

April 25, 2008

Dear Rental Rehabilitation Loan Applicant:

Enclosed are the HOME Rental Rehabilitation loan application materials you will need to apply for a loan to make improvements to your rental property.

This packet includes:

- An application & return envelope
- Tenant Questionnaires & return envelopes (1 for each unit)
- Lead Paint Booklets (1 for each unit)
- Tenant Assistance Policy (1 for each unit)
- A brochure describing the program
- A schedule of the most current income limits & rent limits

When submitting the application, please make sure all the spaces on the application are completed. If the rental unit(s) is vacant, keep the tenant questionnaire for future use. If your unit(s) is occupied, a tenant questionnaire must be completed by your tenant and must accompany your application. Please also include a copy of your most current income tax return, including all schedules. If you have a recent appraisal of the property, please also include a copy.

If you need additional application material or if you have any questions, please feel free to contact Neighborhood Services at (608) 755-3065. Thank you for your interest in our program.

Sincerely,

Neighborhood Services



**CITY OF JANESVILLE**  
*Housing & Neighborhood Services*

18 N Jackson St ~ P.O. Box 5005 ~ Janesville, WI 53547 ~ Phone: (608) 755-3065 ~ Fax: (608) 755-3207  
[www.ci.janesville.wi.us](http://www.ci.janesville.wi.us)

Application Date: \_\_\_\_\_

**I. PROPERTY OWNER INFORMATION**

Borrower: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ DOB: \_\_\_\_\_  
Co-Borrower: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ DOB: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City/State \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_  
May we reach you at work if necessary? \_\_\_\_\_  
Address of Property to be Rehabilitated: \_\_\_\_\_ No. of Units: \_\_\_\_\_

# of Units to be Rehabilitated: \_\_\_\_\_

**II. LEGAL FORM OF OWNERSHIP**

\_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other  
Please explain any special circumstances:  
\_\_\_\_\_  
\_\_\_\_\_

Property is owned by: \_\_\_\_\_ Warranty Deed \_\_\_\_\_ Land Contract \_\_\_\_\_ Other  
Please explain any special circumstances:  
\_\_\_\_\_  
\_\_\_\_\_

**III. EXISTING DEBT ON PROPERTY TO BE REHABILITATED**

	Lender Name & Address	Principal Balance	Monthly Payment, including taxes & insurance	Term
1				
2				
3				

Property Insurance Agent Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. ANNUAL OPERATING EXPENSES:**

Debt Service \$ \_\_\_\_\_ Utilities \$ \_\_\_\_\_  
Insurance \$ \_\_\_\_\_ Taxes \$ \_\_\_\_\_  
Management \$ \_\_\_\_\_ Maintenance \$ \_\_\_\_\_

**V. UNIT INFORMATION**

Unit #	# of Bedrooms	Tenant Name	Monthly Rent	Monthly Rent After Rehabilitation

(Attach additional units on back side if necessary)

Other Income (garage, laundry facilities...): \$ \_\_\_\_\_ Annually

Specify what additional income is for: \_\_\_\_\_

Utilities and Appliances - The owner shall provide or pay for the utilities and appliances indicated below by an "O". The tenant shall provide or pay for the utilities and appliances indicated below by a "T".

Item	Specify Fuel Type	Provided By	Paid By
Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil or Electric <input type="checkbox"/> Coal/Other		
Cooking	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil or Electric <input type="checkbox"/> Coal/Other		
Water Heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil or Electric <input type="checkbox"/> Coal/Other		
Other Electric			
Water			
Sewer			
Trash Collection			
Air Conditioning			
Refrigerator			
Range/Microwave			
Other (specify)			

Do you expect to change any of the above as a result of rehabilitation?

\_\_\_\_\_

Will temporary or permanent relocation of tenants be required? \_\_\_\_\_

Please explain: \_\_\_\_\_

\_\_\_\_\_

Has any child in the unit been tested for an Environmental Intervention Blood Lead Level (EIBLL)? \_\_\_\_\_

If Yes, when? \_\_\_\_\_

Please explain: \_\_\_\_\_

\_\_\_\_\_



**AUTHORIZATION FOR RELEASE OF INFORMATION**

As evidenced by my signature, I hereby authorize the City of Janesville, Neighborhood Services, Rental Rehabilitation Program to obtain verification of any and all information regarding property ownership, mortgage status, property insurance and credit worthiness. Furthermore, I authorize release of such information at the request of the Rental Rehabilitation Program. I understand this may include a credit report.

I understand this information will be kept confidential by the Rental Rehabilitation Program and will be used solely for the purposes of determining eligibility for participation in the Rental Rehabilitation Program and used in statistical tables, study and research.

I acknowledge receipt of a copy of the booklet “ How to Protect Your Family From Lead in Your Home”. I certify that I have supplied each occupied unit with a copy of “Protect Your Family From Lead in Your Home”.

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip



**CITY OF JANESVILLE**  
*Housing & Neighborhood Services*

*18 N Jackson St ~ P.O. Box 5005 ~ Janesville, WI 53547 ~ Phone: (608) 755-3065 ~ Fax: (608) 755-3207*  
*[www.ci.janesville.wi.us](http://www.ci.janesville.wi.us)*

Dear Tenant,

Your landlord has applied for a rehabilitation loan funded by the City of Janesville, Neighborhood Services, Rental Rehabilitation Program for the rental property in which you live. As part of the application process, we need some information about the people who are currently residing in the unit. Please take a moment to fill out this form, seal is in the enclosed envelope and return it to your landlord who will deliver it to Neighborhood Services. All the information you provide will be kept strictly confidential. Please also take a moment to read the enclosed booklet, "Protect Your Family From Lead in Your Home".

**HOUSEHOLD INFORMATION**

Unit Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Household Members Name(s)	DOB	Social Security #	Race/Ethnicity (see codes below) Hispanic: Y or N	Relation to Head of HH
1				
2				
3				
4				
5				

**Race Codes:** 1=White; 2=Black/African American; 3=American Indian/Alaskan Native; 4=Asian; 5=Native Hawaiian/Other Pacific Islander; 6=Other (Specify)

**INCOME INFORMATION**

*Please provide the following information for all household members:*

Household Member	Employer Name	Employer Address	Gross Monthly Income

**Other Income:** Please check all sources of income that the household receives and indicate a gross monthly amount.

Social Security \$ \_\_\_\_\_ Unemployment \$ \_\_\_\_\_  
SSI \$ \_\_\_\_\_ Interest from Savings \$ \_\_\_\_\_  
W-2 \$ \_\_\_\_\_ Other \$ \_\_\_\_\_  
Pension (s) \$ \_\_\_\_\_ Source: \_\_\_\_\_  
Source: \_\_\_\_\_ Address: \_\_\_\_\_  
Address: \_\_\_\_\_

I certify that the above information is to the best of my knowledge and belief, true, accurate and complete, and that I have received a copy of the booklet "Protect Your Family From Lead in Your Home".

Head of Household Signature

Date

**TENANT AUTHORIZATION FOR RELEASE OF INFORMATION**

To Whom It May Concern:

As evidenced by my signature, I hereby authorize the City of Janesville, Rental Rehabilitation Program to obtain verification of any and all information regarding my INCOME, ASSETS, EMPLOYMENT, AND HOUSING EXPENSES. Furthermore, I authorize the release of such information at the request of the Rental Rehabilitation Program..

I understand that this information will be kept confidential by the Rental Rehabilitation Program and will be used solely for the purpose of determining eligibility for participation in the Program, and used in statistical tables, study and research.

---

Signature of Tenant

Date

---

Signature of any other adult member

Date

---

Signature of any other adult member

Date



**CITY OF JANESVILLE**  
*Housing & Neighborhood Services*

Dear Tenant,

Your landlord has applied for a rehabilitation loan funded by the City of Janesville, Neighborhood Services, Rental Rehabilitation Program for the rental property in which you live. As part of the application process, we need some information about the people who are currently residing in the unit. Please take a moment to fill out this form, seal is in the enclosed envelope and return it to your landlord who will deliver it to Neighborhood Services. All the information you provide will be kept strictly confidential. Please also take a moment to read the enclosed booklet, "Protect Your Family From Lead in Your Home".

**HOUSEHOLD INFORMATION**

Unit Address: \_\_\_\_\_

Phone # : \_\_\_\_\_

Household Members Name(s)	DOB	Social Security #	Race/Ethnicity (see codes below) Hispanic: Y or N	Relation to Head of HH
1				
2				
3				
4				
5				

**Race Codes:** 1=White; 2=Black/African American; 3=American Indian/Alaskan Native; 4=Asian; 5=Native Hawaiian/Other Pacific Islander; 6=Other (Specify)

**INCOME INFORMATION**

*Please provide the following information for all household members:*

Household Member	Employer Name	Employer Address	Gross Monthly Income

**Other Income:** Please check all sources of income that the household receives and indicate a gross monthly amount.

Social Security \$ \_\_\_\_\_

Unemployment \$ \_\_\_\_\_

SSI \$ \_\_\_\_\_

Interest from Savings \$ \_\_\_\_\_

W-2 \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Pension (s) \$ \_\_\_\_\_

Source: \_\_\_\_\_

Source: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

I certify that the above information is to the best of my knowledge and belief, true, accurate and complete, and that I have received a copy of the booklet "Protect Your Family From Lead in Your Home".

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

**TENANT AUTHORIZATION FOR RELEASE OF INFORMATION**

To Whom It May Concern:

As evidenced by my signature, I hereby authorize the City of Janesville, Rental Rehabilitation Program to obtain verification of any and all information regarding my INCOME, ASSETS, EMPLOYMENT, AND HOUSING EXPENSES. Furthermore, I authorize the release of such information at the request of the Rental Rehabilitation Program..

I understand that this information will be kept confidential by the Rental Rehabilitation Program and will be used solely for the purpose of determining eligibility for participation in the Program, and used in statistical tables, study and research.

---

Signature of Tenant

Date

---

Signature of any other adult member

Date

---

Signature of any other adult member

Date



**CITY OF JANESVILLE**  
*Housing & Neighborhood Services*

*18 N Jackson St ~ P.O. Box 5005 ~ Janesville, WI 53547 ~ Phone: (608) 755-3065 ~ Fax: (608) 755-3207*  
*www.ci.janesville.wi.us*

**CITY OF JANESVILLE  
NEIGHBORHOOD SERVICES**

**TENANT ASSISTANCE POLICY**

**Introduction**

The City of Janesville receives funding from state and federal programs to improve housing for low- and moderate-income people. When funding the rehabilitation of rental housing, there is a concern that the rehabilitated units continue to be available for low-income tenants. If tenants are forced to move from their rental units because of the rehabilitation work or higher rents, benefits may be paid to them.

The purpose of this Tenant Assistance Policy is to help you understand what benefits you will receive if you have to move from your dwelling unit because of the proposed rehabilitation work. Depending upon your income, you may also be eligible for benefits if the property owner raises the rent because of the rehabilitation work, whether or not you move. As required by federal law, tenants who qualify will be offered their choice of Rent Assistance, which is a monthly rent supplement, or a cash payment, including moving expense. If you have to move temporarily from your apartment because of the construction, you will be reimbursed for actual reasonable moving expenses and related costs.

The property owner will be responsible for all cash relocation payments and may borrow these funds as a part of the rehabilitation loan package.

**Eligible Tenants**

Eligible tenants are those legally occupying the property at the time the property owner submits an application for a rental housing rehabilitation loan. You will be considered a displaced person, eligible for benefits if:

- a. You are forced to move permanently and involuntarily from your unit because of the rehabilitation work unless you are offered an affordable unit in the same or nearby building under reasonable terms and conditions. Such reasonable terms and conditions must include a term of at least one year at a monthly rent and estimated average monthly utility costs that do not exceed the greater of:
  - (i) Your monthly rent before such agreement and estimated average monthly utility costs; or
  - (ii) The total tenant payment, as determined under 24 CFR 5.613, if you are low-income, or 30 percent of gross household income if you are not low-income; or
- b. You are required to relocate temporarily, and do not return to the building/complex and either:
  - (i) You are not offered payment for all reasonable out-of-pocket expenses incurred in connection with the temporary relocation; or
  - (ii) Other conditions of the temporary relocation are not reasonable; or
- c. You are required to move to another dwelling unit in the same building/complex but are not offered reimbursement for all reasonable out-of-pocket expenses incurred in connection with the move, or other conditions of the move are not reasonable.

You will not qualify as a displaced person if:

- a. You have been evicted for cause based upon a serious or repeated violation of the terms and conditions of the lease or occupancy agreement, violation of federal, State, or local law, or other good cause;
- b. You moved into the property after the property owner applied for the rehabilitation loan and, before signing a lease and moving in, you were provided written notice of the project and its possible impact and the fact that you would not qualify as a displaced person as a result of the project;
- c. You are ineligible under 49 CFR 24.2(g)(2); or
- d. HUD determines that you are not displaced as a direct result of acquisition, rehabilitation, or demolition for the project.

## **Benefits**

The benefits you receive may include a replacement housing payment or Rent Assistance, plus moving expenses and advisory services. You can use your replacement housing payments to rent a different unit, or you may receive them in a lump sum if you wish to make a down payment to purchase a house. When provided to rent a different unit, cash payments will be provided in installments. Advisory services include information notices, counseling, and help in finding affordable replacement housing.

Moving expenses include the cost of moving your possessions from your current housing unit to a new unit.

If Section 8 Rent Assistance is offered, staff will also provide referrals to comparable replacement dwelling units where the owner is willing to participate in the Section 8 Rent Assistance program.

## **Replacement Housing Payment**

If you are not eligible for the Section 8 Rent Assistance Program, a cash replacement housing payment will be calculated. This payment is based on the difference between the current rent and utility costs of your existing unit and those of a comparable replacement unit multiplied by 42 months.

## **Staff Assistance**

The City of Janesville Community Development Department administers the Rental Rehabilitation Program and the Section 8 Rent Assistance Program. The Housing Rehabilitation Specialist is responsible for sending required notices to you and will be available to answer any questions you may have about the rehabilitation work. A Section 8 Housing Specialist will be assigned to work with you if you are eligible for the Section 8 Rent Assistance Program. The Community Development Planner will work with you if you are displaced.

## **Notices:**

There are several types of notices that you might receive. The first is a notice of non-displacement. This notice will indicate that you are not being required to move as a result of the project. The second is a notice of temporary displacement, which will indicate that you will be required to temporarily move during the course of the rehabilitation project and that reasonable moving costs will be paid. The third is a notice of permanent displacement. This notice would indicate what your relocation benefits would be.

As a part of the application project, existing tenants will be asked to provide information about household size and income. This information will be verified with information from an independent source. It will be used to determine whether you are low income and what benefits you may be eligible for.

## **Rent Assistance Procedures**

The Section 8 staff takes applications for Rent Assistance weekdays from 8:00 a.m. to 4:30 p.m. You must apply in person and complete an application interview. Your application for assistance will be evaluated for admission preferences. Persons displaced from City-funded rental rehabilitation projects will receive an admission preference and receive the earliest possible assistance according to the Section 8 Administrative Plan. The Housing Director will make final decisions regarding preference status.

## **Appeals**

If you disagree with the City's determination concerning whether you qualify as a displaced person, or the amount of relocation assistance for which you may be eligible, you may file a written appeal of that determination with the Housing Director. If you are a low-income person and are dissatisfied with the City's determination on your appeal, you may submit a written request for review of that determination to the HUD field office. Such appeals should be addressed to Community Planning and Development, Milwaukee HUD Office, 310 West Wisconsin Avenue, Suite 1380, Milwaukee, WI 53203.

## **Equal Opportunity**

It is the declared policy of the City of Janesville and Janesville Community Development Authority that all persons shall have an equal opportunity for housing regardless of race, color, religion, ancestry, national origin, age, sex, disability, lawful source of income, marital status, sexual orientation, or family status.

Some of the types of actions are considered unlawful under federal, state, or local laws when they are done because people belong to one or more of the protected classes. These types of actions include:

- Refusing to sell, rent, lend money, or build housing.
- Refusing to talk about selling, renting, lending money, or building housing.
- Refusing to let people look at housing that is for rent or sale.
- Making people pay more money than others to buy or rent housing or when borrowing money for housing.
- Refusing to sell, or to lend money so that people can buy, an empty lot to build housing on.
- Advertising that housing is available for sale or rent only to certain members of protected classes.
- Saying that housing is not available to inspect, or for sale or rent when it really is available.
- "Block busting" by persuading owners to sell or rent housing more cheaply by telling them that minority groups are moving into the neighborhood.
- Refusing to sell people household insurance.
- Refusing to renew a lease, or evicting or harassing people.
- Not letting people use real estate services such as brokers' association or multiple listing service.
- Providing unequal services or treatment.

In addition, the owner of each property assisted with a rental rehabilitation loan agrees not to discriminate against prospective tenants on the basis of their receipt of, or eligibility for, housing assistance under any federal, state, or local housing program.

**CITY OF JANESVILLE  
NEIGHBORHOOD SERVICES**

**TENANT ASSISTANCE POLICY**

**Introduction**

The City of Janesville receives funding from state and federal programs to improve housing for low- and moderate-income people. When funding the rehabilitation of rental housing, there is a concern that the rehabilitated units continue to be available for low-income tenants. If tenants are forced to move from their rental units because of the rehabilitation work or higher rents, benefits may be paid to them.

The purpose of this Tenant Assistance Policy is to help you understand what benefits you will receive if you have to move from your dwelling unit because of the proposed rehabilitation work. Depending upon your income, you may also be eligible for benefits if the property owner raises the rent because of the rehabilitation work, whether or not you move. As required by federal law, tenants who qualify will be offered their choice of Rent Assistance, which is a monthly rent supplement, or a cash payment, including moving expense. If you have to move temporarily from your apartment because of the construction, you will be reimbursed for actual reasonable moving expenses and related costs.

The property owner will be responsible for all cash relocation payments and may borrow these funds as a part of the rehabilitation loan package.

**Eligible Tenants**

Eligible tenants are those legally occupying the property at the time the property owner submits an application for a rental housing rehabilitation loan. You will be considered a displaced person, eligible for benefits if:

- d. You are forced to move permanently and involuntarily from your unit because of the rehabilitation work unless you are offered an affordable unit in the same or nearby building under reasonable terms and conditions. Such reasonable terms and conditions must include a term of at least one year at a monthly rent and estimated average monthly utility costs that do not exceed the greater of:
  - (i) Your monthly rent before such agreement and estimated average monthly utility costs; or
  - (iii) The total tenant payment, as determined under 24 CFR 5.613, if you are low-income, or 30 percent of gross household income if you are not low-income; or
- e. You are required to relocate temporarily, and do not return to the building/complex and either:
  - (iii) You are not offered payment for all reasonable out-of-pocket expenses incurred in connection with the temporary relocation; or
  - (iv) Other conditions of the temporary relocation are not reasonable; or
- f. You are required to move to another dwelling unit in the same building/complex but are not offered reimbursement for all reasonable out-of-pocket expenses incurred in connection with the move, or other conditions of the move are not reasonable.

You will not qualify as a displaced person if:

- e. You have been evicted for cause based upon a serious or repeated violation of the terms and conditions of the lease or occupancy agreement, violation of federal, State, or local law, or other good cause;
- f. You moved into the property after the property owner applied for the rehabilitation loan and, before signing a lease and moving in, you were provided written notice of the project and its possible impact and the fact that you would not qualify as a displaced person as a result of the project;
- g. You are ineligible under 49 CFR 24.2(g)(2); or
- h. HUD determines that you are not displaced as a direct result of acquisition, rehabilitation, or demolition for the project.

### **Benefits**

The benefits you receive may include a replacement housing payment or Rent Assistance, plus moving expenses and advisory services. You can use your replacement housing payments to rent a different unit, or you may receive them in a lump sum if you wish to make a down payment to purchase a house. When provided to rent a different unit, cash payments will be provided in installments. Advisory services include information notices, counseling, and help in finding affordable replacement housing. Moving expenses include the cost of moving your possessions from your current housing unit to a new unit.

If Section 8 Rent Assistance is offered, staff will also provide referrals to comparable replacement dwelling units where the owner is willing to participate in the Section 8 Rent Assistance program.

### **Replacement Housing Payment**

If you are not eligible for the Section 8 Rent Assistance Program, a cash replacement housing payment will be calculated. This payment is based on the difference between the current rent and utility costs of your existing unit and those of a comparable replacement unit multiplied by 42 months.

### **Staff Assistance**

The City of Janesville Community Development Department administers the Rental Rehabilitation Program and the Section 8 Rent Assistance Program. The Housing Rehabilitation Specialist is responsible for sending required notices to you and will be available to answer any questions you may have about the rehabilitation work. A Section 8 Housing Specialist will be assigned to work with you if you are eligible for the Section 8 Rent Assistance Program. The Community Development Planner will work with you if you are displaced.

### **Notices:**

There are several types of notices that you might receive. The first is a notice of non-displacement. This notice will indicate that you are not being required to move as a result of the project. The second is a notice of temporary displacement, which will indicate that you will be required to temporarily move during the course of the rehabilitation project and that reasonable moving costs will be paid. The third is a notice of permanent displacement. This notice would indicate what your relocation benefits would be.

As a part of the application project, existing tenants will be asked to provide information about household size and income. This information will be verified with information from an independent source. It will be used to determine whether you are low income and what benefits you may be eligible for.

## **Rent Assistance Procedures**

The Section 8 staff takes applications for Rent Assistance weekdays from 8:00 a.m. to 4:30 p.m. You must apply in person and complete an application interview. Your application for assistance will be evaluated for admission preferences. Persons displaced from City-funded rental rehabilitation projects will receive an admission preference and receive the earliest possible assistance according to the Section 8 Administrative Plan. The Housing Director will make final decisions regarding preference status.

## **Appeals**

If you disagree with the City's determination concerning whether you qualify as a displaced person, or the amount of relocation assistance for which you may be eligible, you may file a written appeal of that determination with the Housing Director. If you are a low-income person and are dissatisfied with the City's determination on your appeal, you may submit a written request for review of that determination to the HUD field office. Such appeals should be addressed to Community Planning and Development, Milwaukee HUD Office, 310 West Wisconsin Avenue, Suite 1380, Milwaukee, WI 53203.

## **Equal Opportunity**

It is the declared policy of the City of Janesville and Janesville Community Development Authority that all persons shall have an equal opportunity for housing regardless of race, color, religion, ancestry, national origin, age, sex, disability, lawful source of income, marital status, sexual orientation, or family status.

Some of the types of actions are considered unlawful under federal, state, or local laws when they are done because people belong to one or more of the protected classes. These types of actions include:

- Refusing to sell, rent, lend money, or build housing.
- Refusing to talk about selling, renting, lending money, or building housing.
- Refusing to let people look at housing that is for rent or sale.
- Making people pay more money than others to buy or rent housing or when borrowing money for housing.
- Refusing to sell, or to lend money so that people can buy, an empty lot to build housing on.
- Advertising that housing is available for sale or rent only to certain members of protected classes.
- Saying that housing is not available to inspect, or for sale or rent when it really is available.
- "Block busting" by persuading owners to sell or rent housing more cheaply by telling them that minority groups are moving into the neighborhood.
- Refusing to sell people household insurance.
- Refusing to renew a lease, or evicting or harassing people.
- Not letting people use real estate services such as brokers' association or multiple listing service.
- Providing unequal services or treatment.

In addition, the owner of each property assisted with a rental rehabilitation loan agrees not to discriminate against prospective tenants on the basis of their receipt of, or eligibility for, housing assistance under any federal, state, or local housing program.

**2008 HUD HOME PROGRAM INCOME LIMITS**  
**Based on 60% of County Median Income Level**  
 (as of April, 2008)

**Household Size**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
26,700	30,480	34,320	38,100	41,160	44,220	47,220	50,280

**2008 HOME PROGRAM Fair Market Rents Limits**  
 (Effective April, 2008.)

BR Size	0	1	2	3	4
High Rents	477	557	694	908	935

Rent Amounts include an allowance for utilities. Utility allowance schedule will vary based on the type of building and/or unit and tenant paid utilities. For more information, call Neighborhood Services.