

deFreese Manor

deFreese Manor Apartments
 2669 Dodge St. Omaha, NE 68131
 Phone: (402)345-0622
 Fax: (402)341-9631
 TTY/TDD: 711
 SWest@thecapitalrealty.com

RENTAL APPLICATION for deFreese Manor Apartments

DATE: _____

TIME: _____

Manager Initial: _____

INSTRUCTIONS FOR HEAD OF HOUSEHOLD:

1. As Head of Household, you will complete this Rental Application form. In addition, each additional adult 18 years of age and older who will live in the apartment must sign this Rental Application and provide a photo ID.
2. Please complete all section by printing in ink. Please do not leave any section blank, even sections which do not apply to you. For instance, if a section asks for driver's license number and you do not have a driver's license, you may write "NONE" or "N/A" (not applicable). If you need to make a correction, put one line through the incorrect information, write the correct information above and initial the change.
3. It is important that all information on this form be complete and correct. False, incomplete, or misleading information will cause your household's application to be declined.
4. As long as your application is on file with us, it is your responsibility for contact us whenever the following changes: address, telephone number, employment, income, and whenever you need to add or remove a person to your application.
5. After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List; but this does not mean that your household will be offered and apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be declined. We will process your application according to our standard procedures, which are summarized in the Tenant Selection Policy posted in the Management Office.

Head of Household:					
Last Name		First Name		M.I.	Social Security Number
Telephone Number:	Home			Work	
Spouse/ Co-Resident:					
Last Name		First Name		M.I.	Social Security Number
Telephone Number:	Home			Work	
Current Residence:					
Address		City	State	Zip	Email
Current Landlord Information:					
Landlord Last Name		First Name		Telephone Number	Move-in Date
Landlord Address		City	State	Zip	Email

Unit Size Requested: _____ 2nd Choice and why: _____

Type of Housing Requested: Subsidized And/or Unsubsidized



The Owner does not discriminate against persons with disabilities.



HOUSEHOLD COMPOSITION:

List ALL persons including you, who will reside in the unit. NOTE: The number to the left indicates the “Family Number” and is the number requested in the remaining actions of this application. At Interview, please provide copies of all members’ birth certificates and Social Security/ Alien cards.

Full Name	Relationship	Age	Birthdate	Occupation	Student Y/N	Student P/T or F/T	Social Security Num./ Alien Registration #
1.	Head Hs						
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Will any of the above household members live anywhere except in the apartments? Yes No
 Are there any other persons who will live in the apartment on a less than full-time basis? Yes No
 Are there any expected additions to the household in the next 12 months? Yes No
 If you answered “YES” to any above question, please explain: _____

What is your household’s citizenship status (check **all** that apply)?
 US Citizen/National; Eligible Non-Citizen; Non-Eligible Non-Citizen

Do you wish to not disclose a SSN for a member due to not contending eligible immigration status for that member (any ineligible non-citizens will not be provided subsidy, but the household may be provided subsidy on a prorated basis ((use 999-99-9999 in place of SSN)))? Yes No

Have you or any member of the household ever used another social security number other than the one you were assigned? If Yes, what is that number: _____ Yes No

Are you or any household members exempt from declaring their social security number under federal guidelines? (example would include an applicant who is 62 years or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010) If Yes, Explain: _____ Yes No

RENTAL HISTORY:

This must include all places where you and/or any adult household members have lived in the last three (3) years, including places where your or their name did not appear on the lease, and places where you or they used a different name. (Adult members and any household members who are 18 years of age or older). NOTE: If you need more space, please use a blank sheet of paper.

Residence Address (Street, City, State, Zip Code)	Dates of Residency (From – To)	Landlord Name	Landlord Contact Information

INCOME:

EMPLOYMENT ONLY: In accordance with the HUD approved Tenant Selection Plan, on our family properties we will be selecting residents based on a working family preference. Applicants will be selected in the following order:

1. Applicants employed for 2 years or more consistently at the same job
2. Applicants employed for 1 year or more consistently at the same job
3. Applicants employed for 6 months or more
4. Applicants that do not meet the working family preference.

Therefore, please list all full-time, part-time and/or seasonal employment for ALL household members including self-employed earnings. If you have income from "Other Sources", see next section of Rental Application.

Member Number	Place of Employment	Date of Hire	Employment Address	Employer's Telephone	Supervisor	Annual Income (Yearly Total)

INCOME FROM OTHER SOURCES:

Answer all questions below. Check ALL income for ALL household members.

	Yes	No	Amount		Yes	No	Amount
Social Security payments?	<input type="checkbox"/>	<input type="checkbox"/>		Death benefits?	<input type="checkbox"/>	<input type="checkbox"/>	
Supplemental Social Security payments (SSI)?	<input type="checkbox"/>	<input type="checkbox"/>		Unemployment benefits or severance pay?	<input type="checkbox"/>	<input type="checkbox"/>	
TANF benefits (not Food Stamps)?	<input type="checkbox"/>	<input type="checkbox"/>		Workman's compensation?	<input type="checkbox"/>	<input type="checkbox"/>	
Child support?	<input type="checkbox"/>	<input type="checkbox"/>		Annuities or insurance?	<input type="checkbox"/>	<input type="checkbox"/>	
Alimony?	<input type="checkbox"/>	<input type="checkbox"/>		Regular cash contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Pensions (Railroad, etc.) or Retirement benefits?	<input type="checkbox"/>	<input type="checkbox"/>		Scholarships, educational grants or work study?	<input type="checkbox"/>	<input type="checkbox"/>	
Veteran's Administration benefits/Regular Military Pay?	<input type="checkbox"/>	<input type="checkbox"/>		Other income not listed above?	<input type="checkbox"/>	<input type="checkbox"/>	

ASSETS:

Answer all questions below. Check ALL assets for ALL household members.

For any asset not noted below declare under "other asset" question.

Type of Asset	Yes	No	Member Number	Financial Institution Name & Address	Cash Value	Interest/ Dividends
CHECKING	<input type="checkbox"/>	<input type="checkbox"/>				
SAVINGS	<input type="checkbox"/>	<input type="checkbox"/>				
Direct Express/Paycard	<input type="checkbox"/>	<input type="checkbox"/>				
Certificate of Deposits	<input type="checkbox"/>	<input type="checkbox"/>				
Stocks/Bonds/Investments	<input type="checkbox"/>	<input type="checkbox"/>				
Annuities	<input type="checkbox"/>	<input type="checkbox"/>				
IRA/401k/Retirement	<input type="checkbox"/>	<input type="checkbox"/>				
Whole Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>				
Burial Funds/plots	<input type="checkbox"/>	<input type="checkbox"/>				
Real Estate	<input type="checkbox"/>	<input type="checkbox"/>				
Other Assets	<input type="checkbox"/>	<input type="checkbox"/>				

Have you or any member of the household sold or disposed of any asset(s) valued over \$1,000 in the last two years?

Yes

No

ALLOWABLE EXPENSES:

CHILDCARE/HANDICAPPED EXPENSES:

List payments made to provider of childcare or disabled adult care costs, and other disability related expenses that enable a household member to work:

(If more space is needed, please list on separate sheet and attach to this application.)

Member Number	Description of Expense	Name of Paid To	Address/ Phone Number	Cost per Month

ELDERLY and/or HANDICAPPED/DISABLED HOUSEHOLDS ONLY:

Elderly Household Status:

We are required by HUD to request the following information for the purpose of determining eligibility for admission to our Section 8 program and/or to give special considerations with regard to allowances in determining rent. In addition, the tenant selection plan may have additional preferences that apply based on these statuses. On our Family properties, we will be selecting residents based on a working family preference. Households where the HOH, Co-Head, or spouse is elderly or disabled and unable to work will qualify as working preference level 1. On our Elderly properties, we will be selecting residents based on an elderly preference.

Please check the box or boxes that apply to the head of household, spouse, or co-head:

Elderly (62 years of age older) Near Elderly (50-61 years of Age) Handicapped/Disabled

NOTE: Medical expenses only apply to households where the head of household, spouse or co-head is 62 years of age or older, or disabled/handicapped.

Do you have Medicare? Yes No
 If yes, what is your monthly payment: _____

Do you have Medical insurance premiums? Yes No
 If yes, enter the company name: _____

Do you pay for prescription medication? Yes No
 If yes, enter the pharmacy name and address: _____

Do you pay co-pay/deductibles for medical visits? Yes No
 If yes, enter the Dr name: _____

Do you have any non-prescription (over the counter) medication that your doctor has required you to use to treat a medical condition? (such as aspirin, insulin, etc.) Yes No
 If yes, list the medication: _____

Do you have any outstanding medical bills on which you are paying? Yes No

Do you expect to have an extraordinary medical or dental expense in the next 12 months? If yes, enter the type of expense: Yes No

REASONABLE ACCOMMODATIONS:

Are there any special accommodations/modifications that the household will require? Yes No
 If Yes, please specify (e.g. unit for mobility impaired, unit for visually impaired, unit for hearing impaired, live-in aide, grab bars, service animal, etc.)? _____

Does this reasonable accommodation allow the person to equally or fully enjoy the housing? Yes No

Does this accommodation/modification directly alleviate a disability? Yes No

MISCELLANEOUS: (These questions apply to ALL HOUSEHOLD MEMBERS)

Are any household members currently living in a unit with any type of pest?	Yes	No
Are any household members currently living in a unit containing bed bugs?	Yes	No
Do you or any household member have any type of pet?	Yes	No
Are you or any other adult household members a veteran of the US armed forces?	Yes	No
Is the household displaced due to a Presidentially Declared Disaster?	Yes	No
Is the household lacking a fixed nighttime residence?	Yes	No
Is the household fleeing/attempting to flee domestic violence?	Yes	No
Are any members currently under eviction, or been evicted in last 10 years?	Yes	No
Have any household member ever committed any fraud in a federally assisted housing program or been required to repay money for knowingly misrepresenting information for such program? If Yes, Explain: _____	Yes	No
Has any household member been evicted in last 3 years from federally assisted housing unit for drug related criminal activity?	Yes	No
Do any household members have any open criminal case(s)/arrest(s)/warrant(s) (NOTE: This information alone will not be the basis for denial)?	Yes	No
Have any household member ever been convicted/plead guilty to a felony? If Yes, what and when: _____	Yes	No
In addition, did the conviction lead to incarceration? If Yes, Please list the date(s) of release? _____	Yes	No
Have any household member ever been convicted/plead guilty to a misdemeanor? If Yes, what and when: _____	Yes	No
In addition, did the conviction lead to incarceration? If Yes, Please list the date(s) of release? _____	Yes	No
Have you are any member of your household ever been convicted of possession of an unregistered firearm or possession of an illegal weapon that can cause physical harm or emotional suffering by intimidation? If Yes, Explain: _____	Yes	No
Have any household member ever been convicted of the illegal manufacture, use, or distribution of a controlled substance? If Yes, Explain: _____	Yes	No
Are any household members currently using illegal substances or abusing alcohol?	Yes	No
Have any household member ever been convicted of a sex related crime or are they, or ever been, a registered sex offender in any state?	Yes	No
Is the Applicant or any member of the Applicant's Household subject to a lifetime state sex offender registration?	Yes	No
Is English not your primary language and do you need assistance in completing the application and any/all future documents? If Yes, what is your primary language and what assistance is required: _____	Yes	No
Do any household members currently receive Section 8 subsidy? If Yes, what is the name of the housing provider: _____	Yes	No
Please list all states the applicant and all members have resided in: _____		

MARKETING: *(This section is optional)*

How did you hear about our apartment community?

- newspaper; apartment guide; family/friend; internet; radio; television
- other – specify: _____

RACE AND ETHNICITY: *(This section is optional)*

Please check all that apply:

Race:

- White Black/African American American Indian/ Alaskan Native
- Asian: Asian Indian Chinese Filipino Japanese
- Korean Vietnamese Other Asian
- Native Hawaiian or other Pacific Islander
- Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander
- Other

Ethnicity:

- Hispanic: Puerto Rican Mexican/Mexican American/Chicano/a
- Cuban Another Hispanic, Latino/a or Spanish Origin
- Non-Hispanic

The Fair Housing Act/Federal law prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national origin, sex, religion, age, disability, marital or familial status. USDA, Rural Development applicants may file any complaints of discrimination to USDA Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice or TDD). Section 8 applicants may file any complaints of discrimination to the U.S. Dept. of Housing & Urban Development, Assistant Secretary for Fair Housing & Equal Opportunity, Washington DC 20410.

AUTOMOBILE AND OTHER VEHICLES:

List all motor vehicles, including motorcycles, owned by or registered to household members.

Member	Make and Model Number	Year	License Plate Number	State	Color

STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS

1. We certify that all information given in this application and any addenda thereto is true, complete, and accurate. We understand that if any of this information is false, misleading, or incomplete; management may decline our application or, if move-in has occurred, terminate our Rental Agreement.
2. We authorize CAPITAL REALTY GROUP INC to make any and all inquiries to verify information, either directly or through information exchange not or later with rental or credit screening services, and to contact previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate Federal, State, or local agencies.
3. We authorize CAPITAL REALTY GROUP INC to conduct a Home Visit at our current residence. This Home Visit may occur after all other screenings are performed, but may still be cause for denial even if an approval letter has been provided.
4. We authorize CAPITAL REALTY GROUP INC to make any and all inquiries into all members' criminal and sex offender history.
5. If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment that they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.
6. We agree to notify management in writing immediately regarding any changes in household address, telephone numbers, income, and household composition.
7. We have read and understand the information in this application, in particular the information contained in the instruction for Head of Household and we agree to comply with such information.
8. We have been notified that the Tenant Selection Plan which summarizes the procedures for processing applications is posted in the management office. In addition, once this application is placed on the waiting list, we may request sample copies of the Rental Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, damages, and Security Deposits.

9. We authorize management to obtain one or more “consumer reports” as defined in the Fair Credit Reporting Act 15 U.S.C. Section 1681a (d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mod of living.

FAIR CREDIT REPORTING ACT

THIS IS TO INFORM YOU THAT AS PART OF OUR PROCEDURE FOR PROCESSING YOUR APPLICATION. AN INVESTIGATIVE REPORT MAY BE MADE WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH THIRD PARTIES- SUCH AS FAMILY MEMBERS, BUSINESS ASSOCIATES, FINANCIAL SOURCES, FRIENDS, NEIGHBORS OR OTHERS WHO ARE ACQUAINTED WITH YOU. THIS INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, MODE OF LIVING, INCOME AND CREDIT BACKGROUND AND ALSO POLICE REPORTS. ALL INFORMATION YOU OR OTHERS GIVE US WILL BE HELD IN STRICT CONFIDENCE.

WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, COLOR, CREED, AGE, SEX, HANDICAP, OR FAMILIAL STATUS.

BY SIGNING THIS APPLICATION, YOU DECLARE THAT ALL OF YOUR RESPONSES ARE TRUE AND COMPLETE AND AUTHORIZE THE OWNER/ MANAGER TO VERIFY THIS INFORMATION THROUGH ANY SOURCE THAT IT DEEMS APPROPRIATE. ANY FALSE STATEMENTS ON THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF YOUR APPLICATION.

I/WE HAVE READ AND UNDERSTAND THE ABOVE.

Head of Household Signature Date Co-Head/Spouse Signature Date

Other Adult Member Signature Date Other Adult Member Signature Date

WARNING:

“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 use 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). Violation of these provisions are cited as violations of 4 U.S.C. 408 (a) (6), (7) and (8).**

DO NOT WRITE BELOW THIS LINE- MANAGEMENT USE ONLY

APPLICATION DISPOSITION:

Approval:

Approved: _____ Date Approved By: _____ Signature Title

Rejection:

Denied: _____ Date Denied By: _____ Signature Title

Applicant Notified in Writing on: _____

Reason(s) for Disapproval: _____

Appeal of Rejection:

Applicant Appealed Decision on: _____ (Written notification attached). Within 14 days of Denial? Y N

Applicant Appeal Review by: _____

Appeal Decision: _____ Approved _____ Denied Title Date

Reason given: _____ Date Notified in Writing: _____

Updated: 10/1/19

Criminal History/Sex Offender Screening Consent Form

I authorize Capital Realty Group to run my criminal background check.

Name: _____

Social Security Number: _____

Date of Birth: _____

Previous 2 Home Addresses:

1. _____

2. _____

Signature

Date

WARNING:

“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 use 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). Violation of these provisions are cited as violations of 4 U.S.C. 408 (a) (6), (7) and (8).**

Optional and Supplemental 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:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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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 housing 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.

Smoke-Free Housing Policy

The purpose of this policy is to establish smoke-free housing procedures for all properties managed by Capital Realty Group. This policy is a modification to the Rules and Regulations and has been incorporated into the existing Rules and Regulations of the property.

All properties managed by Capital Realty Group are 100% smoke-free buildings. This policy prohibits residents and their guests from carrying lit or using tobacco (and tobacco-like) products anywhere within the common areas, in the halls, within residents' units, or outside within 25 feet of windows and doors (except in outdoor areas designated by Management for smoking).

This policy is effective beginning with all new move-ins going forward. For existing residents, this policy is effective beginning 2/1/17.

Any violation of this policy is considered to be a violation of the Rules and Regulations, and grounds for a Lease violation. Repeated violations of the smoke-free housing policy will be considered material non-compliance with lease requirements and will result in termination of tenancy.

The smoke-free housing policy shall comply with all state and local laws. Moreover, this policy shall comply with all applicable fair housing and civil rights requirements in 24 CFR 5.105, including, but not limited to, the Fair Housing Act; Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; Title II of the American Disabilities Act; Section 109 of the Housing and Community Development Act of 1974. In addition this policy is in compliance with HUD Notice: H 2010-21: *Optional Smoke-Free Housing Policy Implementation*.

Management shall not: deny occupancy to any individual based on their tendency to smoke; ask at the time of application or move-in whether the applicant or any members of the applicant's household smoke; maintain smoking or nonsmoking specific waiting lists for the property; ask at the time of recertification whether the tenant or any members of the tenant's household smoke; require existing tenants to move out of the property or to transfer from their unit to another unit based on this policy.

Revised: 12/1/16