

# HUD RENTAL APPLICATION

HUD PROPERTY NAME: Post Falls Terrace



**A SEPARATE APPLICATION PACKET MUST BE COMPLETED FOR EACH ADULT HOUSEHOLD MEMBER**

ALL QUESTIONS MUST BE ANSWERED ON THIS APPLICATION AND ANY ATTACHMENTS.  
IF A QUESTION DOES NOT APPLY PUT 'NONE' IN THE BLANK/BOX.  
**USE ADDITIONAL PAGES WHEN NECESSARY. USE BLUE OR BLACK INK ONLY!**

Name of the person who will be the Head of Household: \_\_\_\_\_

Select the size of unit your household needs: ☐ 1 BED

YOUR FULL NAME (FIRST, MIDDLE INITIAL, LAST)		SOCIAL SECURITY NUMBER		BIRTHDATE (MM/DD/YYYY)		GENDER (OPTIONAL)																																																							
PHONE NUMBER		ALTERNATIVE PHONE		EMAIL ADDRESS		Are You A STUDENT ENROLLED IN INSTITUTE OF HIGHER EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO																																																							
CURRENT STREET ADDRESS				CITY		STATE																																																							
MAILING ADDRESS, IF DIFFERENT				CITY		STATE																																																							
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____ RENT ____ OWN		MONTHLY RENT OR MORTGAGE \$		MOVE IN DATE		REASON FOR MOVING																																																							
CURRENT LANDLORD NAME				CURRENT LANDLORD PHONE		CURRENT LANDLORD ADDRESS, CITY, STATE, ZIP																																																							
<input type="checkbox"/> YES <input type="checkbox"/> NO Have you provided your landlord with notice that you will be moving?																																																													
<input type="checkbox"/> YES <input type="checkbox"/> NO Do you currently have any outstanding overdue balances owed to this landlord? If yes, explain: _____																																																													
What is your relationship to the Head of Household? <input type="checkbox"/> Head of Household <input type="checkbox"/> Co-Head/Spouse <input type="checkbox"/> None of the Above <input type="checkbox"/> Foster Adult/Child <input type="checkbox"/> Other Adult, Explain: _____ <input type="checkbox"/> Live-In Aid ( <i>Live-In Aid's complete a different application and must be approved before move-in</i> )																																																													
Mark all U.S. States <b><u>all applicant household members</u></b> have lived in at any time (including birth): <b><i>This information is mandatory and must be accurate</i></b>																																																													
<table border="0"><tr><td><input type="checkbox"/> ALABAMA</td><td><input type="checkbox"/> ALASKA</td><td><input type="checkbox"/> ARIZONA</td><td><input type="checkbox"/> ARKANSAS</td><td><input type="checkbox"/> CALIFORNIA</td><td><input type="checkbox"/> COLORADO</td></tr><tr><td><input type="checkbox"/> CONNECTICUT</td><td><input type="checkbox"/> DELAWARE</td><td><input type="checkbox"/> FLORIDA</td><td><input type="checkbox"/> GEORGIA</td><td><input type="checkbox"/> HAWAII</td><td><input type="checkbox"/> IDAHO</td></tr><tr><td><input type="checkbox"/> ILLINOIS</td><td><input type="checkbox"/> INDIANA</td><td><input type="checkbox"/> IOWA</td><td><input type="checkbox"/> KANSAS</td><td><input type="checkbox"/> KENTUCKY</td><td><input type="checkbox"/> LOUISIANA</td></tr><tr><td><input type="checkbox"/> MAINE</td><td><input type="checkbox"/> MARYLAND</td><td><input type="checkbox"/> MASSACHUSETTS</td><td><input type="checkbox"/> MICHIGAN</td><td><input type="checkbox"/> MINNESOTA</td><td><input type="checkbox"/> MISSISSIPPI</td></tr><tr><td><input type="checkbox"/> MISSOURI</td><td><input type="checkbox"/> MONTANA</td><td><input type="checkbox"/> NEBRASKA</td><td><input type="checkbox"/> NEVADA</td><td><input type="checkbox"/> NEW HAMPSHIRE</td><td><input type="checkbox"/> NEW JERSEY</td></tr><tr><td><input type="checkbox"/> NEW MEXICO</td><td><input type="checkbox"/> NEW YORK</td><td><input type="checkbox"/> NORTH CAROLINA</td><td><input type="checkbox"/> NORTH DAKOTA</td><td><input type="checkbox"/> OHIO</td><td><input type="checkbox"/> OKLAHOMA</td></tr><tr><td><input type="checkbox"/> OREGON</td><td><input type="checkbox"/> PENNSYLVANIA</td><td><input type="checkbox"/> RHODE ISLAND</td><td><input type="checkbox"/> SOUTH CAROLINA</td><td><input type="checkbox"/> SOUTH DAKOTA</td><td><input type="checkbox"/> TENNESSEE</td></tr><tr><td><input type="checkbox"/> TEXAS</td><td><input type="checkbox"/> UTAH</td><td><input type="checkbox"/> VERMONT</td><td><input type="checkbox"/> VIRGINIA</td><td><input type="checkbox"/> WASHINGTON ST.</td><td><input type="checkbox"/> WASHINGTON DC</td></tr><tr><td><input type="checkbox"/> WEST VIRGINIA</td><td><input type="checkbox"/> WISCONSIN</td><td><input type="checkbox"/> WYOMING</td><td colspan="3"></td></tr></table>								<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"/> 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 ST.	<input type="checkbox"/> WASHINGTON DC	<input type="checkbox"/> WEST VIRGINIA	<input type="checkbox"/> WISCONSIN	<input type="checkbox"/> WYOMING			
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Additional Household Members expected to reside in the unit (use additional pages if necessary):

OTHER MEMBER (FIRST, MIDDLE INITIAL, LAST)	RELATION TO HEAD	BIRTHDATE (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	GENDER (OPTIONAL)
Is MEMBER A STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				
OTHER MEMBER (FIRST, MIDDLE INITIAL, LAST)	RELATION TO HEAD	BIRTHDATE (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	GENDER (OPTIONAL)
Is MEMBER A STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				
OTHER MEMBER (FIRST, MIDDLE INITIAL, LAST)	RELATION TO HEAD	BIRTHDATE (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	GENDER (OPTIONAL)
Is MEMBER A STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Previous Addresses: We require all previous addresses for the past two (2) years **AND** a minimum of your two (2) previous addresses (use additional pages if necessary):

PREVIOUS ADDRESS		CITY		STATE	ZIP
___ RENT ___ OWN	MONTHLY RENT OR MORTGAGE \$	MOVE IN DATE	MOVE OUT DATE	REASON FOR MOVING	
PREVIOUS LANDLORD NAME		PREVIOUS LANDLORD PHONE	PREVIOUS LANDLORD ADDRESS, CITY, STATE, ZIP		

PREVIOUS ADDRESS		CITY		STATE	ZIP
___ RENT ___ OWN	MONTHLY RENT OR MORTGAGE \$	MOVE IN DATE	MOVE OUT DATE	REASON FOR MOVING	
PREVIOUS LANDLORD NAME		PREVIOUS LANDLORD PHONE	PREVIOUS LANDLORD ADDRESS, CITY, STATE, ZIP		

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PREVIOUS LANDLORD NAME		PREVIOUS LANDLORD PHONE	PREVIOUS LANDLORD ADDRESS, CITY, STATE, ZIP		

PREVIOUS HOUSING AND DISPLACEMENT STATUS - BEST DESCRIBE THE CONDITION OF THE HOUSING FROM WHICH YOUR HOUSEHOLD IS MOVING:

- PREVIOUS HOUSING:**    ☐ Standard                      ☐ Conventional Public Housing                      ☐ Fleeing/attempting to flee violence  
                                  ☐ Substandard (Physically)                      ☐ Lacking a fixed nighttime residence
- DISPLACED BY:**                      ☐ Government Action                      ☐ Natural Disaster                      ☐ Private Action                      ☐ NOT Displaced

<input type="checkbox"/> YES <input type="checkbox"/> NO	Is anyone in the household in the U.S. Military or are a Veteran of the U.S. Military? If yes, who? _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Is head of household members claiming disabled status for admission (eligibility) and deduction qualifications?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Based on a disability or medical condition, do any household members request the features of a wheelchair or adapt unit?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are any household members subject to a registration under a sex offender program in any state and/or are any household members subject to a state lifetime sex offender registry? If yes, Who? _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are any household members 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 alcohol abuse? If yes, Who? _____ Explain: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the household contain a member who was evicted, in the last three (3) years, from federally assisted/non-federally housing assisted for drug related criminal activity? If yes, Who? _____ When: _____ Where: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Within the last three (3) years since the date of eviction, have any household members been evicted? If yes, Who? _____ When: _____ Where: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Within the last three (3) years starting from the date of completion, have any household members been convicted of any criminal offense? If yes, Who? _____ Offense? _____ County/State? _____ When? _____ Explain? _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have any household members assistance or tenancy been terminated for fraud, non-payment of rent, lease violations or failure to cooperate with recertification process? If yes, Who? _____ When/Where? _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have any household members been asked to vacate by a current/previous landlord within the last three (3) years? If yes, Who? _____ When? _____ Where? _____ Explain? _____

☐ YES ☐ NO Will everyone listed on this application be able to provide proof of these HUD requirements prior to move in?

A) 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)

If Not, Why Not? \_\_\_\_\_

☐ YES ☐ NO THE VIOLENCE AGAINST WOMEN'S 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 any household members have a Section 8 Voucher or are currently occupying a HUD Assisted unit? If yes, where? \_\_\_\_\_

☐ YES ☐ NO Do you understand that prior to receiving HUD Assistance at this property all current assistance and/or vouchers must be terminated?

☐ YES ☐ NO Does any member have any Animals you plan to bring to the unit? If yes, type and number \_\_\_\_\_

☐ YES ☐ NO If yes, is the animal required to live in the unit to alleviate the symptom(s) of a disability for a member? If yes, member: \_\_\_\_\_

**INCOME:** Please list all sources of income for ALL household members (including minors). This includes but is not limited to: full-time/part-time employment, Income from Public Assistance (i.e.: DSHS, etc.) Social Security, Pensions, SSI, Disability, L&I, Unemployment, Child Support, Income from Sale of Property, Interest on Assets/dividends/annuities, regular payments from people not residing with you or payments of expenses on your behalf, etc. (Use additional pages if necessary.)

HOUSEHOLD MEMBER NAME	NAME AND ADDRESS OF SOURCE OF INCOME (EMPLOYER, AGENCY, ETC.)	ANNUAL GROSS AMOUNT \$
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**ASSETS:** Please check all asset information for ALL household members (including minors):

	YES	NO		YES	NO		YES	NO
CHECKING	<input type="checkbox"/>	<input type="checkbox"/>	SAVINGS	<input type="checkbox"/>	<input type="checkbox"/>	ANNUITY	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFICATE OF DEPOSIT	<input type="checkbox"/>	<input type="checkbox"/>	TERM LIFE INSURANCE	<input type="checkbox"/>	<input type="checkbox"/>	MONEY MARKET	<input type="checkbox"/>	<input type="checkbox"/>
STOCKS/BONDS	<input type="checkbox"/>	<input type="checkbox"/>	MUTUAL FUNDS/IRA/401K	<input type="checkbox"/>	<input type="checkbox"/>	TRUST FUND	<input type="checkbox"/>	<input type="checkbox"/>
WHOLE LIFE INSURANCE	<input type="checkbox"/>	<input type="checkbox"/>	REAL ESTATE/LAND	<input type="checkbox"/>	<input type="checkbox"/>	CASH ON HAND	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL PROPERTY HELD HAS AN INVESTMENT? ☐ YES\* ☐ NO \*IF YES, EXPLAIN: \_\_\_\_\_

DO YOU HAVE ANY OTHER ASSETS? ☐ YES\* ☐ NO \*IF YES, EXPLAIN: \_\_\_\_\_

**For each "YES" marked for ASSETS (above)** Please complete the following (use additional pages if needed):

HOUSEHOLD MEMBER NAME	ASSET TYPE	ACCOUNT NUMBER	CASH VALUE	SOURCE NAME/ADDRESS/PHONE

☐ YES ☐ NO Do any household members have any other assets not listed above (excluding household goods)?

If yes, Who? \_\_\_\_\_ Type: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Please list all automobiles that will be parked at the property for your household. (Use additional pages if necessary.)

VEHICLE #1	YEAR	MAKE	MODEL	LICENSE PLATE #	DRIVER'S LICENSE #
VEHICLE #2	YEAR	MAKE	MODEL	LICENSE PLATE #	DRIVER'S LICENSE #

Race and Ethnic data of head of household:

The following information 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.

<b>ETHNICITY (SELECT ONE)</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>RACE (SELECT ALL THAT APPLY)</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
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How did you hear about our Property? \_\_\_\_\_

**BY SIGNING THIS APPLICATION, YOU ARE ACKNOWLEDGING THE FOLLOWING:**

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.

I acknowledge that I have been offered a copy of this property's Tenant Selection Plan (TSP) and that it can also be viewed online at [www.kiemlehagood.com](http://www.kiemlehagood.com). I further acknowledge that I understand that the TSP provides information regarding eligibility requirements, the application process, screening criteria, reasons for rejecting applicants, reasonable accommodation information and other policies.

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 by requesting a meeting. A copy of the Grievance and Appeal Procedure is posted at the property. 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.

My signature below authorizes investigation of all statements contained herein by the Kiemle Hagood, including but not limited to rental history, credit checks and criminal background checks.

The information in this application is required to determine my eligibility for residency, as such, I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Kiemle Hagood, to a public housing authority, or to an agency contracted by Kiemle Hagood to conduct criminal background checks.

In compliance with state and federal consumer reporting law, you are hereby advised that a screening will be conducted regarding the information contained in this application. The report may contain information regarding your credit-worthiness, character, general reputation, personal characteristics and mode of living. By signing this application, you authorize SafeRent Solutions Consumer Relations Department, P.O.Box 3890 Coppell, TX 75019, and whose telephone number is (888) 333-2413, to conduct the screening and to release information obtained to landlord and landlord's agents. If the application is denied or approved conditionally based upon information contained in the report, you may request and obtain a copy of the report. You have the right to dispute the accuracy of information contained in the report. You may have additional rights under both state and federal law.

I certify that to the best of my knowledge all statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction.

This authorization shall be valid one year from the date signed and a photographic or faxed copy of the authorization shall be as valid as the original.

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.




**SIGNATURE AND DATE REQUIRED:** I CERTIFY THE ACCURACY AND COMPLETENESS OF INFORMATION PROVIDED TO THE BEST OF MY KNOWLEDGE:

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**APPLICATION MUST BE SIGNED AND A SEPARATE APPLICATION SUBMITTED BY ANYONE AGE 18 AND OLDER IN THE HOUSEHOLD.**

**ATTACHMENTS:** Please read ALL forms listed below; then sign and date and return with your completed application.

-  INCOME/ASSET QUESTIONNAIRE – ONE PER ADULT HOUSEHOLD MEMBER
-  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 PRINTED NAME, CHECK THE BOX INDICATED THAT YOU CHOOSE TO NOT PROVIDE ADDITIONAL CONTACT, SIGN AND DATE FORM.
-  OTHER ATTACHMENT(S) \_\_\_\_\_

Management Company:

**Kiemle Hagood**

504 Coordinator:

**Director of Multifamily Management**

Kiemle Hagood does not discriminate 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, 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.

**Direct all screening report inquiries to: Annual Credit Report Request Service, PO Box 105281, Atlanta, GA 30348-5281. 877-322-8228 [www.annualcreditreport.com](http://www.annualcreditreport.com)**

Address: 601 W Main Ave, Suite 400, Spokane WA 99201

Telephone #: (509) 838-6541



**OFFICE USE ONLY: ACKNOWLEDGEMENT OF RECEIPT OF RENTAL APPLICATION**

Date Received	Time Received	Received/reviewed for completeness by (print name)	Signature
	AM PM		