**NOTICE OF VACANCY & REFERRAL OF SPECIAL NEEDS/SAHP APPLICANT**

**FOR LIHTC HOUSING UNIT**

***Revised Version 10.2018***

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| **Notice of Vacancy at LIHTC property:** *[To be sent* ***from Property Manager to LLA*** *via Email Attachment or Fax]* |
| ­­­­­­­­­­­­­  LIHTC Property Name:  Address: City:  Property Management Company:  Printed Name of Property Manager:  Office Phone: Cell Phone:  Email: Fax:  **Date Notice Sent to Local Lead Agency:** \_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_  **Date LIHTC Unit Vacancy Notice will Expire:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Time: 5:00 pm  Date Housing Unit will be ready for Occupancy:\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_  Comments:  Area Median Income (AMI) Required:  (30%) (40%) (50%) (60%) AMI %  Bedroom size: studio 1 2 3  Signature of Property Manager: |
| **Response from Local Lead Agency (LLA*)****: [To be* ***returned to Property Manager from LLA*** *via Email Attachment or Fax]* |
| **Acknowledgement of Date Received by LLA**:\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Time: : (AM/PM)  Printed Name of LLA Coordinator:  Office Phone: Cell Phone:  Email: Fax:  **Attestation from LLA Coordinator of Special Needs/SAHP Referral Status:**  Referral Name and Date of Special Needs Consumer by Local Lead Agency:  Name of Referral: Date: / / ;  **LLA Release of 30 Day Vacancy Hold for SAHP Unit:**  **Based upon a good faith effort by the LLA to recruit and screen Special Needs Applicants, there are no eligible Special Needs Applicants to refer for this housing unit** **identified above.**  **LLA Coordinator Signature**: **Date**:\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_  ***Attachment for each Referral:*** **Applicant Proof of Eligibility and Letter of Referral** |
| **Response from Property Manager:***: [To be* ***returned to LLA from Property Manager*** *via Email Attachment or Fax]* |
| **Acknowledgement of Date Received by Property Manager**:\_\_ \_ \_\_/\_\_ \_ \_\_/\_\_ \_\_ Time: : (AM/PM)  Printed Name of Property Manager:  Office Phone: Cell Phone:  Email: Fax:  If applicable, name of Service Coordinator:  Office Phone: Cell Phone:  Email: Fax:  **Attestation from Property Manager of Special Needs/SAHP Referral Status:**  Referral Name and Date of each Special Needs Consumer by Property Manager:  Name of Referral: Date: / / ;  **Approval/Denial:**  **Based upon a good faith effort by the Property Manager to review an application using the Tenant Screening Criteria and in compliance of the Fair Housing Act, the applicant deemed eligible as Special Needs by the LLA is APPROVED for a Special Needs Unit.**  **Based upon a good faith effort by the Property Manager to review an application using the Tenant Screening Criteria and in compliance of the Fair Housing Act, the applicant deemed eligible as Special Needs by the LLA is DENIED for a Special Needs Unit. Basis for denial attached.**  **LLA Coordinator Signature**: **Date**:\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_  ***Attachment for each Referral:*** **Tenant Selection Criteria; indication of specific criteria served as basis for application denials** |