

# Rental Application

- Please contact the property management office if you need help understanding this document.
- Contacte por favor la oficina de gestión si usted necesita ayuda a comprender este documento. (Spanish)
- Por favor contate o escritório de gerência se deve ajudar entendimento este documento. (Portugese)
- Si vous avez besoin d'aide à la compréhension de ce document, veuillez communiquer avec le Bureau de gestion. (French)
- Souple kontakte Biwo jesyon a si w bezwen ed pou konprann dokiman sa a. (Haitian Creole)
- Xin liên lạc với văn phòng điều hành nếu bạn cần giúp đỡ sự hiểu biết tài liệu này. (Vietnamese)
- Пожалуйста свяжитесь с офисом управления, если Вам нужна помощь в понимании этого документа. (Russian)
- Bitte kontaktieren Sie das Leitungsbüro, wenn Sie helfen müssen, dieses Dokument zu verstehen. (German)
- 請聯絡管理辦公室。如果你需要幫助理解這份文件。(Chinese)
- もしこの文書を理解しているための助けを必要とすれば、経営オフィスと連絡を取ってください。(Japanese)

**Application for rent - Size of Unit Required    Studio    1BR    2BR    3BR    4BR (please circle size required)**

Name the apartment community you are applying for Woodhaven Apartments

(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**

Applicant's (LEGAL) Name \_\_\_\_\_ Male/Female (optional) \_\_\_\_\_ 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, gender is optional.)**

Name	Male / Female (Optional)	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 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    Landlord \_\_\_\_\_ Landlord Phone # \_\_\_\_\_

Applicant's Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Move in Date \_\_\_\_\_ Move out Date \_\_\_\_\_

\$ \_\_\_\_\_ Monthly Pymt    \$ \_\_\_\_\_ Deposit Paid    Landlord \_\_\_\_\_ Landlord Phone # \_\_\_\_\_

MARK ALL U.S. STATES YOU HAVE LIVED AT ANY TIME IN YOUR LIFE (INCLUDING BIRTH)					
Countries:			<input type="checkbox"/> Alabama	<input type="checkbox"/> Alaska	<input type="checkbox"/> Arizona
<input type="checkbox"/> Arkansas	<input type="checkbox"/> California	<input type="checkbox"/> Colorado	<input type="checkbox"/> Connecticut	<input type="checkbox"/> Delaware	<input type="checkbox"/> Florida
<input type="checkbox"/> Georgia	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Idaho	<input type="checkbox"/> Illinois	<input type="checkbox"/> Indiana	<input type="checkbox"/> Iowa
<input type="checkbox"/> Kansas	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Maine	<input type="checkbox"/> Maryland	<input type="checkbox"/> Massachusetts
<input type="checkbox"/> Michigan	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Missouri	<input type="checkbox"/> Montana	<input type="checkbox"/> Nebraska
<input type="checkbox"/> Nevada	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> New Jersey	<input type="checkbox"/> New Mexico	<input type="checkbox"/> New York	<input type="checkbox"/> North Carolina
<input type="checkbox"/> North Dakota	<input type="checkbox"/> Ohio	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Oregon	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Rhode Island
<input type="checkbox"/> South Carolina	<input type="checkbox"/> South Dakota	<input type="checkbox"/> Tennessee	<input type="checkbox"/> Texas	<input type="checkbox"/> Utah	<input type="checkbox"/> Vermont
<input type="checkbox"/> Virginia	<input type="checkbox"/> Washington State	<input type="checkbox"/> Washington DC	<input type="checkbox"/> West Virginia	<input type="checkbox"/> Wisconsin	<input type="checkbox"/> Wyoming

### 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  Previous Employment  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 lifetime sex offender in any state?

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 Are you currently Homeless? (Only used when needed to determine eligibility)
- YES  NO Are you disabled? (Only used when needed to determine eligibility)
- YES  NO Are you recovering from alcohol or drug abuse? (Only used when needed to determine eligibility)
- YES  NO Are you recovering from physical abuse? (Only used when needed to determine eligibility)
- 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. 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 MRI Resident Check., The Information Source 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 MRI Resident Check., The Information Source 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: MRI resident check. LLC 5005 LBJ Freeway, Suite 225, Dallas, TX 75244 1-(800) 491-2580, Fax 1(800) 495-4842. I/We certify that to the best of my/our knowledge all statements made herein are true and correct. I/We authorize MRI Resident Check LLC, The Information Source 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. Applicant Initials: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Agent for Landlord

\_\_\_\_\_  
Date / Time

We do not discriminate against any person because of race, color, religion, sex, disability, familial status, sexual orientation, national origin, ancestry, Rental Housing Assistance (i.e., Section 8), political ideology, creed, age, gender identity, military status or marital 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): Randy Rollins, Section 504 Coordinator, Spokane Housing Authority, 55 W. Mission Ave., Spokane, WA. 99201. (509) 328-2953 FAX: (509) 252-7152.

**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: \_\_\_\_\_



**Race and Ethnicity Reporting - Optional Information**

**Applicant Name (please print)** \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**