



## 2 BEDROOM APARTMENT FOR RENT \$900.00 PER MONTH

2124 Soroya Court SW # A, Olympia, WA 98502

### One year lease first year then month to month

Available February 2, 2018

Very nice 900 square foot two bedroom townhouse apartment. Upgrades including laminate flooring. Dishwasher. Attached garage. Washer and Dryer hook-up. Electric heat. Fireplace. Located on the west side of Olympia near the mall. Landlord pays Water Sewer, and Garbage

#### Eligibility Requirements:

You must have a Housing Choice Voucher (Section 8) and meet requirements for a Housing Choice Voucher. If you are uncertain if you carry a Housing Choice Voucher, please contact Housing Authority of Thurston County, 360-753-8292.

#### TO APPLY

1. You must apply to Homes First and document that you meet the eligibility requirements listed above. Go to [HomesFirst.org](http://HomesFirst.org) for application packet or drop by our office for a paper copy.
2. If eligible, you will be referred to the Homes First Property Manager and pay a \$20 fee for application and screening a rental history and criminal background check for anyone 18 years and older.
3. A \$500 refundable deposit and a \$150 non-refundable cleaning fee will be required at lease signing.

To be eligible you must make an appointment to see the unit and return the income eligibility forms and the Homes First application. You may be approved and placed on the eligible applicant list without paying the screening fee, however, fee must be paid in order to be FIRST on the eligible applicant list. The list of applicants not accepted will not be used automatically for future vacancies. You must re-apply.

For more information or to see the unit contact Ron: [homes@homesfirst.org](mailto:homes@homesfirst.org) or 360-9236-0920 x220 or go to [HomesFirst.org](http://HomesFirst.org) to download the application packet.

Business hours are Monday through Friday 9 to 5.

Calls on weekends and after hours will be returned the next business day.



Homes First! | 5203 Lacey Blvd SE, STE A, Lacey, WA 98503 | 360.236.0920 | [HomesFirst.org](http://HomesFirst.org)

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## **Rent-Subsidized Individual and Family Housing Application Policy**

1. An applicant is defined as a person 18 years or older. Each applicant shall pay a \$20 non-refundable fee and complete all necessary paperwork. Homes First will obtain credit screening, rental history, criminal background and civil court records information on all applicants and may also obtain other available public records and information.

- a. In the case where an applicant is 18 years or older, living at home with parent(s) or legal guardian(s), going to school (high school or college), and is not responsible for paying rent, the nonrefundable application fee for that applicant will also be \$20.

2. To be eligible, each applicant must meet all of the following requirements:

- a. Meet all Housing Authority of Thurston County eligibility requirements.
- b. Have an income of less than or equal to 50% of the Thurston County median income adjusted for household size.
- c. Have a verifiable household monthly income of at least one \$400.00 per month.
- d. Provide a verifiable social security number that has been assigned to all the applicants and household members.
- e. Provide a driver's license or other form of government issued photo ID for each household member over 18 years old.

3. Reasons for Application Denial are any one or more of the following:

- a. Lying or misrepresenting information on the application.
- b. Previous eviction or negative rental reference.
- c. A household member with any one or more of the following criminal background issues:
  - i. conviction of a felony or misdemeanor crime against people (e.g. assault) in the past 10 years
  - ii. conviction of a felony crime against property (e.g. vandalism) in the past seven years
  - iii. conviction of a felony for using, dealing or manufacturing drugs
  - iv. conviction of a felony involving gang related violence in the last five years
  - v. release from incarceration within the past 3 years
  - vi. household member is a registered sex offender
  - vii. applicant with a bankruptcy discharged within the past 6 months. Credit after bankruptcy must reflect no faults in the report.
  - viii. after a good faith effort, screening service is unable to verify social security number
  - ix. applicant has any open collections or tax liens
- d. Applicants with no credit history must have a cosigner with a FICO score of at least 700. Applicants with no rental history must pay an extra \$500 deposit.

4. Pet Policy:

Pets are defined as dogs, cats, and small caged animals such as hamsters, birds, and insects.

**a. Only pets approved by Homes First Property Manager Ronnie Stewart are allowed.**



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## **Homes First Rent-Subsidized Application Policy (continued from page 1)**

- b.** The nonrefundable pet fee is \$150 per dog, \$100 per cat, and \$50 per small caged animal.
- c.** In Single Family Homes (defined as detached houses), pets are limited to no more than one dog **or** one cat **or** one small caged animal.
- d.** In Multi-Family Homes (defined as more than one rental unit per building), pets are limited to one indoor cat **or** one small caged animal. All applicants must complete a *Pet Agreement* form, *Pet Identification* form, certify that the pet is not a danger to people or property, and pay a nonrefundable pet fee, prior to approval of each pet.
- e.** The following animals are not allowed under any circumstances:
  - i. Unaltered (not spayed or neutered) dogs or cats.
  - ii. Unlicensed dogs.
  - iii. Wild animals and/or other animals or pets deemed by the landlord to be a likely hazard to people, property, or to be unsuitable for rental housing (for example livestock).
- f.** Damage caused by pets is a lease violation. If at any time a pet Homes First determines a pet to be dangerous to humans, we will require that you immediately and permanently remove the pet from the premises. Not doing so is considered a lease violation.

### **5. Service Animal Policy**

- a. Service animals are allowed and subject to the terms and conditions of the *Americans with Disabilities Act*. Pet fees do not apply to service animals.
- b. Applicants who wish to have a service animal must make a request in writing and provide a note on letterhead from a health care provider stating that a member of your household has a disability and would benefit from a service animal.
- c. Damage caused by service animals is a lease violation. If at any time a service animal is determined to be dangerous to humans or property, we will require that you remove the service animal from the premises immediately. Not doing so is considered a lease violation.



Homes First is an Equal Housing Opportunity provider.

Reasonable Accommodation requests will be considered for people with disabilities



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# Housing Choice Voucher Rental Unit Vacancies

## APPLICATION PROCESS

**STEP ONE: Complete and return all Step One paperwork to Homes First within 3 business days.**

**Your Responsibilities:**

- 1. Attend a showing of the vacant rental unit.
- 2. Complete, sign, and date the Income Eligibility Application.
- 3. Provide documentation of all your reported income from a third party source.
- 4. Provide a copy of a current valid government issued photo ID for all adults 18 and over.
- 5. Provide a copy of the social security card for all adults 18 and over.
- 6. Complete and sign a release of information form for the Housing Authority of Thurston County.
- 7. Complete and sign a Homes First Equal Opportunity Housing Survey for each household member

**STEP TWO:**

**Homes First Responsibilities:**

1. Review your paperwork to determine if you are eligible for screening.

**Your Responsibilities:**

- 1. Go to Homes First office and apply for the unit within **two** business days of receiving packet, and pay screening fee(s).
- 2. Provide any further requested documentation within **five** business days.

**STEP THREE:**

**Homes First Property Management Responsibilities:**

1. Notify you if you have passed or failed your screening.
2. If you pass the screening, you are referred to the Housing Authority of Thurston County (HATC) for their paperwork.

**Your Responsibilities:**

- 1. Wait for HATC to call, then get, complete, and return HATC paperwork quickly.
- 2. Show up for the scheduled processing appointment with HATC.
- 3. Provide any further requested documentation within **five** business days.
- 4. Start planning how you will get your deposit and pay your share of the rent.

**STEP FOUR:**

**Your Responsibilities:**

- 1. Once your Housing Authority paperwork is approved, pick up your subsidy calculation sheet from the Housing Authority.
- 2. Give a copy of your subsidy calculator sheet to Homes First within **two** business days.
- 3. Make arrangements with Homes First to sign lease, pay the rent, deposit and fees.

**PLEASE NOTE: You may not move in until all documents, deposits and rents are in place.**



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# APPLICATION TO RENT

**Screening Fee is \$20  
For each adult (18+)**

**A separate application form is required for each applicant 18 or older. PLEASE PRINT CLEARLY**

**Property Address:** \_\_\_\_\_

**Landlord Contact:** Homes First Property Manager: Ron Stewart Phone: 360-236-0920 x.220

## APPLICATION

1.	Full Name:	Phone:	Date of Birth:
	<i>First, Middle, Last</i>		<i>(MM/DD/YYYY)</i>
2.	Social Security Number:	Driver's License Number:	
3.	Current Physical Address:	City:	State: Zip:
4.	Names of all adults (18+) renting with you:		
5.	Names of all children (0-17) renting with you:		
6.	Please list any animals that will live with you, and type.		
7.	Are any of these animals a service animal?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Which?:
8.	List all vehicles, boats, RVs etc. Type, Make, License:		
9.	Are you a smoker?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Do you own firearms? Yes <input type="checkbox"/>
10.	Are you a Section 8 Renter?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Medical Marijuana User? Yes <input type="checkbox"/>
11.	Have you ever been evicted?	Yes <input type="checkbox"/>	No <input type="checkbox"/> List all felony or misdemeanor convictions:
<b>Current Landlord</b>			
12.	Name:	City:	Phone: Months: Unit: Rent:
<b>Prior Landlord</b>			
13.	Name:	City:	Phone: Months: Unit: Rent:
14.	Preferred Move In date:	When will you have the require fees and deposits?	When will you have the initial rent payment?

**15. BY SIGNING** I approve review of my consumer/credit report, making of reference checks, and verification of all information hereto. **(Note: Please complete in full; unanswered, incomplete, or false items may be cause for disqualification or termination.)**

**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*(Please submit completed application with fee as directed by manager to avoid disqualification)*

Per RCW 59.18.257, your screening will entail public and business record reviews and consultations to include any of the following: criminal, eviction, bankruptcy, public records, credit, landlord conditions, and all reference resources. Applicant may dispute accuracy of consumer reports. Per RCW 49.60.040(24), a defined service animal is one "trained" to assist or accommodate a person's sensory, mental, physical disability. **Letter documenting need for service animal, medical marijuana, or accommodation may be required from a doctor or qualified professional.** Applicant acquires no rights to any rental unit until an approved lease or monthly rental agreement covering the applicant is signed by all affected parties. WLA 50



## Income Eligibility Application

### 1. Adults:

A. Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

B. Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### 2. Children (who will live at the unit applied for with you):

Birth date:

Gender:

A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____

Please list additional children on a separate sheet of paper

### 3. Resident Employment on and prior to your move in date

A. Applicant's 1<sup>st</sup> employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Circle Employment pay period: *weekly* *bi-monthly* *monthly*

Amount per pay period: \_\_\_\_\_ Or hourly wage: \_\_\_\_\_ Estimated hours per week: \_\_\_\_\_

B. Applicant's 2<sup>nd</sup> employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Check Employment pay period: *weekly*  *bi-monthly*  *monthly*

Amount per pay period: \_\_\_\_\_ Or hourly wage: \_\_\_\_\_ Estimated hours per week: \_\_\_\_\_

***Please provide an average paycheck stub from each employer or fill out a release form for this employer***

### 4. Other Resident Income

A. For all adults over 18 years of age list all of the following additional sources of income: ***Commissions, Fees, Tips, Bonuses and Other Compensation for Personal Services (amounts before deductions); Net Income from Operation of a Business or Profession; Net Income from Rental Property:***

<u>Income Source</u>	<u>Amount</u>
_____	_____
_____	_____

**B. ADATSA, GAU, SSI, SSA, Social Security Annuities, Insurance Policies, Retirement Funds, Disability or Death Benefits; Unemployment Insurance, Disability Compensation, Workers Compensation and Severance Pay (Do Not Include Any Lump Sum Payments such as Insurance Payments, Inheritances, Capital Gains or Settlements for Personal or Property Losses):**

<u>Income Source</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____

**C. Public Assistance Payments where such Payments include special Allocations, Alimony, Child Support, Regular Payments or Gifts from Non-Household Members; Military Pay and Allowances to Contributing Family Members, Excluding "Hazardous Duty" Pay:**

<u>Income Source</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____

**D. Trust Income:**

<u>Income Source</u>	<u>Amount</u>
_____	_____
_____	_____

**F. Net Household Assets**

List the value of all capital investments (savings, stocks, bonds, real estate, etc.) and state the expected income from each. DO NOT INCLUDE autos and furniture owned by household members:

<u>Asset</u>	<u>Value</u>	<u>Income</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

**Please Note: YOU MUST ATTACH DOCUMENTATION (WAGE VERIFICATION, TAX RETURNS, PAY STUBS, BENEFIT LETTERS, ETC.) TO VERIFY INCOME.**

I hereby affirm that the foregoing information is true and complete to the best of my knowledge, and authorize Homes First to make inquiries to verify the statements herein.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Homes First 5203 Lacey Blvd SE, Suite A, Lacey, WA. 98503**  
**Questions? Ask Ron! [homes@homesfirst.org](mailto:homes@homesfirst.org) or 360-236-0920 x.220**





## Release of Information Form

I, \_\_\_\_\_ the undersigned:

Authorize Homes First to obtain and release all information, documents, forms and / or data regarding my household, including but not limited to: rental applications, screening information and documents, credit, rental history, and reference check information, income information, criminal history information, employment history, verification of employment and wages, as well as copies of identity verification records.

I have read, understand and agree to the above release of information statement. My signature below signifies that I authorize release of the above described documents and information from all reporting entities to Homes First.

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name (please print)

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name (please print)

Please feel free to contact Ronnie Stewart at Homes First! if you have questions prior to signing this addendum. [homes@homesfirst.org](mailto:homes@homesfirst.org) or 360-236-0920 x.220.







Housing Authority of Thurston County  
 1206 12<sup>th</sup> Avenue SE • Olympia, WA. 98501  
 Tel: (360) 753-8292 • Fax: (360) 586-0038  
 www.hatc.org

### AUTHORIZATION TO RELEASE INFORMATION

HomesFirst has requested a copy of your family's Form HUD-50058. Data collected on Form HUD-50058 provides HUD with a picture of the people who participate in subsidized housing programs including the Housing Choice Voucher Program and the Project-Based Voucher Program. PHAs collect and electronically submit information contained on the Form HUD-50058 to HUD. By authorizing the release of Form HUD-50058, you will be releasing the following information to HomesFirst: birth dates, Social Security numbers, income information, household deductions, and current lease information for all household members.

*I authorize the release of Form HUD-50058 to HomesFirst. The applicant/participants listed below consent to the release of information as indicated by their or their legal guardian's signature(s).*

**To be completed by applicant/participant:** Print legal name, birth date, and Social Security of everyone at your address including you.

Name of Family Member (first & last)	Birth Date	Social Security #

I/We do hereby authorize the Housing Authority of Thurston County and its staff or authorized representative to release a copy of Form HUD-50058 to Homes First! and its staff or authorized representative.

\_\_\_\_\_  
 Signature of Head of Household                      Date

\_\_\_\_\_  
 Signature of Other Adult    Date

\_\_\_\_\_  
 Signature of Head of Household                      Date

\_\_\_\_\_  
 Signature of Other Adult    Date

**All adult household members age 18 and older must sign the release.**  
**\*\*\* This authorization expires 15 months after the date signed. \*\*\***



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Homes First  
5203 Lacey Blvd SE  
Suite A  
Lacey, WA 98503  
Phone: 360-236-0920 x220



## **Homes First Equal Opportunity Housing Survey**

1. Name: \_\_\_\_\_

(we need one filled out for each household member including children)

This information is **REQUIRED**, so Homes First can report accurately about the communities we serve.

### 2. Race

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander

### 6. Disability

- Yes
- No

### 3. Hispanic Ethnicity

- Yes
- No

### 7. Citizenship (Are you an eligible citizen?)

- Yes
- No

### 4. Gender

- Female
- Male

### 8. Special Needs (Optional)

- Developmentally disabled
- Living with AIDS/HIV
- Survivor of domestic violence
- Substance abuser/person in recovery
- Living with chronic mental illness
- Physically challenged
- Traumatic brain injury
- Veteran
- Frail Elderly
- At risk homelessness
- Mentally ill chemically addicted
- Multiple special needs (please list)

### 5. Designation

- Head of household
- Single head of household
- Co-head of household
- Spouse
- Other adult
- Full-time student 18+
- Youth under 18
- Live-In Aide
- Foster child/foster adult

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\_\_\_\_\_  
Signature

# AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

**Property Name:** \_\_\_\_\_ **Unit:** \_\_\_\_\_

As a condition of participating in an affordable housing program, I understand the property owner is required to initially and annually certify each resident's eligibility for such program. Consequently, I understand it is necessary for me to give authorization for specific income and asset information to be provided on one or more of the following forms:

- Employment Verification
- Social Security/Supplemental Security Income Benefits Verification
- Public Assistance Verification
- Unemployment Benefits Verification
- Military Pay Verification
- Pension Verification
- Annuity or Stock Verification
- Deposit Verification Request
- Student Status Verification
- Child Support verification (to be used if property management has their own form)

This Authorization is limited to the forms listed above and expires 180 days after the date of my signature below unless revoked in writing by me earlier. By my signature below, I authorize the representative individuals to disclose my specific income and asset information as requested on the forms above. No other information may be released without my express written authorization.

*Notice to applicant/resident: Do not sign this document unless the authorized management agent's signature appears at the bottom of this page.*

---

Signature of Applicant/Resident                                  Print Name of Applicant/Resident                                  Date

By the signature of its authorized management agent below, and in consideration for execution of this Authorization by the applicant/resident, property representative warrants the following:

1. Information requested on the above form is required and necessary to complete certification of the applicant/resident's eligibility to reside in the above housing property;
2. The information requested above will be used for no purpose other than determining such applicant/resident's eligibility; will be maintained as confidential personal information subject to disclosure only as required by proper administrative or judicial process, and will not be otherwise disclosed by the property owner or management; and
3. The property owner and management have instituted procedures that insure all personally identifiable information provided pursuant to this authorization will be maintained as (a) confidential personal information, (b) separate from that of other residents, and (c) using such physical and other security measures, including security measures for protection of records maintained in electronic or magnetic form, sufficient to protect such information from any unauthorized use, access, or disclosure.

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Signature of Authorized Management Agent                                  Print name of Agent                                  Date

# RESIDENT ELIGIBILITY APPLICATION (REA)

**Property Name:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

**Household Name:** \_\_\_\_\_

Current HH Size: \_\_\_\_\_ Effective Date of Certification: \_\_\_\_\_  Initial Certification  
 Number of Bedrooms: \_\_\_\_\_ Original Certification Date: \_\_\_\_\_  Re-Certification

Certification Type:

**THE FOLLOWING SECTION IS TO BE COMPLETED ENTIRELY BY THE APPLICANT/RESIDENT**

## HOUSEHOLD COMPOSITION:

Hshld Mbr	First Name	Last Name	MI	Date of Birth mm-dd-yyyy	SSN *See page 4 Last 4 digits	Fulltime Student Status **
Head	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*\* Have you in this calendar year or will you in the next calendar year, be a fulltime student for five months or more?

Household Member's Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Income Source or Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Income/Salary: \$ \_\_\_\_\_

Household Member's Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Income Source or Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Income/Salary: \$ \_\_\_\_\_

## RESIDENT ELIGIBILITY APPLICATION (REA)

An **Adult** household members (see Instructions page for definition of **Adult**) must complete an REA. Adults should list all their income/assets for the next 12 month period beginning on the anticipated date of move-in or recertification.

**Property Name:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

**Household Member Name:** \_\_\_\_\_

**HOUSEHOLD MEMBER: (please check one)**

1 (Head)     2     3     4     5     6     7

### INCOME INFORMATION:

	Yes	No		Annual Gross Income
1.	<input type="checkbox"/>	<input type="checkbox"/>	I have a job or a verifiable start date within the next 12 months and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: Annual Gross Wages/Salary Annual Overtime Annual Bonus/Commission/Tips	\$ _____ \$ _____ \$ _____
2.	<input type="checkbox"/>	<input type="checkbox"/>	I am presently employed at an additional job. (NOT self-employed)	\$ _____
3.	<input type="checkbox"/>	<input type="checkbox"/>	I am self employed. (Attach signed tax return and appropriate schedules) Name of Business: _____	\$ _____ <small>(use net income from business)</small>
4.	<input type="checkbox"/>	<input type="checkbox"/>	I am receiving or I have applied or will apply in the next 12 months: (check all that apply) <input type="checkbox"/> Social Security (SSA); <input type="checkbox"/> Supplemental Social Security (SSI); or <input type="checkbox"/> WA State (SSI).	\$ _____
5.	<input type="checkbox"/>	<input type="checkbox"/>	The household receives <i>unearned</i> income from family members age 17 or under (example: Social Security, trust fund disbursements, bank accounts, etc.). Name of Member(s): _____	\$ _____
6.	<input type="checkbox"/>	<input type="checkbox"/>	Do you receive child support? <b>If no</b> and there are children in the household, are you eligible for child support or is there a court order for child support? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of court-ordered child support cases: _____	\$ _____
7.	<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony/spousal payments.	\$ _____
8.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (TANF, GAU, FIP, ADATSA).	\$ _____
9.	<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment, Labor & Industries or disability benefits (not SSI).	\$ _____
10.	<input type="checkbox"/>	<input type="checkbox"/>	I am a member of the Armed Forces (Active, National Guard or Reserves).	\$ _____
11.	<input type="checkbox"/>	<input type="checkbox"/>	I am receiving income from a pension, annuity, retirement fund, insurance policy payments, death benefits or Veteran's Benefits (not GI Bill benefits). Source of Benefits: a.) _____ b.) _____	\$ _____ \$ _____
12.	<input type="checkbox"/>	<input type="checkbox"/>	I am receiving money regularly from family, church, friends, or any other form or regular/periodic income (such as rent and utility payments).	\$ _____
13.	<input type="checkbox"/>	<input type="checkbox"/>	I receive income from real or personal property (attach signed tax return with Schedule E).	\$ _____

Property Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Household Member Name: \_\_\_\_\_

14.	<input type="checkbox"/>	<input type="checkbox"/>	I hold a contract for real estate sold. If yes, provide a copy of the contract and an amortization schedule. (Only count interest portion of payment.)	\$ _____
15.	<input type="checkbox"/>	<input type="checkbox"/>	I have income or sources of income, other than those listed above. If yes, list type below: a.) _____ b.) _____	\$ _____ \$ _____

**ASSET INFORMATION:**

	Yes	No		Balance or Value	Interest Earned
16.	<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). If yes, list bank(s) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
17.	<input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s). If yes, list bank(s) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
18.	<input type="checkbox"/>	<input type="checkbox"/>	I have a Money Market account(s). If yes, list sources/bank names a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
19.	<input type="checkbox"/>	<input type="checkbox"/>	I have treasury bills, certificate(s) of deposit (CDs), or stocks/bonds (NOT held in a retirement account). If yes, list sources/bank names a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
20.	<input type="checkbox"/>	<input type="checkbox"/>	I have a trust fund. <input type="checkbox"/> Revocable <input type="checkbox"/> Non-Revocable If yes, list bank(s)/trustee _____	\$ _____	\$ _____
21.	<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA/Keogh Account/401K. If yes, list financial entity(ies) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
22.	<input type="checkbox"/>	<input type="checkbox"/>	I have a pension or annuity asset. (NOT receiving income currently.) If yes, list bank(s) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
23.	<input type="checkbox"/>	<input type="checkbox"/>	I <input type="checkbox"/> own <input type="checkbox"/> or am in the process of selling or <input type="checkbox"/> have sold real estate in the last 2 years. If yes, attach explanations and supporting documentation.	\$ _____	\$ _____
24.	<input type="checkbox"/>	<input type="checkbox"/>	I have a whole life or universal life insurance policy. If yes, how many policies? _____	\$ _____	\$ _____



Property Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Household Member Name: \_\_\_\_\_

25.	<input type="checkbox"/>	<input type="checkbox"/>	I own personal property held strictly as investment assets (arts, coins, etc.) If "yes," attach appraisals.	\$ _____	\$ _____
26.	<input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets within the last two years for less than fair-market value. If "yes," attach explanation.	\$ _____	\$ _____
27.	<input type="checkbox"/>	<input type="checkbox"/>	I have funds not held in a financial institution.	\$ _____	\$ _____
28.	<input type="checkbox"/>	<input type="checkbox"/>	I have assets other than those listed above. If yes, list type below: a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____

\* This property has requested your Social Security number on this and other forms on behalf of the Washington State Housing Finance Commission. Internal Revenue Service regulations allow us to ask for this information. Your Social Security number will be used for income eligibility verification purposes only. Equivalent identification would be a Work Visa, Alien Registration Receipt Card, Temporary Resident Card, IRS Individual Taxpayer Identification Number (ITIN), or Employment Authorization Card. Failure to provide your Social Security number or equivalent number could hinder or delay this property's ability to review your application for housing.

**I understand that any changes to my household income and/or composition after the date of my signature but prior to initial occupancy must be disclosed immediately to management staff.**

**Under penalty of perjury, I certify that the information presented in this application is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement and/or prosecution.**

Signatures must be those of the Applicant/Resident, except where Power of Attorney (POA) documentation authorizes another individual to sign legal documents. If so, copies of current POA, government-issued photo ID, and address and phone number of the POA must be included in the certification.

\_\_\_\_\_  
Applicant/Resident Signature                      Print Applicant/Resident Name                      Date

I certify that I have observed the above-signed Applicant/Resident complete, sign, and date this document.

\_\_\_\_\_  
Property Representative Signature                      Print Property Representative Name                      Date

Reasonable Accommodation: If a third party is required to assist with the completion of this document, add their signature, printed name, relationship, phone number and date to the bottom of this page.

I certify that I have assisted the above-signed Applicant/Resident complete this document as a reasonable accommodation.

\_\_\_\_\_  
Third Party Signature                      Print Third Party Name                      Relationship                      Phone #                      Date