

USDA Rural Development Waiting List Application



Property Name: _____

THIS IS A PRE-APPLICATION FOR CONSIDERATION FOR PLACEMENT ON THE WAITING LIST.

YOU WILL BE REQUIRED TO COMPLETE A FULL RENTAL APPLICATION AND SUPPLEMENT TO APPLICATION FORMS IF CHOSEN FROM THE WAITING LIST FOR SCREENING AND PRE-ELIGIBILITY PROCESSING. ALL QUESTIONS MUST BE ANSWERED ON THIS APPLICATION.

IF A QUESTION DOES NOT APPLY PUT 'NONE' IN THE BLANK/BOX. USE BLUE INK ONLY!

Mbr #	NAME (First, Last, Middle Initial)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	BIRTHDATE (mm/dd/yy)	GENDER (optional)	STUDENT (Y/N)	LIST ALL U.S. STATES LIVED IN (including birth)
1		SELF					
2							
3							
4							

If you have more than three household members, please check here _____ and list the additional members on another waiting list application or a separate piece of paper.

CURRENT STREET ADDRESS (Check box <input type="checkbox"/> if mailing address ONLY)		CITY	STATE	ZIP
TELEPHONE NUMBER	ALTERNATIVE NUMBER	EMAIL ADDRESS		

The "The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability 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, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

ETHNICITY (SELECT ONE) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	RACE (SELECT ALL THAT APPLY) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black / African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
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What is the total number of household members that will be living in the unit (include unborn children & live in aides)? _____

Over the next 12 months, what is the total gross annual household income (including asset income)? \$ _____

Best describe your current housing: Standard Lacking a fixed nighttime residence Fleeing or attempting to Flee Violence

 Substandard Conventional Public Housing

Is your Household displaced by: Natural Disaster Governmental Disaster Private Action Not Displaced

YES NO Any household member claiming disabled status for admission (eligibility) / deduction qualification?
 If Yes, Member Name(s): _____

YES NO Based on disability or medical condition, does a household member request the features of a wheelchair accessible unit?
 If Yes, Member Name(s): _____

YES NO Does a household member request a unit with accessible features? If Yes, Member Name(s): _____
 And type: Mobility Hearing Vision

YES NO Any household member subject to a registration requirement under a sex offender program in any state?
 If Yes, Member Name(s): _____

YES NO Any household member currently engaged in illegal use of drugs or abuse alcohol or have a pattern of abuse?
 If Yes, Member Name(s): _____

YES NO Any household member evicted in the last seven (7) years from federally assisted housing for drug related criminal activity?
 If Yes, Member Name(s): _____

YES NO Within the last three years since the date of eviction, have any household members been evicted?
 If Yes, Member Name(s): _____

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YES NO Within the last seven year, starting from the date of completion, have any household members been convicted of a criminal offence?
If Yes, Member Name(s): _____
When: _____ County/State: _____ Offence: _____
Explanation: _____

How did you hear about our property? Brochure/Flyer Drive by/Walk In Housing Authority Internet Newspaper
Phone Book Referral, Tenant Referral Other Radio/Television
Senior Center Senior Directory/Resource Other: _____

YES NO The Violence Against Women's Act (VAWA) requires owners to provide special consideration, protections, and confidentiality during the rental application process to applicants that request and qualify for protections under the Act due to dating violence, domestic violence, stalking and sexual assault. Do you understand that you may discuss confidentially, request more information and/or claim protections under this Act with the Owner/Management of this property?



BY SIGNING THIS DOCUMENT, YOU ACKNOWLEDGE AND CERTIFY TO ALL (CHECK BOXES):

<input type="checkbox"/>	I acknowledge that I must inform management of changes to My/our WAITING LIST Application information and of my/our continued interest at least every 6 months to remain on the waiting list. Failure to update MAY result in removal from the waiting list.
<input type="checkbox"/>	I certify this apartment will be my permanent residence and I will not maintain a separate rental unit in a different location.
<input type="checkbox"/>	If you are rejected you have the right to appeal the decision within (14) days of the receipt of the rejection notice by contacting the management of this property in writing or requesting a meeting. A copy of the Grievance and Appeal Procedure is posted in the site office. You may request a copy of this appeal procedure by contacting the rental office. Persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process.

SIGNATURES AND DATES (REQUIRED).

I CERTIFY THE ACCURACY AND COMPLETENESS OF INFORMATION PROVIDED:

_____	_____	EACH ADULT SHOULD SIGN/DATE EACH OTHERS APPLICATION AS HEAD, CO- HEAD, SPOUSE OR OTHER ADULT HOUSEHOLD MEMBER
APPLICANT (HEAD) SIGNATURE	DATE	
_____	_____	
COHEAD/SPOUSE/OTHER ADULT APPLICANT	DATE	

Property Name:	does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). We do business in accordance with the Federal Fair Housing Act and provide persons with disabilities reasonable accommodation upon request. TTY# (for hearing impaired) 711. Persons with language barriers may request or arrange interpretation alternatives or services based on the property's LEP Policy.		 
504 Coordinator Name: Sharon Budweg			
Address: P.O. Box 2253, Spokane, WA 99210-2253		Telephone#: (509) 358-4250	
OFFICE USE ONLY: ACKNOWLEDGEMENT OF RECEIPT OF RENTAL APPLICATION			
Date Received	Time Received	AM PM	Received/reviewed for completeness by (print name) _____ Signature _____