

RENTAL APPLICATION



PROPERTY NAME: _____

A SEPARATE APPLICATION PACKET MUST BE COMPLETED FOR EACH ADULT HOUSEHOLD MEMBER. ALL QUESTIONS MUST BE ANSWERED ON THIS APPLICATION AND ANY ATTACHMENTS. IF A QUESTION DOES NOT APPLY PUT 'NONE' IN THE BLANK/BOX. **USE BLUE INK ONLY!**

APPLICANT INFORMATION				
APPLICANT FULL LEGAL NAME (Last, First, Middle Initial)	RELATIONSHIP TO HEAD	SOCIAL SECURITY NUMBER	BIRTHDATE	PART/FULL TIME STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
TELEPHONE NUMBER	ALTERNATIVE NUMBER	EMAIL ADDRESS		
CURRENT STREET ADDRESS (Check Box <input type="checkbox"/> if mailing address ONLY)	CITY	STATE	ZIP	MOVE IN DATE
CURRENT LANDLORD/MORTGAGE HOLDER	CURRENT LANDLORD/MORTGAGER PHONE	MONTHLY RENT/MORTGAGE \$	REASON FOR MOVING	

OTHER OCCUPANT INFORMATION					
HOUSEHOLD MEMBER (Last, First, Middle Initial)	RELATIONSHIP TO HEAD	SOCIAL SECURITY NUMBER	BIRTHDATE	GENDER (opt)	PART/FULL TIME STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
HOUSEHOLD MEMBER (Last, First, Middle Initial)	RELATIONSHIP TO HEAD	SOCIAL SECURITY NUMBER	BIRTHDATE	GENDER (opt)	PART/FULL TIME STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
HOUSEHOLD MEMBER (Last, First, Middle Initial)	RELATIONSHIP TO HEAD	SOCIAL SECURITY NUMBER	BIRTHDATE	GENDER (opt)	PART/FULL TIME STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
HOUSEHOLD MEMBER (Last, First, Middle Initial)	RELATIONSHIP TO HEAD	SOCIAL SECURITY NUMBER	BIRTHDATE	GENDER (opt)	PART/FULL TIME STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
HOUSEHOLD MEMBER (Last, First, Middle Initial)	RELATIONSHIP TO HEAD	SOCIAL SECURITY NUMBER	BIRTHDATE	GENDER (opt)	PART/FULL TIME STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
HOUSEHOLD MEMBER (Last, First, Middle Initial)	RELATIONSHIP TO HEAD	SOCIAL SECURITY NUMBER	BIRTHDATE	GENDER (opt)	PART/FULL TIME STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
HOUSEHOLD MEMBER (Last, First, Middle Initial)	RELATIONSHIP TO HEAD	SOCIAL SECURITY NUMBER	BIRTHDATE	GENDER (opt)	PART/FULL TIME STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
HOUSEHOLD MEMBER (Last, First, Middle Initial)	RELATIONSHIP TO HEAD	SOCIAL SECURITY NUMBER	BIRTHDATE	GENDER (opt)	PART/FULL TIME STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO

What is the total number of household members that will be living in the unit? (include unborn child and live in aids): _____

What is the total annual income (including asset income) of the household in the next 12 months? \$ _____

Does anyone in your household have a Tenant Based Section 8 Voucher? Yes No If yes, what is the voucher bedroom size: _____

Does your household qualify as/able to provide proof of (select all that apply): Homeless Veteran Disabled Farmworker

Have you been cited for non-payment of rent, lease violations, or fraud? Yes No If yes, Explain: _____

Have you been asked to vacate or evicted in the past three years? Yes No If yes, Explain: _____

Have you been evicted in the last seven years from federally assisted housing for drug related criminal activity? Yes No

Have you been convicted of a criminal offense within the past three years? Yes No If yes, Explain: _____

Are you subject to a registration requirement under a sex offender program in any state? Yes No

Have you ever filed for bankruptcy? Yes No If yes, When: _____ Explain: _____

Any members request a unit with accessible features? Yes No If yes type: ADA/Adapt Mobility Hearing Vision

Any member not currently a student planning to become a full time student in the next 12 months? Yes No If yes, Who: _____

Any household members request a Reasonable Accommodation based on a disability to have an Assistance Animal in the unit? Yes No

Any anticipated changes in the household in the next 12 months? Yes No If yes, Explain/When: _____

RESIDENCY HISTORY INFORMATION			
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP
PREVIOUS LANDLORD/MORTGAGE HOLDER	PREVIOUS LANDLORD/MORTGAGER PHONE	MOVE IN DATE	MONTHLY RENT/MORTGAGE \$
			MOVE OUT DATE

EMPLOYMENT INCOME INFORMATION *(Please complete all information/sections for the current employer and previous employment. If you do not have a current employer and/or a previous employer please enter 'none' or reason for none, such as disabled, retired, etc.)*

CURRENT EMPLOYER	PHONE NUMBER	SUPERVISOR	DATE HIRED
ADDRESS, CITY, STATE, ZIP			ANNUAL GROSS INCOME \$

PREVIOUS EMPLOYER	PHONE NUMBER	SUPERVISOR	DATES EMPLOYED
ADDRESS, CITY, STATE, ZIP			ANNUAL GROSS INCOME \$

OTHER INCOME *(Please list all income sources, such as SSA, SSI, SSP, TANF, Child Support, Pension, Unemployment, Gift, etc.)*

INCOME TYPE	SOURCE OF INCOME	ANNUAL GROSS INCOME \$
INCOME TYPE	SOURCE OF INCOME	ANNUAL GROSS INCOME \$

ASSET INFORMATION *(Please list all asset information such as checking, savings, gov. debit cards, life insurance, etc.)*

ASSET TYPE	BANK/SOURCE NAME	BALANCE / CASH VALUE \$
ASSET TYPE	BANK/SOURCE NAME	BALANCE / CASH VALUE \$
ASSET TYPE	BANK/SOURCE NAME	BALANCE / CASH VALUE \$



EMERGENCY CONTACT

NAME	RELATIONSHIP	ADDRESS, CITY, STATE, ZIP	PHONE NUMBER
------	--------------	---------------------------	--------------

Please Read: In compliance with the Fair Credit Reporting Act, we are informing you that information as to your household member's rental history, character references (if applicable), public records, criminal history and credit history is being verified. I/We understand that any misrepresentation will be sufficient cause for rejection of the application. I/we understand that, upon acceptance of this application for tenancy, I/we must provide releases and/or verification of ALL income and assets and household composition (including custody or guardianship of minor children) to the owner/agent in order to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. I/we also agree to signify all terms of occupancy by signing the Lease Agreement, Rules and Regulations of the property and a Household Eligibility Certification. This information may be released to appropriate federal, state, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors.

AUTHORIZATION OF RELEASE OF INFORMATION: I/We certify that all information given I/We affirm that to the best of my knowledge, the information submitted on this application for residency is true and correct for my household. I hereby authorize the property to obtain an investigative consumer report including but not limited to, residential history (rental or mortgage), employment history, criminal history records, court records, and credit records. I acknowledge that false, fraudulent, misleading or omitted information herein may constitute grounds for rejection of this application, termination of right of occupancy, and/or forfeiture of fees and may constitute a criminal offense under the laws of this State. This information is for the purpose of the applicants' residency evaluation and for no other purpose. The application must be signed before it can be processed by management. You have the right to dispute the accuracy of information provided by Screening Reports, Inc. and, upon written request, the right to a complete and accurate disclosure of the nature and scope of the investigation and/or a written summary of your rights under the WA Fair Credit Reporting Act. Direct all inquiries to: Rent Grow, 177 Huntington Ave., Suite 1703 #74213, Boston, MA 02115-3153, Phone: (800) 898-1351, www.rentgrow.com. Application will not be processed until applicant pays application/screening non-refundable fee of \$ 17.00. Fee must be in the form of check or money order payable to the property.

APPLICANT SIGNATURE _____ 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 TAX CREDIT RENTAL APPLICATION

Date Received	Time Received	Agent Signature	SUBSIDY: <input type="checkbox"/> PBV <input type="checkbox"/> TBV <input type="checkbox"/> VASH <input type="checkbox"/> Section 8/HUD 811
---------------	---------------	-----------------	---