



# Rental Application

Date Received:	_____
Time Received:	_____
Received by :	_____

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

Applicant's (LEGAL) Name	Male/Female	Birthdate	Social Security Number	US Citizen?
E-Mail Address	Driver's License # and State			

### Other Persons to occupy rental property: (Social Security numbers must be provided for all household members)

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. **I am aware that an incomplete application or false information causes a delay in processing and may result in a denial of tenancy.**

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

## EMPLOYMENT HISTORY / GROSS INCOME

APPLICANT Employed by	\$ _____ Salary/Wage	_____ # of Hrs./Wk.	_____ Supervisor's Name	_____ Yrs. _____ Mo's. How Long?	
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. _____ Mo's. How Long?	
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?

**Full time or Part time?** \_\_\_\_\_

**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. **Faxed applications will not be accepted.** 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 AIR 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 AIR 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: AIR, PO Box 14344, Spokane, WA 99214. I/We certify that to the best of my/our knowledge all statements made herein are true and correct. I/We authorize AIR 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 may result in denial of tenancy.**

\_\_\_\_\_  
Signature Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Agent/Owner

\_\_\_\_\_  
Date & Time

Spokane Housing Authority 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 Ave., 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**





---

**REQUEST FOR REASONABLE ACCOMMODATION IN HOUSING**

Applicant/Participant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

If not you, what member of your household is seeking a reasonable accommodation? \_\_\_\_\_

What reasonable accommodation do you request that will assist you or a household member in addressing the disability? \_\_\_\_\_  
\_\_\_\_\_

Please explain how you believe that the requested accommodation will provide you or a household member with equal opportunity to enjoy the dwelling unit and/or common area:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide the name and address of the qualified individual(s)\* who will verify that your request:** (1) Is related to your disability; and (2) would provide you with an equal opportunity to enjoy the dwelling unit and/or common area.

(The applicant/participant must complete this form and submit to SHA, who will in turn fax or mail it to the qualified individual(s)\* for completion.)

\_\_\_\_\_  
NAME AND TITLE OF QUALIFIED INDIVIDUAL(S)

\_\_\_\_\_  
COMPLETE MAILING ADDRESS

\_\_\_\_\_  
PHONE AND FAX NUMBER OF QUALIFIED INDIVIDUAL

**I give SHA permission to contact the above named individual for purposes of verifying that I or a family member needs the reasonable accommodation requested above.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to the rental office:**

\*Qualified individual – must be a medical doctor or other qualified person identified by the applicant/tenant requesting a reasonable accommodation. If you require assistance to complete this request, or if you have any other questions, please contact the rental office.

Property Management Request for Reasonable Accommodation Effective January 2011