



**EAST
PEORIA
HOUSING
AUTHORITY**

Dear HCV Applicant,

Thank you for your interest in the Section 8 Housing Choice Voucher Project Based Program at Leisure Acres; offered through the East Peoria Housing Authority. The following material is designed to provide information on our housing assistance program and specifically how our Leisure Acres waitlist works. Please read over these materials carefully and if you have any questions, please contact our office.

Please understand the following:

- ✦ We have no way of anticipating how long your name will be on our waitlist before we can offer you assistance. There is no way of us knowing/ letting you know exactly when your name will be called off the waitlist.
- ✦ Final eligibility will be determined at the time your name is pulled off the waitlist to offer you assistance through our program.
- ✦ If the information you provided is found to be inaccurate or incomplete, it may cause your application to be rejected.
- ✦ You have the right to appeal an adverse action or lack of action in the part of the Housing Authority. Attached you will find a copy of our Informal Hearing packet, that will have all the information you need if an appeal is needing to be filed.
- ✦ If **ANY** of your personal information that you provided changes at **ANY** time, it is **YOUR** responsibility to report those changes to the East Peoria Housing Authority as soon as possible!

The Project Based Program requires you to be **55** years of age or older. When you are called and offered assistance you **MUST** be willing to reside within the Leisure Acres Phase 1 complex at 200 Carlson Ave, Washington, IL. The tenant pays 30% of their adjusted monthly income towards rent and utilities.

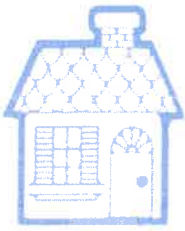
As an applicant, when your name reaches the top of the waitlist and is pulled, you will first be telephoned with an offer, if we are unable to reach you by phone, we will then send a letter with a deadline date to respond by. If we do not get a response by that deadline date, at that time we will assume you are no longer interested and you will be removed.

Again, please review and keep the attached material for your records.

Thanks for your interest in the East Peoria Housing Authority HCV Program!

Sincerely,

EPHA



STEP BY STEP PROCESS ONCE YOU ARE OFFERED A UNIT

1. Once offered a unit and you accept, you must complete a re-certification/ eligibility application with EPHA. We will also need you to provide all personal documentation, ANY/ ALL current income and assets to our office.
2. EPHA staff will then run calculations to determine your final eligibility and approval.
3. Once you are approved by EPHA, we will then submit all your information/ documentation to the property manager at Leisure Acres. At this time, you will wait for them to contact you and schedule an appointment for you to start Leisure Acre's approval process.
4. Once Leisure Acre's has approved you, the EPHA will then conduct their initial inspection of the unit. If the unit does not pass the inspection; EPHA will then issue a letter for repairs to the property manager at Leisure Acre's.
5. After all the repairs have been completed, EPHA staff will re-inspect the unit to verify the repairs. Once the unit passes inspection, we will reach out to schedule a lease signing day and time.
6. Your assistance will then start according to the effective date on the lease agreement.

INFORMAL REVIEW POLICY

Attached is the Informal Review Policy of the East Peoria Housing Authority which has been approved by the Department of Housing and Urban Development. It is very important that you read this policy thoroughly and contact our office should you have any questions regarding the contents of this policy. Some important points to remember:

A request for a review must be given either orally or in writing with ten (10) days of the date of the decision you wish to dispute. It is recommended that you put your request in writing and keep a copy of the request for your own records.

Page 2, Section 2.2 outlines certain decisions that are NOT subject to our Informal Review Policy.

All notices (reason and date for termination of benefits, scheduled meetings, summary and outcome of meeting) will be given in WRITING within five (5) working days of decision.

Please remember that this policy has been adopted in order to give you, the tenant/applicant, an opportunity to dispute an action or lack of action you feel is not warranted. All correspondence MUST contain reasons or a basis for your objections. This is NOT a trial and laws regarding submission of evidence do not apply.

Once again, it is very important that you understand this Policy and how it applies to your particular situation. Please contact me if you have any questions relative to the Informal Review Policy.

PROCEDURES FOR INFORMAL REVIEW OF CERTAIN DECISIONS BY THE EAST PEORIA HOUSING AUTHORITY

Introduction

The purpose of these procedures is to provide Applicants to and Participants in the Housing Program operated by the East Peoria Housing Authority with an opportunity for an informal hearing as required by 24 CFR §882.216. Such a hearing may be appropriate in the event that the Applicant or Participant disputes certain actions by the Housing Authority. Applicants and Participants are encouraged to contact the individual with the Housing Authority responsible for any disputed action in an effort to arrive at a mutually satisfactory resolution of the dispute. However, any Applicant or Participant wishing to receive informal review is reminded to make a proper request within the period of time prescribed by §4.2 of these procedures.

1.1 Definitions—Unless the context clearly indicates a different meaning is intended, the following terms when used herein shall have the following meanings:

A. Applicant—A person not receiving assistance through the Housing Program but who has applied for such assistance.

B. Board – The Board of Commissioners of the Housing Authority.

C. Hearing Panel – The person or persons designated by the Board to conduct the informal review.

D. Housing Authority – The Housing Authority of the City of East Peoria.

E. Housing Program – The Section 8 existing housing program authorized by the United States Department of Housing and Urban Development and operated by the Housing Authority.

F. Informal Review – Evidentiary hearing conducted by the Hearing Panel in response to objections by an Applicant or Participant to a decision by the Housing Authority.

G. Participant – A person already receiving benefits or assistance through the Housing Program operated by the Housing Authority.

Section 2

Right of Applicant to Informal Review

2.1 Notice to Applicant that Benefits Have Been Denied – The Housing Authority shall give an Applicant prompt written notice of a decision denying assistance to the Applicant (including a decision denying listing on the Housing Authority's waiting list, issuance of a certificate of family participation, or participation in the program). The notice from the Housing Authority shall contain a brief statement of the reasons for the decision. The notice shall also state that the Applicant may request an Informal Review of the decision and shall refer the Applicant to these procedures.

2.2 Certain Decision Not Subject To Review – The following decisions affecting or relating to Applicants are not subject to review:

A. Discretionary administrative determinations by the Housing Authority or general policy issues or class grievances.

B. The Housing Authority's determination of the number of bedrooms entered on the certificate under the standards established by the Housing Authority pursuant to applicable federal law.

C. The Housing Authority's determination that a unit located by a certificate holder does not comply with the Housing Authority's quality standards established in accordance with federal law or the Housing Authority's determination not to approve the lease for the unit.

D. The Housing Authority's decision not to approve a request by the certificate holder for an extension of the term of the certificate.

Section 3

Rights of Participant to Informal Review

3.1 Notice to Participant – In the event that the Housing Authority makes any reviewable decision affecting the benefits received by an individual Participant, the Housing Authority shall give the Participant prompt written notice of such decision. The notice shall contain a brief statement of the reasons for the decision. The notice shall also state that the Participant may request an Informal Review of the decision and shall refer the Participant to these procedures.

3.2 Decisions Which are Reviewable and Which Affect

Participants – Only the following decisions relating to or affecting Participants are subject to Informal Review:

A. A determination of the amount of the total tenant payment or tenant rent (not including determination of the Housing Authority's schedule of utility allowances for families in the Housing Program).

B. A decision to deny or terminate assistance on behalf of this Participant.

C. A determination that a Participant family is residing in a unit with a larger number of bedrooms than appropriate under the Housing Authority's standards and the Housing Authority's determination to deny the family's request for an exception from the standards.

D. In the case of an assisted family which wants to move to another dwelling unit with continued participation in the Housing Program, a determination of the number of bedrooms entered on the certificate under the standards established by the Housing Authority.

3.3 Decision Affecting Participants Which Are Not Reviewable
The following decisions affecting or relating to Participants are not subject to Informal Review.

A. Discretionary administrative determinations by the Housing Authority or general policy issues or class grievances.

B. The Housing Authority's determination that a unit does not comply with the Housing Authority's quality standards established in accordance with all applicable local, state or federal laws or regulations, that the owner has failed to maintain or operate a contract unit to provide decent, safe and sanitary housing in accordance with the Housing Authority's quality standards (including all services, maintenance and utilities required under the lease) or that the contract unit is not decent, safe and sanitary because of an increase in family size or change in family composition.

C. A decision by the Housing Authority to exercise any remedy against an owner under an outstanding contract including the termination of Housing assistance payments to the owner or the Housing Authority's decision not to approve a family's request for an extension of the term of the certificate issued to an assisted

family which wants to move to another dwelling unit with continued participation in the Housing program.

Section 4
Creation of Hearing Panel, Procedures for Requesting and Conducting Informal Review

4.1 Creation of Hearing Panel – Unless otherwise directed by the Board, an Informal Review shall be conducted by a Hearing Panel consisting of a quorum of the Board. However, the Board, at its sole option, may designate one or more of its members or any other person or persons other than a person who made or approved the decision under review or a subordinate of such person as the Hearing Panel in lieu of the Board for the purpose of conducting the Informal Review.

4.2 Request for Informal Review – In order to be entitled to an Informal Review of any reviewable decision, the Applicant or Participant must notify the Housing Authority either orally or in writing of his or her disagreement with the decision. Any such notice shall advise the Housing Authority of the basis for the objection. The Hearing Panel is not required to conduct an Informal Review unless a request has been made within ten days of the decision which the Applicant or Participant wishes to contest.

4.3 Date of Informal Review – The Informal Review shall be conducted not less than five (5) nor more than thirty (30) days following receipt of a proper request for an Informal Review. The Applicant or Participant requesting Informal Review shall be notified of the date of the Informal Review at least five (5) days in advance of the date of the hearing. However, upon request, for good cause shown by either the Housing Authority or the person requesting review, the date of hearing may be continued by the Hearing Panel for a reasonable period of time beyond the thirty (30) day period hereinabove established.

4.4 Continuation of Assistance Pending Decision by Review Panel – If the Housing Authority has decided to terminate Housing assistance payments on behalf of a Participant under an outstanding contract (and if the Housing Authority is required to give the Participant an informal hearing on the decision), housing assistance payments shall nevertheless continue unless and until the Hearing Panel affirms the decision under review.

4.5 Representation; Evidence – At their own expense, any party to an Informal Review may be represented by a lawyer or other representative. Both the Housing Authority and the Participant or Applicant shall be given the opportunity to present evidence and may question any witnesses. Evidence may be considered without regard to admissibility under the rules of evidence applicable to judicial proceedings.

4.6 Decision by Hearing Panel – The Hearing Panel shall issue a written decision stating briefly the reasons for its decision. Factual determinations relating to the individual circumstances of the Participant or Applicant shall be based upon the evidence presented at the hearing. A copy of the decision by the panel shall be furnished promptly to all parties to the proceeding.

4.7 Housing Authority not Bound by Certain Decisions – The Housing Authority is not bound by any decision of the Hearing Panel on the following matters:

A. Concerning a matter for which the Housing Authority is not required to provide an opportunity for an Informal Review pursuant to 24 CFR §882.216; or

B. A decision in excess of the authority of the person or persons conducting the hearing under these procedures; or

C. A decision contrary to HUD regulations or requirements or otherwise contrary to federal, state or local law.

If the Housing Authority determines that it is not bound by a decision of the Hearing Panel, the Housing Authority shall promptly notify the Participant or Applicant of such determination and of the reasons for the determination.

Housing Discrimination Complaint

U.S. Department of Housing and Urban Development
Office of Fair Housing and Equal Opportunity

OMB Approval No. 2529-0011

Please type or print this form

Public Reporting Burden for this collection of information is estimated to average 1 hour 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.

Read this entire form and all the instructions carefully before completing. All questions should be answered. However, if you do not know the answer or if a question is not applicable, leave the question unanswered and fill out as much of the form as you can. Your complaint should be signed and dated. Where more than one individual or organization is filing the same complaint, and all information is the same, each additional individual or organization should complete boxes 1 and 7 of a separate complaint form and attach it to the original form. Complaints may be presented in person or mailed to the HUD State Office covering the State where the complaint arose (see list on back of form), or any local HUD Office, or to the Office of Fair Housing and Equal Opportunity, U.S. Department of HUD, Washington, D.C. 20410.

This section is for HUD use only.

Number	(Check the applicable box) <input type="checkbox"/> Referral & Agency (specify) <input type="checkbox"/> Systemic <input type="checkbox"/> Military Referral	Jurisdiction <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Additional Info	Signature of HUD personnel who established Jurisdiction
Filing Date			

1. Name of Aggrieved Person or Organization (last name, first name, middle initial) (Mr.,Mrs.,Miss,Ms.)	Home Phone	Business Phone
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Street Address (city, county, State & zip code)

2. Against Whom is this complaint being filed? (last name, first name, middle initial)	Phone Number
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Street Address (city, county, State & zip code)

Check the applicable box or boxes which describe(s) the party named above:

Builder Owner Broker Salesperson Supt. or Manager Bank or Other Lender Other

If you named an individual above who appeared to be acting for a company in this case, check this box and write the name and address of the company in this space:

Name:	Address
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Name and identify others (if any) you believe violated the law in this case:

3. What did the person you are complaining against do? Check all that apply and give the most recent date these act(s) occurred in block No. 6a below.

Refuse to rent, sell, or deal with you Falsely deny housing was available Engage in blockbusting Discriminate in broker's services

Discriminate in the conditions or terms of sale, rental occupancy, or in services or facilities Advertise in a discriminatory way Discriminate in financing Intimidated, interfered, or coerced you to keep you from the full benefit of the Federal Fair Housing Law

Other (explain)

4. Do you believe that you were discriminated against because of your race, color, religion, sex, handicap, the presence of children under 18, or a pregnant female in the family or your national origin? Check all that apply.

<input type="checkbox"/> Race or Color <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Religion (specify)	<input type="checkbox"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Handicap <input type="checkbox"/> Physical <input type="checkbox"/> Mental	<input type="checkbox"/> Familial Status <input type="checkbox"/> Presence of children under 18 in the family <input type="checkbox"/> Pregnant female	<input type="checkbox"/> National Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other (specify)
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5. What kind of house or property was involved? <input type="checkbox"/> Single-family house <input type="checkbox"/> A house or building for 2, 3, or 4 families <input type="checkbox"/> A building for 5 families or more <input type="checkbox"/> Other, including vacant land held for residential use (explain)	Did the owner live there? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Is the house or property <input type="checkbox"/> Being sold? <input type="checkbox"/> Being rented?	What is the address of the house or property? (street, city, county, State & zip code)
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6. Summarize in your own words what happened. Use this space for a brief and concise statement of the facts. Additional details may be submitted on an attachment. Note: HUD will furnish a copy of the complaint to the person or organization against whom the complaint is made.	6a. When did the act(s) checked in Item 3 occur? (Include the most recent date if several dates are involved)
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7. I declare under penalty of perjury that I have read this complaint (including any attachments) and that it is true and correct.	Signature & Date
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For Alabama, the Caribbean, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee:

SOUTHEAST/CARIBBEAN OFFICE
(Gregory_L_King@hud.gov)

Fair Housing Enforcement Center
U.S. Department of Housing and Urban Development
Five Points Plaza
40 Marietta Street, 16th Floor
Atlanta, GA 30303-2806
Telephone (404) 331-5140 or 1-800-440-8091
Fax (404) 331-1021 • TTY (404) 730-2654

For Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin:

MIDWEST OFFICE (Barbara_Knox@hud.gov)

Fair Housing Enforcement Center
U.S. Department of Housing and Urban Development
Ralph H. Metcalfe Federal Building
77 West Jackson Boulevard, Room 2101
Chicago, IL 60604-3507
Telephone (312) 353-7776 or 1-800-765-9372
Fax (312) 886-2837 • TTY (312) 353-7143

For Arkansas, Louisiana, New Mexico, Oklahoma, and Texas:

SOUTHWEST OFFICE (Thurman G. Miles@hud.gov or Garry_L_Sweeney@hud.gov)

Fair Housing Enforcement Center
U.S. Department of Housing and Urban Development
801 North Cherry, 27th Floor
Fort Worth, TX 76102
Telephone (817) 978-5900 or 1-888-560-8913
Fax (817) 978-5876 or 5851 • TTY (817) 978-5595

For Iowa, Kansas, Missouri and Nebraska:

GREAT PLAINS OFFICE (Robbie_Herndon@hud.gov)

Fair Housing Enforcement Center
U.S. Department of Housing and Urban Development
Gateway Tower II
400 State Avenue, Room 200, 4th Floor
Kansas City, KS 66101-2406
Telephone (913) 551-6958 or 1-800-743-5323
Fax (913) 551-6856 • TTY (913) 551-6972

For Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming:

ROCKY MOUNTAINS OFFICE (Sharon_L_Santoya@hud.gov)

Fair Housing Enforcement Center
U.S. Department of Housing and Urban Development
633 17th Street
Denver, CO 80202-3690
Telephone (303) 672-5437 or 1-800-877-7353
Fax (303) 672-5026 • TTY (303) 672-5248

For Arizona, California, Hawaii, and Nevada:

PACIFIC/HAWAII OFFICE (Charles_Hauptman@hud.gov)

Fair Housing Enforcement Center
U.S. Department of Housing and Urban Development
Phillip Burton Federal Building and U.S. Courthouse
450 Golden Gate Avenue
San Francisco, CA 94102-3448
Telephone (415) 436-8400 or 1-800-347-3739
Fax (415) 436-8537 • TTY (415) 436-6594

For Alaska, Idaho, Oregon, and Washington:

NORTHWEST/ALASKA OFFICE (Judith_Keeler@hud.gov)

Fair Housing Enforcement Center
U.S. Department of Housing and Urban Development
Seattle Federal Office Building
909 First Avenue, Room 205
Seattle, WA 98104-1000
Telephone (206) 220-5170 or 1-800-877-0246
Fax (206) 220-5447 • TTY (206) 220-5185

If after contacting the local office nearest you, you still have questions – you may contact HUD further at:

U.S. Department of Housing and Urban Development
Office of Fair Housing and Equal Opportunity
451 7th Street, S.W., Room 5204
Washington, DC 20410-2000
Telephone (202) 708-0836 or 1-800-669-9777
Fax (202) 708-1425 • TTY 1-800-927-9275

Privacy Act of 1974 (P.L. 93-579)

Authority: Title VIII of the Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988, (P.L. 100-430).

Purpose: The information requested on this form is to be used to investigate and to process housing discrimination complaints.

Use: The information may be disclosed to the United States Department of Justice for its use in the filing of pattern or practice suits of housing discrimination or the prosecution of the person who committed the discrimination where violence is involved; and to state or local fair housing agencies which administer substantially equivalent fair housing laws for complaint processing.

Penalty: Failure to provide some or all of the requested information will result in delay or denial of HUD assistance.

Disclosure of this information is voluntary.

For further information call the Toll-free Fair Housing Complaint Hotline 1-800-669-9777.
Hearing Impaired persons may call (TDD) 1-800-927-9275.