

3051 Commerce Drive, Ste. 5, Fort Gratiot, MI 48059 Phone: 810-385-4463 Fax: 810-385-8875

	Date:		
Please check all interested housing locations:			
1	Continental Court (Parkway Dr - Port Huron)		
2	Johnstone (Johnstone Street - Port Huron)		
3	Independence Square (10th & Garfield - Port Huron)		
4	Independence Square II (10th & Garfield - Port Huron)		
5	Mariner's Court (East Rick Dr - Port Huron)		
6	East Village (Margaret St - Sandusky, MI)		
7	Pontiac Plains (W. Columbia Ave - Pontiac)		
8	Roy J. Morrison - (Stedron St - Flint)		
9	West Genesee (W. Genesee St - Lapeer)		
10	St. Clair Non-Profit (Port Huron -Low income, non-subsidized)		
11 Whic	Homefront Non-Profit Housing A. Hancock B. Wellsh of the apartments above would be your first choice:		
In order for us to complete the application process our office will need the following:			

- · Completed Application
- Copy of Social Security Card/Social Security Number verification
- Photo ID (drivers license or state ID card) or a copy of your birth certificate

To be obtained from our office after application process initiated:

- Release of Information: Credit, background & medical
- Copy of your Physician's diagnosis (mental illness or development disability)
- Two current/previous landlord and/or two personal non-family member references
- Signed apartment, bed bug and pet rules

If you have any questions or concerns please feel free to contact our office (810) 385-4463.

Applicant's Name:	Phone:		
Street address:			
)			
Date of Birth:			
Social Security #: _			
*Please provide a photo	copy of your Social Security card and picture identification *		
Next of Kin			
Guardian's name:	Phone:		
Guardian's Address:			
-			
Education:			
Highest grade completed:Years in Special Education:			
Are you or any members in your household a full time student?			
If yes, please name member attending:			
Institution attending: _			

Financial:			
Source of Income:			
SSA/SSB	Amount:	per month	
SSI	Amount:	per month	
SSDI	Amount:	per month	
Are you employed?		Where?	
Name of Employer:			
Do you have a payee?			
Payee name:			
Address:			
- Other income (please	describe):		

.

	Other:			
	Are you currently receiving Section 8?			
	Has your assistance or tenancy in a subsidized housing program ever been terminator for fraud, non-payment of rent, or failure to cooperate with recertification procedures?			
Do you or any member of your household currently engage in illegal use or distril of a controlled substance?				
	Have you been previously convicted of illegal use or distribution of a controlled substance?			
	Have you ever been convicted of a crime, felong	y, misdemeanor?		
	If yes please explain:			
	Are you or any member of your household subject to a state lifetime sex offender registration in any state? Other information that may be pertinent to this application?			
	ovative Housing offers equal housing opportunitie riminate on the basis of race, sex, religion, nation			
weig	ght, height, color, or handicap.			
knov cons infor	tify that the information presented in this application vledge. The undersigned further understands that presidutes an act of fraud. I will notify the Management Amation in this application changes. Any false, misles it in denial of my application and/or termination of a lifts.	oviding false representation herein Agent, Innovative Housing, if any Iding or incomplete information may		
;	Signatures:			
7	Applicant signature	Date		
١	Who should we contact regarding this applicant?	(Case worker or Guardian)		
1	Name	Phone		
	·			



We Do Business in Accordance With the Federal Fair Housing Law



3051 Commerce Drive, Suite 5 • Fort Gratiot, MI 48059 Ph 810-385-4463 • Fx 810-385-8875

Credit Release Form

ate	Date
ull Name:	Full Name:
urrent Address:	Current Address:
revious Address:	
ocial Security Number:	Social Security Nur
ate of Birth:	Date of Birth:
authorize Innovative Housing to obtain a coy of my credit report.	I authorize Innova
gnature	Signature









3051 Commerce Drive, Suite 5 • Fort Gratiot, MI 48059 Ph 810-385-4463 • Fx 810-385-8875

Release of Background Information

I	, in regards to my application with
her on my application for housing as Police and their assigns or successor	w Innovative Housing to verify information given to him or nd do hereby release Innovative Housing, Michigan State rs from all liability or claims and authorize the Michigan Housing my conviction criminal history information.
Maiden name/names previously use	ed:
My full address is:	
My drivers or identification number	is:
In the State of:	Race:
List other states the applicant and m	nembers of the applicant's household have resided in:
States:	Dates:
My date of Birth is:	
My Social Security Number is:	Sex:
0 0	is information from the Department of State Police to verify ousing, statements I have made regarding my application good moral character.
Date	Signature









3051 Commerce Drive, Suite 5 • Fort Gratiot, MI 48059 Ph 810-385-4463 • Fx 810-385-8875

Landlord Verification Form

Date	
Applicants Name (PLEASE PRINT)	
Complete Address	
Current Landlord	
Complete Address	
Previous Landlord	
Complete Address	
I authorize Innovative Housing Development Courrent landlords.	Corporation to obtain information from previous and/or
Date	Signature







U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner

OMB Approval No. 2502-0204 (Exp. 06/30/2017)

Verification of Disability

APPLICANT - PLEASE FILL IN JUST THE HIGHLIGHTED AREAS

APPENDIX 6-B: SAMPLE VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR ADMISSION OR QUALIFICATION FOR CERTAIN INCOME DEDUCTIONS IS BASED ON DISABILITY

FOR USE WITH SECTION 202/8, SECTION 202 PAC, Section 202 PRAC, AND SECTION 811 PRAC

DATE:	
TO: DOCTOR'S NAME, ADDRESS, PHONE NUMBER	FROM: Innovative Housing 3051 Commerce Drive, Suite 5 Fort Gratiot, MI 48059 Phone: 810-385-4463 Fax: 810-385-8875

<u>RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE</u> (or other instructions to the third party to ensure that the verification is returned to the right person. This is important because owners have a responsibility to treat this information confidentially.)

SUBJECT:	Verification of Disability		
	YOUR NAME	Date of Birth	
	ADDRESS		
	ADDRESS		

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown above.

INFORMATION BEING REQUESTED

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner

Sample Verification of Disability

1YESNO	Has a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.
2YESNO	Is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:
	 Is attributable to a mental or physical impairment or combination of mental and physical impairments;
	b. Is manifested before the person attains age 22;
	c. Is likely to continue indefinitely;
	 d. Results in substantial functional limitation in three or more of the following areas of major life activity;
	(1) Self-care,
	(2) Receptive and expressive language,
	(3) Learning,
	(4) Mobility,
	(5) Self-direction,
	(6) Capacity for independent living, and
	(7) Economic self-sufficiency; and
	e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
3YESNO	Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.

SECTION 202/8, SECTION 202 PAC, SECTION 202 PRAC, AND SECTION 811 PRAC

U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner

OMB Approval No. 2502-0204 (Exp. 06/30/2017)

Sample Verification of Disability

4YESNO	rson whose sole impairment is alcoholism or drug a	ddiction.
NAME AND TITLE OF PERSON SUPPLYING THE INFORMATIC		
SIGNATURE	DATE	
instructions, searching existing data sources, collection of information. This information i and you are not required to complete this for agents must obtain third party verification th program governing the housing where the in covered under the United States Housing Ac Housing for the Elderly and Persons with Di The Department of Housing and Urban Deve Act of 1937, as amended (42 U.S.C. 1437 et.	is estimated to average 12 minutes per response, including the gathering and maintaining the data needed, and completing a is required to obtain benefits and is voluntary. HUD may not come, unless it displays a currently valid OMB control number. That a disabled individual meets the definition for persons with addividual is applying to live. The definitions for persons with a control of 1937 are in 24 CFR 403 and for the Section 202 and Section 202 and Section 203 and 891.505. No assurance of complete the control of 1930 (Inchmical Amendments of 1984 (P.L. 98-479); and by the Housing and Urban-Rural Recovery Act of 1983 (Inchmical Amendments of 1984 (P.L. 98-479); and by the Housing 1984 (P.L. 98-479); and by t	and reviewing the collect this information, Owners/management disabilities for the disabilities for programs ion 811 Supportive onfidentiality is provided. The U.S. Housing P.L.98-181);
======================================		
consent is limited to information that	elease of the requested information. Information obtains no older than 12 months. There are circumstance on that is up to 5 years old, which would be authorized this consent.	es that would
Signature	 Date	

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

SECTION 202/8, SECTION 202 PAC, SECTION 202 PRAC, AND SECTION 811 PRAC

U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner

OMB Approval No. 2502-0204 (Exp. 06/30/2017)

Sample Verification of Disability

PENALTIES FOR MISUSING THIS CONSENT:

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



Exhibit 3-5: Sample Citizenship Declaration

INSTRUCTIONS: Complete this Declaration Family Summary Sheet	n for each member o	f the household listed on the	
LAST NAME			
FIRST NAME			
RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	DATE OF BIRTH	
SOCIAL SECURITY NO	OCIAL ALIEN ECURITY NO REGISTRATION NO		
ADMISSION NUMBER_ found on DHS Form I-94, <i>Departure Record</i>)	if applica	ble (this is an 11-digit number	
NATIONALITYto which you owe legal allegiance. This is no	Ente	er the foreign nation or country so the country of birth.)	
SAVE VERIFICATION NO(to be entered by	owner if and when r	oppived)	
person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 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 attached notification letter. If this bloc the adult who will reside in the assiste the child should sign and date below.	k is checked on beh	alf of a child,	
Signature		Date	
Check here if adult signed for a child:			

2. A noncitizen 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 years of age, you should submit the following documents:

 a. Verification Consent Format (see Sample Verification Consent Form in Exhibit 3-6).

AND

- b. One of the following documents:
 - (1) Form I-551, *Permanent Resident Card*
 - (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 the 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 an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an 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 an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
 - (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) *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*.*

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. 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.

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 I hereby certify that I am a noncitizen 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. Signature Date Check if adult signed for a child: _____ 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 in the attached notification. If this block is checked on behalf of a child, the adult who

Signature

is responsible for the child should sign and date below.

Check here if adult signed for a child:

Date

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development Office of Housing

OMB Approval No. 2502-0204 (Exp. 06/30/2017)

Name of Property	Project No.	Address of Property	
Name of Owner/Managing A	gent	Type of Assistance or Program Title:	
Name of Head of Household		Name of Household Member	
Date (mm/dd/yyyy):	,		
	Ethnic Categories*	Select One	
Hispanic or Latin	no		
Not-Hispanic or	Latino		
	Racial Categories*	Select All that Apply	
American Indian	or Alaska Native		
Asian			
Black or African	American		
Native Hawaiian	or Other Pacific Islander		
White	-		
Other			
efinitions of these categori	es may be found on the reverse	side.	
ere is no penalty for per	sons who do not complete th	e form.	
gnature		Date	

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and cohead of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:		
Mailing Address:		
Telephone No:	Cell Phone No:	
Name of Additional Contact Person or Organization:		
Address:		
-	Cell Phone No:	
E-Mail Address (if applicable):		,
Relationship to Applicant:		
Reason for Contact: (Check all that apply) Emergency Unable to contact you Termination of rental assistance Eviction from unit Late payment of rent	Assist with Recertification I Change in lease terms Change in house rules Other:	Process
Commitment of Housing Authority or Owner: If you are appropriate during your tenancy or if you require any services or special issues or in providing any services or special care to you.	ved for housing, this information wi care, we may contact the person or o	Il be kept as part of your tenant file. If issues rganization you listed to assist in resolving the
Confidentiality Statement: The information provided on this for applicant or applicable law.	n is confidential and will not be disc	losed to anyone except as permitted by the
Legal Notification: Section 644 of the Housing and Community I requires each applicant for federally assisted housing to be offered organization. By accepting the applicant's application, the housing requirements of 24 CFR section 5.105, including the prohibitions programs on the basis of race, color, religion, national origin, sex, age discrimination under the Age Discrimination Act of 1975.	the option of providing information g provider agrees to comply with the on discrimination in admission to or	regarding an additional contact person or non-discrimination and equal opportunity participation in federally assisted housing
Check this box if you choose not to provide the contact in	nformation.	
Signature of Applicant		Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require lousing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Family Summary Sheet

Please list all of the persons to be living in the unit

Name of Head of household	Date of Birth		Social Security #
Full Name	Date of Birth	Relationship to Head of Household	Social Security #
Full Name	Date of Birth	Relationship to Head of Household	Social Security #





INNOVATIVE HOUSING RULES

REV.07/0 REV.12/16 REV.11/17 REV.09/19 REV.08/20 REV.07/22

Apartment Rules Bedbug Rules Pet Policy



APARTMENT RULES

- 1. Tenant is expected to keep apartment in an orderly fashion. In order to abide by HUD regulations, the resident manager will do regular inspections to ensure that the apartment is safe, sanitary and secure.
- 2 A criminal history report will be run on all Tenants on an annual basis, the authorization form will be sent to the tenant with their annual recertification paperwork.
- 3. Tenants will be charged for damage resulting from neglect or abuse to apartment interiors, recreational facilities, community buildings, trees, lawns, and all common areas.
- 4. The use of recreational facilities is restricted to tenants and a reasonable number of guests. Tenants will adhere to all posted rules and regulations governing recreational facilities.
- 5. The storage of kerosene, gasoline and inflammable or explosive agents is prohibited.
- 6. Residents shall only cook or bake in the kitchen of the premises. No barbecue grills or fire pits are allowed on the property.
- 7. Tenants shall do nothing on the premises, which will interfere with the rights, comforts, or conveniences of their neighbors. No musical instrument, radio, television, or stereo shall be operated in a manner that is disturbing or annoying to other tenants or management.
- 8. Management will retain a pass-key to the premises. No tenant shall alter any lock or install a new lock or knocker on any door of the leased premises without the written consent of the management.
- 9. No pets shall be permitted at the apartment complex without notifying the landlord for permission.
- 10. The sidewalks, entrances, stairways, and halls shall not be used as bicycle parking lots, trash pickup areas or for any purpose other than apartment ingress and egress.
- 11. Tenants are responsible for the actions and conduct of and damages caused by their guests, visitors, relatives and employees, and all other persons they may cause to be on the property.
- 12. Laundry may be done in the laundry room during the designated hours. Dying or coloring is expressly prohibited. Laundry shall not be hung out to dry.

- 13. All refuse must be contained in plastic trash bags and deposited in the dumpsters located in the parking areas. Pouring of grease into sinks or toilets will cause plumbing problems and is therefore prohibited.
- 14. Parents are responsible at all times for the behavior of their children. Every child under the age of 8 must be accompanied by and supervised by a parent at all times when he/she is outside. At the age of 8 and above it is expected that parents will provide appropriate supervision. All children's toys are to be taken in at night. No personal property of any kind shall be placed or kept on the lawn.
- 15. No sign, signal, illumination, advertisement, notice or other lettering or equipment shall be exhibited, inscribed, painted, or affixed or exposed by tenant in or at any window or on any part of the outside of inside of the premises or any building at the apartment community.
- 16. No radioor television aerials or wires shall be erected on the premises.
- 17. Tenants are responsible for the disposal and removal of furniture and other items not picked up by the regular trash service.
- 18. The tenant, any member of the tenant's household, or a guest or other person under the tenant's control shall not engage in or facilitate criminal activity on or near the project, including but not limited to, violent criminal activity or drug-related criminal activity.
- 19. The tenant or any member of the tenant's household shall not permit the dwelling unit to be used for, or to facilitate, criminal activity, including but not limited to, violent criminal activity or drug related activity.
 - "Violent Criminal Activity" means any felonious criminal activity that has one of its elements the use, attempted use, or threatened use of physical force against the person or property or another.
 - "Drug-related Criminal Activity" means the illegal manufacture, sale, distribution, or use, or possession with intent to manufacture, sell, distribute, or use, of a controlled substance (as defined insection 102 of the Controlled Substances Act [21 U.S.C. 802]).
- 20. All vehicles must be registered with Landlord identifying the owner of the vehicle, year, make and license plate number. All vehicles must be operable, registered, and licensed. The Landlord shall have the right to remove all inoperable or unregistered or unlicensed vehicles from the premises at the tenant's expense.
- 21. Motorcycles, trucks, commercial vehicles, trailers, mobile homes, recreational vehicles, or boats shall not be parked in any parking space or carport at the apartment complex without the Landlord's prior written approval. The Landlord has the right to remove at the tenant's expense.
- 22. Innovative Housing has a no cash policy. We gladly accept checks or money orders.

- 23. Tenant will have electric and gas bills in his/her own name and be responsible for paying them on a timely basis. If cable or phone is desired that will also be in the tenant's name. Water bills will be in the name of Innovative Housing and will be paid by Innovative Housing. Innovative Housing will then bill the tenant for the water used. This will be due and payable within 15 days of receipt of bill.
- 24. No one will move into any apartment without the express approval of the Landlord and the signing of a lease. No overnight guests for more than one night without notifying the landlord for permission.
- 25. Application of payments: Payments shall be applied in the following order: repairs, utilities, cleaning fee, security deposit and lastly rent. The order for the application of payments may be changed at the sole discretion of the Landlord.
- 26. Any complaints should be forwarded to our office in writing to the attention of the Occupancy Manager. A written response to the complaint will be issued within 14 days of the receipt of the complaint. If the tenant still does not feel that the complaint has been taken care of to their satisfaction another written complaint needs to be filed with this office to the attention of the Executive Director. A written response to this complaint will be issued within 14 days of the receipt of this complaint. If the tenant still does not feel that the complaint has been taken care of to their satisfaction another written complaint needs to be filed with this office to the attention of the Board of Directors. A written response to this complaint will be issued within 30 days of the receipt of this complaint. Anyone who feels he or she has been discriminated against may file a complaint of housing discrimination at 1-800-669-9777 (toll free) or 1-800-927-9275 (TDD).
- 27. Any tenant wishing to request reasonable accommodation changes to their apartment needs to send a written request to the attention of the Occupancy Manager. The Occupancy Manager will review the request with the Executive Director and, if deemed a reasonable accommodation, a work order request will be issued. The work order will be completed within 14 days of the written request. A few examples of reasonable accommodation requests would be grab bars in showers or around toilets, grab bars outside of entrance doors, removal of shower doors for easier access to tub, etc.
- 28. Any tenant that the Landlord becomes aware of having engaged in any illegal activity on or off the premises, prior to or during the term of the lease or tenancy, shall be considered grounds for termination of lease or tenancy, at the sole discretion of the Landlord.

29. VAWA Provisions

a. Incidents of domestic violence, dating violence, sexual assault, or stalking will not be considered serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy, or occupancy rights of the victim of abuse.

- b. Criminal activity directly related to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control will not be considered cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
- c. The Management Agent may request inwriting that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, Form HUD-5382, or other documentation as noted on the agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified time frame may result in eviction.

**Landlord = Innovative Housing

BEDBUG RULES

Residents are expected to keep their units in decent, safe, and sanitary condition to control infestations in their units.

Inaddition, residents can be required to take necessary measures to ensure effective treatment for bed bugs. Failure on the part of residents to comply with the requirements for effective bed bug treatment may lead to eviction, as with any violation of house rules.

Bed bugs are a serious problem. Should you observe bed bugs in your apartment, it is imperative that you report it to management immediately. Your cooperation is important to assist management in preventing the spread of bedbugs throughout the property, and to eliminate the problem in your apartment. Bed bugs are difficult to control. They are difficult to see, active at night and females lay numerous eggs per day (up to 200 to 300 eggs in a lifetime). They can go without food (blood) for up to 140 days. They hide in cracks and other small places, and are difficult to see, especially in the early molting stages. The eggs are very small, and almost invisible to the naked eye. Since the elimination of DDT and Chlordane several decades ago, the problem has become more widespread. Bed bugs live in clusters. They will generally travel 20 or more feet from their nesting area if the host (human) moves to another location. They prefer to feed at night but may feed during the day if the host is inactive . You may need a flashlight to locate the bed bugs. They may hide in bedding, bed frames, covers, couches and chairs, window1 and door moldings, behind wallpaper and pictures, cracks in flooring, under carpet along walls, wall voids such as light sockets and outlets, luggage, backpacks, and clothing. Without your assistance and cooperation, the problem cannot be resolved, and may spread to neighboring units.

By acknowledging the Bed Bug Rules, you agree to the steps required for effective bed bug treatment. We need your cooperation to minimize the spread of bed bugs.

- Resident agrees to permit Landlord into the apartment, with proper notice, to treat for or monitor bed bugs during the term of your tenancy.
- Resident understands that he/she may arrange for family members, friends, or management to help prepare for bed bug treatment.
- Resident understands that thoroughly cleaning the apartment in advance may
 make the treatment easier and more effective by reducing the number of
 treatments required.
- Resident agrees to perform tasks to prepare for treatment, and to ensure the safety and effectiveness of the treatment. These tasks include, but are not limited to:
- Remove all loose items from the floor, and under any furniture.
- All furniture must be moved 3 feet from any wall.
- All closet floors must be cleared of any objects.
- All shelves must be cleared of any objects.
- Remove all sheets, blankets, mattress covers and pillowcases from all beds, and wash them in hot water (over 120 degrees F.) After cleaning, place in sealable plastic bags. Do not put them back on the bed until the evening after receiving treatment.
- Empty all drawers and remove them from furniture.
- Stuffed animals should be placed in a clothes dryer on the highest setting for 10 minutes.
- Wash all clothing in hot water (120 degrees for higher) and dry them on the highest heat setting. Place the clean items in a sealable plastic bag. When taking laundry to the laundry room, the laundry should be placed in sealed plastic bags. The bags should be disposed of, and new plastic bags should be used for the cleaned clothing.
- Existing beds will be treated based on the condition of the mattress and box springs, and on the severity of the infestation. If the mattress will be disposed of, it must be marked, destroyed, and sealed in plastic before being carried out of the building for placement in the dumpster. This is done to ensure that the mattress is not returned to another unit. The resident may be required to purchase bed bug mattress and box spring covers if they are damaged (i.e., tears, small holes, rips, etc.).
- Additional furniture such as couches, chairs, etc., will be treated based on the condition of the furniture, and the severity of the infestation. Some leather furniture may not be treatable. If the furniture is damaged (i.e., tears, small holes, rips, etc.), it may be rendered unusable and discarded. If the furniture will be disposed of, it must be marked, destroyed, and sealed in plastic before being carried out of the building for placement in the dumpster. This is done to ensure that the item is not returned to another unit.

- Resident understands that used furniture is a major source of infestation and should be inspected closely before bringing into the building.
- Resident understands that pets should be removed from the apartment for at least 4 hours following the treatment. Fish tanks should be covered, sealed in plastic and the air pump should be turned off for a 4-hour period following treatment.
- All residents of a unit should vacate the apartment during the treatment, and for a 4-hour period following treatment as an extra precaution.
- Anyone that is pregnant, has asthma, a heart condition or any other respiratory condition should consult with their physician concerning when to re-enter the apartment.
- Re-treatment may be necessary to ensure proper eradication. Please consult with management concerning re-treatment.

PET POLICY

- 1. All pets are subject to written approval either at time of move in or at the time of petrequest.
- 2 A common household pet means a domesticated animal, such as a dog, cat, bird, fish, hamster, or turtle. Reptiles are not included as a common household pet. All pets must be no larger than 15 pounds.
- 3. Pets are required to be registered with our office at the time the pet is approved to reside with the tenant and every year thereafter. The annual registration of the pet will take place with the tenant's annual rent certification.
- 4. The registration of the pet with our office will include the following information.
 - a Certification of inoculation signed by a licensed veterinarian, or a State or local authority empowered to inoculate animals which states that a pet has received all inoculations required by applicable State or local laws or regulations.
 - b. Information sufficient to identify the pet and to demonstrate that it is a common household pet (i.e., photo).
 - c. Name, address, and phone number of at least one responsible party who will care for the pet if the owner dies or is unable to provide for the care of the pet.
- 5. Pets are allowed at the discretion of the Executive Director.
- 6. Owners are responsible for cleaning up after the pets. Failure to do so can result in eviction. Waste can be disposed of in the trash dumpster on the property. Any litter boxes must be changed no less than two times per week.

- 7. Pets are not allowed in common areas such as the laundry room and community room.
- 8. The owner is responsible for any damages done to the apartment or the apartment property by the pet (i.e., scratching on doors or trim, chewing on doors or trim, or holes dug on grounds.)
- 9. Pet needs to be inoculated in accordance with state and local laws.
- 10. Pet needs to be in an appropriate and effective pet restraint while in permitted apartment common areas.
- 11. Only one household pet will be allowed per unit.
- 12 It is the owner's responsibility to ensure that the pet doesn't interfere with other tenants' enjoyment. Failure to do so can result in eviction.
- 13. A pet deposit of \$300 will be required for cats and dogs. An initial deposit of \$50 at the time the pet is brought onto the premises will be required. The remaining balance of \$250 must be made in installment payments of no less than \$10 per month to be paid on the first of each month. The pet deposit may be used to pay reasonable expenses attributable to the presence of the pet in the project, including but not limited to:
 - a. The cost of repairs and replacement to, and fumigation of, the tenant's dwelling unit.
 - b. The cost of animal care facilities or the protection of the pet should the pet's conduct or condition be determined to constitute, under the provisions of State of local law, a nuisance or a threat to the health and safety of occupants of the project or members of the community where the project is located and/or the health or safety of a pet is threatened by the death or incapacity of the pet owner or by other factors that render a pet owner unable to care for the pet.
 - c. Any unused portion of the pet deposit will be returned to the tenant within 30 days of the tenant moving out of the project or no longer owns or keeps a pet in the unit.

The management agent will give a tenant and prospective tenant written notice that will include an explanation if a pet is refused by the management agent.

REASONS THE MANAGEMENT AGENT MAY REFUSE TO ADMIT A PET INTO THE PROJECT

1.	The pet is not a common household pet.

- 2. Keeping the pet would violate an applicable pet rule.
- 3. A pet owner fails to provide complete pet registration information or fails annually to update the pet registration.
- 4. The management agent reasonably determines based on the pet owner's habits and practices, that a pet owner will be unable to keep the pet in compliance with pet rules and other lease obligations.
- 5. A pet's temperament may be considered as a factor in determining the prospective pet owner's ability to comply with the pet rules and other lease obligations.

I have read and understand the Apartment Rules, Bed Bug Rules, and the Pet Policy. My signature below guarantees that I have received a copy of the rules and that I will abide by the rules at all times.

Date