



**HUD SUBSIDIZED HOUSING
FOR SENIORS (62 YEARS OR OLDER)**

DEAR APPLICANT:

Thank you for applying for subsidized housing through Kiemle & Hagood Company. Please complete the enclosed Application for Subsidized Housing and Release and Authorization for a Credit Report and return them to us. Also enclosed is a copy of Kiemle & Hagood Company's Tenant Selection Plan and a Memorandum that explains the HUD priority given to Extremely Low Income Applicants.

Your name will be placed on the waiting lists at the following apartment complexes. When your name moves to the top of a list, you will be telephoned or contacted by mail when an apartment becomes available. The wait time will vary, depending upon the individual complex. If you wish to check on your placement on the waiting lists, please call the resident manager at each complex:

<u>COMPLEX</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>	<u>CONTACT</u>
Appleway Court	221 S. Farr Rd	(509) 838-6541	Tom & Connie Kessler
Canterbury Court	1010 S. Rockwood Blvd. #99	(509) 624-5678	Ron & Michelle Criscione
Coventry Court	1600 W. Pacific #101	(509) 455-8838	Mary Jo Jones
Deer Park Apartments	112 & 114 E. 2 nd	(509) 838-6541	
Friendship Garden	2201 E. 5 th	(509) 536-1134	Ben Ontiveros
Lilac Terrace	7015 N. Wiscomb	(509) 489-7612	Charlene Berg
Manito Garden	500 E. 29th Avenue	(509) 624-7326	Lolly Lyons
Opportunity Manor	12325 E. Main	(509) 892-9324	Bryan Millet
St. Andrews	1815 N. Post #101	(509) 326-6506	Jay Schroder
Winchester Court	3906 N. Stone #141	(509) 484-4053	Susan Glass

In order to remain on the waiting list, you must check in with the resident managers every 6 months.

Please use the contact information above to notify the resident manager of any changes that may occur such as a change in phone number or address, income, or family composition so we may update your application. Making sure we have your most current information helps the resident manager reach you when we have a vacancy and you are the next name on the waiting list.

If you receive notification that your application is rejected at one apartment complex, your application will also have been removed from all of Kiemle & Hagood managed waiting lists.

If you move into a Kiemle & Hagood managed apartment complex, your name will be removed from all other waiting lists. If you wish to remain on any of those waiting lists after you have moved into a Kiemle & Hagood apartment, you will need to contact the resident manager(s) and notify him/her.

We hope to welcome you as a future tenant. Should you have any questions regarding your application, please contact us.

HUD Residential Department
KIEMLE & HAGOOD COMPANY

TENANT ELIGIBILITY/APPLICATION/SELECTION PLAN
Elderly Complexes

Kiemle & Hagood Company does not discriminate on the basis of race, color, creed, religion, sex, familial status, national origin, or disability status in the admission or access to its federally assisted programs and activities.

ELIGIBILITY REQUIREMENTS

Applicants must provide documentation of Social Security Numbers (SSN) for all family members. Adequate documentation means a social security card issued by the Social Security Administration or other acceptable evidence of the social security number.

Canterbury Court Apartments

1. Type of Subsidy: Section 236 Elderly
 - Housing with this type of subsidy is restricted to households in which the head of the household or spouse is 62 years or older.
2. In order for an applicant to be eligible for occupancy, the calculated tenant rent cannot exceed the market rate rent for the unit and 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 Median Income
Very Low-Income Limit	50% of Median Income
Low Income-Limit	80% of Median Income

Coventry Court I & II Apartments

1. Type of Subsidy: Section 202 Elderly, Mobility Impaired
 - Housing with this type of subsidy is restricted to households in which the head of the household or spouse is 62 years or older or a non-elderly who needs the accessibility features of an accessible unit.
2. In order for an applicant to be eligible for occupancy, the calculated tenant rent cannot exceed the market rate rent for the unit and 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 Median Income
Very Low-Income Limit	50% of Median Income
Low Income-Limit	80% of Median Income

Manito Garden and Opportunity Manor

1. Type of Subsidy: Section 202 Elderly, Special Needs

- Housing with this type of subsidy is restricted to households in which the head of the household or spouse is 62 years or older or secondarily to those with other special needs (i.e., chronically mentally ill and physically handicapped).
2. In order for an applicant to be eligible for occupancy, the calculated tenant rent cannot exceed the market rate rent for the unit and 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 Median Income
Very Low-Income Limit	50% of Median Income
Low Income-Limit	80% of Median Income

St. Andrews Court I & II Apartments

1. Type of Subsidy: Section 221(d)(3) Elderly
 - Housing with this type of subsidy is restricted to households in which the head of the household or spouse is 62 years or older.
2. In order for an applicant to be eligible for occupancy, the calculated tenant rent cannot exceed the market rate rent for the unit and 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 Median Income
Very Low-Income Limit	50% of Median Income
Low Income-Limit	80% of Median Income

St. Andrews III and Winchester Court I & II Apartments

1. Type of Subsidy: Section 202 Elderly
 - Housing with this type of subsidy is restricted to households in which the head of the household or spouse is 62 years or older.
2. In order for an applicant to be eligible for occupancy, the calculated tenant rent cannot exceed the market rate rent for the unit and 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 Median Income
Very Low-Income Limit	50% of Median Income
Low Income-Limit	80% of Median Income

Appleway Court, Friendship Gardens & Winchester Court III Apartments

1. Type of Subsidy: Section 202 PRAC, Elderly
 - Housing with this type of subsidy is restricted to households in which the head of the household or spouse is 62 years or older.

2. 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 Median Income
Very Low-Income Limit	50% of Median Income

Deer Park Apartments

1. Type of Subsidy: Section 236 Elderly
 - Housing with this type of subsidy is restricted to households in which the head of the household or spouse is 62 years or older.
2. In order for an applicant to be eligible for occupancy, the calculated tenant rent cannot exceed the market rate rent for the unit and 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:

Very Low-Income Limit	50% of Median Income
Low Income-Limit	80% of Median Income

Lilac Terrace Apartments

1. Type of Subsidy: 202 PRAC, Elderly Tax Credit
 - Housing with this type of subsidy is restricted to household in which the head of the household or spouse is 62 years of age or older.
2. 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 published annually and is available from the local HUD office or on-line at www.huduser.org. Income limits are based on family size and the annual income the family receives. The income limits for this project's type of subsidy are:

Very Low-Income	50% of Median Income
Extremely Low Income	30% of Median Income
Tax Credit	60% of Median Income

INCOME-TARGETING

(Applies to all Elderly Properties except Friendship Gardens (5th and Stone) and Winchester Court III)

Applicants who are extremely low-income (30% of median income) will be given priority over the other applicants on the waiting list for 40% of all Section 8 units that become available each fiscal year.

APPLICATION PROCESS

An applicant(s) must submit a completed and signed application to the On-Site Manager of the complex for which the applicant is applying or to Kiemle & Hagoood Company, 601 W. Main, Suite 400, Spokane, WA 99201. A completed application must include the social security numbers and signatures for all applicant family's members who are 18 years of age or older. Also, a Release and Authorization form must be signed by all adult applicants and submitted along with the completed application, which gives consent to Management to check criminal background, check previous rental history, run a credit report and verify current employment. **If an applicant refuses to complete any required paperwork throughout this process, their application may be denied.**

If there is a waiting list for the project, the applicant's name, date and time of the receipt of the application, annual income level, type and size of unit required will be recorded in chronological order on the waiting list. **In order to remain on the waiting list, the applicant is required to contact the On-Site Manager of the project for which he/she applied every six months.**

REASONS FOR REJECTING INELIGIBLE APPLICANTS

- The household doesn't meet the income requirements;
- The applicant is unable to disclose and document SSNs of all household members;
- Household members don't sign and submit required verification consent forms or the Authorization for Release of Information (forms HUD-9887 and HUD-9887-A);
- The household has characteristics that aren't appropriate for the specific type of unit available at the time or isn't an appropriate size for the units that are available;
- The household includes members who didn't declare citizenship or noncitizenship status or sign a statement electing not to contend noncitizen status;
- The applicant household whose members include a student enrolled in an institute of higher education are not eligible for assistance (Section 8); or,

SCREENING CRITERIA

Screening reports will be run on all applicants 18 years of age and older by an outside professional screening company. There are no screening report fees charged to the applicant(s).

Rejection Criteria:

A. Drug Abuse & Criminal Activity

- **Any household containing a member(s) who was evicted in at least the last three years from federally assisted housing or non-federally assisted housing for drug-related criminal activity; only two exceptions are as follows:**
 - 1) The evicted household member has successfully completed an approved supervised drug rehabilitation program, or;

- 2) The circumstances leading to the eviction no longer exist (e.g., the household member no longer resides with the applicant household).
- **A household in which any member is currently engaged in illegal use of drugs** or for which Management has reasonable cause to believe that a member's illegal use or pattern of illegal use of a drug may interfere with the health, safety and right to peaceful enjoyment of the property by other residents;
 - Conviction involving the **illegal manufacture or distribution of an uncontrolled substance**, involving the illegal use of a controlled substance, or involving felony activities and/or numerous gross misdemeanors within at least the last three years;
 - **Currently an illegal user of a controlled substance** or Management determines that there is reasonable cause to believe that a household member's illegal use or a pattern or an illegal use of a drug may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents. (Examples of evidence of illegal activities may include a conviction record, former landlord references, etc.);
 - **Any household member who is subject to a state sex offender lifetime registration requirement;**
 - Any household member if there is reasonable cause to believe that member's behavior, from abuse or pattern of abuse of alcohol, may interfere with the health, safety, and right to peaceful enjoyment by other residents;
 - **Violent criminal activity;**
 - **Other criminal activity that threatens the health, safety and right to peaceful enjoyment of the property** by other residents or the health and safety of management, employees, contractors, subcontractors or agents of the owner; or,
 - **Release from serving time in prison is less than three years.**

B. Poor Previous Rental History

- Outstanding monies owed to previous landlord(s), (e.g., rent, damages, other);
- Previous evictions from federally funded and/or non-federally funded housing and/or unlawful detainers within at least the last three years; or,
- Violation of lease and/or house rules, such as, poor housekeeping habits, a history of disruptive behaviors, failure to cooperate with applicable recertification procedures, termination of assistance for fraud.

❖ **An exception may be made as long as the applicant has met all of the following requirements:**

- ✓ Monies owed are due to non-payment of rent and not for damages.
- ✓ Amount owed does not exceed \$2,000.00.

- ✓ Amount owed has been outstanding for a minimum of two years.
- ✓ Payment arrangements have been made with the landlord to whom the monies are owed. A letter from the landlord stating the accepted payment arrangements must be submitted to Kiemle & Hagood Company along with proof that payments are being made in accordance with the agreed upon arrangements (proof must include at least one payment and that the applicant is current in making the payments).
- ✓ Applicant must either provide proof of completion of in a Renter Responsibility Class/Program or be near completion and provide a recommendation letter from the program director.
- ❖ **An exception may also be made if the applicant is a domestic violence victim, which required the applicant to get out of a lease early and left owing a balance for rent and/or damages.**
 - ✓ The applicant must present written verification of their situation. This may take the form of a valid order for protection or a record of reporting the incident(s) of domestic violence/assault/stalking to a “qualified third party”, such as law enforcement officers, state court employees, healthcare professionals, licensed mental health professionals, clergypersons, or crime victim/witness program advocates.

C. Derogatory Credit History

- An open bankruptcy;
- **Outstanding balances owed to previous landlords and utility companies.**

If an applicant does not meet the above criteria, the applicant will be notified in writing of the rejection and reasons for the rejection. The applicant will then have 14 days to respond in writing or to request a meeting to discuss the rejection. Management may consider extenuating circumstances in evaluating information obtained during the screening process.

COLLECTION OF THE SECURITY DEPOSIT

Coventry Court I & II, Friendship Gardens (5th and Stone), Lilac Terrace, Manito, Opportunity, St. Andrews Court III, and Winchester Court I, II & III

The entire security deposit must be paid at the time of the initial lease execution prior to the move-in date. The security deposit required for this project is the greater of: 1) one month’s total tenant payment, or 2) \$50. The security deposit is refundable.

An applicant may be rejected if he/she does not have sufficient funds to pay the full deposit.

Canterbury and St. Andrews Court I & II

The entire security deposit must be paid at the time of the initial lease execution prior to the move-in date. The security deposit required for this project is one month's tenant rent. The security deposit is refundable. An applicant may be rejected if he/she does not have sufficient funds to pay the full deposit.

The security deposit must be paid with a check or money order separate from the payment of the first month's rent.

SECTION 504 OF THE REHABILITATION ACT OF 1973 AND THE FAIR HOUSING ACT AMENDMENTS OF 1988 AND TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

Kiemle & Hagood Company, the managing agent of these projects, does not discriminate on the basis of handicapped status in the admission of access to, or treatment or employment in, federally assisted projects, programs and activities. Nor do they discriminate on the basis of race, color, religion, sex, handicap, familial status, national origin, or marital status in the admission or access to, or treatment or employment in, it's federally assisted programs and activities. Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color or national origin in any program or activity receiving (HUD) federal financial assistance.

REASONABLE ACCOMMODATIONS

In federally assisted projects, it is unlawful for an owner/manager to refuse to make reasonable accommodations in rules, policies, practices or services, when such accommodations may be necessary to afford an individual with handicaps or disabilities (as defined by the federal law) equal opportunity to use and enjoy a dwelling unit, including public and common use areas. The "Request for Reasonable Accommodation" forms are included in the initial rental application packet or upon request from the On-Site Manager. The request forms must be given to the On-Site Manager at move-in or any time during occupancy. Once the existence of a handicap/disability has been verified through third party verifications, the Property Manager will approve the request, if it is considered administratively and financially feasible.

MODIFICATION OF THE TENANT SELECTION PLAN:

Tenants and applicants on the waiting list will receive written notification of any revisions to the Tenant Selection Plan or policies that may affect their application or tenancy.

VIEWING THE TENANT SELECTION PLAN

You may view the entire Tenant Selection Plan upon request to the resident manager.

**POLICY STATEMENT FOR REASONABLE
ACCOMMODATION**

The owners and managing agent of this project do not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, federally assisted projects, programs and activities.

We fully subscribe to the purpose and intent of Public Law 101-336-The American Disabilities Act of 1990 – to prohibit any discrimination on the basis of disability, and Section 504 of the Rehabilitation Act of 1973.

Under federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more “major life activities,” has a record of such an impairment, or is regarded as having such an impairment. Major life activities means functions such as caring for one’s self, performing manual tasks, walking, seeing, speaking, breathing, learning and working. In federally assisted projects, it is unlawful for an owner/manager to refuse to make reasonable accommodations in rules, policies, practices, or services, when such accommodations may be necessary to afford an individual with handicaps equal opportunity to use and enjoy a dwelling unit, including public and common use areas.

Some examples of accommodations are as follows:

- Provide auxiliary hearing and seeing aids
- Permit service animals
- Facilitate unit transfers
- Installing protective barriers
- Installing ramps
- Make reasonable interior unit alterations
- Permit tenants to make physical unit modifications

Request for accommodation can be made to the Resident Manager at move-in or any time during occupancy.



November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
Penalties for Committing Fraud	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none">◦ Evicted from your apartment or house;◦ Required to repay all overpaid rental assistance you received;◦ Fined up to \$ 10,000;◦ Imprisoned for up to 5 years; and/or◦ Prohibited from receiving future assistance. <p>Your State and local governments may have other laws and penalties as well.</p>
Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.
Completing The Application	When you answer application questions, you must include the following information:
Income	<ul style="list-style-type: none">◦ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);◦ Any money you receive on behalf of your children (child support, social security for children, etc.);◦ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);◦ Earnings from second job or part time job;◦ Any anticipated income (such as a bonus or pay raise you expect to receive)
Assets	<ul style="list-style-type: none">◦ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family's household who will be living with you.

M E M O R A N D U M

TO: Applicants and Tenants of HUD Subsidized Apartments

FROM: Lorraine Brooks, Property Manager

DATE: December 3, 2001

SUBJECT: Income Targeting

A new directive from HUD has been issued stating that we must target people considered "Extremely Low Income." The income tables have been revised to include this income level.

The new rules require us to rent 40% of all Section 8 units that become available each year to extremely low income families. This means that an applicant on the waiting list who is considered extremely low income has priority over the person at the top of the waiting list (unless they are extremely low income as well). Only after all efforts have been exhausted, may the person at the top of the waiting list be contacted.



601 W. Main Ave. Suite #400
 Spokane, Washinton 99201
 Phone: (509) 838-6541 Fax (509) 458-4014
 TTY Relay: 711 or 1-800-855-1155
 www.khco.com



Application Received

Date: _____
 Time: _____
 By (Name) _____

APPLICATION FOR SUBSIDIZED HOUSING

Please circle the complex(es) you are applying for: Applewood Centerstone Country Heights
 Keystone Corners Trent Terrace Valley Place Opportunity Manor Appleyway Ct. Canterbury Ct.
 Coventry Court Lilac Terrace Friendship Gardens Manito Gardens St. Andrews Winchester
 Court Liberty Park Terrace Richard Allen Amy Lyn Mt. Vernon Terrace Deer Park
 Normal Hill Post Falls Terrace St. Martins Court

How did you hear about this housing? _____

WHAT IS YOUR NAME? _____ DATE OF BIRTH _____

CURRENT MAILING ADDRESS _____

SOCIAL SECURITY NUMBER _____ PHONE NUMBER _____

Who will live with you (other occupants)? *SSN required for all household members

Name _____	Soc. Sec. No. _____	DOB _____	Relationship _____
Name _____	Soc. Sec. No. _____	DOB _____	Relationship _____
Name _____	Soc. Sec. No. _____	DOB _____	Relationship _____
Name _____	Soc. Sec. No. _____	DOB _____	Relationship _____

WHAT TYPE OF HOUSING ARE YOU APPLYING FOR?

Senior (62 and older) Chronically Mentally Ill HIV/AIDS Family Physically Disabled
 DO YOU REQUIRE THE FEATURES OF AN ACCESSIBLE UNIT? YES NO
 SIZE OF UNIT REQUIRED? Studio 1 Bdrm 2 Bdrm 3 Bdrm

INCOME: What is your Gross Monthly Income from these sources?

Wages	\$ _____	Unemployment	\$ _____
Social Security	\$ _____	Welfare	\$ _____
Retirement/Pension	\$ _____	Interest/Dividends	\$ _____
Disability Income	\$ _____	Other (Specify)	\$ _____

DO YOU OWN A CAR? YES NO DO YOU OWN A HOME? YES NO

Checking account balance	\$ _____	Value of stocks/bonds	\$ _____
Savings account balance	\$ _____	Value of home	\$ _____
Value of certificates	\$ _____	Value of escrow	\$ _____
Other (specify)	\$ _____	Value of 401K/IRAs	\$ _____

RESIDENCE/RENTAL HISTORY: Your last 3 residences or for the past 3 years are **required**. Include rentals, living with friends/relatives, shelters, institutions, group homes, etc. Attach additional paper if necessary.

Current Address _____ City _____ State _____ Zip _____
 Rent \$ _____ Utilities \$ _____ Date Moved In _____
 Current Landlord _____ Day Phone _____

Previous Address _____ City _____ State _____ Zip _____
 Rent \$ _____ Utilities \$ _____ Date Moved In _____ Date Moved Out _____
 Previous Landlord _____ Day Phone _____

Previous Address _____ City _____ State _____ Zip _____
 Rent \$ _____ Utilities \$ _____ Date Moved In _____ Date Moved Out _____
 Previous Landlord _____ Day Phone _____

Are you a U.S. Citizen? No _____ Yes _____ If no, are you an eligible non-citizen? No _____ Yes _____

Are you involuntarily displaced (displaced by government action or a presidentially declared disaster)?
(This statutory preference only applies to Canterbury, Liberty Park, Richard Allen and St. Andrews Ct. I & II)
No _____ Yes _____

Assisted tenants must only have one residence and receive assistance only in that unit. If you rent an apartment from Kiemle & Hagood Company, will that unit be your only place of residence? No _____ Yes _____
Do you currently receive Section 8 subsidy where you live? No _____ Yes _____

Are you enrolled as a student in an institution of higher education? (Institutes of higher education include post-secondary vocational institutions, proprietary institutions of higher education which prepare students for gainful employment in a recognized occupation, and accredited post-secondary colleges and universities.)

No _____ Yes _____ If yes, name of the institution _____
If you are disabled and a student at an institution of higher education, were you receiving Section 8 assistance as of Nov. 30, 2005? (If so, you are exempt from the restriction on providing Section 8 assistance to college students.) No _____ Yes _____

Do you receive any financial assistance (in excess of amounts received for tuition), from private sources, or an institution of higher education? No _____ Yes _____ Amount per year? _____

WHO SHOULD WE CALL IN AN EMERGENCY:

Name: _____ Phone: _____ Relationship: _____

Do we have permission to contact this person in case of an emergency? No _____ Yes _____

Name: _____ Phone: _____ Relationship: _____

Do we have permission to contact this person in case of an emergency? No _____ Yes _____

IF YOU NEED ANY HELP OR REASONABLE ACCOMMODATION WHEN COMPLETING THIS APPLICATION PROCESS, PLEASE LET US KNOW.

Please note that this is a preliminary application and gives no lease or rental rights. Verification of income and other additional information will be required at a later date to complete processing of tenants. Applicant hereby grants permission to the owner/manager and/or agents of Kiemle & Hagood Co. to obtain credit and criminal history reports, to perform an eviction search, and to verify all information on this application. The application must be complete, signed and returned to Kiemle & Hagood Co. before you can be placed on a waiting list. To remain on the waiting list, you must make contact at least every six months with the Resident Manager(s) of the complex(es). I certify that the information above is true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection of my application or termination of my lease.

Signature of Applicant

Date

Signature of Applicant

Date

Kiemle & Hagood Company does not discriminate against any person on the basis of race, color, religion, marital status, disability, familial status, national origin, age, sexual orientation or gender identity in the admission or access to treatment or employment in their federally assisted programs and activities.

As such, we are required to provide reasonable auxiliary aids and services necessary for effective communication with persons with disabilities when requested. The person 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): **Kiemle & Hagood Company c/o Ellen Flanigan, Human Resources, 601 W. Main Suite 400, Spokane WA 99201, (509) 838-6541, fax (509) 458-4014.**

CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, and then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

Kiemle & Hagood Company will deny the application of any applicant who does not provide complete and accurate information on this form, does not consent to a background check, or does not meet the attached screening criteria.

1. Have you or anybody requesting residency with you been evicted in the last three years from a federally assisted/non-federally assisted site for drug-related criminal activity?
Yes No If yes, brief explanation: _____

2. Do you or anybody requesting residency with you currently engage in, or in the past three years have you engaged in, the illegal use, manufacture or distribution of drugs or abuse alcohol? Yes No
If yes, brief explanation: _____

3. Have you or anybody requesting residency with you been convicted of any drug-related crime in the last three years? Yes No If yes, brief explanation: _____

4. Are you or anybody requesting residency with you currently required to register under a state sex offender registration program? Yes No
5. Have you or anybody requesting residency with you been convicted of any felony?
Yes No If yes, in what year: _____ and brief explanation: _____

6. Have you or anybody requesting residency with you been convicted of any crime involving fraud or dishonesty in the past three years? Yes No
If yes, brief explanation: _____
7. Have you or anybody requesting residency with you been convicted of any crime involving violence?
Yes No If yes, in what year: _____ and brief explanation: _____

8. Are you or anybody requesting residency with you currently charged with any of the above criminal activities? Yes No If yes, brief explanation: _____

9. Please list all states in which you and anybody requesting residency with you have lived or have held licenses to drive (include driver's license #s) _____

10. Have you or anybody requesting residency with you ever used or been known by any other name(s)?
Yes No If yes, please list name(s) used _____

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection of my application or termination of my lease. I authorize Kiemle & Hagood Company to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Kiemle & Hagood Company, to a public housing authority, or to an agency contracted by Kiemle & Hagood Company to conduct criminal background checks.

I have read and understand the attached Tenant Selection Plan, which explains Kiemle & Hagood Company's screening criteria.

Applicant's Name (please print)

Applicant's Signature

Date

Applicant's Name (please print)

Applicant's Signature

Date

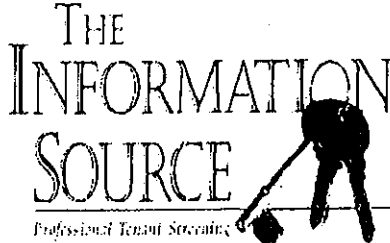
Applicant's Name (please print)

Applicant's Signature

Date



RELEASE AND AUTHORIZATION



DISCLOSURE: A CONSUMER REPORT MAY BE PROCURED

In accordance with the Fair Credit Reporting Act, a consumer report or investigative consumer report including a credit report and information about your general reputation, character, or personal characteristics may be obtained. Upon written request, you will be provided with information regarding the nature and scope of the report, should it include information about your general reputation, character, or personal characteristics, and a summary of your rights.

RELEASE AND AUTHORIZATION

I (we) voluntarily and knowingly authorize any present or past landlord or manager, present or past employer or supervisor, university or institution of learning, administrator, law enforcement agency, state agency, federal agency, consumer reporting agency, private business, military branch or the National Personnel Records Center, the Minnesota Bureau of Criminal Apprehension, personal reference, and/or other persons, to give records or information they may have concerning my (our) rental history, criminal history, motor vehicle history, earnings history and employment records, worker's compensation claims (including from the state of MN), general reputation, character, or any other information requested to *The Information Source, L.L.C.* and/or its agents or representatives. I (we) voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. This authorization shall be valid one year from the date signed and a photographic or faxed copy of the authorization shall be as valid as the original.

APPLICANT SIGNATURE

FULL NAME (TYPE OR PRINT LEGIBLY)

SPOUSE SIGNATURE

FULL NAME (TYPE OF PRINT LEGIBLY)

DATE

MANAGER SIGNATURE

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.