



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. (Portuguese)
- 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 èd 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)

PLEASE NOTE: A separate application must be completed for each adult and each apartment community where you are seeking tenancy. Please print legibly. Incomplete applications will not be considered.

Apartment community you are applying for _____

Size of Unit Required: Y Studio Y 1BR Y 2BR Y 3BR

Email Address _____ **Cell Phone #** _____ **Home Phone #** _____

APPLICANT(S) – Please list all Household Members

Legal Name	Relationship to Applicant	Sex optional	Date of Birth	Age	Social Security Number	Driver's License #/State
	Self					

RESIDENCE / RENTAL HISTORY – Please list all residences for the past 3 years (required). Include rentals, living with friends, relatives, shelters, group homes, hospitals, etc. Start with most recent residence and work backwards. Attach additional paper if necessary.

Rental Address, City, State, Zip Code	Move-In Date	Move-Out Date	Monthly Payment	Deposit Paid	Landlord Name	Landlord Phone Number

If you or anyone in your household is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, please contact us at ADACompliance@spokanehousing.org or call 509-328-2953 or Washington Relay at 7-1-1.

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MARK ALL OTHER COUNTRIES AND U.S. STATES <u>YOU</u> HAVE LIVED AT ANY TIME IN YOUR LIFE (INCLUDING BIRTH)					
Other 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	<input type="checkbox"/> Wash. DC	<input type="checkbox"/> West Virginia	<input type="checkbox"/> Wisconsin	<input type="checkbox"/> Wyoming

CURRENT EMPLOYMENT – GROSS INCOME INFORMATION – Attach additional paper, if necessary.				
Household Member Name		Employer/Company		Gross Monthly Salary
Occupation		Employer Address		# of Hours Worked/Week
Supervisor Name	Supervisor Phone	<input type="checkbox"/> Second Job? <input type="checkbox"/> Previous Employment?	Start Date	End Date
Household Member Name		Employer/Company		Gross Monthly Salary
Occupation		Employer Address		# of Hours Worked/Week
Supervisor Name	Supervisor Phone	<input type="checkbox"/> Primary Employment <input type="checkbox"/> Second Job?	Start Date	End Date

IMMEDIATE PAST EMPLOYMENT – GROSS INCOME INFORMATION – Attach additional paper, if necessary.				
Household Member Name		Employer/Company		Gross Monthly Salary
Occupation		Employer Address		# of Hours Worked/Week
Supervisor Name	Supervisor Phone	<input type="checkbox"/> Primary Employment <input type="checkbox"/> Second Job?	Start Date	End Date
Household Member Name		Employer/Company		Gross Monthly Salary
Occupation		Employer Address		
Supervisor Name	Supervisor Phone	<input type="checkbox"/> Primary Employment <input type="checkbox"/> Second Job?	Start Date	End Date

OTHER ADDITIONAL INCOME – GROSS MONTHLY Attach additional paper, if necessary.		
Household Member Name	Source (i.e., Social Security, Pension, Child Support, TANF, etc.)	Gross Monthly Income
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ASSETS (SAVINGS, CHECKING, CD's, DIVIDENDS, REAL ESTATE HOLDINGS, ETC. – Attach additional paper, if necessary.		
Name of Bank/Credit Union	Address, City, State, Zip	Account Balance/Market Value
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EMERGENCY CONTACT INFORMATION – By signing below, permission is granted to SHA to contact in the event of an emergency.

Name of Emergency Contact	Relationship	Phone Number
Address, City, State, Zip Code		Email Address

- 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** Have you ever been convicted of the illegal manufacture or distribution of a controlled substance?
- YES** **NO** Are you currently using any illegal controlled substances?
- 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: _____ Offense (s): _____
- YES** **NO** Have 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 have any pets? (Do not include service or assistance animals)
What kind? _____ How many? _____
Pet Weight: _____ Pet Name: _____ Housebroken? _____
- YES** **NO** Do you require the features of a handicapped accessible unit or wish to be on the waiting list an accessible unit? If yes, what features do you require? _____
- YES** **NO** Are you OR any household member enrolled as a student in an institute of higher education?
Full time or Part time? _____
- YES** **NO** Do you currently hold a Section 8 voucher or occupy a HUD-assisted unit ?

The following questions are asked to determine eligibility for some housing/programs with specific requirements for admission. Answers are only used to determine eligibility.

- YES** **NO** Are you currently homeless?
- YES** **NO** Are you disabled?
- YES** **NO** Are you recovering from alcohol or drug abuse?
- YES** **NO** Are you a victim physical abuse or are you a survivor of domestic violence or sexual assault?

How did you learn about this housing? _____

Acknowledgements & Notifications

In accordance with State and Federal laws you are hereby notified that an investigation may be made by MRI resident check 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 Resident check. Resident check 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 Resident Check, whose address is 5005 Lyndon B Johnson Fwy Suite 225 Dallas, TX, and whose telephone number is 1-800-491-2580. I/We certify that to the best of my/our knowledge all statements made herein are true and correct. I/We authorize Resident Screening 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.

Applicant Initials: _____

I/We further understand that false, fraudulent or misleading information disclosed above may be grounds for denial of tenancy or subsequent eviction. I am also aware that an incomplete application causes a delay in processing and may result in denial of tenancy.

Applicant Initials: _____

I have been given a copy of the Screening Criteria and have read and fully understand the requirements for tenancy.

Applicant Initials: _____

I hereby certify the information I have provided in this application is true and correct to the best of my knowledge.

Applicant Signature

Date

We accept all applications and fully support Federal and State fair housing and civil rights laws and shall not discriminate against any person on the basis of race, color, religion, sex, national origin, age, familial status, disability, sexual orientation, gender identity, marital status, military status, or source of income in the admission or access to or treatment or employment in 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 oral interpretation, please call Spokane International Translation (free of charge) at (509) 327-8064.

The person named below has been designated to coordinate SHA's 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):

Section 504 Coordinator

Spokane Housing Authority
25 W Nora Avenue, Spokane, WA. 99205
(509) 328-2953 FAX: (509) 328-2364
Email: adacompliance@spokanehousing.org

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:** _____

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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