

We are so glad you are applying to make **Westfall Village/Heritage Heights Apartments** your new home! Attached are our Rental Application, Drug & Crime Policy, and Reasonable Accommodation Request Form. Please carefully complete all documents and return with your **\$32 non-refundable application fee** as soon as possible so we can start the application process.

The application fee can be paid by check or money order made payable to Northeast Washington Housing Solutions (NEWHS) or **Westfall Village or Heritage Heights Apartments**. Each resident over the age of 18 must complete all documents and pay the fee.

Most applications can be processed in 72 hours. We will notify you once the process is complete.

#### **Northeast Washington Housing Solutions Resident Selection Criteria:**

Northeast Washington Housing Solutions fully supports the Federal Fair Housing Laws and shall not discriminate against any person on the basis of race, color, religion, sex, disability, familial status, sexual orientation, national origin, ancestry, section 8, political ideology, age, gender identity, military status or marital status. Northeast Washington Housing Solutions is dedicated to increasing affordable housing and providing opportunities for persons experiencing barriers to housing. NEWHS works to maintain the quality of its housing and relationships with neighbors, other landlords and local law enforcement to maintain the quality of the neighborhoods where our housing is located. To that end we have a thorough screening process. Illegal activity of any kind is not tolerated in NEWHS owned communities. All potential residents are screened with equal care under the following guidelines. Please review our criteria carefully. We verify income, landlord, personal information, social security numbers, credit and criminal history. If you feel you meet the criteria, please apply.

#### **Some Important Notes**

- ◆ Applicants must show two (2) pieces of identification upon turning in a complete application. One (1) form of ID must be an official photo ID.
- ◆ Applications are accepted and the Landlord's informed consent to tenancy are based upon the information provided. Misleading and/or false information are grounds for denial of application and/or termination of tenancy in the event that the applicant is initially accepted after providing false information.
- ◆ Incomplete applications will not be accepted.
- ◆ Faxed applications will not be accepted.

#### **Income**

- ◆ Gross monthly income for leaseholders must be equal to or greater than 2.5 times the amount of monthly rent. (Most employers do not verify income. To expedite the process, please attach copies of your two (2) most recent pay-stubs to your application.)
- ◆ Income must be steady and verifiable for at least the past six (6) months.
- ◆ All other income, such as DSHS, Retirement, Child Support, Financial Aid, TANF Grants, SSI, Housing Vouchers and/or any other non-employment earned income must be verified in writing by the issuing agency and/or by your two (2) most recent bank statements showing the automatic deposits.
- ◆ Applicants with insufficient monthly income may meet income qualifications by providing copies of bank statements reflecting a minimum balance equal to 6 months of rent or greater.

#### **Credit**

- ◆ Bankruptcies must be at least three (3) years old and must be discharged.
- ◆ A home foreclosure within the last three (3) years will automatically require a co-signer, as long as credit and income qualifies.
- ◆ Your credit report cannot show more than \$2,000 in ***past due*** balances.
- ◆ Your credit report cannot show more than five (5) ***currently*** past due accounts.
- ◆ Medical Collections will NOT affect your credit score one way or the other.
- ◆ NO CREDIT HISTORY will equal good credit history.

#### **Residential History**

- ◆ Applicants must have at least two (2) years of favorable residential history by unrelated Landlords. Homeowners will have this verified by the Mortgage rating on their credit report.
- ◆ There can be no more than five (5) late rent or mortgage payments within the past three (3) years.
- ◆ Applicants must not have a balance owing to a former Landlord.
- ◆ No Eviction or Non-Renewal of Tenancy within the past three (3) years.

### **Criminal History**

Denial of housing will be warranted if:

- ◆ Any household member has been convicted of any felony crime within the past seven (7) years.
- ◆ Any household member has been convicted of any drug-related criminal activity within the past seven (7) years.
- ◆ Any household member has been evicted from housing because of drug-related criminal activity, within the past three (3) years.
- ◆ In the absence of a conviction, there is otherwise “reasonable cause to believe” any household member is or has been involved in illegal drug-related or other criminal activity.
- ◆ Any household member is subject to a registration requirement under a state or Federal sex offender registration act.
- ◆ Any household member who is engaging in, or has engaged in (during a reasonable time before the admission decision) violent criminal activity; other activity or criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents; or other criminal activity that would threaten the health or safety of NEWHS, contractor, or agent of NEWHS or would constitute a direct threat to person and/or property.

*Note: A plea of “no contest” shall be considered as a conviction. NEWHS is not soliciting information from you relating to your prior arrest history, however, in determining whether or not an individual has engaged in prohibited conduct (e.g. drug or other criminal conduct), evidence of such conduct sufficient to deny application shall be determined by a preponderance of the evidence without satisfying the standard of proof used for a criminal conviction. Arrest and/or conviction of an individual shall not be required to support a determination to deny application.*

### **Co-Signers & Other Approval Requirements**

Should your application not qualify due to the following situations, you may be able to gain approval by obtaining a qualified co-signer and/or by paying an additional deposit equal to one month’s rent in addition to the required Security Deposit. Additional deposits are not allowable at Tax Credit Properties.

- ◆ No rental history – income and credit requirements qualify.
- ◆ Income not equal to 2.5 times the rent but not less than 2 times the rent
- ◆ Poor credit –income and residential requirements qualify

***Applicants who do not qualify due to Criminal History will not be offered approval with Co-signer.***

### **Co-Signer Qualifications**

- ◆ Verifiable gross income equal to or greater than 3 times the amount of monthly rent.
- ◆ Income must be steady and verifiable.
- ◆ Credit report cannot show more than (1) currently past due account.
- ◆ Credit report cannot show more than \$1,000 in past due accounts.

***We look forward to having you as a resident.  
Please let us know if you have any questions!***

***Westfall Village / Heritage Heights Apartments  
3724 N. Cook St  
Spokane, WA 99207***

***Phone: 509-487-5244***



# 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	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: (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. _____ 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?

**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

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**



55 W. Mission Ave. Spokane, WA 99201 Tel: 509-328-2953 Fax: 509-327-5246 TDD: 509-323-9502 [www.spokanehousing.org](http://www.spokanehousing.org)

## 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 NEWHS, 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 NEWHS 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 \_\_\_\_\_

**Return this form to:** NEWHS, 55 W Mission, Spokane, WA 99201  
Phone: 509-328-2953 Fax 509-327-5246 TDD 509-323-9502

\*Qualified individual – must be a medical doctor or other qualified professional person identified by the applicant/participant requesting a reasonable accommodation.

If you require assistance to complete this request, or if you have any other questions, please contact \_\_\_\_\_ in the NEWHS office at \_\_\_\_\_.

Northeast Washington Housing Solutions  
Drug & Crime Policy  
Property Management Division

**POLICY STATEMENT**

Northeast Washington Housing Solutions (NEWHS) is dedicated to increasing safe and affordable housing, and providing opportunities for persons experiencing barriers to housing. NEWHS leads the community in assisting tenants with affordable housing needs. Tenants of NEWHS owned/managed properties are held to reasonable levels of personal and civic responsibility. Within the provisions of law and program regulations, Northeast Washington Housing Solutions will deny or terminate housing to those determined to be or those who have been involved in illegal drug-related, violent criminal activity, and/or other criminal activity.

**DEFINITION**

Denial of housing will be warranted if:

- Any household member has been convicted of any felony crime within the past three-(3) years. A three (3) year period must be unsupervised time and crime-free.
- Any household member has been convicted of any drug-related criminal activity within the past three (3) years. If the drug is Methamphetamine the applicant must provide documentation of successfully participating in a court supervised rehabilitation program.
- Any household member has been evicted from housing because of drug-related criminal activity, within the past three (3) years. (Lifetime ban for manufacturing of Methamphetamine)
- In the absence of a conviction, there is otherwise “reasonable cause to believe” any household member is or has been involved in illegal drug-related or other criminal activity.
- Any household member is subject to a registration requirement under a state sex offender registration act.
- Any household member who is engaging in, or has engaged in (during a reasonable time before the admission decision) violent criminal activity; other criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other tenants; or other criminal activity that would threaten the health or safety of the NEWHS, contractor, or agent of the NEWHS.

Note: A plea of “no contest” shall be considered as a conviction. NEWHS is not soliciting information from you relating to your prior arrest history, however, in determining whether or not an individual has engaged in prohibited conduct (e.g. drug or other criminal conduct), evidence of such conduct sufficient to deny application shall be determined by a preponderance of the evidence without satisfying the standard of proof used for a criminal conviction. Arrest and/or conviction of an individual shall not be required to support a

determination to deny application.

Eviction Proceedings will be warranted if:

- Any household member is arrested for or convicted of any felony crime in, on, or off the leasehold premises.
- Any household member is arrested or convicted of any drug-related criminal activity, in, on, or off the leasehold premises.
- Any household member has been evicted from housing because of drug-related criminal activity, within the past three (3) years.
- In the absence of an arrest or conviction there is otherwise “reasonable cause to believe” any household member, or guest, is or has been involved in illegal drug-related or other criminal activity, in, on, or off the leasehold premises.
- Any household member is subject to a life time registration requirement under a state sex-offender registration act.
- Any household member, or guest, is currently engaging in, or has engaged in during a reasonable time: violent criminal activity; other criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other tenants; or other criminal activity that would threaten the health or safety of NEWHS, owner, or any employee owner, contractor, or agent of NEWHS.

Note: A plea of “no contest” shall be considered as a conviction. In determining whether or not an individual has engaged in prohibited conduct (e.g. drug or other criminal conduct), evidence of such conduct sufficient to support eviction shall be determined by a preponderance of the evidence without satisfying the standard of proof used for a criminal conviction. Arrest and/or conviction of an individual shall not be required to support a determination to evict.

#### **APPLICATION SCREENING PROCEDURES:**

Criminal background checks will be completed for each adult family member applying for housing, including live-in aids. The background checks will be completed by Washington State Patrol and/or a screening company. Additional background information may be obtained from the Prosecutor’s Office, Police Department or Sheriff’s Department, or from any other Law Enforcement Agency. Occasionally, criminal background information may be obtained from a Prosecutor’s Office or Law Enforcement Agency outside our local jurisdiction. If there is reason to believe that a minor has been convicted, NEWHS shall have the right to investigate such conviction history and this policy shall apply. Such checks shall be secured before the household is determined suitable for admittance into a property or community.

The decision regarding approval or denial of an application will always be left to the sound discretion of the Portfolio Manager or staff person(s) he/she may designate. It is the goal of Northeast Washington Housing Solutions to only accept applicants who will be able to meet the

essential requirements of tenancy and who will not adversely affect the health, safety, quiet peaceful enjoyment, and welfare of other tenants, and management staff. The following guidelines are intended to assist and guide the decision-makers in approving or denying applications.

Evidence of any member of the applicant household having engaged in felony criminal activities will be grounds for taking further screening action as described. Northeast Washington Housing Solutions' approval or denial of an application will be based on the criminal activity engaged in, and is not dependent upon any action or inaction by any Law Enforcement Agency, District Attorney, or Court. However, evidence of arrest conviction for a crime shall be sufficient proof that particular criminal activity was engaged in for the purpose of taking action to terminate existing tenancies.

An applicant household will be automatically denied if an applicant has a conviction of any felony within the last three- (3) years, or any drug-related criminal activity with the last three (3) years unsupervised.

Note: If an applicant is subject to a registration requirement under a state sex-offender registration program, they shall be permanently prohibited from admission to Northeast Washington Housing Solutions' residential real estate.

Once the criminal background report has been reviewed and served its intended screening function, it will be destroyed to protect the privacy of the persons involved. Destruction of the report shall take place within a week of approval of assistance.

#### **INVESTIGATION AND TERMINATION OF OCCUPANCY PROCEDURES:**

In order to optimize the capacity of the Housing Authority to appropriately terminate occupancy when evidence of illegal drug-related or other criminal activity exists, the NEWHS staff will maintain open lines of communication with the County Prosecutors, Federal and Local Law Enforcement Agencies in our service area. NEWHS shall provide on-going training for its staff to appropriately identify and handle reports of alleged drug-related or other criminal activity by household members.

All allegations of illegal drug activity or other criminal activity on the part of a household, or guests, will be referred initially to the Portfolio Manager. The Portfolio Manager or designee will perform a review of existing NEWHS records on the household. The Community Supervisor may also be contacted in an attempt to determine what information he/she may have regarding the situation and what response is planned.

This limited investigation is intended to determine whether there may be reasonable cause to believe that any illegal drug activity or any other criminal activity has taken place and whether it may involve a tenant household. If an arrest has been made, such reasonable cause standard has been met and eviction proceedings will begin.

Further, eviction proceedings will take place if NEWHS receives Notice pursuant to RCW §

59.18.075, from a Law Enforcement Agency that a tenant, or a member of the tenant's household, or guest, has been arrested for a drug-related criminal activity or violent criminal activity, including unlawful use or threatening another tenant with a firearm or deadly weapon, and/or physical assault upon another person on or near the rental premises.

The Portfolio Manager will determine, in the absence of an arrest, what additional investigative steps, if any, should be taken by NEWHS. Such investigative procedures may include, but are not limited to:

- Contact with the appropriate enforcement agency.
- Review of criminal records for adult family members.
- Review of Police Investigative Reports.
- Contact with other Agencies. (DSHS, etc.).
- Inspection of the Premises.
- Contact with and solicitation of evidence from: Neighbors; Employees; Relatives; and Friends.
- Review of Postal Records.

Should staff need technical assistance in the performance of any investigation or assistance in interpreting crime-related information, the NEWHS Fraud Investigator may be consulted.

At final disposition, all notes and evidence gathered are filed in the tenant file. If the investigation resulted in an eviction, the Portfolio Manager will complete a "Family Investigation Form" to be placed on top of the other paperwork in the file related to the case, which summarizes the investigative steps taken up the other date of termination. A copy of the form is placed in a special folder, which is maintained for purposes of system review and evaluation.

Complainants may receive information regarding the outcome of the NEWHS investigative process by contacting either the Director or Assets or the Portfolio Manager. It should be noted, however, that confidential family information will not be released.

**DECLARATION OF UNDERSTANDING:**

I hereby declare under penalty of perjury pursuant to the laws of the State of Washington that I have read, or had read to me, the above policies relating to drug activity and criminal activity and hereby agree to incorporation of said policies as material terms to any rental agreement I now, or later, enter into with NEWHS. I understand that engaging in drug activity and/or criminal activity may cause the denial of my application for tenancy and/or eviction from my tenancy.

Tenant: \_\_\_\_\_ Date: \_\_\_\_\_

Tenant: \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Agent : \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION ATTACHEMENT**  
**TAX CREDIT PROPERTIES**

Thank you for applying for housing at \_\_\_\_\_. We are an affordable housing community under the Section 42 Tax Credit Program. Certain rules apply that may not apply at other properties. The following is information pertaining to Tax Credit properties:

In general, no changes to a qualified household should be made with-in the first 6 months of the household’s lease. This applies to adults only – minors and/or live-in aids may be added to the household at any time. After the first six months, the Resident may request adult additions to the lease. Whether or not such household additions are approved by the owner depends on provisions of the property and/or program requirements.

When calculating maximum allowable income (which determines program eligibility), as a general rule the household size includes all full-time residents, plus children residing in the home **more than fifty percent** of the time. However:

- Foster children are not included
- Unborn children are not included
- Live-in attendants are not included
- Children living more than 50% outside the home are not included
- Unborn children and children who are in the process of being adopted are considered household members for purposes of determining unit size and income limits, but their unearned income is not counted in determining annual income.

It is common for more than one family to share custody of a child. When more than one family shares custody of a child, the family with primary custody or with custody at the time of initial certification or annual recertification may claim the child to determine “household size”. If there is a dispute about which family should claim the dependent, the “owner” will refer to available documents such as copies of court orders, DSHS documents, or an IRS return showing which family claimed the child for income tax purposes.

I (We) acknowledge that I (we) have read and understand the above. Furthermore, I (we) understand that fraud is a crime and punishable by up to 10 years in jail and a \$10,000 fine.

\_\_\_\_\_

Applicant

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant

\_\_\_\_\_

Date

## **PLEASE KEEP THIS INFORMATION FOR YOUR RECORDS**

In January 2006 the Violence Against Women and Dept. of Justice Reauthorization Act (VAWA) was signed into law.

The purpose of the Act is to:

- Reduce violence, dating violence, sexual assault, and stalking
- To prevent homelessness of the victims of such acts
- To protect victims who reside in Section 8 and LRPB units (and other programs)
- To ensure victims have access to criminal justice system without jeopardizing their housing

How this affects you is that VAWA protects participants, tenants, and family members of participants/tenants, who are victims of domestic violence, dating violence, or stalking, from being evicted or terminated from housing assistance based on acts of such violence against them.

The law provides that criminal activity directly relating to domestic violence engaged in by a member of a participant's household or any guest or other person under the participant's control, shall not be cause for termination of assistance, tenancy, or occupancy rights, if the participant or an immediate family member of the participant's family is the victim of or threatened victim of that abuse. The Act also provides that incidents of actual or threatened domestic violence will not be deemed serious or repeated violations of the lease and will not be considered "good cause" for termination of assistance, tenancy, or occupancy rights of a victim of such violence.

However, the Act does not limit the landlord's authority to terminate your lease when the landlord is able to demonstrate there is an actual and imminent threat to other tenants, employees, or others providing services to your residence or the complex you live in.

If you feel you are being evicted from housing or terminated from housing assistance due to domestic violence, dating violence or stalking, please contact your Eligibility Specialist at NEWHS immediately. You will be required to complete certification and/or provide alternate documentation to verify your claim.