CITY OF IRWINDALE

5050 N. IRWINDALE AVE., IRWINDALE CA 91706 • PHONE: (626) 430-2200 • FACSIMILE: 962-4209

NOTICE AND AGENDA FOR THE SPECIAL MEETING OF THE

HOUSING AUTHORITY

MONDAY,
MARCH 28, 2022

SPECIAL MEETING – 5:30 P.M.

IRWINDALE CITY COUNCIL CHAMBER

Limited Public Access
Pursuant to Irwindale Resolution No. Resolution No. 2022-20-3270

The Irwindale City Council has authorized the conduct of hybrid meetings of the City Council, including all City Commissions and committee meetings, and all regularly scheduled meetings that would normally take place in the City Council Chambers, under the provisions of Government Code Section 54956 § E, as authorized by AB 361.

The public's health and well-being are the top priority for the City, and you are urged to take all appropriate health safety precautions. To facilitate this process, the meeting and opportunities to participate are available through the following:

In-Person at the City Council Chambers (In-Chamber Attendance Limited to nine members of the public with overflow seating available in the Outer Council Chamber)

Via Zoom Webinar at https://us02web.zoom.us/j/87926674893
Webinar ID:
879 2667 4893

Spontaneous Communications: The public is encouraged to address the City Council on any matter listed on the agenda or on any other matter within its jurisdiction. The City Council will hear public comments on items listed on the agenda during discussion of the matter and prior to a vote. The City Council will hear public comments on matters not listed on the agenda during the Spontaneous Communications period.

Pursuant to provisions of the **Brown Act**, no action may be taken on a matter unless it is listed on the agenda, or unless certain emergency or special circumstances exist. The City Council may direct staff to investigate and/or schedule certain matters for consideration at a future City Council meeting.

Americans with Disabilities Act: In compliance with the ADA, if you need special assistance to participate in a City Council meeting or other services offered by this City, please contact City Hall at (626) 430-2200. Assisted listening devices are available at this meeting. Ask the Chief Deputy City Clerk if you desire to use this device. Upon request, the agenda and documents in the agenda packet can be made available in appropriate alternative formats to persons with disabilities. Notification of at least 48 hours prior to the meeting or time when services are needed will assist the City staff in assuring that reasonable arrangements can be made to provide accessibility to the meeting or service.

Note: Staff reports are available for inspection at the office of the Chief Deputy City Clerk, City Hall, 5050 N. Irwindale Avenue, during regular business hours (8:00 a.m. to 6:00 p.m., Monday through Thursday).

Code of Ethics

As City of Irwindale Council Members, our fundamental duty is to serve the public good. We are committed to the principle of an efficient and professional local government. We will be exemplary in obeying the letter and spirit of Local, State and Federal laws and City policies affecting the operation of the government and in our private life. We will be independent and impartial in our judgment and actions.

We will work for the common good of the City of Irwindale community and not for any private or personal interest. We will endeavor to treat all people with respect and civility. We will commit to observe the highest standards of morality and integrity, and to faithfully discharge the duties of our office regardless of personal consideration. We shall refrain from abusive conduct, personal charges or verbal attacks upon the character or motives of others.

We will inform ourselves on public issues, listen attentively to public discussions before the body, and focus on the business at hand. We will base our decisions on the merit and substance of that business. We will be fair and equitable in all actions, claims or transactions. We shall not use our official position to influence government decisions in which we have a financial interest or where we have a personal relationship that could present a conflict of interest, or create a perception of a conflict of interest.

We shall not take advantage of services or opportunities for personal gain by virtue of our public office that are not available to the public in general. We shall refrain from accepting gifts, favors or promises of future benefit that might compromise our independence of judgment or action or give the appearance of being compromised.

We will behave in a manner that does not bring discredit or embarrassment to the City of Irwindale. We will be honest in thought and deed in both our personal and official lives.

Ultimate responsibility for complying with this Code of Ethics rests with the individual elected official. In addition to any other penalty as provided by law, violation of this Code of Ethics may be used as a basis for disciplinary action or censure of a Council Member.

These things we hereby pledge to do in the interest and purposes for which our government has been established.

IRWINDALE CITY COUNCIL

SPECIAL MEETING – 6:00 P.M.

A. CALL TO ORDER

B. ROLL CALL: Board Members: Mark A. Breceda, Manuel R. Garcia; H. Manuel Ortiz; Vice Chair Albert F. Ambriz; Chair Larry G. Burrola

SPONTANEOUS COMMUNICATIONS

Spontaneous communications are limited to the special meeting agenda items only.

C. Hearing to Consider Applicant's Appeal of Proposed Determination on Las Casitas Eligibility List

Recommendation: Conduct the Appeal Hearing, Consider Evidence Presented During the Hearing, and direct staff to bring back a Resolution to Either Grant the Appeal (Overturning the Determination) or Deny the Appeal (Upholding the Determination).

D. ADJOURNMENT

AFFIDAVIT OF POSTING

I, Laura M. Nieto, Chief Deputy City Clerk, certify that I caused the agenda for the special meeting of the Housing Authority to be held on March 28, 2022, be posted at the City Hall, Library, and Post Office on March 24, 2022.

Laura M. Nieto, MMC

Laura M. Nieto, MMC
Chief Deputy City Clerk

☐City Council
☐Successor Agency
☒Housing Authority
☐Reclamation Authority
☐Joint Powers Authority

City of
IRWINDALE
AGENDA REPORT

Date:	March 28, 2022
To:	Housing Authority Appeal Hearing Panel
From:	Julian A. Miranda, Executive Director
Issue:	Applicant Gilbert Guzman Appeal Hearing re Ineligibility Determination for the Irwindale Housing Authority Las Casitas Senior Low/Moderate Income Housing Apartment Rental Program

Executive Director's Recommendation:

Either:

1. Grant the Appeal (Overturning Staff's Determination of Ineligibility) and direct staff to bring back a resolution granting the appeal and directing staff to complete the processing of the application; OR

2. Deny the Appeal (Upholding Staff's Determination of Ineligibility) and direct staff to bring back a resolution of denial.

Administrative Action:

Submitted by:

Marilyn Simpson, Community Development Director — Marilyn Simpson

Prepared by:

Jamie L. Traxler, Assistant Authority Counsel — **Electronically Approved**

Reviewed by:

Adrian R. Guerra, Authority Counsel — **Electronically Approved**

Approved by:

Julian A. Miranda, Executive Director — Julian A. Miranda

Preliminary Program Background

The Irwindale Housing Authority Las Casitas Senior Low/Moderate Income Housing Apartment Rental Program provides multi-family housing stock for Irwindale senior residents. The Las Casitas Senior Apartment Complex ("Las Casitas") consists of a total of 26 residential rental units, 1 unrestricted manager unit and 25 units that are restricted to rents affordable to extremely low, very low, low and moderate income senior households. When a vacant unit becomes available, the Authority opens up an application period whereby interested applicants may submit an application to the Authority, and will be ranked in accordance with the Irwindale Housing Authority Guidelines, Policies and Procedures for Senior Low/Moderate Income Housing Apartment Rental Program (revised: November 10, 2021) ("Guidelines").

The Guidelines provide detailed requirements for tenant selection. In accordance with the Guidelines and upon commencement of the application process, interested persons will be required to complete and sign an Application. As a material part of the Application, interested persons will be required to execute an authorization and waiver form for release of information and submit data and documentation necessary for a complete analysis of the Application. Data needed includes name, address, telephone number, family composition and ages, declaration of income and assets, declaration of outstanding financial obligations, veteran status, declaration of physical status (with appropriate medical confirmation), declaration of home ownership status.

Documentation necessary to verify income, age, handicap (disability), and residency requirements shall be submitted with application documents and may include, but is not limited to: birth certificates, current pay check stubs, income tax returns, employment/salary verification, bank statements for all checking and/or savings accounts, telephone records and utility records, hospital admittance records, medical care records, and records of educational institutions and public agencies as the same are relevant to matters pertaining to verification of information submitted.

Applications are submitted for review and screening and Authority staff review the applications in steps, in accordance with the Guidelines.

First Priority:

Applications will first be assigned to the appropriate First Priority classification. (Exh. A; IHA-005; Guidelines, § 2C(1).)

- Must be a senior age 62 or older; **and**
- income eligible based on the designated income level for the available apartment unit.

Here, each of the three units is designated as extremely low income. Therefore, in order to be eligible for the available units, each applicant must qualify for the extremely low

income category based on the Department of Housing and Community Development ("HCD") income limit requirements.

If applicants do not qualify for the first priority category, they are determined to be ineligible, and Authority staff do not continue to rank the application. Once Authority staff verifies that an applicant meets the primary eligibility classification (or priority), the Applications will be further prioritized according to the Second, Third, and Final Priority Criteria. (Exh. A, IHA-005–006; Guidelines, § 2C(1).)

Second Priority:

Priority 1	Disabled
Priority 2	Veteran
Priority 3	None of the above

(Exh. A, IHA-006; Guidelines, § 2C(2).)

Third Priority:

Priority 1	Shared Renter for longer than one (1) year prior to Application
Priority 2	Shared Renter for less than (1) year prior to Application
Priority 3	Persons residing in rental accommodations (single/married) for longer than one (1) year prior to Application
Priority 4	Persons residing in rental accommodations (single/married) for less than one (1) year prior to Application
Priority 5	Persons owning residence or other residential real property
Priority 6	None of the above

(Exh. A, IHA-006; Guidelines, § 2C(3).)

Final Priority:

Priority 1	Category A Continuous Irwindale Resident (15 years)
Priority 2	Category B Continuous Resident (3 years)
Priority 3	Interrupted Resident
Priority 4	Former Resident
Priority 5	Immediate Family Member
Priority 6[1]	None of the above

(Exh. A, IHA-006–007; Guidelines, § 2C(4).)

The final order of priority is established by adding the numerical priority rating assigned to each Application. The Applications are ranked, in order of descending priority, with the

[1] On November 10, 2021, the Board adopted amended guidelines to provide for a none of the above option within the Third Priority Criteria, intended to be a "catch-all" option to allow Authority staff to rank those applicants who do not qualify for any of the preferences listed. In order to prevent further delay in application processing, the Board directed staff to continue to process the applications as submitted by the deadline, and not to extend the application period or allow any late submission of documents.

smallest total number assigned being the highest priority. (Exh. A, IHA-0007; Guidelines § 2D(1)(g).) These priorities can also be described as "preferences." They work by giving applicants a priority or preference for fitting into the above-described categories. The applicant who receives the greatest number of priorities scores the lowest total number of points and is ranked higher on the eligibility list. An applicant who receives the least number of priorities accrues a higher total ranking number, and is ranked lower on the eligibility list.

Application Review and Authority Staff Determinations

There are currently three (3) units at the Las Casitas Senior Apartment Complex that are available for rent. All three (3) units are designated as extremely low income units. In June 2021, the Authority opened the application period for the available units. The deadline to submit all application materials in person was no later than July 15, 2021 at 6:00 p.m., or if mailed, the application packet must have been post marked before midnight on July 15, 2021. (Exh. B, IHA-012.) Each application packet and checklist given to an applicant made clear that an incomplete application packet will not be accepted and will be returned to the applicant. (*Ibid.*)

On July 6, 2021, at 11:25 a.m., Appellant Gilbert Guzman submitted an application packet to the Authority. (Exh. B.) On July 15, 2021, the application deadline closed and Authority Staff began its initial review of the application based on the Guidelines.

Application Interview and Authority Staff Follow Up

On July 21, 2021, Authority Staff contacted Mr. Guzman based on inconsistencies in his application documents and asked him to provide the necessary information to process his application. "During the interview, [Mr. Guzman's] responses were inconsistent. At times he indicated he lives with his mother Maggie Guzman [at] [redacted] in Irwindale, but then he said he was renting a room in an apartment in West Covina, though he could not recall the address. Doctor's document displays address [at] [redacted] in Irwindale. Applicant's driver's license, social security doc, and debit card doc show address at [redacted] in Irwindale. Claims relation to Irwindale resident but did not submit proof. Claims to not receive bank statements." (Exh. D, IHA-0040)

On August 10, 2021, Authority staff sent Mr. Guzman a follow up letter. The letter stated, "After [Authority staff's] initial review of [Mr. Guzman's] application, it has been determined that [his] application is incomplete. In order for the application to be processed, please provide the following information:

Most recent bank statements (savings, checking, CD, etc…) for each applicant. (Please provide your most recent bank statement where you receive your Social Security payments.)

Residency Verification (PROOF REQUIRED FOR EACH YEAR) (In your application, you indicate that you have resided in Irwindale since 2000. However, you provided proof of

residency only for 2020 (Social Security Notice) and 2021 (driver license). Please Submit proof of residency for the fifteen (15) year period immediately preceding the application deadline, excluding years 2020 and 2021.)

Please provide additional documentation to support the Immediate Family Member priority as defined in the Program Guidelines. (In your application, you indicate that you are the son of an Irwindale resident. Please submit proof of your relationship: i.e. a birth certificate to establish your relationship. Additionally, the resident must provide proof of Irwindale residency for at least the last thirty-six (36) consecutive months.)"

The letter provided that the deadline to provide the requested information is Thursday, August 26, 2021. (Exh. C, IHA-0034–36.)

Mr. Guzman subsequently submitted proof of relationship to an Irwindale resident. However, Mr. Guzman failed to submit the required bank statements necessary to verify income. (Exh. D, IHA-0040.) At the expiration of the August 26, 2021 deadline, Authority staff began its final review of the application. (*See generally*, Exh. D.)

First Priority

While Authority Staff were able to verify Mr. Guzman's age, Authority staff were unable to verify income and determine whether he qualified for the extremely low income category because he failed to submit the documentation necessary to verify income, including most recent bank statements. (Exh. A, IHA-007–008; Exh. D, IHA-0037–40.) For this main reason, Mr. Guzman did not qualify for the first priority category and was determined to be ineligible.

Second Priority

Mr. Guzman submitted and Authority staff were able to verify disability status, and he was given a priority ranking of 1 for the Second Priority Category. (Exh. D, IHA-0038.)

Third Priority

Mr. Guzman reported on his application that he was renting, and sharing rental accommodations with unrelated persons. (Exh. B, IHA-017) However, during the interview with Authority staff, Mr. Guzman indicated that he lives with his mother at [redacted] in Irwindale. Later on in the conversation, Mr. Guzman indicated to Authority staff that he was renting a room in an apartment in West Covina, though he could not recall the address. (Exh. D, IHA-0040.) Mr. Guzman submitted a receipt for a room for rent. However, the address was not listed, and Authority staff were unable to verify its authenticity. (Exh. B, IHA-022)

Due to the inconsistencies in Mr. Guzman's application and because Mr. Guzman failed to submit documentation necessary to verify his proof of residency, Authority staff were

unable to give Mr. Guzman a ranking for the third priority criteria. For this reason as well, Mr. Guzman was determined to be ineligible.

Final Priority

While Mr. Guzman's application asserted that he has been a Category A continuous Irwindale Resident, he was unable to submit documentary proof necessary for Authority staff to verify his residency status. (Exh. D, IHA-0039–40.) Mr. Guzman was able to provide proof of relationship to an immediate family member and proof of her continuous residency for the preceding 36 months. Therefore, Mr. Guzman was given a Final priority category ranking of 5. (Exh. D, IHA-0039–40.)

Determination

On December 1, 2021, Authority Staff sent Mr. Guzman a Notice of Ineligibility letter informing him that he is an ineligible applicant because his application was incomplete, as it was not submitted with all the required documentation, including his most recent bank statements, necessary to verify income. The letter notified Mr. Guzman of his right to appeal the determination in writing within ten days of the date of the notice. (Exh. E, IHA-0041.)

Appeal

On December 8, 2021, Mr. Guzman submitted a timely appeal and spoke to Authority staff, indicating that he was homeless, and that the [redacted] address listed on his application is for mailing purposes only. (Exh. D, IHA-0040; Exh. F-IHA-0042.) Also on December 8, 2021, Mr. Guzman submitted supplemental information to the Authority including a photocopy of a Netspend card and activation paperwork, Supplemental Social Security Income documents, an Anthem Blue Cross health insurance card, his social security card, and a copy of a birth certificate for his mother, [redacted] (*See generally*, Exh. F.)

On January 4, 2022, Mr. Guzman submitted a follow up letter and packet of documents to the Authority, indicating that he'd like the financial statements included to replace the copies he submitted in December, 2021. (Exh. G, IHA-0066.) Included in the packet was a debit account statement and Supplemental Social Security Income documents. (*See generally*, Exh. G.)

Authority staff have stamped the documents submitted on December 8, 2021 and January 4, 2022 as received, but have not processed them with the application, because they were submitted past the deadline, and the determination of ineligibility had already been made.

Conclusion

Based on the foregoing, Authority Staff respectfully request that this Hearing Panel either grant the appeal (overturning Staff's determination of ineligibility) and direct staff to bring

back a resolution granting the appeal and directing staff to complete the processing of the application; OR deny the appeal (upholding Staff's determination of ineligibility), and direct staff to bring back a resolution of denial.

Formal Hearing of Gilbert Guzman

Formal Hearing Exhibits – Gilbert Guzman

Gilbert Guzman – Las Casitas Appeal Brief

Exhibit A	Revised Las Casitas Guidelines Nov. 10, 2021
Exhibit B	Application Packet
Exhibit C	Letter from Irwindale Housing Authority to Gilbert Guzman August 10, 2021
Exhibit D	Final Priority Evaluation Worksheet
Exhibit E	Notice of Ineligibility December 1, 2021
Exhibit F	Guzman Appeal Packet December 8, 2021
Exhibit G	Guzman Appeal Packet January 4, 2022

IRWINDALE HOUSING AUTHORITY GUIDELINES, POLICIES AND PROCEDURES FOR SENIOR LOW/MODERATE INCOME HOUSING APARTMENT RENTAL PROGRAM

Adopted by the:

Irwindale Housing Authority

Approved: March 9, 2011

Revised: May 26, 2021
Revised: November 10, 2021

SECTION 1. GENERAL

The Irwindale Housing Authority ("Authority") has a goal of providing a multi-family housing stock for Irwindale residents to replace existing substandard housing units and to create safe and sanitary rental opportunities for seniors.

SECTION 2. PROGRAM GUIDELINES, POLICIES AND PROCEDURES

A. Definitions

1. Applicant

A person/family submitting a formal application for consideration and determination of eligibility to rent an apartment hereunder.

2. Application Deadline

The Application Deadline shall be the date established by the Authority as the deadline for submitting Applications for each apartment unit that becomes available.

3. Conflict of Interest

Authority Board members and officers, or management level employees of the Authority are deemed to have a conflict of interest and may not participate in this program. Persons who exercise operational responsibilities relative to any financing pertaining to the apartment project are similarly deemed to have a conflict of interest.

4. Continuous Resident

A "Continuous. Resident(s)" shall be placed in two (2) subcategories thereof: Those persons/families continuously residing in Irwindale since at least fifteen (15) year period immediately preceding the Application Deadline shall be identified as "Category A" Continuous Resident. Those persons/families continuously residing in Irwindale for at least thirty-six (36) months but establishing residence on or after fifteen (15) year period immediately preceding the Application Deadline shall be identified as "Category B" Continuous Resident.

5. Disabled Family

(a) Any person or his/her family member who has a disability or handicap recognized under the Americans with Disabilities Act of 1990, as amended, which includes:

(i) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; .

(ii) a record of such an impairment; or

(iii) being regarded as having such an impairment (42 U.S.C. §12102.)

(b) A handicap does not include current, illegal use of or addiction to a controlled substance. For purposes of this part, an individual shall not be considered to have a handicap solely because that individual is a transvestite. (24 C.F.R. § 100.201) As used in this definition:

(c) "Physical or mental impairment" includes:

(i) Any physiological disorder or condition, cosmetic; disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs, cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or

(ii) Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness; and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction (other than addiction caused by current, illegal use of a controlled substance) and alcoholism.

(d) "Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

(e) "Has a record of such an impairment" means has a history of, or has been misclassified as having, a mental or physical . impairment that substantially limits one or more major life activities.

(f) "Is regarded as having an impairment" means:

(i) Has a physical or mental impairment that does not substantially limit one or more major life activities but that is treated by another person as constituting such a limitation;

(ii) Has a physical or mental impairment that substantially limits one or more major life activities only as a result of the attitudes of other toward such impairment; or

(iii) Has none of the impairments defined in paragraph (i) of this definition but is treated by another person as having such an impairment.

Medical certification of a disability or handicap is required from persons claiming disability who are not recipients of benefits under either 42 U.S.C. § 423 (Social Security Act) or § 102 (b) (5) of .the Development Services and Facilities Construction Amendments of 1970. The laws and regulations cited in this Section may be amended from time to time by the appropriate governmental authority. Any such amendments that modify the definitions contained herein shall be automatically incorporated without formal action by the Authority.

6. Former Resident

Persons who previously resided within Irwindale for at least thirty-six (36) consecutive months within the fifteen (15) year period immediately preceding the Application Deadline, but who do not currently reside in Irwindale, shall be considered to be Former Residents.

7. Handicapped Person

A person having a disability or handicap, which (a) is expected to be of long continued and indefinite duration, (b) substantially impedes the person's ability to live independently, and (c) is of such a nature that such ability could not be improved by more suitable housing. Any. member of a family who is handicapped qualifies that family as a Disabled Family, (See: "*Disabled Family*".)

8. Immediate Family Member

Parents, grandparents, siblings, or children of Continuous Residents are considered to be Immediate Family Members.

9. Income Qualification Criteria

Extremely low, very low, low and moderate income qualification criteria shall be as set forth in Exhibit "A" hereto, which may be amended from time to time without formal action by the Authority or CRA to be consistent with state laws and regulations (Subchapter 2 of Chapter 6.5 of Division 1 of Title 25, California Code of Regulations; see also: California Health and Safety Code §§ 50106, 50105, 50079.5 and 50093.)

10. Interrupted Resident

Any person (or family) who resided in Irwindale for at least thirty-six (36) consecutive months within the fifteen (15) year period immediately . preceding the Application Deadline, moved away for a period of time, but has reestablished a bona fide residence within the City limits of Irwindale for at least one year prior to the Application Deadline shall be considered to be an Interrupted Resident.

11. Non-resident

Any person (or family) who is not now and has not been a resident of Irwindale for at least thirty-six (36) consecutive months within the fifteen (15) year period immediately preceding the Application Deadline.

12. Renter

An applicant successfully completing the application process and renting an apartment hereunder.

13. Senior

A Senior is a person who is at least sixty-two (62) years of age or older.

14. Shared Renter

Persons sharing rental accommodations with unrelated persons.

15. Veteran

Any person who has been honorably discharged from one of the military services of the United States shall be considered a Veteran.

B. <u>Eligibility Criteria</u>

Since the Senior Apartment Rental Program is an apartment rental program, there are two (2) primary criteria which must be met to determine eligibility:

1. Income eligibility under § 2.A.9, above.

2. Be a Senior as specified in § 2.A.12, above.

C. <u>Priorities</u>

Eligible applications from persons/families meeting basic income (extremely low, very low, low or moderate income) criteria, shall be processed based upon the following priority schedule and the application procedures in Section 2.D:

1. First Priority Criteria

(a) Extremely low income persons/family - nine (9) apartment units **[subject to modification]**

(b) Very low income persons/family - six (6) apartment units [**subject to modification]**

(c) Low income persons/families - five (5) apartment units **[subject to modification]**

(d) Moderate income persons/families - five (5) apartment units **[subject to modification]**

A primary goal of the Authority is to create, to the extent feasible, sufficient new rental units to meet the projected needs of Irwindale Seniors. Accordingly, and notwithstanding the initial allocations established in § 2. C.1, above, pertaining to the number of units allocated among the income categories, the Authority reserves the right to reallocate the final number of units specified for each income category, if deemed necessary and appropriate, to meet the quantified needs of Irwindale Seniors.

2. Second Priority Criteria

(a) Disabled Family Priority 1

(b) Veteran Priority 2

(c) None of the above Priority 3

3. Third Priority Criteria

(a) Shared Renter for longer than one (1) year prior to Application - Priority 1.

(b) Shared Renter for less than (1) year prior to Application - Priority 2.

(c) Persons residing in rental accommodations (single/married) for longer than one (1) year prior to Application - Priority 3.

(d) Persons residing in rental accommodations (single/married) for less than one (1) year prior to Application - Priority 4.

(e) Persons owning residence or other residential real property - Priority 5.

(f) None of the above – Priority 6.

4. Final Priority Criteria

(a) Category A Continuous Irwindale Resident - Priority 1

(b) Category B Continuous Resident - Priority 2

(c) Interrupted Resident - Priority 3

(d) Former Resident - Priority 4

(e) Immediate Family Member - Priority 5

(f) None of the above - Priority 6

D. Application Procedure

1. Applications

(a) Upon commencement of the application process, interested persons will be required to complete and sign an Application. As a material part of the Application, interested persons will be required to execute an authorization and waiver form for release of information from persons, firms, public entities and others who may retain data necessary for a complete analysis of the Application. Data needed will include name, address, telephone number, family composition and ages, declaration of income and assets, declaration of outstanding financial obligations, veteran status, declaration of physical status (with appropriate medical confirmation), declaration of home ownership status. (See: § 2.D.1(i).). Appropriate assistance in completing the Application will be provided to interested persons, if requested.

(b) Applications shall be submitted for review and screening.

(c) Applications will then be assigned to the appropriate First Priority classification under § 2.C.1.

(d) Within each primary eligibility classification (or priority), the Applications will be further prioritized according to the Second Priority Criteria set forth in § 2.C.2, above.

(e) Applications will be further prioritized with each category by the Third Priority Criteria set forth in § 2.C.3, above.

(f) Applications will be finally prioritized within each classification by the Final Eligibility Criteria set forth in § 2.C.4.

(g) Within the numerical allotments provided by the First Eligibility Criteria (§ 2.C.1), the final order of priority will be established by adding the numerical priority rating assigned to each Application. The Applications will be ranked, in order of descending priority, with the smallest total number assigned being the highest priority.

For example, an Applicant who is a Displaced Person (Priority 1), Shared Renter (Priority 1) and a Continuous Resident (Priority 1) will have a total Priority Rating of 3 and would be ranked higher than a person who is a "none of the above" (Priority 4), Property Owner (Priority 5) and an Immediate Family Member (Priority 5) with a total Priority Rating of 13.

(h) The Executive Director shall be vested with the authority to make the final determination of priority ratings. In the event a tie occurs between two (2) or more Applicants, the total Priority Rating rank order will be assigned by a random blind drawing publicly conducted by the Board during a duly noticed Board meeting.

(i) The Authority staff will verify the following data:

(i) name and address

(ii) residence requirement

(iii) employment

(iv) income

(v) existing equity/assets (if applicable)

(vi) credit history

(vii) property ownership

(j) Documentation necessary to verify income, age, handicap (disability), and residency requirements shall be submitted with application documents and may include, but is not limited to: birth certificates, current pay check stubs, income tax returns, employment/salary verification, bank statements for all checking and/or savings accounts, telephone records and utility records, hospital admittance records, medical care records, and records of educational institutions and public agencies as the same are relevant to matters pertaining to verification of information submitted.

(k) If Authority staff is unable to verify necessary information through Documentation as described in Section (D)(1)(j) herein, Authority staff may request and accept a submitted affidavit signed under penalty of perjury to verify any such required information.

(l) All data submitted shall be verified as true and correct under penalty of perjury of the laws of the State of California. Failure to so verify shall result in application rejection.

(m) Ineligible Applicants shall be notified, in writing, with a statement indicating why the Applicant has been denied and advising the Applicant of his or her right to appeal the determination in writing within ten (10) days of the letter of denial. Appeals will be heard by the Authority Board and the Authority Board's determination shall be final.

(n) Eligible Applicants shall be mailed the necessary rental agreement documents to begin processing the rental application. The Authority will provide such assistance as may be necessary to ensure timely and complete submissions.

2. Insufficient Eligible Applications

(a) If there are insufficient eligible Applicants during the first thirty (30) days of the Application Deadline, the Board may authorize additional time for further applications which will be processed in accordance with the procedures set forth in § 2.D.1, above.

(b) Priority for Applicants shall be strictly maintained in accordance with the application period during which submittal occurred. Additional Applicants authorized by the Board after the first thirty (30) days shall not be included with the first group of Applicants.

(c) Once rental agreement documents have been approved, then a move-in date will be established.

3. Hearing Procedures

(a) **Matters Subject to a Hearing**. The following matters shall be subject to a hearing under these guidelines:

(i) Appeals by an Applicant whom has been deemed ineligible for the housing Program;

(ii) Revocation or Termination of any housing award given under this housing program due to improper determinations of Applicant eligibility including:

(A) Failure to provide accurate statements of all information requested in the application, including, but not limited to, address, residency, income, assets, expenses, and family composition at the time of the application such that, the Applicant was ineligible for the housing program at the time of the award;

(B) Housing awards that are inconsistent with, or not authorized by, policy.

(b) **Notice Requirements.** Irwindale Housing Authority staff is authorized and shall provide an Applicant a minimum ten (10) calendar days written notice of a hearing scheduled to take place under these Guidelines. Notice shall include the date, time, and place of the public hearing, the identity of the hearing body, a general explanation of the matter to be considered or action to be taken by the Irwindale Housing Authority, and a general description of the location of the real property, if any, that is the subject of the hearing.

The Irwindale Housing Authority will provide reasonable accommodation for persons with disabilities to participate in the hearing. The Housing Authority must be notified within three (3) calendar days of the scheduled time of the hearing if special accommodations are required.

(c) **Administrative Hearing Panel.** The Irwindale Housing Authority Board shall be the designated Hearing Panel presiding over a hearing under this section. In order to conduct a hearing under these guidelines, a quorum of the Irwindale Housing Authority Board must be present on the Hearing Panel at all times in accordance with Irwindale Municipal Code section 2.32.050. The Board shall have the option, in its sole discretion, to designate a different hearing officer or panel. All procedures described herein shall apply to the designated hearing officer or panel.

(d) **Hearing Procedures and Evidence.** The hearing shall be informal in nature, and formal rules of evidence and discovery do not apply. The hearing shall be open to public observation and nothing herein shall preclude the use of telephonic or other electronic means of communication if deemed appropriate by the Hearing Panel.

(i) The Irwindale Housing Authority shall make available a copy of these governing procedures to the Applicant whom the action is directed.

(ii) Each party shall have the opportunity to provide testimony and evidence in support of his or her case. The evidentiary record submitted by the parties shall be accepted by the Hearing Panel as prima facie evidence of the respective facts contained in therein. Any document or evidence not submitted at the hearing may not be relied upon by the Hearing Panel in rendering a decision. The Hearing Panel may only consider evidence that is made part of the record at the hearing and relevant to the issues raised in the notice and may disregard any other matter.

(iii) The failure of any applicant to appear at the hearing will constitute a forfeiture of the hearing, a failure to exhaust administrative remedies, and the order of the Hearing Panel will become the final determination.

(iv) An audio recording or transcript shall be taken of any hearing which takes place under these guidelines. A copy of any such audio recording or transcript shall be provided to the Appellant upon request, and the Irwindale Housing Authority may charge a fee sufficient to cover the actual cost of copying said transcript or audio recording.

(e) **Written Decision.** After considering all of the testimony and evidence submitted at the hearing, the Hearing Panel must issue a written decision within seven (7) business days of the hearing. The written decision may be in the form of a resolution adopted by the Housing Authority Board. The Hearing Panel will use preponderance of the evidence as the standard of evidence in deciding issues. The written decision shall include a statement of the factual and legal basis for the decision.

(i) The statement of the factual basis for the decision shall be based exclusively on the evidence of record in the proceeding and on matters officially noticed in the proceeding. The written decision shall include a reference to judicial review of the Hearing Panel's final decision pursuant to California Code of Civil Procedure Sections 1094.5 and 1094.6. The decision of the Hearing Panel shall be final when issued.

(ii) The written decision shall be sent to all parties by certified mail, return receipt requested. The written decision shall be deemed issued and final when mailed.

(f) **Judicial Review**. A final decision issued by the Hearing Panel may be subject to judicial review within ninety (90) days following the date of the final decision pursuant to California Code of Civil Procedure sections 1094.5 and 1094.6. Computation of the time to appeal shall be governed by the Code of Civil Procedure.

EXHIBIT B

JUNE 2021

IRWINDALE HOUSING AUTHORITY

AFFORDABLE SENIOR APARTMENT RENTAL PROGRAM

APPLICATION CHECK LIST

The following items must be presented to the Irwindale Housing Authority for review and screening no later than **July 15, 2021, at 6:00 p.m. at the Irwindale City Hall. If mailed, application packet must be post marked before midnight on July 15, 2021:**

For all applicants you must submit:

- ☐ Application, including Authorization to Release Information and Waiver Statement
- ☑ Disclosure Statement
- ☑ Verification of age for each applicant
- ☐ Certification Regarding Income Tax Returns for each applicant submitting tax returns
- ☐ Last three (3) years Federal tax returns for each applicant
- ☑ Verification for the last two (2) months of **each** applicant income including but not limited to paystubs, social security checks, rental income, pension, alimony, AFDC, unemployment, child support, foster care, alimony, interest from savings and interest from CD's
- ☐ Most recent bank statements (savings, checking, CD, etc...) for each applicant
- ☐ Verification of a Handicap/Disability **(DOCTOR'S NOTICE REQUIRED)**
- ☐ Veteran Status **(PROOF REQUIRED)**
- ☐ Residency Verification **(PROOF REQUIRED FOR EACH YEAR)**

For self-employed individuals add:

- ☐ Last three (3) years Federal Tax returns for the business
- ☐ Certification regarding Income Tax

An incomplete application packet will not be accepted and will be returned to you.

IRWINDALE HOUSING AUTHORITY

AFFORDABLE SENIOR APARTMENT RENTAL PROGRAM

APPLICATION

Information provided herein shall be kept confidential and shall be used for the sole purpose of determining eligibility and collecting statistical data for the Irwindale Housing Authority's Affordable Senior Apartment Rental Program.

Applicant's Name Gilbert Michael Guzman **Age** [redacted]

Current Address [redacted]
Street Address

[redacted]
City State Zip

Birth Date [redacted] Home Phone [redacted]

SSN [redacted] Cell Phone (____) _____

California Driver's License [redacted]

Previous Addresses during past ten (10) years:

Dates			Address		
From 2000	To Present		[redacted]	Zip	[redacted]
From _____	To _____		_____	Zip	_____
From _____	To _____		_____	Zip	_____

Co-Applicant or Spouse's Name _____ **Age** _____

Current Address _____
Street Address

_____
City State Zip

Birth Date _____ Home Phone (____) _____

SSN _____ Work Phone (____) _____

California Driver's License _____

Previous Addresses during past ten (10) years:

Dates			Address		
From _____	To _____		_____	Zip	_____
From _____	To _____		_____	Zip	_____
From _____	To _____		_____	Zip	_____

EMPLOYMENT DATA

Applicant

Current Employer Society Security Disability Length of Employment 6 yr.

Address [redacted]
Street Address

[redacted]
City State Zip

Employer Phone [redacted] Occupation Service Technician
Parts Runner

Gross Monthly Pay [redacted]

Previous Employer _____ Length of Employment ___yr.
(If with present employer less than 2 years.)

Address _____
Street Address

_____
City State Zip

Employer Phone (____) _____ Occupation _____

Gross Monthly Pay $ _____

Co-Applicant or Spouse

Current Employer _____ Length of Employment ___yr.

Address _____
Street Address

_____
City State Zip

Employer Phone (____) _____ Occupation _____

Gross Monthly Pay $ _____

Previous Employer _____ Length of Employment ___yr.
(If with present employer less than 2 years.)

Address _____
Street Address

_____
City State Zip

Employer Phone (____) _____ Occupation _____

Gross Monthly Pay $ _____

INCOME AND ASSETS

	Applicant	Co-Applicant or Spouse
Income:		
Gross Monthly	$ [redacted] social security	$
Social Security	$	$
Rental Income	$ [redacted]	$
Child Support	$	$
Foster Care	$	$
Pension	$	$
Alimony	$	$
AFDC, Unemployment, etc.	$	$
Other (List) _____	$	$
_____	$	$
_____	$	$
Assets:		
Checking Accounts	$ [redacted]	$
Savings Accounts	$	$
Retirement Accounts (IRA, 401K, etc.)	$	$
Equity in Real Property or other Capital Investments	$	$
Stocks, Bonds, Money Market Funds and other Investments	$	$
Cash Value of Life Insurance Policies	$	$
Lump-sum Receipts	$	$
Other (List) Cash on hand	$ [redacted]	$
_____	$	$
_____	$	$
TOTAL	$ [redacted]	$

PRESENT MONTHLY EXPENSES

	To Whom Paid	Monthly Payment	Balance
Rent Payment	[redacted]	$ [redacted]	$ [redacted]
Auto Payment		$	$
Other Regular Payments (Loans, etc.)		$	$
Credit Card		$	$
Credit Card		$	$
Credit Card		$	$
Other (List)		$	$
		$	$
		$	$
		$	$

ADDITIONAL INFORMATION

Miscellaneous:

1. Are you a veteran? Applicant: Yes __ No ✓ Co-Applicant: Yes __ No __
2. Are you disabled or handicapped?
   Applicant: Yes ✓ No __ Co-Applicant: Yes __ No __

   If yes, state nature of disability and attach documentation from a doctor._____

Residential (Section No. 1):

3. Have you been a continuous Irwindale Resident since before July 15, 2006?
   Applicant: Yes ✓ No __ Co-Applicant: Yes __ No __
4. Have you been a continuous Irwindale resident from July 16, 2006 or later?
   Applicant: Yes ✓ No __ Co-Applicant: Yes __ No __

Residential (Section No. 2):

4. Have you resided in Irwindale for at least thirty-six (36) consecutive months within the last fifteen (15) years?
   Applicant: Yes ✓ No __ Co-Applicant: Yes __ No __
   If yes, when and where did you reside during the thirty-six (36) consecutive months?
   From: 2000 To: Present Address: [redacted]
5. Have you resided within the City limits of Irwindale for at least the last year?
   Applicant: Yes ✓ No __ Co-Applicant: Yes __ No __
6. Are you a former resident of Irwindale?
   Applicant: Yes __ No ✓ Co-Applicant: Yes __ No __
   If yes, when and where did you reside?
   From: _____ To: _____ Address: _____
7. Are you a parent, grandparent, sibling or child of a person who has been a continuous residence in Irwindale for at least the last thirty-six (36) consecutive months?
   Applicant: Yes ✓ No __ Co-Applicant: Yes __ No __
   If yes, please provide the name, address and relationship to this person.
   Name: Maggie Guzman Address: [redacted]
   Relationship: Mother

Residential (Section No. 3):

8. Are you a renter or a homeowner?
   Applicant: Rent ✓ Own__ Co-Applicant: Rent__ Own__
9. If you rent, how long have you been a renter?
   Applicant: From: 2000 To: Present Co-Applicant: From:_____ To:_____
10. If you rent, do you share rental accommodations with unrelated persons?
    Applicant: Yes ✓ No __ Co-Applicant: Yes __ No __

IMPORTANT – READ BEFORE SIGNING: I (We) certify that the above statements and all data submitted to the Irwindale Housing Authority in connection with this application are true and correct under penalty of perjury of the laws of the State of California. I (We) understand that documentation necessary to verify income, age, handicap (disability), veteran status, and residency information must be submitted with the application documents. I (We) authorize the Irwindale Housing Authority to verify credit worthiness.

Gilbert Guzman — 6/24/21

Applicant's Signature — Date

Co-Applicant's Signature — Date

AUTHORIZATION TO RELEASE INFORMATION AND WAIVER STATEMENT

I/We hereby expressly grant to the Irwindale Housing Authority, Irwindale, California, the right to verify my/our income, deposits, employment history, residency information, veteran status, handicap and any other information necessary for a complete analysis of my/our application for the Authority's Affordable Senior Apartment Rental Program. I/We authorize the Irwindale Housing Authority to obtain such information as it may require concerning the statements contained in this application from persons, firms, public entities and others who may retain data for verification by the Authority.

THE UNDERSIGNED HEREBY RELEASES AND FOREVER DISCHARGES THE IRWINDALE HOUSING AUTHORITY, THE CITY OF IRWINDLAE AND ITS OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES, AGENTS AND ATTORNEYS FROM ANY AND ALL CLAIMS, ACTIONS, CAUSES OF ACTION, DEMANDS, RIGHTS, DAMAGES, COSTS, EXPENSES, REQUESTS FOR ATTORNEYS' FEES AND COMPENSATION WHATSOEVER, KNOWN OR UNKNOWN, RELATED TO MATTERS PERTAINING TO THE AFFORDABLE SENIOR APARTMENT RENTAL PROGRAM.

I/We hereby certify and represent that I/we have read the foregoing and fully understand the meaning and effect thereof and, intending to be legally bound, I/we have hereunto set my/our hand this 24 day of JUNE, 2021.

Signature of Applicant

Signature of Co-Applicant

Witness

Date

INCOMPLETE APPLICATIONS WILL <u>NOT</u> BE PROCESSED

JUNE 2021

IRWINDALE HOUSING AUTHORITY

AFFORDABLE SENIOR APARTMENT RENTAL PROGRAM

DISCLOSURE STATEMENT

I/We Gilbert Michael Guzman ("Applicant(s)") understand and agree that the provision to **rent an apartment** from the Irwindale Housing Authority ("Authority") under the Authority's Senior Low/Moderate Income Housing Apartment Rental Program ("Program") is conditional on a number of factors, including, but not limited to:

- I/We must meet the income qualifications criteria for a very low- to moderate-income household pursuant to the California Health and Safety Code Section 50105, 50079.5 and 50093.
- At least one applicant is at least Sixty-Two (62) years of age as of the date of residency.
- I/We must qualify for participation under the priority schedule contained in the guidelines of the Authority's Program.

I/We further understand and agree that:

- The Authority cannot ensure that information provided by or on behalf of Applicant will be kept confidential.
- The Las Casitas Apartment complex is a smoke free facility and therefore no smoking is permitted on the property.
- The Las Casitas Apartment complex has a "No Pets Allowed" policy.

Dated: 6/24/21, 2021

Gilbert Guzman
Signature of Applicant

Dated: _____, 2021

_____
Signature of Co-Applicant

IRWINDALE HOUSING AUTHORITY

IRWINDALE

AFFORDABLE SENIOR APARTMENT RENTAL PROGRAM

CERTIFICATION REGARDING INCOME TAX RETURNS

To: Irwindale Housing Authority

I/We hereby certify to the Irwindale Housing Authority that the following is true and correct:

1. That the attached are true, correct, and exact copies of my/our Individual Federal Income Tax Returns for the years _____, _____, and _____;
2. That the attached are true, correct and exact copies of my/our Partnership Federal Income Tax Returns for the years _____, _____, and _____;
3. That the attached are true, correct, and exact copies of my/our Corporate Federal Income Tax Returns for the years _____, _____, and _____;
4. I/We did not file my/our Individual Federal Income Tax Returns for the years 2018, 2019, and 2020 because Not required.
5. These Income Tax Returns are submitted to you as part of my/our application and I/we understand that you will be materially replying upon these Income Tax Returns in determining whether or not to approve my/our eligibility to rent an apartment.
6. I/We hereby authorize the Irwindale Housing Authority, its agents and employees, to communicate with the Internal Revenue Service regarding the tax return information submitted for the purpose of obtaining certified copies of my/our tax returns for the above-described years, if in the sole discretion of the Irwindale Housing Authority it deems it necessary or appropriate to request such certified copies of my/our returns.

I/We declare under penalty of perjury under the laws of the State of California that the foregoing information, and the attached Income Tax Returns are true and correct.

Gilbert A Guzman
Applicant Signature

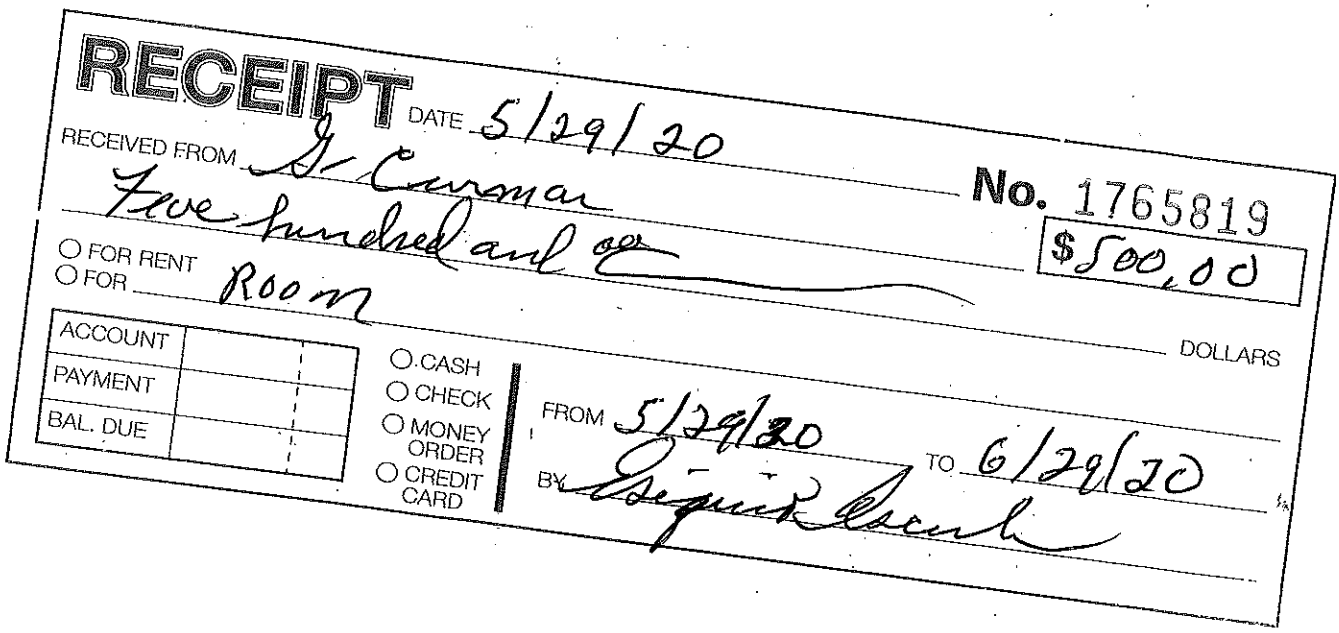
6/24/21
Date

Gilbert Michael Guzman
Print Name

Co-Applicant Signature

Date

Print Name



RECEIPT

DATE 5/29/20

No. 1765819

RECEIVED FROM G. Cureman

Five hundred and 00

$500.00

DOLLARS

○ FOR RENT
○ FOR Room

ACCOUNT	
PAYMENT	
BAL. DUE	

○ CASH
○ CHECK
○ MONEY ORDER
○ CREDIT CARD

FROM 5/29/20 TO 6/29/20

BY Deputy Sheriff

IHA-022

JUNE 2021

IRWINDALE HOUSING AUTHORITY

AFFORDABLE SENIOR APARTMENT RENTAL PROGRAM

ACKNOWLEDGEMENT

ACKNOWLEDGEMENT OF RECEIPT

I/(We) acknowledge that I/(we) received an application packet for the Irwindale Housing Authority's Affordable Senior Apartment Rental Program. I/(We) acknowledge that:

1) Appropriate assistance in completing the application packet will be provided to interested persons. If interested in this assistance, or if you have any questions, please call 626-430-2201.
2) The completed application packet and all required documentation must be submitted and/or postmarked (if applicable) **prior to midnight, July 15, 2021**.
3) The completed application and required documentation may be submitted in one of three ways:
   A) **IN-PERSON DROP OFF** – Completed application packets and all required documentation may be submitted in-person **by appointment only** at the Irwindale Housing Authority, located at Irwindale City Hall, 5050 N. Irwindale Avenue, Irwindale, CA 91706. Call **626-430-2201** for an appointment and further instructions.
   B) **E-MAIL** – Completed application packets and all required documentation may be emailed to ahegdahl@irwindaleca.gov. The Irwindale Housing Authority is not responsible for undelivered emails. You are also required to mail the signed original application to Irwindale Housing Authority, Attn: Armando Hegdahl, 5050 N. Irwindale Avenue, Irwindale, CA 91706, prior to midnight, July 15, 2021. The Irwindale Housing Authority is not responsible for lost or misdirected mail.
   C) **U.S. MAIL** – Mail to: Irwindale Housing Authority, Attn: Armando Hegdahl, 5050 N. Irwindale Avenue, Irwindale, CA 91706. The Irwindale Housing Authority is not responsible for lost or misdirected mail.
4) Application packets that are mailed to Irwindale City Hall with postmarks after midnight July 15, 2021, will not be accepted and will be returned unopened to the sender.

Continued on the next page...

5) Incomplete applications will not be processed, but will be returned to the applicant, who will then be given two weeks to complete the application. Resubmitted applications that remain incomplete will not be processed.

Signature of Applicant

6/23/21
Date

Gilbert Guzman
Print Name of Applicant

[redacted]

If you are picking up this application packet for some one other than yourself, please indicate the name and address of that person(s).

Name _____

Address _____

FOR OFFICE USE ONLY:
Application packet for the Irwindale Housing Authority's Affordable Senior Apartment Rental Program received:

Date: July 6, 2021 Time: 11:25 AM/PM

Signed

Armando Hegedahl
Print

JUNE 2021

IRWINDALE HOUSING AUTHORITY

IRWINDALE

AFFORDABLE SENIOR APARTMENT RENTAL PROGRAM

APPLICATION CHECK LIST

The following items must be presented to the Irwindale Housing Authority for review and screening no later than **July 15, 2021, at 6:00 p.m. at the Irwindale City Hall. If mailed, application packet must be post marked before midnight on July 15, 2021:**

For all applicants you must submit:

- ☐ Application, including Authorization to Release Information and Waiver Statement
- ☑ Disclosure Statement
- ☑ Verification of age for each applicant
- ☐ Certification Regarding Income Tax Returns for each applicant submitting tax returns
- ☐ Last three (3) years Federal tax returns for each applicant
- ☑ Verification for the last two (2) months of **each** applicant income including but not limited to paystubs, social security checks, rental income, pension, alimony, AFDC, unemployment, child support, foster care, alimony, interest from savings and interest from CD's
- ☐ Most recent bank statements (savings, checking, CD, etc...) for each applicant
- ☐ Verification of a Handicap/Disability **(DOCTOR'S NOTICE REQUIRED)**
- ☐ ~~Veteran Status~~ **(PROOF REQUIRED)**
- ☐ Residency Verification **(PROOF REQUIRED FOR EACH YEAR)**

For self-employed individuals add:

- ☐ Last three (3) years Federal Tax returns for the business
- ☐ Certification regarding Income Tax

An incomplete application packet will not be accepted and will be returned to you.

Gilbert Guzman

HOUSING AUTHORITY

AFFORDABLE SENIOR APARTMENT RENTAL PROGRAM

June 15, 2021

DISABILITY VERIFICATION

Public Housing Authorities are required to verify the disability of applicants claiming to be disabled to determine the applicant's eligibility for the housing and to compute rent. Please complete all the information below and return it to the Irwindale Housing Authority at 5050 N. Irwindale Avenue, Irwindale, CA 91706 or fax it to (626) 962-4209 by **JULY 15, 2021**. Thank you for your assistance.

By signing below I authorize the release of this information.

Gilbert Guzman — Signature of Client

6/29/21 — Date

The Housing Department defines a disabled person in 3 ways (please check as appropriate):

☐ (1) A disabled person is one with an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to result in death or has lasted or can be expected to last continuously for at least 12 months; or for a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period.

☐ (2) A developmentally disabled person is one with a severe chronic disability that:

(a) is attributable to a mental and/or physical impairment;
(b) as manifested before age 22;
(c) is likely to continue indefinitely;
(d) results in substantial functional limitations in three or more of the following areas: capacity for independent living, self-care, receptive and expressive language; learning, mobility, self-direction, and economic self-sufficiency AND
(e) requires special interdisciplinary or generic care treatment, or other services which are of extended or lifelong duration and are individually planned or coordinated.

(complete reverse side)

☐ (3) A disabled person is also one who has a physical, emotional or mental impairment that:

(a) is expected to be of long-continued or indefinite duration;
(b) substantially impedes the person's ability to live independently;
(c) is such that the person's ability to live independently could be improved by more suitable housing conditions.

The individual listed above is

☑ **Temporarily Disabled**
☐ **Permanently Disabled**

[redacted] rate.

Signature of Physician

[redacted]

Name of Physician (print)

Pain Managment

Medical Office

[redacted]

Address City State Zip Code

[redacted]

Telephone Number

6/29/21

Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.

[redacted]

6/24/2021

Patient: [redacted]

Date	Description	Payment Method	Check #	Amount
6/24/2021	Formes	Cash		15.00

Total: 15.00

IHA-033

EXHIBIT C

City of IRWINDALE

HOUSING AUTHORITY

August 10, 2021

USPS TRACKING # & CUSTOMER RECEIPT LABEL (ROLL) **9114 9999 4431 4900 0214 76**
For Tracking or Inquiries go to USPS.com or call 1-800-222-1811.

[redacted]

Dear Mr. Guzman,

Thank you for submitting your application packet for the Irwindale Housing Authority's Affordable Senior Apartment Rental Program ("Program"). After our initial review of your application packet information, it has been determined that your application is incomplete. In order for your application to be processed, please provide the following information:

- ☐ Application, including Authorization to Release Information and Waiver Statement
- ☐ Disclosure Statement
- ☐ Verification of age for each applicant (Copy of DL or some other ID indicating date of birth)
- ☐ Certification Regarding Income Tax Returns for each applicant submitting tax returns
- ☐ Last three (3) years Federal tax returns for each applicant
- ☐ Verification for the last four (4) months of **each** applicant income including but not limited to paystubs, social security checks, rental income, pension, alimony, AFDC, unemployment, child support, foster care, alimony, interest from savings and interest from CD's.
- ☒ Most recent bank statements (savings, checking, CD, etc...) for each applicant. **(Please provide your most recent bank statement where you receive your Social Security payments).**
- ☐ Verification of a Handicap/Disability **(DOCTOR'S NOTICE REQUIRED)**
- ☐ Veteran Status **(PROOF REQUIRED)**
- ☒ Residency Verification **(PROOF REQUIRED FOR EACH YEAR) (In your application, you indicate that you have resided in Irwindale since**

5050 NORTH IRWINDALE AVE., IRWINDALE, CA 91706 PHONE: (626) 430-2200 FACSIMILE: (626) 962-4209

2000. However, you provided proof of residency only for 2020 (Social Security Notice) and 2021 (driver license). Please submit proof of residency for the fifteen (15) year period immediately preceding the application deadline, excluding years 2020 and 2021.)

For self-employed individuals add:

☐ Last three (3) years Federal Tax returns for the business

☐ Certification regarding Income Tax

☒ Other: Please provide additional documentation to support the Immediate Family Member priority as defined in the Program Guidelines. **(In your application, you indicate that you are the son of an Irwindale resident. Please submit proof of your relationship: i.e. a birth certificate to establish your relationship. Additionally, the resident must provide proof of Irwindale residency for at least the last thirty-six (36) consecutive months.)**

The deadline to provide the requested information is **Thursday, August 26, 2021.** All requested information must be returned in one of the three following ways:

1) **IN-PERSON DROP OFF** – Documentation may be submitted in-person at the offices of the Irwindale Housing Authority, located at Irwindale City Hall, 5050 N. Irwindale Avenue, Irwindale, CA 91706, during regular business hours: 8:00 a.m. through 6:00 p.m., Monday through Thursday. No appointment is necessary.

2) **E-MAIL** – Documentation may be emailed to ahegdahl@irwindaleca.gov. The Irwindale Housing Authority is not responsible for undelivered emails.

3) **U.S. MAIL** – Mail to: Irwindale Housing Authority, Attn: Armando Hegdahl, 5050 N. Irwindale Avenue, Irwindale, CA 91706, postmarked prior to midnight, August 26, 2021. The Irwindale Housing Authority is not responsible for lost or misdirected mail.

If you have any questions, please call me at (626) 430-2201. Thank you.

Sincerely,

Armando Hegdahl,
Management Analyst
on behalf of the
Irwindale Housing Authority

cc: Marilyn Simpson, Community Development Director
Adrian Guerra, City Attorney
Jamie Traxler, Assistant City Attorney
Applicant File

EXHIBIT D

IRWINDALE HOUSING AUTHORITY

AFFORDABLE SENIOR APARTMENT RENTAL PROGRAM

FINAL PRIORITY EVALUATION WORKSHEET

PRIMARY ELIGIBILITY INCOME CATEGORY: _____

Secondary Eligibility Classification Points: 1

Third Eligibility Classification Points: _____

Final Eligibility Classification Points: 5

TOTAL NUMERICAL PRIORITY RANKING: _____

1. APPLICANT

Name Gilbert Guzman

Address [redacted]

City/State/Zip

2. CO-APPLICANT

Name N/A

Address

City/State/Zip

3. Additional Household Members:

Name	Student (Yes or No)
1. N/A	
2.	
3.	
4.	
5.	

PRIMARY ELIGIBILITY CRITERIA

4. APPLICANT'S ANNUAL MONTHLY INCOME

A. Base Income	Head of Household	$	
	Spouse	$	
	Other Members	$	
	Subtotal		$
A. Other Income	Head of Household	$	
	Spouse	$	
	Other Members	$	
	Subtotal		$
TOTAL			$

5. HOUSEHOLD INCOME CATEGORY:

Ext Low ____ Very Low ____ Low ____ Moderate ____ Above Moderate ____

SECONDARY ELIGIBILITY CLASSIFICATION

6. SECONDARY ELIGIBILITY CLASSIFICATION:

CRITERIA	TYPE OF DOCUMENTATION	NUMBER OF POINTS
Disabled Family	Temporary Disability Verification	1
Veteran		2
None of the above		3
	TOTAL NUMBER OF POINTS:	1

THIRD ELIGIBILITY CLASSIFICATION

7. THIRD ELIGIBILITY CLASSIFICATION:

CRITERIA	TYPE OF DOCUMENTATION	NUMBER OF POINTS
Shared Renter for longer than one (1) year prior to Application.		1
Shared Renter for less than one (1) year prior to Application.		2
Persons residing in rental accommodations (single/married) for longer than (1) year prior to Application.		3
Persons residing in rental accommodations (single/married) for less than (1) year prior to Application.		4
Persons owning residence or other real property.		5
	TOTAL NUMBER OF POINTS:	

FINAL ELIGIBILITY CLASSIFICATION

8. FINAL ELIGIBILITY CLASSIFICATION:

CRITERIA	TYPE OF DOCUMENTATION	NUMBER OF POINTS
Continuous Irwindale Resident (July 15, 2006 or earlier)	pending proof	1
Continuous Irwindale Resident (July 16, 2006 or later)		2
Interrupted Resident		3
Former Resident		4
Immediate Family Member	Birth Cert of mother, [redacted] Res. ID Cards 2017-present	5
None of the above		6
	TOTAL NUMBER OF POINTS:	

Comments: During interview, applicants responses were inconsistent. At times he indicated he lives with his mother [redacted] in Irwindale, but then said he was renting a room in an apartment in West Covina, though he could not recall the address. Doctor's document displays applicant's address @ [redacted] in Irwindale. Applicant's driver license, social security doc, and debit card doc show address @ [redacted] in Irwindale. Claims relation to Irwindale resident but did not submit proof.

Reviewer — Date: 7/21/21

Claims to not receive bank statements.

Update - no bank statement submitted. Applicant submitted proof of relationship to Irwindale Resident, Maggie Guzman, mother. MA

12/6/21 (MS) Per Annie Ambriz, Mr. Guzman is homeless and she has been helping him with his application process.

12/7/21 2:55pm Message left at [redacted] for Mr. Guzman to call M. Simpson. Msg left in English + Spanish to return call. J. Hernandez translated msg in Spanish.

12/8/21 2:50pm msg left @ [redacted] for Mr. Guzman to call M. Simpson. msg left in English + Spanish to return call. J. Hernandez translated msg in Spanish.

12/8/21 3:20pm Mr. Guzman contacted at [redacted] (Maggie Guzman). Mr. Guzman stated that he will bring in a written appeal letter.

12/8/21 4:05 Mr. Guzman provided appeal letter. Mr. Guzman stated he was homeless and the [redacted] address is for mailing purposes.

EXHIBIT E

IRWINDALE
HOUSING AUTHORITY
5050 North Irwindale Avenue,
Irwindale, CA 91706

December 01, 2021

[redacted]

(CERTIFIED MAIL)

Re: Irwindale Housing Authority Senior Low/Moderate Income Housing Apartment Rental Program (Program) for the Las Casitas program
NOTICE OF INELIGIBILITY

Dear Mr. Guzman,

The Irwindale Housing Authority (Authority) has completed its review of your application for the Program and has determined that your application was incomplete, as your application was not submitted with all the required documentation, including your most recent bank statements, necessary to verify income.

In accordance with the Irwindale Housing Authority Guidelines, Policies and Procedures for Senior Low/Moderate Income Housing Apartment Rental Program (Guidelines), you are hereby notified that you are an **ineligible** applicant.

You have a right to appeal this determination in writing within ten (10) days of the date of this notice. Appeals will be heard by the Authority Board and the Authority Board's determination shall be final.

If you have any questions, please feel free to contact me at (626) 430-2209.

Sincerely,

Marilyn Simpson

Marilyn Simpson, AICP
Community Development Director

CC: William Tam, Executive Director

EXHIBIT F

December 8,2021

Irwindale Housing Authority
5050 N Irwindale Ave
Irwindale, Ca 91706

CITY OF IRWINDALE
COMMUNITY DEVELOPMENT
DEC 08 2021
RECEIVED

NOTICE TO APPEAL HOUSING DECISION

TO WHOM IT MAY CONCERN:

I, Gilbert Guzman am appealing the decision of the Housing Authority of Notice of Ineligibility for the Las Casitas Program.

Your request for copies of my income which I submitted to Ms. Simpson on December 8th, 2021 was all that was requested. I'm hoping this should suffice your requirements.

Thank You in advance for your quick response to my appeal.

Sincerely,

Gilbert Guzman

[redacted]

OCTOBER 25, 2021
AGENDA MATERIALS

Please contact the City Clerk's Department with any questions: 626-430-2201

IRWINDALE
HOUSING AUTHORITY
5050 North Irwindale Avenue,
Irwindale, CA 91706

December 01, 2021

[redacted]

(CERTIFIED MAIL)

Re: Irwindale Housing Authority Senior Low/Moderate Income Housing Apartment Rental Program (Program) for the Las Casitas program
NOTICE OF INELIGIBILITY

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If you have any questions, please feel free to contact me at (626) 430-2209.

Sincerely,

Marilyn Simpson

Marilyn Simpson, AICP
Community Development Director

CC: William Tam, Executive Director

IRWINDALE HOUSING AUTHORITY

AFFORDABLE SENIOR APARTMENT RENTAL PROGRAM

PROGRAM GUIDELINES

ABOUT THE PROGRAM

The Irwindale Housing Authority is offering this Program to provide affordable rental opportunities for Irwindale seniors.

Income Limits

To be eligible to participate in the program, you annual income must be within the following limits:

Maximum Annual Income	Household Size 1	2
Extremely Low	$24,850	$28,400
Very Low	$41,400	$47,300
Low	$66,250	$75,700
Moderate	$67,200	$76,800

Source: Department of Housing and Community Development Income Limits effective 4/26/21.

Annual Income is defined as the gross amount of income (before any deductions have been taken) of all adult household members that is anticipated to be received during the coming 12-month period. Detailed information regarding the types of income to be counted and the types of income that are not considered is attached to these guidelines.

Household Definition

A household is comprised of persons and families. Any person intending to rent an apartment or occupy an apartment through this Program, is considered a household member.

Primary Criteria

There are two (2) primary criteria which must be met to determine eligibility for the Senior Apartment Rental Program:

1. Have a extremely low to moderate annual household income; and
2. At least one person wishing to participate in the Program is required to be a Senior Citizen of at least sixty-two (62) years of age.

Priority Schedule

Eligible applications from seniors meeting basic income (extremely low-to moderate income) criteria, will be processed based upon the following priority schedule:

First Priority Criteria

First, applications will be assigned to the appropriate household income category as follows:

(a) Extremely Low Income households
(b) Very Low Income households
(c) Lower Income households
(d) Moderate Income households

Second Priority Criteria

Within each household income category, the applications will be further prioritized according to the second priority criteria set forth as follows:

Number of Points	Criteria
❶	Disabled Family
❷	Veteran
❸	None of the above

Third Priority Criteria

Preliminary applications will be further prioritized within each category by the third priority criteria as follows:

Number of Points	Criteria
❶	Shared Renter for longer than one (1) year prior to Application.
❷	Shared Renter for less than one (1) year prior to Application.
❸	Persons residing in rental accommodations (single/married) for longer than (1) year prior to Application.
❹	Persons residing in rental accommodations (single/married) for less than (1) year prior to Application.
❺	Persons owning residence or other real property.

Final Priority Criteria

Applications will be finally prioritized within each category by the final priority criteria as follows:

Number of Points	Criteria
❶	Continuous Irwindale Resident (July 15, 2006 or earlier)
❷	Continuous Irwindale Resident (July 16, 2006 or later)
❸	Interrupted Resident
❹	Former Resident
❺	Immediate Family Member
❻	None of the above

Within the household income categories provided by the First Priority Criteria, the final order of priority will be established by adding the numerical priority rating assigned to each application. The applications will be ranked, in order of descending priority, with the smallest total number assigned being the highest priority.

In the Event of a Tie

In the event a tie occurs between two (2) or more applicants, the total Priority Rating rank order will be assigned by a random blind drawing conducted by the Irwindale Housing Authority Board during a duly-noticed Board meeting.

APPLICATION PROCEDURE

Initial Applications

1. Seniors interested in the Program will be required to complete and sign an Application. Interested seniors will need to sign an authorization for release of information and waiver statement granting the Authority the right to verify the information provided in the Application.
2. Documentation necessary to verify income, age, handicap (disability), and residency information must be submitted with the Application.
3. Within the time frame established for the Application Procedure, Applications are submitted for review and screening. The Applications will be prioritized and Authority staff will verify the information contained in the Application.
4. Ineligible applicants will be notified, in writing, with a statement indicating why the Applicant has been denied and advising the Applicant of his or her right to appeal the determination in writing within ten (10) days of the letter of denial. Appeals will be heard by the Authority Board and the Authority Board's determination will be final.
5. Eligible Applicants will be mailed the necessary rental agreement documents to begin processing the rental application.
6. Once rental agreement documents have been approved, then a move-in date will be established.

DEFINITIONS

Applicant
A person/family submitting a formal application for consideration and determination of eligibility to rent an apartment.

Application Deadline
The Application Deadline is the date established by the Authority as the deadline for submitting Applications for each apartment unit that becomes available, which is **July 15, 2021**.

Continuous Resident
A "Continuous Resident(s)" shall be placed in two (2) subcategories: Those persons/families continuously residing in Irwindale since at least fifteen (15) year period immediately preceding the Application Deadline shall be identified as "Category A" Continuous Resident. Those persons/families continuously residing in Irwindale for at least thirty-six (36) months but establishing residence on or after fifteen (15) year period immediately preceding the Application Deadline shall be identified as "Category B" Continuous Resident.

Disabled Family
Any person or his/her family member who has a disability or handicap recognized under the ADA.

Former Resident
Persons who previously resided within Irwindale for at least thirty-six (36) consecutive months within the fifteen (15) year period immediately preceding the Application Deadline, but who do not currently reside in Irwindale.

Handicapped Person
A person having a disability or handicap, which (a) is expected to be of long continued and indefinite duration, (b) substantially impedes the person's

ability to ability to live independently, and (c) is of such a nature that such ability could not be improved by more suitable housing. Any member of a family who is handicapped qualifies that family as a Disabled Family. (See: "**Disabled Family**")

Immediate Family Member
Parents, grandparents, siblings, or children of Continuous Residents.

Income Qualified Criteria
Extremely low, very low, low and moderate income qualification criteria shall be as set forth in Exhibit "A" hereto, which may be amended from time to time without formal action by the Authority to be consistent with state laws and regulations (Subchapter 2 of Chapter 6.5 of Division 1 of Title 25, California Code of Regulations; see also: California Health and Safety Code §§ 50106, 50105, 50079.5 and 50093.)

Household Income	Affordable Monthly Rent Rate
Extremely Low	$480
Very Low	$800
Low	$960
Moderate	$1,760

Interrupted Resident
Any person (or Family) who has resided in Irwindale for at least thirty-six (36) consecutive months within the fifteen (15) year period immediately preceding the Application Deadline, moved away for a period of time, but has established a bona fide residence within the City limits of Irwindale for at least one year prior to the Application Deadline.

Non-resident
Any person (or Family) who in not now and has not been a resident of Irwindale for at least thirty-six (36) consecutive months within the last fifteen (15) year period immediately preceding the Application Deadline.

Renter
An applicant successfully completing the application process and renting an apartment.

Senior
A Senior is a person who is at least sixty-two (62) years of age or older.

Shared Renter
Persons sharing rental accommodations with unrelated persons.

Veteran
Any person who has been honorably discharged from one of the military services of the United States.

TO APPLY FOR THE PROGRAM

Seniors interested in participating in this program, must pick up an application packet at the Irwindale City Hall. The final date to submit an application for review and screening is **July 15, 2021, at 6:00 p.m. at the Irwindale City Hall. If mailed, application packets must be post marked before midnight on July 15, 2021.** If your application is submitted after this date and time it will not be accepted.

If you need assistance in completing your application or have any questions, our Management Analyst is available to assist you. Please contact Armando Hegdahl at (626) 430-2201.

EXHIBIT G

January 4, 2022

CITY OF IRWINDALE
HOUSING AUTHORITY

JAN 0 4 2022

RECEIVED

Irwindale Housing Authority
5050 N Irwindale Avenue
Irwindale, CA. 91706

RE GILBERT GUZMAN

TO WHOM IT MAY CONCERN.

This letter is a follow up to letter I submitted in December 2021 regarding my right to appeal the decision by the Irwindale Housing Authority here are the original financial statements in replacing THE COPIES I SUBMITTED IN DECEMBER 2021, Thank you for your assistance into this matter

Sincerely,

Gilbert Guzman