



S P O K A N E
Housing Ventures
Giving people a place to call home

(509) 232-0170 / FAX (509) 484-4617

2001 N Division / Suite 100 / Spokane, WA 99207

Spokane Housing Ventures Resident Screening Criteria

We are an equal housing opportunity landlord. We do not discriminate in violation of the law or on the basis of race, color, religion, national origin, sex, marital or familial status, disability, military/veterans, or sexual orientation.

Application

A tenant screening service is used to conduct background research and issue reports based on an application to rent. Acceptance is based on verification of information provided by the prospective resident on the application. All applications will be submitted to and screened by an unrelated, third party tenant background screening service. All applicants, including married co-applicants, must complete and sign a rental application. Unmarried co-applicants must each complete a separate application. A non-refundable application fee is required for each separate application and must be received prior to processing of the application(s). Household members aged 16 & 17 will also be screened. There is never a fee to be placed on a wait list. Application fees are collected when applications are screened. HUD properties do not require application fees. Spokane Housing Ventures does **NOT** accept Portable Application reports.

We understand that poor credit may be a part of your public record. Exceptions may be made in the case of medical related collections. However, housing or housing related (such as utilities) collections or recent bad credit (in the last 12 months) does concern us. We are willing to accept protective payees, income and credit worthy co-signers or absolute guarantors. Reasonable payment plans established to rectify your debts may be accepted as a remedy.

Income

Our mission is to serve households with limited incomes and maximum income limits apply to our rental units. Maximum income limits vary for different apartments. Many of our units have set rents, meaning that they are not based on a percentage of your income or on a sliding scale, but rather on a set or fixed price per month, and because of this we also have minimum income requirements. Please provide sufficient evidence of your income including most recent year tax return before you pay your application fee. If applicant receives income from sources other than employment, such as State or Federal funds or a retirement fund, this income must be verified. Where the applicant's income source is wages, the applicant must have verifiable employment of at least six (6) months. Total income of all applicants must be at least 2.5 times the total of the rental amount and utility allowance for the unit. The source, regularity and dependability of stated income sources shall be acceptable to landlord at landlord's sole discretion.

Rental History

Applicant(s) must provide housing history for the past three (3) years. Non-traditional housing such as hospitals, treatment centers, shelters or transitional housing is acceptable. Satisfactory mortgage credit history may substitute. Poor references for non-payment, rule violations or the destruction of property may be a cause for denial. Proper notice to vacate must be given and payments received as agreed. A bona-fide co-signer or absolute guarantor may be required if any of the above qualifications are not met. Co-signer or absolute guarantor must complete a credit application and sign an Absolute Guarantor Agreement.

Occupancy

We have a No Pet Policy on all our properties. However, service animals, medically assigned animals and companion animals will be accepted in accordance with Fair Housing laws with proper documentation.

Waterbeds are allowed in ground floor units only and with full insurance coverage, listing Spokane Housing Ventures as additional insured and with 30 days written notice of cancellation. Each community has Occupancy limits. Consult the community you are applying for to find this information.

Conditional

The approval will be conditional when an applicant has been incarcerated within the past 5 years, or a person who has committed a crime in the past 5 years the approval will be conditional. A conditional approval will require that the applicant present documents that support what has been done since the incarceration/crime/probationary period and/or why their behavior should not have any direct bearing or effect on the community that they have applied to reside in. Please note that there are crimes that cannot be appealed until a minimum of 7 years after the completion of the sentence.

Denial

Any of the following may result in denial of the application:

- Failure to provide correct, verifiable references
- Reported late payment of rent or non-compliance with previous rental agreements
- An outstanding recorded or unrecorded judgment or multiple derogatory comments or collection accounts
- Debt-to-income ratio (Rent + utilities divided by income) of more than 40%.
- Any Crimes that are exempt from the Conditional Approval process.

Any of the following will result in denial of the application:

- Incomplete, inaccurate, falsified or fraudulent information provided
- Any reported eviction or Unlawful Detainer action except when directly related to a disability
- Adverse housing references
- A registered sex offender

Appeals

All applicants who do not meet these screening criteria will receive an adverse action notice stating why their application is being denied. A formal hearing to appeal the denial decision may be requested. The request must be in writing stating reasons why the denial should be reversed and accompanied by current letters of support and any other documentation that applicant deems pertinent. Once this information is received a hearing date will be set. The determination at the hearing will be final.

Crimes exempt from the appeal process for 7 years from the completion of the sentence

The following list is *not* all-inclusive. Comparable crimes may be a consideration for the termination or denial of assistance. The following felonies, as defined in RCW 9:94A.030, are “most serious and count as “strikes.”

- Any felony with a deadly weapon verdict
- Any Class B offense with a finding of sexual motivation (including attempts)
- All Class A Felonies (including felony attempts, criminal solicitation and criminal conspiracy to commit):
 - Aggravated Murder 1
 - Arson 1
 - Assault 1
 - Assault 2
 - Assault of a child 1
 - Bail jumping with Murder 1
 - Burglary 1
 - Child Molestation 1
 - Damaging Bldg. etc. by explosion with threat to human being
 - Endangering life & property by explosions with threat to human being
 - Explosive devices prohibited
 - Homicide by abuse
 - Kidnapping 1
 - Leading organized crime
 - Murder 1
 - Murder 2
 - Possession of incendiary device
 - Rape 1
 - Rape 2
 - Rape of a child 1
 - Rape of a child 2
 - Robbery 1
 - Setting a spring gun
 - Treason- Not appealable
 - Use of a machine gun in the commission of a felony
 - Controlled Substance Homicide
 - Manufacture, Deliver or possess with intent to deliver Controlled Substances, including but not limited to Cocaine, Methamphetamine or opiates.

I have read and understand the above listed criteria. Falsifying my application will result in denial.

_____ Applicant Signature _____ Date

_____ Applicant Signature _____ Date

_____ Initial Please note that you cannot continue to the application process until you have read and acknowledged that you understand the above listed criteria.

Wait List Policy

USDA and HUD Properties are required to keep a wait list. If you are submitting an application to be put on these wait list, you will be informed of this. If the below box is not filled out the community that you are submitting an application for does not have this requirement. There is never a fee or charge to be placed on a wait list at any SHV owned or managed community.

____ Your application is for a ___ Tax Credit ___ USDA _____ HUD property and you have been put on a wait list as of _____ date at _____ time. _____ Mgr Sign

Persons are added to the wait list in the order that they are received. All applications are date and time stamped for accuracy. When a unit becomes available that is best suited for the next available qualified household, size, income, special needs etc.. on the wait list, you will be notified. You will be given 5 business days to respond to the notification, so it is imperative that you keep the community updated with your information, should it change on the application. If no response, we will move to the next household on the list that has the best suited needs for the apartment home. You will have three opportunities to refuse housing and remain in your position on the wait list. Once refused three times, your application will be moved to the bottom of the list. You will be notified in writing of this.

Once your application is selected for housing you may be required to pay a screening fee. **HUD Properties and select 811 units do not have a screening fee.** All other communities do. Screening fees are as follows:

_____ ORCA- \$42 per adult, \$42 per married couple, \$27 for persons 16-17

_____ ACRA net \$35 per adult, \$35 per married couple, \$12 for persons 16-17

All screening fees must be made payable to the community that you apply to rent at.

By signing below you acknowledge these policies:

Applicant Signature

Date

Co-Applicant Signature

Date

Rental Application

INSTRUCTIONS: Please enter all information correctly and completely. Missing, incomplete or fraudulent information is grounds for rejection. In order to process your application quickly, copies of picture ID for all adults, and copies of social security cards for all family members. We highly encourage you to obtain these now, even if you are submitting this application to be on a wait list, as this will speed up the verification process when a unit becomes available. Adult applicants must complete separate application. Married applicants may fill out 1 application with all information for each person.

www.SpokaneHousingVentures.org 

Spokane Housing Ventures does not discriminate against any person because of race, color, religion, sex or sexual orientation, gender identity, familial status, national origin, marital or handicap status, in the admission to housing or access to treatment or employment in their federally assisted programs or activities. As such we are required to provide reasonable auxiliary aids and services necessary for effective communication with persons with disabilities if requested. The person listed below has been designated to coordinate compliance with the non discriminative compliance requirements contained in the Department of housing and urban Developments regulations implementing Section 504 (24CFR, part 8 dated June 1988) Property Operations Manager 2001 N Division St, Spokane, WA 99207, 509-232-0170, Fax 509-484-4617. A copy of the tenant selection plan is available upon request.

To be filled out by office Staff Only

Time Received: _____ **Date Received:** _____
Received By: _____

Community Applying for: _____
 Address of Community: _____ City: _____
 State: _____ Zip: _____
 Phone Number: _____
 Fax:# _____
 Email Address: _____
 Manager Name: _____

APPLICANT INFORMATION: Applicant Email Address: _____

Applicant Name:	Jr. Sr. Etc.:	Full Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Address:	Telephone:	Rent Amount:
City, State, Zip:	Date of Birth:	Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
SSN:	Have you ever used a different SSN or last name? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:	
Driver's License #:	State Of Issue:	
Co-Applicant Name:	Jr. Sr. Etc.:	Full Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Address:	Telephone:	Rent Amount:
City, State, Zip:	Date of Birth:	Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
SSN:	Have you ever used a different SSN or last name? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:	

Have you ever lived in a property owned and/or managed by Spokane Housing Ventures Y N Property _____

OCCUPANT INFORMATION: Please list names of other occupants who will be living at this residence. Attach additional sheet if necessary.

Last Name	First Name	SSN	Gender (circle)	Birth Date	Full Time Student?
			M F		Y N
			M F		Y N
			M F		Y N
			M F		Y N
			M F		Y N

RESIDENCE/RENTAL HISTORY: List current residence first. Provide at least **3 years** of rental history. Attach an additional page if necessary.

Move In Date	Move Out Date	Property Address	Rent	Deposit	Landlord/Owner Name	Daytime Phone	Reason For Leaving

EMPLOYMENT REFERENCE: Please list your current employer. If unemployed, state so.

	Current Employer	Supervisor	Phone	Position	How Long?
Applicant					
Co-app.					

INCOME: Please identify source, name of recipient and amount of current income. Is your income seasonal or sporadic? Yes No

Applicant Current Income	Recipient's Name	Monthly Amount	Co-Applicant Current Income	Recipient's Name	Monthly Amount
Employment			Employment		
Child Support/Alimony			Child Support/Alimony		
SSA			SSA		
SSD			SSD		
SSI			SSI		
VA			VA		
L&I			L&I		
DSHS			DSHS		
Food Stamps			Food Stamps		
Other			Other		

PERSONAL REFERENCE/EMERGENCY CONTACT: Please list two personal references as well as an emergency contact.

Name	Address	Phone	Relationship
			Emergency Contact

CURRENT HOUSING, REFERRAL AND/OR SPECIAL NEEDS: Please circle all that apply.

Current Housing Type:	Referred by: Please circle all that apply		Special Housing Needs:
House	Self	Senior Living Magazine	Ground Floor
Doubled up with another family	Banner or Sign on property	Spokesman-Review Ad	Wheel chair accessible
Transitional Housing Apartment	Senior Center	Apartment Finder Ad	Ramp
Shelter	Church	Prime Magazine Ad	Barrier free
Homeless	Housing Authority	One- Stop Housing Website	Hearing- or sight-accessible smoke detectors
Car/streets	Social service staff	Craig's List	English as a second language
Treatment Center	Outreach team	SHV Website	Live-in caretaker
Apartment	Alcohol/drug program	Current Resident	Large Family (4 or more)
Other (Please List)	Mental health program	Friend or Family	Other (Please List)
	Emergency housing program	Doctor	
	Other (Please List)		

MISCELLANEOUS: Please answer all questions.

Are you currently receiving a Section 8 voucher or certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household ever been evicted from your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within the last seven years, have you or any member of your household filed bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the bankruptcy discharged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or any member of your household currently having your wages garnisheed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or a household member ever been charged with illegal manufacture or distribution of a controlled substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or a member of your household been convicted of a crime in the past 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Offense:	Year convicted:
Are you or any member of your household a registered sex offender in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or any member of your household required to register your address with a corrections office or with police personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own a pet? (Please inquire about our pet policy.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

VEHICLE INFORMATION:

	Year	Make/model	License State	License Number
Auto #1				
Auto #2				

OPTIONAL INFORMATION: TO BE USED ONLY FOR EQUAL OPPORTUNITY COMPLIANCE MONITORING PURPOSES. Spokane Housing Ventures is committed to offering equal housing opportunities to qualified individuals and families and does not discriminate with regard to race, color, religion, national origin, sex, marital or familial status, disability, or sexual orientation. Your answers to these questions are optional and will be used only to help us determine our compliance with equal opportunity guidelines.

APPLICANT:

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Single (Divorced, Widowed, Never Married)

CO-APPLICANT:

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Single (Divorced, Widowed, Never Married)

Release of Information, Disclosure and Authorization to Verify

In compliance with state and federal consumer reporting law, you are hereby advised that a screening will be conducted regarding the information contained in this application. The report may contain information regarding your credit-worthiness, character, general reputation, personal characteristics and mode of living. By signing this application, you authorize _____ ACRAnet; whose address is 521 W. Maxwell Spokane, WA. 99201 and whose telephone number is (509) 324-1249 or 1-800-324-1249 or _____ ORCA Information INC., at P.O. Box 277, Anacortes, WA 98221, 1-800-341-0022 to conduct the screening and to release information obtained to Spokane Housing Ventures. If the application is denied or approved conditionally based on information contained in the report, you may request and obtain a copy of the report. You have the right to dispute the accuracy of information contained in the report. You may have additional rights under both state and federal law.

I (we) hereby authorize Spokane Housing Ventures to verify the information herein in order to evaluate my (our) eligibility for tenancy. I (we) understand that verification will require inquiries to past and present employers and other income sources, past and present landlords, and social service agencies. It may also require obtaining credit reports and examination of public records and databases. Credit reports and public records will be obtained from third party sources. I (we) understand that all information submitted here in and which Spokane Housing Ventures and/or ACRAnet/Orca may obtain for other sources for verification purposes will be held in strict confidence by Spokane Housing Ventures and/or ACRAnet/Orca, and not used for any purpose, or disclosed to any parties, not related to evaluating my (our) eligibility for tenancy.

I (we), _____ hereby authorize Spokane Housing Ventures to verify the information herein in order understand that all information provided herein to Spokane Housing Ventures as part of my (our) application for tenancy will be thoroughly reviewed by staff and or their agents. I (we) hereby certify that this application has been made freely and voluntarily, and that the information entered above is accurate to the best of my (our) knowledge. Falsifying information may result in termination of tenancy or material breach of the lease.

Signature _____ Date _____

Signature _____ Date _____

**To appeal or dispute the decision of Spokane Housing Ventures, please submit it in writing to:
The community you applied to reside at. Please be prepared to submit supporting documents at this time. For a list of communities see www.spokanehousingventures.org.**

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Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.