**LIHI RENTAL APPLICATION for HUD Properties (CONFIDENTIAL)**

*Name of Property Cedar Heights*

*Address: 333 Lippert Drive W #E151, Port Orchard, WA 98366*

*This property will deny the application of any applicant who does not provide complete and accurate information on this form and the attachments. Please complete ALL of the areas below completely and accurately. If an item does not apply, please write “not applicable” or "none".*

*EACH ADULT OVER 18 should complete a separate application with all household members listed.*

**Tenant and Spouse/Co-Tenant:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Birth Date | Gender (optional) | Social Security Number |
|  |  |  |  |
|  |  |  |  |

**Other Household Members (Full or part time)**  Birth Date Gender (optional) Social Security Number

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Present Address - NAME OF PROPERTY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Street Address | City | State / Zip | Your Phone Number and Alt Phone# (cell) | How long lived there? |
|  |  |  |  |  |
|  |

**Current Landlord Name/address/phone number:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Street Address | City | State/Zip | Phone Number |
|  |  |  |  |  |

**Is your current residence a federally financed or federally subsidized property?**  **Yes**  **No**

**Previous Addresses (Must fill in last two previous addresses- no less than last 12 months)**

**# 1 Previous Address REQUIRED**

|  |  |  |  |
| --- | --- | --- | --- |
| Street Address | City | State / Zip | Phone Number |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| How Long? | From: | To: | Amount of Rent |
|  |  |  | $ |

**Previous Landlord Name/address/phone number:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Street Address | City | State/Zip | Phone Number |
|  |  |  |  |  |

**# 2 Previous Address REQUIRED**

|  |  |  |  |
| --- | --- | --- | --- |
| Street Address | City | State / Zip | Phone Number |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| How Long? | From: | To: | Amount of Rent |
|  |  |  | $ |

**Previous Landlord Name/address/phone number:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Street Address | City | State/Zip | Phone Number |
|  |  |  |  |  |

**All Income Sources (Last 12 months and projected) - See attached income/asset statement definitions**

|  |  |  |  |
| --- | --- | --- | --- |
| Income Source (Employer/Agency) | Phone# | Gross Monthly | Net Monthly |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |

**Credit References (Include all installment payments) Use additional pages if necessary**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Account Number | Monthly Pmt | Balance Due |
|  |  | $ | $ |
|  |  | $ | $ |

**Automobiles**

|  |  |  |  |
| --- | --- | --- | --- |
| Make/Model | Year | License Tab# | Driver’s License # |
|  |  |  |  |
|  |  |  |  |

**Bank Assets/Investments/Real Estate holdings - See attached income/asset statement definitions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Bank Accounts  or other Liquid Assets | Street Address | City, State, Zip | Type of Account | Approximate Balance/Value |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |

**Character References: (Please fill out at least 2. Do not list relatives. See manager for criteria)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Street Address | City | State/Zip | Yrs Known | Phone Number |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. Have you, or anyone named on this application, ever been charged, arrested or convicted of any crime including a

drug-related crime or a crime involving violence against others?  Yes  No

If yes, Who? Where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(State) Explain (use additional pages if necessary) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Have you, or anyone named on this application ever been cited, evicted or had termination of tenancy proceedings started for criminal activity (including drug related activity), fraud, non-payment of rent, non-compliance with lease/rule provisions or failure to cooperate in recertification procedures?  Yes  No If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Are you or anyone named on this application a registered or non-registered sex offender?  Yes  No

4. Do you or anyone named on this application have a ***history*** of using illegal drugs or abusing alcohol?  Yes  No

If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Do you or anyone named on this application ***currently*** use illegal drugs or abuse alcohol?  Yes  No

If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Is anyone named on this application a student (part or full-time) including a Student Enrolled in an Institute of Higher Education? If yes, indicate whom and further verification is required  Yes  No If yes, who and where attending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. HUD regulations require that all applicants disclose and provide acceptable PROOF of:

A. Valid Social Security Numbers for all family members (if applicable)

B. Eligibility and allowances for all family members (age, household membership, disability if applicable, etc)

C. Legal Non-citizenship status (Non-citizens under 62 years of age for application to Section 8, 236 and RAP properties only.)

Are you able to meet these requirements on or before move-in?  Yes  No If not, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Please list all the states in which you or anyone listed on this application have lived, taken out credit or have held licenses to drive including DL#'s (use additional pages if necessary) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9.Have you or anyone named on this application ever been known by any other name or taken out credit under another name?  Yes  No If yes, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Are you being involuntarily displaced due government action or presidentially declared disaster? (Preference applies only

for applicants of Section 236 or 221(d)4, 221(d)3 and BMIR properties)  Yes  No If yes, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Do you, or anyone named on this application request adjustments or allowances (deductions) from income for elderly or disabled households such as medical expenses or handicap expenses? (Requests for allowances or adjustments to income must be verifiable)  Yes  No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which household member(s) qualify for these allowances/adjustments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Do you, or anyone named on this application request the features of a wheelchair accessible or adapted unit, downstairs vs. upstairs apartment (if available) or site or policy accommodation or modification based on a medical condition or disability?  Yes  No If yes, what is requested? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. The Violence Against Women Act requires owners to provide special consideration, protections and confidentiality during this application process to applicants who request and qualify for protections under the act due to dating or, domestic violence, stalking and sexual assault. Do you understand that you may discuss, confidentially, with the management of this property if you would like to claim protections under this act?  Yes  No

14. Are you currently receiving Assistance from HUD at another residence (Tenant-Based or Project-Based) Yes  No

Do you understand that this property MUST be your primary place of residence and you cannot maintain a permanent residence or receive HUD Assistance at another location once a lease becomes effective at this property?  Yes  No

15. Do you own any of the following? (some may be prohibited or require prior management written approval/agreement)

washer and/or dryer  waterbed  aquarium  portable dishwasher  freezer  air conditioner  space heater

**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 dismissal or voiding of the application. I/We understand that I/we must contact the rental office every six (6) months in order to remain on the waiting list. Failure to update will result in removal of my/our name(s) from the waiting list. I/we further 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 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. The Department of Housing and Urban Development (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). Purpose: 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. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

**Failure to complete and sign the application with required attachments, or provide information related to your eligibility review, may result in delay of your eligibility approval or rejection of your application. 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.**

Magnolia Villa Apartments **\_**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 (agency) 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). LIHI 1253 S. Jackson St. Suite A Seattle, WA 98144 206-443-9835 (TDD 711 for hearing impaired). We do business in accordance with the Federal Fair Housing Act and provide persons with disabilities reasonable accommodation upon request. Persons with language barriers may request or arrange interpretation alternatives or services.



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**Attachments: Please return ALL forms with your completed application.**

1. **Application Cover Letter** - Explains eligibility, application process, wait list process and selecting applicants

2. **Income/Asset Statement**- Completed in full by each adult of the household

3. **Citizenship Review Documents**- Owners Notice # 1, Family Summary Sheet and Citizenship Declarations for EACH household member(Applies to Section 8, 236 and RAP properties only. For Non-citizens under 62, an additional Verification Consent will be required prior to admission)

4. **HUD-92006 Supplement to Application for Federally Assisted Housing**. - One for each adult of the household. The purpose of this form is to provide optional additional contact information for situations related to your HUD housing application and tenancy. If you choose NOT to provide additional contact information, please still complete the top portion of the form with your name, address and telephone number, but you may then check the box toward the bottom that you choose to not provide additional contact information, sign and date form.

5. **Other Attachment(s)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant Signature Date:

**Managers Use: (OFFICE USE ONLY) Received by (Sign/Initial)**

**DATE OF RETURNED APPLICATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**