



WAITING LIST APPLICATION COVER LETTER (HUD 811)

Property Name: **Bernadette Place Apts** Property Address: **925 North A Street / Spokane, WA 99201**

Office Hours: **9:00 am to 3:00 pm** Phone: **(509) 327-9524** Fax: **(509) 328-5225** TDD **711**

Dear Future Tenant,

Thank you for applying to live at Bernadette Place Apartments. Please take a few minutes to read over our requirements for filling out and returning our waiting list application. All interested individuals have the right to complete and submit an application. Included in this cover letter is information regarding the policies of our apartment community eligibility and our procedures for selecting tenants. We hope that you will soon be calling our apartments your new home. Should you have any questions or concerns please give me a call at the phone number above. More information is contained in our Tenant Selection Plan which is available from management upon request.

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 "None" 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 you corrected this. 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 known address (or general delivery if no address provided) with a letter providing the items needing completion.

WHO IS ELIGIBLE TO LIVE AT OUR PROPERTY?

This property offers six 2 bedroom units through the HUD 811 supportive services for persons with developmental disabilities program. 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 need for larger unit due to a reasonable accommodation may be allowed exceptions to the property's occupancy standard.

Number of Occupants per Bedroom	0 Bd	1 Bd	2 Bd	3 Bd	4 Bd
MINIMUM Number of Occupants			3		
MAXIMUM Number of Occupants			5		

Income limits for this property are set aside for household at or below 50% area median income for their household size in Spokane County as adjusted annually. Rents that are HUD subsidized are equal to 30% of your monthly adjusted income. Water, sewer, garbage are included in your rent. Electricity may be included in the rent or a rent credit is provided each month if the bill is to be paid by the household directly. There is a HUD Section 8 required minimum total tenant payment of \$25.00 per month, unless a verifiable qualifying hardship exists. Please contact the manager for details about the rent structure at this property.

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. 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, members or income. 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:

At the time a unit becomes available it is our policy to generate a waiting list report showing the eligible applicants which will be contacted in order starting at the top. 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.

Once you have been contacted by the manager and have accepted a unit an appointment must be schedule with management within 3 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 begin the background screening 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, such as student status and at some properties citizenship review.

Background screenings will be performed on all adult members to determine such things as acceptable prior rental and criminal history, public records and credit history (poor credit history is not a major factor in application review). 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 bring to the initial appointment for ALL members expecting to resident in the unit: Age Verification-all members must provide a legal birth certificate. Social Security Verification-all members must provide proof of valid card. Income-all members must provide proof of current income and must disclose any potential income over the next 12 months. Assets-all assets must be claimed no matter the current balance/value and all assets must be verified. 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

When 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 and pet deposit (with payment plan if applicable) will be requested and payment of rent, 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, 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 us.

Sincerely,

Property Manager

Property Name: BERNADETTE PLACE APARTMENTS	does not discriminate on the basis of disability 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.	 
504 Coordinator Name: HOUSING DIRECTOR		
Address: P.O. Box 2253, Spokane, WA 99210-2253		Telephone #: (509) 358-4250

HUD WAITING LIST APPLICATION



PROPERTY NAME: _____

THIS IS A PRE-APPLICATION FOR CONSIDERATION FOR PLACEMENT ON THE WAITING LIST ONLY.
 ALL ADULTS WILL BE REQUIRED TO COMPLETE A FULL RENTAL APPLICATION AND SUPPLEMENT TO APPLICATION
 IF CHOSEN FROM THE WAITING LIST FOR SCREENING AND PRE-ELIGIBILITY PROCESSING. PLEASE ANSWER ALL QUESTIONS.
 IF A QUESTION DOES NOT APPLY PUT 'NONE' IN THE BLANK/BOX. PLEASE USE BLUE INK ONLY!

FULL NAME <i>(First, Last, Middle Initial)</i>	RELATION TO HEAD	SOCIAL SECURITY NUMBER	BIRTHDATE <i>(mm/dd/yy)</i>	GENDER <i>(optional)</i>	STUDENT <i>(Y/N)</i>	LIST ALL U.S. STATES LIVED IN <i>(including birth)</i>
	SELF					

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

CURRENT STREET ADDRESS <i>(Check box <input type="checkbox"/> if mailing address ONLY)</i>	CITY	STATE	ZIP
TELEPHONE NUMBER	ALTERNATIVE NUMBER	EMAIL ADDRESS	

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.

ETHNICITY <i>(Select ONE)</i> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	RACE <i>(Select ALL that apply)</i> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
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What is the total number of household members that will be living in the unit *(include unborn children & live in aides)*: _____

What is the estimated annual income *(including asset income)* of the household in the next 12 months: \$ _____

Is your Household Displaced by: NOT Displaced Natural Disaster Government Disaster Private Action

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

Any household member claiming disabled status for admission (eligibility)/deduction qualification? YES NO
 If yes, Member Name: _____

Based on disability or medical condition, does a household member request features of a wheelchair or adapt unit? YES NO
 If yes, Member Name: _____

Does a household member request a unit with accessible features? YES NO If Yes, type: Mobility Hearing Vision
 If yes, Member Name: _____

Any household member subject to a registration requirement under a sex offender program in any state? YES NO
 If yes, Member Name: _____

Any household member currently engaged in illegal use of drugs or abuse alcohol or have a pattern of abuse? YES NO
 If yes, Member Name: _____

Any household member evicted in the last 7 years from federally assisted housing for drug related criminal activity? YES NO
 If yes, Member Name: _____

Within the last 3 years since the date of eviction, have any household members been evicted? YES NO
 If yes, Member Name: _____

Any household member been convicted of a criminal offense in the last 7 years? YES NO
 If yes, Member Name: _____ Offense: _____ When: _____

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

(1) Valid Social Security Numbers for all family members AT LEAST 90 DAYS PRIOR TO MOVE-IN (Exceptions: 62 or older as of 1/31/2010 whose initial determination of eligibility was begun before 1/31/2010, members that do not contain 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)

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

(3) Legal Non-citizenship/immigration status (If applicable, for non-citizens under 62 years of age)

If NOT, Why Not? _____

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? YES NO

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

Senior Center Senior Directory/Resource Other: _____

PLEASE READ: In compliance with the Fair Credit Reporting Act, we are informing you that information as to your household member's rental history, character references (if applicable), public records, criminal history and credit history is being verified. I/We understand that any misrepresentation will be sufficient cause for rejection of the application. I/we understand that, upon acceptance of this application for tenancy, I/we must provide releases and/or verification of ALL income and assets and household composition (including custody or guardianship of minor children) and consent to release for wage and/or income matching by HUD, including Enterprise Income Verification (EIV) or the owner/agent. I/we also agree to signify all terms of occupancy by signing the Lease Agreement, Rules and Regulations of the property and a Tenant Certification for Calculation of Rent form HUD 50059. HUD is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), by Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit proof of valid social security number of each household member (if applicable). Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate federal, state, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors.

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

- I/We acknowledge that I/We must inform management of changes to My/our WAITING LIST Application information and of my/our continued interest at least every 6 months in order to remain on the waiting list. Failure to update MAY result in removal from the waiting list.
- I/We certify this apartment will be my permanent residence and I/We will not maintain a separate rental unit in a different location.
- I/We acknowledge 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/We understand that if I/we are rejected I/we 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. The Grievance and Appeal Procedure is posted in the site office. 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.

SIGNATURES AND DATES (REQUIRED). I/WE CERTIFY THE ACCURACY AND COMPLETENESS OF INFORMATION PROVIDED:

Head of Household Signature

Date



Co-Head/Spouse/ other adult Signature

Date

EACH ADULT SHOULD SIGN/date EACH OTHERS APPLICATION AS head, CO-HEAD, SPOUSE or other adult household member

ENCLOSURES:

- > Application Cover Letter - Explains eligibility, application process, wait list process and selecting applicants.
- > Other: _____

Property Name:	does not discriminate on the basis of disability 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.	 
504 Coordinator Name: HOUSING DIRECTOR		
Address: P.O. Box 2253, Spokane, WA 99210-2253		Telephone#: (509) 358-4250

OFFICE USE ONLY: ACKNOWLEDGEMENT OF RECEIPT OF RENTAL APPLICATION			
Date Received	Time Received	Received/reviewed for completeness by (print name)	Signature
	AM PM		