



TT# _____



www.rentonhousing.org

RENTON HOUSING AUTHORITY

P.O. Box 2316 • Renton, WA 98056-0316
Office 425/226-1850 • Fax 425/271-8319



TTY 1-800-833-6388

Cedar Park Housing Application

This form is the official application for Renton Housing Authority (RHA) Cedar Park Apartments market rate housing. You will be placed on the appropriate waiting list as of the **date** and **time** you **completely fill-out this application and submit it to the Cedar Park Main Office** located at **408 Monroe NE. Renton WA 98056.**

A waitlist position is established by submitting this form. Upon reaching the top of the waitlist, an applicant will be instructed to complete additional documents needed in the applications process and be scheduled for an intake interview. Additional documents may include: Release of Information, Citizenship Status and Personal Declaration forms, Alliance 2020 credit and background check, program eligibility and accommodation documents.

RHA may deny assistance if you cannot demonstrate an ability to abide by the conditions of a lease, including timely rent payments, caring for the premises and getting along with neighbors. A credit report will be used in part to make this determination, so it is recommended that you work to resolve any credit issues or outstanding balances owed to a previous landlord. RHA will deny or terminate housing assistance for those determined to have a history of involvement in illegal drug-related or violent criminal activity.

After verification by RHA of the information you supply, you will be notified in writing of approval or denial on the basis of eligibility and tenant suitability. If you fail to follow through with supplying information necessary to complete this application, it may be canceled, in which case you would also be advised in writing.

APPLICANT NAME: _____

Mailing Address STREET CITY STATE ZIP

Your contact or message **Phone:** () _____

 **Notify RHA promptly if your family composition mailing address or Ph. No. changes.**

RHA Signature _____ Date: _____ Time: _____
Community Specific Cedar Park
BEDROOM SIZE: 0 BR 1 BR 2 BRs

1. Please list the following for you and each person you are applying to have live with you:

Family Member's Name (Legal Name) LAST NAME, FIRST NAME MI	Sex	Relationship to Head of House	Date of Birth and AGE	Disabled "Yes"/"No"	Place of Birth	Social Security Number For 6 years and Older
1.	<input type="checkbox"/> M <input type="checkbox"/> F	HEAD	/ / AGE:			
2.	<input type="checkbox"/> M <input type="checkbox"/> F	(e.g. spouse, son, dau., foster, etc.)	/ / AGE:			
3.	<input type="checkbox"/> M <input type="checkbox"/> F		/ / AGE:			
4.	<input type="checkbox"/> M <input type="checkbox"/> F		/ / AGE:			
5.	<input type="checkbox"/> M <input type="checkbox"/> F		/ / AGE:			

Additional household members on back of page. Sign and date back page if additional information listed there.

2. Type of Housing (check any that apply): Family Elderly Disabled Single

3. How many people total will occupy the housing unit for which you are applying? _____

4. Is there a disabled member of the household who will need an accommodation?

Yes No If "Yes" explain: _____

5. Will anyone be living with you in the future who is not listed in this application?

Yes No

If yes, please list their name(s) and circumstances, and/or note if you are pregnant:

6. For the purpose of reporting demographic information please indicate your family's race:

White Black Am. Indian/AK Native Asian/Pac Islander

and status of Hispanic ethnicity: Yes, Hispanic Non-Hispanic

Primary Language: _____

7. *Are you a United States Citizen? Yes No

*Are you a Non-Citizen with Eligible Immigration Status? Yes No

*Do you and all members listed in this application have proof of United States citizenship

or proof of legal immigration or resident alien status? Yes No

8. *Do you and all members listed in this application have an original Social Security card from which a copy can be made during the intake interview? Yes No

(If you do not have an original Social Security card we accept alternative forms of documentation.)

9. *Do you & all ADULTS listed in this application have valid picture identification from which a copy can be made during the intake interview? Yes No

If "No" how are you able to prove your identity? _____

****THE ITEMS IN QUESTIONS NUMBER 8, 9 AND 10 ARE REQUESTED IN ORIGINAL FORM FOR US TO COPY AT THE TIME OF YOUR FUTURE INTAKE INTERVIEW.***

10. **TOTAL Annual Income** for all the people listed on this application:

\$ _____ /year Source(s) _____

11. **TOTAL Value of Assets held by the family.** Bank Accounts, real property, vehicle(s) etc.:

\$ _____ Source(s)/vehicle _____

12. Do you and/or any household members have a criminal record? Yes No

If yes, please summarize the details of **all criminal offenses** that will appear on any record RHA may acquire during the background check that is completed for adult applicants:

13. Do you and/or any household members currently owe a landlord for unpaid rent or damages?

Yes No [outstanding balances owed to a previous landlord must be resolved for housing]

If yes, please detail the amount(s) and status: _____

14. Have you and/or any household members been evicted from any public or assisted housing?

Yes No If yes, please detail the date(s) and circumstances: _____

a. Any pets? Yes No 18.b. Service animal? Yes No If "Yes" to either a. or b.;

TYPE: _____

15. Who may we contact if you are involved in an emergency?

Contact Person's Name

Phone Number

18. How did you hear about Cedar Park? Friend Newspaper Website

Other _____

I/we accept full responsibility for keeping the Renton Housing Authority **informed of a current address or a change in family composition** and understand that this application may be canceled if I/we fail to do so.

I/we, understand that the information contained on this housing assistance application and accompanying application packet is collected to determine: my/our eligibility for the housing and services administered by the Renton Housing Authority, proper unit size, rent subsidy and the amount of rent for which I/we shall be responsible. I/we understand that the information needs to be verified and may be released to appropriate federal, State and local authorities or agencies in accordance with the Privacy Act of 1974, 5 U.S.C. 552a.

I/we certify that the information given to the Renton Housing Authority regarding my/our household composition, income, assets and expenses (such as medical or childcare), housing circumstances, rental history and background related to tenant suitability, is accurate and complete to the best of my/our knowledge and belief.

I/we understand that supplying false information or statements to the Renton Housing Authority is punishable under federal, State and local law. I/we also understand that supplying false information or statements to the Renton Housing Authority is considered fraud or misrepresentation and is grounds for the denial or termination of assistance or tenancy under any of the Renton Housing Authority programs.

APPLICANT SIGNATURE(s): (Each adult expected to reside in the home over 18 years of age.)

1. _____

DATE: ____ / ____ / ____

2. _____

DATE: ____ / ____ / ____

3. _____

DATE: ____ / ____ / ____

If you are a person with a disability and need an accommodation, please do not hesitate to let your specific needs be known to the Housing Authority.

If yours is a limited English speaking household and you want this letter interpreted at no cost, please come in during normal hours.

Federal law prohibits housing discrimination based on your race, color, national origin, religion, sex, age, family status, or disability. If you believe your rights have been violated, you can file a fair housing complaint at the: Fair Housing Hub, U.S. Department of Housing and Urban Development Seattle Federal Office Building

Phone (206) 220-5170 or 1-800-877-0246, **TTY 1-800-833-6388**



PO Box 2316, Renton WA 98056

425-235-8425

A Full Report Will Be Provided if No Box is Checked
Full Report Co Signer Screening

LEASE MONTH TO MONTH

Screening Status Single Married

UNIT #:

RENTAL PAYMENT:

MANAGER /RENTAL AGENT NAME:

PROPERTY ADDRESS (if different from above):

MOVE IN DATE:

USE SEPARATE APPLICATIONS FOR EACH APPLICANT OTHER THAN SPOUSE WITH SAME LAST NAME VISUAL PROOF OF DRIVER'S LICENSE/OR STATE ID PROVIDED: YES NO

APPLICANT INFORMATION — Driver's license or photo ID must be provided: Incomplete or false information may result in denial.

Form fields for Applicant Information: LAST NAME, FIRST NAME, MIDDLE NAME, SOCIAL SEC. #, DATE OF BIRTH, DRIVER'S LICENSE #, ISSUED FROM WHICH STATE?, DRIVER'S LICENSE EXPIRATION DATE, CELL PHONE, E-MAIL, ADDRESS SHOWN ON DRIVER'S LICENSE, CITY, STATE, ZIP CODE.

SPOUSE INFORMATION — Driver's license or photo ID must be provided: Incomplete or false information may result in denial.

Form fields for Spouse Information: LAST NAME, FIRST NAME, MIDDLE NAME, SOCIAL SEC. #, DATE OF BIRTH, DRIVER'S LICENSE #, ISSUED FROM WHICH STATE?, DRIVER'S LICENSE EXPIRATION DATE, CELL PHONE, E-MAIL, ADDRESS SHOWN ON DRIVER'S LICENSE, CITY, STATE, ZIP CODE.

APPLICANT AND SPOUSE RESIDENCE HISTORY AT LEAST TWO YEARS: Incomplete or false information may result in denial.

Form fields for Present Address: PRESENT ADDRESS, APT #, CITY, STATE, ZIP.

Form fields for Current Residence: DO YOU OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER, YOUR AREA CODE + PHONE #, MONTHLY PAYMENT AMT, HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS?, CURRENT APT/MORTGAGE OR LANDLORD NAME, CITY, STATE, DAYTIME LANDLORD PHONE #, EVENING LANDLORD PHONE #.

Form fields for Previous Residence: REASON FOR MOVING, PREVIOUS ADDRESS, APT #, CITY, STATE, ZIP.

Form fields for Previous Residence: DID YOU OWN RENT LIVE WITH RELATIVES SCHOOL DORMITORY OTHER, PERVIOUS APT/MORTGAGE OR LANDLORD NAME, PREVIOUS LANDLORD PHONE #, MONTHLY PAYMENT AMT, HOW LONG AT YOUR PREVIOUS ADDRESS?, REASON FOR MOVING, CITY, STATE.

APPLICANT'S EMPLOYMENT: Paycheck stubs, tax returns or letters of hire/transfer may be required.

Form fields for Applicant's Employment: CURRENT EMPLOYER, ADDRESS, CITY, STATE, AREA CODE + PHONE #, POSITION, SUPERVISOR'S NAME, MONTHLY SALARY, EMPLOYMENT DATES, PREVIOUS/ADDITIONAL EMPLOYER, ADDRESS, CITY, STATE, AREA CODE + PHONE #, POSITION, SUPERVISOR'S NAME, MONTHLY SALARY, EMPLOYMENT DATES.

SPOUSE'S EMPLOYMENT: Paycheck stubs, tax returns or letters of hire/transfer may be required.

Form fields for Spouse's Employment: CURRENT EMPLOYER, ADDRESS, CITY, STATE, AREA CODE + PHONE #, POSITION, SUPERVISOR'S NAME, MONTHLY SALARY, EMPLOYMENT DATES, PREVIOUS/ADDITIONAL EMPLOYER, ADDRESS, CITY, STATE, AREA CODE + PHONE #, POSITION, SUPERVISOR'S NAME, MONTHLY SALARY, EMPLOYMENT DATES.

LIST ALL OTHER PROPOSED OCCUPANTS.

Form fields for Other Occupants: NAME, AGE, RELATIONSHIP, CAR MAKE, YEAR, MODEL, LICENSE #, NAME OF NEAREST RELATIVE, RELATIONSHIP, ADDRESS, CITY, STATE, AREA CODE + PHONE #, EMERGENCY CONTACT, RELATIONSHIP, ADDRESS, CITY, STATE, AREA CODE + PHONE #.

Form fields for Income and Pets: ADDITIONAL INCOME APPLICANT SOURCE, ADDITIONAL INCOME SPOUSE SOURCE, WILL YOU HAVE PETS LIVING IN THE UNIT, DO YOU HAVE RENTER'S INSURANCE, DO YOU OR ANY OF THE PROPOSED RESIDENTS SMOKE?, HAVE YOU BEEN EVICTED OR LEFT A LANDLORD OWING MONEY?, ARE YOU OR ANY OF THE PROPOSED RESIDENTS A REGISTERED SEX OFFENDER?, HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE?, IF YES, TYPE OF OFFENSE, COUNTY, STATE.

APPLICANT'S DISCLOSURE, RELEASE AND CONSENT

Form fields for Disclosure: **AMT. OF DEPOSIT FOR UNIT/PROPERTY, *COST OF THIS REPORT (NON-REFUNDABLE)

I/we understand I/we acquire no rights in an apartment or subject property until I/we sign this agreement and submit a deposit (holding fee)** in the amount of indicated above. Upon approval of this and the signing of a rental agreement, this fee will be credited against my/our deposit and/or my/our first month's rent in consideration for landlord holding said apartment or subject property at

I/we hereby waive all rights to the return of said holding fee and said fee shall be retained as liquidated damage in the event I/we do not choose to enter into the agreement applied for herein; in the event said application for tenancy is not accepted, holding fee shall be returned to applicant.

In accordance with State and Federal laws you are hereby notified that an investigation may be made by Alliance 2020 of the information you provided on this Application, together with information as to your character, general reputation, personal characteristics, and mode of living. This information is provided to the landlord based upon your written request. You have the right to dispute the accurate disclosure of the nature and scope of the investigation and/or a written summary of your rights under the Fair Credit Reporting Act. Direct all inquires to Alliance 2020, P.O. Box 4248, Renton, WA 98057.

I/we certify that to the best of my/our knowledge all statements made herein are true and correct. I/we authorize Alliance 2020 to obtain such credit reports, character reports, verification of rental and employment history as it deems is necessary to verify all information set forth in the above Application, and provide an investigative report to the undersigned landlord. I/we further understand that false, fraudulent or misleading information disclosed above may be grounds for denial of tenancy or subsequent eviction.

Signed Applicant Landlord Dated Equal Housing Opportunity Rev. 11-09 wlv