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Tenant Selection Plan

Order Form

When was your Tenant Selection Plan (TSP) updated last? Has your TSP been updated to reflect all of HUD's ever-changing regulations? Will anticipated changes to your TSP be allowed by HUD and/or your Contract Administrator (CA)?

Why spend hours researching the rules and writing your own Tenant Selection Plan only to find out it is still not compliant? Let PMCS prepare your TSP for you! During a phone consultation, a PMCS consultant will walk you through our HUD compliant TSP template and questionnaire, allowing you to make choices specific to your site's needs.

We will ensure that you are compliant with HUD regulations. We will also make any CA-specific modifications if any are needed.

Note: Price includes initial TSP consulting call choosing options and one consulting call to discuss finalization of plan for straight HUD properties. LIHTC or other layered properties will incur additional consulting time charges. Additional consulting for any assistance other than the initial option selection and finalization calls will be billed at our general consulting rate of \$150 per hour. Copy of Original HAP contract and current renewal must be provided for TSP to be prepared.

Contact Information

SEND TO:

First/Last Name *Title*

Phone *Email*

Management Company Name

Information to Appear on Tenant Selection Plan

Property Name *Contract or Project #*

Property Street Address *City/State/Zip Code*

Property Phone *Property Subsidy Type*

Product	QTY	Price	Subtotal	Payment Method
Tenant Selection Plan <i>Includes one hour of data gathering/TSP consultation time with client.</i>	1	\$800.00	\$800.00	<input type="checkbox"/> Check: Mail your check and completed order form to: PMCS Inc. 500 Plum Street, Suite 320 Syracuse, NY 13204 Please reference: " Property Name – Tenant Selection Plan " on memo line of check <input type="checkbox"/> PayPal: Email your completed order form to: solutions@pmcsinc.com An invoice containing PayPal payment link will be emailed to you to pay by credit card. No PayPal account needed.
Rush Order Fee: <i>Priority scheduling within 10 business days contingent upon client response time.</i>		\$150.00		
Total Enclosed:				

Questions? Please call us at: **800-245-PMCS (7627) x 1517**

NOTE: We perform our services using our extensive industry knowledge, contacts, and experience acquired over the more than 35 years we have served the Affordable Housing Industry. The services detailed in our contract do not in any way imply or guarantee that your Contract Administrator and/or HUD will not have questions, 'findings', or 'observations' in your Management & Occupancy Review Report. Due to inconsistencies and policy directives from HUD that are unclear or appear contradictory and the resulting myriad interpretations that exist within the Affordable Housing Industry, the variability in citations/comments is beyond anyone's control. Prices subject to change without notice.

For Office Use Only:

Sent By:	Date:	Rec'd By:	Rec'd Date:	DASS:	Tasks:
CK/PP#:			Amount:		Docview:

Tenant Selection Plan Information Sheet

Property Name: _____

For Office Use Only:	
Date Sent:	N/A
Date Received:	

Contract Number: _____ Project Number: _____

Proposed Effective Date of Policy: _____

- **Please research and complete all items prior to returning to PMCS.**
- Please note that your TSP will be drafted by PMCS based on the information provided on this form.
- We will schedule a call with you to go through additional questions/processes but not all items listed on this form will be discussed by PMCS on the call, unless specifically questioned by the client.
- **Please be sure to research the answers and reach out to legal counsel for state/local laws, when applicable. We are unable to finalize the TSP without all answers completed.**
- **Scan and email to PMCS:**
 1. **Original HAP/PRAC contract**
 2. **Current HAP/PRAC renewal contract**
 3. **Current Tenant Selection Plan (TSP)**
 4. **If applicable, also include HUD approval of waiting list preference, LEP, LAP, and/or Pet Rules**
- **TSP cannot be scheduled until all information requested has been completed and/or provided.**

GENERAL PROPERTY INFORMATION

Property Address: _____
Street Address Address 2

_____ City _____ State _____ Zip

Property Phone Number: _____

Property TTY Number (Check One) TTY Number: _____ 711 National Relay

County or MSA property is located in for Income Limits: _____

Is property a Co-Op? Yes No

Is property Smoke-Free? Yes No

If yes, do you allow smoking in the following areas? On the grounds (outside of unit)? Yes No
 Designated Smoking Area only? Yes No If Yes, describe: _____

For admission, applicant households **must** be: Elderly & Disabled Elderly Disabled No elderly/disabled requirements apply

Total number of units: _____ Total number of subsidized units: _____

Choose all that apply:

Subsidy Type	# of Units	Subsidy Type	# of Units
<input type="checkbox"/> Section 8	_____	<input type="checkbox"/> BMIR	_____
<input type="checkbox"/> Section 202/8	_____	<input type="checkbox"/> SPRAC	_____
<input type="checkbox"/> PRAC 202	_____	<input type="checkbox"/> PRA Demo	_____
<input type="checkbox"/> PRAC 811	_____	<input type="checkbox"/> RAD PBV (Project Based Vouchers)	_____
<input type="checkbox"/> 236	_____	<input type="checkbox"/> RAD PBRA (Project Based Rental Assistance)	_____
<input type="checkbox"/> LIHTC	_____	<input type="checkbox"/> Other Subsidy: _____	_____

Tenant Selection Plan Information Sheet

FAIR HOUSING AND EQUAL OPPORTUNITY REQUIREMENTS

Are There 15 Or More **Total** Employees? Yes No

(Include number of site employees and the number of management company employees, regardless of their duties)

Information on individual designated to handle 504/Grievance issues (cannot be the same person responsible for selecting applicants from the waiting list):

Name: _____ Title: _____

Mailing Address: _____

Street Address

Address 2

City

State

Zip

Phone Number: _____ TTY Number (Check One) TTY Number: _____ 711 National Relay

Have you done the 4-Factor Limited English Proficiency (LEP) Analysis for your property? Yes No

If yes, please provide a copy.

Do you have a Language Access Plan (LAP) Yes No

If yes, please provide a copy.

Does your state law prohibit the Head of Household with **Ineligible** immigration status from Yes No

executing a lease? **(This may require you to contact an attorney.)**

GENERAL ELIGIBILITY REQUIREMENTS

Income Limits Used: Low Very Low Extremely Low

Was the original HAP contract effective Pre or Post October 1, 1981? Pre Post

For Elderly/Disabled properties: Does your HAP contract limit admission to persons with a particular type of disability? Yes No N/A

- If yes, choose **all** that apply: Persons with Physical Disabilities
 Persons with Chronic Mental Illness
 Persons with Developmental Disabilities

Note: For 202/8, 202 PAC, and 811 PRAC Programs, project eligibility may be limited to persons qualifying under a specific disability category.

Do you have any overriding state or local laws or regulations that may apply? Yes No

(i.e., Re: discrimination, occupancy standards)

If yes, please attach exact language required needed in your TSP to this document. (This may require you to contact an attorney.)

Project Eligibility: Select the definition of **elderly** applicable at property. Definition A Definition B
 Definition C N/A

Project Eligibility: Select the definition of **disability** applicable at property. Definition D Definition E
 Definition F Definition G
 Definition H N/A



Tenant Selection Plan Information Sheet

APPLICATION INTAKE AND PROCESSING

How are applications to be submitted to property? (check all that apply)	<input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax
If Section 8, how does the site meet income targeting requirements?	<input type="checkbox"/> N/A (Not Section 8 property) <input type="checkbox"/> Alternating Extremely Low Income applicants until 40% level met <input type="checkbox"/> Non-alternating method until 40% level met
Name of the background screening service used:	_____
How are sex offender registries checked for each household member?	<input type="checkbox"/> Location of property and every state lived in for all members <input type="checkbox"/> Nationwide search of all states for all members
Do you use the Dru Sjoden website?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are sex offender checks for all adult members of each household run at annual recertification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are criminal checks for all adult members of each tenant household run at annual recertification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you run credit checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you run current & prior landlord checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No

RECOMMENDED SCREENING CRITERIA

Here are the HUD/CA recommended screening criteria for criminal and credit screening that we will include in your TSP unless we hear otherwise from you. Please check one of the boxes for each of the following.

The following items will result in rejection of an application:

Criminal Check:

- a) Conviction of any household member for **violent criminal activity** within the past **ten (10) years**:
 I accept this screening
 N/A for property
 Other timeframe: _____
- b) Any member with **convictions** within the past **five to ten (5-10) years**, due to **drug-related criminal activity**:
 I accept this screening
 N/A for property
 Other timeframe: _____
- c) Any conviction within the past **five (5) years** which involved deliberate injury to a person or property:
 I accept this screening
 N/A for property
 Other timeframe: _____
- d) Any conviction for the **passing of worthless checks, theft from employer, fraud (including credit card, welfare, or worker's comp), identity theft, embezzlement, or forgery** within the past **three to five (3-5) years**:
 I accept this screening
 N/A for property
 Other timeframe: _____
- e) Any conviction for the **sale, distribution, or manufacture of any controlled or illegal substance**, as well as any conviction within the past **five to ten (5-10) years** involving **illegal use or possession of any controlled or illegal substance**:
 I accept this screening
 N/A for property
 Other timeframe: _____
- f) Any conviction for any **sexual offense** within the past **five (5) years**:
 I accept this screening
 N/A for property
 Other timeframe: _____
- g) Any conviction which involved **bodily harm to a child** within the past **ten (10) years**:
 I accept this screening
 N/A for property
 Other timeframe: _____



Tenant Selection Plan Information Sheet

RECOMMENDED SCREENING CRITERIA (continued)

Credit Check:

a) **Bankruptcy** within the last **two (2) years**:

I accept this screening N/A for property Other timeframe: _____

b) More than **\$5,000** in **outstanding debt**:

I accept this screening N/A for property Other timeframe: _____

c) **Foreclosure** in the last **six (6) months**:

I accept this screening N/A for property Other timeframe: _____

d) **Any outstanding landlord or utility collections**:

I accept this screening N/A for property

e) More than **six (6) collections outstanding**, regardless of type:

I accept this screening N/A for property Other amount: _____

f) More than **one (1)** previous **non-payment procedure in housing court** during the past **three (3) years**:

I accept this screening N/A for property Other timeframe: _____

a. Exemptions include medical collections and/or if applicant has proof of repayment of debt. Proof must be a statement of satisfaction from creditor, court, or other legal proof.

Prior Landlord Check:

If any household member was a previous resident at this property (or any other property managed by _____), the tenant file will be checked. If there is documentation that the tenant was repeatedly notified of rules violations, lease violations, or if the household left the property owing overpaid HUD assistance, unpaid rent, or damages, the application will be rejected.

a) If any member of the household has left another HUD-assisted property owing overpaid HUD assistance, unpaid rent, or damages.

N/A

b) Household has been evicted from a previous residence or has a history of lease violations within the past **three (3) years**:

I accept this screening N/A for property Other timeframe: _____

c) Any member is currently engaged in illegal use of drugs or when the owner has reasonable cause to believe that a member's illegal use or pattern of illegal use of a drug may interfere with health, safety, and right to peaceful enjoyment of the property by other residents. The screening standards will be based on behavior, not the condition of drug abuse.

N/A

d) There is reasonable cause to believe that member's behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety, and right to peaceful enjoyment by other residents. The screening standards will be based on the behavior, not the condition of alcoholism or alcohol abuse.

N/A

e) HUD requires that Management prohibit admission of any household containing any member (including Live-in Aide) who was evicted in the last **three (3) years** from federally assisted housing for drug-related criminal activity. However, you are allowed exceptions to this rule. Check all that apply. If none apply, check the "No exceptions" box.

No exceptions

The applicant has successfully completed a formal, supervised drug rehabilitation program, or

The person who was evicted for the drug-related criminal activity is no longer a household member



Tenant Selection Plan Information Sheet

OCCUPANCY STANDARDS & WAITING LIST MANAGEMENT

Please provide minimum and maximum people allowed in each bedroom size in the property.
Fill in N/A for unit sizes that do not apply to your property.

Number of Bedrooms	Minimum Number of People	Maximum Number of People
0		
1		
2		
3		
4		
5		

Does site have units adapted for disability? *If yes, indicate # of units.* Yes # _____ No

If yes, select all that apply and indicate number of units. Mobility # _____
 Hearing # _____
 Vision # _____

Should handicapped logo be displayed on TSP? Yes No

Does site have HUD approved local or O/A preferences for waiting list? Yes No

If yes, list approved preferences: _____

How often is the waiting list updated (purge letter sent)? Annually Never Purged
 As Needed No Waiting List Maintained
 Every _____ Years

How long do applicants have to respond to the purge letter? _____

How long must the waiting list be (approximate wait time) before it is closed? Closed if wait for admission is equal to or greater than:
 _____ Number of months OR
 _____ Number of households
 Never Closed

If waiting list has been closed, what is the criteria to reopen? _____

Do you require proof of move-out from current landlord if assisted housing property? Yes No

Is bedbug screening performed prior to move-in? Yes No

If yes, please describe: Visit prior rental unit
 Examine all incoming furniture
 Other: _____

Tenant Selection Plan Information Sheet

OCCUPANCY STANDARDS & WAITING LIST MANAGEMENT (continued)

Does management allow unit transfers at the property? Yes No

If yes, when/conditions to be met? _____

When a household transfers, do you: Transfer the existing security deposit (including interest)

Require a new deposit based on the new TTP

Are current residents given priority to transfer to vacant units over new applicants? Yes No

Do you have a VAWA Emergency Transfer Plan in place? Yes No
If yes, please provide a copy

Is there a preference for applicant households containing a VAWA victim? Yes No

Do current households containing a VAWA victim receive transfer priority? Yes No

Does management allow pets? Yes No
If yes, complete the following questions.

Number of pets allowed: _____

Type of pet and size, if restriction: _____

List amount of pet deposit required: _____

Where Are Pet Rules Defined? Pet Policy House Rules Other
Please provide a copy.

OFFERING A UNIT

If applicant refuses a unit, which of these good cause reasons are acceptable?

- | | |
|--|---|
| <input type="checkbox"/> Medical Reasons | <input type="checkbox"/> Facing/recovering from hospital stay within the projected move-in period |
| <input type="checkbox"/> Recent death of a close family member | <input type="checkbox"/> Pending sale of current residence |
| <input type="checkbox"/> Required to give 30-day notice to family's existing property | <input type="checkbox"/> Inability to move due to current term on a lease in excess of two (2) months |
| <input type="checkbox"/> Unit offered is close to a unit with an assistance animal or pet to which someone in the applicant's family is allergic | |



Tenant Selection Plan Information Sheet

HOTMA FINAL RULE – New criteria required under HOTMA Final Rule regulations

Streamlined Determination of Fixed Income:

Streamlined determination of fixed income was introduced under the FAST Act of 2016, and permits, but does not require, use of streamlined income verification for families with 90% or more of income from fixed sources such as SSA, SSI, or pension plans. This allows for full third-party verification of fixed income in the first certification year, followed by self-certification of fixed income by the family in certification years two and three.

Will the streamlined determination of fixed income under HOTMA be used? Yes No

Asset Limitation Enforcement at Annual and Interim Recertification for Existing Families:

The HOTMA Final Rule introduced four (4) discretionary policy options for enforcement of the \$100,000 net family asset cap and real property requirement for existing families. These asset limitation discretionary policy options **do not** apply to applicants/new admissions. The four discretionary policy options are **Total Enforcement**, where the asset and real property rule **is** enforced for all existing families, as written, at Annual or Interim Recertification, **Total Non-Enforcement** where the asset cap and real property rule is **not** enforced for all existing families at Annual or Interim Recertification, **Limited Enforcement** where the asset cap and real property rule is **not** enforced for all existing families for up to six months after the effective date of the Annual or Interim Recertification, **Exception** policy where the asset cap and real property rule is **not** enforced at Annual or Interim Certification for **excepted** families based on family type (i.e., elderly families, disabled families, ability to find other suitable housing, etc.)

Which asset limitation policy will be used for all existing families at Annual or Interim Certification?

- Total Enforcement Total Non-Enforcement Limited Enforcement
 Exception Non-Enforcement Exception Limited- Enforcement

*Asset Limitation Exception Policies **must** conform with applicable Fair Housing statutes and regulations and describe the families who are excepted.*

If Exception Non-Enforcement or Exception Limited Enforcement policy is selected above, please describe the excepted family type(s):

Will a Self-Certification of Net Family Assets equal to or less than \$50,000 be accepted at time of Admission/Move-in? Yes No

Will a Self-Certification of Net Family Assets equal to or less than \$50,000 be accepted at time of Annual or Interim Recertification? Yes No

If Self-Certification of Net Family Assets equal to or less than \$50,000 are not accepted, then third-party verification of assets is required!

Verification Requirements:

The HOTMA Final Rule introduced a new Safe-Harbor rule which allows, but does not require, use of verification of a family's annual income from another "means-tested" federal program or federal form of assistance (i.e., TANF, Medicaid, SNAP, WIC, Public Assistance, LIHTC TIC, etc.)

Will the Safe-Harbor method of income determination from other "means-tested" federal program be used to determine annual income of applicant families at time of move-in? Yes No

Will the Safe-Harbor method of income determination from other "means-tested" federal program be used to determine annual income of existing tenants at Annual Recertification? Yes No

If yes, please identify which federal program(s) and form(s) of assistance will be used and the sources/types of income documentation accepted:

Tenant Selection Plan Information Sheet

HOTMA FINAL RULE – New criteria required under HOTMA Final Rule regulations (continued)

De Minimis Errors in Calculation of Income:

Under the HOTMA Final Rule, corrective action must be taken to credit or repay a family, if the family was overcharged tenant rent because of De Minimis errors or other errors in calculation of annual or adjusted income. The HOTMA Final Rule requires the TSP to include the policy.

How will De Minimis Errors in the calculation of annual or adjusted income (*equal to or greater than \$30 per month resulting in a family being overcharged tenant rent*) be credited back to a family?

- De Minimis Errors will be paid/refunded by check to the family
- De Minimis Errors will be credited to the family's rent ledger account

Hardship Exemptions:

Under the HOTMA Final Rule, hardship relief must be provided to eligible families with health and medical care expenses, reasonable attendant care expenses, and/or auxiliary apparatus expenses that exceed 5% of annual income and/or eligible families who demonstrate an inability to pay rent due to a financial hardship due to childcare expenses. The HOTMA Final Rule allows for, but does not require, discretionary policy to extend hardship relief for one or more 90-day interval(s) while the family's hardship condition exists.

Are hardship exemptions for child-care expense deductions extended beyond HUD's minimum 90-day period? Yes No

If yes, how many additional 90-day hardship exemption extensions are granted? _____

Are hardship exemptions for general hardship relief for health and medical care expenses and reasonable attendant care and auxiliary apparatus expenses extended beyond HUD's minimum 90-day period? Yes No

If yes, how many additional 90-day hardship exemption extensions are granted? _____

Will phased-in relief be offered to applicant families at time of admission if they were previously receiving phased-in relief at their prior assisted unit? Yes No



Tenant Selection Plan Information Sheet

HOTMA FINAL RULE – New criteria required under HOTMA Final Rule regulations (continued)

Interim Certifications:

The HOTMA Final Rule changes conditions under which Interim Certifications must be conducted, which must be identified in the TSP.

Decreases in Adjusted Income

Owner/Agents must process Interim Certifications of family income if the family's annual adjusted income decreases by 10% or more of adjusted income. The HOTMA Final Rule allows for discretionary authority to set a lower percentage threshold (lower than 10%) when conducting Interim Recertifications for decreases in income which must be identified in the TSP.

Will Interim Certifications with reported decreases in income (or increases in deductions) that result in Yes No a change of less than 10% of adjusted income be conducted?

If yes, what is the decrease of adjusted income percentage threshold used to process Interim Certifications? _____

Increases in Adjusted Income

The HOTMA Final Rule requires that Owner/Agents not process Interim Certifications for income increases that result in less than a 10% increase in annual adjusted income. The HOTMA Final Rule further allows discretionary authority to conduct Interim Certification when reported changes in family income occur within three months of the next scheduled Annual Recertification effective date. Discretionary policies must be identified in the TSP.

Will Interim Certifications with reported increases in income be conducted if reported within three Yes No months of the next scheduled Annual Recertification effective date?

Will reported increases in earned income that result in a change of 10% or more of adjusted income Yes No be counted when conducting Interim Certifications?

Will Interim Certifications be conducted for reported increases in income after an Interim Certification Yes No was previously conducted during the certification cycle for a reported decrease in income?

Revocation of HUD 9887/9887A Consent Forms:

The HOTMA Final Rule changes the HUD 9887/9887A consent forms. Previously, HUD 9887/9887A consent forms had a life expectancy of 15 months and were required to be signed at time of admission and annually thereafter. Under the HOTMA Final Rule, consent form HUD 9887/9887A will remain in effect until the family is denied assistance, assistance is terminated, or the family provides written notification revoking previously provided consent. Families have the right to revoke consent, however revoking consent limits the Owner/Agent's ability to obtain verification and process Annual and Interim Certifications and may result in termination or denial of assistance if written policy exists. Written policy that revocation of consent will result in termination or denial of assistance must be identified in the TSP.

Will revocation of consent for the Release of Information HUD 9887/9887A result in denial of Yes No assistance for applicant families?

Will revocation of consent for the Release of Information HUD 9887/9887A result in termination of Yes No assistance for existing families?

When Owner/Agents do not establish written policy on revocation of consent, participant families will be required to sign new HUD 9887/9887A form prior to the next Annual or Interim certification!

What timeframe is required for existing household members who turn 18 years of age, between Within 30 days of household Annual Recertification, to sign the HUD 9887/9887A Authorization for the Release of Information? member turning 18
 Other Timeframe (Specify): _____

Completed by: _____ Date: _____