

# 100 Washington Square Apartments

100 Washington Street, Cheney, WA 99004



Managed by: Cheney Real Estate Management, 1827 First Street, Cheney, WA 99004

Phone: 509-235-5000, ext. 4

Fax: 509-235-5018

TTY: 711



Office Hours: Monday – Friday 8:00 AM – 5:00 PM

## Dear Future Tenant,

Welcome and thank you for applying to live at 100 Washington Square Apartments. Please take a few minutes to read over our requirements for filling out and returning our application package. We hope that you will soon be calling our apartments your new home. Should you have any questions or concerns, please give me a call at the phone number above. This apartment complex is a **Smoke Free** property. There is a Pet Policy for these apartments with a deposit. All interested individuals have the right to complete and submit an application.

The application package includes a rental application, income/asset questionnaire, race/ethnicity reporting forms (optional), citizenship forms and possibly additional forms. Each adult must complete a separate application and income/asset questionnaire. The race/ethnicity form(s) are optional but requested for statistical purpose and adults should complete for resident minors.

When completing the application package, please allow yourself a few minutes to read it over first, and then fill it out in its entirety. This should take you about 20-30 minutes. You will need to fill it out to the *best of your knowledge*. The attached income/asset questionnaire will assist you in determining what is considered to be income, asset and any adjustments or allowances to income.

Please do not leave any blank spaces or if you make a mistake, please cross-out rather than using white-out. If a question does not apply to you, please write out the words "Not Applicable." Be sure to sign and date the application and the other forms. If you need assistance in completing the application package, we will be happy to help you. If you have a disability and require a reasonable accommodation related to completion and return of the application, please feel free to request one.

Once you have completed and signed our rental application package, you will need to either bring it back to our office or mail it to the rental office. We will look over the completed application packets and if your household appears to be eligible, we will either offer you a unit, place you on the waiting list or find you ineligible after further review. Regardless of the disposition of your application, we will advise you in writing on our application status notification within 10 days of receiving your complete application(s).

## Who is Eligible to live at our Property?

This is a HUD Project-Based Section 8 designated for elderly/and or disabled households. This means that the head, co-head or spouse must be 62 or older or disabled 18 years of age or older. Dependents of otherwise eligible household members are welcome to reside in the units. The occupancy and income limits for this property are posted at the property, or you can call for information. Our priority is to take the extremely low income household (below 30% of median income) first in our fiscal year for up to 40% of our expected vacancies, then offer units to the applicants on our list that are either extremely very low or very low income (below 50% median income) chronologically thereafter.

Rents at this property are all HUD subsidized and are equal to 30% of your monthly adjusted income. All major utilities are included in your rent. There is a HUD Section 8 required minimum total tenant payment of \$25.00 per month, unless a verifiable qualifying hardship exists.

A background screening will be performed on all applicants (adult) as they get closer to the top of the waiting list. The property (not the applicant) will pay the cost of the screening. We perform screening to determine acceptable behavior through prior landlord rental history, criminal history, public record, and credit history (poor credit history is not a major factor in application review). *There are certain restrictions for non-citizen household members and students in HUD subsidized housing.* If any of your household members are ineligible, not citizens or students, management will explain how this may affect you receiving HUD subsidy at this property. If you are denied based on our screening criteria you will be notified in writing and given the option to appeal the decision.

## **The Waiting List**

We will choose applicants off our waiting list in chronological order from the date and time they submit their application within the income targeting and/or other criteria associated with this property and HUD. Some of our apartments are wheelchair accessible. 100 Washington Square Apartments has 6 buildings, with a total of 12 ground floor and 13 upper units. Please indicate whether you require an upstairs vs. downstairs unit due to a medical need. The only preferences we have at this property are for persons that require the features of a wheelchair accessible unit or have been displaced due to government action of natural disaster. You are also welcome to request any reasonable accommodations or modifications to the units, site property policies or procedures to accommodate a disability. Please indicate on your application if you believe you qualify for one of these preferences or accommodations.

If you are placed on our waiting list, it will be important that you update us with any changes in your household. Changes such as change of address, phone number, household size, members or income are very important to tell us immediately. You will also need to contact us at least every 6 months to let us know that you are still interested in remaining on our waitlist. If you do not contact us, we may send you a letter (at your last known address) asking for your continued interest in remaining on our waitlist. If we do not hear back from you we may have to remove your name from our waiting list.

## **When an apartment will be coming available?**

You will be contacted in chronological order from the waiting list when a unit becomes available or will be available soon. It is a requirement to contact all applicants at the top of the list every time a unit becomes available. Please be available by phone so we may contact you when your name comes to the top of the waiting list. If we have trouble getting ahold of you, we may have to skip over or remove your application based on our policies in our Tenant Selection Plan.

Once being contacted by the manager you will be required to come into the management office to finalize your application process *within 10 days*. This is when we will perform the background screening and start the verification process to verify all your income/asset and expenses for your rent calculation. All persons expect to reside in the unit will be required to complete citizenship review and other forms at that time. All adult household members must come for the same final interview as well as any children expecting to reside with you.

Please bring with you Picture ID and Social Security cards. Birth certificates and/or custody papers may also be required for verifications of eligibility, citizenship status and family composition. **Verification of Social Security Number is required for all household members.** We may ask you to bring additional documents with you also, to speed up the application process.

A final decision regarding your eligibility cannot be made until all of the above information has been verified, received and reviewed. Once you have passed our final screening requirements, and an apartment is available that meets your needs and requirements you will be notified to start the move-in process.

## **The Move-In**

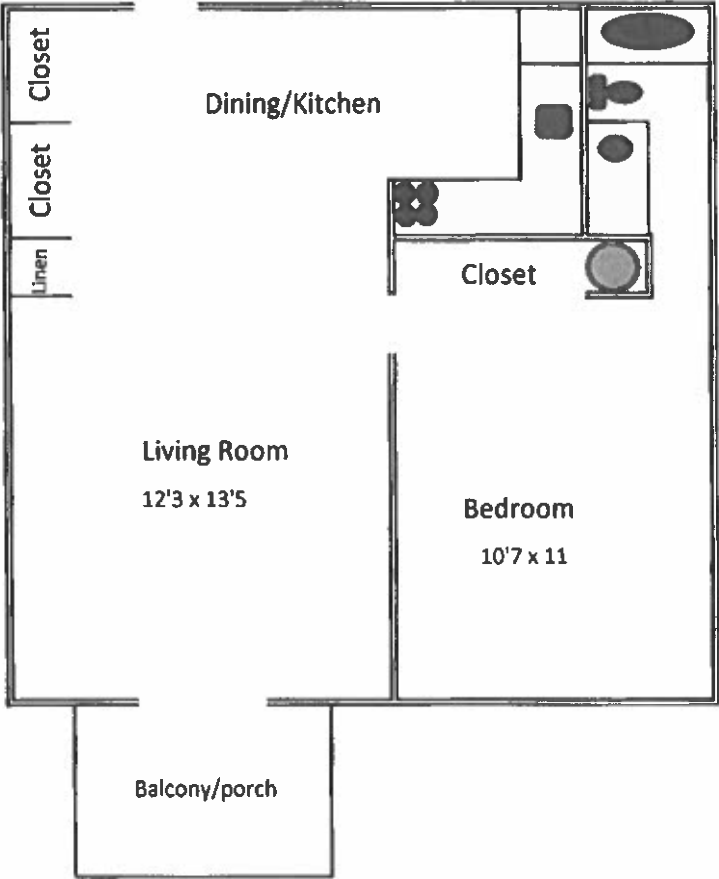
When we have accepted you as a new tenant, a date for moving into your new apartment will be set. The manager will calculate your rent based on verifications received back from third party sources and information provided by you. Payment of a full or partial security deposit will be requested at that time. If your move-in date is other than the 1<sup>st</sup> of the month, your rent will be prorated for that month only.

You will be required to sign a lease, house rules, rent calculation certification and other property policies and addendums. We will conduct a walk-thru move-in inspection of your new apartment with you and keys will be given to you at this time. If you have any questions regarding completing the application, about the disposition of your application or about the property or regulations, please do not hesitate to call us.

Peggy Romero, Project Manager

100 Washington Square Apartments does not discriminate or permit discrimination by any agent, lessee, or other operator in the use or occupancy of our house 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 Federal Fair Housing Act and provide persons with disabilities reasonable accommodation upon request. Persons with language barriers may request or arrange interpretation alternative or services.

100 Washington Square



575 sq ft



# 100 Washington Square Apartments



Phone: (509) 235-5000  
www.cheneyhousing.com

1827 First Street, Cheney, WA 99004

Fax: (509) 235-5018  
TTY: (800) 833-6388

## Application Acceptance Policy

We are an equal opportunity housing provider. We do not discriminate on the basis of Race, Color, Creed, Sex, Marital Status, Familial Status, National Origin, Disability, Retaliation or Religion.

- ☐ Applicants must be either elderly (62 years or over) or disabled AND low income. Established income limits are published annually in the Federal Register and are posted in the office and at the apartment complex.
- ☐ We allow no more than two adults in a 1 bedroom unit.
- ☐ All prospective tenants age 18 and over must fill out a rental application.
- ☐ Our screening process consists of:
  - Verifying information provided on the rental application.
  - Contacting present and previous landlords for rental history.
  - Obtaining credit reports from one or more credit agencies.
  - Obtaining a criminal background report.
- ☐ We offer an apartment to the first applicant on the chronological waiting list who has indicated that he/she will accept the available apartment type (upper or lower) and who meets our requirements.
- ☐ An applicant will be denied based on the following screening criteria:
  - Residential History
    - Unverifiable residence history
      - If you place an address on the application where you have lived and we cannot verify this address it will be considered unverifiable residence history
    - Negative rental history
      - Negative items include, but are not limited to:
        - Evictions/unlawful detainer actions that result in money judgment and/or writ of restitution;
        - Outstanding balance(s);
        - Refusal to re-rent;
        - Failure to cooperate with recertification procedure;
        - Any instance of a damage deposit not returned due to damage to the rental apartment beyond normal cleaning;
        - History of disruptive behavior;
        - Poor housekeeping practices;
        - Any instance of unauthorized people or pets occupying an apartment rented to the applicant;
        - Any instance of Two (2) or more "Ten (10)-Day Notices" issued in a 12-month period;
        - Any instance of Two (2) or more "Three (3)-Day Notices" issued in a 12-month period;

- Termination of assistance for fraud
  - Applicant is on a current lease and owner/management will not let applicant out of the lease.
- Credit History
  - Automatic denial for negative items includes, but is not limited to:
    - Open bankruptcy;
    - Rental collections (monies still owing);
    - Unpaid or collections of utilities;
  - Negative credit history (excluding negative medical items);
    - Three (3) or more negative items. Negative items include, but are not limited to:
      - Collections,
      - Bankruptcy (closed),
      - Repossessions,
      - Judgments,
      - Liens,
      - Rental collections (paid).
- Criminal History
  - Conviction of a drug-related crime within seven (7) years from the date of completing sentence or probation.
  - Applicant that is on the sex offender registry will be denied.
  - Conviction of a felony crime within ten (10) years from the date of completing sentence or probation.
    - Rape, sexual assault, murder, arson, child molestation, trafficking in persons, and manufacturing of illegal drugs or individuals with any outstanding un-adjudicated felony charges;
    - Kidnapping felony conviction;
    - Persons with outstanding felony charges are not eligible to move into any Cheney Real Estate Management, Inc. rentals until the case is finalized and a decision has been made.
  - Manslaughter within ten (10) years from the date of completing sentence or probation.
  - Robbery or assault with a deadly weapon within ten (10) years from the date of completing sentence or probation.
  - Gross misdemeanor, theft, burglary, and/or delivery or sale of illegal drugs, with ten (10) years from the date of completing sentence or probation.
  - Conviction of a crime against a person or property with seven (7) years from the date of disposition.
- Other History
  - Providing false information on the application; falsifying the application, and/or any gross distortion of the truth.
  - Being over the established income limits or not meeting eligibility requirements.

- Incomplete applications will be denied, will not be accepted, and will be returned to the applicant via mail for completion.
  - Any person who constitutes a direct risk of harm to persons or property based on knowledge of the Landlord and/or Owner will not be considered for tenancy. Must be documented and not hearsay.
  - When two or more applicants apply together (such as roommates, husband & wife, etc.) and one meets any of the screening criteria to be denied listed above, each applicant will be denied.
  - When applicant has been denied and the fourteen (14) days discussion period has past, the applicant cannot reapply for six (6) months.
- ☐ We do allow small pets, as outlined in the House Rules Regarding Pets, which are posted in the office and at the apartment complex. The Pet Deposit of \$300.00 may be paid as follows, \$50 with the Pet Application and \$10 per month until paid in full.
- ☐ Only U.S. citizens or eligible non-citizens may receive assistance under the Section 8 program.

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## **No Smoking Policy**

**Due to the increased risk of fire, increased maintenance costs, and the health effects of secondhand smoke, management has adopted a NON-SMOKING POLICY for all properties. The Tenant agrees to comply with these rules and policies and understand that a violation of any of these rules or policies may be grounds for termination of tenancy. This Non-Smoking Policy prohibits smoking within all living units, all interior common areas, including but not limited to, hallways, laundry rooms, stairways, offices and anywhere on the property. This policy applies these restrictions to all tenants, guests, visitors, service personnel and employees.**

**Definition.** The term “smoking” shall include the inhaling, exhaling, or carrying of any lighted cigarette, e-cigarette, cigar, pipe, hookah, other tobacco product, marijuana including medical marijuana, herbal smoking products “Legal Weed” or products known as “bath salts” or other legal or illegal substance.

# RENTAL APPLICATION

## SECTION 8 HUD PROPERTIES

PROPERTY NAME/ADDRESS: 100 WASHINGTON SQUARE APARTMENTS

TELEPHONE# 509-235-5000

EMAIL: PEGGY@CHENEYHOUSING.COM

OFFICE HOURS: 8 AM – 5 PM, M - F



ALL QUESTIONS MUST BE ANSWERED ON THIS APPLICATION AND ANY ATTACHMENTS. ALL YES/NO OPTIONS MUST BE CIRCLED. IF A QUESTION DOES NOT APPLY PUT N/A IN THE BLANK. PLEASE COMPLETE ONE RENTAL APPLICATION PER ADULT HOUSEHOLD MEMBER.

- 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していれば、経営オフィスと連絡を取ってください。(Japanese)

HEAD OF HOUSEHOLD LEGAL NAME (Last, First, Middle Initial)		PHONE NUMBER	ALT PHONE NUMBER	E MAIL ADDRESS
PREVIOUS NAMES, ALIASES OR NICKNAMES USED				
STREET ADDRESS		CITY	STATE	ZIP
MAILING ADDRESS, IF DIFFERENT		CITY	STATE	ZIP
RENT <input type="checkbox"/> OWN <input type="checkbox"/>	Rent per month or Mortgage Balance	DATES OF RESIDENCY	REASON FOR MOVING	
CURRENT LANDLORD NAME		CURRENT LANDLORD PHONE #	CURRENT LANDLORD ADDRESS, CITY, STATE, ZIP	

LIST ALL PERSONS WHO ARE EXPECTED TO RESIDE IN YOUR UNIT: PLEASE PRINT FULL LEGAL NAME (Last, First, Middle Initial)

HEAD FULL NAME (Last, First, Middle Initial)	RELATION	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT? YES NO	GENDER (optional)	BIRTHDATE
CO-HEAD (Last, First, Middle Initial)	RELATION	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT? YES NO	GENDER (optional)	BIRTHDATE
NAME (Last, First, Middle Initial)	RELATION	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT? YES NO	GENDER (optional)	BIRTHDATE
NAME (Last, First, Middle Initial)	RELATION	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT? YES NO	GENDER (optional)	BIRTHDATE
NAME (Last, First, Middle Initial)	RELATION	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT? YES NO	GENDER (optional)	BIRTHDATE

**PREVIOUS HOUSING AND DISPLACEMENT STATUS** - BEST DESCRIBE THE CONDITION OF THE HOUSING FROM WHICH YOUR HOUSEHOLD IS MOVING

PREVIOUS HOUSING: ☐ STANDARD ☐ SUBSTANDARD(PHYSICALLY) ☐ CONVENTIONAL PUBLIC HOUSING ☐ LACKING A FIXED NIGHTTIME RESIDENCE  
☐ FLEEING/ATTEMPTING TO FLEE VIOLENCE

DISPLACED BY: ☐ NOT DISPLACED ☐ GOVERNMENT ACTION ☐ NATURAL DISASTER ☐ PRIVATE ACTION

DO ANY ADULTS 18 OR OVER IN THE HOUSEHOLD REQUEST AN ADJUSTMENT TO ANNUAL INCOME FOR DISABILITY STATUS? YES NO  
IF YES, WHO QUALIFIES?

DOES ANYONE IN HOUSEHOLD, (NOT THE HEAD OR CO-HEAD) 18 or OVER REQUEST ADJUSTMENT TO ANNUAL INCOME FOR FULL-TIME STUDENT STATUS? YES NO IF YES, WHO QUALIFIES?

DOES ANYONE IN THE HOUSEHOLD REQUEST ADJUSTMENTS TO INCOME FOR CHILDCARE EXPENSES FOR DEPENDENTS UNDER 13? YES NO  
IF YES, WHO QUALIFIES?

IS ANYONE IN THE HOUSEHOLD A U.S. MILITARY VETERAN? YES NO IF YES, WHO?

DOES ANYONE IN HOUSEHOLD REQUEST A WHEELCHAIR ACCESSIBLE UNIT, ACCESSIBLE FEATURES OR UPSTAIRS/DOWNSTAIRS UNIT? YES NO  
IF YES, PLEASE EXPLAIN YOUR REQUEST:



**PREVIOUS ADDRESS (ES). List at least TWO. No less than the last 12 months.**

#1 PREVIOUS ADDRESS		CITY	STATE	ZIP
RENT <input type="checkbox"/> OWN <input type="checkbox"/>	Rent per month or Mortgage Balance	DATES OF RESIDENCY	REASON FOR MOVING	
PREVIOUS LANDLORD NAME		PREVIOUS LANDLORD PHONE #	PREVIOUS LANDLORD ADDRESS, CITY, STATE, ZIP	

#2 PREVIOUS ADDRESS		CITY	STATE	ZIP
RENT <input type="checkbox"/> OWN <input type="checkbox"/>	Rent per month or Mortgage Balance	DATES OF RESIDENCY	REASON FOR MOVING	
PREVIOUS LANDLORD NAME		PREVIOUS LANDLORD PHONE #	PREVIOUS LANDLORD ADDRESS, CITY, STATE, ZIP	

**MARK ALL U.S. STATES YOU HAVE LIVED AT ANY TIME IN YOUR LIFE (INCLUDING BIRTH) – EACH ADULT MUST FILL OUT A SEPERATE RENTAL APPLICATION**

YOUR NAME:			<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

**HAS ANYONE LISTED ON THIS APPLICATION EVER BEEN CITED FOR NON-PAYMENT OF RENT, LEASE VIOLATIONS OR HAVE EVER BEEN EVICTED?**

YES NO IF YES, WHO? WHERE? WHEN?

EXPLAIN:

**HAS ANYONE LISTED ON THIS APPLICATION EVER BEEN EVICTED WITHIN THE LAST THREE YEARS FROM FEDERALLY ASSISTED HOUSING FOR DRUG RELATED CRIMINAL ACTIVITY? YES NO IF YES, WHO? WHEN?**

EXPLAIN:

**HAS ANYONE LISTED ON THIS APPLICATION EVER BEEN ARRESTED, CONVICTED, PLED GUILTY OR NO-CONTEST TO ANY CRIME? YES NO**

IF YES, WHO? WHEN? COUNTY/STATE

EXPLAIN:

**IS ANYONE LISTED ON THIS APPLICATION A REGISTERED OR NON-REGISTERED SEX OFFENDER IN ANY STATE? YES NO**

IF YES, WHO? ARE THEY SUBJECT TO A STATE LIFETIME SEX OFFENDER REGISTRY? YES NO

**DOES ANYONE LISTED ON THIS APPLICATION CURRENTLY USE ILLEGAL DRUGS OR ABUSE ALCOHOL? YES NO**

IF YES, WHO? EXPLAIN:

**DOES ANYONE LISTED ON THIS APPLICATION HAVE A HISTORY OF USING ILLEGAL DRUGS OR ABUSING ALCOHOL? YES NO**

IF YES, WHO? EXPLAIN:

**WILL EVERYONE LISTED ON THIS APPLICATION BE ABLE TO PROVIDE PROOF OF THESE HUD REQUIREMENTS PRIOR TO MOVE-IN? YES NO****A. VALID SOCIAL SECURITY NUMBERS FOR ALL FAMILY MEMBERS AT LEAST 90 DAYS PRIOR TO MOVE-IN**

(EXCEPTIONS: MEMBERS 62 OR OLDER AS OF 1/31/2010 WHOSE INITIAL DETERMINATION OF ELIGIBILITY WAS BEGUN BEFORE 1/31/2010 AND MEMBERS THAT DO NOT CONTEND ELIGIBLE IMMIGRATION STATUS)

**B. PROOF OF ELIGIBILITY AND ALLOWANCES FOR ALL FAMILY MEMBERS (AGE, HOUSEHOLD MEMBERSHIP, CUSTODY, DISABILITY STATUS ETC, IF APPLICABLE)****C. LEGAL NON-CITIZENSHIP/IMMIGRATION STATUS (IF APPLICABLE, FOR NON-CITIZENS UNDER 62 YEARS OF AGE)**

IF NOT, WHY NOT?

**DO YOU HAVE A SECTION 8 VOUCHER OR ARE YOU CURRENTLY OCCUPYING A HUD ASSISTED UNIT? YES NO IF YES, WHERE?****DO YOU UNDERSTAND THAT HUD ASSISTANCE MUST TERMINATE PRIOR TO RECEIVING HUD ASSISTANCE AT THIS PROPERTY? YES NO****DOES ANYONE LISTED ON THIS APPLICATION REQUEST PROTECTIONS, ASSISTANCE AND SUPPORT UNDER THE VIOLENCE AGAINST WOMEN ACT (VAWA), PROTECTING VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, STALKING OR SEXUAL ASSAULT? YES NO**

This law requires owners to provide special consideration and confidentiality during the rental application process and prevents denial of tenancy of the victim and the victim's family, solely based on history or current circumstances related to domestic violence, stalking, sexual assault and dating violence. If requested, more documentation may be required.

DO YOU HAVE ANY PETS OR ANIMALS? YES NO IF YES, SPECIFY TYPE AND NUMBER

**SOURCES OF INCOME AND ASSETS – Please also complete, sign and date any attached income/asset questionnaires**

List all **INCOME SOURCES** for all members (including minors). Includes, but is not limited to, full and/or part-time employment, income from Public agencies (DSHS etc), Social Security, Pensions, SSI, Disability, L & I, Unemployment, Child Care, Alimony, Child Support, Financial Aid, Income from sale of property, Interest on Assets, Dividends, Annuities, and Regular Contribution from people not residing with you or payments of expenses on your behalf.

FAMILY MEMBER NAME	EMPLOYER, AGENCY, ETC. WHO ARE SOURCES OF INCOME TO YOU (List name & address)	ANNUAL GROSS INCOME \$
FAMILY MEMBER NAME	EMPLOYER, AGENCY, ETC. WHO ARE SOURCES OF INCOME TO YOU (List name & address)	ANNUAL GROSS INCOME \$
FAMILY MEMBER NAME	EMPLOYER, AGENCY, ETC. WHO ARE SOURCES OF INCOME TO YOU (List name & address)	ANNUAL GROSS INCOME \$
FAMILY MEMBER NAME	EMPLOYER, AGENCY, ETC. WHO ARE SOURCES OF INCOME TO YOU (List name & address)	ANNUAL GROSS INCOME \$
FAMILY MEMBER NAME	EMPLOYER, AGENCY, ETC. WHO ARE SOURCES OF INCOME TO YOU (List name & address)	ANNUAL GROSS INCOME \$

**ASSET INFORMATION: List all assets of all members (including minors) Check one account type per account**

BANK/SOURCE NAME	<input type="checkbox"/> STOCKS/BONDS <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING <input type="checkbox"/> TRUST <input type="checkbox"/> IRA <input type="checkbox"/> CD <input type="checkbox"/> MONEY MARKET DEBIT OR PREPAID CARD: <input type="checkbox"/> DIRECT EXPRESS <input type="checkbox"/> QWEST/EBT <input type="checkbox"/> DCS PREPAID	BALANCE \$
BANK/SOURCE NAME	<input type="checkbox"/> STOCKS/BONDS <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING <input type="checkbox"/> TRUST <input type="checkbox"/> IRA <input type="checkbox"/> CD <input type="checkbox"/> MONEY MARKET DEBIT OR PREPAID CARD: <input type="checkbox"/> DIRECT EXPRESS <input type="checkbox"/> QWEST/EBT <input type="checkbox"/> DCS PREPAID	BALANCE \$
BANK/SOURCE NAME	<input type="checkbox"/> STOCKS/BONDS <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING <input type="checkbox"/> TRUST <input type="checkbox"/> IRA <input type="checkbox"/> CD <input type="checkbox"/> MONEY MARKET DEBIT OR PREPAID CARD: <input type="checkbox"/> DIRECT EXPRESS <input type="checkbox"/> QWEST/EBT <input type="checkbox"/> DCS PREPAID	BALANCE \$
BANK/SOURCE NAME	<input type="checkbox"/> STOCKS/BONDS <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING <input type="checkbox"/> TRUST <input type="checkbox"/> IRA <input type="checkbox"/> CD <input type="checkbox"/> MONEY MARKET DEBIT OR PREPAID CARD: <input type="checkbox"/> DIRECT EXPRESS <input type="checkbox"/> QWEST/EBT <input type="checkbox"/> DCS PREPAID	BALANCE \$
BANK/SOURCE NAME	<input type="checkbox"/> STOCKS/BONDS <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING <input type="checkbox"/> TRUST <input type="checkbox"/> IRA <input type="checkbox"/> CD <input type="checkbox"/> MONEY MARKET DEBIT OR PREPAID CARD: <input type="checkbox"/> DIRECT EXPRESS <input type="checkbox"/> QWEST/EBT <input type="checkbox"/> DCS PREPAID	BALANCE \$
LIFE INSURANCE POLICIES: <input type="checkbox"/> WHOLE LIFE INSURANCE <input type="checkbox"/> UNIVERSAL LIFE INSURANCE <input type="checkbox"/> TERM INSURANCE <input type="checkbox"/> NO LIFE INSURANCE		CASH VALUE \$
REAL PROPERTY: DO YOU OWN ANY PROPERTY OR BUILDING IN ANY STATE OR COUNTRY? YES NO IF YES, TYPE OF PROPERTY: LOCATION:		APPROX MARKET VALUE \$
HAVE YOU SOLD/DISPOSED/GIVEN AWAY ANY PROPERTY OR ASSETS IN THE LAST 2 YEARS? YES NO IF YES, TYPE OF PROPERTY/ASSETS:		DATE SOLD/DISPOSED OF
DO YOU HAVE ANY OTHER ASSETS NOT LISTED ABOVE (EXCLUDING HOUSEHOLD GOODS)? YES NO IF YES, WHAT?		

**CREDIT REFERENCES (At least most recent three. Please include installment payments, mortgages etc. Use additional pages if needed)**

SOURCE	ACCOUNT NUMBER	MONTHLY PAYMENT \$	BALANCE DUE \$
SOURCE	ACCOUNT NUMBER	MONTHLY PAYMENT \$	BALANCE DUE \$
SOURCE	ACCOUNT NUMBER	MONTHLY PAYMENT \$	BALANCE DUE \$

**AUTOMOBILES (List all that will be parked at our site for your household)**

MAKE	MODEL	LICENSE PLATE #	DRIVER LICENSE #
MAKE	MODEL	LICENSE PLATE #	DRIVER LICENSE #



**CHARACTER REFERENCES AND/OR EMERGENCY CONTACTS (Please supply at least TWO. Character references cannot be relatives).**

NAME	ADDRESS AND CITY STATE ZIP	YEARS KNOWN	RELATION	PHONE NUMBER
NAME	ADDRESS AND CITY STATE ZIP	YEARS KNOWN	RELATION	PHONE NUMBER

IS YOUR HOUSEHOLD PLANNING ON BRINGING ANY OF THE FOLLOWING ITEMS TO THE APARTMENT? ☐ CLOTHES WASHER ☐ CLOTHES DRYER ☐ WATERBED  
☐ AQUARIUM ☐ PORTABLE DISHWASHER ☐ FREEZER ☐ AIR CONDITIONER ☐ SPACE HEATER ☐ OTHER - PLEASE EXPLAIN:

**RACE AND ETHNICITY OF HEAD OF HOUSEHOLD:** This information is solicited on this application 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. You are not required to furnish this information.

ETHNICITY: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

RACE: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other

HOW DID YOU HEAR ABOUT OUR PROPERTY?

**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 references (if applicable), 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, 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, including Enterprise Income Verification (EIV) or the owner/agent. I/we also agree to signify all terms of occupancy by signing the Lease Agreement, Rules and Regulations 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.), 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 of each household member (if applicable). 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.

**PLEASE ACKNOWLEDGE ALL (CHECK BOXES):**

- ☐ I ACKNOWLEDGE THAT I MUST INFORM MANAGEMENT OF CHANGES TO OUR APPLICATION INFORMATION AND OF MY/OUR CONTINUED INTEREST AT LEAST EVERY 6 MONTHS IN ORDER TO REMAIN ON THE WAITING LIST. FAILURE TO UPDATE WILL RESULT IN REMOVAL FROM THE WAITING LIST.
- ☐ I CERTIFY THAT THIS APARTMENT WILL BE MY PERMANENT RESIDENCE AND THAT I WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION.
- ☐ SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.
- ☐ FAILURE TO COMPLETE AND SIGN THE APPLICATION WITH REQUIRED ATTACHMENTS, PROVIDING FALSE STATEMENTS OR FAILURE TO PROVIDE COMPLETE AND TRUTHFUL INFORMATION RELATED TO YOUR APPLICATION MAY RESULT IN DELAY OF YOUR ELIGIBILITY APPROVAL, REJECTION OF YOUR APPLICATION OR EVICTION AFTER TENANCY.
- ☐ 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 PROCEDURE IS POSTED IN THE SITE OFFICE. YOU MAY REQUEST A COPY OF THIS APPEAL PROCEDURE BY CONTACTING THE RENTAL OFFICE. PERSONS WITH DISABILITIES HAVE THE RIGHT TO REQUEST REASONABLE ACCOMMODATIONS TO PARTICIPATE IN THE INFORMAL HEARING PROCESS.

**SIGNATURES (REQUIRED).** I CERTIFY THE ACCURACY AND COMPLETENESS OF INFORMATION PROVIDED:

APPLICANT (HEAD) SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

CO HEAD/SPOUSE/ OTHER ADULT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

EACH ADULT SHOULD  
SIGN/DATE EACH OTHERS  
APPLICATION AS HEAD, CO-  
HEAD, SPOUSE OR OTHER  
ADULT HOUSEHOLD  
MEMBER

**ATTACHMENTS:** PLEASE RETURN ALL FORMS WITH YOUR COMPLETED RENTAL APPLICATION.

- ☒ APPLICATION COVER LETTER - EXPLAINS ELIGIBILITY, APPLICATION PROCESS, WAIT LIST PROCESS AND SELECTING APPLICANTS
- ☒ INCOME/ASSET QUESTIONNAIRE - ONE PER ADULT HOUSEHOLD MEMBER
- ☒ HUD-92006 SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING. - ONE FOR EACH ADULT OF THE HOUSEHOLD. OPTIONAL TO PROVIDE ADDITIONAL CONTACT. IF YOU CHOOSE NOT TO PROVIDE ADDITIONAL CONTACT, PLEASE STILL COMPLETE THE TOP PORTION OF THE FORM WITH YOUR NAME. CHECK THE BOX INDICATED THAT YOU CHOOSE TO NOT PROVIDE ADDITIONAL CONTACT, SIGN AND DATE FORM AND RETURN WITH APPLICATION.
- ☒ SECTION 214 HUD CITIZENSHIP REVIEW DOCUMENTS - OWNERS NOTICE # 1, FAMILY SUMMARY SHEET, DECLARATIONS FOR EACH HOUSEHOLD MEMBER
- ☒ OTHER ATTACHMENT(S) \_\_\_\_\_

Owner or Property Name:  
100 WASHINGTON SQUARE APARTMENTS

504 Coordinator Name:

Address: 1827 FIRST ST., CHENEY, WA 99004

does 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. 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). We do business in accordance with the Federal Fair Housing Act and provide persons with disabilities reasonable accommodation upon request. TTY# (for hearing impaired) 711. Persons with language barriers may request or arrange interpretation alternatives or services based on the property's LEP Policy.



Telephone # 509-235-5000

**Office Use Only: ACKNOWLEDGEMENT OF RECEIPT OF RENTAL APPLICATION**

DATE RECEIVED	TIME RECEIVED	PERSON THAT RECEIVED APPLICATION AND REVIEWED FOR COMPLETENESS:	SIGNATURE
---------------	---------------	---	-----------

**Exhibit 3-5: Citizenship Declaration**  
(214 Review of Citizenship Status for HUD Housing)

**INSTRUCTIONS:**

Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ If applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_  
(to be entered by owner if and when received)

**INSTRUCTIONS:** Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

**DECLARATION**

I, \_\_\_\_\_ (print or type first name, middle initial, last name) hereby declare, under penalty of perjury, that I am:

**OPTIONS:** (Choose option 1,2 or 3 and sign and date)

\_\_\_\_\_ **1. A CITIZEN OR NATIONAL of the United States.**

Sign and date below and return to the name and address specified in the attached Notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_ (sign adults name but complete declaration with child's name)

\_\_\_\_\_ **2. A NONCITIZEN WITH ELIGIBLE IMMIGRATION STATUS as evidenced by one of the documents listed below (b 1-5).** Note: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below (end of option 2)

**If you checked this block and you are less than 62 years of age, you should submit the following documents**

- a. Verification Consent Format (Exhibit 3-6) **AND**
- b. One of the following documents:

1. Form I-551, *Permanent Resident Card*

2. Form I-94, *Arrival-Departure Record* annotated with one of the following:

- ☐ "Admitted as a Refugee Pursuant to Section 207";
- ☐ "Section 208" or "Asylum";
- ☐ "Section 243(h)" or "Deportation stayed by Attorney General"; or
- ☐ "Paroled Pursuant to Section 212(d)(5) of the INA."

3. Form I-94, *Arrival-Departure Record* (with no annotation) accompanied by one of the following:

- ☐ A final court decision granting asylum (but only if no appeal is taken);
- ☐ A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
- ☐ A court decision granting withholding of deportation; or
- ☐ A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Check here if adult signed for a child: \_\_\_\_\_ (sign adults name but complete declaration with child's name)

\*\*\*\*\*

#### REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Check if adult signed for a child: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*



**3. I am NOT CONTENDING ELIGIBLE IMMIGRATION STATUS and I understand that I am not eligible for financial assistance.**

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Check here if adult signed for a child: \_\_\_\_\_

Property Name: 100 WASHINGTON SQUARE APARTMENTS	does 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. 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). We do business in accordance with the Federal Fair Housing Act and provide persons with disabilities reasonable accommodation upon request. TTY# (for hearing impaired) 711. Persons with language barriers may request or arrange interpretation alternatives or services based on the property's LEP Policy.	 
504 Coordinator Name:		
Address: 1827 FIRST ST., CHENEY, WA 99004		Telephone # 509-235-5000



**Race and Ethnic Data  
Reporting Form**U.S. Department of Housing  
and Urban Development  
Office of HousingOMB Approval No. 2502-0204  
(Exp. 06/30/2017)

100 Washington Square Apartments

WA190084001

100 Washington Street, Cheney, WA

Name of Property

Project No.

Address of Property

Cheney Real Estate Management

Project Based Section 8

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

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

**\*Definitions of these categories may be found on the reverse side.****There is no penalty for persons who do not complete the form.**\_\_\_\_\_  
**Signature**\_\_\_\_\_  
**Date**

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

# HUD STUDENT QUESTIONNAIRE – Section 8 Program

Applicant/Resident \_\_\_\_\_

Date \_\_\_\_\_

Property \_\_\_\_\_

## TO BE COMPLETED BY APPLICANT / RESIDENT

Are you a student at an institution of higher education?

Yes ☐ No ☐

*\*Institutes of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation", and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it.*

■ If you have answered **NO**, please **SKIP** the following questions and sign/date below.

If you answered YES, are you a full-time or part time student? \_\_\_\_\_

**If you answered YES, the owner agent is required to determine your eligibility as a student. Please complete the following questions (all subject to verification):**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Are you over the age of 23? Birthdate _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you a graduate or professional student? _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you a veteran of the United States military?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you married?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have a dependent child?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you feel you qualify as a disabled student who was receiving Section 8 Assistance as of November 30, 2005? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Will you be living with your parents as a dependent of the household?   | <input type="checkbox"/> | <input type="checkbox"/> |

**If you answered No to ALL of the above 1-7 questions, to qualify as an Independent Student, you must answer questions a-e below. Subject to verification including a requirement to provide IRS 1040 Tax Return(s):**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| a. Are your parents receiving or are income eligible to receive Section 8 assistance?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you been independent of your parents for at least one year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Have your parents claimed you as a dependent on their most recent tax return?   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are you an orphan, in foster care or were a ward of court by the age of 13?   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are you an emancipated minor, in legal guardianship or an unaccompanied youth who is homeless or at risk of homelessness? | <input type="checkbox"/> | <input type="checkbox"/> |

**Please provide your parent's contact information so that we request verification including obtaining your Parent's Tax return(s) (not required for vulnerable youth identified with a YES answer in d and/or e above):**



Parent Name	Phone:
Full Address	

8. Are you receiving any financial assistance to pay for your education? ☐ ☐

**If you answered Yes, list all sources of financial assistance annual amounts from the school (grants, scholarships, work study etc, or from parents, associations etc. so we may verify your response:**

1.	\$
2.	\$
3.	\$

Signature \_\_\_\_\_ Date \_\_\_\_\_

Property Name: 2424 University Place Apartments 504 Coordinator Name:	does 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. 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). We do business in accordance with the Federal Fair Housing Act and provide persons with disabilities reasonable accommodation upon request. TTY# (for hearing impaired) 711. Persons with language barriers may request or arrange interpretation alternatives or services based on the property's LEP Policy.	 
Address: 1827 1 <sup>st</sup> St Cheney Wa 99004	Telephone # 509-235-5000	



## Exhibit 3-3 Owners Notice No. 1

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

Dear Applicant

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

- a. Section 8 Housing Assistance Payments programs;
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program.

You have applied, or are applying for, assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance.

### You must do the following:

1. Complete a Family Summary Sheet, using the attached blank format (identified as Exhibit 3-4) to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a Citizenship Declaration (see Exhibit 3-5). If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Citizenship Declaration. The Citizenship Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Citizenship Declaration.
3. **Submit the Family Summary Sheet, the Citizenship Declarations, and any other forms and/or evidence to the name and address listed below by \_\_\_\_\_ (date)**

**Manager/Property:** PEGGY ROMERO, 100 WASHINGTON SQUARE APARTMENTS

**Address:** 1827 FIRST ST. CHENEY, WA 99004 **Phone Number:** 509-235-5000

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact the person listed above. He/she will be happy to assist you. Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Citizenship Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance. If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible. If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

### Attachments:

Citizenship Declarations Exhibit 3-5 (One per household member to complete) and Family Summary (to list all household members)

Note: Upon full review, the full Citizenship Packet will include: Owners Notice # 1 Exhibit 3-3, Family Summary Sheet Exhibit 3-4, Citizenship Declaration Format(s) Exhibit 3-5, Verification Consent Form (s) (if applicable) Exhibit 3-6, Owners Summary of Family Exhibit 3-7 and Final Decision Notice for Applicant Family Exhibit 3-11. Additional forms may be required based on non-citizenship status/verification.

Property Name:  
100 WASHINGTON SQUARE  
APARTMENTS

504 Coordinator Name: \_\_\_\_\_

Address:  
1827 FIRST ST., CHENEY, WA 99004

does 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. 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). We do business in accordance with the Federal Fair Housing Act and provide persons with disabilities reasonable accommodation upon request. TTY# (for hearing impaired) 711. Persons with language barriers may request or arrange interpretation alternatives or services based on the property's LEP Policy.



Telephone #  
509-235-5000

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>			
<b>Mailing Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact: (Check all that apply)</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

☐ Check this box if you choose not to provide the contact information.

--	--

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

**100 Washington Square Apartments**

**Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup>**

**To all Tenants and Applicants:**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>2</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **100 Washington Square Apartments** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

**Protections for Applicants**

If you otherwise qualify for assistance under **100 Washington Square Apartments**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

**Protections for Tenants**

If you are receiving assistance under **100 Washington Square Apartments**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **100 Washington Square Apartments** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

**Removing the Abuser or Perpetrator from the Household**

HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

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<sup>1</sup> Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

<sup>2</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

### **Moving to Another Unit**

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

**(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

**(2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

**(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR**

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

### **Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

HP can, but is not required to, ask you to provide documentation to “certify” that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

### **Confidentiality**

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for

reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

### **Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

### **Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with:

**US Department of HUD  
Denver Multifamily HUD, Attn: Director  
1670 Broadway 25<sup>th</sup> Fl.  
Denver, CO 80202**

You may view a copy of HUD's final VAWA rule at:

**<https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>**

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **100 Washington Square Apartments, Connie Lattin Project Manager, 509-235-5000, ext. 4**

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY).

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact the Rape, Abuse & Incest National Network's National Sexual Assault Hotline, 1-800-656-HOPE (4673) or <https://ohl.rainn.org/online>.

Victims of stalking seeking help may contact the National Center for Victims of Crime's Stalking Resource Center, 855-4-VICTIM (855-484-2846), or <http://victimsofcrime.org/our-programs/stalking-resource-center/help-forvictims>.

**Attachment:** Certification form HUD-5382