

Applicant Screening Criteria

Thank you for your interest in _____ Apartments. In order to qualify as a resident of the community the following standards must be met:

⇒ **POSITIVE RENTAL HISTORY:**

- Two positive landlord references
- No disturbance complaints
- Consistent payment of rent on time
- No damage to apartment unit

⇒ **TOTAL FAMILY GROSS INCOME DOES NOT EXCEED INCOME LIMITS**

⇒ **FAVORABLE CRIMINAL REPORT**

⇒ **POSITIVE CREDIT HISTORY**

⇒ **MONTHLY INCOME EQUAL TO AT LEAST 2.0 TIMES THE MONTHLY RENT CONTRIBUTION**

⇒ **MUST SUBMIT A COMPLETE APPLICATION WITH NO OMISSIONS AND ATTEND AT LEAST ONE IN-PERSON INTERVIEW**

⇒ **MUST BE LEGALLY RESPONSIBLE TO ENTER A LEGAL CONTRACT**

⇒ **MUST BE CAPABLE, WITH OR WITHOUT ASSISTANCE, TO CARRY OUT LEASE AND RULES AND REGULATION REQUIREMENTS**

⇒ **MUST NOT BE ENGAGING IN ANY DRUG RELATED CRIMINAL ACTIVITIES OR OTHER ILLEGAL ACTIVITIES**

⇒ _____ **APARTMENTS DOES NOT ACCEPT PORTABLE SCREENING REPORTS**



Rural Housing and Community Programs

Things You Should Know About USDA Rural Rental Housing

Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification

Penalties for Committing Fraud

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

How To Complete Your Application

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
 - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
 - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
 - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
 - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
 - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
 - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

Ask for Help if You Need It

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

Before You Sign the Application

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

Tenant Recertification

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

Report Abuse: If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

PA 1998
December 2008

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

- | | | |
|--------------------------|--|------------------------|
| <input type="checkbox"/> | ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية. | 1. Arabic |
| <input type="checkbox"/> | Խոսողո՞ւմ ե՞սք նշո՞ւմ կատարե՞ք այս քանակությունը, եթե խոսո՞ւմ կա՞մ կարողո՞ւմ եք հայերեն: | 2. Armenian |
| <input type="checkbox"/> | যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন। | 3. Bengali |
| <input type="checkbox"/> | ល្អបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។ | 4. Cambodian |
| <input type="checkbox"/> | Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro. | 5. Chamorro |
| <input type="checkbox"/> | 如果你能读中文或讲中文，请选择此框。 | 6. Simplified Chinese |
| <input type="checkbox"/> | 如果你能讀中文或講中文，請選擇此框。 | 7. Traditional Chinese |
| <input type="checkbox"/> | Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik. | 8. Croatian |
| <input type="checkbox"/> | Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky. | 9. Czech |
| <input type="checkbox"/> | Kruis dit vakje aan als u Nederlands kunt lezen of spreken. | 10. Dutch |
| <input type="checkbox"/> | Mark this box if you read or speak English. | 11. English |
| <input type="checkbox"/> | اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بزنید. | 12. Farsi |

<input type="checkbox"/>	Cocher ici si vous lisez ou parlez le français.	13. French
<input type="checkbox"/>	Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	14. German
<input type="checkbox"/>	Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.	15. Greek
<input type="checkbox"/>	Make kazye sa a si ou li oswa ou pale kreyòl ayisyen.	16. Haitian Creole
<input type="checkbox"/>	अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ।	17. Hindi
<input type="checkbox"/>	Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	18. Hmong
<input type="checkbox"/>	Jelölje meg ezt a kockát, ha megérta vagy beszéli a magyar nyelvet.	19. Hungarian
<input type="checkbox"/>	Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	20. Ilocano
<input type="checkbox"/>	Marchi questa casella se legge o parla italiano.	21. Italian
<input type="checkbox"/>	日本語を読んだり、話せる場合はここに印を付けてください。	22. Japanese
<input type="checkbox"/>	한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.	23. Korean
<input type="checkbox"/>	ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ.	24. Laotian
<input type="checkbox"/>	Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	25. Polish

<input type="checkbox"/>	Assinale este quadrado se você lê ou fala português.	26. Portuguese
<input type="checkbox"/>	Însemnați această casuță dacă citiți sau vorbiți românește.	27. Romanian
<input type="checkbox"/>	Пометьте этот квадратик, если вы читаете или говорите по-русски.	28. Russian
<input type="checkbox"/>	Обележите овај квадратик уколико читате или говорите српски језик.	29. Serbian
<input type="checkbox"/>	Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	30. Slovak
<input type="checkbox"/>	Marque esta casilla si lee o habla español.	31. Spanish
<input type="checkbox"/>	Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	32. Tagalog
<input type="checkbox"/>	ให้กาเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย.	33. Thai
<input type="checkbox"/>	Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	34. Tongan
<input type="checkbox"/>	Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.	35. Ukrainian
<input type="checkbox"/>	اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	36. Urdu
<input type="checkbox"/>	Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.	37. Vietnamese
<input type="checkbox"/>	באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.	38. Yiddish

**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: _____). 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 & \$10.00 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



“This institution is an equal opportunity provider and employer.”

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.”

A. GENERAL INFORMATION

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

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

1. 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.

2. 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:

1. Must meet government requirements for income and tenant population type.
2. Must meet property's occupancy guidelines.
3. Must have good landlord/good housekeeping references.
4. Must have reasonable credit.
5. Must have a good report from a rental screening service.
6. Must have good personal references from people who are NOT relatives.
7. Must be legally responsible to enter into a legal contract.
8. Must submit a complete application with no omissions.
9. Must be capable, to carry out the terms of the lease and rules and regulations.
10. 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 following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. 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, we are required to note the race/national origin of the individual applicants on the basis of visual observation or surname.

Ethnicity: Hispanic or Latino _____
Not Hispanic or Latino _____

Race: (Mark one or more)
White _____ Black or African American _____ American Indian/Alaska Native _____
Asian _____ Native Hawaiian or Other Pacific Islander _____

Gender: Male _____ Female _____

Applicant Name: _____ Unit #: _____

SCREENING REPORT SUMMARY

ADWEST REALTY SERVICES

WE DO NOT ACCEPT REUSABLE REPORTS

FCRA, State and Federal laws for reporting court records apply

SCORING: Each applicant's screening report shall be reviewed for two types of information: **Potentially Negative and Negative**. If three or more Potential Negatives or one or more Negative items are found in a report, and there are no "extenuating circumstances" (example: temporary loss of job, medical reasons, family emergencies, etc.), adverse action may be considered. All Potential Negatives and Negatives apply to both Applicant and Household Members.

POTENTIAL NEGATIVES:

Credit Report:

- _____ Any 2 trade lines rated R2 (30-59 days late) in the last 7 years.
- _____ Any trade lines rated R5 (120+ days late) in the last 7 years.
- _____ Any 2 collections in the last 7 years.
- _____ Any charge offs, discharged Bankruptcy, vehicle repossession, tax lien, civil judgment in the last 7 years.

Investigative:

- _____ Any rental reference with more than 2 late payments.
- _____ Any instance of unauthorized pets or persons occupying a unit rented to the applicant.
- _____ Any instance of being an unauthorized tenant.
- _____ Any instance of improper or lack of Intent to Vacate notice and/or a lease broken by the applicant.
- _____ Any instance of security deposit not refunded due to damage to rental unit (beyond normal cleaning/wear & tear).

NEGATIVES:

Credit Report:

- _____ Any OPEN bankruptcy.
- _____ Any unpaid apartment or landlord collection.
- _____ Any Eviction Judgment.
- _____ A total of \$1,000 or more in unpaid collections in the last 7 years (excluding medical).

Investigative:

- _____ Any unpaid apartment collection / Negative rental OR incomplete reference.
- _____ Any "Eviction Action" filed with the courts in the last 7 years.
- _____ Any current Legal Notice served (3 Day, 10 Day, Termination of Tenancy).
- _____ Smoking in or on a "Non-Smoking" unit or property.
- _____ Two (2) or more cases of Domestic Violence, stalking, harassment (defendant in criminal cases)
- _____ Any conviction for manufacturing, distribution and or possession of Federally controlled substance,
- _____ Any conviction for contributing to the delinquency of a minor.
- _____ Any registered sex offender/Lifetime registration.

- _____ Any history of disruptive, malicious, violent behavior that may interfere with the peace and quietude of the apartment community.
- _____ Any false or misleading information provided by the applicant on the written application or omission of material fact.
- _____ Any criminal conviction which involves theft, burglary, robbery, serious offense, or a crime of violence with a firearm.
- _____ Reasonable likelihood that the applicant or those acting under his or her control will interfere with the health, safety, security, or the right of peaceful enjoyment of the residential community.
- _____ Applicant is unwilling to cooperate with the application process (as determined by the manager or screening company)
- _____ **REQUIREMENTS: 12 months of verifiable, objective, concurrent, positive RENTAL HISTORY. Failure to provide rental history may result in a terminal.**

RECOMMENDATION: Conditional Approval

Determinations as to criminal screening will be made on a case by case basis and will be based on several factors and information. There will be no automatic denials based on crime without an analysis of the facts.