PRE - RENTAL APPLICATION

SECTION 8 HUD PROPERTIES



PROPERTY NAME/ADDRESS:

TELEPHONE# EMAIL: OFFICE HOURS:

THIS IS A PRE-APPLICATION FOR CONSIDERATION FOR PLACEMENT ON THE WAITING LIST. YOU WILL BE REQUIRED TO COMPLETE A FULL RENTAL APPLICATION IF CHOSEN FROM THE WAITING LIST FOR SCREENING AND PRE-ELIGIBILITY PROCESSING

- ✓ ALL QUESTIONS MUST BE ANSWERED ON THIS APPLICATION AND ATTACHMENTS.
- ✓ ALL YES/NO OPTIONS MUST BE CIRCLED. IF A QUESTION DOES NOT APPLY PUT N/A IN THE BLANK.
- ✓ PLEASE COMPLETE ONE PRE- RENTAL APPLICATION PER ADULT HOUSEHOLD MEMBER.

Please contact the property management office if you need help understanding this document

- Contacte por favor la oficina de gestión si usted necesita ayuda a comprender este documento. (Spanish)
- Por favor contate o escritório de gerência se deve ajudar entendimento este documento. (Portugese)
- Si vous avez besoin d'aide à la compréhension de ce document, veuillez communiquer avec le Bureau de gestion. (French)
- Souple kontakte Biwo jesyon a si w bezwen èd pou konprann dokiman sa a. (Haitian Creole)
- Xin liên lạc với văn phòng điều hành nếu bạn cần giúp đỡ sự hiểu biết tài liệu này. (Vietnamese)
- Пожалуйста свяжитесь с офисом управления, если Вам нужна помощь в понимании этого документа. (Russian)
- Bitte kontaktieren Sie das Leitungsbüro, wenn Sie helfen müssen, dieses Dokument zu verstehen. (German)
- 請聯絡管理辦公室,如果你需要幫助理解這份文件。(Chinese)
- もしこの文書を理解しているための助けを必要としていれば、経営オフィスと連絡を取ってください。(Japanese)

APPLICANT FULL LEGAL NAME (Last, First, Middle Initial)			PHONE NUMBER	ALT PHONE NUMBER	E-MAIL ADDRESS	
CTDEET ADDE	NEGO.		OITV	CTATE	ZIP	
STREET ADDRESS			CITY	STATE	ZIP	
MAILING ADD	RESS, IF DIFFERENT	7	CITY	STATE	ZIP	
RENT	RENT Rent per month or DATES OF RESIDENCY		REASON FOR MOVING			
OWN 🗆	Mortgage Balance			REASON FOR MICHING		
CURRENT LANDLORD NAME CURRENT LANDLORD PHONE #			CURRENT LANDLORD ADDRESS, CITY, STATE, ZIP			
HAVE YOU PR	OVIDED THIS I AND	ORD NOTICE THAT YOU WILL	DO YOU CURRENTLY H	AVE ANY OUTSTANDING OV	ERDUE BALANCES OWED TO THIS	
	YES NO NA	TOND NOTICE THAT TOO WILL	LANDLORD? YES NO IF YES, PLEASE EXPLAIN			
WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?						
□ HEAD OF HOUSEHOLD □ CO-HEAD/SPOUSE □ CHILD □ OTHER ADULT □ FOSTER ADULT/CHILD □ NONE OF THE ABOVE						
□ LIVE-IN AIDE (LIVE-IN AIDES COMPLETE A DIFFERENT APPLICATION AND MUST BE APPROVED BEFORE MOVE-IN)						
LIVE-IN AIDE (LIVE-IN AIDES COMPLETE A DIFFERENT AFFLICATION AND MIOST BE APPROVED BEFORE MOVE-IN)						
COMPLETE FOR ALL PERSONS EXPECTED TO RESIDE IN THE UNIT: PRINT FULL LEGAL NAME. Use additional pages if necessary						
						

CONTRACTOR ACTION ACTIO	O INCOIDE III I	THE OTHER PROPERTY.	E 147 MVIE. 000 ada	icional pagos	, ii iioocooary		
HEAD OF HOUSEHOLD (Last, First, Middle Initial)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT?	GENDER (optional)	BIRTHDATE		
			YES NO				
PREVIOUS NAMES, ALIASES OR NICKNAMES USED							
LIST ALL U.S. STATES THAT THIS MEMBER HAS LIVED AT ANY TIME (INCLUDING BIRTH)- INFORMATION IS MANDATORY AND MUST BE ACCURATE							

CO-HEAD/SPOUSE (Last, First, Middle Initial)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT?	GENDER (optional)	BIRTHDATE
PREVIOUS NAMES, ALIASES OR NICKNAMES USE)		YES NO		
LIST ALL U.S. STATES THAT THIS MEMBER HAS LI	VED AT ANY TIME	(INCLUDING BIRTH)- INFORM	ATION IS MANDA	TORY AND MU	IST BE ACCURATE
OTHER MEMBER (Last, First, Middle Initial)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT?	GENDER (optional)	BIRTHDATE
			YES NO		
PREVIOUS NAMES, ALIASES OR NICKNAMES USEI)	IF THIS MEMBER IS A CHILD, A WITH ANOTHER PARENT CURF			
LIST ALL U.S. STATES THAT THIS MEMBER HAS LI	VED AT ANY TIME	(INCLUDING BIRTH)- INFORMA	ATION IS MANDA	TORY AND MU	IST BE ACCURATE
OTHER MEMBER (Last, First, Middle Initial)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT?	GENDER (optional)	BIRTHDATE
			YES NO		
PREVIOUS NAMES, ALIASES OR NICKNAMES USE)	IF THIS MEMBER IS A CHILD, A WITH ANOTHER PARENT CURF			
LIST ALL U.S. STATES THAT THIS MEMBER HAS LI	VED AT ANY TIME	 	ATION IS MANDA	TORY AND MU	IST BE ACCURATE
IF YES, WHO QUALIFIES?					
DOES ANYONE IN HOUSEHOLD REQUEST A WHEEL IF YES, PLEASE EXPLAIN YOUR REQUEST:	CHAIR ACCESSIBL	E UNIT, ACCESSIBLE FEATURES	OR UPSTAIRS/DOV	WNSTAIRS UNIT	T? YES NO
DOES ANYONE IN HOUSEHOLD REQUEST A WHEEL					
DOES ANYONE IN HOUSEHOLD REQUEST A WHEEL IF YES, PLEASE EXPLAIN YOUR REQUEST:		NON-PAYMENT OF RENT, LEASE	VIOLATIONS OR H		
DOES ANYONE IN HOUSEHOLD REQUEST A WHEEL IF YES, PLEASE EXPLAIN YOUR REQUEST: HAS ANYONE LISTED ON THIS APPLICATION EVER	BEEN CITED FOR I	NON-PAYMENT OF RENT, LEASE	VIOLATIONS OR H	HAVE EVER BEE	
DOES ANYONE IN HOUSEHOLD REQUEST A WHEEL IF YES, PLEASE EXPLAIN YOUR REQUEST: HAS ANYONE LISTED ON THIS APPLICATION EVER YES NO IF YES, WHO?	BEEN CITED FOR I WHERE	NON-PAYMENT OF RENT, LEASE	VIOLATIONS OR F	HAVE EVER BEE HEN? ASSISTED HOU	EN EVICTED?
DOES ANYONE IN HOUSEHOLD REQUEST A WHEEL IF YES, PLEASE EXPLAIN YOUR REQUEST: HAS ANYONE LISTED ON THIS APPLICATION EVER YES NO IF YES, WHO? EXPLAIN: HAS ANYONE LISTED ON THIS APPLICATION EVER RELATED CRIMINAL ACTIVITY? YES NO	BEEN CITED FOR I WHERE BEEN EVICTED WI IF YES, WHO?	NON-PAYMENT OF RENT, LEASE	ROM FEDERALLY / WHEN?	HAVE EVER BEE HEN? ASSISTED HOU?	EN EVICTED?
DOES ANYONE IN HOUSEHOLD REQUEST A WHEEL IF YES, PLEASE EXPLAIN YOUR REQUEST: HAS ANYONE LISTED ON THIS APPLICATION EVER YES NO IF YES, WHO? EXPLAIN: HAS ANYONE LISTED ON THIS APPLICATION EVER RELATED CRIMINAL ACTIVITY? YES NO EXPLAIN:	BEEN CITED FOR I WHERE BEEN EVICTED WI IF YES, WHO?	NON-PAYMENT OF RENT, LEASE THIN THE LAST THREE YEARS F	ROM FEDERALLY / WHEN?	HAVE EVER BEE HEN? ASSISTED HOU?	EN EVICTED?
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DOES ANYONE IN HOUSEHOLD REQUEST A WHEEL IF YES, PLEASE EXPLAIN YOUR REQUEST: HAS ANYONE LISTED ON THIS APPLICATION EVER YES NO IF YES, WHO? EXPLAIN: HAS ANYONE LISTED ON THIS APPLICATION EVER RELATED CRIMINAL ACTIVITY? YES NO EXPLAIN: HAS ANYONE LISTED ON THIS APPLICATION EVER IF YES, WHO? IF YES EXPLAIN: IS ANYONE LISTED ON THIS APPLICATION A REGIS IF YES, WHO?	BEEN CITED FOR I WHERE BEEN EVICTED WI IF YES, WHO? BEEN ARRESTED, WHEN? TERED OR NON-RI	NON-PAYMENT OF RENT, LEASE THIN THE LAST THREE YEARS FOR THE SERVICE OF THE SUBJECT TO A STATE LEASE	ROM FEDERALLY A WHEN? IO-CONTEST TO AN COU ANY STATE? YES	HAVE EVER BEEN HEN? ASSISTED HOU? NY CRIME? INTY/STATE	SING FOR DRUG
DOES ANYONE IN HOUSEHOLD REQUEST A WHEEL IF YES, PLEASE EXPLAIN YOUR REQUEST: HAS ANYONE LISTED ON THIS APPLICATION EVER YES NO IF YES, WHO? EXPLAIN: HAS ANYONE LISTED ON THIS APPLICATION EVER RELATED CRIMINAL ACTIVITY? YES NO EXPLAIN: HAS ANYONE LISTED ON THIS APPLICATION EVER IF YES, WHO? IF YES EXPLAIN: IS ANYONE LISTED ON THIS APPLICATION A REGIS IF YES, WHO? DOES ANYONE LISTED ON THIS APPLICATION CUR	BEEN CITED FOR I WHERE BEEN EVICTED WI IF YES, WHO? BEEN ARRESTED, WHEN? TERED OR NON-RI	NON-PAYMENT OF RENT, LEASE THIN THE LAST THREE YEARS FOR THE SERVICE OF THE SUBJECT TO A STATE LEASE	ROM FEDERALLY A WHEN? IO-CONTEST TO AN COU ANY STATE? YES	HAVE EVER BEEN HEN? ASSISTED HOU? NY CRIME? INTY/STATE	SING FOR DRUG
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DOES ANYONE IN HOUSEHOLD REQUEST A WHEEL IF YES, PLEASE EXPLAIN YOUR REQUEST: HAS ANYONE LISTED ON THIS APPLICATION EVER YES NO IF YES, WHO? EXPLAIN: HAS ANYONE LISTED ON THIS APPLICATION EVER RELATED CRIMINAL ACTIVITY? YES NO EXPLAIN: HAS ANYONE LISTED ON THIS APPLICATION EVER IF YES, WHO? IF YES EXPLAIN: IS ANYONE LISTED ON THIS APPLICATION A REGIS IF YES, WHO? DOES ANYONE LISTED ON THIS APPLICATION CURIF YES, WHO?	BEEN CITED FOR I WHERE BEEN EVICTED WI IF YES, WHO? BEEN ARRESTED, WHEN? TERED OR NON-RI A RENTLY USE ILLEG EXPLAIN:	NON-PAYMENT OF RENT, LEASE E? THIN THE LAST THREE YEARS FOR THE SERVICE OF THE S	ROM FEDERALLY / WHEN? IO-CONTEST TO AN COU ANY STATE? YES LIFETIME SEX OFFE	HAVE EVER BEE HEN? ASSISTED HOU? NY CRIME? INTY/STATE S NO ENDER REGIST	SING FOR DRUG YES NO RY? YES NO
DOES ANYONE IN HOUSEHOLD REQUEST A WHEEL IF YES, PLEASE EXPLAIN YOUR REQUEST: HAS ANYONE LISTED ON THIS APPLICATION EVER YES NO IF YES, WHO? EXPLAIN: HAS ANYONE LISTED ON THIS APPLICATION EVER RELATED CRIMINAL ACTIVITY? YES NO EXPLAIN: HAS ANYONE LISTED ON THIS APPLICATION EVER IF YES, WHO? IF YES EXPLAIN: IS ANYONE LISTED ON THIS APPLICATION A REGIS IF YES, WHO? DOES ANYONE LISTED ON THIS APPLICATION CUR IF YES, WHO? DOES ANYONE LISTED ON THIS APPLICATION CUR	BEEN CITED FOR I WHERE BEEN EVICTED WI IF YES, WHO? BEEN ARRESTED, WHEN? TERED OR NON-RI A RENTLY USE ILLEG EXPLAIN: RENTLY USE MAR EXPLAIN:	NON-PAYMENT OF RENT, LEASE THIN THE LAST THREE YEARS FOR THE PERSON OF	ROM FEDERALLY / WHEN? IO-CONTEST TO AN COU ANY STATE? YES LIFETIME SEX OFFE L? YES NO MEDICINAL PURP	HAVE EVER BEE HEN? ASSISTED HOU? NY CRIME? INTY/STATE S NO ENDER REGIST	SING FOR DRUG YES NO RY? YES NO

WILL EVERYONE LISTED ON THIS APPLICATION BE ABLE TO PROVIDE PROOF OF THESE HUD REQUIREMENTS PRIOR TO MOVE-IN? YES NO						
A. 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 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 APPLICTATION 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)						
IF NOT, WHY NOT?						
THE VIOLENCE AGAINST WOMENS 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						
SOURCES OF INCOME AN	D ASSETS: List all income of all members (including	g minors) – Use	additional	pages if necessary		
agencies (DSHS etc), Social Sec	r all members (including minors). Includes, but is not limite curity, Pensions, SSI, Disability, L & I, Unemployment, Child Care vidends, Annuities, and Regular Contribution from people not r	e, Alimony, Child S	Bupport, Fin ar	icial Aid, Income from sale of		
FAMILY MEMBER NAME	MBER NAME EMPLOYER, AGENCY, ETC. WHO ARE SOURCES OF INCOME TO YOU (List name & address)					
FAMILY MEMBER NAME	EMPLOYER, AGENCY, ETC. WHO ARE SOURCES OF INCOME	E TO YOU (List nar	ne & address)	ANNUAL GROSS INCOME \$		
FAMILY MEMBER NAME	MILY MEMBER NAME EMPLOYER, AGENCY, ETC. WHO ARE SOURCES OF INCOME TO YOU (List name & address)					
FAMILY MEMBER NAME	EMPLOYER, AGENCY, ETC. WHO ARE SOURCES OF INCOME	E TO YOU (List nar	ne & address)	ANNUAL GROSS INCOME \$		
ASSET INFORMATION: Lis	et all assets of all members (including minors) Chec	ck one account	t type per a	ccount		
BANK/SOURCE NAME	□ STOCKS/BONDS □ SAVINGS □ CHECKING □ TRUST □ DEBIT OR PREPAID CARD: □ DIRECT EXPRESS □ QW		MONEY MARKI S PREPAID	ET BALANCE \$		
BANK/SOURCE NAME	ANK/SOURCE NAME					
BANK/SOURCE NAME	NK/SOURCE NAME					
BANK/SOURCE NAME	ANK/SOURCE NAME					
IFE INSURANCE POLICIES: UNIVERSAL LIFE INSURANCE UNIVERSAL LIFE INSURANCE TERM INSURANCE NO LIFE INSURANCE CASH VALUE \$						
REAL PROPERTY: DO YOU OWN ANY PROPERTY OR BUILDING IN ANY STATE OR COUNTRY? YES NO APPROX MARKET VALUE \$ IF YES, TYPE OF PROPERTY: LOCATION:						
HAVE YOU SOLD/DISPOSED/GIVEN AWAY ANY PROPERTY OR ASSETS IN THE LAST 2 YEARS? YES NO DATE SOLD/DISPOSED OF IF YES, TYPE OF PROPERTY/ASSETS:						
DO YOU HAVE ANY OTHER ASSETS NOT LISTED ABOVE (EXCLUDING HOUSEHOLD GOODS)? YES NO IF YES, WHAT?						
CHARACTER REFERENCES	AND/OR EMERGENCY CONTACTS (Please supply a	t least TWO)				
NAME	ADDRESS AND CITY STATE ZIP	YEARS KNOWN	RELATION	PHONE NUMBER		
NAME	ADDRESS AND CITY STATE ZIP	YEARS KNOWN	RELATION	PHONE NUMBER		
RACE AND ETHNICITY OF HEAD OF HOUSEHOLD: This information is solicited on this application in order to assure the Federal Government acting through HUD that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information. ETHNICITY: Hispanic or Latino Not Hispanic or Latino Not Hispanic or Latino Not Hispanic or Other Pacific Islander White Other HOW DID YOU HEAR ABOUT OUR PROPERTY?						
TOWN DID TOO TIE MET BOOK FROM EAST :						

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 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 ACKNOWLEDGE THAT I MUST INFORM MANAGEMENT OF CHANGES TO OUR APPLICATION INFORMATION AND OF MY/OUR CONTINUED INTEREST AT LEAST EVERY
 6 MONTHS IN ORDER TO REMAIN ON THE WAITING LIST. FAILURE TO UPDATE WILL RESULT IN REMOVAL FROM THE WAITING LIST.
- I CERTIFY THIS APARTMENT WILL BE MY PERMANENT RESIDENCE AND I WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION.
- 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.
- 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 REQUESTING A MEETING. A COPY OF 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.

<u>SIGNATURES (F</u>	REQUIRED). TO	ERTIFY THE ACCURACY AND COMPLETEN	ESS OF INFORMATION F	PROVIDED:
APPLICANT (HEAD)) SIGNATURE		DATE	EACH ADULT SHOULD SIGN/DATE EACH OTHERS APPLICATION AS HEAD, CO- HEAD, SPOUSE OR OTHER ADULT HOUSEHOLD
CO-HEAD/SPOUSE	/ OTHER ADULT SIG	NATURE	DATE	MEMBER
PAPPLICATION C HUD-92006 SI TO PROVIDE AL THE FORM WI FORM AND RE	OVER LETTER - EXPI UPPLEMENT TO APP ODITIONAL CONTACT	T. IF YOU CHOOSE NOT TO PROVIDE ADDIT IECK THE BOX INDICATED THAT YOU CH TION.	S, WAIT LIST PROCESS A USING ONE FOR EAC TONAL CONTACT, PLEAS	AND SELECTING APPLICANTS H ADULT OF THE HOUSEHOLD. OPTIONAL SE STILL COMPLETE THE TOP PORTION OF E ADDITIONAL CONTACT, SIGN AND DATE
Owner or Property N	Name:			reatment or employment in, its federally assisted programs
504 Coordinator Na	me:	Department of Housing and Urban Development's accordance with the Federal Fair Housing Act and	regulations implementing Section provide persons with disabilities re	with the nondiscrimination requirements contained in the 504 (24 CFR, part 8 dated June 2, 1988). We do business in asonable accommodation upon request. TTY# (for hearing ternatives or services based on the property's LEP Policy.
Address:		impuned/7221 elsono mentangaage ournels may	request of arrange interpretation at	Telephone #
Office Use Only:	ACKNOWLEDGEM TIME RECEIVED	TENT OF RECEIPT OF PRE RENTAL APPL PERSON THAT RECEIVED APPLICATION AND REVIEW		SIGNATURE