WAITING LIST APPLICATION COVER

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

Property Name: Winchester Court I & II Apartments

Property Address: 3906 N Stone St, Spokane, WA 99207

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



Phone: (509) 484-4053

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 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 typically equal to 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.
- <u>Medical Expenses:</u> 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: Winchester Court I & II Apartments

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.

IF A OUESTION DOES NOT APPLY PLUT 'NONE' IN THE BLANK/BOX LIST RILLIF OF RILIF OF RILLIF OF RILLIF OF RILLIF OF RILLIF OF RILLIF OF RILLIF OF

Application Received
Date:
Time:
By (Name):

11 /	4 QUESTION L	BOLSNOTAFFET FOT NONE IN THE BLANK BOA. OSE BLOCK BLACK INNONET:						by (Name).		
Mbr #	NAME (Fi	rst, Middle Initial, Last)	RELATION TO HEAD	SOCIAL SECURITY NUMBER			GENDER (optional)	ENDER STUDENT (Y/N)	LIST ALL U.S. STATES LIVED IN (including birth)	
1			SELF							
2										
3										
4										
If yo	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	ITY STATE ZIP			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) RACE (SELECT ALL THAT APPLY) American Indian or Alaskan Native ☐ Black / African American Asian ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Other Are you a U.S. Citizen? No Yes If no, are you an eligible non-citizen? No Yes										
							,	-8		
Wha	at is the total	number of househo	old membe	rs that will be living ir	າ the ເ	ınit <i>(include unl</i>	orn child	lren & live i	in aides)?	
Select the size of unit your household needs:										
Over the next 12 months, what is the total gross annual household income? \$										
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:									
ΗΥ	YES NO Based on disability or medical condition, does a household member request features of a wheelchair or adapt unit?									
	If yes, Member Name:									
Υ	ES NO			ect to a registration r	eguir	ement under a :	sex offen	der progra	nm 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:							,			
Y	ES NO									
		If yes, Member Nan								
Υ	ES NO	Any household men	mber evict	ted in the last three (3	3) yea	rs from federal	ly assiste	ed/non-fed	derally 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?							evicted?			
If yes, Member Name:										
Y	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:									
				Explain:						
ì										

Н	ow did you he	ear about our prope				☐ Internet ☐ Newspaper		
			☐ Phone book	Referral Tenant	☐ Referral Other☐ Other:	☐ Radio/Television		
			☐ Directory/Resor	urce	☐ Other:			
	YES NO	Will everyone liste	ed on this application be	e able to provide proof	of these HUD requirem	ents prior to move in?		
	_	If NOT, Why Not?			•	•		
	A)					determination of eligibility was		
			10, members that do not cont added within 6 months to app		atus and an extension for up t	o 90 days following move-in for		
	B)	Proof of Eligibility and	allowances for all family mer	nbers (age, household mem	bership, custody, disability st	atus, etc., if applicable)		
	C)	Legal Non-citizenship,	immigration status (If application	able, for non-citizens under	62 years of age)			
	YES NO		•	, .	provide special conside	• •		
						lify for protections under the stand that you may discuss		
confidentially, request more information and/or claim protections under this Act with the Owner of this property?								
<u>B</u>	Y SIGNING T	HIS DOCUMENT, Y	OU ACKNOWLEDGE AN	ND CERTIFY TO ALL (CHECK BOXES):			
П	I acknowledge	that I must inform ma	nagement of changes to my/o	our WAITING LIST Applicat	tion information and of mv/c	our continued interest <u>at least every</u>		
					ng removed from the waiting			
	I certify that, s	hould I qualify for reside	ncy, this apartment will be m	y permanent residence and	I will not maintain a separate	rental unit in a different location.		
						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 of failure to provide complete and truthful information related to your application may result in delay of your eligibility approval, rejection of your application of your application of your eligibility approval.							
	eviction after t	enancy.	·					
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<u>S</u>	<u>IGNATURES</u>	S AND DATES (RE	QUIRED). I CERTIFY	THE ACCURACY AND CO	OMPLETENESS OF INFORM	MATION PROVIDED:		
						ACH ADHLT MICT		
APPLICANT (HEAD) SIGNATURE				DATE	r	EACH ADULT MUST SIGN/DATE THE		
					APPL	ICATION AS HEAD, CO-		
						D, SPOUSE OR OTHER		
C	O-HEAD/SPOU	SE/ OTHER ADULT SI	 GNATURE	DATE	ADUL'	ADULT HOUSEHOLD MEMBER		
	•	•						
A >	TTACHMENT							
		Lover Letter - Explains	eligibility application proce	ess wait list process and s	electing applicants			
۶			eligibility, application proce	ess, wait list process and s	electing applicants.			
>	Application (Other Attach	ny: Kiemle Hagood	does not discriminate against any per	son on the basis of race, color, cre	ed, religion, marital status, disability, f	amilial status, national origin, age, sexual		
>	Application (Other Attach	ny: Kiemle Hagood orientation, gencare required to p	does not discriminate against any per ler identity or military/veteran status in rovide reasonable auxiliary aids and se	son on the basis of race, color, cre the admission or access to treatmer rvices necessary for effective comm	ed, religion, marital status, disability, fi nt or employment in their federally assi unication with persons with disabilities	sted programs and activities. As such, we when requested. The person below has		
	Application (Other Attach Management Compar Kiemle Hagood 504 Coordinator: Director of Multifam	iny: Kiemle Hagood orientation, genc are required to peen designated implementing Se	does not discriminate against any per- ler identity or military/veteran status in rovide reasonable auxiliary aids and se I to coordinate compliance with the ction 504 (24 CFR, part 8 dated June 2	son on the basis of race, color, cre the admission or access to treatmer rvices necessary for effective comm nondiscrimination requirements cor	ed, religion, marital status, disability, f nt or employment in their federally assi unication with persons with disabilities ntained in the Department of Housin	sted programs and activities. As such, we		
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