

— EXAMPLE —

**LCIP III Inc
HUD 811 Liberty 13
5526 Vine Street
Philadelphia PA**

Management Plan

2/1/10

Management Agent:

**Liberty Housing Development Corp
714 Market Street –Suite 402
Philadelphia, PA 19106**

Management Plan
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MANAGEMENT PLAN
A 13-Unit Rental Community
LHDC Physically Disabled Occupancy

This Management Plan has been developed by the Owner and by the Management Agent

DESCRIPTION OF PROPERTY

LCIP III Inc is a facility for the very low income elderly rental community, located at 5526 Vine Street Philadelphia PA. This 13 unit facility is located at the corner of Vine Street and Vodge Street in West Philadelphia is served by SEPTA and residents can walk to nearby stores, restaurants, etc. The police, public transportation, fire department and groceries are within blocks of the site. A few hospitals serve this area. The 13 newly Developed 13 one bed room apartments for the physically disabled. The building offers a community room, patio, lobby, laundry rooms, storage area, public restrooms are also located in the building. Both the management and maintenance of LCIP III Inc. will be conducted from LHDC offices, located at 714 Market Street, Phila., PA 19106

FUNDING SOURCES

LCIP III Inc. are funded or assisted by the following sources:

1. The U.S. Department of Housing & Urban Development (HUD), which has provided a first mortgage/grant. The Owner/Agent must comply with all HUD requirements, including resident income limits, and file reports requested by HUD.
2. Philadelphia PA Department of Community & Economic Development also funded the facility.

All apartments are for handicapped households and all units are handicap accessible.

SINCE EACH FUNDING SOURCE HAS ITS OWN SET OF REGULATIONS AND REQUIREMENTS, IT IS IMPERATIVE THAT THE MANAGER BE KNOWLEDGEABLE OF THESE COMPLIANCE REQUIREMENTS.

APARTMENT CATEGORY

For marketing and management purposes, it should be noted that Liberty Community Integration Program Inc.. as follows:

<u>Type</u>	<u>Income Eligibility Cap</u>	<u>Rent Based on</u>
Section 8	50% of median income adjusted by family size	Lessor of Fair Market Rent (FMR) or 30% of 50% of median income by unit Size divided by 12 Mos. Less utility allowance.*

* All utilities are included in rent.

Due to HUD's requirements for not-transient housing, the minimum lease term on any unit would be one (1) year using HUD 811 model lease.

RENTAL GUIDELINES

The Management Agent will comply with regulations as set forth in the income and rental rate guidelines of the various funding sources, Affirmative Fair Housing Plan and the Management Agreement.

Occupancy Policy

Management will make all efforts to ensure compliance with local municipal codes and to not overcrowd units. The guidelines utilized when renting units is that no more than two persons per bedroom may occupy a unit. There is no minimum occupancy guideline for the apartments.

In-house Transfer Policy

Apartment transfers are not permitted. Unless management receives a request for a reasonable accommodation .

If a transfer is requested the resident will not require re-certification. The current certification form will reflect the change in unit numbers but the resident will retain the original move in date as the effective date of all subsequent re-certifications. The following procedures will be followed:

1. Resident completes the in-house transfer request form. The form is date stamped by the manager to acknowledge receipt. The resident will then be placed on the in-house transfer list by date of request.
2. So as not to cause undo financial burden to the property, as can be caused by frequent in-house transfers, the agent reserves the right to restrict transfers of every other unit of the requested size. The agent may from time to time based on the property's cash-on-hand determine that the in-house transfers must be

delayed until a later time and market the unit (s) to applicants on the waiting list or the market.

3. The resident MUST be current on all accounts with the community at the time of transfer. If the resident owes money for repairs, rent, late fees, security deposit, or charges as permitted by the Lease—the manager will delay the transfer until such time as the debt is paid in full.
4. The Resident Selection Criteria will be part of the resident's processing for in-house transfer. The resident must pass all resident selection processing and will also have the opportunity to appeal any denial of transfer. Appeals for denial will follow the same procedures as outlined for resident selection appeals.
5. The manager shall review the resident's file and complete the landlord verification form, taking into account the resident's past history in the community. Upon completion, the Director of LHDC will certify completeness and correctness shall review this form with the resident's file(s).
6. A copy of this in-house transfer policy will be made available to the resident upon request.

Applicant/Resident Files

The following information must be included in each resident file:

1. Application form
2. Written Verification of all income, assets and other required data.
3. Income Verification Form (referred to as Exhibit E)
4. Acceptance or rejection Letter
5. Verification of mitigating circumstances & appeal conference minutes (if applicable)
6. Applicant processing checklist
7. Lease and Addendum(s)
8. All correspondence
9. Inspection forms (Move-in & Move-out) (residents)
10. Credit Check, home visit, landlord verifications, & all other data collected during the resident selection verification process.
11. Annual recertification notice
12. Paperwork & key acceptance forms
13. Disclaimer of Personal Property Liability Form
14. In Case of Emergency Form
15. Income & Asset Questionnaire
16. 3rd Party Utility Notice Form

All residents will be given a copy of their approval Lease and leasing documents, a copy of the Resident Handbook and will be taken on a personal inspection of their unit with the Manager, who will review appliance usage, energy saving policies, maintenance of the unit, and rental collection and maintenance request policies. All resident files shall be maintained at the central rental office.

RECERTIFICATION PROCESS

The income and assets of each resident household will be recertified annually, and as part of each lease the household will sign a statement acknowledging their awareness of this requirement.

REPORTING AND REGULATORY REQUIREMENTS

HUD, & OHCD all have regulations and reporting requirements on the Agent and Owner. The entity with the strictest requirements takes precedence on any issue of conflicting requirements. HUD reporting requirements are generally the strictest, and reports required by HUD will generally also satisfy the other parties. The HUD's rules on resident income eligibility will be followed.

HANDBOOKS 4350.1, 4350.3 & 4571.3 WILL BE FOLLOWED FOR ALL ISSUES.

HUD & OHCD and the Owner upon reasonable notice may conduct inspection of the complexes' records and physical property.

The manager will be required to submit rental inquiries reports to the Director of LHDC Monthly. Copies of these reports will be forwarded to Owner at his request.

- HUD- Once each month the Owner or Agent shall deliver to HUD, in a form approved by HUD any reports HUD requires
- HUD has the right to inspect records regarding residents and resident selection policy at any time.

Rent Collection Policies and Procedures

1. During lease signing the Agent shall inform the resident of the rental payment policies. Rental payments can be made by check or money order at Managements Rental Office. It is required that rents be paid by residents on the first of each month for a month in advance. If payment is not made by the fifth day of the month, except if the 5th falls on a weekend or holiday then it will be collected on the next business day. The following procedure will take place.
 - (A) Within two days of a "late notice" will be mailed to delinquent resident from the Manager.
 - (B) If, after two (2) additional days, rent has not been received, a second notice requesting payment will be delivered to the delinquent resident and an inquiry made as to why rent has not been paid. (Under the default clause, the lease stipulates five (5) days notice to vacate if rent payment isn't received). If a hardship is determined then a possible solution may be is discussed with the resident.

- (C) If the Manager, upon consultation with the Director of LHDC concludes that the resident would be in a position to pay the unit rent, if assistance could be provided to help solve any social, economic or budgetary problems the resident might be experiencing, then the Manager will refer the resident to any available counseling services.
 - (D) If, after counseling, the resident has not responded, the Manager will, in accordance with the local laws and procedures, take the necessary legal steps for eviction, and appear at the City Landlord Court for a hearing.
2. Generally, the rent collection policy for the project will be one of firm, yet understanding, application of a system of reminders and counseling, consistent with maintaining Owner's goals for maximizing project income. Policies and procedures regarding collection and payment of rents will be clearly communicated to all residents, and the procedures for collection will be applied impartially.
 3. The Management Office will establish adequate and reasonable normal business hours to the residents in writing. A twenty-four hour emergency service will available for after-hours or weekend inquiries or service calls. Emergency services will be handled immediately, and non-emergency services as promptly as possible.
 4. Business hours are Monday thru Friday, 9AM to 5 PM except holidays.
 5. The Management Agent may accept partial payments and prepayments in accordance with residents pay periods, or social security or assistance check receipts by special agreement in advance.
 6. All rental collection and depositories will be recorded in accordance with accepted accounting practices and daily deposits will be made to a separate account in an approved banking institution.

Section 504 Compliance

LHDC will complete a Self-evaluation for LCIP III Inc.. to ensure compliance to section 504 Regulations.

LHDC will comply with the terms of the Management Agreement, the Resident Selection Plan and Criteria, and the HUD Affirmative Fair Housing Marketing Plan, as set forth in this and the attached documents.

LHDC will employ or designate an individual who will be responsible for establishing the Marketing Program for LCIP III Inc...

Responsibilities will include:

- Preparation of the Marketing Plan
- Selection of advertising agency, if appropriate
- Selection of project logo
- Project signage
- Newspaper ads
- Brochures and business package N/A
- Coordination with management staff and additional leasing staff

All printed material and project signage will utilize the "Equal Housing Opportunity" logo, including newspaper ads, stationary, signage, etc. In addition, a TDD telephone is available for applicant's use and will be included in all advertising.

Newspaper ads will be utilized during marketing and brochures will be created for ongoing marketing purposes.

As part of our Affirmative Fair Housing Marketing Plan, during initial marketing, local agencies/organizations will be contacted including, but not limited to:

- Referrals from LRI Nursing Home Transition Team

It is important to note that all thirteen (13) of the apartments at LCIP III Inc. are designed specifically for those who need the accessibility features of the units. Agent shall contact agencies dealing with such persons. If all reasonable efforts to rent these apartments to households with the handicapped/disabled individuals fail, then these apartments may be rented to the general market after a thirty-(30) day advertising and outreach campaign. Apartments are also adaptable to sight and hearing impaired persons if they accept housing.

The city requires that all applicants are selected from the Philadelphia Nursing Home.

Office at LCIP III Inc..

A Management/maintenance office will be located on-site to facilitate initial rent-up and pre-leasing of units as well as the on-going property management of LCIP III Inc... Office hours will be determined by the number of vacancies, amount and nature of traffic, and the operational needs of the rental community- but generally will be a full-time forty-hour workweeks. Signs will be posted indicating office hours. Coordination of the Supportive Service Program will be handled from the offices of LHDC.

Office equipment, which is a project expense, will include:

- Computer with modem, printer, and related software packages
- Wiring for computer modem fax machine
- Typewriter
- LHDC (one portable & one stationary)

- Copier
- Adding machine with tape
- File cabinets
- Reasonable furniture and furnishings
- General office supplies
- Answering machine
- First aid kit
- Fire extinguisher
- Bulletin boards

Management Company Organization

Role and Responsibility of the Owner and his relationship with and delegation of authority to the Agent:

Agent: **LHDC**

1. The ultimate responsibility for project management rests with the Owner, LCIP III Inc.. The Owner, however, will delegate total operational responsibility for management to the Agent (LHDC), along with commensurate authority to exercise its responsibilities. These responsibilities are set forth in detail in the Management Agreement.
2. The Agent will ultimately be responsible for both the physical and financial administration of the Project within guidelines established by this plan, the Management Agreement, and the Regulatory Agreements between the Owner and HUD. The Agent also has the responsibility for maintaining the Physical and financial administration of the Project within all guidelines.
3. The particular responsibilities of the Agent, while more fully set forth elsewhere, will generally include the following: (a) compliance with all local, state and federal laws and regulations, (b) conformance with standards of community maintenance, (c) provision of services to residents, (d) establishment of financial objectives, (e) leasing of all units, (f) determination of resident eligibility, (g) income certification, (h) establishment of procedures for maintenance and repairs, (i) rent collection, (j) purchase of all necessary materials and services, (k) bookkeeping, and (l) preparation and submission of all reports required by the Owner, HUD and other funding/ regulators agencies.

Staff

The hiring of all personnel shall be in conformity with applicable equal opportunity requirements of federal, state and local laws, in accordance to the Affirmative Action Plan. The Affirmative Action Plan is an attachment to this Management Agreement.

- Project Staffing Needs for Management and Maintenance

The Management Agent will place under its Management System, with the Director having the overall responsibility for the operation.

The Director is a full-time employee of the Management Agent. The Director for LHDC will monitor the operations of assisted by LHDC's CPA firm and board Treasurer.

Payroll and fringe benefits for the Manager and Maintenance Person are project costs. Payroll and fringe benefits for the Director of LHDC as well as other support staff not stationed at LCIP III Inc..not performing maintenance tasks, will be borne under "Management Fee, Administrative Expenses". Front-line job performance at the site, will be project cost at the actual hours worked at the project.

The following job descriptions further delineate the duties and responsibilities of the Director , the Manager and the personnel.

JOB DESCRIPTIONS

Director of LHDC

Has over-all responsibility for monitoring the management of the apartment complex. Monitors the Manager in the preparation of reports, budgets, etc., and is involved in all aspects of keeping the complex running smoothly in accordance with HUD requirements.

All staff members shall be under the direction of the Director who reports directly to the President of LHDC.

Manager

Works directly with the Director in renting apartments, generating reports, handling inquiries, processing applications, handling certification and recertification of resident's income, maintains waiting list, accepts and records rental payments, deals with social services and events, and resolves resident complaints. Is generally responsible for day-to-day operation of the complex. May also coordinate or assist with the coordination of a Supportive Service Program. This position is intended to be a full-time position and reports directly to the Director of LHDC.

Maintenance Personnel

Perform such duties as directed by the Director of LHDC or Manager in order to keep the building and grounds in clean and orderly condition, as well as maintaining and repairing utility systems and physical structure of the building.

Also responsible for service calls on a 24-hour basis. Additional responsibilities include lawn care, trimming shrubbery, raking leaves, etc. or establishing contracts for the provision of these services.

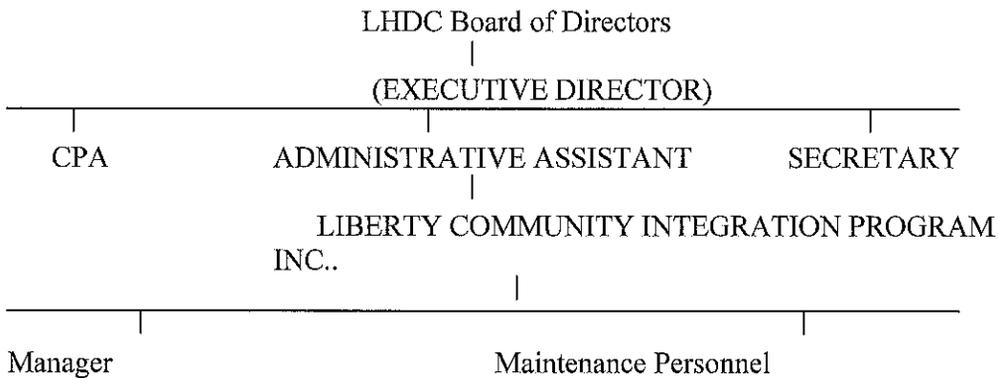
Are responsible for:

- maintaining and repairing all electrically controlled equipment such as light switches, emergency lighting, air conditioning and heating units and all other related problems where an outside contractor is not needed.
- Maintaining and repairing any and all plumbing problems such as sinks, commodes, spigots, water pipes, bathtubs and fixtures and all other related work where an outside plumbing contractor is not needed.
- Replacing windows, floodlight, fuses, sills, door locks, tiles, repairing cabinets, and redecorating all units for occupancy.

May, from time to time, negotiate subcontracts with outside contracting firms for repairs, replacement or improvements to the complex as directed by the Director of LHDC.

This position is a full-time position and may be augmented as required by seasonal conditions or special needs. This position reports directly to the Director.

Line of Authority Within The Management
Entity as Illustrated Below:



Plans for Carrying out an Effective Maintenance and Repair Program

The importance of daily contact with residents and inspections must be stressed. The high visibility of the Maintenance Superintendent and the goal of responding to complaints within 24 hours shall be the Agent's policy.

Each day, the Maintenance Superintendent will check with the Manager for previous day's resident requests for services and will satisfy these requests. In the event the Director decides a repair is not within the purview of the Maintenance Department, the he/she will arrange for the Manager to obtain an independent contractor. The use of paging devices from the management office to staff enables the Maintenance Superintendent to be mobile.

1. Regular inspection of units, building and grounds, and the use of an inspection reporting form, will serve to identify maintenance problems, which, are to be tended to promptly. Inspections will be scheduled not only on regular time intervals but also will be conducted whenever a resident either occupies or vacates a unit. To insure that such inspections result in identification of potential problems, both the Manager and resident certify, before occupancy can take place, that the subject unit is clean and that all aspects of the apartment are in good repair and sound operating order.
2. A file will be maintained for each dwelling unit wherein a complete report, based on a visual inspection and mechanical inspection, would be prepared of all of the appliances and mechanical equipment prior to each move-in, and again after each move-out service calls also.
3. Exterior painting and redecorating will take place according to need, anticipated on a very infrequent basis because of the materials used. Interior painting and redecorating within the apartment units will take place every three years, or upon change in residents, as required.
4. A commercial trash removal company according to need will handle garbage and trash removal.
5. Major repairs, which are not of an emergency nature, will be investigated by the Director. A complete report on the nature of the repair required would be prepared and presented to the Agent, who will then present it to the Owner. This report will include the degree of repair or replacement or replacement required, the possibility of repairing major parts versus purchasing new ones and replacing them, and costs estimates from more than one competitive company. If approval of Agent/Owner will be required, in most instances, for any single expenditure exceeding FIVE thousand dollars (\$5,000). In most instances prior to approval of HUD will be required for any single expenditure exceeding Five thousand dollars (\$5,000).

Approval will not be required for emergency repairs involving a danger to person or property or required to avoid suspension of any necessary services to the project. The Agent will inform the Owner of HUD in writing as promptly as

possible of the facts involved in such emergency repairs after rendering of the services.

6. Grounds, upkeep and maintenance will be provided by the maintenance person and, when necessary, may be contracted to outside contractor.
7. Residents will be instructed to report maintenance repair needs to the Manager's office by calling the office during established office hours. Maintenance problems at other hours will be handled by call forwarding to the main office or by an answering service that will contact the maintenance person on call. Authority for arranging for emergency repairs will be obtained from the Director or his/her designee.
8. Emergency maintenance will be provided on a 24 hour, seven-day per week basis. Non-emergency items will be handled as promptly as feasible.
9. Ordering equipment and supplies when on an ordinary basis will be handled by the manager or Maintenance Superintendent acting on behalf of the Agent, according to the annual operating budget established by the Agent.
10. Procedures for unit turnover are as follows:
 - a. Management receives written notice from resident that resident will be vacating unit.
 - b. The manager notifies superintendent of location ad vacate date.
 - c. Management notifies resident of right to attend move-out inspection and schedules move-out inspection.
 - d. Management forwards move-out form. Management Performance Form, apartment and mailbox keys to maintenance. Move-out inspection occurs and locks are changed.
 - e. Management notifies maintenance of occupancy date for new resident.
 - f. Repairs, painting (if required) and cleaning of unit are completed.
 - g. Unit is re-inspected by Maintenance Superintendent and/or Manager to ensure that all items have been completed in a satisfactory manner.
 - h. New resident takes possession of unit, move-in inspection is completed by Manager and resident
11. Energy conservation is an obvious concern of management. Items related to energy conservation are discussed with the resident during lease signing and are also addressed in the Resident Handbook. In addition, heating units shall be serviced frequently as recommended by the manufacturer to ensure maximum efficiency of each heating unit.

Pet Policy

Pets will be allowed at LCIP III Inc..

Signed: _____ Date: _____
Director of Property Management

Signed: _____ Date: _____
Owner Representative

EXAMPLE

LIBERTY COMMUNITY INTEGRATION PROGRAM (LCIP III Inc) TENANT SELECTION POLICY

PROJECT PREFACE

LCIPIII Inc owners of a 13 unit HUD 811 Apartment community at 5526 Vine Street, Philadelphia PA, hereinafter referred to as LCIPIII, & LCIPIII Inc is a Pennsylvania based non-profit corporation. The purpose of these 13 wheelchair accessible equal opportunity housing units is to provide affordable & wheelchair accessible housing for very low income persons with physical disabilities, 18 years of age or older now living in Philadelphia Nursing Home to be able to transition into the community. The program is funded through the Department of Housing and Urban Development's Section 811 and Philadelphia OHCD HOME Funds and Project Rental Assistance Contract. Liberty Housing Development Corp. manages the property of LCIPIII

GENERAL INFORMATION

LCIPIII welcomes qualified individuals/families of diverse backgrounds and, in accordance with various Federal and State laws, does not discriminate against anyone based on race, color, religion, sex, national origin, disability, familial status or sexual orientation.

It is the intention of the owners of LCIPIII to make "reasonable accommodations" to individuals whose disabilities so require in accordance with HUD regulations and management policies. This includes the application process and residency period. For more information please refer to management's Section 504 policy.

All 13 units at LCIPIII have been architecturally designed for wheelchair accessibility (to various degrees). Someone in the family must qualify as "needing" the architecturally designed features to apply for or live in these units. These units have wider doorways, higher commode, extra grab bar(s) and may or may not have cabinets under sinks and kitchen work areas. An applicant requesting an accessible unit will be requested to verify his or her need with a medical practitioner if the need is not obvious and is in accordance with HUD Handbook 4350.3.

A person, in order to be a tenant at LCIPIII, must be capable of fulfilling the lease requirements. This means that the applicant must be able to meet all of his/her personal needs and be able to fulfill the lease obligations with or without assistance. LCIPIII does not provide, nor have the authority to provide, any care or supervision services. Management will be happy to provide any applicant or tenant with a list of outside "providers" who deliver these services in the community. All potentially eligible, qualified applicants will be considered in accordance with the marketing procedures of the HUD-Approved Affirmative Fair Housing & Marketing Plan (HUD Form 935.2). All applicants must comply with any applicable admissions requirements in revised HUD Handbook 4350.3 (including all changes).

The local Section 8 Income Limits apply to LCIPIII and applicants must meet specific income restrictions to be eligible for housing. LCIPIII reserves the right to alter their Tenant Selection Plan at any time.

PREFERENCES

LCIPIII will grant a preference to persons now residing in Philadelphia Nursing Home who wish to transition into the community and can benefit from the accessible features of the units.

ADMISSIONS

Applicants will be considered based on referrals from Liberty Resources Inc Nursing Home Transition (NHT) program on a first-received, first-reviewed basis, based on the date and time that the completed and signed application is received by management. Admission to LCIPIII is limited to those applicants whose income meets the "Section 8" Income Limits for the area. LCIPIII can admit residents who meet the very low and extremely low income level.

To live at LCIPIII you must be:

- An eligible disabled family (See Definitions)
- LCIPIII does not maintain a waiting list for these apartments. When a vacancy occurs, LCIPIII receives referrals from Liberty Resources Inc per our HUD approved AFHMP.

PROCEDURES FOR APPLYING FOR HOUSING

All persons/families interested in applying for housing at LCIPIII must comply with the following requirements to be considered for housing.

Applicants will only be considered if referred by LRI's NHT program.

- Applicant(s) must list all family members who will reside in the unit.
- Applicant(s) must meet certain credit/criminal report standards. The Management Company requires a credit/criminal report on the applicant(s) and all family members and/or live-in aides who may occupy the unit.
- Applicant(s) must demonstrate the ability to meet financial obligations in a satisfactory manner, including timely payment of rent.
- Applicant(s) must show that the applicant has the ability to fulfill all the lease requirements (with or without care assistance) where applicable.
- Applicant must provide Photo ID, Birth Certificate, as well as social security numbers for members of the family six years of age and older.

All of this information will be verified in accordance with HUD Regulations and Requirements, as stated in HUD Handbook 4350.3. Applicants will be required to sign appropriate forms authorizing management to verify any and all factors that affect the applicant's eligibility or the rent that the applicant will pay. All of this information may be released by HUD to other Federal, State and Local Agencies.

In the event the applicant is personally unable to complete the form, the applicant must be present to provide the information to someone assisting in completing the form. The person assisting the applicant must sign and date the application, indicating that it was completed at the direction of the named applicant, and provide identification to management.

INTERVIEWS

After receipt of the referral, the applicant(s) will be notified of and invited to an interview with Management Company staff. The applicant(s) will also be instructed to bring with them to this interview certain financial and medical expense documentation for review as detailed in the HUD developed Rental Housing Integrity Improvement Program "Fact Sheets" we will provide to the initial interview.

The interview will be for the purposes of reviewing the application for completeness, to make sure that the application is legible and to determine, based on the financial information provided, whether or not it appears that the applicant(s) qualify for the Section 8 Program. This in no way means that an applicant actually qualifies or is eligible for housing at LCIP III. Eligibility can be confirmed only after all items of income, assets, family composition, etc., which may have any bearing on the rent that the applicant may pay or subsidy he/she may receive are verified. The applicant must be formally certified eligible to be offered housing within 120 days of actually receiving an offer.

Third party verification forms will also be completed at the time of the interview as well as the forms necessary to authorize a criminal background check on the applicant(s).

As an applicant's name approaches the top of the Waiting List, the applicant(s) will be contacted by the Management Staff. The applicant(s) will be advised of any outstanding financial information required to complete the initial certification for subsidy eligibility. Until all items are verified, eligibility cannot be determined, nor any housing offered. Management must make an attempt to verify all factors with "third party" written verification, per HUD Regulations and Procedures.

In the absence of third party verification within fourteen (14) days or more after attempting third party verification, and no response being received, management will use "Review of Documents" to verify items/issues in accordance with the HUD Handbook 4350.3.

REGULAR WAITING LIST

Referrals are received at time of vacancy. LCIP III does not maintain a waiting list. Do to the nature of transitioning from a nursing home and the time in which this takes, LCIP III only accepts referrals from Liberty Resources Nursing Home Transition Dept. This Dept only refers qualified applicants.

REJECTION PROCEDURES

When management rejects an applicant, the applicant will be notified of this decision in writing. This written statement, which will be sent in a timely fashion, will include the reason(s) for the rejection, and state that the applicant has the opportunity to request a meeting with management to discuss the rejection. The applicant will be further instructed to request the meeting in writing within fourteen (14) days of the date of the rejection letter's postmark.

If the applicant wants to request a meeting, the applicant's written request must be sent to LCIP III, 714 Market Street, Philadelphia PA 19106 within fourteen (14) days of the date of the rejection notice's postmark. A staff member and/or representatives of the Board of Director's for LCIP III who was not involved in the initial decision to deny admission or assistance will hold the requested meeting. Within five (5) business days of Management's response or meeting, Management must advise the applicant in writing of the final decision on eligibility. All of this material (original application, rejection letter, applicant's request for a meeting, summary of the meeting and the final decision) will be kept for three (3) years in confidential files.

UNIT SIZE STANDARDS AND GUIDELINES

- Minimum of one person per bedroom; maximum of two persons per bedroom.

TRANSFER POLICY

Since there are only 13 one bedroom units, there will be no transfers.

DEFINITIONS

Disabled Household

Persons 18 years of age or older and mobility impaired and in need of the features of an architecturally designed unit. LCIP III will verify this with a medical practitioner if disability is not obvious... Applicants must meet HUD's definition of person's with disabilities (as listed in the HUD Handbook 4350.3 Revised).

Definition F – Disabled Household. [24 CFR 891.305] Disabled household means a household composed of:

- (1) One or more persons at least one of whom is an adult (18 years or older) who has a disability;
- (2) Two or more persons with disabilities living together, or one or more such persons living with another person who is determined by HUD, based upon a certification from an appropriate professional (e.g., a rehabilitation counselor, social worker, or licensed physician) to be important to their care or well-being; or
- (3) The surviving member or members of any household described in paragraph (1) of this definition who were living in a unit assisted under this part (Section 811 Capital Advance) with the deceased member of the household at the time of his or her death.

Live In Care Attendant

A person who resides with one or more Disabled persons, near-elderly persons, or persons with disabilities, and who:

1. Is determined to be essential to the care and well-being of the persons;
2. Is not obligated for the support of the persons; and
3. Would not be living in the unit except to provide the necessary supportive services.

A relative may be a Live In Attendant but must meet all of the above requirements, and sign a statement to that effect. LCIP III will verify this with a physician or recognized health care professional. The sole purpose of a Live In Attendant is to provide the tenant with support services and will not qualify for continued occupancy in the event the tenant vacates the unit. LCIP III will re-verify the need for a Live In Attendant annually during the household recertification.

PROOF OF CITIZENSHIP

Does not apply

PROOF OF SOCIAL SECURITY NUMBERS

Applicants must provide documentation of Social Security Numbers (SSNs) in order to be eligible for subsidy and therefore housing at LCIP III. Adequate documentation means a social security card issued by the Social Security Administration (SSA) or other acceptable evidence of the SSN. The head of household/spouse/co-head must disclose SSNs for all family members. If no SSN has been assigned to a particular family member, the applicant must sign a certification stating that no SSN has been assigned.

When an applicant has a SSN but does not have the required documentation, the applicant may submit the SSN and certify that the number is accurate but that acceptable documentation could not be provided.

Individuals who have applied for legalization under the Immigration and Reform Control Act of 1986 will be able to disclose the social security numbers, but unable to supply the cards for documentation. Social security numbers are assigned to these persons when they apply for amnesty. The cards go 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.

Management will accept the certification and continue to process the individual's application. However, an applicant may not become a participant in the program unless the applicant submits the required SSN documentation to management. The applicant must provide SSN documentation to management within 60 days from the date on which the applicant certified that the documentation was not available.

If management has determined that the applicant is otherwise eligible for admission into the property, and the only outstanding verification is that of the SSN, the applicant may retain his or her place on the waiting list for the 60-day period during which the applicant is trying to obtain documentation. After 60 days, if the applicant has been unable to supply the required SSN documentation, the applicant will be determined ineligible and removed from the waiting list (see paragraph 4-20 A).

SCREENING/REJECTION CRITERIA

All applicants 18 years of age or older in a household will be screened for rental history, credit and criminal history, sexual offender registry and general program eligibility prior to residency. The screening of Live In Aides at initial occupancy and the screening of persons or Live In Aides to be added to the tenant household after initial occupancy involve similar screening activities. Both live-in aides and new additions to the tenant household will be screened for drug abuse mandatory sexual offender registry and other criminal activity. An application may be rejected for any one of the following reasons:

- The applicant/family is a qualified person with a disability.
- Submission of false or untrue information on the application, or failure to cooperate in the verification process.
- The applicant has a history of unacceptable or unsatisfactory credit or criminal history as reported by a credit agency or other organization. Please see Credit Criminal Screening Criteria for more information.
- The applicant has been evicted from any other housing.
- Negative reference from current or previous landlord, including but not limited to late rent, NSF (non-sufficient funds) checks, lease violations, etc.
- The household (including a Live In Aide) size is not appropriate for this unit. Please refer to Unit Size Standards & Guidelines.
- Failure to sign designated or required forms and/or documents upon request.
- The applicant cannot pay the appropriate security deposit at move-in with or without assistance from 3rd parties.
- This will be the applicant's only place of residence.
- The applicant has repeatedly (more than twice) been offered a housing unit and, for other than a verified medical reason, he/she has refused to take the unit offered.
- The applicant is not capable of fulfilling the lease agreement, with or without assistance.
- A negative criminal history as defined herein the Criminal or Drug-Related Activity
- By HUD formula, the household income exceeds the HUD income limits.

- The applicant was unable to provide proof of SSNs as required by HUD and management policy.
- The household contains a member(s) who was evicted in the last years from federally assisted housing or conventional housing for drug-related activity. Exceptions may be allowed if the evicted household member has successfully completed an approved, supervised drug rehabilitation program or the circumstances leading to the eviction no longer exist (e.g. the household member no longer resides with the applicant.)
- The household contains a member currently engaged in illegal use of drugs or has a pattern of illegal use of drugs.
- The household has a member who is subject to state sex offender lifetime registration requirement
- The household has a member for whom there is reasonable cause to believe that the member's behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety and right to peaceful enjoyment by other residents.
- The household has a member who does not meet the criteria as defined in the following sections titled, Criminal or Drug-Related Activity and Credit and Criminal Screening Criteria,

DRUG-RELATED CRIMINAL ACTIVITY

Upon move-in tenants sign leases requiring them to accept responsibility for the actions of individual household members, their guests, or other persons on the premises with their consent. No tenant, no member of the tenant's family or household, a guest or any other person visiting a tenant shall engage in criminal activity on or near the apartment complex, including drug-related criminal activity or drug and alcohol abuse that threatens the health and safety of the tenants or staff or hinders the peaceful enjoyment of the housing premises. "Drug-related criminal activity" means the illegal manufacture, sale, distribution or use of a controlled substance (as defined in Section 102 of the Controlled Substance Act).

No tenant, no member of the tenant's family or household, a guest or any other person visiting a tenant shall engage in any act intended to facilitate criminal activity, drug-related activity on or near the condominium complex.

No tenant, no member of the tenant's family or household, a guest or any other person visiting a tenant will permit the dwelling unit to be used for, or to facilitate, criminal activity, including drug-related criminal activity, regardless of whether the individual engaging in such activity is a member of the household, family or a guest.

No tenant, no member of the tenant's family or household, a guest or any other person visiting a tenant will engage in the manufacture, sale or distribution of illegal drugs on or near the apartment complex or elsewhere.

No tenant, no member of the tenant's family or household, a guest or any other person visiting the tenant will engage in acts of violence, including, but not limited to, the unlawful discharge of firearms on or near the apartment complex.

Violation of the above provisions shall be a material noncompliance violation of the lease and good cause for termination of the lease. A single violation of any of these provisions shall be deemed a serious violation and material noncompliance with the lease. It is understood and agreed that a single

violation shall be good cause for termination of the lease. Unless otherwise provided by law, proof of violation shall not require criminal conviction, but shall be by a preponderance of the evidence.

CREDIT & CRIMINAL SCREENING CRITERIA

Rental Approval:

1. If a prior landlord reported the applicant(s) damaged property or lease violations the applicant can be denied. This includes lease violations, disturbing the peace, harassment, poor housekeeping habits, improper conduct or other negative reference against the household.
2. Any eviction(s) is automatically grounds for denial if eviction occurred 2 years before entering a nursing facility, this may be considered. This includes any household members who have been evicted from federally assisted housing within the last three years for drug-related criminal activity.
3. We may accept a rental history of no more than two (2) late payments of rent in a (12) month period, with verification of all charges paid and no more than one (1) NSF check in a one (1) year period. Anything beyond this specification can be grounds for denial.
4. Any evidence of illegal activity including drugs, gangs, weaponry, etc. will be grounds for denial.
5. Grossly unsanitary or hazardous housekeeping habits.
6. Any debt balance owing to a prior management company or housing complex will need to be paid prior to move-in.
7. Lack of rental history is not grounds for denial.

Criminal Background Check:

1. Any felony conviction is grounds for denial.
2. Any arrest for any activity concerning an illegal controlled substance is grounds for denial.
3. Any arrest for or conviction of any activity concerning sexual abuse or assault is grounds for denial. This includes, but is not limited to, any member of the household who is subject to a registration requirement under a state sex offender registration program.
4. Crimes involving physical violence, including, but not limited to, abuse of children or the elderly, abduction (including kidnapping), manslaughter, murder, robbery, sexual crimes, assault and battery within 8 years.
5. Crimes against property, including, but not limited to, arson, theft, larceny, burglary within the last 8 years.
6. Crimes showing dishonesty, including, but not limited to, fraud, deception, or financial exploitation of any person within the last 5 years.

NOTE: All applicants in a household will be processed as on approval or denial for an apartment. If any one of the applicants has negative rental history or negative credit or criminal history, all applicants will be denied.

EXAMPLE

LIBERTY HOUSING DEVELOPMENT CORP LCIP III Inc. HOUSING APPLICATION PACKAGE

****** For Residents of Philadelphia Nursing Home Only
who are working with Liberty Resources Nursing Home
Transition Staff!!**

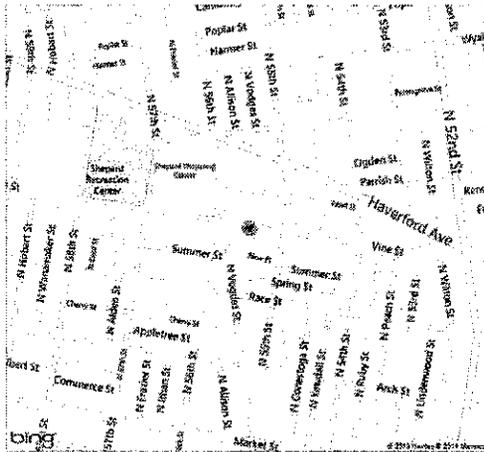
Liberty Housing Development Corp is a provider of integrated affordable housing opportunities for persons who will benefit from the wheelchair accessible features of our apartments. Some of those features are: roll in showers, roll under countertops, lowered light switches, etc.

Rents will be based on 30% of your monthly adjusted income.

You must be at least 18 years old and earn less than 50% of median income for the area in which the apartment is located.

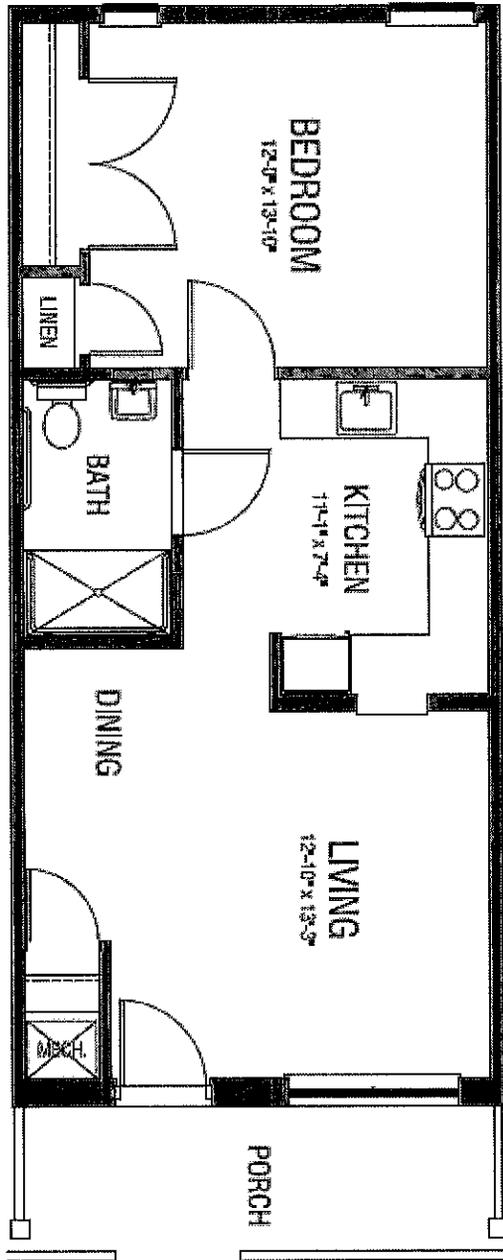
For 2012, your household must earn less than:
One Person: \$28,550 (\$2,379 monthly)
Two People: \$32,600 (\$2,717 monthly)

The 13 accessible apartments are located at:
5526 Vine St., Philadelphia, PA 19139



Please complete and return your application to:
**714 Market Street, Suite 100
Philadelphia, PA 19106**





This is a sketch of the units. Most of the units have this layout. Every other unit is reversed, meaning the hallway is on the other side. 9 units are ground level, 4 are on the second floor. The building will have an elevator.



Date: _____

Dear Applicant:

Thank you for your interest in Liberty Housing Development Corp's apartments located at **5526 Vine St., Philadelphia, PA 19139**. We have 13 accessible apartments in this building. This offers you the opportunity to live in a non-institutionalized setting that is close to shopping and SEPTA. The enclosed application must be fully completed and returned to our office by mail or in person.

Should you need assistance, we will be happy to help you. All members of the family who will live in the apartment must be listed on the form and the form must be signed. A home visit may be required.

In order to comply with Section 8.27 of Section 504 of the Rehabilitation Act of 1973, property owners must lease units designed to meet the needs of persons with disabilities to occupants requiring the accessibility features of the unit.

Our apartments feature roll in showers, roll under countertops, lowered electric light switches, etc. Only applicants who will benefit from the accessible features will be considered.

Please return pages 6-11, which will be your completed application, along with any information listed on pages 4 and 5 that pertains to your situation. If you have any questions, please do not hesitate to contact our office at **267-765-1500**. Again, thank you for your interest in the Liberty Housing Development Corp.

Sincerely yours,
Bruce J. Connus, President and CEO
Liberty Housing Development Corp



**** It is vital that you start today to gather items we need. ****
Items are for anyone who will be living in the apartment.

All personal information:

- State Issued Photo I.D.
- Resident alien card (Green Card if applicable)
- Birth Certificate
- Social Security Card
- Medicare/Medicaid card

Financial information: (any that apply to you)

- Income documentation (all must be dated within one month)
 - Employment Income – 6 consecutive pay stubs
 - Business Income – Last year's tax form 1040
 - Pension Income – Statement from company
 - Social Security Income – Statement from Social Security Administration
 - Supplemental Security Income (SSI) – Statement from Social Security Administration
 - Unemployment Payments – Statement from Unemployment Office
 - Alimony/Child Support – Court order and/or statement from Domestic Relations Office
- Asset documentation (name of institution & address)
 - Saving Accounts - 3 months consecutive statements
 - Checking Accounts - 3 months consecutive statements
 - Money Market Accounts - 3 months consecutive statements
 - Certificates of Deposits (CD) - 3 months consecutive statements
 - Stocks/Bonds - 3 months consecutive statements
 - House/Home Value - Realtors opinion or HUD-1 settlement sheet



- Medical Verification – For previous 12 consecutive months (out of pocket)
 - Pharmacy / Prescription Expense statement
 - Over the Counter Expense (prescribed by physician) with written prescription)
 - Items not covered by insurance
 - Doctor Office Visits
 - Hospital Expense
 - Out Patient Expenses
 - Medicare Premiums - Statement from Social Security Administration

Criminal Background Report: If you know you have a criminal history, you must go to the criminal justice center and obtain a current history report. Any drug related and/or sexual offense may disqualify you for this subsidized housing.



Liberty Housing Development Corp
Housing Application

NAME: (M____) _____

SPOUSE/CO-TENANT NAME: _____

ADDRESS: _____ APT/ROOM#: _____

CITY/STATE/ZIP: _____

SOCIAL SECURITY #: _____ SPOUSE SS #: _____

DATE OF BIRTH: _____ SPOUSE DOB: _____

TELEPHONE: _____

CELL: _____ OTHER PHONE: _____

EMERGENCY CONTACT: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

Have you or anyone planning to live in the apartment ever been charged with any criminal offense? ()Yes ()No

If yes, please explain on a separate piece of paper. By signing this form, you are giving LHDC permission to perform a criminal background check to determine eligibility under HUD guidelines. Live-in aide's must pass a criminal background check also!

Do you currently receive Section 8 rental subsidies? ()Yes ()No

If you currently have a housing choice voucher, you will have to return it to PHA. We can not accept them because our units provide their own rental subsidies.



PRESENT LANDLORD: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____

INCOME:

	YOU	SPOUSE
MONTHLY SOCIAL SECURITY INCOME:	\$ _____	\$ _____
MONTHLY SUPPLEMENTAL SECURITY INCOME:	\$ _____	\$ _____

PENSIONS:

1. NAME OF COMPANY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

MONTHLY AMOUNT: \$ _____

2. NAME OF COMPANY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

MONTHLY AMOUNT: \$ _____

EMPLOYMENT HISTORY:

1. NAME OF COMPANY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____



WEEKLY GROSS WAGES: \$ _____

2. NAME OF COMPANY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

WEEKLY GROSS WAGES: \$ _____

OTHER INCOME: (WORKERS COMP, UNEMPLOYMENT, ALIMONY, CHILD SUPPORT, ETC.)

NAME OF SOURCE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

MONTHLY AMOUNT: \$ _____

ASSETS:

1. TYPE: Checking__ Savings__ CD__ Annuity__ Other__

NAME OF INSTITUTION: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

AMOUNT: \$ _____ INTEREST RATE: _____

TERM: _____

2. TYPE: Checking__ Savings__ CD__ Annuity__ Other__

NAME OF INSTITUTION: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

AMOUNT: \$ _____ INTEREST RATE: _____



TERM: _____

3. TYPE: Checking__ Savings__ CD__ Annuity__ Other__

NAME OF INSTITUTION: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

AMOUNT: \$ _____ INTEREST RATE: _____

TERM: _____

OTHER ASSETS:

NAME OF SOURCE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

AMOUNT: \$ _____ INTEREST RATE: _____

TERM: _____

MEDICAL EXPENSES:

1. NAME OF DOCTOR: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

ANNUAL EXPENSE: \$ _____

2. NAME OF DOCTOR: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____



ANNUAL EXPENSE: \$ _____

NAME OF PHARMACY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

ANNUAL EXPENSE: \$ _____

SOURCE OF HEALTH INSURANCE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

MONTHLY EXPENSE: \$ _____

DO YOU PAY MEDICARE? ()Yes ()No SPOUSE? ()Yes ()No



I/We certify that if selected to move into this subsidized housing, the unit that I/we occupy will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility for assistance. I/We authorize the agent to verify all information provided on this application and to contact current or previous landlords or others for credit information which may be related to appropriate Federal, State or local agencies. I/We authorize the agent to investigate my background and to run a criminal background check with applicable agencies. I/We certify that the information reported on this application is true and complete to the best of my/our knowledge. I/We understand that false information is punishable under Federal Law and grounds for application denial or future eviction.

By signing this application you are giving Liberty Housing Development Corp or its agent permission to obtain your credit and/or criminal report!

Signature: _____ **Date:** _____

Spouse/Co-Tenant: _____ **Date:** _____

Please return this form as soon as possible!

Your application will be reviewed and you will be considered for an available apartment only after you provide all the information & complete all the necessary paperwork indicated herein. Not accepting the available apartment may result in your name being removed for future consideration.

