

RENTAL APPLICATION SECTION 8 HUD PROPERTIES



PROPERTY NAME/ADDRESS: Stillaguamish Senior Apartments / 18326 Smokey Point Blvd. Arlington WA 98223

TELEPHONE #: 360-386-9096 EMAIL: Stillaguamishassistantmanager@uminc.net or Stillaguamishmanager@uminc.net

OFFICE HOURS: Mon-Fri 7AM-3PM

- ✓ **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 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)

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 AIDS 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, Middle Initial)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT? YES NO	GENDER (optional)	BIRTHDATE
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				

CO-HEAD/SPOUSE (Last, First, Middle Initial)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT? YES NO	GENDER (optional)	BIRTHDATE
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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
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<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, Middle Initial)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT? YES NO	GENDER (optional)	BIRTHDATE
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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
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OTHER MEMBER (Last, First, Middle Initial)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT? YES NO	GENDER (optional)	BIRTHDATE
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<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 IN THE U.S. MILITARY OR ARE 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
RENT <input type="checkbox"/> OWN <input type="checkbox"/>	Rent per month or Mortgage Balance	DATES OF RESIDENCY	REASON FOR MOVING	
PREVIOUS LANDLORD NAME	PREVIOUS LANDLORD PHONE #	PREVIOUS LANDLORD ADDRESS, CITY, STATE, ZIP		
#2 PREVIOUS ADDRESS		CITY	STATE	ZIP
RENT <input type="checkbox"/> OWN <input type="checkbox"/>	Rent per month or Mortgage Balance	DATES OF RESIDENCY	REASON FOR MOVING	
PREVIOUS LANDLORD NAME	PREVIOUS LANDLORD PHONE #	PREVIOUS LANDLORD ADDRESS, CITY, STATE, ZIP		

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

EXPLAIN:

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

IF YES, WHO? WHEN? COUNTY/STATE

IF YES EXPLAIN:

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

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

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

IF YES, WHO? EXPLAIN:

DOES ANYONE LISTED ON THIS APPLICATION **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 HUD REQUIREMENTS PRIOR TO MOVE-IN? YES NO
 A. VALID SOCIAL SECURITY NUMBERS FOR ALL FAMILY MEMBERS AT LEAST 90 DAYS PRIOR TO MOVE-IN
 (EXCEPTIONS: 62 OR OLDER AS OF 1/31/2010 WHOSE INITIAL DETERMINATION OF ELIGIBILITY WAS BEGUN BEFORE 1/31/2010, MEMBERS THAT DO NOT CONTEND ELIGIBLE IMMIGRATION STATUS AND AN EXTENSION FOR UP TO 90 DAYS FOLLOWING MOVE-IN FOR MEMBERS UNDER AGE 6 ADDED WITHIN 6 MONTHS TO APPLICTAION PRIOR TO MOVE-IN)
 B. PROOF OF ELIGIBILITY AND ALLOWANCES FOR ALL FAMILY MEMBERS (AGE, HOUSEHOLD MEMBERSHIP, CUSTODY, DISABILITY STATUS ETC, IF APPLICABLE)
 C. LEGAL NON-CITIZENSHIP/IMMIGRATION STATUS (IF APPLICABLE, FOR NON-CITIZENS UNDER 62 YEARS OF AGE)
 IF NOT, WHY NOT?

DO YOU HAVE A SECTION 8 VOUCHER OR ARE YOU CURRENTLY OCCUPYING A HUD ASSISTED UNIT? YES NO IF YES, WHERE?
 DO YOU UNDERSTAND THAT HUD ASSISTANCE MUST TERMINATE PRIOR TO RECEIVING HUD ASSISTANCE AT THIS PROPERTY? YES NO

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

IF YES, IS THIS ANIMAL REQUIRED TO LIVE IN THE UNIT TO ALLEVIATE THE SYMPTOM(S) OF A DISABILITY FOR A HOUSEHOLD MEMBER? YES NO
 IF YES WHO?

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 (DSHS etc), Social Security, Pensions, SSI, Disability, L & I, Unemployment, Child Care, Alimony, Child Support, Financial Aid, Income from sale of property, Interest on Assets, Dividends, Annuities, and Regular Contribution from people not residing with you or payments of expenses on your behalf.

FAMILY MEMBER NAME	EMPLOYER, AGENCY, ETC. WHO ARE SOURCES OF INCOME TO YOU (List name & address)	ANNUAL GROSS INCOME \$
FAMILY MEMBER NAME	EMPLOYER, AGENCY, ETC. WHO ARE SOURCES OF INCOME TO YOU (List name & address)	ANNUAL GROSS INCOME \$
FAMILY MEMBER NAME	EMPLOYER, AGENCY, ETC. WHO ARE SOURCES OF INCOME TO YOU (List name & address)	ANNUAL GROSS INCOME \$
FAMILY MEMBER NAME	EMPLOYER, AGENCY, ETC. WHO ARE SOURCES OF INCOME TO YOU (List name & address)	ANNUAL GROSS INCOME \$
UTILITY PAYMENTS DO YOU OR ANYONE IN YOUR HOUSEHOLD RECEIVE ASISISTANCE IN PAYING YOUR UTILITY BILLS? YES NO ARE ANY PAYMENTS/ALLOWANCES MADE UNDER THE LOW INCOME HOME ENERGY ASSISTANCE PAYMENT PROGRAM (LHEAP)?		IF YES, HOW MUCH?

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: <input type="checkbox"/> WHOLE LIFE INSURANCE <input type="checkbox"/> UNIVERSAL LIFE INSURANCE <input type="checkbox"/> TERM INSURANCE <input type="checkbox"/> NO LIFE INSURANCE		CASH VALUE \$
REAL PROPERTY: DO YOU OWN ANY PROPERTY OR BUILDING IN ANY STATE OR COUNTRY? YES NO IF YES, TYPE OF PROPERTY: LOCATION:		APPROX MARKET VALUE \$

HAVE YOU SOLD/DISPOSED/GIVEN AWAY ANY PROPERTY OR ASSETS IN THE LAST 2 YEARS? YES NO		DATE SOLD/DISPOSED OF
IF YES, TYPE OF PROPERTY/ASSETS:		
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 #

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:

RACE AND ETHNICITY OF HEAD OF HOUSEHOLD: This information is solicited on this application in order to assure the Federal Government acting through HUD that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information. **ETHNICITY:** Hispanic or Latino Not Hispanic or Latino

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

HOW DID YOU HEAR ABOUT OUR PROPERTY?

Please Read: In compliance with the Fair Credit Reporting Act, we are informing you that information as to your household member's rental history, character references (if applicable), public records, criminal history and credit history is being verified. I/We understand that any misrepresentation will be sufficient cause for 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 HUD 50059. HUD is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), by Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit proof of valid social security number of each household member (if applicable). Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate federal, state, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors.

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 _____

CO-HEAD/SPOUSE/ OTHER ADULT SIGNATURE _____

DATE _____

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

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

APPLICATION COVER LETTER - EXPLAINS ELIGIBILITY, APPLICATION PROCESS, WAIT LIST PROCESS AND SELECTING APPLICANTS

☞ HUD-92006 SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING. - ONE FOR EACH ADULT OF THE HOUSEHOLD. OPTIONAL TO PROVIDE ADDITIONAL CONTACT. IF YOU CHOOSE NOT TO PROVIDE ADDITIONAL CONTACT, PLEASE STILL COMPLETE THE TOP PORTION OF THE FORM WITH YOUR NAME, CHECK THE BOX INDICATED THAT YOU CHOOSE TO NOT PROVIDE ADDITIONAL CONTACT, SIGN AND DATE FORM AND RETURN WITH APPLICATION.

☞ SECTION 214 HUD CITIZENSHIP REVIEW DOCUMENTS - OWNERS NOTICE # 1, FAMILY SUMMARY SHEET, DECLARATIONS FOR EACH HOUSEHOLD MEMBER

☞ OTHER ATTACHMENT(S) _____

Owner or Property Name: Stillaguamish Senior Apartments	does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). We do business in accordance with the Federal Fair Housing Act and provide persons with disabilities reasonable accommodation upon request. TTY# (for hearing impaired) 711. Persons with language barriers may request or arrange interpretation alternatives or services based on the property's LEP Policy.	
504 Coordinator Name: Karen Anderson		
Address: PO Box 3080 Bellevue, WA 98009	Telephone # (425)562-1200 ext. 136	

Office Use Only: ACKNOWLEDGEMENT OF RECEIPT OF RENTAL APPLICATION

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