



EXHIBIT A

INITIAL RENT STRUCTURE

# of Units	Unit Type	Market Rate	Low-Income	Very Low-Income	Utility Allowance
	Studio				
	1 Bedroom				
	2 Bedroom				
	3 Bedroom				
	4 Bedroom				
	5 Bedroom				

NOTE: The rents shown above are the initial rents for the development. After the initial rents, this Exhibit will be replaced with a copy of the most recently approved Rent Schedule for the Development.

EXHIBIT B

LEASE ADDENDUM FOR ACCESSIBLE UNIT AVAILABILITY

This addendum to the Lease Agreement between _____
(Lessor)

and _____
(Lessee)

entered into a lease agreement on _____
(Date)

To comply with Section 8.27 of Section 504 of the Rehabilitation Act of 1973, the landlord or its agent must first lease vacant accessible units to current occupants requiring accessibility features of the vacant unit and occupying a unit not having such features. If no such occupants exist, the unit would be leased to an eligible qualified applicant on the waiting list, who requires the accessibility features of the vacant unit. When offering an accessible unit to an applicant not having a disability requiring the accessibility features of the unit, the landlord must require the applicant to agree to move to a non-accessible unit when available.

The resident noted above has been offered an accessible unit and does not have a disability requiring such a unit. The resident noted above hereby agrees, upon request of the landlord to transfer to a non-accessible unit to accommodate a person or person(s) on the wait list who have required such an accessible unit. The resident noted above will be responsible for all moving expenses they incur.

Agreed to this _____ day of _____, 20____

(Lessor)

Date Signed: _____

(Lessee)

Date Signed: _____

Accepted:

Owner or its Agent

Date Signed: _____

EXHIBIT C

VERIFICATION OF PREFERENCE STATUS

Dear _____:

_____ (Applicant) SSN# _____,

has applied for housing at _____ and has indicated that they are eligible for a housing preference given the following circumstance:

1. State Preferences

- A. Displaced from an urban renewal area.
- B. Displaced by a disaster, such as a fire or flood, that resulted in extensive damage or has destroyed the unit.
- C. Displaced by an activity carried on by an agency of the United States or by any State or local government body or agency.

2. Former Federal Preferences

- A. An action by an owner which resulted in the applicant's having to vacate his/her unit where:
 - * the reason for the owner's action is beyond the applicant's ability to control or prevent.
 - * the action occurred despite the applicant's having met all previously imposed conditions of occupancy.
 - * the action taken is other than a rent increase.
- B. Actual or threatened physical violence directed against applicant or one or more members of the applicant's household by a spouse or other member of the applicant's household; or, the applicant lives in a housing unit with such an individual who engages in such violence
- C. Applicant is living in substandard housing because:

- D. Applicant lacks a fixed, regular, and adequate nighttime residence.
- E. Existing Tenant transfer for a deeper rent subsidy.



**ILLINOIS HOUSING
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Suite 1000
Chicago, IL 60601
312.836.5200

To determine the preference status, we are required to verify the preference. Therefore, we would appreciate you completing the certification below and returning this form in the enclosed envelope. This information will be used only for purpose of determining the preference for this applicant.

Sincerely,

I hereby authorize the release of the requested information.

Property Manager

Signature of Applicant

.....
(Please complete items below, sign and date).

I verify that _____ (Applicant's) current living situation meets
_____ preference(s) as cited on the previous page.

Firm or Agency Name _____

Signature

Print Name _____

Title _____

Firm or Agency Address _____

Phone Number _____ Date _____



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312.836.5200

EXHIBIT D

REJECTION LETTER FOR PREFERENCES

Re: _____ Apartments

Dear _____:

In your recent application for _____ Apartments, you indicated that you qualify for the following preference(s):

- Displaced from an urban renewal area.
- Displaced by a disaster, such as a fire or flood, that resulted in extensive damage or has destroyed the unit.
- Displaced by an activity carried on by an agency of the United States or by any State or local government body or agency.
- (List the preferences adopted by the owner)

After reviewing the documentation, which you submitted, we regret to inform you that you do not meet the criteria for receiving a preference based on the following reason(s):

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).



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312.836.5200

Name

Address

City

State

Zip

Telephone (voice)

Telephone (TDD)

If you feel this decision has been made in error and wish to provide additional documentation,
please contact the rental office at _____ (voice) or

_____ (TDD).

Sincerely,

Property Manager



111 E. Wacker Drive
Suite 1000
Chicago, IL 60601
312.836.5200

EXHIBIT E

APPLICANT INQUIRY

Date: _____

Dear _____:

Thank you for your initial inquiry regarding housing at _____ . Residents will be selected only from those eligible persons who make formal application. We had numerous inquiries for our apartments.

We are now accepting pre-application cards from interested households. If you are still interested in living at _____ , please return the enclosed pre-application card by mail as soon as possible.

You may be eligible for a preference if one of the following conditions applies to you have been displaced: from an urban renewal area; by a disaster, such as a fire or flood, or by an activity carried on by an agency of the United States or by any State or local government body or agency. (Also list the preferences adopted by the owner). Households qualifying for a preference will receive assistance before any other applicant households that are not so qualified. If you feel you qualify for a housing preference, complete the appropriate certification form attached to this letter and return it along with your pre-application card by mail.

For households not claiming housing preference, screening will be conducted according to the order in which the pre-application cards were received.

Interviews will be conducted at _____ . Leasing personnel will be unable to see applicants prior to their scheduled interview. If you have any questions, we will be happy to answer them at the time of your interview.



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The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

Name

Address

City

State

Zip

Telephone (voice)

Telephone (TDD)

Sincerely,

Property Manager

EXHIBIT F
PRE- APPLICATION CARD

Date Received: _____

Time Received: _____

Interested person for 1 BR 2 BR 3 BR other _____
(Check all that apply)

Name (Head of Household): _____

Address: _____

Phone (Home): _____

Phone (Work): _____

Cell phone: _____

E-Mail: _____

Would you be interested in an accessible unit? Yes No

Do you feel you qualify for a housing preference? Yes No

Do you live/work in the _____

Community? Yes No

Annual Household Income: \$ _____

Date Apartment Needed? _____



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

Name

Age

Relationship



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EXHIBIT H

SAMPLE WAITING LIST

Date Rec'd	Time Rec'd	Head of Household	Unit Size	Income Level			Need for Accessible Unit		Comment/Contact	Remove/Rejected Date	Move-in Date	Preference Type
				EL	VL	L	Y	N				
12/3/01	10:30 AM	Mary Tate	2	X				X				Working household preference; Elderly Preference
12/4/01	1:00 PM	Hiroshi Kihara	2		X		X					



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EXHIBIT I

ANNUAL WAITING LIST UPDATE

Date: _____

Dear _____:

We are currently in the process of updating our waiting list for _____

_____. Some time ago, you expressed an interest in living at our development, and your name was placed on the waiting list.

If you are still interested in living at _____,

enclosed is a card that must be returned to _____, management office, within 15 days (excluding weekends and designated Federal Holidays). Failure to return this information within this time period will result in your name being permanently removed from the waiting list.

It is not necessary to call or come into the office at this time, as we do not have anything immediately available.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

Name



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312.836.5200

Address

City State Zip

Telephone (voice)

Telephone (TDD)

Thank you for your interest in _____.

Sincerely,

Property Manager



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Suite 1000
Chicago, IL 60601
312.836.5200

EXHIBIT J

REPLY CARD

I AM STILL INTERESTED IN LIVING AT

DEVELOPMENT
NAME

APPLICANT NAME

CURRENT
ADDRESS

HOME PHONE#

WORK PHONE#

E-MAIL
ADDRESS

CELL PHONE #

UNIT SIZE DESIRED

0 BR

1 BR

2 BR

3 BR

OTHER



111 E. Wacker Drive
Suite 1000
Chicago, IL 60601
312.836.5200

EXHIBIT K

WAITING LIST ACKNOWLEDGEMENT

Date _____

Dear _____:

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

_____ bedroom waiting list(s).

We do not have an exact time in which you will be contacted regarding an apartment; however, please remember to keep us advised of your current address and phone number.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

Name

Address

City

State

Zip

Telephone (voice)

Telephone (TDD)

Sincerely,

Property Manager

EXHIBIT L

HOME VISIT REPORT

Applicant Name _____

Current Address _____

- The person conducting the Home Visit report is employed by the Management
- The person conducting the Home Visit is a hired agent of the Management and is employed by _____

Person Conducting Home Visit _____

Date of Applicant's Tenancy in this Unit: _____

To _____

1. GENERAL CLEANLINESS

A. Bedrooms, Living/Dining Room

Good

Acceptable

Explain: _____

B. Kitchen Appliances

Good

Acceptable

Explain: _____

C. Bathroom

Good

Acceptable



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Explain:

D. Are there any cleaning supplies in the unit?

Yes

No

E. Is there evidence of vermin infestation?

Yes

No

Explain:

2. OTHER COMMENTS

A. Did the applicant have any comments on the unit or its conditions?

B. Other comments by staff

**3. I HAVE READ THE ABOVE HOME VISIT REPORT AND I AM AWARE OF ITS
CONTENTS.**

Applicant Signature

Date

Inspector's Signature

Date



111 E. Wacker Drive
Suite 1000
Chicago, IL 60601
312.836.5200

EXHIBIT M

APPLICANT REJECTION

Date _____

Dear _____:

Thank you for your interest in renting an apartment at _____. After careful consideration and review of your application, we regret we are not able to accept your application for tenancy currently for the following reasons:

If you wish to appeal this decision, please contact the _____

Management office at _____ (voice) or _____ (TDD) within 14 days of the date of this letter (excluding weekends and designated federal holidays) to schedule an appointment.

Regardless of whether you decide to respond to this notice, you may still exercise other avenues of relief available to you if you believe that you have been discriminated against on the basis of race, color, religion, sex (including sexual harassment), pregnancy, national origin, ancestry, age (40 and over), order of protection status, marital status, sexual orientation (which includes gender related identity), unfavorable military discharge, physical and mental disability, and familial status.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development’s regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).



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111 E. Wacker Drive
Suite 1000
Chicago, IL 60601
312.836.5200

Name

Address

City

State

Zip

Telephone (voice)

Telephone (TDD)

Sincerely,

Property Manager

ADDENDUM 1

CITIZENSHIP REQUIREMENTS

Only United States citizens and eligible non-citizens may benefit from federal rental assistance. These requirements apply to households making application to the property, households on the waiting list and existing tenants. *(If the applicant is not proficient in the English language, Management will arrange to provide this request in a language that is understood by the applicant.)*

A mixed household (*a household with one or more eligible and one or more ineligible household members*) may receive prorated assistance, continued assistance or a temporary deferral of termination of assistance.

NOTE: A household receiving federal assistance on June 19, 1995 under one of the programs covered by the non-citizen rules is eligible for temporary deferral of termination of assistance when the following applies: (i) household has no eligible members or (ii) mixed household qualifies for prorated assistance (and does not qualify for continued assistance) and chooses not to accept the partial assistance. The deferral allows the household time to find other suitable housing before HUD terminates assistance. During the deferral period, the household continues to receive its current level of assistance. The initial deferral period is for six months and may be extended for an additional six-month period, not to exceed 18 months.

All applicants for assistance will be required to submit evidence of citizenship or eligible immigration status at the time of application. This includes all household members, regardless of age. Please note that financial assistance is contingent on submission and verification of citizenship or eligible immigration status.

In order to verify citizenship or eligible immigration status, **Exhibit 1** must be completed for each member of the household by the following date _____. In addition, management will also require verification of this declaration by requiring the following documentation:

- **From U.S. citizens**, presentation of a U.S. birth certificate or U.S. passport.
- **From non-citizens 62 years and older**, a signed declaration and proof of age.
- **From non-citizens under the age of 62**, a signed consent form (**Exhibit 2**) and one of the DHS-approved documents listed in **Figure 1** (attached).

Non-citizens **not** claiming eligible immigration status may elect to sign a statement that they acknowledge their ineligibility for assistance.

If an applicant cannot supply the documentation within the specified timeframe, Management may grant an extension of not more than 30 days, but only if the applicant certifies that the documentation is temporarily unavailable and additional time is needed to collect and submit the documentation. Management may establish a shorter extension period. Management will inform the applicant in writing if an extension period is granted or denied. If the request is granted, Management will state (in writing) the new deadline. If the request is denied, Management will state the reasons for the denial in writing.

Management cannot delay the household's assistance if the household submitted its immigration information in a timely manner but the Department of Homeland Security ("DHS") verification or appeals process has not been completed. If at least one member of the household has submitted the required documentation in a timely manner, the owner must offer the household a unit and provide prorated assistance to those household members whose documentation were received on

time. Management must continue to provide prorated assistance to such households until information establishing the immigration status of any remaining non-citizen household members has been received and verified. The prorated assistance is calculated by multiplying a household's full assistance by a fraction. This is based upon the number of household members who are eligible compared with the total number of household members.

Once Management has determined the final citizenship/immigration status of a household assisted prior to completion of the verification or appeal process, Management will:

- Offer full assistance to a household that has established the eligibility of all of its members; or
- Offer continued prorated assistance to a mixed household, or temporary deferral of termination of assistance if the household does not accept the offer of prorated assistance;

Management will notify all households in writing as soon as possible if the secondary verification process returns a negative result and applicants may appeal Management's decision directly to the DHS. The household must send a copy of the appeal directly to the Management. The DHS should respond to the appeal within 30 days.

Acceptable Department of Homeland Security Documentation

- Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens)
- Form I-94, *Arrival-Departure Record* annotated with one of the following:
 - “Admitted as a Refugee Pursuant for Section 207”;
 - “Section 208” or “Asylum”;
 - “Section 243(h)” or “Deportation stayed by Attorney General”;
 - “Paroled Pursuant for Section 212(d)(5) of the INA.”
- Form I-94, *Arrival-Departure Record* (with no annotation) accompanied by one of the following:
 - A final court decision granting asylum (but only if no appeal is taken);
 - A letter from DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed before October 1, 1990);
 - A court decision granting withholding or deportation; or
 - A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- Form I-688, *Temporary Resident Card* annotated “Section 245A” or “Section 210”.
- Form I-668B, *Employment Authorization Card* annotated “Provision of Law 274a.12(11)” or “Provision of Law 274a.12.”
- A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant’s entitlement to the document has been verified.
- Form I-151, *Alien Registration Receipt Card*.
- Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.

DECLARATION FORM

INSTRUCTIONS: Complete this Declaration for each member of the household.

LAST NAME _____ FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____

SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY # _____

ALIEN REGISTRATION # _____

ADMISSION NUMBER _____ If applicable
(This is an 11-digit number found on the DHS I-94, Departure Record)

NATIONALITY _____ (Enter the foreign nation or
country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION # _____
(To be entered by owner if and when received.)

***INSTRUCTIONS:** Complete the Declaration Form below by printing or by typing the person's First name, middle initial and last name in the space provided. Then review the blocks below and complete either block 1, 2, or 3:*

DECLARATION

I, _____ hereby declare, under Penalty of perjury,

that I am _____
(Print or type first name, middle initial, last name):

1. A citizen or national of the United States.

Sign and date below and return to the name and address given to you by Management. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child:

2. A non-citizen with eligible immigration status as evidenced by one of the documents listed below:

Note: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 year of age, you should submit the following documents:

A. Verification Consent Form (Exhibit 2)

AND

B. One of the following documents:

- 1) Form I-551, *Alien Registration Receipt Card (for permanent resident aliens)*.
- 2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - a) "Admitted as Refugee Pursuant to Section 207";
 - b) "Section 208" or "Asylum";
 - c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - d) "Paroled Pursuant to Sec. 212(d)(5) of INA".
- 3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - a) A final court decision granting asylum (but only if no appeal is taken);
 - b) A letter from a DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from a DHS district director granting asylum (if application was filed before October 1, 1990);
 - c) A court decision granting withholding or deportation; or
 - d) A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- 4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- 5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
- 6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- 7) Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and verification consent form to the name and address given to you by Management. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b above are not currently available, complete the Request for Extension block below.

Signature _____ Date _____

Check here if adult signed for a child:

REQUEST FOR EXTENSION	
<p>I hereby certify that I am a non-citizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.</p>	
<hr/>	
Signature _____	Date _____
Check if adult signed for a child: <input type="checkbox"/>	

3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified by Management. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature _____ Date _____

Check here if adult signed for a child:

Verification Consent Form

INSTRUCTIONS:

Complete this form for each non-citizen household member who declared eligible immigration status on the Declaration Form. If this form is being completed on behalf of a child, the adult responsible for the child must sign it.

CONSENT

I, _____ hereby consent to the following:
(Print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by Management without responsibility for the further use or transmission of the evidence by the entity following entities:
 - a. HUD, as required by HUD; and
 - b. The DHS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO HOUSEHOLD:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

Signature

Date

Check here if adult signed for a child:

ADDENDUM 2

SOCIAL SECURITY NUMBER REQUIREMENTS

The head of household/spouse/co-head must disclose social security numbers (SSN's) for all household members. In addition, applicants must provide adequate documentation or acceptable evidence of the SSN including any of those listed below:

- Original Social Security card
- Driver's license with SSN
- Identification card issued by a federal, state or local agency, a medical insurance provider, or an employer or trade union
- Earnings statements on payroll stubs
- Bank statement
- Form 1099
- Benefit award letter
- Retirement benefit letter
- Life insurance policy
- Court records

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

If household members have not disclosed and/or provided verification of the SSN at the time a unit becomes available, the next eligible applicant must be offered the available unit.

The applicant who has not provided required SSN has 90 days from the date they are first offered an available unit to disclose/verify the SSN. During this 90-day period, the applicant may retain its place on the waiting list. After 90 days, if the applicant has been unable to supply the SSN documentation the applicant will be determined ineligible and removed from the waiting list. An additional 90 days will be granted if the failure to provide documentation of a SSN is due to circumstances that are outside the control of the applicant.

Individuals who have applied for legalization under the Immigration and Reform Control Act of 1986 will be able to disclose their SSN, but unable to supply the cards for documentation. SSN are assigned to these persons when they apply for amnesty. The cards are forwarded to the Department of Homeland Security (DHS) until the persons are granted temporary lawful resident status. Until that time, their acceptable documentation is a letter from the DHS indicating social security numbers have been assigned.

The Social Security Number requirements do not apply to:

- Individuals who do not contend eligibility immigrant status; and
- Individuals age 62 or older as of January 31, 2010, whose initial determination was begun before January 31, 2010.

ADDENDUM 3

ENTERPRISE INCOME VERIFICATION (EIV)

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

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

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

Owners/Agents must:

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