



A Step-by-Step Guide Through the Application Process

STEP 1: Completing the Rental Application

Each adult applicant must complete his/her own application (attached) and pay a \$30 **non-refundable** application fee. Co-signers are not permitted.

1. Please type or print in black ink when filling out the rental application. For questions not applicable to your household, write "N/A". **Applications that are incomplete, contain false or misleading information, or have excessive errors will not be processed.**
2. Contact us today to schedule your pre-leasing appointment: **260-415-3709 (Note: leaving more than one voicemail message on this line will delay the process.)**
3. Bring your completed application to your appointment. Blank applications will also be available on-site, if needed. **Applications will be processed in the order in which they are received, but not prior to your scheduled appointment.**

STEP 2: Qualification Screening

Prepare to meet with one of our highly-skilled housing professionals. Please have the following items ready when you arrive to your appointment; **fees and proof of income are REQUIRED to hold a unit:**

1. Completed Rental Application
2. Proof of income (e.g., 2 most recent paystubs, current Social Security/SSI benefit letter, etc.)
3. Driver's license or State ID (required for all adult household members)
4. Social security card (required for all household members)
5. **Fees payable by Money Order only:**
 - o \$30 application fee/adult
 - o \$50 hold deposit

A program unit will be selected for you based on your household income, size and unit availability.

STEP 3: Credit/Criminal Background Check

Applicants will be notified of screening results within three (3) business days from the date of application. Individuals who meet the program criteria (outlined in the attached "Tenant Selection Plan") will move forward with the application and lease signing process.

Note: If moving from one of our sister properties or moving unit-to-unit, a \$500 non-refundable fee applies.

RENTAL HOUSING APPLICATION

A separate application must be completed by each adult household member. Applications that are incomplete, missing information, or contain false information may result in denial. An application fee of \$30 per adult must be paid by money order only. Application will not be processed until this fee is received. Applicants must meet the criteria outlined in the attached Tenant Selection Plan.

APPLICANT INFORMATION

Full Legal Name (First, Middle Initial, Last)				Sex
Date of Birth (MM/DD/YYYY)	Social Security Number	Relationship to Head of Household	FT Student <input type="checkbox"/> Y <input type="checkbox"/> N	Employed <input type="checkbox"/> Y <input type="checkbox"/> N
Phone Number	Cellular Number	Email Address		

OTHER THAN THE ABOVE APPLICANT, LIST ALL OTHER PERSONS WHO WILL OCCUPY THE UNIT

First and Last Name	Date of Birth (MM/DD/YYYY)	Relationship to Head of Household	FT Student <input type="checkbox"/> Y <input type="checkbox"/> N	Employed <input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

APPLICANT EMERGENCY CONTACT INFORMATION

Primary Emergency Contact	Phone Number	Relationship
Secondary Emergency Contact	Phone Number	Relationship

LIST ALL VEHICLES THAT ARE OWNED/OPERATED BY A HOUSEHOLD MEMBER

Vehicle Make/Model	Vehicle Color	Vehicle License Plate Number

QUESTIONS 1-10, CHECK YES OR NO

1. Y N Do you expect any additions to the household within the next 12 months?
If yes, please explain: _____
2. Y N Are there any absent household members who, under normal circumstances, would reside in the unit?
If yes, please explain: _____
3. Y N Does an adult household member have primary physical custody of the child(ren) listed above?
If no, please explain: _____
4. Y N Does your household anticipate having any service/companion animals in the unit?
If yes, please explain: _____
5. Y N Does your household anticipate having any pets in the unit?
If yes, please explain: _____
6. Y N Has anyone named on this application been convicted of a felony?
If yes, date of conviction: _____ Offense: _____

7. Y N Has anyone named on this application been evicted from a rental unit of any type?
If yes, date of eviction: _____ Reason: _____
8. Y N Do you have an outstanding balance with a current or previous landlord?
If yes, please explain: _____
9. Y N Will the household receive Section 8 rental assistance at move-in?
If yes, name of agency: _____
10. Y N Does your household require a wheelchair accessible unit?
If yes, please explain: _____

STARTING WITH YOUR CURRENT ADDRESS, PROVIDE HOUSING REFERENCES FOR THE IMMEDIATE 3 YEAR PERIOD

1	Current Address		Apt/Unit	Occupancy Start	Occupancy End	Current Landlord (if applicable)	
	City	State	Zip Code		Phone Number	Fax Number	
	Housing Source <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Living with Friends/Family <input type="checkbox"/> Other:					Email Address	
2	Previous Address		Apt/Unit	Occupancy Start	Occupancy End	Previous Landlord (if applicable)	
	City	State	Zip Code		Phone Number	Fax Number	
	Housing Source <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lived with Friends/Family <input type="checkbox"/> Other:					Email Address	
3	Previous Address		Apt/Unit	Occupancy Start	Occupancy End	Previous Landlord (if applicable)	
	City	State	Zip Code		Phone Number	Fax Number	
	Housing Source <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lived with Friends/Family <input type="checkbox"/> Other:					Email Address	

PROVIDE CURRENT EMPLOYMENT REFERENCES (IF APPLICABLE)

1	Name of Employer				Date of Hire
	Address		City	State	Zip Code
	Phone Number	Fax Number	Email Address		
2	Name of Employer				Date of Hire
	Address		City	State	Zip Code
	Phone Number	Fax Number	Email Address		

I understand that management is relying on this information to prove eligibility of the household for the Internal Revenue Code Section 42 Program (Section 42). I certify, under penalties of perjury, that all information and answers to the questions contained on this form are true and complete to the best of my knowledge. I consent to release the necessary information to determine the eligibility of the household. I understand that providing false information or making false statements may be grounds for denial of the application. I further understand that providing false representations herein constitutes an act of fraud and that such action may result in criminal penalties. I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable, and any other information required for expediting this process. I further understand that my occupancy is contingent on meeting management's tenant selection criteria (which was provided to me) and Section 42 requirements.

Applicant's Signature _____

Date _____

Hawkins Homestead
1329 College Ave.
Rochester, IN 46975

Phone: _____ | Fax: _____

hawkinshomestead@newgenmgnt.com

RELEASE AUTHORIZATION

The individual listed below has applied for or is currently residing in an apartment community that is operated under the Federal guidelines for HUD, Rural Development, Home Funds or Low-Income Housing Tax Credits (Sec 42 of the IRS tax code). One or more of these programs requires that third party written verification of the household's income and assets be completed annually. Some of the programs listed above also allow deductions for acceptable medical or childcare expenses with third party receipt of the actual expense. Please complete the attached verification form and return it to our office by fax, via email, or in the enclosed self-addressed, stamped envelope.

Initial occupancy also requires verification of the applicant's credit history, criminal history, identity, marital status, student status, residency, and rental history. Marital status, student status, medical allowances, income, and asset information will also be verified annually.

I agree that a photocopy of this form will be used to authorize the release of all information listed above. The original of this authorization will be maintained in the management office and will remain in effect for twelve (12) months from the date signed. I understand that I have a right to review my file and correct any information that can be proven incorrect.

The undersigned hereby authorizes the release of any information requested to verify my eligibility for the programs listed above.

Printed Name

XXX - XX -

SSN (last 4-digits only)

Authorized Signature

Date

Hawkins Homestead

Tenant Selection Plan

SECTION I – RESIDENT SELECTION

1.1 PROJECT DESCRIPTION:

Hawkins Homestead is an affordable housing property consisting of **35 units** of **2-bedroom** apartments. **7 units** are reserved for households in which at least one member has an intellectual or developmental disability (“IDD”) as defined below.

The Development Team

Owner: **Hawkins Homestead Apartments, LP**

Service Providers: **Bona Vista Programs, Inc.**

Property Management: **New Generation Management, Inc.**

1.2 TARGET POPULATION:

Persons with an Intellectual or Developmental Disability (IDD)

7 units are reserved for households that contain at least one member who is a person with an intellectual or developmental disability. The 7 reserved units are not a limit on the number of IDD households who may live at Hawkins Homestead, and any additional qualifying households may lease unreserved units if they are eligible. Intellectual or developmental disability is based on the definition found in Indiana Code 12-7-2-61.

Sec. 61. (a) Except as provided in subsection (b), "developmental disability" means a severe, chronic disability of an individual that meets all of the following conditions:

- (1) Is attributable to: (A) intellectual disability, cerebral palsy, epilepsy, or autism; or (B) any other condition (other than a sole diagnosis of mental illness) found to be closely related to intellectual disability, because this condition results in similar impairment of general intellectual functioning or adaptive behavior or requires treatment or services similar to those required for a person with an intellectual disability.
- (2) Is manifested before the individual is twenty-two (22) years of age (except in the case of traumatic brain injury).
- (3) Is likely to continue indefinitely.
- (4) Results in substantial functional limitations in at least three (3) of the following areas of major life activities: (A) Self-care. (B) Understanding and use of language. (C) Learning. (D) Mobility. (E) Self-direction. (F) Capacity for independent living. (G) Economic self-sufficiency.

Updated 1-25-24



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1.3 ELIGIBILITY AND SCREENING CRITERIA

Income Limits

Hawkins Homestead will provide units based on the following sizes and income levels:

AMI Level	0 BR	1 BR	2 BR	3 BR	4+ BR
20%					
30 %			11		
40%					
50%			7		
60%					
70%					
80%			17		

Student Status

Households consisting of all full-time students, as defined by the educational institution, are not generally permitted due to Section 42 requirements. Full-time students are defined as individuals who are enrolled 5 months (months need not be consecutive) during the current and/or upcoming calendar year. A household consisting of all full-time students during said period may qualify for one of the exemptions under the Internal Revenue Code. Exemptions include the following:

- At least one person in the household is not a full-time student;
- Household members are married and eligible to file a joint tax return;
- At least one person in the household is receiving assistance under Title IV of the Social Security Act;
- At least one person in the household is receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state, or local laws; or
- At least one person in the household was under the care and placement responsibility of the state agency responsible for administering foster care.

Occupancy Standards

- A dwelling should provide adequate space for its occupants. In determining initial eligibility, the suggested number of persons to occupy a unit will be no more than two per bedroom/sleeping area. However, occupancy standards will conform to state and local laws governing this issue.
- A “household” consists of individuals residing in the unit at least 50% of the time. Custody and/or guardianship must be documented prior to move-in.

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Income Requirements

All households must:

- Provide all income and asset information as requested.
- Have a legal source of verifiable income (e.g., employment, self-employment, social security, pension, child or spousal support, etc.) unless applicant/tenant receives 100% tenant-based subsidy.
- Must have sufficient income to meet the minimum monthly rent payment amount without using more than 45% of the family's gross income unless applicant/tenant receives 100% tenant-based subsidy.

Citizenship Requirements

- Every applicant is required to have a social security number (SSN). If an SSN is not available, applicant must have an Individual Taxpayer Identification Number (ITIN) or documented proof from a United States (US) governmental agency as verification that all household members are in the US legally.
- Applicant must also provide proof they are eligible to legally reside in the US for the full length of the lease.
- Applicant is required to have a valid photo I.D. (e.g., driver's license, passport, or state issued I.D.). A birth certificate (if applicable) and social security card is also required for all household members.

Credit Check Requirements (non-IDD units only)

- An industry scoring model will be used to help predict the rental behavior of an applicant.
- Applicant must have a credit score of no less than 500. If screening indicates a credit score less than 500 or indicates an insufficient amount of information to provide a score, at least one adult applicant must provide proof of one of the following: (1) at least 12 full months of current, stable employment; (2) a current 12 month history of a checking or savings account with a positive balance; (3) a current 12 month landlord reference which indicates a paid-to-date account; (4) a current, verifiable 12 month history of Social Security benefits; or (5) applicant will reside in a previously qualified household (applies to household additions only).
- If none of the above exceptions are met, upon application approval and a unit is available for move-in, applicant must pay two months' rent plus the pro-rated rent amount at move-in.
- By law, a copy of your credit report will not be provided to you. You may contact the credit agency to request a copy of your report.

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Criminal Background Check Requirements

Hawkins Homestead will conduct a limited criminal history screening for the applicant and household members who are 18 years of age or older. The screening will consider the following items:

Programmatic Criteria

- Convictions for manufacturing methamphetamine.
- Applicant cannot be subject to a lifetime registration requirement under a State sex offender registration program.

Property Specific Criteria

- Felony convictions within the past 5 years for offenses defined by IC 35-47-4-5 as “serious violent felonies” will result in an individual assessment to determine if the applicant is able to meet the conditions of tenancy, as described below. The list of these offenses is included in the attached Exhibit A.

The screening **will not** consider arrests, pending charges, expunged convictions, convictions reversed on appeal, vacated convictions, offenses where adjudication was withheld or deferred, pardoned convictions, sealed juvenile records, or convictions for offenses not outlined above. Additionally, the screening **will not** consider an applicant’s probation or parole status.

All criminal records will be reviewed on a case-by-case basis for approval, except for convictions that violate the programmatic criteria, which will be automatically denied. Potential denials will be reviewed by a designated screening committee made up of housing management and supportive services staff.

Individualized Assessment

If an applicant has a conviction which could exclude them from renting, the screening committee will conduct an individualized assessment of their criminal history to determine whether the applicant will be able to fulfill their obligations of tenancy at the property. The individualized assessment will consider the following:

- 1) The circumstances surrounding the crime.
- 2) Whether the nature of the criminal offense was violent against a person or property or adversely affected the health, safety, and welfare of other people.
- 3) Whether a re-offense would impact the safety of other residents or the property
- 4) The amount of time that has passed since the criminal offense.
- 5) The age of the individual at the time the crime was committed.
- 6) The amount of time that has elapsed since exit from incarceration.

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- 7) The amount and nature of convictions, if any, since the criminal record in question.
- 8) Evidence of satisfactory tenant history or references since the commission of the crime.
- 9) Evidence of constructive community involvement.
- 10) Evidence of rehabilitation efforts (including during incarceration) and/or agency support to maintain stability.
- 11) Recommendation from the veteran's court program.
- 12) Whether the criminal conduct arose from the applicant's status as a survivor of domestic violence, sexual assault, stalking or dating violence, or from the applicant's disability, including mental illness.

Applicants will be given an opportunity to provide information to allow the committee to consider any circumstances which would serve to mitigate the criminal convictions within the applicant's criminal history. Applicants will be notified in writing of the specific items of concern from the criminal history screening and given five business days to provide mitigating information.

If the evidence indicates that the applicant does not present a threat to the current residents, employees, or the property, the applicant will be approved for tenancy.

In the event the screening committee determines that the applicant poses a significant risk to other residents, employees, or the property, the manager will add a note to the file indicating the factors which were considered to make the denial and notify the applicant in writing that the application is denied.

1.4 REFERRAL PROCESS

IDD Units

Hawkins Homestead will review referrals that show proof of meeting the disability requirements defined in section 1.2 (Target Population) through the following means:

- A referral from the identified service provider with MOU, one of the independent I/DD case management organizations contracted by the Division of Disability and Rehabilitative Services, or another qualified I/DD service provider who has documented the individual's I/DD diagnosis will serve as documentation that the individual has a qualifying disability, and property management will not inquire further into the nature of the disability during the application process and tenant screening.
- If an individual receives a Home and Community Based Services Waiver through the Indiana Division of Disability and Rehabilitative Services, or is on the waitlist for such a waiver, waiver or waitlist status shall be deemed proof of eligibility.
- If the individual with I/DD is a student, referral or documentation from the school or educational system demonstrating that the student is eligible for special education services under one or more

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of the following areas of eligibility: Autism Spectrum Disorder, Intellectual Disability, Developmental Delay, Multiple Disabilities, Specific Learning Disability, or Traumatic Brain Injury.

- An applicant who was not referred by the identified provider and does not have a Home and Community Based Services Waiver must provide third-party verification demonstrating an intellectual or developmental disability. Third-party verification could come from sources such as a physician, physician's assistant, nurse practitioner, doctor of osteopathy, psychiatrist, or psychologist. This verification must follow the Fair Housing Act requirements for verification of disability and cannot inquire into the nature of the disability.

New Generation Management, Inc. will be responsible for ensuring that applicants meet project eligibility criteria.

Applications will be accepted until the building is fully leased. For the IDD units, management agent will coordinate with identified MOU partners and other sources for referrals. Those candidates will complete applications for the IDD units. Marketing of the other units will be the responsibility of New Generation Management, Inc. and marketing of the IDD units will be the joint responsibility of the management agency and the MOU referral providers.

Referrals for IDD Units

1. Opening the Application Process: When an IDD unit becomes available, **New Generation Management, Inc.** will inform the MOU providers and take any referrals provided.
2. When an IDD unit becomes available, **New Generation Management, Inc.** will attempt to contact the household that is referred or contact their referral provider by telephone or in person at least three times and record those attempts in the applicant's file. On the same date that first contact is attempted by telephone or in person, a letter will be sent to the household requesting that they contact the referring agency within ten business days. If **New Generation Management, Inc.** does not receive a response to the contact attempts within ten business days from the date the letter was mailed, the individual will forfeit the opportunity to move into the available unit. If contact is made, an application interview will be scheduled.

New Generation Management, Inc. will try to be as accommodating as possible in scheduling interviews, including walk-in interviews, for those willing to wait for an available time slot. Caseworkers, family members, and support staff may accompany a prospective tenant to any interview for additional support. Every attempt will be made to assist those most in need in obtaining an available unit. It is recognized that this may take several attempts for an application and an interview.

When an appointment is missed, **New Generation Management, Inc.** will attempt to contact individuals or their caseworker by telephone or in person at least two times during the next 48-hour period and record those attempts in the file.

If **New Generation Management, Inc.** is able to contact the applicant, another appointment will be scheduled. **New Generation Management, Inc.** will attempt to schedule up to two

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appointments. If the applicant misses the second appointment, the individual will forfeit the opportunity to move into the available unit and will not be enrolled in the program at this time. The referral process will then start again from the beginning.

1.5 THE APPLICATION PROCESS

Application Requirements

A complete application includes the following information:

1. A written application submitted by the applicant household;
2. Verification of identification;
3. Verification of income and assets, as applicable for each applicant household; and
4. Verification of qualifying status for IDD households.

Completion of Application Process

All applications will be processed within 15 days of the date received, or within five business days of receipt of all required documentation, whichever is later (excluding weekends and designated Federal holidays).

1.6 REJECTING APPLICANTS

Applicants may be rejected if:

1. They do not meet the eligibility and screening requirements outlined in Section 1.3.
2. Household characteristics are not appropriate for the type of apartment available. For example, available accessible units must be first offered to households who necessarily require, but currently do not have the accessibility features, ahead of households with earlier application dates in accordance with Section 4.1.
3. Household size is not within occupancy standards for an available unit.

New Generation Management, Inc. will promptly notify the applicant of the rejection of the application for residency in writing and provide the applicant with an explanation including:

1. The steps to be taken to inquire about the rejection; and
2. That the applicant has 14 days to respond in writing to request a meeting to appeal the rejection.

For IDD units, any meeting with the applicant to review the applicant's written response will be conducted by the applicant's service provider and a member of **New Generation Management, Inc.'s** staff who did not make the decision to reject the applicant. In the event that New Generation Management, Inc. recommends rejection and the service provider does not agree, **Hawkins Homestead Apartments, LP** will make the final decision and document the decision in writing. Persons with disabilities have the right to request reasonable accommodations to participate in the review process.

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Disposal of Applicant or Resident Files

Applicant and resident files will be disposed of in a manner that will prevent any unauthorized access to personal information (e.g., burn, pulverize, or shred). Files must be maintained for the duration and in the format required by the applicable funding programs.

SECTION II – FAIR HOUSING AND EQUAL OPPORTUNITY

Hawkins Homestead must comply with all federal, state, and local Fair Housing and civil rights laws and with all Equal Opportunity requirements in regard to rental of housing. These requirements apply to:

1. Accepting and processing applications;
2. Selecting residents from among eligible applicants;
3. Assigning apartments; and
4. Certifying and recertifying eligibility for assistance.

2.1 FEDERAL AND STATE LAWS

Discrimination is prohibited based on race, color, religion, sex, national origin, handicap, familial status, gender identity, sexual orientation, marital status, and ancestry.

2.2 VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT REAUTHORIZATION ACT (VAWA)

The Violence Against Women and Justice Department Reauthorization Act offers the following protections against eviction or denial of housing based on domestic violence, dating violence, Sexual Assault or stalking:

1. An applicant's status as a victim of domestic violence, dating violence, sexual assault, or stalking is not a basis for denial of rental assistance or for denial of admission, if the applicant otherwise qualifies for assistance or admission.
2. An incident or incidents of actual or threatened domestic violence, dating violence, sexual assault, or stalking will not be construed as serious or repeated violations of the lease or other "good cause" for terminating the assistance, tenancy, or occupancy rights of a victim of abuse.
3. Criminal activity directly related to domestic violence, dating violence, sexual assault, or stalking, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, shall not be cause for termination of assistance, tenancy, or occupancy rights of the victim of the criminal acts.

2.3 AFFIRMATIVE FAIR HOUSING MARKETING PLAN (AFHMP)

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Hawkins Homestead will comply with its approved Affirmative Fair Housing Marketing Plan (AFHMP). This plan outlines the marketing strategies the property must utilize to further Fair Housing. Management must update the AFHMP at least once every five years.

SECTION III - PRIORITIES CONCERNING APARTMENT TRANSFERS

A unit transfer will be permitted to residents requesting or requiring a transfer to a different unit due to domestic abuse in accordance with VAWA, or accommodation for a disability. Transfers will be made to current residents who meet the transfer criteria, and requested transfers will be prioritized in the following order:

1. Emergency transfer request for victims of domestic abuse in accordance with VAWA protections.
2. Transfer requested based on the need for an accessible unit to accommodate a disability.
3. Transfer requested for medical reasons as certified by a doctor.

Depending on the circumstances with the transfer, the resident may be obligated to pay all costs associated with the move. A transfer for a program covered household must be handled in accordance with all regulatory guidelines.

Depending on the circumstances of the transfer, the resident may be obligated to pay all costs associated with the move. A transfer for a program covered household must be handled in accordance with all regulatory guidelines.

SECTION IV – ACCESSIBLE APARTMENTS

4.1 ACCESSIBLE APARTMENTS

To ensure that eligible persons with disabilities benefit from the particular accessibility feature of a specific apartment, a special priority approach to leasing accessible units will be utilized. When accessible apartments become available, the apartment will be offered in the following order:

1. To current residents having disabilities who would benefit from the available apartment's accessibility features, but whose current apartment does not have such features.
2. To other eligible and qualified households, such as from referrals, that would benefit from the available apartment's accessibility features.
3. To other eligible and qualified households (i.e., without disabilities), in which case **New Generation Management, Inc.** will require the household to agree, in writing, to transfer to a non-accessible apartment at the landlord's request should another household need the accessible features of the apartment.

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SECTION V – REASONABLE ACCOMMODATION AND MODIFICATION

5.1 REASONABLE ACCOMMODATION/MODIFICATION OF APARTMENTS AND COMMON AREAS

1. Fair Housing Amendments Act of 1988: Reasonable accommodation of physical aspects of property. The Fair Housing Amendments Act of 1988 covers all properties with regard to the protection of households with children and persons with disabilities against discrimination. It mandates persons with disabilities be allowed to reasonably modify their apartment or project common area at their expense if it is necessary for the disabled person to fully enjoy it. It is advised to accept the applicant's or resident's own assessment of what is needed to allow accessibility. The Resident may be required to restore the interior of the apartment to the condition that existed before, if it will interfere with a future Resident's use of the premises (grab bars and widened door entrances are determined not to be an interference with a future Resident's use of premises).
2. Section 504 is a provision of the Rehabilitation Act of 1973 that covers all federally assisted properties with regard to discrimination against qualified persons with disabilities. It mandates that properties receiving federal assistance, if requested by an applicant or resident with disabilities, the housing provider must make a dwelling apartment (and common area) accessible, at the property's expense, unless to do so would result in a fundamental alteration or in an undue financial/administrative burden. Additionally, if a resident is being moved to a different apartment as reasonable accommodation to a household member's disability, then the property must pay for the move unless doing so would constitute an undue financial/administrative burden. If an accessibility modification is unreasonable, would result in a fundamental alteration, or would result in an undue burden, Section 504 does not apply. However, the FHAA of 1988 provisions continue to be applicable specifically the housing provider must allow the modification to be made at the expense of the person with disabilities.

5.2 REASONABLE ACCOMMODATION/MODIFICATIONS OF POLICIES AND PRACTICES

The Fair Housing Amendment Act of 1988 makes it illegal, on all properties, to refuse to make reasonable accommodations in rules, policies, practices, or services necessary to provide a disabled person equal opportunity to use and enjoy a dwelling. Housing providers are not required to provide individually prescribed items (i.e., hearing aids, etc.) or personal items (i.e., wheelchairs, etc.).

If a tenant's request for an accommodation or modifications to their unit or common area is denied, New Generation Management, Inc. will promptly notify the tenant of the rejection of

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the request for the modification in writing and provide the tenant with an explanation including:

1. The steps to be taken to inquire about the reason for the rejection; and
2. That the tenant has 10 days to respond in writing to request a meeting to discuss the rejection and appeal.

Any meeting with the tenant to review the applicant's written response will be conducted by that tenant's service provider (if an IDD household) and a member of **New Generation Management, Inc.'s** staff who did not make the decision to reject the resident's request. Persons with disabilities have the right to request reasonable accommodations to participate in the review process. **New Generation Management, Inc.** will give the applicant a written final decision within five business days of the response or meeting.

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