

# HUD WAITING LIST APPLICATION



**CATHOLIC HOUSING COMMUNITIES**  
Sponsored by Catholic Charities Eastern Washington

**PROPERTY NAME:** \_\_\_\_\_

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

***ALL ADULTS WILL BE REQUIRED TO COMPLETE A FULL RENTAL APPLICATION AND SUPPLEMENT TO APPLICATION IF CHOSEN FROM THE WAITING LIST FOR SCREENING AND PRE-ELIGIBILITY PROCESSING. PLEASE ANSWER ALL QUESTIONS.***

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

FULL NAME <i>(First, Last, Middle Initial)</i>	RELATION TO HEAD	SOCIAL SECURITY NUMBER	BIRTHDATE <i>(mm/dd/yy)</i>	GENDER <i>(optional)</i>	STUDENT <i>(Y/N)</i>	LIST ALL U.S. STATES LIVED IN <i>(including birth)</i>
	<b>SELF</b>					

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

The following information is being requested of the Head of Household; this is voluntary and will not be used to determine eligibility. There is no penalty for persons who do not complete this section; it is for government reporting purposes.

<b>ETHNICITY</b> <i>(Select ONE)</i> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>RACE</b> <i>(Select ALL that apply)</i> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/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)*: \_\_\_\_\_

What is the estimated annual income *(including asset income)* of the household in the next 12 months: \$ \_\_\_\_\_

Is your Household Displaced by:  NOT Displaced  Natural Disaster  Government Disaster  Private Action

Best describe your current housing:  Standard  Substandard  Lacking a fixed nighttime residence  
 Conventional Public Housing  Fleeing/Attempting to Flee Violence

Any household member claiming disabled status for admission (eligibility)/deduction qualification?  YES  NO  
 If yes, Member Name: \_\_\_\_\_

Based on disability or medical condition, does a household member request features of a wheelchair or adapt unit?  YES  NO  
 If yes, Member Name: \_\_\_\_\_

Does a household member request a unit with accessible features?  YES  NO If Yes, type:  Mobility  Hearing  Vision  
 If yes, Member Name: \_\_\_\_\_

Any household member subject to a registration requirement under a sex offender program in any state?  YES  NO  
 If yes, Member Name: \_\_\_\_\_

Any household member currently engaged in illegal use of drugs or abuse alcohol or have a pattern of abuse?  YES  NO  
 If yes, Member Name: \_\_\_\_\_

Any household member evicted in the last 7 years from federally assisted housing for drug related criminal activity?  YES  NO  
 If yes, Member Name: \_\_\_\_\_

Within the last 3 years since the date of eviction, have any household members been evicted?  YES  NO  
 If yes, Member Name: \_\_\_\_\_

Any household member been convicted of a criminal offense in the last 7 years?  YES  NO  
 If yes, Member Name: \_\_\_\_\_ Offense: \_\_\_\_\_ When: \_\_\_\_\_

Will everyone listed on this application be able to provide proof of these HUD requirements prior to move in?  YES  NO

- (1) Valid Social Security Numbers for all family members AT LEAST 90 DAYS PRIOR TO MOVE-IN (Exceptions: 62 or older as of 1/31/2010 whose initial determination of eligibility was begun before 1/31/2010, members that do not contain eligible immigration status and an extension for up to 90 days following move-in for members under age 6 added within 6 months to application prior to move-in)
- (2) Proof of Eligibility and allowances for all family members (age, household membership, custody, disability status, etc., if applicable)
- (3) Legal Non-citizenship/immigration status (If applicable, for non-citizens under 62 years of age)

If NOT, Why Not? \_\_\_\_\_

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?  YES  NO

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: \_\_\_\_\_

**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) and consent to release for wage and/or income matching by HUD, including Enterprise Income Verification (EIV) or the owner/agent. I/we also agree to signify all terms of occupancy by signing the Lease Agreement, Rules and Regulations of the property and a Tenant Certification for Calculation of Rent form HUD 50059. HUD is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), by Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit proof of valid social security number of each household member (if applicable). Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate federal, state, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors.

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

- I/We acknowledge that I/We must inform management of changes to My/our WAITING LIST Application information and of my/our continued interest at least every 6 months in order to remain on the waiting list. Failure to update MAY result in removal from the waiting list.
- I/We certify this apartment will be my permanent residence and I/We will not maintain a separate rental unit in a different location.
- I/We acknowledge Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. Failure to complete and sign the application with required attachments, providing false statements or failure to provide complete and truthful information related to your application may result in delay of your eligibility approval, rejection of your application or eviction after tenancy.
- I/We understand that if I/we are rejected I/we 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. 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/WE CERTIFY THE ACCURACY AND COMPLETENESS OF INFORMATION PROVIDED:

\_\_\_\_\_ Head of Household Signature

\_\_\_\_\_ Date

**EACH ADULT SHOULD SIGN/date EACH OTHERS APPLICATION AS head, CO-HEAD, SPOUSE or other adult household member**

\_\_\_\_\_ Co-Head/Spouse/ other adult Signature

\_\_\_\_\_ Date

**ENCLOSURES:**

- > Application Cover Letter - Explains eligibility, application process, wait list process and selecting applicants.
- > Other: \_\_\_\_\_

Property Name: 504 Coordinator Name: <b>Sharon Budweg</b>	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.	 
Address: <b>P.O. Box 2253, Spokane, WA 99210-2253</b>		Telephone#: <b>(509) 358-4250</b>

**OFFICE USE ONLY: ACKNOWLEDGEMENT OF RECEIPT OF RENTAL APPLICATION**

Date Received	Time Received	AM PM	Received/reviewed for completeness by (print name)	Signature
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