



Date Received: _____
Time Received: _____

CODE-NWH: _____

Application for rent	Size of Unit Required (circle one)	Studio	1BR	2BR	3BR	4BR
Name the apartment community you are applying for _____ (a separate application must be completed for each apartment community you are seeking tenancy)						
Each adult over the age of 18 must complete a separate application						<input type="checkbox"/> Co-Signer

Applicant's (LEGAL) Name	Male/Female	Soc. Sec. #	Birthdate	Driver's License # and State	US Citizen?
Spouse (LEGAL) Name	Male/Female	Soc. Sec. #	Birthdate	Driver's License # and State	US Citizen?

Other Persons to occupy rental property

Name	Male / Female	Soc. Sec. #	Birthdate	Relationship	US Citizen?
Name	Male / Female	Soc. Sec. #	Birthdate	Relationship	US Citizen?
Name	Male / Female	Soc. Sec. #	Birthdate	Relationship	US Citizen?
Name	Male / Female	Soc. Sec. #	Birthdate	Relationship	US Citizen?

RESIDENCE / RENTAL HISTORY

All Residences for the past **3 years are required**. Include rentals, live with friends,/relatives, shelters, group homes, hospitals, etc. Attach additional paper if necessary.

Applicant's Present Address	City	State	Postal Code	Move in Date	Applicant's Present Phone #
\$ _____ Monthly Pymt	\$ _____ Deposit Paid	Present Landlord		Landlord Phone #	
Applicant's Previous Address	City	State	Postal Code	Move in Date	Move out Date
\$ _____ Monthly Pymt	\$ _____ Deposit Paid	Present Landlord		Landlord Phone #	
Applicant's Previous Address	City	State	Postal Code	Move in Date	Move out Date
\$ _____ Monthly Pvmt	\$ _____ Deposit Paid	Present Landlord		Landlord Phone #	

EMPLOYMENT HISTORY / GROSS INCOME

APPLICANT Employed by	\$ _____ Salary/Wage	# of Hrs./Wk.	Supervisor's Name	Yrs. _____ How Long?	Mo's.
Address	City	State	Postal Code	Phone #	Occupation / Department
APPLICANT <input type="checkbox"/> Previous Employment <input type="checkbox"/> Second Job	\$ _____ Salary / Wage	# of Hrs./Wk.	Supervisor's Name	Yrs. _____ How Long?	Mo's.
Address	City	State	Postal Code	Phone #	Occupation / Department

ADDITIONAL INCOME – MONTHLY

Pension \$ _____ Social Security \$ _____ Unemployment \$ _____ Child Support \$ _____
 Public Assistance \$ _____ Other \$ _____ Source: _____

ASSETS

Name of Bank or Savings and Loan	Address, City, State, Postal Code				
\$ _____ Checking Balance	\$ _____ Savings Balance	\$ _____ C.D.	\$ _____ Escrow Balance	\$ _____ Stock Value	\$ _____ Other
Income (Interest/Dividends) earned from all assets per year \$ _____		Real Estate Holding-Market Value \$ _____			

IMPORTANT INFORMATION

*Permission granted by signing below to contact this numbers in the event of an emergency.

Name of Applicant's nearest relative / friend Relationship Address City, State Postal Code Phone #

YES NO **Have you, or anyone who will be occupying the unit been evicted in the last 3 years from Federally assisted housing due to drug related activity?**

YES NO **Have you, or anyone who will be occupying the unit, ever been convicted of a criminal offense?**

If yes: City _____ State: _____ Offense (s): _____

YES NO **Are you or anyone who will be residing in the unit required to register as a sex offender?**

YES NO **Have you been asked to vacate by current/previous landlord?**

If yes: City _____ State: _____ Apartment Name: _____

ELIGIBILITY DETERMINATIONS

These questions are asked to determine for which community you would be eligible.

YES NO Do you have any pets? What kind? _____ How many? _____ Pet Weight: _____ Initials: _____

YES NO Do you qualify for Senior Housing (62 years or over) and/or housing for disabled persons? (only used when needed to determine eligibility)

YES NO Do you qualify for Senior Housing (55 years or over) and/or housing for disabled persons? (only used when needed to determine eligibility)

YES NO Do you require feature of an accessible unit and wish to be on the waiting list for mobility impaired accessible units? (will be verified)

YES NO Do you require a unit designed for hearing _____ or sight _____ impaired.

YES NO Are you currently an illegal user of a controlled substance?

YES NO Have you ever been convicted of the illegal manufacture or distribution of a controlled substance?

YES NO Do you currently occupy a HUD assisted unit (tenant or project based) ?

YES NO Has your assistance or tenancy in a subsidized housing program ever been terminated for fraud, non-payment of rent, or failure to cooperate with recertification procedures?

YES NO Do you currently hold a Section 8 voucher?

YES NO Are you OR any household member enrolled as a student in an institute of higher education?

How did you learn about this housing? _____

NOTE: The application must be complete, signed by applicant and returned to the community before you can be placed on a waiting list. To remain on a waiting list, you must make contact to the community(s) in which you have applied every six months.

In accordance with State and Federal laws you are hereby notified that an investigation may be made by Bonded Data Research of the information you provide on this application, together with the information as to your character, general reputation, personal characteristics and mode of living. You have the right to dispute the accuracy of information provided by BDR or by the entities you have disclosed above, 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: Bonded Data Research, Inc. 1229 W. 1st Sprague Spokane, WA 99201. I/We certify that to the best of my/our knowledge all statements made herein are true and correct. I/We authorize BDR to obtain such credit reports, character reports, verification of rental and employment history it deems is necessary to verify all information set forth in the above Application, and provide an investigative report to the undersigned Landlord. I/We further understand that false, fraudulent or misleading information disclosed above may be grounds for denial of tenancy or subsequent eviction.

I am aware that an incomplete application causes a delay in processing and maybe result in denial of tenancy.

Signature Applicant

Date

Signature Co-Applicant

Date

Signature Agent/Owner

Date & Time

Northeast Washington Housing Solutions does not discriminate against any person because of race, color, religion, sex, familial status, national origin, marital status, or handicap status in the admission or access to or treatment or employment in their federally assisted programs and activities. As Such, we are required to provide reasonable auxiliary aids and services necessary for effective communication with persons with disabilities when requested. If you need free of charge oral interpretation please call 509-327-8064. 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) : Director of Assets, 55 W. Mission, Spokane, WA. 99201. (509) 328-2953 FAX: (509) 252-7152 A Copy of the Tenant Selection Plan for each property is available upon request

Optional Information:

Your answers are optional and will be used to help us determine our compliance with equal housing opportunity guidelines.

Marital Status: ___Married ___Separated ___Single

Race/Ethnic Origin: ___Alaskan Native, ___Hispanic,

___Native American, ___Bi-racial, ___White non-Hispanic,

___Black non-Hispanic, ___Pacific Islander/Asian,

____Other (Specify)

I do not wish to furnish this information, _____(initial)

EQUAL HOUSING OPPORTUNITY



For Corporate use only

Date Received: _____

Time Received: _____