AFFORDABLE HOUSING RENTAL APPLICATION
GENERAL INFORMATION

Thank you for choosing the Everett Housing Authority ***AFFORDABLE HOUSING PROGRAM***. This housing program does not provide a federal subsidy; however, federal, state or local funds we may have received allow us to offer lower, more stable rents. This may also require EHA to document and report to government agencies, initially and annually, that income-appropriate residents are being housed. EHA verifies income and asset information upon application and annually for most of our Affordable Housing Program units. To help make your application a success, please note the information below:

Complete your application in full, including all applicable address and phone numbers. Incomplete applications and applications with incorrect information will be denied.

BACKGROUND SCREEN: EHA charges a non-refundable background screen fee of $32.00 for each adult aged 18 or over that includes credit, civil and criminal history and prior landlord responses.

CREDIT: Please discuss your outstanding or delinquent accounts with EHA applications staff. Accounts in collection or an open bankruptcy may result in a denial of your application.

CIVIL/CRIMINAL HISTORY: Any conviction of a felony involving crimes against persons or property, or the sale, manufacture or use of illegal drugs may result in denial of your application. Please discuss any convictions or rehabilitation programs with EHA application staff.

LANDORD REFERENCES: Landlord references are checked for the past five years. It is important that you provide the name, address and telephone number for all landlords during this period. Please discuss any unlawful detainers or unpaid rental collections with EHA staff, as these may result in denial of your application.

PERSONAL REFERENCES: If you do not have a verifiable 5-year landlord history, or if you lived with family members or friends during the past five years, please provide two letters of reference from persons who are qualified to judge that you will be a responsible tenant. For more details, see the attached ***Rental History--Letter of Reference*** information sheet.

PICTURE ID: Current and original picture ID is required for household members over the age of 18. Examples of acceptable ID are a driver's license, state ID card, passport, Green Card, or military card.

SOCIAL SECURITY NUMBERS: EHA requests documentation for social security numbers for all members of the household.

If any of the above criteria is missing or there are negative background results, your application may be denied. If results are successful in most items, but some are in a risk or negative status, EHA may approve your application with an initial first and last month's rent, increased security deposit or a co-signer. A co-signer must meet the same criteria as an applicant.

The Everett Housing Authority does not discriminate on the basis of race, religion, sex, color, marital status, handicap, familial status or national origin. Please let EHA staff know if you need reasonable accommodation to have equal access to the application process, or EHA housing programs because of disability; or, if you need an interpreter or a translation because of no or limited English proficiency.

RENTAL HISTORY –LETTER OF REFERENCE

All Affordable Housing Applicants are required to provide five (5) years or rental history. Three (3) years MUST be verifiable. Valid rental history is considered to be a rental agreement between a landlord/owner and a tenant. Renting or staying with friends or relatives is not considered valid rental history.

We require references to verify that an applicant may be a responsible tenant if that applicant does not have at least three (3) years of verifiable rental history. **You must provide at least 2 references for EACH member of the household over 18-years of age**.

Acceptable letters of reference **CANNOT come from family and friends or a previous landlord.** The following are a list of suggested reference sources:

- Case Manager or Worker from a Social Service Agency
- Current or past employers, teachers, coaches
- Counselor or medical provider with whom you have an ongoing relationship
- Faith leader or spiritual advisor
- Volunteer Supervisor
- Community or youth leader
- Someone with whom you have an ongoing business or services relationship (i.e. daycare provider, caregiver etc…)
- Group or association to whom you pay ongoing membership fees or dues.

Please contact our office if you have any question regarding other possible reference sources.

The letters of reference should be provided on letterhead and/or include the source's full name, address, and telephone number. The letters should also address your character with regard to housing: In what capacity does the reference source know you? Does the reference source believe you to be responsible? Does he/she feel that you will be a good tenant for our Affordable Housing.?

You are required to provide the necessary documents before your application can be approved. Failure to do so will result in a denial of your application.

Be sure that all letters include the name, address, phone number and signature of the person writing the letter on your behalf.

AFFORDABLE HOUSING RENTAL APPLICATION

HOUSEHOLD COMPOSITION: List all persons who will be living in your home, listing the head of household first.

Family Member	Relation to Head	Date of Birth	Age	Social Security
	HEAD			

YOUR PHONE NUMBERS	HOME:	CELL:

PERSONAL DECLARATION OF INCOME AND ASSETS: EHA is required to provide housing for persons who meet the Department of Housing and Urban Development (HUD) low, very-low or extremely low income limits. Please use the name for each household member as it appears on the social security card. All adult members, those 18 years and older, must sign this form certifying the accuracy of the information provided herein.

TOTAL HOUSEHOLD INCOME – List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, gifts, social security, disability payments, workman's compensation, retirement benefits, public assistance, veteran's benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources.

Income Source		***Who?***	***Amount per Month***
Wages/Employment	Yes ☐ No ☐		$ ☐ Hourly ☐ Monthly
Company Name:			Supervisor Name:
Employer Address			
Hours Worked Per Week:		Employer Phone:	Employer Fax:
Wages/Employment	Yes ☐ No ☐		$ ☐ Hourly ☐ Monthly
Company Name:			Supervisor Name:
Employer Address			
Hours Worked Per Week:		Employer Phone:	Employer Fax:
Wages/Employment	Yes ☐ No ☐		$ ☐ Hourly ☐ Monthly
Company Name:			Supervisor Name:
Employer Address			
Hours Worked Per Week:		Employer Phone:	Employer Fax:

Unemployment	Yes ☐ No ☐		$ Weekly
Social Security	Yes ☐ No ☐		$ Monthly
TANF/Welfare/DSHS	Yes ☐ No ☐		$ Monthly
Child Support	Yes ☐ No ☐		$ Monthly
L & I	Yes ☐ No ☐		$ Weekly
Pension/Retirement	Yes ☐ No ☐		$ Monthly

ASSETS – Does anyone, including children, have any of the following resources?

Source		Who	Amount
Cash on Hand	Yes ☐ No ☐		
Cash Value of Life Insurance Policy	Yes ☐ No ☐		
Trust Fund	Yes ☐ No ☐		
Stocks or Bonds	Yes ☐ No ☐		
Notes, Mortgages or Deeds	Yes ☐ No ☐		
Retirement Accounts	Yes ☐ No ☐		
Deferred Compensation	Yes ☐ No ☐		

Please list all Checking or Savings Accounts:

Type of Asset: Checking/Savings	Current Value	Name on Account	Name of Bank or Financial Institution	Account Number
	$			
	$			
	$			

Have you or any other household member sold or given away any business or other asset in the last 2 years for less than its full value? **YES NO**

Does anyone outside your household pay any of your bills or give you money on a regular basis? **YES NO**

Other Household Information:

Do you currently have any pets? YES NO If yes, describe_____

I require a wheelchair accessible unit? **YES NO** I require other Accessible feature(s):

_____

I certify that to the best of my knowledge all statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction.

_____ _____

Applicant Signature Date Co-Applicant Signature Date

AUTHORIZATION

I/we do hereby authorize Everett Housing Authority and its staff or authorized representatives to contact any employers, financial institutions, agencies, local police departments, offices, groups or organizations, landlords, personal and professional references to obtain and verify any information or materials which are deemed necessary to determine my eligibility for renting/leasing their properties.

Applicant/Resident Signature	Print name	Date
Applicant/Resident Signature	Print name	Date
Applicant/Resident Signature	Print name	Date
Applicant/Resident Signature	Print name	Date

MANAGERS – Visual Proof of Drivers License or State I.D.: ☐ Yes ☐ No **I.D. Checked by:**_____

Each adult over the age of 18 must complete a separate application.

	Mgmt Company	Apt Community	Community Contact	Community Tel #	Advertising Source
CLIENT #:_____					

☐ **CRIMINAL** ☐ **CREDIT** ☐ **CREDIT/CRIMINAL** ☐ **CREDIT/CRIMINAL/EVICTION** ☐ **COMPREHENSIVE**

APPLICATION TO RENT

Apartment #_____ Move-in Date_____ Rent $_____ Lease_____

☐ Applicant ☐ Roommate w/_____ ☐ Cosigner ☐ Section 8

APPLICANT INFORMATION

(LEGAL) Last Name First Middle	Soc. Sec. #	Date of Birth

Other Names Used	Drivers License #/State	Email Address	Contact Phone Number

Other Persons to Occupy Rental:	1	Full Name Relationship DOB	3	Full Name Relationship DOB	
	2	Full Name Relationship DOB	4	Full Name Relationship DOB	
Pets to occupy unit: Attach separate sheet if needed	1	Name Type Weight	2	Name Type Weight	

RESIDENCE HISTORY

Present Address City State Zip	From_____ To_____	Monthly Pmt $
Landlord Name ☐ Mortgage Co ☐ Apartment Community ☐ Relative/Friend ☐ Employer/Corp Housing ☐ Independent Landlord Landlord Daytime Phone: Landlord Evening Phone:		☐ Own ☐ Rent
Previous Address City State Zip	From_____ To_____	Monthly Pmt $
Landlord Name ☐ Mortgage Co ☐ Apartment Community ☐ Relative/Friend ☐ Employer/Corp Housing ☐ Independent Landlord Landlord Daytime Phone: Landlord Evening Phone:		☐ Own ☐ Rent

EMPLOYMENT HISTORY

Current Employer	Monthly Salary $	Supervisor's Name	How long? Yrs Mos
Address City State Zip		Phone	Occupation/Department
☐ Previous Employer ☐ 2nd job	Monthly Salary $	Supervisor's Name	How long? Yrs Mos
Address City State Zip		Phone	Occupation/Department

ADDITIONAL INCOME – Additional income such as child support, alimony or separate maintenance need not be disclosed unless such additional income is to be included for qualification hereunder

Amount $ per Sources

VEHICLE INFORMATION

Auto #1	Year	Make	Model	License State	License Number
Auto #2	Year	Make	Model	License State	License Number

EMERGENCY INFORMATION

Nearest Relative	Relationship	Address City State Zip	Phone ( )
Emergency Contact	Relationship	Address City State Zip	Phone ( )
Personal Reference	Relationship	Address City State Zip	Phone ( )

HAVE YOU OR ANYONE WHO WILL BE RESIDING IN THE UNIT EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? ☐ Yes ☐ No
IF YES, please list the date, city, state and type of all convictions: _____
Attach separate sheet if necessary.

ARE YOU OR ANYONE WHO WILL BE RESIDING IN THE UNIT REQUIRED TO REGISTER AS A SEX OFFENDER? ☐ Yes ☐ No

HAVE YOU EVER BEEN ASKED TO VACATE BY A CURRENT/PREVIOUS LANDLORD? ☐ Yes ☐ No
IF YES: APT NAME:_____ CITY_____ STATE_____

In compliance with state and federal consumer reporting law, you are hereby advised that a screening will be conducted regarding the information contained in this application. The report may contain information regarding your credit-worthiness, character, general reputation, personal characteristics and mode of living. By signing this application, you authorize Moco, Inc., whose address is PO Box 2826, Seattle, WA 98111, and whose telephone number is (800) 814-8213, to conduct the screening and to release information obtained to landlord and landlord's agents. If the application is denied or approved conditionally based upon information contained in the report, you may request and obtain a copy of the report. You have the right to dispute the accuracy of information contained in the report. You may have additional rights under both state and federal law.

I certify that to the best of my knowledge all statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction.

Non-Refundable Processing Fee $_____ **Check/Money Order #** _____

Applicant understands that he/she acquires no rights in an apartment until a holding deposit in the amount of $_____ has been paid. Applicant requests landlord to hold Unit_____ for applicant while the screening process is completed. If this application is not accepted, the holding deposit will be refunded. If the application is accepted and applicant chooses not to occupy the unit being held, applicant forfeits the holding deposit and no portion of it shall be refunded.

Signed_____ Dated_____
Applicant

I am aware that an incomplete application causes a delay in processing and may result in denial of tenancy.

Signed_____ _____ Dated_____
Landlord Position

EQUAL HOUSING OPPORTUNITY

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MANAGERS – Visual Proof of Drivers License or State I.D.: ☐ Yes ☐ No **I.D. Checked by:**_____

Each adult over the age of 18 must complete a separate application.

	Mgmt Company	Apt Community	Community Contact	Community Tel #	Advertising Source
CLIENT #:_____					

☐ **CRIMINAL** ☐ **CREDIT** ☐ **CREDIT/CRIMINAL** ☐ **CREDIT/CRIMINAL/EVICTION** ☐ **COMPREHENSIVE**

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(LEGAL) Last Name First Middle	Soc. Sec. #	Date of Birth

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Nearest Relative	Relationship	Address City State Zip	Phone ( )
Emergency Contact	Relationship	Address City State Zip	Phone ( )
Personal Reference	Relationship	Address City State Zip	Phone ( )

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IF YES, please list the date, city, state and type of all convictions: _____
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