



# USDA Rural Development Waiting List Application

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:

_____	_____
APPLICANT (HEAD) SIGNATURE	DATE
_____	_____
COHEAD/SPOUSE/OTHER ADULT APPLICANT	DATE

**EACH ADULT SHOULD  
SIGN/DATE EACH OTHERS  
APPLICATION AS HEAD, CO-  
HEAD, SPOUSE OR OTHER  
ADULT HOUSEHOLD MEMBER**

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: <b>Sharon Budweg</b>				
Address: P.O. Box 2253, Spokane, WA 99210-2253			Telephone#: (509) 358-4250	
<b>OFFICE USE ONLY: ACKNOWLEDGEMENT OF RECEIPT OF RENTAL APPLICATION</b>				
Date Received	Time Received	AM PM	Received/reviewed for completeness by (print name)	Signature