

# WAITING LIST APPLICATION



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 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!**

NAME OF HEAD OF HOUSEHOLD (LAST, FIRST, MIDDLE INITIAL)		BIRTHDATE	SOCIAL SECURITY NUMBER	GENDER (OPT.)
CURRENT STREET ADDRESS (Check Box <input type="checkbox"/> if address is mailing <u>ONLY!</u> )		CITY	STATE	ZIP
TELEPHONE NUMBER	ALTERNATIVE NUMBER	EMAIL ADDRESS		

What is the unit size your household requires/requests: \_\_\_\_\_ 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice

What is the total number of household members that will be living in the unit? (Include unborn child, live in aids): \_\_\_\_\_

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

Does your household have a Tenant Based Section 8 Voucher?  Yes  No

Does your household qualify as (select all that apply):  Homeless  Veteran  Disabled  Farmworker

Are any household members full-time students?  Yes  No If yes, how many: \_\_\_\_\_

Based on disability/medical condition, any members request features of a wheelchair or adapt unit?  Yes  No

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

Any members subject to a registration requirement under a sex offender program in any state?  Yes  No

Any members evicted in the last seven years from federally assisted housing for drug related criminal activity?  Yes  No

Any household members been convicted of a felony criminal offense within the past three (3) years?  Yes  No

If yes, Member Name: \_\_\_\_\_ When: \_\_\_\_\_ Offense: \_\_\_\_\_

How did you hear about our property?  Banners/Flyers  craigslist.com  Drive by/Walk in  Internet/Website  
 Newspaper  Phone book  Radio  Television  
 Referral-Tenant  Referred by: \_\_\_\_\_


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 (SELECT ONE)</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>RACE (SELECT ALL THAT APPLY)</b>	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other
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**ACKNOWLEDGMENT:** By signing below, I hereby certify that I am acting as the representative for the household and certify that the information provided is true and accurate and agree and understand that verification and documentation may be requested by management in order to determine household eligibility.

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

**ATTACHMENT: Waiting List Application Cover Letter (Explains Eligibility, Application Process, Wait List Process and Selecting Applicants)**

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>HOUSING DIRECTOR</b>	Address: <b>P.O. Box 2253, Spokane, WA 99210-2253</b>	Telephone #: <b>(509) 358-4250</b>

OFFICE USE ONLY: ACKNOWLEDGEMENT OF RECEIPT OF WAITING LIST APPLICATION			
Date Received	Time Received	Agent Signature	<input type="checkbox"/> PBV <input type="checkbox"/> TBV <input type="checkbox"/> VASH <input type="checkbox"/> HUD 811