

RENTAL APPLICATION (CONFIDENTIAL)

Cheney Center Apartments 100 Washington Square Apartments
Cheney Real Estate Management
1827 First St., Cheney, WA 99004 Phone (509) 235-5000

*This property will deny the application of any applicant who does not provide complete and accurate information on this form and the attachments. Please complete ALL of the areas below completely and accurately. If an item does not apply, please write "not applicable" or "none".
EACH ADULT OVER 18 should complete a separate application with all household members listed.*

Tenant and Spouse/Co-Tenant:

Name	Birth Date	Gender	Social Security Number

Other Household Members (Full or Part time)

Name	Birth Date	Gender	Social Security Number

Present Address – NAME OF PROPERTY _____

Street Address	City	State / Zip	Phone Number Cell Number	How long lived there?

Current Landlord Name / address / phone number:

Name	Street Address	City	State/Zip	Phone Number

Is your current residence a federally financed or federally subsidized property? Yes No

Previous Addresses (Must fill in last two previous addresses – no less than last 12 months)

1 Previous Address REQUIRED

Street Address	City	State / Zip

How Long?	From:	To:	Amount of Rent
			\$

Previous Landlord Name / Address / Phone Number:

Name	Street Address	City	State/Zip	Phone Number

2 Previous Address REQUIRED

Street Address	City	State / Zip

How Long?	From:	To:	Amount of Rent
			\$

Previous Landlord Name / Address / Phone Number:

Name	Street Address	City	State/Zip	Phone Number

ALL INCOME SOURCES (Last 12 months and projected) – See attached income/asset statement definitions

SS, SSI, Agency, Employer	Phone #	Gross Monthly	Net Monthly

Bank Assets / Investments / Real Estate Holdings

Bank Accounts Or other Liquid Assets	Street Address	City, State, Zip	Approximate Balance/Value

Automobiles:

Make / Model	Year	License Place #	Driver's License #

Character References: (Please fill out at least 2. Do not list relatives.)

Name	Street Address	City / State / Zip	Years Known	Phone #

Have you, or anyone named on this application, ever been charged, arrested or convicted of any crime including a drug-related crime or a crime involving violence against others? Yes No

If yes, Who? _____ Where _____ (State) Explain (use additional pages if necessary)

Have you, or anyone named on this application ever been cited, evicted or termination of tenancy proceedings started for criminal activity (including drug related activity), fraud, non-payment of rent, non-compliance with lease/rule provisions or failure to cooperate in recertification procedures? Yes No

If yes, explain: _____

Are you or anyone named on this application a registered or non-registered sex offender? Yes No

Do you or anyone named on this application have a history of using illegal drugs or abusing alcohol? Yes No

If yes, explain: _____

Is anyone named on this application a student (part of full-time)? If yes, indicate whom and further verification is required Yes No If yes, Who and Where attending? _____

HUD requires that all applicants disclose and provide acceptable proof of Social Security Numbers for all family members. Are you able to meet this requirement? Yes No If not, why not? _____

Please list all the states in which you or anyone listed on this application have lived taken out credit or have held licenses to drive including DL#'s (use additional pages if necessary) _____

Have you or anyone named on this application ever been know by any other name or taken out credit under another name? Yes No If yes, explain _____

Have you been involuntarily displaced due to a natural disaster or catastrophe or housing seized by government action? Yes No If yes, explain _____

Do you, or anyone named on this application request adjustments or allowances (deductions) from income for elderly or disabled households such as medical expenses or handicap expenses? (Requests for allowances or adjustments to income must be verifiable) Yes No If yes, please explain _____ Which household member(s) qualify for these allowances/adjustments _____

Do you or anyone named on this application request the features of a wheelchair accessible or adapted unit, downstairs vs. upstairs apartment or site or policy accommodation or modification based on a medical condition or disability? Yes No If yes, what is requested? _____

Do you or anyone named on this application request protection under the VAWA Act, protecting victims of domestic violence, dating violence or stalking from having their rental application denied solely based on their victim status, if the applicant otherwise qualifies for assistance or admission? Yes No If Yes, further verification will be required.

Are you currently receiving Assistance from HUD at another resident (Tenant-Based or Project-Based) Yes No
Do you understand that this property MUST be your primary place of residence and you cannot maintain a permanent residence or receive HUD assistance at another location once a lease becomes effective at this property? Yes No

Do you own any of the following? (some may be prohibited or require prior management written approval/agreement)
 washer/dryer waterbed aquarium portable dishwasher freezer air conditioner space heater

Please Read: In compliance with the Fair Credit Reporting Act, we are informing you that information as to your household member's rental history, character history, public records, criminal history and credit history is being verified. I/We understand that any misrepresentation will be sufficient cause for dismissal or voiding of the application. I/We understand that I/we must contact the rental office every six (6) months in order to remain on the waiting list. I/we further understand that, upon acceptance of this application for tenancy, I/we must provide releases and/or verification of ALL income and assets and household composition (including custody or guardianship of minor children) and consent to release for wage and/or income matching by HUD or the owner/agent. I/we also agree to signify all terms of occupancy by signing the Lease Agreement, Rules and Regulation of the property and a Tenant Certification for Calculation of Rent form HUD 50059. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et.seq.0, by title VI of the Civil Rights Act of 1964(42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit proof of valid social security number for each household member. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate federal, state, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. **Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.**

If you are rejected you have the right to appeal the decision within (14) days of the receipt of the rejection notice by contacting the management of this property in writing or requesting a meeting. A copy of the Grievance and Appeal Procedures is posted in the management office. You may request a copy of this appeal procedure by contacting the office.

Persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process.

Cheney Center Apartments and 100 Washington Square Apartments do not discriminate or permit discrimination by any agent, lessee, or other operator in the use or occupancy of our housing or related facilities because of race, color, religion, sex, age, disability, familial status, or national origin. These properties do not discriminate on the basis of disability status in the admission or access to or treatment or employment in, its federally assisted programs and activities. We do business in accordance with the Federal Fair housing Act and provide persons with disabilities reasonable accommodation upon request. Persons with language barriers may request or arrange interpretation alternatives or services.



How did you hear about our Property? _____

Signatures (Required) **I certify the accuracy and completeness of information provided:**

Applicant Signature

Date

Co-Head/Spouse Signature

Each adult should complete a separate application but sign each other's application as Co-Head/Spouse

Attachments:

1. Application Cover Letter – Explains eligibility, application process, wait list process and selecting applicants.
2. Income/Asset Statement – to be completed by each adult of the household
3. Race/Ethnicity Form(s) HUD-27601-H attached for each household member – (optional) This information attached to this application is requested in order to assure the Federal Government, acting through HUD that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. This information is optional. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. If you choose not to furnish it, the owner will place a note on the form that you have chosen to not furnish this information.
4. Citizenship Review Documents: Owners Notice # 1, Family Summary Sheet and Citizenship Declarations and Verification Consent forms (if applicable) for each household member.
5. Credit/Criminal Application
6. Other Attachment (s) _____

Managers Use: (OFFICE USE ONLY)

DATE OF RETURNED APPLICATION _____ **TIME** _____ **INITIALS** _____