# WAITING LIST APPLICATION COVER

**LETTER** (Section 202/8 Subsidized Housing for Seniors 62 and older & Disabled)

Property Name: Manito Garden Apartments

Property Address: 500 E. 30th Ave, Spokane, WA 99203

Email: manitogarden@kiemlehagood.com TTY for Hearing Impaired: 711 or (800) 855-1155



Phone: (509) 624-7326

#### Dear Applicant,

Thank you for your interest in joining our community. Please take a few minutes to read over our requirements for filling out and returning the attached waiting list application. Included in this cover letter you will find information regarding our apartment community eligibility and our procedures for selecting tenants. Once we have received and reviewed your completed application, your name will be placed on our waiting list and you will be notified when an apartment becomes available. Should you have any questions or concerns please call the phone number above. More information is contained in our Tenant Selection Plan which is available from management upon request or on our website www.kiemlehagood.com.

#### FILLING OUT THE APPLICATION:

Your household must submit a waiting list application, signed and dated by all adult members, for each property you wish to apply to. All waiting list applications must be completed in its entirety for all household members. If a question does not apply, please write "No" or "N/A" in those spaces. If you make a mistake, **do not use white out**, please cross out and initial next to the item crossed-out, showing what you corrected. We provide reasonable accommodations for persons with disabilities in completing our application documents or returning our application to us for processing. We support the federal protections in the Violence Against Women Act (VAWA) during application and tenancy. Please let us know if you would like more information.

Your waiting list application can be brought to, mailed or faxed to the property. Once a waiting list application has been received, it will be reviewed. If your application is complete and your household is determined as eligible; your application will be date/time stamped received and placed on the waiting list based off the information you have provided. Incomplete applications will be returned to the current address listed on your application with a letter indicating the items needing completion.

### WHO IS ELIGIBLE TO LIVE AT OUR PROPERTY?

This property offers HUD Project-Based Section 202/8 subsidized one bedroom units for person(s) whose head of the household is 62 years or older and secondarily to nonelderly disabled families in which the head of the household is disabled and 18 to 61 years of age. Currently we are not accepting applications for Disabled under 62 – this wait list is closed. Occupancy standards comply with federal, state and local laws and will be utilized to place applicants on the appropriate waiting lists for initial move-in based on unit size/number of bedrooms, compared to the household size. Approved Live-In Aides due to a reasonable accommodation may be allowed exceptions to the property's occupancy standards. In order for an applicant to be eligible for occupancy, the applicant family's annual income must not exceed the applicable income limit, which is established and published annually by HUD. The income limits for this project's type of subsidy are: Extremely Low-Income Limit, 30% of Area Median Income (AMI), and Very Low-Income Limit, 50% of AMI.

For more information on current AMI limits go to https://www.huduser.gov/portal/datasets/il.html.

Number of Occupants per Bedroom	O Bd	1 Bd	2 Bd	3 Bd	4 Bd
MINIMUM Number of Occupants		1			
MAXIMUM Number of Occupants		3			

Rents that are HUD subsidized are 30% of your monthly adjusted income. Water, sewer, garbage is included in your rent. Electricity is to be paid by the household directly, a utility credit is provided each month.

#### THE WAITING LIST

Applicants are chosen off our waiting list in chronological order based on the date/time their submitted application was received and processed within the income targeting and/or other criteria associated with this property and HUD. There is no exception to this policy. Once you have been placed on the waiting list it will be important that you update us with any changes in your household, such as your address, phone number, household size, or members. We may send you an application status update letter (at your last known address), when needed, asking for your continued

interest in remaining on our waiting list. If we do not hear back from you within the requested time frame, we may have to remove your name from our waiting list, so please keep us informed of changes.

#### WHEN AN APARTMENT COMES AVAILABLE:

Once a unit becomes available it is our policy to generate a waiting list report showing the eligible applicants. If we have trouble getting hold of you, we may skip over you or remove your application based on our policies in our Tenant Selection Plan.

When you have been contacted by the manager and have accepted a unit an appointment must be schedule with management within 2 business days. All adults expected to reside in the unit must participate in all appointments and must sign releases and documents required by funders and management. During the initial appointment a full rental application must be completed for each adult member and start the certification process to verify all income/assets and expenses and provide any additional funder requirements and restrictions that may affect your qualification.

Background screenings will be performed on all adult members. The property (not the applicant) will pay the cost of the screening. If you are denied based on our screening criteria you will be notified in writing and given the option to appeal the decision.

Please refer to this property's Tenant Selection Plan for more specific information regarding screening criteria.

#### When it is time for your appointment you will need to bring the following for all members expecting to reside in the unit:

- <u>Age Verification:</u> Adults must provide current photo identification; All household members must provide a legal birth certificate.
- <u>Social Security Verification:</u> All members must provide proof of valid card. (Exceptions: 62 or older as of 1/31/2010 whose initial determination of eligibility was begun before 1/31/2010).
- <u>Income</u>: All members must provide proof of current income and must disclose any potential income over the next 12 months. These may include but are not limited to wages, welfare, social security, child support, etc.
- <u>Assets:</u> All assets must be claimed no matter the current balance/value and all assets must be verified. Assets may include but are not limited to bank accounts, savings bonds, certificates of deposits, real estate, etc.
- Medical Expenses: Proof of medical expenses paid.
- Other verification or eligibility items: May include but are not limited to: Student Status of all household members, Homeless Status, Disabled Status, etc. There are acceptable alternative verifications, please ask management for more information.

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

#### THE MOVE-IN

Once we have accepted you as a new tenant, a date for moving into your new apartment will be set. On the day of move in payment of a full security deposit, rent and pet deposit (if applicable) will be requested. If your move in date is other than the 1<sup>st</sup> of the month, your rent will be pro-rated for that month only. You will need to accompany the manager to conduct a walk-thru move-in inspection of your new apartment. Once completed, you will need to sign the inspection accepting the condition of the unit. All adults will be required to sign a lease, house rules (if applicable), rent calculation certification and other property policies and addendums, and then you will receive the keys to your unit.

If you have any questions regarding completing the application, about the disposition of your application, about the property or regulations, or would like a copy of our Tenant Selection Plan, please do not hesitate to call me. Sincerely,

Community Manager

## **HUD WAITING LIST APPLICATION**



PROPERTY NAME: Manito Garden Apartments

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THIS IS A PRELIMINARY APPLICATION FOR CONSIDERATION FOR PLACEMENT ON THE WAITING LIST. The Disabled waitlist is currently closed. Applicant must be 62 or older.

IF CHOSEN FROM THE WAITING LIST FOR SCREENING AND PRE-ELIGIBILITY PROCESSING, YOU WILL BE REQUIRED TO COMPLETE A FULL RENTAL APPLICATION AND SUPPLEMENT TO APPLICATION FORMS.

ALL OUESTIONS MUST BE ANSWERED ON THIS APPLICATION. USE ADDITIONAL PAGES WHEN NECESSARY.

IF A OUFSTION DOES NOT APPLY PUT 'NONE' IN THE RLANK/BOX USERIUE OF BLACK INKONLY!

Application Received
Date:
Time:
By (Name):

Mbr	NAME (F	irst, Middle Initial, Last)	RELATION	SOCIAL SECURITY		BIRTHDATE		STUDENT	LIST ALL U.S. STATES
#	141111111111111111111111111111111111111	rst, madic inicial, basty	TO HEAD	NUMBER		(mm/dd/yyyy)	(optional)	(Y/N)	LIVED IN (including birth)
1			SELF						
2									
3									
4									
If yo	u have more tha	n four household member	s, please che	ck here and list the add	itiona	l members on another	waiting list	application	or a separate piece of paper.
CURR	CURRENT MAILING ADDRESS (include UNIT # if applicable)  CITY  STATE  ZIP								ZIP
TELEF	PHONE NUMBER		ALTERNATIVE	PHONE NUMBER	EMAIL	ADDRESS			1
The	information	in this how is being n	aguagtad a	of the Head of Househo	ld. +l	nia ia walumtawa ay	مط دینال مم	t he uged t	o determine eligibility.
				of the Head of Househo lete this section; it is for					o determine engionity.
ET	HNICITY (SEI	LECT ONE)	RACE (SE	LECT ALL THAT APPLY)	Ame	erican Indian or A	laskan Na	ative $\square$ Bl	ack / African American
		Non-Hispanic	Asian N	lative Hawaiian or Fac	ific Is	sla <mark>nd</mark> er White (	Other		
			Are you a	U.S. Citizen? No	_ Y	es If no, are	you an el	igible non	-citizen? No Yes
Wha	at is the tota	l number of househo	ld membe	rs that will be living ir	ı the	unit (include unl	orn child	ren & live	in aides)?
Ove	r the next 1	2 months, what is	the total	gross annual househ	old i	income? \$			
Best describe your current housing: ☐ Standard ☐ Lacking a fixed nighttime residence ☐ Fleeing/Attempting to Flee Violence ☐ Substandard ☐ Conventional Public Housing									
Is y	Is your Household Displaced by:   Natural Disaster Government Disaster Private Action NOT Displaced								
YES NO Any household member claiming disabled status for admission (eligibility)/deduction qualification?									
	If yes, Member Name:								
$\square^{Y}$	YES NO Based on disability or medical condition, does a household member request features of a wheelchair or adapt unit?								
П	If yes, Member Name:							am in any state?	
Y	YES NO Any household member currently engaged in, or in the past three (3) years been engaged in the illegal use,								
	manufacture or distribution of drugs or abuse of alcohol or have a pattern of abuse?  If yes, Member Name:								
Y	ES NO								
		for drug related criminal activity? If yes, Member Name:							
Y	ES NO	•							
								, , ,	1 1
$igspace^{Y}$	ES NO								member been convicted ounty/State:
<u> </u>		List 2020 Page		Explain:					

How did you l	near about our property?   Phone book  Directory/Resource	rive by/Walk in eferral Tenant	☐ Housing Authority ☐ Referral Other ☐ Other:	☐ Internet ☐ Newspaper ☐ Radio/Television					
YES NO	YES NO Will everyone listed on this application be able to provide proof of these HUD requirements prior to move in?								
	If NOT, Why Not?								
,	<ul> <li>A) Valid Social Security Numbers for all family members (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 application prior to move-in)</li> <li>B) Proof of Eligibility and allowances for all family members (age, household membership, custody, disability status, etc., if applicable)</li> </ul>								
c)				* * * * * * * * * * * * * * * * * * * *					
YES NO	The Violence Against Women's Act (VAWA) req confidentiality during the rental application pro Act due to dating violence, domestic violence, so confidentially, request more information and/o of this property?	ocess to applicar talking and sexu	nts that request and qua al assault. Do you under	lify for protections under the estand that you may discuss					
I acknowledg six (6) month I certify that,	THIS DOCUMENT, YOU ACKNOWLEDGE AND CE ge that I must inform management of changes to my/our WA as in order to remain on the waiting list. Failure to update MAY should I qualify for residency, this apartment will be my perm	ITING LIST Applica result in me/us bei anent residence and	tion information and of my/ong removed from the waiting I will not maintain a separate	list. e 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.  SIGNATURES AND DATES (REQUIRED). I CERTIFY THE ACCURACY AND COMPLETENESS OF INFORMATION PROVIDED:									
	,								
APPLICANT (H	EAD) SIGNATURE	DATE	APPI HEA	EACH ADULT MUST SIGN/DATE THE JICATION AS HEAD, CO- LD, SPOUSE OR OTHER					
CO-HEAD/SPO	USE/ OTHER ADULT SIGNATURE	DATE	ADUL'	Γ HOUSEHOLD MEMBER					
ATTACHMEN  Application  Other Attac  Management Comp Kiemle Hagood	n Cover Letter - Explains eligibility, application process, was chment(s)  Soany: Kiemle Hagood does not discriminate against any person on the orientation, gender identity or military/veteran status in the admit	e basis of race, color, cre	ed, religion, marital status, disability, f nt or employment in their federally ass	isted programs and activities. As such, we					
504 Coordinator: Director of Multifa Management	are required to provide reasonable auxiliary aids and services need been designated to coordinate compliance with the nondiscrit implementing Section 504 (24 CFR, part 8 dated June 2, 1988). I property's LEP Policy.	nination requirements cor	ntained in the Department of Housin	g and Urban Development's regulations					
Address: 601 W Ma	in Ave, Suite 400, Spokane WA 99201		Telephone	e #: (509) 838-6541					

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