

WAITING LIST APPLICATION COVER LETTER

(Section 811 PRAC Subsidized Housing for the Chronically Mentally Ill)



Property Name: **Applewood Apartments**

Property Address: **4403 E. 8th Ave, Spokane Valley, WA 99212** Email: **applewood@kiemlehagood.com**

Phone: **(509) 534-6562** TTY for Hearing Impaired: **711 or (800) 855-1155**

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 811 PRAC subsidized one-bedroom units for person(s) whose head of the household has a chronic mental illness (a severe and persistent mental or emotional impairment). 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 household'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, 30% of Area Median Income (AMI), and Very Low-Income, 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	0 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 are no exceptions 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:

- Age Verification: adults must provide current photo identification; minors must provide a legal birth certificate.
- Social Security Verification: 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).
- Income: 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.
- Assets: 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.
- 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 1st 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: Applewood Apartments

THIS IS A PRELIMINARY APPLICATION FOR CONSIDERATION FOR PLACEMENT ON THE WAITING LIST. You must have a verifiable Chronic Mental Illness.

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

*IF A QUESTION DOES NOT APPLY PUT 'NONE' IN THE BLANK/BOX. **USE BLUE or BLACK INK ONLY!***

Application Received
Date:
Time:
By (Name):

Mbr #	NAME (First, Middle Initial, Last)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	BIRTHDATE (mm/dd/yyyy)	GENDER (optional)	STUDENT (Y/N)	LIST ALL U.S. STATES LIVED IN (including birth)
1		SELF					
2							
3							
4							

If you have more than four household members, please check here and list the additional members on another waiting list application or a separate piece of paper.

CURRENT MAILING ADDRESS (include UNIT # if applicable)	CITY	STATE	ZIP
TELEPHONE NUMBER	ALTERNATIVE PHONE NUMBER	EMAIL ADDRESS	

The information in this box is being requested of the Head of Household; this is voluntary and will not be used to determine eligibility. There is no penalty for persons who do not complete this section; it is for government reporting purposes.

ETHNICITY (SELECT ONE) Hispanic Non-Hispanic **RACE (SELECT ALL THAT APPLY)** American Indian or Alaskan Native Black / African American Asian Native Hawaiian or Pacific Islander White Other

What is the total number of household members that will be living in the unit (include unborn children & live in aides)? _____

Over the next 12 months, what is the total gross annual household income? \$_____

Best describe your current housing: Standard Lacking a fixed nighttime residence Fleeing/Attempting to Flee Violence Substandard Conventional Public Housing

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: _____

YES NO Based on disability or medical condition, does a household member request features of a wheelchair or adapt unit?

If yes, Member Name: _____

YES NO Any household member subject to a registration requirement under a sex offender program in any state?

If yes, Member Name: _____

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: _____

YES NO Any household member evicted in the last three (3) years from federally assisted/non-federally assisted housing for drug related criminal activity? If yes, Member Name: _____

YES NO Within the last three years since the date of eviction, have any household members been evicted?

If yes, Member Name: _____

YES NO Within the last three (3) years, starting from the date of completion, have any household member been convicted of any criminal offense? If yes, Member Name: _____ When: _____ County/State: _____

Offense: _____ Explain: _____

How did you hear about our property? Brochure/Flyer Drive by/Walk in Housing Authority Internet Newspaper
 Phone book Referral Tenant Referral Other Radio/Television
 Directory/Resource Other: _____

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? _____

- 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)
- B) Proof of Eligibility and allowances for all family members (age, household membership, custody, disability status, etc., if applicable)

YES NO The Violence Against Women’s Act (VAWA) 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, request more information and/or claim protections under this Act with the Owner/Management of this property?

BY SIGNING THIS DOCUMENT, YOU ACKNOWLEDGE AND CERTIFY TO ALL (CHECK BOXES):

- I acknowledge that I must inform management of changes to my/our WAITING LIST Application information and of my/our continued interest at least every six (6) months in order to remain on the waiting list. Failure to update MAY result in me/us being removed from the waiting list.
- I certify that, should I qualify for residency, this apartment will be my permanent residence and I will not maintain a separate 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 (HEAD) SIGNATURE DATE

 CO-HEAD/SPOUSE/ OTHER ADULT SIGNATURE DATE

**EACH ADULT MUST
 SIGN/DATE THE
 APPLICATION AS HEAD, CO-
 HEAD, SPOUSE OR OTHER
 ADULT HOUSEHOLD MEMBER**

ATTACHMENTS:

- Application Cover Letter - Explains eligibility, application process, wait list process and selecting applicants.
- Other Attachment(s) _____

Management Company: Kiemle Hagood 504 Coordinator: Director of Multifamily Management	Kiemle Hagood does not discriminate against any person on the basis of race, color, creed, religion, marital status, disability, familial status, national origin, age, sexual orientation, gender identity or military/veteran status in the admission or access to treatment or employment in their federally assisted programs and activities. As such, we are required to provide reasonable auxiliary aids and services necessary for effective communication with persons with disabilities when requested. The person 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). Persons with language barriers may request or arrange interpretation alternatives or services based on the property’s LEP Policy.	 
Address: 601 W Main Ave, Suite 400, Spokane WA 99201		Telephone #: (509) 838-6541