WAITING LIST APPLICATION COVER

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

Property Name: St. Martin's Court Apartments

Property Address: 617 Balsam St, Moses Lake, WA 98837 Phone: (509) 765-1955

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

Dear Applicant,

Thank you for your interest in joining our community. <u>Please take a few minutes to read over our requirements for filling out and returning the attached waiting list application</u>. 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 studio and one bedroom units for person(s) whose head of the household is 62 years. 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 or a need for larger unit 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	1			
MAXIMUM Number of Occupants	2	3			

Rents that are HUD subsidized are 30% of your monthly adjusted income. Water, sewer, garbage and electricity are included in your rent.

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 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: St. Martin's Court Apartments

Managed by KIEMLEHAGO

THIS IS A PRELIMINARY APPLICATION FOR CONSIDERATION FOR PLACEMENT ON THE WAITING LIST.

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.

Application Received
Date:
Time:
By (Name):

IF /	QUESTION	DOESTIOTAPPLIPOT	INOINE IIN II	HE BLANK/BOX. <mark>USE BLUE</mark>	UI BLACK INK ONL I	<u>•</u>		
Mbr #	NAME (I	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				, , ,	
			JEEL		_			
2								
3								
4								
If yo	u have more th	an four household membe	rs, please checl	k here and list the addition	nal members on anothe	r waiting list	application	or a separate piece of paper.
CURR	CURRENT MAILING ADDRESS (include UNIT # if applicable) CITY STATE ZIP							ZIP
			T. ann. ann. ann.					
TELEI	HONE NUMBER		ALTERNATIVE	PHONE NUMBER EMA	AIL ADDRESS			
				f the Head of Household; ete this section; it is for go				to determine eligibility.
	HNICITY (SE		_	ECT ALL THAT APPLY) An		-		lack / African American
	-	Non-Hispanic	KACE (SEL	As:	ian 🔲 Native Hawa	aiian or Pa	acific Islan	nder White Other
			Are you a	U.S. Citizen? No	Yes If no, are	you an el	igible nor	n-citizen? No Yes
Wh	at is the tota	l number of househ	old member	rs that will be living in th	ne unit (include uni	born child	ren & live	in aides)?
Colo	at the size o	f: t h aaah al.	d noods.	□ 0 BED □ 1 BED				
Sele	ct the size o	f unit your household	a fieeus:					
Ove	r the next	12 months, what is	the total g	gross annual household	income? \$			
Bes	t describe <u>:</u>	your current housi	_	~	ed nighttime resid ntional Public Hou		Fleeing/ <i>A</i>	Attempting to Flee Violence
Is v	our Househ	old Displaced by:	□Natı	ural Disaster 🏻 Govern	nment Disaster - [l Private	Action	□ NOT Displaced
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 Na						
\square^{Y}	ES LNO			l condition, does a hous	ehold member re	quest fea	tures of a	wheelchair or adapt unit?
П	es 🗖 no	If yes, Member Na:		ect to a registration regi	 iirement under a	sex offen	der nrogr	ram in any state?
YES NO Any household member subject to a registration requirement under a sex offender program in any state? If yes, Member Name:							ann in any state.	
\square 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?							d in the illegal use,
				of drugs or abuse of alco	-	ern of ab	use?	
Y	ES NO					lly assiste	ed/non-fe	derally assisted housing
		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:						
\square Y	ES NO		•	nce the date of eviction,	•	old memb	ers been	evicted?
- $$	ES NO			s starting from the date		ava anv h	ousehold	member been convicted
H¹	LO INU							ounty/State:
				Explain:				

How di	d you he	ear about our property? 🔲 Brochure/Flyer 🔲 🗅		_			
		☐ Phone book ☐ R☐ Directory/Resource	eferral Tenant	Referral Other	☐ Radio/Television		
		☐ Directory/ Resource		Other:			
YES	N0	Will everyone listed on this application be able	to provide proof	of these HUD requi	rements 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) C) Legal Non-citizenship/immigration status (If applicable, for non-citizens under 62 years of age)						
VEC	<u> </u>				:: J		
LIYES	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?					
RV SIG	NING T	HIS DOCUMENT, YOU ACKNOWLEDGE AND CE	RTIEV TO ALL	CHECK BOXES):			
_		•	`	,	nu/our continued interest at least aroun		
	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 cer	tify that, s	hould I qualify for residency, this apartment will be my perm	anent residence and	I will not maintain a sepa	arate rental unit in a different location.		
		of Title 18 of the U.S. Code makes it a criminal offense to ma					
	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						
	tenancy.						
CICNA	THE	CAND DATES (DECHIDED) A CEDIMINATURE	ACCUDACY AND CO	MDI EMENECC OF INC	ODMATION PROVIDED		
<u>SIGNA</u>	TURES	S AND DATES (REQUIRED). I CERTIFY THE A	ACCURACY AND CO	OMPLETENESS OF INF	ORMATION PROVIDED:		
100110		AD) Gray Amyro			EACH ADULT MUST		
APPLIC	ANT (HE	AD) SIGNATURE	DATE		SIGN/DATE THE		
					PPLICATION AS HEAD, CO- IEAD, SPOUSE OR OTHER		
	D (0D011				ULT HOUSEHOLD MEMBER		
CO-HEA	ID/SPOU	SE/ OTHER ADULT SIGNATURE	DATE				
	CHMENT		it list was seen and s	alagting applicants			
	ier Attach	Cover Letter - Explains eligibility, application process, wa ament(s)	it list process and s	erecting applicants.			
	ment Compa						
Kiemle Hagood orientation, gender identity or military/veteran status in the admission or access to treatment or employment in their federally assisted programs and activities. A are required to provide reasonable auxiliary aids and services necessary for effective communication with persons with disabilities when requested. The person been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's					pilities when requested. The person below has		
Director Manage	of Multifam ment	illy been designated to coordinate compliance with the hondiscri implementing Section 504 (24 CFR, part 8 dated June 2, 1988). property's LEP Policy.					
		Ave, Suite 400, Spokane WA 99201		Tele	phone: (509) 838-6541		

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