Spokane Housing Authority
Tenant Selection Criteria

We are happy you are applying to make Pearl on Adams your new home! Attached are our Rental Application, and Reasonable Accommodation Request Form. Please carefully complete all documents and return with your $28 non-refundable application fee as soon as possible so we can start the application process. The application must be completed in full; incomplete applications will not be accepted.

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

The application fee can be paid by check, cashier’s check or money order made payable to Pearl on Adams. Debit and Credit Card payments may be made directly to the screening company. Each applicant age 18 and over must complete all documents and pay the application fee.

We will notify you once the process is complete.

Spokane Housing Authority (SHA) Tenant Selection Criteria

SHA accepts all applications and 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, Rental Housing Assistance (i.e., Section 8), political ideology, age, gender identity, military status or marital status. SHA is dedicated to increasing affordable housing and providing opportunities for persons experiencing barriers to housing. SHA 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 residential property is located.

Background checks will be completed for each adult household member applying for housing, including live-in aids. It is our goal 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. Illegal activity of any kind will not be tolerated in SHA owned properties. We verify income, landlord references, rental history, personal information, social security numbers, credit, public records and criminal history.

The following guidelines are intended to assist and guide the decision-makers in approving or denying applications. All potential tenants are screened with equal care under the following guidelines.

Some Important Notes

- Applicants must show one (1) piece of current, official photo identification upon turning in a complete application.
- Legible and completed e-mail or faxed applications will be accepted as long as payment is provided.
- Smoking is not allowed at this property.
Applications are accepted and the Landlord’s informed consent to tenancy is based upon the information provided. Misleading, false, or incomplete information constitutes grounds for denial of application and/or termination of tenancy in the event that the applicant is initially accepted after providing or failing to provide such information.

If there is evidence to support that a minor has been convicted of a crime, SHA shall have the right to investigate such conviction history and the criteria below shall apply.

**Income**
- The combined gross monthly income for all applicants must be equal to or greater than 2.5 times the amount of monthly tenant 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).

**Credit**
- Bankruptcies must be dismissed or discharged.
- No outstanding debts to utility companies, i.e. Water, Sewer, Gas, Garbage, Electric within the last seven (7) years.
- No outstanding landlord debts within the last seven (7) years.
- Medical Expenses/Collections will NOT affect your eligibility.
- Lack of credit history will be viewed favorably.

**Rental/Mortgage History**
- Applicants must have at least one (1) year of positive verifiable rental history with unrelated landlords within the last 3 years. Homeowners will have this verified by the Mortgage on their credit report. If applicable, there can be no more than five (5) late mortgage payments within the past two (2) years.
- There can be no more than five (5) late rent payments within the past two (2) years.
- Applicants must not have an outstanding rental debt or rental collection within the last seven (7) years.
- No Negative rental history of any kind, including reasonably reliable information indicating the applicant or household member constitutes a direct threat to person or property.
- No Eviction 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. The seven (7) year period must be unsupervised time and crime-free.
  - Any household member has been convicted of any drug-related criminal activity within the past seven (7) years. The seven (7) year period must be unsupervised time and crime-free.
  - Other activity or criminal activity that would threaten the health, safety, repose, or right to peaceful enjoyment of the premises by other tenants; or other criminal activity that would threaten the health or safety of SHA, contractor, or agent of SHA, or would constitute a direct threat to person and/or property.
  - SHA reserves the right to withhold tenancy approval due to pending criminal charges.
  - Any household member is subject to a registration requirement under a State or Federal Sex Offender Registration Act.
  - Multiple Misdemeanors convictions; 5 or more within the last 3 years.
**Possible Remedies**
If your application does not qualify due to the following situations, you may be able to gain approval by obtaining a qualified co-signer or by paying a deposit equal to one month’s gross rent.
- Lack of at least 1 year of rental history but income and credit meet guidelines.
- A home foreclosure within the last twelve (12) months.
- More than five (5) late rental/mortgage payments within the past two (2) years.
- Have an established payment plan for rental or utility debt that has been in place for a minimum of six (6) payments with documentation of such plan and proof of payments.

**Applicants who do not qualify due to Criminal History will not be offered approval with Co-signer or deposit equal to one month’s gross rent.**

**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 (2) currently past due accounts within the past seven (7) years.
- Credit report cannot show more than $2,000 in past due accounts.
- Must live in Washington State and be able to establish verifiable, stable residence for the last two (2) years.

**Unacceptable Language and Behavior:**
Applications will be denied if the applicant appears intoxicated by alcohol and/or drugs during application or interview process. Threatening, lewd, vulgar, obscene, hostile, or abusive language or behavior will not be tolerated and is grounds for denial of application.

If you have any questions about the criteria or your qualifications please ask.

**Maximum Occupancy:**

<table>
<thead>
<tr>
<th>1 Bedroom</th>
<th>3 Occupants</th>
<th>2 Bedrooms</th>
<th>5 Occupants</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Bedrooms</td>
<td>7 Occupants</td>
<td>4 Bedrooms</td>
<td>9 Occupants</td>
</tr>
</tbody>
</table>

If you are denied through our screening process you will receive an adverse action letter. If you wish to dispute the denial or have further questions, please follow the instructions in the adverse action letter.

_________________________  ______________
Applicant                  Date

_________________________  ______________
Applicant                  Date
Rental Application

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 18 years of age and older must complete a separate application □ Co-Signer

<table>
<thead>
<tr>
<th>Applicant’s (LEGAL) Name</th>
<th>Male/Female</th>
<th>Birthdate</th>
<th>Social Security Number</th>
<th>US Citizen?</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-Mail Address</td>
<td></td>
<td></td>
<td>Driver’s License # and State</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Male / Female</th>
<th>Soc. Sec. #</th>
<th>Birthdate</th>
<th>Relationship</th>
<th>US Citizen?</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Applicant’s Present Address</th>
<th>City</th>
<th>State</th>
<th>Postal Code</th>
<th>Move in Date</th>
<th>Applicant’s Present Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ Monthly Pymt</td>
<td>$ Deposit Paid</td>
<td>Present Landlord</td>
<td></td>
<td></td>
<td>Landlord Phone #</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Applicant’s Previous Address</th>
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<tr>
<td>$ Monthly Pymt</td>
<td>$ Deposit Paid</td>
<td>Landlord</td>
<td></td>
<td></td>
<td>Landlord Phone #</td>
</tr>
</tbody>
</table>

EMployment HISTORY / GROSS INCOME

APPLICANT Employed by $ Salary/Wage # of Hrs./Wk. Supervisor’s Name How Long?

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Postal Code</th>
<th>Phone #</th>
<th>Occupation / Department</th>
</tr>
</thead>
</table>

APPLICANT □ Previous Employment □ Second Job $ Salary / Wage # of Hrs./Wk. Supervisor’s Name How Long?

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Postal Code</th>
<th>Phone #</th>
<th>Occupation / Department</th>
</tr>
</thead>
</table>
### ADDITIONAL INCOME – MONTHLY

- Pension $__________
- Social Security $__________
- Unemployment $__________
- Child Support $__________
- Public Assistance $__________
- Other $__________

Provide Income (Interest/Dividends) earned from all assets per year $__________

- Real Estate Holding–Market Value $__________

### ASSETS

Name of Bank or Savings and Loan __________________________

Address, City, State, Postal Code __________________________

<table>
<thead>
<tr>
<th>Checking Balance</th>
<th>Savings Balance</th>
<th>C.D.</th>
<th>Escrow Balance</th>
<th>Stock Value</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>$__________</td>
<td>$__________</td>
<td>$__________</td>
<td>$__________</td>
<td>$__________</td>
<td>$__________</td>
</tr>
</tbody>
</table>

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 BETTER NOI 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 BETTER NOI 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: BETTER NOI, 220 Gerry Dive, Wood Dale, IL 60191 (Phone 866-389-4042 and fax 866-389-4043. I/We certify that to the best of my/our knowledge all statements made herein are true and correct. I/We authorize BETTER NOI 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 have been given a copy of the Screening Criteria and have read and fully understand the requirements for tenancy with Spokane Housing Authority.
Applicant Initials: __________________

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 Property Management, 55 W. Mission Ave., Spokane, WA. 99201.

(509) 328-2953 FAX: (509) 252-7152.

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)

For Office Use Only:
☐ Application has been reviewed for completeness and eligibility requirements. Initials: ______
☐ Income requirements have been explained to applicant. Initials: ______
☐ Criteria has been provided to applicant. Initials: ______
☐ Applicant added to Wait List. Initials: ______
☐ Screening Fee paid. Check / Money Order #________. Initials: ______
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