Have you been involuntarily displaced by Government Action or a Presidentially Declared Disaster?

Mercy Housing Management Group is an equal opportunity housing provider abiding by the Federal Fair Housing Ordinance. We do not discriminate based on race, color, religion, creed, national origin, sex, age, familial status, AIDS/HIV status, ancestry, gender identity, height, weight, pregnancy status, source of income, sexual orientation or disability. This institution is an equal opportunity provider.

☐ Yes ☐ No 11. Are you a U.S. Veteran and/or in Active Duty? (Optional)

a. If yes, can you tell us which branch? (Optional) _____

☐ Yes ☐ No 12. Do you have an existing Section 8 voucher?

GENERAL DISCLOSURES:

The information you provide on this application will be treated as confidential. This application gives no lease or rental rights. It includes both information necessary for determining your eligibility for housing and information required for statistical purposes. If you and your household appear to be eligible, you will need to submit additional information to complete the processing of this application. All information you provide will be verified by Mercy Housing Management Group. Incomplete and/or falsified information will cause the application to be denied and not processed.

Discrimination Prohibited: The landlord will not discriminate based upon race, color, religion, creed, national origin, sex, age, familial status, or disability. In addition, our housing programs are open to all eligible persons regardless of sexual orientation, gender identity, marital status, and ancestry. Owners shall accommodate persons with disabilities who, as a result of their disabilities, cannot utilize the owner's preferred application process by providing alternative methods of taking applications.

Any general information included as part of an individual household member's records will be made accessible between departments. Other information not routinely in a household's records may be shared between professional staff on a need-to-know basis at the discretion of the department or site head staff person. Information, which involves criminal acts, including use of physical force, offenses against other persons, child abuse and neglect, etc., will be automatically reported to appropriate authorities as required by law.

13. **Household Composition**: Tell us a little bit about the people who will live with you – include yourself as the first household member. Add more pages if you need to list more people

HHMBR Name	Relationship to you	Gender*	Married? (Y/N)	Birthdate	Student? (Y/N)	**Social Security #
	MYSELF					
					Total number of people:	

*You may decline to provide your gender information

**Not Required: Information from applicants who do not contend eligible immigration status, who were age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010.

14. Please use the table below to record the names of any minors for which you are the parent or for whom you have guardianship, that will reside in the home. Add more pages if you need to list more people:

Name of Child or Minor	Relationship to you	Will both parents reside in the unit? (Y or N*)	Do you have 50% or more custody? (Y or N)	Birthdate

*If only one parent will reside in the home, a child support affidavit will be required. If you have guardianship instead, we may request additional documentation.

☐ Yes ☐ No 15. Do you anticipate a change in household composition (i.e., addition of adult household member, household member moving out, birth or adoption of child, etc.) in the next 12 mths?

a. If yes, please explain:

Employment Status: Please provide details on your employment. Add more pages if you need to list more employers

☐ Yes ☐ No 16. Are you employed?

☐ N/A 17. If unemployed within last year, enter last day worked:_____

a. ☐ Yes ☐ No If unemployed, have you received employment income in the past 12 mths?

b. If yes, from what source(s)? _____

c. If unemployed, why? (IDAHO only) _____

Questions	Job 1	Job 2	Job 3
18. If you are currently employed, where?			
19. What is your occupation, or type of work?			
20. What was your start date?			
21. How much are you paid?	$	$	$
22. Are you paid per (circle one):	Hrly/ Wkly/ Mnthly Yrly / Other_____	Hrly/ Wkly/ Mnthly Yrly / Other_____	Hrly/ Wkly/ Mnthly Yrly / Other_____
23. How many hours do you work per week?			
24. Do you receive tips?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
a. If yes to tips, approx. how much do you receive per week (cash and credit)?	$	$	$
25. Have you worked sporadically or seasonally?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
26. Name of Manager:			
27. Phone # or email of Manager:			

APPLICATION FOR OCCUPANCY

Address: The Resident Selection Criteria or Tenant Selection Plan for this property will outline the provisions that will be evaluated to determine prior history as a tenant. Tell us about where you have been living. Add more pages if you need to list more residences.

Questions	Current Residence	Previous Residence
28. Address of residence:		☐ Mark if previous
29. Dates of Occupancy (mm/yy – mm/yy):		
30. Do you:	☐ Own ☐ Rent ☐ No Cost	☐ Own ☐ Rent ☐ No Cost
31. If you rent, name of Landlord or Apt building:		
32. If you rent, Ph# or Email of Provider/Landlord:		
33. If you rent, what is the rent amount?		
34. Where you evicted or is eviction pending?	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A
a. If so, why?	☐ N/A	☐ N/A

35. Below, please provide a complete list of all states in which you or any other household member has resided.
You:

Other HHMBRs:

Background: The Resident Selection Criteria or Tenant Selection Plan for this property will outline the background provisions that will be evaluated.

☐ Yes ☐ No 36. Have you ever been convicted of a felony or do you have a criminal history?
a. If yes, please explain:

☐ Yes ☐ No 37. Are you or anyone in your household subject lifetime registration requirement under a State Sex Offender Registration Program?

☐ Yes ☐ No 38. Have you been evicted in the last three years from federally-assisted housing for drug related criminal activity?

☐ Yes ☐ No 39. Has your tenancy or government assistance in a subsidized housing program ever been terminated for fraud, non-payment of rent, or failure to comply with recertification procedures?

☐ Yes ☐ No 40. Do you currently engage in the illegal use of drugs or your/their behavior from this illegal use interferes with the health, safety, and right to peaceful enjoyment of the property by other residents?

☐ Yes ☐ No 41. Has your behavior, from abuse or pattern of abuse of alcohol, interfered with the health, safety, and right to peaceful enjoyment by other residents?

VOLUNTARY Reasonable Accommodation Requests: We are committed to ensuring that our residents and applicants have equal access to use and enjoy your apartment and related facilities. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

☐ Yes ☐ No 42. Would you or a household member like to request a disability related special accommodation or would you or a household member need accessible features in your unit?

a. If yes, what accommodations do you need, or would you like us to make?

☐ Service/Assistance Animal ☐ Live in Aide ☐ Part time/overnight caregiver ☐ Parking space
☐ ADA Unit ☐ Grab Bars ☐ Other:

b. If you are requesting a live in aide, please provide the name of the person who will serve as the live in aide:

43. **VOLUNTARY Emergency Contact Information**: You may update, remove, or change the information you provide on this form at any time. Management will remind you to update this form annually at your recertification. You are encouraged to list at least one emergency contact but you may add additional pages for additional contacts.

Emergency Contact - Permission to Enter Unit: ☐ Yes ☐ No

Name: _____ Relationship to Household: _____

Contact Address: _____ City, State, Zip: _____

Cell Phone #: _____ Home Phone #: _____

Work Phone #: _____ Email Address: _____

Please contact this person for the following issues:

☐ Medical Emergencies ☐ Unable to contact household members

ADDITIONAL DOCUMENTATION PROVIDED TO APPLICANT HOUSEHOLD:

☐ Resident Selection Criteria/ RSC/TSP Addendum
☐ Notice of Occupancy Rights Under VAWA
☐ Notice of Reasonable Accommodation Modification
☐ Tenant Eligibility Certification- Questionnaire (for all move ins, adult add-ons, transfers or ARs)
☐ Demographics Collection Forms (as applicable)
☐ ~~Pricing Sheet~~/~~Welcome Letter~~
☐ Grievance Policy

DISCLOSURES AND CERTIFICATION

Any general information included as part of an individual household member's records will be made accessible between departments. Other information not routinely in a household's records may be shared between professional staff on a need-to-know basis at the discretion of the department or site head staff person. Information, which involves criminal acts, including use of physical force, offenses against other persons, child abuse and neglect, etc., will be automatically reported to appropriate authorities as required by law. I/We am/are applying for housing and state that all information provided herein is true, accurate, and complete to the best of my knowledge and belief. Application includes pages 1 through 6

of this application. The information obtained will be used for management purposes only and will be held in confidence.

APPLICATION ACKNOWLEDGMENT:

Any changes to your income, assets, household composition or student status from the date you signed your application up to the execution of your final documents, must be reported to Mercy Housing Management. **Failure to do so could result in the denial of your tenancy.** If after final documents are executed we discover that changes were not reported, Mercy Housing Management may be required to take steps that could result in eviction.

I am applying for housing and state that all information provided herein is true, accurate, and complete to the best of my knowledge and belief.

Applicant/Resident Head of Household Signature	Applicant/Resident HoH Printed Name	Date

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)**. 6/29/2007

APPLICATION CLARIFICATION NOTES: This section is to be used only to clarify items listed on the application itself.

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION/MODIFICATION

If you have a disability and as a result of your disability you need . . .

- a change in the rules or policies or how we do things that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site,
- a change or repair in your apartment or a special type of apartment that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site,
- a change or repair to some other part of the housing site that would give you an equal opportunity to use and enjoy the housing and facilities at this housing development or take part in programs on site.

If you can show that you have a disability and if your request is reasonable **(*does not pose "an undue financial or administrative burden")**, we will try to make the changes you request.

We will give you an answer in 10 working days unless there is a need for verification of the request. In that case, the response time is 15 working days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out a REASONABLE ACCOMMODATION/MODIFICATION REQUEST FORM or if you want to give us your request in some other way, we will help you.

You can get a REASONABLE ACCOMMODATION/MODIFICATION REQUEST FORM at the Property office or by emailing:

504 Coordinator
Mercy Housing Management Group, Inc.
504adacoordinator@mercyhousing.org
Fax: 877-245-7121
303-830-3300
TTY: 1-800-877-8973 or 711

NOTE: All information you provide will be kept confidential and be used only to help you have an equal opportunity to use and enjoy your housing and the common areas.

**** This legal phrase means if it is not too expensive and too difficult to arrange.***

Effective 8/28/17, Revised 10/21/19

AUTHORIZATION FOR CREDIT or CRIMINAL REPORT

mercy HOUSING
Live in Hope

HoH Last Name: _____ Date: _____

Disclosure- please carefully read this, and the Fair Credit Act Disclosure that follows. Please ask any questions you might have before signing.

The undersigned hereby authorizes Mercy Housing Management Group, through the use of any consumer credit/criminal reporting agency, to investigate my mode of living, credit, financial responsibility, rental history, criminal and written statements made by me (us) and authorize such credit agency to make a consumer credit report and/or rental history report for the below described party. The original of this authorization is on file in the management office and will stay in effect for one year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

Applicant 1

Legal Name - First and Last (Please print): _____

Social Security #: _____ Date of Birth: _____

Current Address: _____

Previous Address: _____

Driver's License or Identification Card #: _____

1. Applicant/Resident Signature _____ Applicant/Resident Printed Name _____ Date _____

Applicant 2

Legal Name - First and Last (Please print): _____

Social Security #: _____ Date of Birth: _____

Current Address: _____

Previous Address: _____

Driver's License or Identification Card #: _____

2. Applicant/Resident Signature _____ Applicant/Resident Printed Name _____ Date _____

Report For:

Agent Signature _____ Agent Printed Name _____ Date _____

Verifier Title _____ Property Name _____ Ph#/Email _____

Property Address _____

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)**. 6/29/2007

mercy HOUSING

MERCY MAGNUSON PLACE SOUTH
RESIDENT SELECTION CRITERIA
Tax Credit/Section 42 - Family Housing

Limited English Proficiency (LEP)

Reasonable steps will be taken to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. We ensure meaningful communication with LEP applicants and residents and their authorized representatives. A contracted telephonic interpretation service and other aids needed to comply with this policy shall be provided free of charge to the person being served, and residents and their families will be informed of the availability of such assistance. Language assistance may also be provided through use of a competent bilingual staff, staff interpreters, or formal arrangements with local organizations providing interpretation services or technology. Some may provide free translation services. Translation service in all languages is not guaranteed.

Mercy Magnuson Place South provides affordable rents for one hundred and eight (108) units for families, and these units are governed by the IRS Section 42 Tax Credit/LIHTC program,WSHFC/BOND program, and City of Seattle. This program has household income limitations.

I. **PREFERENCES** – Preferences are not permitted if they in any way negate affirmative marketing efforts or fair housing obligations. The following preferences apply:

A. **Existing Tenant Preferences** – The following actions are always given priority for current households, if applicable.

1. A unit transfer due to domestic violence, dating violence, sexual assault or stalking.
2. A unit transfer based on the need for an accessible unit, a verifiable medical necessity, or any other reason due to the need of a reasonable accommodation.
3. A unit transfer of a non-disabled individual living in a wheelchair accessible unit to accommodate an applicant on the Waiting List in need of a wheelchair accessible unit. (A lease addendum will be entered into with non-disabled tenant living in a wheelchair accessible unit.)
4. A unit transfer based on the need of an emergency temporary relocation. (If a unit becomes uninhabitable due to a catastrophe, the resident family will be given any open unit for temporary living quarters until their own unit is repaired, unless the damages are caused by the tenant, member of tenant's household, guest or invitee.)

B. **Optional Preferences** – In addition to the Existing Tenant Preferences listed above, **Mercy Magnuson Place South** has the following preferences. The preferences listed below are subordinate to the Existing Tenant Preferences:

1. Preference for Persons with Disabilities

Preference will be given to eligible households that include a person with disabilities. This preference will

apply to eleven (11) units for Persons with Disabilities within the total project. Once eleven (11) units have been leased to eligible tenants that include a person with disabilities, the priority order described above in Section A shall apply. When eligible tenants who received a Persons with Disabilities preference vacate the property, the Persons with Disabilities preference will begin to apply again until there are again at least eleven (11) units leased to eligible tenants that include Persons with Disabilities status.

The following definition of disability shall apply to be considered for the **Persons with Disabilities** preference:

> **"**Disability means a physical or mental impairment that substantially limits one or more of the major life activities of an individual, such as not being able to care for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, or learning."
>
> If an applicant claims "Disabled" status, s/he must provide third-party written verification from a physician, relative, social worker, caregiver or other acceptable third party that states that the applicant falls within the definition of Disabled using a Disability Verification form. (The Disability Verification form provided by the WSHFC shall be utilized.) The person completing the verification form should have personal knowledge of the applicant's disability. The form cannot be completed by property staff. If the applicant receives Social Security or Supplemental Security Income benefits as a result of a Disability, s/he may submit a benefit letter as verification of his/her disabled status. The written verification should be kept in the Resident's lease file.

C. When a Preference Is Denied

1. If it is determined that an applicant does not meet the criteria or is not receiving a preference, the applicant will promptly receive a written notice of this determination from Management. The notice will contain a brief statement of the reasons for the determination, and state that the applicant has the right to meet with Management to review this decision. If the applicant requests a meeting, it will be conducted by a person or persons designated by Management. Persons with disabilities have the right to request reasonable accommodations to participate in this meeting.

II. APPLICATION PROCESS

A. Priority determines the order of processing only, and in no way changes the requirement that all potential tenants must meet the other criteria for resident selection. Applications will be ranked for consideration (and units will be offered) according to the following descending order of priorities:

1. Date and time-stamped property received original application and reference number assigned;
2. Date of completion of verification/certification process; and
3. Date of availability for move-in.

Applications are located at the Mercy Magnuson Place, 7170 62nd Ave NE, Seattle, Washington 98115; or if you are unable to pick up one, we can mail, email or fax it to you. Original applications must be returned to the property via mail or in person.

B. **INCOME LIMITS -** The income limits checked below are for this property and are posted in the Leasing Office *(management should mark all that apply):*

☒ Low-Income - 60%

C. **UNIT SIZE/OCCUPANCY STANDARDS** – Households will be accommodated in accordance with the following occupancy standards:

		Minimum	Maximum
1.	Studio	1	2
	One Bedroom	1	3
	Two Bedroom	2	5

2. The head of household must be eighteen years of age or older, or be an emancipated minor.

3. A Live-In Aide is allowed to live in the apartment due to a reasonable accommodation, but must complet a Live-In Aide Addendum.

D. **TAX CREDIT STUDENT ELIGIBILITY RULE –** We cannot accept a household entirely occupied by full-time students unless one or more of the following criteria are met:

1. The students receive assistance under Title IV of the Social Security Act (Temporary Assistance to Needy Families or TANF, formerly AFDC);
2. The students are enrolled in a job training program receiving assistance under the Job Training Partnership Act or under other similar Federal, State or local laws;
3. The students are single parents with child(ren) or unborn child(ren) and such parents and the child(ren) are not dependents of another individual;
4. The students are married and file a joint tax return or are eligible to file a joint tax return.
5. Atleast one of the household member was previously (not currently) under the care and placement responsibility of the State Agency responsible for administering a plan under Part B or Part E of Title IV of the Social Security Act (Foster Care).

A full-time student is defined as:

a. Anyone who is currently enrolled in any type of school and the school they attend defines the hours they attend as full time.
b. Anyone who will attend full time any type of school any time in the next twelve (12) months.
c. Anyone who has attended school full time for five (5) months of this calendar year. This does not have to be consecutive. Example 1: If an applicant attends school full time from January 20th through May 13th, this is considered five months. If they attend one day in any month, that counts as a full month. Example 2: If you attended full time one day in January, one day in February, one day in April, one in June and one in July, you are considered a full-time student until January 1st of the following year.

E**. CONSENT AND VERIFICATION FORMS ELIGIBILITY REQUIREMENTS -** Adult members of a family must sign consent forms, and as necessary, verification documents, so that the owner can verify sources of family income and other eligibility or screening requirements. The

owner must consider a family ineligible if the adult members refuse to sign applicable consent and verification forms.

III. ELIGIBILITY OF A REMAINING MEMBER OF A TENANT FAMILY

Once all the original tenants have moved out of the unit, the remaining tenants must be certified as a new income-qualified household unless:

1. For 100% Tax Credit buildings, the remaining tenants were independently income qualified at the time they moved into the unit.
2. Regarding domestic violence, dating violence, sexual assault and staking, after lease bifurcation (dividing a lease as a matter of law) in order to evict, remove, or terminate the assistance of the offender, who is the family member whose characteristics qualified the rest of the family to live in the unit or receive assistance, we must give victims a 90-day time period for establishing eligibility for a program and finding new housing, as long statutory requirements of our covered programs are not superseded by VAWA 2013 or that the 90-day calendar period also will not apply beyond the expiration of a lease, unless program regulations provide for a longer time period. If and when the program and statutory requirements allow it, we will give extensions for up to 60 days.
3. For Tax Credit units with Tenant-Based Voucher Holders, where an individual is ineligible because of immigration status, HUD is statutorily prohibited from permitting that family member to stay in the unit beyond 30 days if satisfactory immigration status cannot be proven. [*Public Housing and Section 8 programs allow pro-ration of rent or assistance for certain families where eligibility has not been established for all members. In these cases, remaining tenants following a lease bifurcation may still need to establish their eligibility for the covered housing program, if they have not provided documentation of satisfactory immigration status.]*

IV. WAITING LISTS

A. A Waiting List will not be maintained for units. When a unit becomes available, we will advertise in accordance with the property's Affirmative Fair Housing Marketing Plan (AFHMP).

B. **FILLING VACANT UNITS** – Standard Tax Credit Units will be Leased on a First-Come, First-Served Basis, after Current Residents Transfer to Needed Units.

1. When a unit becomes available, current residents who have submitted a Unit Transfer Request or at the owner's determination, and who are deemed eligible for the transfer, are given priority over Applicants. We must first lease a vacant unit to a resident who is a victim of domestic violence, dating violence, sexual assault, or stalking who is transferring from another unit on this property, according to the VAWA Emergency Transfer Plan. Transfers for this reason will take priority over all other transfer requests including those made to accommodate a disability and to address over- or under-utilization of a unit. If a VAWA Emergency Transfer is not needed, then we must lease vacant accessible units to current tenants, and then applicants requiring special physical design features. If there is no current tenant or applicant requiring an accessible unit or its features, a non-physically disabled individual can move into the accessible unit. The non-physically disabled applicant must agree to move to a non-accessible unit at their own expense when there is a tenant or applicant that requires the accessible unit. A lease addendum (Accessible Unit

for Disabled Lease Addendum) will be entered into with the non-physically disabled tenant living in an accessible unit.

2. If a current resident does not need to transfer, we will select the next applicant based on the unit size available (or appropriate unit size for units reserved for disabled applicants), preferences established for the property (This property has preferences, including existing tenant unit transfers), and our screening policies, and make a final determination of eligibility and suitability for tenancy, using the criteria described in the Applicant Screening section.

3. The Applicant will be contacted by telephone after the application process is completed. Applicant has within 48 hours of being offered the unit to notify Management of their decision, and to pay their rent and deposit.

4. If an applicant declines or does not respond to the first offer of an available unit when contacted, his/her application may be cancelled and the unit may be offered to the next available applicant. Written notification of the attempt to contact, and cancellation of the application, will be mailed to the applicant.

V. TRANSFER POLICY – Transfers from one unit to another type of unit within the property <u>will take precedence over new move-ins</u>, and may be required by management for the following reasons only:

1. For emergency relocation due to domestic violence. (If a tenant is an actual or imminent victim or survivor of domestic violence, dating violence, sexual assault or stalking and requests to transfer, the resident family will be given another available and safe dwelling unit on this property. To facilitate this transfer, the resident would not have to complete a new rental application.) VAWA transfers will take priority over all other transfer requests including those made to accommodate a disability and address over- or under-utilization of a unit. (Please refer to the VAWA section. A VAWA Emergency Transfer Plan is available upon request.)
2. For emergency temporary relocation. (If a unit becomes uninhabitable due to a catastrophe, the resident family will be given any open unit for temporary living quarters until their own unit is repaired. An "open unit" is a unit for which the keys are in the possession of the management company.)
3. If the owner determines that a tenant's current unit is too small or too large as a result of a change in the family's size or composition (See Occupancy Standards on page 1), the owner must decide whether to require the tenant to transfer to another unit.
4. For a reasonable accommodation to a household member's disability or for a verifiable medical necessity. For example, if a resident requires a wheelchair accessible unit or additional space for medical equipment, a larger unit to accommodate a live-in aide, or any other medical reasons. Transfers that are needed due to a reasonable accommodation will have priority over non-reasonable accommodation transfers, except VAWA Transfers.
5. If a non-physically disabled tenant is living in an accessible unit, and a disabled tenant or applicant needs the special physical design features of that unit, the tenant must agree to move to a non-accessible unit at their own expense. Please review Accessible Unit for Disabled Lease Addendum.

When a household requests to transfer one or more lessees out of an existing household into another unit

on the property, the transferring lessee will be treated as a new applicant. He/she must be of legal contract age or an emancipated minor, complete an application, and will be processed when there is an available appropriate unit of their size or type. As any other applicant, they must meet eligibility and qualify as a new move-in by going through the screening process regarding verifying income, criminal and credit history, etc.

Current tenants requesting a unit transfer for any other reason than the ones listed in the Transfer Policy section, may apply for another unit provided there is no record of consistent late or unpaid rental obligations, no record of police activity (except VAWA-related incidents), and inspection of the tenant's current unit must indicate there is no damage to the property or poor housekeeping habits resulting in health or safety hazards.

Transfer list(s) will be maintained by Unit Size and/or Type, i.e. 2BR Transfer List, or Wheelchair Accessible Unit or 2BR Wheelchair Accessible Unit, etc. Transfer list(s) resident names will be maintained in a date and time order.

The tenant will pay all costs associated with the move. However, if a tenant is transferred as a reasonable accommodation to a household member's disability, then the owner has to allow the tenant to pay for the modification to the unit. The tenant is to have the funds in escrow to return the unit back into its original condition upon move-out, or when/if the modification is no longer needed.

VI. POLICIES TO COMPLY WITH THE FAIR HOUSING AMENDMENTS ACT OF 1988, THE AMERICANS WITH DISABILITIES ACT, AND THE AGE DISCRIMINATION ACT OF 1975:

A. **The Fair Housing Act** prohibits discrimination in housing and housing-related transactions based on race, color, religion, sex, national origin, disability, or familial status. It applies to housing, regardless of the presence of federal financial assistance. In addition, our housing programs are open to all eligible persons regardless of sexual orientation, gender identity (including gender expression) or marital status in any phase of the occupancy process.

B. **The Americans With Disabilities Act** requires accessibility for people with disabilities, and prohibits discrimination against people with disabilities, in employment, governmental activities and commercial activities.

C. **The Age Discrimination Act of 1975** prohibits discrimination on the basis of age in programs and activities receiving federal financial assistance. It is not a violation of the Act to use age as screening criteria in a particular program if age distinctions are permitted by statute for that program or if age distinctions are a factor necessary for the normal operation of the program or the achievement of a statutory objective of the program or activity.

VII. VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT OF 2005 (VAWA), AND VAWA 2013/EMERGENCY TRANSFER PLAN:

A. **VAWA** protections apply to families applying for or receiving rental assistance payments under the IRS Tax Credit program, and other affordable programs. The law protects victims or survivors of domestic violence, dating violence, sexual assault, or stalking, as well as their immediate family members generally, from being evicted or being denied housing assistance if an incident of violence [that] is reported and confirmed. VAWA also provides that an incident of actual or

threatened domestic violence, dating violence, sexual assault, or stalking, does not qualify as a serious or repeated violation of the lease nor does it constitute good cause for terminating the assistance, tenancy, or occupancy rights of the victim or survivor. Furthermore, criminal activity directly relating to domestic violence, dating violence, sexual assault, or stalking is not grounds for terminating the victim's or survivor's tenancy. The Owner/Agent (O/A) will bifurcate (divide a lease as a matter of law) in order to evict, remove, or terminate the assistance of the offender while allowing the victim or survivor, who is a tenant or lawful occupant, to remain in the unit, with Regional Vice President approval.

VAWA ensures that victims are not denied housing and housing assistance solely because the person is a victim of a VAWA crime. However, being a victim of a VAWA crime is not reason to change the eligibility or applicant screening requirements set forth in the Resident Selection Plan, unless such requirements interfere with protections provided under VAWA.

For example: Mercy Housing may waive the requirement to review landlord history if the victim has provided necessary documentation to certify their status as a victim and if contacting a previous landlord would put the applicant's location at risk of exposure to the accused perpetrator.

B. Form HUD-91067, *Lease Addendum for VAWA,* is HUD's lease addendum for the VAWA provisions, and is a required addendum to every lease, and MHMG requires the addendum to be used at all its properties. If it is determined that physical abuse caused by a tenant is clear and present, the law provides management the authority to bifurcate the lease, and remove, evict, or terminate housing assistance, if applicable, to that individual, while allowing the victim, who lawfully occupies the apartment, to maintain tenancy. The eviction of, or termination action against the individual, will be done in accordance with the procedures prescribed by Federal, State, and local law. If such action is deemed necessary, an interim recertification will be processed reflecting the change in household composition, if applicable. (Please review the Remaining Tenant Household Member Section for eligibility requirements for the remaining members after lease bifurcation.)

C. <u>Emergency Transfers</u>

MHMG Housing ("Landlord") as the managing agent for the owner of the property ("Owner") is concerned about the safety of its residents, and such concern extends to residents who are victims of domestic violence, dating violence, sexual assault, or stalking.

In accordance with the Violence Against Women Act (VAWA), Landlord allows residents who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the resident's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation. The ability of Landlord to honor such request for residents currently receiving assistance, however, may depend upon a preliminary determination that the resident is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether Landlord has another dwelling unit that is available and is safe to offer the resident for temporary or more permanent occupancy.

The emergency transfer plan identifies the individuals who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to residents on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban

Development (HUD), the Federal agency that oversees Landlord's subsidy programs to ensure they are in compliance with VAWA.

D. Eligibility for Emergency Transfers

A resident who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if:

1. The resident reasonably believes that there is a threat of imminent harm from further violence if the resident remains within the same unit; or

2. If the resident is a victim of sexual assault, the resident may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A resident requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Residents who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

E. Emergency Transfer Request Documentation

To request an emergency transfer, the resident shall notify Landlord and submit a written request for a transfer to the Management Office or Landlord's 504 Coordinator as well as documentation of the occurrence of domestic violence, dating violence, sexual assault or stalking if Resident has not previously provided such documentation of the occurrence.

Landlord will provide reasonable accommodations to this policy for individuals with disabilities.

The resident's written request for an emergency transfer should include either:

1. A statement expressing that the resident reasonably believes that there is a threat of imminent harm from further violence if the resident were to remain in the same dwelling unit assisted under Landlord's program; or

2. A statement that the resident was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the resident's request for an emergency transfer.

For the convenience of residents, Landlord has developed a form residents may use to request a transfer.

Acceptable documentation of the occurrence of domestic violence, dating violence, sexual assault or stalking must be provided if resident has not previously provided such documentation. Acceptable documentation includes any one of the following forms of verification:

1. A complete HUD-approved certification Form 5382;

2. A document:

   a. Signed by the resident and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, "professional") from whom the victim has sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse;

   b. That specifies, under penalty of perjury, that the professional believes in the occurrence of the incident of domestic violence, dating violence, sexual assault, or stalking that is the ground for protection and remedies under this subpart, and that the incident meets the applicable definition of domestic violence, dating violence, sexual assault, or stalking under 24 C.F.R. § 5.2003;

3. A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or

4. At the discretion of Landlord, a statement or other evidence provided by the resident.

If Landlord receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), Landlord has the right to request that you provide third-party documentation within thirty (30) calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, Landlord does not have to provide you with the protections contained in this notice.

F. Confidentiality

Landlord will keep confidential any information that the resident submits in requesting an emergency transfer, and information about the emergency transfer, unless the resident gives Landlord written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the resident, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the resident. See the Notice of Occupancy Rights under the Violence Against Women Act For All Residents for more information about Landlord's responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

G. Internal Emergency Transfer Timing and Availability

Internal emergency transfers refer to an emergency relocation of a resident to another unit where the resident would not be categorized as a new applicant. The resident may reside in the new unit without having to undergo an application process. Internal emergency transfers generally are only available within the community in which the Resident is residing.

Landlord cannot guarantee that a transfer request will be approved or how long it will take to

process an internal transfer request. Landlord will, however, act as quickly as possible to move a resident who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit within the same community, subject to availability and safety of a unit. Transfers for these reasons will take priority over all other transfer requests including those made to accommodate a disability and to address over- or under-utilization of a unit.

If a resident reasonably believes a proposed transfer would not be safe, the resident may request a transfer to a different unit. If a unit is available, the transferred resident must agree to abide by the terms and conditions that govern occupancy in the unit to which the resident has been transferred. Landlord may be unable to transfer a resident to a particular unit if the resident has not or cannot establish eligibility for that unit.

H. External Emergency Transfers

External emergency transfers refer to an emergency relocation of a resident to another unit where the resident would be categorized as a new applicant. The resident must undergo an application process in order to reside in the new unit.

While MHMG may manage other communities within the area, each are (1) owned by different entities which are the actual housing providers at those communities for whom MHMG is acting as agent, (2) has its own wait lists and (3) is subject to its own regulatory agreements. As such, except in rare circumstances where the Owner of the resident's community also owns another community, Landlord must process transfers to other communities, even those managed by Landlord, as external transfers. In most circumstances, Landlord is unable to give any priority for such external transfers even if Landlord manages the property for the other Owner. As such, external transfers generally will require the transferring resident to go on any pending waitlist in the same position as any other new applicant at the other Owner's property.

I. Additional Assistance

If Landlord has no safe and available units for which a resident who needs an emergency transfer is eligible, Landlord will assist the resident in identifying other housing providers who may have safe and available units to which the resident could possibly move.

At residents' request, Landlord will also assist residents in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

J. Safety and Security of Residents

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the resident is urged to take all reasonable precautions to be safe.

Residents who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1–800–799–7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1–800–787–3224 (TTY).

Residents who have been victims of sexual assault may call the Rape, Abuse & Incest National

Network's National Sexual Assault Hotline at 800–656–HOPE, or visit the online hotline at https://ohl.rainn.org/online/. Residents who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at https://www.victimsofcrime.org/our-programs/ stalking-resource-center. Local resources for the county that the property operates in will be provided with the property's Emergency Transfer Plan.

Victims are encouraged to seek police/legal protection from their accused perpetrator. In some cases, we may file a restraining order against the accused perpetrator to prevent the accused perpetrator from entering the property.

VIII. APPLICANT SCREENING & FINAL SELECTION OF RESIDENTS

A. The following priority for processing will also be used:

1. Units designed specifically for individuals with a physical impairment:

   (a) For this development, "physical impairment" is defined as mobility impairment which necessitates the permanent use of a wheelchair. For all units designed specifically for wheelchair accessibility, priority will be given to those applicants needing such modifications;
   (b) Priority will be given to households where a member is required to use a wheelchair;
   (c) If there are not enough such households to fill all specially equipped units, owners may give preference to households with members whose physical or mobility impairment would be eased by the design of the accessible unit.

2. Units designed for individuals with a hearing or vision impairment:

   (a) For all units designed specifically with hearing and/or vision features, priority will be given to those applicants and households where a member is in need of such modifications.

B. Initial Interview – All household members must not be present at the initial interview, but must be present prior to the time of Initial Certification/Move-In.

At the scheduled interview, all eligibility factors will be explained to the applicants, with particular emphasis on the Applicant Screening Requirements. During the interview, the staff person will do the following:

- Clarify any information provided by the applicant;
- Income qualification verification, including self-employment: soliciting third-party verification from all sources in order to determine annual household income (the maximum and minimum income levels apply to this program), and all assets, including bank accounts;
- Make copies of photo identification, i.e. Driver's License or state I.D. card, I-94s or employment cards for adults 18 years of age and older, and birth certificates for children under the age of 18 years of age.
- Answer any questions the applicant may have.

C. Applicant Screening

It is the policy of Mercy Housing Management Group to deny admission to applicants whose habits and practices may reasonably be expected to have a detrimental effect on the operations of the property or on the quality of life for its residents. As a part of the final eligibility determination, Mercy Housing Management Group will screen each applicant household to assess suitability. Factors to be considered in the screening are housekeeping habits, rent paying habits and credit records, prior history as a tenant and criminal records. Following is a description of each of these factors and the method of verification to be employed:

Application Fee

An Application Fee of $25.00, paid by money order or cashier check, is required for all adults 18 years of age and older that will reside in the apartment and should be submitted at the time the application is received. (After background screening is processed, the Application Fee is non-refundable.)

A Comprehensive Reusable Tenant Screening Report may be accepted, as defined in RCW 59.18.030, in the place of the $25.00 Application Fee, if made available to Mercy Housing Management Group by a consumer reporting Agency. If a judge signs an Order of Limited Dissemination, our screening company is limited on reporting certain eviction cases.

We reserve the right to screen any applicant, at the cost of the property, that presents a reusable tenant screening report and the applicant can still be denied for any reason outlined in this screening criteria due to the result of the Transunion screening.

Rent Paying Habits, Responsible Tenancy History, Behavior and Conduct

Staff will request credit histories on each adult member of each applicant household and will request phone references from the applicant's current landlord and former landlords for the past two (2) years. Based upon these verifications, the staff will determine if the applicant(s) paid rent on time, took care of the unit, and if the landlord would rent to them again. If the landlord provides a good reference, staff will move forward with the application process. If the landlord provides a negative reference, staff will request a written reference from the Landlord.

Applicants who have failed to pay amounts due to prior landlords or failed to reach a satisfactory agreement to pay those amounts will also be considered ineligible.

It is the applicant’s responsibility to demonstrate utilities can be put in their name. Applicants who cannot have utilities put in their name will be considered ineligible.

Management will initiate an eviction history and credit report. The applicant shall be notified of such action in advance. Applicants will be charged the actual costs of the credit and criminal records reports OR the maximum allowable fee set by statute, whichever is less. Applicants to properties with HUD rental subsidies will not be charged for the reports.

If there is a finding of any kind which would negatively impact an application, the applicant will be notified in writing. The applicant then shall have 14 calendar days in which such a finding may be appealed to staff for consideration.

Any currently open bankruptcy proceeding of any of the household members will be considered a

disqualifying condition.

Gross Rent as Percentage of Gross Income

1. To protect the project from rent loss and rent delinquency, persons spending more than 50% of the household's combined monthly income for rent may not be accepted. Those household members listed on the application must be the same as those who have contributed to a household's history of paying more than 50% of gross household income for rent.
2. Current documentation of ability to pay higher rent above 50% must be within the past twelve months for a period of no less than eight (8) months. Suitable documentation shall include the following: cancelled checks, rent receipts or mortgage statements, lease agreement, and landlord verification.
3. All income must be verified by management.
4. For determining Gross Rent as Percentage of Gross Income, Gross Rent shall be calculated using Tenant Rent plus Utility Allowance. If there is no Utility Allowance, Tenant Rent shall be considered Gross Rent.

Criminal Records Check and Eviction Check

Staff will hire a contractor to run a credit check and criminal background check on all applicants and it will check court records for evidence of evictions or judgments against the applicant and evidence of criminal convictions. The purpose of these checks is to obtain information on the applicant's past history of meeting financial obligations and future ability to make timely rent payments and to abide by the federal laws regarding the prohibition of admitting any applicant with specific criminal activity including drug-related activity. Criminal screening will be limited to convictions requiring the applicant to register on a sex offender data base and convictions for manufacture/distribution of methamphetamines (in federally funded housing only).

Our Consumer Reporting Agency is LeasingDesk Screening through Equifax (800-685-1111); which can be contacted at www.realpage.com/consumer-dipute and the applicant has a right to obtain a copy of the report and dispute the information in it if denied or adverse action is taken.

IX. DENIED APPLICATIONS

1. A background criminal reference check is conducted to determine that applicants and/or members of an applicant's household have:

- No record of convictions for manufacture/distribution of methamphetamines (in federally funded housing only);
- No record of criminal sexual convictions, requiring being subject to a nationwide sex offender lifetime registration.

Landlords in the City of Seattle are prohibited from requiring disclosure, asking about, rejecting an applicant, or taking an adverse action based on any arrest record, conviction record, or criminal history, except for registry information as described in subsections 14.09.025.A.3, 14.09.025.A.4, and 14.09.025.A.5, and subject to the exclusions and legal requirements in Section 14.09.115. Applicants are further notified that the application is based on the screening criteria for this community, which is

attached to this application. Applicant may provide supplemental information related to Applicant's rehabilitation, good conduct, and facts or explanations regarding their registry information.

2. Applicants may be denied for any of the following:

(a) Failure to present all members of the family at the full family interview, except for hospitalization, medical reasons, emergency, etc., (or some other time acceptable to management) prior to completion of Initial Certification;
(b) Blatant disrespect or disruptive behavior toward management, the property or other residents exhibited by an applicant or family member any time prior to move-in (or a demonstrable history of such behavior);
(c) A negative landlord reference, encompassing failure to comply with the lease, poor payment history, poor housekeeping habits, or evictions for cause including current notices to pay or quit;
(d) Any household member with a currently open bankruptcy proceeding;
(e) Falsification of any information on the application;
(f) Eligibility income exceeding the maximum allowed, or not meeting the minimum allowed;
(g) Family composition not appropriate for available bedroom size;
(h) All members of household are full-time students and do not meet any of the criteria outlined in the Student Eligibility Rule section;
(i) Failure to update application with any changes while it is being processed;
(j) Other good cause: including, but not limited to, failure to meet any of the selection criteria in this document;
(k) Failure to provide photo identification for adults 18 years of age and older;
(l) Failure to provide birth certificates for household members below 18 years of age;
(m) Declines an apartment offer after being contacted one time;
(n) Consideration may be given for extenuating circumstances where this would be required as a reasonable accommodation when determining the acceptability of tenancy. Persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process.

Appeal Process:

Each record will be assessed individually, in which only the "directly-related" convictions and unresolved arrests in the record are considered. In considering whether a conviction/unresolved arrest is directly-related, the housing provider shall look at whether the conduct has a direct and specific negative bearing on the safety of persons or property, given the nature of the housing, whether the housing offers the opportunity for the same/similar offense to occur, whether circumstances leading to the conduct will recur in the housing, and whether supportive services that might reduce the likelihood of a recurrence are available on-site.

The applicant will have 14 calendar days to respond in writing to show that there should not be a denial. The applicant can respond by:

- Pointing out any inaccuracies in the report.
- Providing evidence of rehabilitation. Evidence of rehabilitation include but not limited to satisfying parole/probation (however inability to pay fines, fess and restitution due to indigence shall not be considered noncompliance with terms and conditions of parole

and/or probation), receiving education/training, participating in alcohol/drug treatment programs, letters of recommendation, age at the time of conviction.

- Explaining any mitigating factors about the circumstances of the conviction and providing 3rd party documented evidence to corroborate. Mitigating factors include physical or emotional abuse, coercion, untreated abuse/mental illness that led to the conviction.

X. FINAL ELIGIBILITY DETERMINATION

Staff will make a final eligibility determination on each applicant only after all factors have been adequately verified including household's annual income. Eligible applicants will be notified in writing of their status and given an approximate date when they can expect to receive an offer of a unit. Ineligible applicants will be notified of their ineligibility in writing and the reason, and informed of their right to an informal review.

Once final eligibility is determined, the staff will proceed to calculate the rent, execute lease documents, and assign the next unit available for which the household has been deemed eligible.

Applicants determined ineligible for admission by staff may request an informal review of the determination. They must make the request within 14 calendar days of the date of the notice of ineligibility. Within 5 business days of receiving the request, the staff must schedule the review and notify the applicant of the place, date and time.

Informal reviews will be conducted by an impartial review officer who had no involvement in the ineligibility determination. The review officer will be selected by the Area Director of Operations. The applicant may bring to the review any documentation or evidence he/she wishes and the evidence along with the data compiled by staff will be considered by the review officer.

The review officer will make a determination based upon the merits of the evidence presented by both sides. Within 10 business days of the date of the review, the review officer will mail a written decision to the applicant and place a copy of the decision in the applicant's file.

XI. PET POLICY

1. Pets will be permitted only in accordance with the Pet Policy established by management. Register pets with the office before moving them into the property. There is a refundable Pet Deposit in the amount of $150 per pet.
2. No more than two (2) pets per apartment. The weight limit must not exceed 30lbs of each pet.
3. No pets are allowed (except fish and small birds) without an approved Pet Agreement authorized by Management.
4. A Service or Companion Animal (Assistance Animal) is allowed with a provider's verification. Please review the Reasonable Accommodation Policy.

XII. ESB 6413: OMNIBUS LANDLORD-TENANT LEGISLATION/PORTABLE TENANT SCREENING

1. We accept a reusable tenant screening report (Please review Application Fee section);
2. If a judge signs an Order of Limited Dissemination, our screening company is limited on reporting certain eviction cases;

XIII. MODIFICATION OF THE RESIDENT SELECTION CRITERIA PLAN

This Resident Selection Criteria Plan will be reviewed annually to ensure that it reflects current operating practices, program priorities and Fair Housing requirements. If this Resident Selection Criteria Plan is substantially updated, you may be notified.

I certify that I have been given the opportunity to review the Resident Selection Criteria for housing at: Mercy Magnuson Place South, **7170 62nd Ave NE,** Seattle, Washington 98115.

_____

Applicant Date

_____

Applicant Date

_____

Applicant Date

_____

Applicant Date

_____

Manager/Leasing Agent Signature Date



