



**Cheney Real Estate Management, Inc.**  
**2400 UNIVERSITY PLACE APARTMENTS**  
**2424 UNIVERSITY PLACE APARTMENTS**



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**Thank you for applying at 2400 University Place Apartments and 2424 University Place Apartments!**

We are an equal opportunity housing provider and our apartment complexes are federally subsidized by USDA Rural Development (USDA RD) and are designed for very low, low and moderate-income families.

The project consists of one and two bedroom apartments. The *basic rent* is as follows:

\$324 - \$445 for 1-bedroom apartment, 30% or your adjusted income with a minimum of \$324  
\$413 - \$583 for 2-bedroom apartment, 30% or your adjusted income with a minimum of \$413

The rent amount you pay is *basic rent* or 30% of household income (after the average utility amount is subtracted), whichever is greater. Twelve of the apartments are deep subsidy for very low-income families and rent will be 30% of household income (after the average utility amount is subtracted). The utilities you pay, electricity and sewer, are paid directly to the City of Cheney. Average utility estimates are approximately \$95.00 per month for a one bedroom and \$103.00 per month for a two-bedroom apartment.

This application packet includes information concerning USDA RD eligibility requirements & regulations, information about the apartments, our Application Acceptance Policy, a USDA RD application and a Cheney Real Estate Management Rental Application. Prospective adult residents must complete the USDA RD Applicant or Co-Applicant Application and a separate Rental Application each.

If you are a student, you may ***not*** be claimed as a dependent on income tax returns by parents or legal guardians (evidence required). You must be an independent household to qualify for this project.

When completing the USDA RD Application Income/Asset portion, please fill it out to the best of your knowledge of what will be your income *projected for the 12 months*. Be sure to sign and date the applications. By signing the applications, you are authorizing the release of information related to your income, rental history, credit history, criminal or public records. If you need assistance in completing the applications, we will be happy to help you. If you have a disability and require a reasonable accommodation related to the completion and return of these applications, please feel free to make that request.

Once you have completed and signed our applications, you will need to either bring them back to our office, email, fax or mail them. We will then determine if it is a completed application and will either offer you an apartment, place you on our waiting list or find you ineligible. Regardless of the disposition of your application, we will advise you in writing within ten (10) days of receiving your completed application(s).

If you are placed on the waiting list, it is important that you update us with any changes in your household. Such changes are as follows: change of address, phone number, household size or members or change of income. You will also need to **contact us every six months** to inform us that you wish to remain on our waiting list. If you fail to contact us every six months, we will assume you are no longer interested in living at 2400 University Place Apartments or 2424 University Place Apartments and we will remove your name from our waiting list. You will be notified in writing to your last known address of our intent to remove your name from our waiting list.

Once an apartment of the appropriate size for your household is coming available, or will be soon, and your name is near the top of our waiting list, we will contact you to pay the application screening fee of **\$35.00** (subject to change) per person. You will also need to bring in picture ID for all adult household members and social security cards for all persons intending to reside in the apartment. Your rental application with your signature authorizing the release information will be faxed to our screening company, FasTrak.



# Cheney Real Estate Management, Inc.

## 2400 UNIVERSITY PLACE APARTMENTS

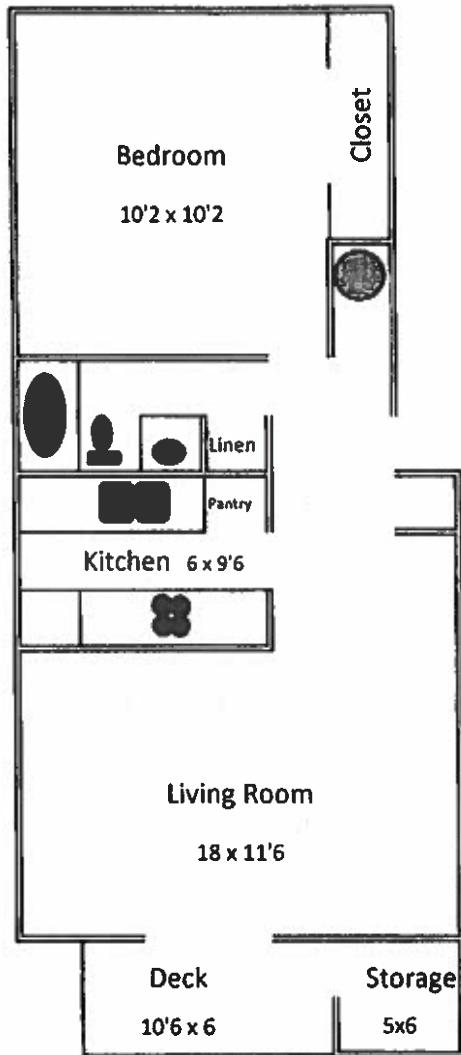
## 2424 UNIVERSITY PLACE APARTMENTS



### AMENITIES INCLUDE

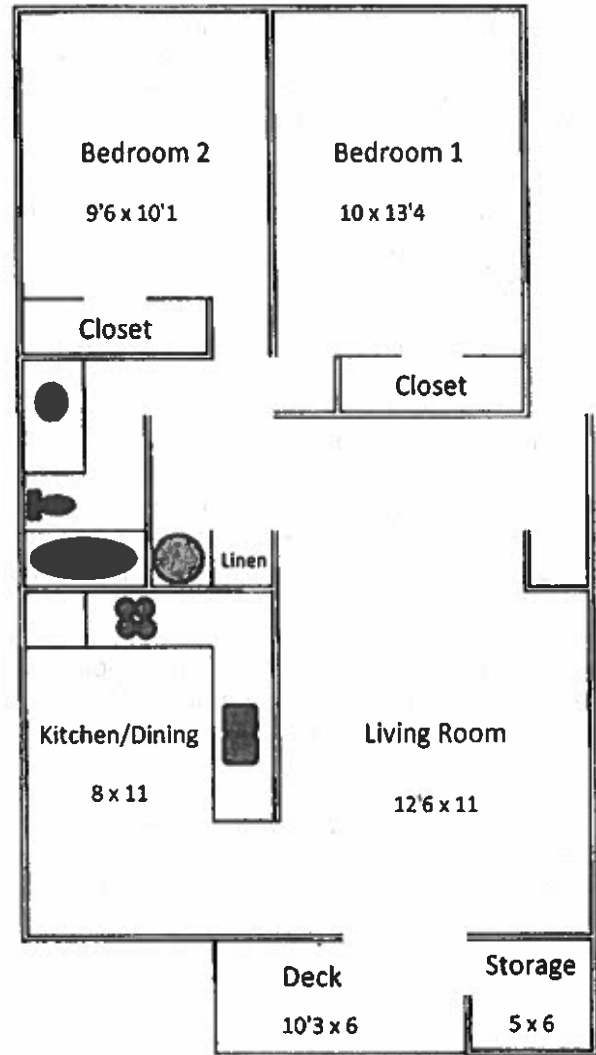
- Onsite laundry facilities
- Accessible units
- On-site manager
- Pre-wired for cable TV
- Carpeted
- One block to bus stop
- Picnic & BBQ Area with Playground
- Private storage room on deck/patio
- Grounds fully landscaped
- Sliding door to private deck/patio
- Air conditioner
- 14 cu. ft. frost free refrigerator
- Walking distance to EWU & shopping
- Sport Courts & Playground

**1 Bedroom**



612 sq ft

**2 Bedroom**



799 sq ft

We allow no more than 2 unrelated adults in a 1 or 2 bedroom apartment. USDA Rural Development regulations require a minimum of 2 people for a two-bedroom apartment.

- **We do not permit smoking on the premises**
- **This is a no pet property**

# USDA RURAL DEVELOPMENT MULTI-FAMILY SUBSIDIZED APARTMENTS ELIGIBILITY REQUIREMENTS

## **AGE REQUIREMENT**

All applicants must be at least 18 years of age.

## **INCOME TAX RETURN**

***All Applicants & Residents:*** A yearly copy of taxes filed will need to be submitted for each person to be certified for the apartment. If applicant or resident did not file an IRS Income Tax Form, a copy of W2 Forms are required.

## **IDENTIFICATION VERIFICATION**

USDA RD requires that the following be provided:

Adults: Proper picture identification such as a driver's license;

Minors: Birth certificate for all residents under 18;

Adults & Minors: Social Security Cards for all who have been issued a SSN.

## **CERTIFICATION REQUIREMENTS**

When you and your household are being certified to live in USDA Rural Development housing, you will be signing release forms for your employment and financial information.

## **EMPLOYMENT**

You will be required to report all income to certify to live in subsidized housing. All income will be third party verified--we contact your employer to verify your wages. If you own your own business, applicants/residents must provide current documentation of income and expenses, which cannot be older than the previous fiscal year along with your previous IRS Income Tax Form.

## **ASSETS: BANK ACCOUNTS, CD'S, TRUSTS, etc.**

All of your assets must be reported. If you do not have a bank account, you will have to self-certify your cash on hand in order to qualify. USDA Rural Development requires a six month average of your checking and savings accounts, third party verifiable. If your financial institution does not provide this information, you will be required to submit the preceding 6 months of your bank statements for each account you have.

## **ZERO INCOME**

It is the policy of USDA Rural Development not to accept an application or resident certification with zero income unless all income is specifically exempted. In cases where an applicant or resident is claiming no household income or an anticipated source of income, it will be necessary to demonstrate financial capability to meet basic living expenses and the rental charge as outlined in our Management Plan. *Income Budget Forms* are available in the office.

## USDA RURAL DEVELOPMENT MULTI-FAMILY SUBSIDIZED APARTMENTS STUDENT ELIGIBILITY REQUIREMENTS

A Student of Higher Education must be Independent OR must meet one or more of the following criteria:

- Be at least 24 years old by December 31 of the award year; or
- Be an orphan or a ward of the court through the age of 18; or
- Be a veteran of the U.S. Armed Forces; or
- Have legal dependents other than a spouse (dependent children); or
- Be a graduate or professional student; or
- Be married.

If student does not meet any of the above requirements, all of the following must be met to demonstrate independence from parents:

- Must be of legal contract age under state law, 18 years of age; **AND**
- Must have established a household separate from parents or legal guardians **for at least one year prior to application for occupancy, evidence required**; **AND**
- Must **not** be claimed as a dependent by parents or legal guardians pursuant to IRS regulations, evidence required; **AND**
- Must have certification of the amount of financial assistance that will be provided by parents, signed by the individual providing the support. **This is required even if no assistance will be provided.**

### **PROOF OF INDEPENDENCE**

USDA Rural Development Eligibility Requirements state that a student must not be claimed as a dependent by parents or legal guardians with the IRS. A copy of the student's most current IRS Income Tax Form must be provided. If the student did not file, a copy of the parent's IRS Income Tax Form must be provided as proof of student not being claimed as a dependent.

### **STUDENT FINANCIAL AID**

A third-party verification from the college or institution of higher education must be obtained by our office. If you received a scholarship outside of your college/school, you will need to provide a copy of the award letters from whomever you have been awarded the scholarship, grants, etc. ALL student financial aid (i.e. Grants, scholarships, stipends, work study and loans) count as exempted income and are not counted as income in the certification process.

### **PARENTAL CONTRIBUTIONS**

If you are a student of higher education, your parents or legal guardians may be required to sign a statement listing the amount of financial assistance they may be providing for you. This form also has the statement that the student **will not be claimed as a dependent.**



# Rural Housing and Community Programs

## Things You Should Know About USDA Rural Rental Housing

***Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification***

### ***Penalties for Committing Fraud***

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

### ***How To Complete Your Application***

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
  - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
  - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
  - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
  - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
  - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
  - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

### ***Ask for Help if You Need It***

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

### ***Before You Sign the Application***

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

### ***Tenant Recertification***

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

## Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

**Report Abuse:** If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

## If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

### Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

### Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

### When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

PA 1998

December 2008

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.



# Cheney Real Estate Management, Inc.



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

1827 First Street, Cheney, WA 99004

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

## Application Acceptance Policy

Cheney Real Estate Management, Inc. does not accept the comprehensive, reusable tenant screening report. 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.

- All prospective tenants age 18 and over must fill out a rental application and present a valid, verifiable Social Security Number.
- 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:
  - Income
    - An applicant for non-subsidized housing must show proof of monthly income greater than or equal to three times the monthly rental amount.
  - 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;
        - 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 seven (7) 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 seven (7) years from the date of completing sentence or probation.
- Robbery or assault with a deadly weapon within seven (7) years from the date of completing sentence or probation.
- Gross misdemeanor, theft, burglary, and/or delivery or sale of illegal drugs, with seven (7) 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.
- 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.

In addition to the above criteria, all applicants for our 2400 University Place or 2424 University Place Apartments (USDA-RD and/or HUD-subsidized) must meet the following criteria:

- We allow no more than two adults in a 1 bedroom unit.
- An applicant will be denied based on the following screening criteria:
  - Residential History
    - Negative Rental History
      - Negative items include, but are not limited to:
        - Termination of assistance for fraud
  - Being over the established income limits or not meeting eligibility requirements.

In addition to the above criteria, all applicants for our 100 Washington Square Apartments (subsidized by HUD for the elderly and/or disabled) must meet the following criteria:

- 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.
- Only U.S. citizens or eligible non-citizens may receive assistance under the Section 8 program.

**2400 / 2424 University Place 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 **2400 / 2424 University Place 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 **2400 / 2424 University Place 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 **2400 / 2424 University Place 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 **2400 / 2424 University Place 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 **2400 / 2424 University Place 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

*2400 University Place Apartments*  
*2424 University Place Apartments*

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

Phone: 509-235-5000 Fax: 509-235-5018 TTY: 711

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

## **No Smoking Policy**

**NO SMOKING POLICY.** Due to the increase risk of fire, increased maintenance costs and the known health effects of secondhand smoke, smoking is prohibited on the property, including all buildings, all common areas, inside apartment dwelling units, carport, parking areas and within 25 feet of the building(s) including entryways, balconies and patios. Residents are responsible for ensuring that family members, roommates, care givers and guests comply with this rule.

**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.

**Disclaimer:** Resident acknowledges that the Landlord’s adoption of a No-Smoking Policy does not make the Landlord or any of its managing agents the guarantor of Resident’s health or of the smoke free condition of the property.

**Lease Violation:** Residents are responsible for the action of their household, their guest and their visitors. Failure to adhere to any of the conditions of this policy is construed as a material violation of the lease and subject the resident to possible legal sanctions, up to and including termination of the residency and possible financial costs to remove smoke odor or residue from the unit.

# RENTAL APPLICATION 2400/2424 UNIVERSITY PLACE APARTMENTS USDA RD



TELEPHONE# 509-235-5000

EMAIL: info@cheneyhousing.com

OFFICE HOURS: M-F 8:00 AM – 5:00PM

- ✓ ALL QUESTIONS MUST BE ANSWERED ON THIS APPLICATION AND 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 IF YOU WOULD LIKE TO REVIEW OR RECEIVE A COPY OF OUR SELECTION CRITERIA

Please contact the property management office if you need help understanding this document

- Contacte por favor la oficina de gestión si usted necesita ayuda a comprender este documento. (Spanish)
- Por favor contate o escritório de gerência se deve ajudar entendimento este documento. (Portugese)
- Si vous avez besoin d'aide à la compréhension de ce document, veuillez communiquer avec le Bureau de gestion. (French)
- Souple kontakte Biwo jesyon a si w bezwen 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)

<b>Size of Apartment: Choose one or both</b>	
<b>1 Bedroom</b>	<input type="checkbox"/>
<b>2 Bedroom</b>	<input type="checkbox"/>

APPLICANT FULL LEGAL NAME (Last, First, Middle Initial)		PHONE NUMBER	ALT PHONE NUMBER	E-MAIL ADDRESS
STREET ADDRESS		CITY	STATE	ZIP
MAILING ADDRESS, IF DIFFERENT		CITY	STATE	ZIP
RENT <input type="checkbox"/>	Rent per month or Mortgage Balance	DATES OF RESIDENCY	REASON FOR MOVING	
OWN <input type="checkbox"/>				
CURRENT LANDLORD NAME		CURRENT LANDLORD PHONE #	CURRENT LANDLORD ADDRESS, CITY, STATE, ZIP	
HAVE YOU PROVIDED THIS LANDLORD NOTICE THAT YOU WILL BE MOVING? YES NO NA		DO YOU CURRENTLY HAVE ANY OUTSTANDING OVERDUE BALANCES OWED TO THIS LANDLORD? YES NO IF YES, PLEASE EXPLAIN		
WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?				
<input type="checkbox"/> HEAD OF HOUSEHOLD <input type="checkbox"/> CO-HEAD/SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER ADULT <input type="checkbox"/> FOSTER ADULT/CHILD <input type="checkbox"/> NONE OF THE ABOVE <input type="checkbox"/> LIVE-IN AIDE (LIVE-IN AIDES COMPLETE A DIFFERENT APPLICATION AND MUST BE APPROVED BEFORE MOVE-IN)				

**COMPLETE FOR ALL PERSONS EXPECTED TO RESIDE IN THE UNIT: PRINT FULL LEGAL NAME. Use additional pages if necessary**

HEAD OF HOUSEHOLD (Last, First, MI)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	GENDER (optional)	BIRTH DATE
			ENROLLED IN INSTITUTE OF HIGHER EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		

PREVIOUS NAMES, ALIASES OR NICKNAMES USED

<b>MARK ALL U.S. STATES THIS MEMBER HAS LIVED AT ANY TIME (INCLUDING BIRTH) – INFORMATION IS MANDATORY AND MUST BE ACCURATE</b>						
<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"/> Ohio	<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				



CO-HEAD OR SPOUSE (Last, First, MI)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO ENROLLED IN INSTITUTE OF HIGHER EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	GENDER (optional)	BIRTH DATE
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PREVIOUS NAMES, ALIASES OR NICKNAMES USED

**MARK ALL U.S. STATES THIS MEMBER HAS LIVED AT ANY TIME (INCLUDING BIRTH) – INFORMATION IS MANDATORY AND MUST BE ACCURATE**

<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"/> Ohio	<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				

OTHER MEMBER (Last, First, MI)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO ENROLLED IN INSTITUTE OF HIGHER EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	GENDER (optional)	BIRTH DATE
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PREVIOUS NAMES, ALIASES OR NICKNAMES USED

IF THIS MEMBER IS A CHILD, ARE THEY SUBJECT TO A JOINT CUSTODY AGREEMENT WITH ANOTHER PARENT CURRENTLY LIVING IN HUD HOUSING? YES NO

**MARK ALL U.S. STATES THIS MEMBER HAS LIVED AT ANY TIME (INCLUDING BIRTH) – INFORMATION IS MANDATORY AND MUST BE ACCURATE**

<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"/> Ohio	<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				

OTHER MEMBER (Last, First, MI)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO ENROLLED IN INSTITUTE OF HIGHER EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	GENDER (optional)	BIRTH DATE
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PREVIOUS NAMES, ALIASES OR NICKNAMES USED

IF THIS MEMBER IS A CHILD, ARE THEY SUBJECT TO A JOINT CUSTODY AGREEMENT WITH ANOTHER PARENT CURRENTLY LIVING IN HUD HOUSING? YES NO

**MARK ALL U.S. STATES THIS MEMBER HAS LIVED AT ANY TIME (INCLUDING BIRTH) – INFORMATION IS MANDATORY AND MUST BE ACCURATE**

<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"/> Ohio	<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				

**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

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

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

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

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?

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

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 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 CHARGED OR CONVICTED OF A MISDEMEANOR OR FELONY CRIME? YES NO  
IF YES, WHO? WHEN? COUNTY/STATE  
CHARGE (USE ADDITIONAL PAGES IF NECESSARY):  
SENTENCE/DISPOSITION/RESTITUTION DETAILS:  
EXPLAIN:

IS ANYONE LISTED ON THIS APPLICATION SUBJECT TO A STATE LIFETIME SEX OFFENDER REGISTRATION IN ANY STATE? YES NO  
IF YES, WHO?

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 CURRENTLY USE MARIJUANA FOR RECREATIONAL OR MEDICINAL PURPOSES? 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 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: 62 OR OLDER AS OF 1/31/2010 WHOSE INITIAL DETERMINATION OF ELIGIBILITY WAS BEGUN BEFORE 1/31/2010, MEMBERS THAT DO NOT CONTENT ELIGIBLE IMMIGRATION STATUS AND AN EXTENSION FOR UP TO 90 DAYS FOLLOWING MOVE-IN FOR MEMBERS UNDER AGE 6 ADDED TO APPLICATION WITHIN 6 MONTHS PRIOR TO MOVE-IN)

B. PROOF OF ELIGIBILITY AND ALLOWANCES FOR ALL FAMILY MEMBERS (AGE, HOUSEHOLD MEMBERSHIP, CUSTODY, DISABILITY STATUS ETC, IF APPLICABLE)

IF NOT, WHY NOT?

DO YOU HAVE A SECTION 8 VOUCHER OR ARE YOU CURRENTLY OCCUPYING A HUD/RD ASSISTED UNIT? YES NO IF YES, WHERE?

DO YOU UNDERSTAND THAT HUD/RD ASSISTANCE MUST TERMINATE PRIOR TO RECEIVING RD ASSISTANCE AT THIS PROPERTY? YES NO

THE VIOLENCE AGAINST WOMENS ACT REQUIRES OWNERS TO PROVIDE SPECIAL CONSIDERATION, PROTECTIONS AND CONFIDENTIALITY DURING THE RENTAL APPLICATION PROCESS TO APPLICANTS THAT REQUEST AND QUALIFY FOR PROTECTIONS UNDER THE ACT DUE TO DATING VIOLENCE, DOMESTIC VIOLENCE, STALKING AND SEXUAL ASSAULT. DO YOU UNDERSTAND THAT YOU MAY DISCUSS, CONFIDENTIALLY, WITH THE OWNER/MANAGEMENT OF THIS PROPERTY, IF YOU WOULD LIKE MORE INFORMATION OR WOULD LIKE TO CLAIM PROTECTIONS UNDER THIS ACT? YES NO

DO YOU HAVE ANY PETS OR ANIMALS THAT YOU PLAN TO BRING TO THE UNIT? YES NO IF YES, SPECIFY TYPE AND NUMBER OF ANIMALS

IF YES, IS ANIMAL(S) REQUIRED TO LIVE IN THE UNIT TO ALLEVIATE THE SYMPTOM(S) OF A DISABILITY FOR A HOUSEHOLD MEMBER? YES NO  
IF YES WHO QUALIFIES AS DISABLED REQUIRING AN ASSISTANCE ANIMAL?

**SOURCES OF INCOME AND ASSETS: List all income of all members (including minors) – Use additional pages if necessary**

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 (DSSHS 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 \$

UTILITY PAYMENTS: DO YOU OR ANYONE IN YOUR HOUSEHOLD RECEIVE ASSISTANCE IN PAYING YOUR UTILITY BILLS? YES NO IF YES, HOW MUCH?  
ARE ANY PAYMENTS/ALLOWANCES MADE UNDER THE LOW INCOME HOME ENERGY ASSISTANCE PAYMENT PROGRAM (LHEAP)?

**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 \$

LIFE INSURANCE POLICIES:  
 WHOLE LIFE INSURANCE  UNIVERSAL LIFE INSURANCE  TERM INSURANCE  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 DISPOSED OF ANY PROPERTY OR ASSETS FOR LESS THAN FAIR MARKET VALUE IN THE LAST 2 YEARS? YES NO  
IF YES, TYPE OF PROPERTY/ASSETS:

AMOUNT RECEIVED  
\$

DATE DISPOSED: FAIR MARKET VALUE AT TIME OF DISPOSAL: \$

DO YOU HAVE ANY OTHER ASSETS NOT LISTED ABOVE (EXCLUDING HOUSEHOLD GOODS)? YES NO  
IF YES, WHAT?

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

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) (use additional pages if necessary)**

AUTO MAKE	MODEL	LICENSE PLATE #	DRIVER LICENSE #

AUTO MAKE	MODEL	LICENSE PLATE #	DRIVER LICENSE #
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**CHARACTER REFERENCES AND/OR EMERGENCY CONTACTS (Please supply at least TWO)**

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:

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 rejection 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 RD 3560-8. RD 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 RD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: RD 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.

**BY SIGNING THIS DOCUMENT, YOU ACKNOWLEDGE AND CERTIFY TO 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 THIS APARTMENT WILL BE MY PERMANENT RESIDENCE AND 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 \_\_\_\_\_

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

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

DATE \_\_\_\_\_

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

Owner or Property Name: <b>2400/2424 University Place</b> 504 Coordinator Name:  Address: <b>1827 1<sup>st</sup> St Cheney, WA 99004</b>	This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA program Discrimination Complaint Form, found online at <a href="http://www.ascr.usda.gov/complaint_filing_cust.html">www.ascr.usda.gov/complaint_filing_cust.html</a> , or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7443 or email at <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a> .	
	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
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# USDA Rural Development

## AUTHORIZATION TO RELEASE EMPLOYMENT AND INFORMATION

Applicant/Tenant - Please sign and date below for file purposes as part of your certification requirement for application to our residency at USDA Rural Development Housing

Name of Applicant/Tenant \_\_\_\_\_

Property Name/Address: 2400 & 2424 University Place Apartments, 1827 1st St., Cheney, WA 99004

TO: \_\_\_\_\_ (to be completed by management if needed for verification purposes)

RE: \_\_\_\_\_ Account or other identifying number: \_\_\_\_\_

I, and/or adults in my household, have applied for or obtained a loan, grant, interest credit, subsidy or payment assistance from the Rural Housing Service (RHS), part of the Rural Development mission area of the United States Department of Agriculture. As part of the process or in considering my household for interest credit, payment assistance, or other servicing assistance on such loan, RHS may verify information contained in my request for assistance and in other documents required in connection with the request.

I, or another adult in my household, authorize you to provide to RHS for verification purposes the following applicable information:

- Past and present employment or income records
- Bank account, stock holdings, and any other asset balances
- Past and present landlord references
- Other consumer credit references

If the request is for a new loan or grant, I further authorize RHS to order a consumer credit report and verify other credit information. I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., RHS is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records, involving my loan and loan application will be available to RHS without further notice or authorization, but will not be disclosed or released by RHS to another Government agency or department or used for another purpose without my consent except as required or permitted by law. This authorization is valid for the life of the loan. The recipient of this form may rely on the Government's representation that the loan is still in existence. The information RHS obtains is only to be used to process my request for a loan or grant, interest credit, payment assistance, or other servicing assistance. I acknowledge that I have received a copy of the Notice to Applicant Regarding Privacy Act information. I understand that if I have requested interest credit or payment assistance, this authorization to release information will cover any future requests for such assistance and that I will not be re-notified of the Privacy Act information unless the Privacy Act information has changed concerning use of such information.

A copy of this authorization may be accepted as an original. Your prompt reply is appreciated.

➔ Applicant or Tenant - PLEASE SIGN AND DATE BELOW

\_\_\_\_\_  
Signature (Applicant or Adult Household Member)

\_\_\_\_\_  
Date

*According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 5 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. RHS is an Equal Opportunity Lender.*

### NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION

The information requested on this form is authorized to be collected by the Rural Housing Service (RHS), Rural Business-Cooperative Services (RBS), Rural Utilities Service (RUS) or the Farm Service Agency (FSA) ("the agency") by Title V of the Housing Act of 1949, as amended (42 U.S.C. 1471 et seq.) or by the Consolidated Farm and Rural Development Act (7 U.S.C. 1921 et seq.), or by other laws administered by RHS, RBS, RUS, or FSA. Disclosure of information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Identification Number, may result in a delay in the processing of an application or its rejection. Information provided may be used outside of the agency for the following purposes:

1. When a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule or order issued pursuant thereto, disclosure may be made to the appropriate agency, whether Federal, foreign, state, local, or tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation, or order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative, or prosecutive responsibility of the receiving entity.

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2. A record from this system of records may be disclosed to a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
3. Disclosures may be made of names, home addresses, social security numbers, and financial information to business firms in a trade area that buy chattel or crops or sell them for commission. This is in order that the agency may benefit from the purchaser notification provisions of section 1324 of the Food Security Act of 1985 (7 U.S.C. 163(c)). The Act requires that potential purchasers of farm commodities must be advised ahead of time that a lien exists in order for the creditor to perfect its lien against such purchases.
4. Disclosures may be made from this system to consumer reporting agencies as defined in the Fair Credit Reporting Act (15 U.S.C. 1681a(f)) of the Federal Claims Collection Act (31 U.S.C. 3701(a)(3)).
5. Disclosure of the name, home address, and information concerning default on loan repayment when the default involves a security interest in tribal allotted or trust land. Pursuant to 42 U.S.C. 1479(d), liquidation may be pursued only after offering to transfer the account to an eligible tribal member, the tribe, or the Indian Housing Authority serving the tribe(s).
6. Referral of names, home addresses, social security numbers, and financial information to a collection or servicing contractor, financial institution, or a local, State, or Federal agency, when the agency determines such referral is appropriate for servicing or collecting the borrower's account or has provided for in contracts with servicing or collection agencies.
7. It shall be a routine use of the records in this system of records to disclose them in a proceeding before a court or adjudicative body, when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the agency has agreed to represent the employee, or (d) the United States is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation, provided, however that in each case, the agency determines that disclosure of the records is a use of the information contained in the records that is compatible with the purpose for which the agency collected the records.
8. Referral of name, home address, and financial information for selected borrowers to financial consultants, advisors, lending institutions, packagers, agents, and private or commercial credit sources, when the agency determines such referral is appropriate to encourage the borrower to refinance their RHS indebtedness as required by Title V of the Housing Act of 1949, as amended (42 U.S.C. 1471).
9. Referral of legally enforceable debts to the Department of the Treasury, Internal Revenue Service (IRS), to be offset against any tax refund that may become due the debtor for the tax year in which the referral is made, in accordance with the IRS regulations and under the authority contained in 31 U.S.C. 3720A.
10. Name, address and telephone number of child care provider.
11. Referral of information regarding indebtedness to the Defense Manpower Data Center, Department of Defense, and the United States Postal Service for the purpose of conducting computer matching programs to identify and local individual receiving Federal salary or benefit payments and who are delinquent in their repayment of debts owed to the U.S. Government under certain programs administered by the agency in order to collect debt under the provisions of the Debt Collection Act of 1982 (U.S.C. 5514) by voluntary repayment, administrative or salary offset procedures, or by collection agencies.
12. Name, address and telephone number of present landlord.
13. Referral of names, home addresses, and financial information to lending institutions when the agency determines the individual may be financially capable of qualifying for credit with or without a guarantee.
14. Disclosure of names, home addresses, social security numbers, and financial information to lending institutions that have a lien against the same property as the agency for the purpose of the collection of the debt by the agency or the other lender. These loans can be under the direct and guaranteed loan programs.
15. Referral to private attorneys under contract with either the agency or with the Department of Justice for the purpose of foreclosure and possession actions and collection of past due accounts, in connection with the agency.
16. It shall be a routine use of the records in this system of records to disclose them to the Department of Justice when: (a) The agency or any component thereof; or (b) any employee of the agency in his or her official capacity where the Department of Justice has agreed to represent the employee; or (c) the United States Government, is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
17. Referral of names, home addresses, social security numbers, and financial information to the Department of Housing and Urban Development (HUD) as a record of location utilized by Federal agencies for an automatic credit prescreening system.
18. Referral of names, home addresses, social security numbers, and financial information to the Department of Labor, state wage information collection agencies, and other Federal, state, and local agencies, as well as those responsible for verifying information furnished to qualify for Federal benefits, to conduct wage and benefit matching through manual or automated means, for the purpose of determining compliance with Federal regulations and appropriate servicing actions against those not entitled to program benefits, including possible recovery of improper benefits.
19. Referral of names, home addresses, and financial information to financial consultants, advisors, underwriters, when the agency determines such referral is appropriate for developing packaging and marketing strategies involving the sale of agency loan assets.

***This institution is an equal opportunity provider and employer.*** If you wish to file a Civil Rights program complaint of discrimination, complete the USDA program Discrimination Complaint Form, found online at [www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7443 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).



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**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

2400 & 2424 University Place LP

2400 University Lane, Cheney, WA

Name of Property Project No. Address of Property

Cheney Real Estate Management

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.



# USDA RD STUDENT QUESTIONNAIRE – Section 515 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

- |  | 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: 2400&2424 University Place Apartments 504 Coordinator Name:	This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA program Discrimination Complaint Form, found online at <a href="http://www.ascr.usda.gov/complaint_filing_cust.html">www.ascr.usda.gov/complaint_filing_cust.html</a> or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7443 or email at <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a> .	
Address: 1827 1 <sup>st</sup> St Cheney Wa 99004	Telephone # 509-235-5000	