

For Office Use
Only

APPLICATION FOR HOUSING
USDA, RURAL HOUSING SERVICE 515 PROGRAM

Date: _____

Time: _____

Rec'd By: _____

App#: _____

PLEASE PRINT

Please Answer EVERY QUESTION

Welcome and thank you for applying at _____ Apartments. Please take a few minutes to read over our requirements for filling out and returning our application package. Should you have any questions or concerns, please give us a call at (*phone & TDD numbers*). All interested individuals or households have the right to complete and submit an application.

Filling out the Application:

The application package includes an **application**, an **Income/Asset Questionnaire** and an **authorization for us to obtain employment information** which must be completed. Each adult must complete a separate application, Income/Asset Questionnaire and authorization form. Also attached is information regarding the policies of our apartment community regarding eligibility requirements and our procedures for selecting tenants.

When completing the Application and Income/Asset Questionnaire, please sit down and allow yourself a few minutes to read it over first, and then fill it out in its entirety. This should take you about 20 – 30 minutes. You will need to fill it out to the best of your knowledge. The Income/Asset Questionnaire will assist you in determining what is considered to be income, assets, and adjustments to income. Please do not leave any blank spaces. If a question does not apply to you, do not write N/A, write out the words "Not Applicable". If you make a mistake here or there, you will need to **cross it out with a single line and initial at the change** (Do not use white-out). Be sure to sign and date the application. If you need assistance in completing the application, we will be happy to help you. If you have a disability and require a reasonable accommodation related to the completion and return of this application, please feel free to request one.

Once you have completed and signed our Rental Application and Income/Asset Questionnaire, you will need to either bring them back to our office, or mail them back to us. We will then look it over and will either offer you a unit, place you on our waiting list, or find you ineligible. Regardless of the disposition of your application, we will advise you in writing within ten (10) days of receiving your completed applications(s).

The Waiting List:

The waiting list is maintained in a chronological order (based on date and time a completed application is received) for each unit size and household income level. Priority for any particular sized unit will be given to Very Low Income households (50% of median income). Second priority will be given to Low Income households (80% of median income), and third priority will be given to Moderate Income households (95% of median income). In all cases, if a unit with design features for accommodating a disability becomes available, it will first be offered to a tenant family requiring those features; if none are available, it will then be offered to the first chronologically placed applicant family that requires the features and qualifies for the unit size, regardless of income level.

If you are placed on the waiting list, it will be important that you update us with any changes in your household. Such changes are as follows: change of address, phone number, household size or members, income, and an indication of if you wish to remain on our waiting list or not. You will also need to **contact us every six months** to inform us that you wish to remain on our waiting list. If you fail to contact us every six months, we will assume you are no longer interested in living at _____ Apartments and we will remove your name from our waiting list. You will be notified in writing to your last known address of our intent to remove your name from our waiting list.

When an Apartment will be Coming Available:

Once an apartment of the appropriate size for your household is coming available, or will be soon, and your name is near the top of our waiting list, we will contact you to come in and fill out the paperwork for a pre-tenant & Juvenile (12 years of age and older) screening (past tenant history, credit, criminal background and public records). Your cost for this screening is \$37.00 & \$6.00 per each Juvenile 12 years of age and older (subject to change). You will also need to bring in picture ID for all adult household members, and social security card(s) for all persons intending to reside in the apartment and birth certificates for children. Next, we will fax your updated application and authorization for release of information to ORCA Communications

Once you have passed our initial screening requirements and an apartment is available, you will be notified by mail and/or phone. At that time, you will be required to complete additional questionnaires with child care and medical/disabled assistance expenses. Authorization forms need to be signed so the information provided can be independently verified. The information received will be used to determine your final eligibility and the amount of rent you will pay.

A final decision regarding your eligibility cannot be made until all of the above information has been verified, received, and reviewed.

Once fully qualified, a date for moving into your new apartment home will be set. Payment of a full or partial Security Deposit will be requested at this time. In the event your pre-tenant screening reveals information that would make you ineligible to reside at _____ Apartments, the paid amount of the Security Deposit will be refunded to you within _____ days. The paid amount of Security Deposit is not refundable should you be found eligible to reside at _____ Apartments and you chose not to move into an offered apartment unit (unless the reason is based on a verified medical hardship or because your calculated monthly rent would exceed 30% of your monthly adjusted income and there is no Rental Assistance available).

The Move-In:

Once your rent is determined and a date set for moving in, you will sign a Lease and related documents. We will conduct a Move-In Inspection of your apartment with you. The keys to your new home will be given to you upon payment of the Security Deposit (if not already paid in full) and of the first month's rent. If your move-in date is after the 1st day of the month, we will prorate your rent for that month only. (Your Security Deposit will not be used as "last month's rent").

If you have any questions regarding completing the application, or about the disposition of your application once you have returned it, please do not hesitate to call us. We look forward to serving you.

This property is financed by USDA, Rural Housing Service and is subject to nondiscrimination provisions of Title VI of the Civil Rights Act of 1964, Title VIII of the Fair Housing Act, Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act and the Age Discrimination Act of 1975. No person shall be refused tenancy or discriminated against on the basis of race, color, religion, sex, family status, national origin, age or disability. All complaints are to be directed to the U.S. Department of Agriculture's Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue SW, Washington DC 20250-9410. Complaints of Fair Housing violations may also be sent directly to the Office of Fair Housing and Equal Opportunity, United States Department of Housing and Urban Development, Washington,, DC 20410.

Apartment Name

Address

City, State, Zip

Phone/Fax

Email



A. GENERAL INFORMATION

Applicant Name:	_____	Co-Applicants Name	_____
Applicant Address:	_____	Mailing Address;	_____
	_____	City, State Zip	_____
Phone#:	_____	Alternate Phone #	_____
Today's Date:	_____		_____

Bedroom size requested	1	2	3	4	H/C Adapted Unit Requested	YES	Current Utility Costs	\$ _____
						NO	Current Rental Amt	\$ _____

List All Legal Names of the persons of the Household. List the Head of Household First. If you are married list your spouse. If you have a Social Security Number that has legally been assigned to the individual you must declare your number. Verification will be required. If you do NOT have a valid legal Social Security number leave the space Blank. Housing will not be denied if you do not have a Social Security Number.

Name	Relationship	Date of Birth	Social Security #	Student?	
_____	Tenant	_____	_____	YES	NO
_____	Co-Tenant	_____	_____	YES	NO
_____	_____	_____	_____	YES	NO
_____	_____	_____	_____	YES	NO
_____	_____	_____	_____	YES	NO
_____	_____	_____	_____	YES	NO
_____	_____	_____	_____	YES	NO

B. PROGRAM INFORMATION

- The USDA, Rural Development gives preference on the waiting list to some households depending on the household's income status. Very Low Income households have preference over Low Income Households. Both Very Low and Low Income Households have preference over Moderate Income Households. The status of your household's income is determined by the USDA, RD Income Limits.
- You may also be given preference on the waiting list if you have been issued a USDA, RHS Letter of Priority (LOPE) because you were displaced from another USDA, RD property. Persons displaced by Agency action, or displaced persons in a Federally declared disaster area have priority over all other applicants of the individual applicants income group.

1. Yes No Do you have a Letter of Priority from USDA Rural Development?

3. ALL APPLICANTS WHO QUALIFY TO APPLY FOR HOUSING IN THIS PROPERTY WILL BE SCREENED ON THE SAME STANDARDS. WE RESERVE THE RIGHT TO REJECT ANY APPLICATION THAT DOES NOT MEET OUR REQUIREMENTS. THE SUBMISSION OF ANY FALSE INFORMATION ON THE APPLICATION WILL BE CAUSE FOR REJECTION OF THE APPLICATION, OR IF DISCOVERED LATER, EVICTION FROM THE PROPERTY. WE WILL ACCEPT ONLY APPLICANTS WHO QUALIFY OR HAVE GOOD RECORDS IN ALL THE FOLLOWING AREAS:

- Must meet government requirements for income and tenant population type.
- Must meet property's occupancy guidelines.
- Must have good landlord/good housekeeping references.
- Must have reasonable credit.
- Must have a good report from a rental screening service.
- Must have good personal references from people who are NOT relatives.
- Must be legally responsible to enter into a legal contract.
- Must submit a complete application with no omissions.
- Must be capable, to carry out the terms of the lease and rules and regulations.
- Must not be engaging in any illegal activities.

2. Yes No Are you applying for status as an "Elderly Household", where the tenant or co-tenant is 62 or older, or handicapped as defined by USDA, RHS?
If so, you will be eligible for a \$400 "Elderly household" deduction. Please realize that your eligibility must be verified.

3. **Yes** **No** Would you or anyone in your household benefit from a handicapped accessible unit?
4. **Yes** **No** Are you currently living in Subsidized Housing? Property Name & Number _____

5. **Yes** **No** Have you ever resided in a Property financed and/or subsidized by the Government? If Yes, Name & Address _____
6. **Yes** **No** Have you ever been evicted from Public Housing or any other housing Program? If yes, where? _____ When? _____ Describe reasons _____
7. **Yes** **No** Have you ever been convicted of a felony / crime, or are you currently involved in any type of litigation? Explain _____
8. **Yes** **No** Are you currently using illegal drugs or have you been arrested for use, possession or sale of drugs in the past five (5) years? Give Details: _____
9. **Yes** **No** Any member of your household, currently or will become a part time or full time student? Explain ; _____
10. **Yes** **No** Will you take an apartment when one is available?

If you qualify for the government income limits, tenant population type and the property's occupancy guidelines, you will be placed on the waiting list. If you do not, you will be notified in writing. Once on the waiting list, you will be screened for credit, criminal record, and landlord references when your name gets near the top of the waiting list. You will be notified in writing if you do not qualify. If rejected, you will be given an opportunity for a fair hearing. If you are offered an apartment, you must take it when it is available or your name will be removed from the waiting list, unless extenuating circumstances apply. At least once a year, the property will send a **WAITING LIST UPDATE** to determine if you are still interested. If you do not respond, your name will be removed from the waiting list. If your phone number or address changes, it is your responsibility to notify the property.

The owner/management of this property does not discriminate on the basis of race, color, national origin, religion, sex, marital status, age nor handicapped status in the admission or access to, or treatment of/or in employment in its federally assisted programs and activities. Warren Westad, 545 Rainier Blvd. N., Suite #9, Issaquah, WA 98027, (425) 391-3937 or Washington State T.R.S. (800) 833-6388 has been designated to coordinate compliance with nondiscrimination requirements contained in the HUD regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

Applicants acknowledge that they must be capable of meeting terms of the lease (with or without support services) to qualify and the ability to maintain this capacity will be a requirement to remain a resident. In addition, applicant must possess the capacity to enter into a legal contract. Please initial you acknowledge of this statement.

PUBLIC LAW 91-508, FAIR CREDIT REPORTING ACT: This is to inform you that as a part of this apartment's procedure for processing applications for rent, a consumer report by the independent rental and credit agency will be made to verify your credit, employment and rental history. If your application is not accepted due to information contained in this report, you will receive a decline letter explaining how to contact the credit agency and how to ask for an appeal. If the credit report is paid by you, it is a non-refundable fee and by your payment of the fee, you accept such terms.

C. REFERENCE INFORMATION

Current Landlord:	_____	Landlord's Phone #:	_____
Landlord's Address:	_____	Landlord's Fax #:	_____

Previous Landlord:	_____	Landlord's Phone #:	_____
Landlord's Address:	_____	Landlord's Fax #:	_____

CREDIT REFERENCES

Name: _____ Address: _____ Phone: _____
 Name: _____ Address: _____ Phone: _____
 Name: _____ Address: _____ Phone: _____

PERSONAL NON-RELATED REFERENCES

Name: _____ Address: _____ Phone: _____
 Name: _____ Address: _____ Phone: _____
 Name: _____ Address: _____ Phone: _____

F. EMERGENCY CONTACT (who may we contact in the event of an emergency?)

Name: _____ Address: _____ Phone: _____

G. OTHER REQUIRED INFORMATION

VEHICLES: List any cars, trucks or other vehicles owned. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.)

Type of Vehicle: _____ Year/ Make: _____ Color: _____
 Type of Vehicle: _____ Year/ Make: _____ Color: _____

PETS:

12. Yes No Do you own any animals or do you plan on owning any animals while a tenant at this apartment property? If yes, describe _____
13. How did you hear about this housing? _____
14. Briefly describe your reasons for applying: _____

H. INCOME SOURCES:

Do YOU or ANYONE in your household receive OR expect to receive income from:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. Employment wages or salaries? <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i>		
		Source	Household Member	Amount
		_____	_____	\$ _____
		_____	_____	\$ _____
		_____	_____	\$ _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Self-employment?		
		Source	Household Member	Amount
		_____	_____	\$ _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Regular pay as a member of the Armed Forces?		
		Source	Household Member	Amount
		_____	_____	\$ _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Unemployment benefits or Workman's Compensation?		
		Source	Household Member	Amount
		_____	_____	\$ _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Public Assistance, General Relief or Aid to Families with Dependent Children (DSHS,)?		
		Source	Household Member	Amount
		_____	_____	\$ _____

<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. Do you receive or are you eligible to receive child support? (Even if you don't receive any.)	Source	Household Member	Amount
			_____	_____	\$ _____
			_____	_____	\$ _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. Social Security, SSI or any other payments from the Social Security Administration?	Source	Household Member	Amount
			_____	_____	\$ _____
			_____	_____	\$ _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	8. Veteran's benefits, pensions, retirement benefits or annuities?	Source	Household Member	Amount
			_____	_____	\$ _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	9. Severance payments?	Source	Household Member	Amount
			_____	_____	\$ _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	10. Disability, Labor & Industry	Source	Household Member	Amount
			_____	_____	\$ _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	12. Regular gifts or payments from anyone outside of the household? <i>(This includes anyone supplementing your income or paying any of your bills)</i>	Source	Household Member	Amount
			_____	_____	\$ _____
			_____	_____	\$ _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	13. Payments from rental property, land contracts or other forms of real estate?	Source	Household Member	Amount
			_____	_____	\$ _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	14. Any other income sources or types not listed?	Source	Household Member	Amount
			_____	_____	\$ _____
			_____	_____	\$ _____

I. ASSET INFORMATION:

Include all assets held and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. Any accounts at a financial institution? (Including but not limited to: checking, Savings, CD's, Money Market Account, Treasury Bills)	Source	Household member	Account #	Amount
			_____	_____	_____	\$ _____
			_____	_____	_____	\$ _____
			_____	_____	_____	\$ _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Stocks, bonds, or securities?	Source	Household member	Account #	Amount
			_____	_____	_____	\$ _____
			_____	_____	_____	\$ _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Trust funds?	Source	Household member	Account #	Amount
			_____	_____	_____	\$ _____

Yes **No** 5. Pensions IRAs, KEOGH or other retirement accounts?

Source	Household member	Account #	Amount
			\$ _____
			\$ _____

Yes **No** 6. Cash on hand over \$500.00?

Household Member

Amount: _____
\$ _____

Yes **No** 7. Real estate, rental property, land contracts/ contract for deeds or other real estate holding?
(This includes personal residence, vacant land, farms, vacation homes or commercial property.)

Type	Household member	Value
		\$ _____

Yes **No** 8. Personal property as an investment? *(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques.)*

Type	Household member	Value
		\$ _____
		\$ _____

Yes **No** 9. Have you or any household member disposed of or given away any assets for LESS than fair market value within the past 2 years?

Household Member _____

Amount _____

Explanation? _____

Yes **No** 10 Do you anticipate any changes in any household income in the next 12 months?

Yes **No** Do you have any other assets not listed above (excluding personal property)?

		\$ _____
		\$ _____
		\$ _____

J. MEDICAL/CHILDCARE/HANDICAP ASSISTANCE EXPENSES

Medical Costs: Complete this part ONLY if head or spouse is 62 or Older, Disabled or Handicapped.

MEDICAL:

Expense	Name of Expense	Address	Monthly cost
Medicare Premiums:			\$ _____
Medical Insurance Coverage:	_____	_____	\$ _____
Anticipated out of pocket medical:	_____		\$ _____
Medical related Travel Costs:	_____		\$ _____
Any other medical expenses:	_____		\$ _____
Current Physician:	_____		\$ _____

	Payable To:	Balance Owed	Monthly Payments
Medical bills you are making monthly payments on:	_____	\$ _____	\$ _____

CHILDCARE COSTS: Complete ONLY for children 12 & under:

Child Name	Age	Name/Address of Child Care Provider	Yearly cost of Care
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

HANDICAP ASSISTANCE EXPENSES: Attendant care and/or apparatus that enables Handicapped applicants or others in the household to work. Complete ONLY if Handicap Expenses allow someone in the household to work.

Expense:	Name Expenditures	Payable To:	Weekly Payments
_____	_____	_____	\$ _____

(This area to be blank)

K. SIGNATURE PAGE

I/We hereby certify that I/we do/will not maintain a separate subsidized rental unit in another location and that this dwelling will be used as our primary residence. I/We further certify that this will be my/our permanent residence and that I/we will not maintain a separate residence. I/We understand that I/we must pay a security deposit for this apartment. I/We understand that my eligibility for housing will be based on USDA, Rural Housing Service or Tax Credit Income limits and by Ad-West Realty Services Inc. selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We also understand that this form is only an application for residence and that the submission of this application does not reserve an apartment or in any way guarantee residence in this complex.

TENANT _____

CO-TENANT _____

DATE _____

DATE _____

AUTHORIZATION

I/We do hereby authorize Ad-West Realty Services Inc. and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations, companies to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administrated/managed by Ad-West Realty Services Inc.. I/We further authorize Ad-West Realty Services Inc. to verify all information listed on this application.

TENANT _____

CO-TENANT _____

DATE _____

DATE _____

FAMILY HOUSEHOLD COMPOSITION:

"The information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through the USDA, Rural Housing Service that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname."

Please Circle one from each category:

Race:

Ethnicity:

Gender:

- 1.
American Indian or
Alaskan Native
- 2.
Asian
- 3.
Black or African American
- 4.
Native Hawaiian or
Other Pacific Islander
- 5.
White

- A.
Hispanic or Latino
- B.
Not Hispanic or Latino

- Male
- Female

Following is the Ad-West Realty Services Inc. Resident Acceptance Policy. Each applicant's screening report shall be reviewed for three types of adverse information; **NEGATIVES, TERMINALS and REQUIREMENTS**. If **THREE** or more **NEGATIVE** items are found in a report, with no extenuating circumstances (example: temporary loss of job, medical reasons, family emergencies, etc.), the applicant will be denied.

NEGATIVES: The following items shall be considered negative items:

- _____ Any two credit accounts that have been rated R2 (30-59 days late) in the last seven years.
- _____ Any credit account that has been rated R5 (120+ days late) in the last seven years.
- _____ Any two credit accounts which are rated as having gone to collection in the last seven years.
- _____ Any credit account charge off, discharged Chapter 13 Bankruptcy, vehicle repossession, lien or any unpaid civil judgment in the last seven years.
- _____ Any rental reference that includes more than 1 late rent payment or shows more than 1 NSF check.
- _____ Any instance of unauthorized pets or persons occupying a unit rented to the applicant.
- _____ Any instance of improper or lack of Intent to Vacate notice and/or a lease broken by the applicant.
- _____ Any employment situation which is temporary in nature.

TERMINALS: The following items shall be considered terminal and sufficient to decline application:

- _____ Any OPEN bankruptcy.
- _____ Any unpaid apartment collection, negative rental OR incomplete reference.
- _____ Any eviction or Unlawful Detainer action and/or any current 3-Day or 10-Day Notice.
- _____ Any income level or combined income level in the case of co-applicants, which does not meet the income requirements.
- _____ Any conviction for the selling of drugs or possession of drugs with intent to sell, or any conviction for contributing to the delinquency of a minor.
- _____ Any conviction for possession of a controlled substance or drug paraphernalia.
- _____ Any registered or unregistered sex offender.
- _____ Any history of disruptive, malicious, violent behavior and/or more than 2 convictions of Domestic Violence.
- _____ Any false or misleading information provided by the applicant on the written application or omission of a material fact.
- _____ A total of \$400 or more in unpaid collections in the last 7 years.
- _____ Any criminal conviction which involves theft, burglary, robbery, serious offense, or a crime of violence as defined in RCW9.41.010

REQUIREMENTS: 12 months of verifiable RENTAL HISTORY. Failure to provide rental history Will result in a terminal.