



# DePaul Housing Management Corporation

*Communities for Seniors*

10 Carondelet Drive, Watervliet, NY 12189

T: (518) 389-6335 F: (518) 608-0104

NYS TTY/TDD: #711

Dear Applicant:

Thank you for your interest in Franciscan Heights Senior Community, managed by DePaul Housing Management.

Included in this package are the following materials:

- \* DePaul Housing Management Brochure
- \* Application for Housing
- \* Tenant Selection Plan

As you begin the application process. **Please first review the enclosed Tenant Selection Plan & keep this document for your reference. This helpful tool will give you important information on the eligibility requirements for each type of apartment and/or cottage we offer.**

**The application must be completed in full, signed and dated by each member applying.** If this application is being signed on behalf of the applicant by a person assigned power of attorney, a photocopy of the executed power of attorney document must be submitted with the application. Additional personal documents and photocopies of photo identification should not be submitted with this application.

**If you wish to tour Franciscan Heights Senior Community, or have questions regarding our community, please contact the rental office directly at 518-432-3555 Monday - Friday between 9:00 am – 2:00 pm.**

If you have any questions or require assistance in reading, understanding, or completing this application please call the application intake office at (518) 389-6335 Monday - Friday 9:00 am to 2:00 pm. *(Hours are subject to periodic change)*

**Please Send Completed Applications To:**

**Brenda Rosekrans**

**c/o DePaul Housing Management Corporation**

**10 Carondelet Drive, Watervliet, NY 12189**

**Fax: (518) 608-0104 Email: [applications@depaulhousing.com](mailto:applications@depaulhousing.com)**

Sincerely,

*Brenda Rosekrans*

Manager, Marketing and Supervision

DePaul Housing Management

Enclosures

TSP Update 04/01/2025



# DePaul Housing Management Corporation

Application for:

## FRANCISCAN HEIGHTS SENIOR COMMUNITY

1 St. Anthony Lane Rensselaer New York 12144

Phone: (518) 432-3555 Fax: (518) 432-3553 [www.depaulhousing.com](http://www.depaulhousing.com)

TTY/Voice Relay Services 7-1-1

### Please Print Clearly

This is an application for housing at:	<b>Project: Franciscan Heights Senior Community</b>
	<b>Address: 1 St. Anthony Lane</b>
	Rensselaer, New York 12144
<b>Please complete this application and return to:</b>	<b>Name: Brenda Rosekrans</b>
	<b>Manager, Marketing and Supervision</b>
	<b>Address: c/o DePaul Housing Management</b>
	<b>10 Carondelet Drive</b>
	<b>Watervliet, NY 12189</b>

Applications are placed on the wait list in order of date and time approved. An applicant may be interviewed only after the receipt of this tenant application. **Please answer all questions or the application will be considered incomplete and returned.**

### GENERAL INFORMATION

Head of Household Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street Address City State Zip Apt. #

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you RENT or OWN If you own, do you receive monthly rental income? YES NO  
(Circle One) If yes, Amount \$: \_\_\_\_\_

**Circle Type of Unit Requested:** 1 Bdrm Apt - Income Restricted (1-2 People) 2 Bdrm Apt - Income Restricted (2-4 People)

2 Bdrm Apt - Market Rate (1-4 People) 2 Bdrm Cottage - Income Restricted (2-4 People) 2 Bdrm Cottage - Market Rate (1-4 People)

**B. HOUSEHOLD COMPOSITION**  
**LIST ALL MEMBERS APPLYING TO LIVE IN THE APARTMENT**

	Name	Relationship to head	Birth Date	Age (optional)	FULL SS#	Student <i>Y/N</i>
Head						
Co-Head						
3.						
4.						

Have there been any changes in household composition in the last twelve months?	Yes	No
<b>If yes, explain:</b>		
Do you anticipate any changes in household composition in the next twelve months?	Yes	No
<b>If yes, explain:</b>		

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?	Yes	No
<b><u>IF YES, ANSWER THE FOLLOWING QUESTIONS:</u></b>		

Are any full-time student(s) married and filing a joint tax return?	Yes	No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	Yes	No
Are any full-time student(s) a TANF or a title IV recipient?	Yes	No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return?	Yes	No

**C. INCOME**

List ALL sources of income as requested below. *If a section doesn't apply, cross out or write NA.*

Household Member Name	Source of Income	<u>Gross Monthly Amount</u>
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim#)	\$
	Veteran's Benefits (list claim #)	\$
		\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$



**If a section does not apply cross off or write N/A or your application will be incomplete.**

Household Member Name	Source of Income	Monthly Amount
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Alimony</b>	
	Are you <i>legally entitled</i> to receive alimony?	Yes No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	Yes No
	If yes, list amount you receive.	\$
	<b>Child Support</b>	
	Are you <i>legally entitled</i> to receive child support?	Yes No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	Yes No
	If yes, list the amount you receive.	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
<b>TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)</b>		\$
Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household likely to receive income or assistance ( <i>monetary or not</i> ) from someone who is not a member of the household as listed on Page 2 etc)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, explain: _____		
Is the income received?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**D. ASSETS**

**If your assets are too numerous to list here, please request an additional form.  
If a section doesn't apply, cross out or write NA or your application will be incomplete.**

Checking Accounts List last 4 acct. #'s	#	Bank	Balance\$	
	#	Bank	Balance\$	
	#	Bank	Balance\$	
Savings Accounts List last 4 acct. #'s	#	Bank	Balance\$	
	#	Bank	Balance\$	
	#	Bank	Balance\$	
Trust Account List last 4 acct. #'s	#	Bank	Balance\$	
Certificates List last 4 acct. #'s	#	Bank	Balance\$	
	#	Bank:	Balance\$	
	#	Bank	Balance\$	
	#	Bank	Balance\$	
Credit Union List last 4 acct. #'s	#	Bank	Balance\$	
	#	Bank	Balance\$	
Savings Bonds List last 4 acct. #'s	#	Maturity Date	Value\$	
	#	Maturity Date	Value\$	
	#	Maturity Date	Value\$	
Life Insurance Policy	List last 4 acct. #'s		Cash Value\$	
Life Insurance Policy	List last 4 acct. #'s		Cash Value\$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value\$
	Name:	#Shares:	Interest or Dividend \$	Value\$
	Name:	#Shares:	Interest or Dividend \$	Value\$
Stocks	Name:	#Shares:	Dividend Paid \$	Value\$
	Name:	#Shares:	Dividend Paid \$	Value\$
	Name:	#Shares:	Dividend Paid \$	Value\$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value\$
	Name:	#Shares:	Interest or Dividend \$	Value\$
Investment Property	Address:	Full Market Value \$		

**If a section does not apply cross off or write N/A or your application will be incomplete.**

Real Estate Property: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, Type of property</b>	
Location of property	
Full Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, describe:</b>	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you sold/dispensed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, Type of property:</b>	
Market value when sold/dispensed	\$
Amount sold/dispensed for	\$
Date of transaction:	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up irrevocable trust Accounts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, describe the asset:</b>	
Date of disposition:	
Amount disposed	\$
Do you have any other assets not listed above?	Yes No
<b>If yes, please list amount and asset: \$</b>	

**E. ADDITIONAL INFORMATION**

Are you or any member of your family currently using an illegal substance?	Yes	No
Have you or any member of your family ever been convicted of a felony?	Yes	No

**If yes, please provide the following information.**

Name: \_\_\_\_\_ Month and Year: \_\_\_\_\_

City and State: \_\_\_\_\_ Conviction: \_\_\_\_\_

Additional Space if Needed:

Have you or any member of your family ever been evicted from any housing?	Yes	No
<b>If yes, Describe</b>		
Have you ever filed for bankruptcy?	Yes	No
<b>If yes, describe</b>		
Will you take an apartment when one is available?	Yes	No
<b>Briefly describe your reasons for applying:</b>		

**F. RESIDENCY INFORMATION (5 Years Required)**

Current Landlord	Name:	
	Address:	
	City/State/Zip	
	Home Phone:	
	Cell Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	City/State/Zip	
	Home Phone:	
	Cell Phone:	
	How Long?	
In case of emergency notify:		
Address:		
City/State/Zip		
Relationship:		Phone#:



**G. VEIDCLE AND PET INFORMATION (if applicable)**

List any cars, trucks, or other vehicles owned. One vehicle per household member allowed.

<b>Head of Household:</b> Type of Vehicle:	License Plate#:
Year/Make:	Color:
<b>Co-Head:</b> Type of Vehicle:	License Plate#:
Year/Make:	Color:
<b>Tenant 3:</b> Type of Vehicle:	License Plate#:
Year/Make:	Color:
<b>Tenant 4:</b> Type of Vehicle:	License Plate#:
Year/Make:	Color:
Do you own any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, how many, and what type:</b>	

**CERTIFICATION**

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/ We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/ We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge, and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign this application.

SIGNATURE(S):

_____	_____
(Signature of Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date



*DePaul Housing Management Corporation*  
*Franciscan Heights Senior Community*  
**TENANT SELECTION PLAN**

Updated: 04/01/2025

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*DePaul Housing Management Corporation and the buildings it manages are pledged to the Letter and the spirit of U.S. policy of achievement of equal housing opportunity throughout the nation. We encourage and support affirmative advertising and marketing programs in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.*

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**Completed Applications are accepted by mail to: DePaul Housing Management, 10 Carondelet Drive, Watervliet, NY 12189 or by fax# (518) 608-0104 or by email: [applications@depaulhousing.com](mailto:applications@depaulhousing.com) Requests for applications may be made by calling (518) 389-6335 or obtained from our website at [www.depaulhousing.com](http://www.depaulhousing.com) or by utilizing the TTY/Voice Relay Services #711. If you require assistance in reading, understanding or completion of this application, please call the above number.**

**ELIGIBILITY REQUIREMENTS** In order to be accepted as a resident, each applicant must provide third party verification for required information in each of the categories listed below. Failure to meet eligibility requirements in any one or more of these categories will result in the rejection of the applicant.

1. **Household Composition**

Definition of head of household: As listed on the application, the 1<sup>st</sup> or primary applicant. If only one person is applying, that person will be the head of household. Definition of the co-head: The 2<sup>nd</sup> applicant, as listed on the application.

The applicant must be a person who is 55 years of age or older, OR

A household of two persons or more, the head of which is 55 years of age or older.

Note: Per IRS/ Tax Credit regulations most students are not eligible for the rent restricted units. Verification of student eligibility is required. All student issues can be explained in detail to prospective applicants.

2. **Income**

For the One-Bedroom Apartments Maximum Annual Income May Not Exceed \$48,780 for a one-person household, and \$55,740 for a two-person household.

For Two-Bedroom Apartments funded with Low Income Housing Tax Credit funding, Maximum Annual Income May Not Exceed \$55,740 for a two-person household; \$62,700 for a three-person household and \$69,660 for a four-person household. Per regulations, a one-person household is not permitted to occupy a tax credit two-bedroom apartment.

For the ten Two-Bedroom Cottages funded under New York State's Homes for Working Families (HWF) program, Maximum Income Limits May Not Exceed \$74,320 for a two person household; \$83,600 for a three person household and \$92,880 for a four person household. Per regulations, a one-person household is not permitted to occupy a two person cottage funded under the HWF program.

For the 22 Market Rate Cottages and four Market Rate Apartments there are NO Maximum Income Limits, but there is a Minimum Income Requirement which requires that a household at time of application processing will pay no more than 50% of their income for rent and utilities.

**Notes:** No Maximum Income Limits pertain to Market-Rate Units. As stated above, there are minimum Income requirements for Market-Rate Units. Verification of income & Assets will be conducted to ensure applicants' ability to pay rent for Market-Rate Units.

Rental Amounts and Income Eligibility Standards and Criteria are subject to adjustment.

3. **Social Security Number Requirement**

Applicants must disclose Social Security numbers (SSNs) for all family members. Documentation must be provided, such as the original Social Security card. If no SSN has been assigned, the applicant must complete a certification that no SSN has been assigned.

Note: If it has been determined that the applicant is otherwise eligible for admission into the property, and the only outstanding verification is that of the SSN, the applicant may retain his or her place on the waiting list for a period of 60-days during which the applicant is trying to obtain documentation of SSN.

**APPLICANT SCREENING**

1. **General**

Applicant screening is targeted toward determining that an applicant will be able to meet the essential requirements of tenancy as expressed in the lease and the Handbook of Policies. These essential requirements are summarized in the section entitled "Ability to Meet the Requirements of Tenancy." Note: Live-in aides are subject to the same screening criteria as the Applicant.

2. **Background Checks**

All applicants will be subject to a criminal background check including, but not limited to, a mandatory screening review of the lifetime registration list under a state's sex offender registration program. Live-in aides are subject to the same screening requirements. These screenings will be done in conjunction with the application approval process.

- A. Any applicant who is subject to a requirement of lifetime registration on any state's sex offender registration program will NOT be admitted.

- B. Any conviction or adjudication other than an acquittal of the following crimes is cause for rejection of an application to housing in any community managed by DePaul Housing Management:
- Murder
  - Manslaughter
  - Arson
  - Armed Robbery
  - Sex offenses, including forcible rape, child molestation, and aggravated sexual battery
- C. Any conviction or adjudication other than acquittal of the following crimes within five (5) years from the date of application is cause for rejection of an application to housing in any community managed by DePaul Housing Management:
- A crime involving the illegal sale, manufacture or possession of a controlled substance
  - A felony that involved harm to another person or to property
- D. Any conviction or adjudication other than acquittal of the following crimes within three (3) years from the date of application is cause for rejection of an application to housing in any community managed by DePaul Housing Management:
- Any other felony, not included above

3. **Rental History**

- A. During the screening process, we will ask for verification of successful, appropriate rental history for the five (5) years prior to the date of the interview for all applicants. Note: Any applicant or household member who was evicted from any housing for drug related criminal activity within five years prior to the date of the application will NOT be accepted as a resident.
- B. We will mail reference forms to each landlord.
- The form(s) must be completed and mailed or hand-delivered to the office by the landlord. This requirement will be waived ONLY if the applicant can document that he or she has been a homeowner residing in his/her home for five (5) years or more prior to the date of the interview.
- C. Negative responses to landlord reference questions are cause for rejection.

4. **In-Person (Eligibility) Interview**

The applicant must successfully complete an in-person interview with the DePaul Housing Management Staff. He or she must respond appropriately either personally or through an interpreter (in the case of hearing-impaired or non-English-speaking applicants) to a standard questionnaire.



5. **Ability to Meet the Requirements of Tenancy**

The applicant must demonstrate the capacity and willingness:

- To understand and comply with the lease.
- To understand and comply with the community's rules, regulations, and policies.
- To appropriately maintain the rental unit in a safe & sanitary manner.
- To follow instructions and respond appropriately in emergency situations.
- To pay rent and other fair charges in a timely manner including the appropriate security deposit.
- To care for an avoid damaging the unit and common areas.
- To use facilities and equipment in a reasonable manner.
- To create no health, safety or sanitation hazards that threaten self or rights of others including any drug related activity.
- To support in actions and behaviors the quiet enjoyment of premises by self and other residents.
- To avoid criminal activity that threatens the health, safety or rights of others including any drug-related criminal activity.
- To comply with necessary and reasonable rules and program requirements of the IRS Low Income Housing Tax Credit Code and the housing provider.
- To comply with health and safety codes.
- To report maintenance needs.
- To comply with DePaul Housing Management managed properties' "Handbook of Policies."
- To comply with DePaul Housing Management managed properties' "Pet Policy", when applicable.

## **WAITING LIST**

Upon receipt of a complete application, Franciscan Heights Senior Community places the applicant's name on their Waiting List and sends the applicant a letter notifying them of this action. Note: It is the policy of DePaul Housing Management that waiting lists for any of its communities remain open always; waiting lists are never closed to applicants.

Applicants are placed on the community's waiting list in the order they are received. There will be separate waiting lists for apartments and cottages based on income restrictions. When a vacancy occurs the Community Manager refers to the Waiting List and contacts the next person(s) on their List (at the "top of the List"), requesting that they come into the office for an eligibility appointment.

Applicants may choose not to be considered for an apartment or cottage at the time they are contacted for the eligibility appointment and may request that they remain on the Waiting List; their name will then go to the "bottom" of the Waiting List. If there are no successful candidates for an apartment or cottage found within the first contact group, the Community Manager will re-visit the Waiting List and contact the next person(s) on the list, and so on.

Applicants who repeatedly (two times) turn down the opportunity for an eligibility appointment will be removed from the Waiting List. Applicants who successfully complete the eligibility process and are consequently offered an apartment but refuse the apartment are removed from the Waiting List. Applicants will also be removed from the Waiting List if: the applicant no longer meets the eligibility requirements for the property or, the applicant fails to respond to a written notice for an eligibility interview or, mail sent to the applicant's address is returned as undeliverable, or if the family size changes the size of the unit needed and such size unit does not exist in the property. In all cases, those applicants who have been removed from the Waiting List must reapply in order to be considered for an apartment once again. Upon reapplication, the applicant will be placed at the bottom of the Waiting List.

A yearly Waiting List Update Survey will be mailed to all applicants on each Waiting List. This allows the applicant to reaffirm their interest in remaining on a waiting list. Non-responders will be removed from the Waiting List. Note: Should an applicant have a change in address, it is their responsibility to notify the community so that the Waiting List information may be kept accurate and up- to-date.

## **UNIT SIZE**

No more than two (2) persons may reside in any one-bedroom apartment. No fewer than two (2) and no more than four (4) persons may reside in a two-bedroom apartment or cottage.

## **TERMS OF RESIDENCY**

Each eligible, qualified applicant who accepts an apartment or cottage will be required to sign a rental lease for a period of no less than one year. If an applicant accepts a Low-Income Tax Credit apartment or a NYS Homes for Working Families cottage, that apartment or cottage must be your only residence.

## **APARTMENT TRANSFERS**

### **1. Within the Community**

In order for a resident of an apartment or cottage to transfer to another apartment or cottage within the Franciscan Heights Senior Community, the resident must meet one of the following criteria:

- Have experienced a change in household composition.
- Have experienced a change in income which is permanent in nature.
- Requires a Reasonable Accommodation for a disability.

If a resident meets one of these criteria, which must be verified, and is qualified for the new apartment, they will be placed on the transfer list in the order in which the request for transfer is approved. Persons

on the transfer list will have priority over persons on the waiting list when an appropriate unit becomes available. If a household on the transfer list refuses an appropriate unit when it becomes available, they will be moved to the bottom of the transfer list.

2. **From One DePaul Housing Management Community to Another**

There is no shortcut way to "transfer" from one community to another; the resident must apply in the same manner as any other applicant.

3. **VAWA Emergency Transfer Plan**

Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking. An Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking has been drafted for the property. The plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. Please see management at the rental office for further guidance.

## **ELIGIBILITY REQUIREMENTS FOR ACCESSIBLE APARTMENTS**

An eligible household where the head or co-head has a mobility impairment or physical disability. \* A person with a degenerative condition that will result in mobility impairment, if otherwise eligible, is also eligible for an accessible unit. Written verification of the mobility impairment from the attending physician will be required.

\* The applicant's mobility impairment or physical disability must necessitate the need for all of the special design features of our accessible apartments as follows:

- Wider doorways throughout the apartment
- Lowered kitchen counter and cabinets
- Roll-in kitchen sink (sink with cut out for wheelchair access)
- Additional grab bars in the bathtub/shower
- Specially designed hand-held shower

### **Tenant Selection for Accessible Apartments is done in this order:**

- A. Current tenant (within the same building/cottage needing an accessible unit.
- B. The next eligible qualified applicant on the Waiting List who is mobility impaired and needs an assessable unit.
- C. The next eligible qualified applicant on the Waiting List who is not mobility impaired and does not need an accessible unit. However, the tenant's lease will include a provision that the tenant will move to a standard unit when the next standard unit becomes available and a household from A or B above is available to move into the accessible unit.

## **REJECTION CRITERIA**

An applicant will **not** be accepted for tenancy for any one of the following reasons:

1. Failure to meet any one or more of the Tenant Selection Criteria listed in this document.
2. Violent criminal behaviors or other criminal behaviors that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents, or of the site's employees, contractors or agents.

3. Any applicant/household member whom DePaul Housing Management has reasonable cause to believe abuses or has a pattern of alcohol or substance (illegal and/or prescribed) abuse which may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents.
4. Inability/unwillingness to disclose and document all social security numbers or to execute a certification when numbers have not been assigned.
5. Failure to sign and submit all required verification consents, including landlord reference requests. Negative responses found on any landlord reference are cause for rejection.
6. **Criminal activity:**
  - Any applicant/household member who was a household member evicted from any housing for drug related criminal activity, for five years from the date of eviction. Refer to page three (3) of this document, #3-Rental History.
  - Any applicant/household member who is currently engaging in illegal drug use or in possession of illegal drugs.
  - Any applicant/household member whom DePaul Housing Management has reasonable cause to believe is involved in illegal use or a pattern of illegal use of a drug which may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents.
  - Any applicant/household member who is a sex offender subject to a lifetime registration requirement under a state sex offender registration program.
  - As disclosed by background check, outlined on pages two (2) and three (3) of this document.
  - Misrepresentation: Willful or serious misrepresentation in the application procedures.

## REJECTION PROCEDURE

1. A letter is sent to the applicant, informing him/her of the rejection and the reason(s) for the rejection.
2. The applicant is advised in this letter that he/she has fourteen (14) days to request review of the rejection. The applicant may request a meeting with the DePaul Housing Management staff reviewer to appeal the rejection.
3. A DePaul Housing Management staff member, not the staff member who made the initial decision on the application, will review the application and the decision to reject the applicant.
4. To the extent practicable, this review will be completed within five (5) business days of the applicant's request for review. However, it may not be possible to complete an in-person meeting review within five (5) business days. Such a meeting will be scheduled as soon as possible.
5. The applicant will be sent a written, final determination within five (5) business days of completion of this review.

