

Almost Ready ZBR

For Office Use
Only

APPLICATION FOR HOUSING
USDA, RURAL HOUSING SERVICE 515 PROGRAM

Date: _____
Time: _____
Rec'd By: _____
App#: _____

PLEASE PRINT

Please Answer EVERY QUESTION

Welcome and thank you for applying at . Please take a few minutes to read over our requirements for filling out and returning our application package. Should you have any questions or concerns, please give us a call at (phone: 206-342-5482 & TDD: 711). All interested individuals or households have the right to complete and submit an application.

Filling out the application:

The application package includes an **application**, an **Income/Asset Questionnaire** and an **authorization for us to obtain employment information** which must be completed. Each adult must complete a separate application, Income/Asset Questionnaire and authorization form. Also attached is information regarding the policies of our apartment community regarding eligibility requirements and our procedures for selecting tenants.

When completing the Application and Income/Asset Questionnaire, please sit down and allow yourself a few minutes to read it over first, and then fill it out in its entirety. This should take you about 20 – 30 minutes. You will need to fill it out to the best of your knowledge. The Income/Asset Questionnaire will assist you in determining what is considered to be income, assets, and adjustments to income. Please do not leave any blank spaces. If a question does not apply to you, do not write N/A, write out the words "Not Applicable". If you make a mistake here or there, you will need to **cross it out with a single line and initial at the change** (Do not use white-out). Be sure to sign and date the application. If you need assistance in completing the application, we will be happy to help you. If you have a disability and require a reasonable accommodation related to the completion and return of this application, please feel free to request one.

Once you have completed and signed our Rental Application and Income/Asset Questionnaire, you will need to either bring them back to our office or mail them back to us. We will then look it over and will either offer you a unit, place you on our waiting list, or find you ineligible. Regardless of the disposition of your application, we will advise you in writing within ten (10) days of receiving your completed applications(s).

The Waiting List:

The waiting list is maintained in a chronological order (based on date and time a completed application is received) for each unit size and household income level. Priority for any particular sized unit will be given to Very Low-Income households (50% of median income). Second priority will be given to Low Income households (80% of median income), and third priority will be given to Moderate Income households (95% of median income). In all cases, if a unit with design features for accommodating a disability becomes available, it will first be offered to a tenant family requiring those features; if none are available, it will then be offered to the first chronologically placed applicant family that requires the features and qualifies for the unit size, regardless of income level.

If you are placed on the waiting list, it will be important that you update us with any changes in your household. Such changes are as follows: change of address, phone number, household size or members, income, and an indication of if you wish to remain on our waiting list or not. You will also need to **contact us every six months** to inform us that you wish to remain on our waiting list. If you fail to contact us every six months, we will assume you are no longer interested in living at Virginia Villa and we will remove your name from our waiting list. You will be notified in writing to your last known address of our intent to remove your name from our waiting list. **When an Apartment will be Coming Available:**

Once an apartment of the appropriate size for your household is coming available, or will be soon, and your name is near the top of our waiting list, we will contact you to come in and fill out the paperwork for a pre-tenant & Juvenile (12 years of age and older) screening (past tenant history, credit, criminal background and public records). Your cost for this screening is \$50 & \$0 per each Juvenile 12 years of age and older (subject to change). You will also need to bring in picture ID for all adult household members, and social security card(s) for all persons intending to reside in the apartment and birth certificates for children. Next, we will fax your updated application and authorization for release of information to ORCA Communications.



Once you have passed our initial screening requirements and an apartment is available, you will be notified by mail and/or phone. At that time, you will be required to complete additional questionnaires with childcare and medical/disabled assistance expenses. Authorization forms need to be signed so the information provided can be independently verified. The information received will be used to determine your final eligibility and the amount of rent you will pay.

A final decision regarding your eligibility cannot be made until all of the above information has been verified, received, and reviewed.

Once fully qualified, a date for moving into your new apartment home will be set. Payment of a full or partial Security Deposit will be requested at this time. In the event your pre-tenant screening reveals information that would make you ineligible to reside at , the paid amount of the Security Deposit will be refunded to you within 21 days. The paid amount of Security Deposit is not refundable should you be found eligible to reside at and you chose not to move into an offered apartment unit (unless the reason is based on a verified medical hardship or because your calculated monthly rent would exceed 30% of your monthly adjusted income and there is no Rental Assistance available).

The Move-In:

Once your rent is determined and a date set for moving in, you will sign a Lease and related documents. We will conduct a Move-In Inspection of your apartment with you. The keys to your new home will be given to you upon payment of the Security Deposit (if not already paid in full) and of the first month's rent. If your move-in date is after the 1st day of the month, we will prorate your rent for that month only. (Your Security Deposit will not be used as "last month's rent").

If you have any questions regarding completing the application, or about the disposition of your application once you have returned it, please do not hesitate to call us. We look forward to serving you.

This property is financed by USDA, Rural Housing Service and is subject to nondiscrimination provisions of Title VI of the Civil Rights Act of 1964, Title VIII of the Fair Housing Act, Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act and the Age Discrimination Act of 1975. No person shall be refused tenancy or discriminated against on the basis of race, color, religion, sex, family status, national origin, age or disability. All complaints are to be directed to the U.S. Department of Agriculture's Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue SW, Washington DC 20250-9410. Complaints of Fair Housing violations may also be sent directly to the Office of Fair Housing and Equal Opportunity, United States Department of Housing and Urban Development, Washington, DC 20410.

Virginia Villa
Apartment Name
200 High School Road NE
Address



Bainbridge Island, WA 98110
City, State, Zip



206-842-5482/206-842-5714
Phone/Fax

virginia.villa@ad-west.com
Email

"This institution is an equal opportunity provider and employer."

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form.

Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.



A. GENERAL INFORMATION

Applicant Name: Louis Charles Hoffmann Alton Co-Applicants Name: Jean Leonie Callier Alton Hoffmann
 Applicant Address: 321 High School Rd NE Mailing Address: Same
03-292 Burbridge Rd Winstonsalem City, State Zip: _____
 Phone#: 206-780-6883 Alternate Phone #: _____
 Today's Date: 8-4-2024 E-mail Address: louballome@usa.com

Bedroom size requested: 1 2 3 4 Handicap Adapted Unit Requested: YES NO
 Current Utility Costs: \$ 0
 Current Rental Amt: \$ 574.00

List All Legal Names of the persons of the Household. List the Head of Household First. If you are married list your spouse. If you have a Social Security Number that has legally been assigned to the individual, you must declare your number. Verification will be required. If you do NOT have a valid legal Social Security number leave the space Blank. Housing will not be denied if you do not have a Social Security Number.

	Name	Relationship	Date of Birth	Social Security #	Student?
1	<u>Louis Charles Hoffmann Alton</u>	<u>Tenant</u>	<u>11/26/48</u>	<u>535-50-5202</u>	YES <input checked="" type="radio"/> NO <input type="radio"/>
2	<u>Jean Leonie Callier Alton Hoffmann</u>	<u>Co-Tenant</u>	<u>1/6/25</u>		YES <input type="radio"/> NO <input checked="" type="radio"/>
3					YES <input type="radio"/> NO <input type="radio"/>
4					YES <input type="radio"/> NO <input type="radio"/>
5					YES <input type="radio"/> NO <input type="radio"/>
6					YES <input type="radio"/> NO <input type="radio"/>
7					YES <input type="radio"/> NO <input type="radio"/>

Check ALL that apply for each household member.

(A) RACIAL CATEGORIES*	Tenant #1	Co-Tenant #2	Member #3	Member #4	Member #5	Member #6	Member #7
White	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Not to Disclose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check one for each household member.

(B) ETHNIC CATEGORIES*	Tenant #1	Co-Tenant #2	Member #3	Member #4	Member #5	Member #6	Member #7
Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Hispanic or Latino	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Not to Disclose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. PROGRAM INFORMATION

- The USDA, Rural Development gives preference on the waiting list to some households depending on the household's income status. Very Low-Income households have preference over Low Income Households. Both Very-Low and Low-income Households have preference over Moderate Income Households. The status of your household's income is determined by the USDA, RD Income Limits.
- You may also be given preference on the waiting list if you have been issued a USDA, RHS Letter of Priority (LOPE) because you were displaced from another USDA, RD property. Persons displaced by Agency action, or displaced persons in a Federally declared disaster area have priority over all other applicants of the individual applicant's income group.

"This institution is an equal opportunity provider."

01-22-2024

Ad-West # 001

This Property Does Not Accept Portable Screening Reports



3. ALL APPLICANTS WHO QUALIFY TO APPLY FOR HOUSING IN THIS PROPERTY WILL BE SCREENED ON THE SAME STANDARDS. WE RESERVE THE RIGHT TO REJECT ANY APPLICATION THAT DOES NOT MEET OUR REQUIREMENTS. THE SUBMISSION OF ANY FALSE INFORMATION ON THE APPLICATION WILL BE CAUSE FOR REJECTION OF THE APPLICATION, OR IF DISCOVERED LATER, EVICTION FROM THE PROPERTY. WE WILL ACCEPT ONLY APPLICANTS WHO QUALIFY OR HAVE GOOD RECORDS IN ALL THE FOLLOWING AREAS:

1. Must meet government requirements for income and tenant population type.
2. Must meet property's occupancy guidelines.
3. Must have good landlord/good housekeeping references.
4. Must have reasonable credit.
5. Must have a good report from a rental screening service.
6. Must have good personal references from people who are NOT relatives.
7. Must be legally responsible to enter into a legal contract.
8. Must submit a complete application with no omissions.
9. Must be capable, to carry out the terms of the lease and rules and regulations.
10. Must not be engaging in any illegal activities.

1. Yes No Do you have a Letter of Priority from USDA Rural Development?
2. Yes No Are you applying for status as an "Elderly Household", where the tenant or co-tenant is 62 or older, or handicapped as defined by USDA, RHS?
If so, you will be eligible for a "Elderly household" deduction. Please realize that your eligibility must be verified.
3. Yes No Would you or anyone in your household benefit from a handicapped accessible unit?
4. Yes No Are you currently living in Subsidized Housing?
Property Name & Number Housing Reserve Burnbridge
5. Yes No Have you ever resided in a Property financed and/or subsidized by the Government?
If Yes, Name & Address Litsup Housing
6. Yes No Have you ever been evicted from Public Housing or any other housing Program?
If yes, where? _____ When? _____
Describe reasons _____
7. Yes No Have you ever been convicted of a felony / crime, or are you currently involved in any type of litigation? Explain supported LGBTQ/Stone Wall Movement
8. Yes No Are you currently using illegal drugs or have you been arrested for use, possession or sale of drugs in the past five (5) years? Give Details: _____
9. Yes No Any member of your household, currently or will become a part time or full time student?
Explain: FEMA & FCC
10. Yes No Will you take an apartment when one is available?

If you qualify for the government income limits, tenant population type and the property's occupancy guidelines, you will be placed on the waiting list. If you do not, you will be notified in writing. Once on the waiting list, you will be screened for credit, criminal record, and landlord references when your name gets near the top of the waiting list. You will be notified in writing if you do not qualify. If rejected, you will be given an opportunity for a fair hearing. If you are offered an apartment, you must take it when it is available or your name will be removed from the waiting list, unless extenuating circumstances apply. At least once a year, the property will send a **WAITING LIST UPDATE** to determine if you are still interested. If you do not respond, your name will be removed from the waiting list. If your phone number or address changes, it is your responsibility to notify the property.

The owner/management of this property does not discriminate on the basis of race, color, national origin, religion, sex, marital status, age nor handicapped status in the admission or access to, or treatment of/or in employment in its federally assisted programs and activities. Alex Westad, 500 108th Ave NE Ste 1100, Bellevue, WA 98004, (425) 391-3937 or Washington State T.R.S. (800) 833-6388 has been designated to coordinate compliance with nondiscrimination requirements contained in the HUD regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

"This institution is an equal opportunity provider."

01-22-2024



Ad-West # 001

This Property Does Not Accept Portable Screening Reports

Applicants acknowledge that they must be capable of meeting terms of the lease (with or without support services) to qualify and the ability to maintain this capacity will be a requirement to remain a resident. In addition, applicant must possess the capacity to enter into a legal contract. Please initial you acknowledge of this statement.

PUBLIC LAW 91-508, FAIR CREDIT REPORTING ACT: This is to inform you that as a part of this apartment's procedure for processing applications for rent, a consumer report by the independent rental and credit agency will be made to verify your credit, employment and rental history. If your application is not accepted due to information contained in this report, you will receive a decline letter explaining how to contact the credit agency and how to ask for an appeal. If the credit report is paid by you, it is a non-refundable fee and by your payment of the fee, you accept such terms.

C. REFERENCE INFORMATION

Current Landlord: Housing Resource Barbours Landlord Phone #: 206-842-1909
 Landlord Address: 230 Erickson Ave NE 100 Landlord Fax #: 206-842-1120
Barboursville WA

Previous Landlord: Kitsap Housing Landlord Phone #: 360-535-6100
 Landlord Address: 2244 New Buckle Hill Rd Landlord Fax #: 360-535-6169
Silverdale

D. CREDIT REFERENCES

Name: Town & Country Market Address: 243 Winter Way E Phone: 206-842-3848
 Name: Citi Bank Credit Card Address: NY, NY Phone: 1-888-950-5114
 Name: _____ Address: _____ Phone: _____

E. PERSONAL NON-RELATED REFERENCES

Name: None Address: _____ Phone: _____
 Name: None Address: _____ Phone: _____
 Name: None Address: _____ Phone: _____

F. EMERGENCY CONTACT (who may we contact in the event of an emergency?)

Name: None Address: _____ Phone: _____

G. OTHER REQUIRED INFORMATION

VEHICLES: List any cars, trucks or other vehicles owned. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.)

Type of Vehicle: None Year/ Make: None Color: None
 Type of Vehicle: None Year/ Make: None Color: None

PETS:

11. Yes No Are Do you own any animals, or do you plan on owning any animals while a tenant at this apartment property? If yes, describe _____
12. How did you hear about this housing? Live on B7 for Past 125 years / Pioneer B7 Family
13. Briefly describe your reasons for applying: Medical Require 2 Bed
14. Yes No Do you currently have a Subsidy Voucher? Which Program: _____
 If yes, when does it expire: _____



Yes No 8. Have you or any household member disposed of or given away any assets for LESS than fair market value within the past 2 years?

Household Member: _____
 Amount: _____
 Explanation? _____

Yes No 9. Do you anticipate any changes in any household income in the next 12 months?
Possible/not confirmed/seeking self sustainability
no donations/struggling

Yes No 10. Do you have any other assets not listed above (excluding personal property)?
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

J. MEDICAL/CHILDCARE/HANDICAP ASSISTANCE EXPENSES

Medical Costs: Complete this part ONLY if head or spouse is 62 or Older, Disabled or Handicapped.
MEDICAL:

Expense	Name of Expense	Address	Monthly cost
Medicare Premiums:			\$ Pending
Medical Insurance Coverage:	Molina		\$ //
Anticipated out of pocket medical:	Dental/ Eye/ Implants		\$ //
Medical related Travel Costs:	Ferry/ Train/ Bus	Seattle UMC	\$ //
Any other medical expenses:	Transportation/ Devices	Seattle UMC	\$ //
Current Physician:	Pending/ Retired	UW H A C Seattle	\$ //

Payable To:	Balance Owed	Monthly Payments
Medical bills you are making monthly payments on:	when necessity	\$ AS Needed

CHILDCARE COSTS: Complete ONLY for children 12 & under:

Child Name	Age	Name/Address of Child Care Provider	Yearly cost of care
			\$ _____
			\$ _____
			\$ _____
			\$ _____
			\$ _____

HANDICAP ASSISTANCE EXPENSES: Attendant care and/or apparatus that enables Handicapped applicants or others in the household to work. Complete ONLY if Handicap Expenses allow someone in the household to work.

Name Expenditures	Payable To:	Weekly Payments
Expense: Pending SS Work while Disabled Program Pending		\$ 0.00



K. SIGNATURE PAGE

You have applied for, or currently reside in, a rental housing unit located in a development operating under the "Low-Income Housing Tax Credit" (LIHTC) Program of Section 42 of the Internal Revenue Code. The collection of certain resident data is authorized by the Housing & Economic Recovery Act of 2008, and will be furnished to the U.S. Department of Housing & Urban Development (HUD). Each household must be offered the opportunity to disclose their race, ethnicity, and disability status. Parents/guardians are asked to disclose on behalf of all children in the household who are under the age of 18. There is no penalty for those households who do not wish to provide the requested information. However, all adult members (18 years or older) must sign/date at the bottom of this form as proof that the option to disclose was made available.

I/We hereby certify that I/we do/will not maintain a separate subsidized rental unit in another location and that this dwelling will be used as our primary residence. I/We further certify that this will be my/our permanent residence and that I/we will not maintain a separate residence. I/We understand that I/we must pay a security deposit for this apartment. I/We understand that my eligibility for housing will be based on USDA, Rural Housing Service or Tax Credit Income limits and by Ad-West Realty Services Inc. selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge, and I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We also understand that this form is only an application for residence and that the submission of this application does not reserve an apartment or in any way guarantee residence in this complex.

TENANT *Francis Claude McMillan* ^{K17AGD} CO-TENANT *James L Hoffman*
 DATE *8/4/2024* DATE *8/4/2024*

AUTHORIZATION

I/We do hereby authorize Ad-West Realty Services Inc. and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations, companies to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administrated/managed by Ad-West Realty Services Inc. I/We further authorize Ad-West Realty Services Inc. to verify all information listed on this application.

TENANT *Francis Claude McMillan* ^{K17AGD} CO-TENANT *James L Hoffman*
 DATE *8/4/2024* DATE *8/4/2024*

Reasonable Accommodation:

If a third party is required to assist with the completion of this document, add their signature, printed name, relationship, phone number and date to the bottom of this page.

I certify that I have assisted the above-signed Applicant/Resident complete this document as a reasonable accommodation.

 Third Party Signature Relationship Date

 Print Third Party Name Phone #

Ad-West Realty Services Resident Selection Policy

SCORING:

Each applicant's screening report shall be reviewed for three types of adverse information; **NEGATIVES**, **TERMINALS** and **REQUIREMENTS**. If **THREE** or more **NEGATIVE** items are found in a report, with no extenuating circumstances (example: temporary loss of job, medical reasons, family emergencies, etc.), the applicant will be denied.

NEGATIVES: The following items shall be considered negative items:

- Any two credit accounts that have been rated R2 (30-59 days late) in the last seven years.
- Any credit account that has been rated R5 (120+ days late) in the last seven years.
- Any two credit accounts which are rated as having gone to collection in the last seven years.
- Any credit account charge off, discharged Chapter 13 Bankruptcy, vehicle repossession, lien or any unpaid civil judgment in the last seven years.
- Any rental reference that includes more than 1 late rent payment or shows more than 1 NSF check.
- Any instance of unauthorized pets or persons occupying a unit rented to the applicant.
- Any instance of improper or lack of Intent to Vacate notice and/or a lease broken by the applicant.
- Any employment situation which is temporary in nature.

TERMINALS: The following items shall be considered terminal and sufficient to decline application:

- Any OPEN bankruptcy.
- Any unpaid apartment collection, negative rental OR incomplete reference.
- Any eviction or Unlawful Detainer action and/or any current 3-Day or 10-Day Notice.
- Any income level or combined income level in the case of co-applicants, which does not meet the income requirements.
- Any conviction for the selling of drugs or possession of drugs with intent to sell, or any conviction for contributing to the delinquency of a minor.
- Any conviction for possession of a controlled substance or drug paraphernalia.
- Any registered or unregistered sex offender.
- Any history of disruptive, malicious, violent behavior and/or more than 2 convictions of Domestic Violence.
- Any false or misleading information provided by the applicant on the written application or omission of a material fact.
- A total of \$400 or more in unpaid collections in the last 7 years.
- Any criminal conviction which involves theft, burglary, robbery, serious offense, or a crime of violence as defined in RCW9.41.010

REQUIREMENTS: 12 months of verifiable RENTAL HISTORY. Failure to provide rental history will result in a terminal.

Louis David Hoffmann Alton
Applicant Signature

8/4/2014
Date

Ad-West #029

10/24/2012

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

Report Abuse: If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

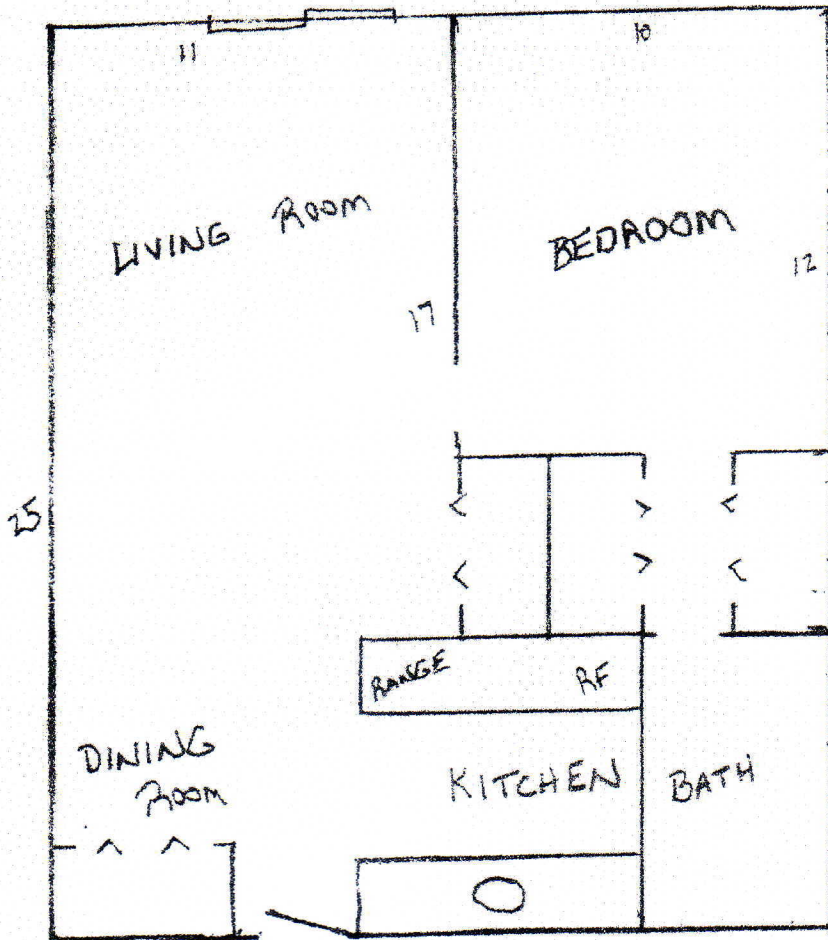
A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

PA 1998
December 2008

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, disability and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

PATIO OR DECK



VIRGINIA VILLA

1 BR

525^{sq}