



WAITING LIST APPLICATION COVER LETTER

Property Name: **St. Michael's Haven Apartments** Address: **1356 Parade Loop / Walla Walla, WA 99362**

Office Hours: **9:00 am to 3:00 pm** Phone: **(509) 876-0109** Fax: **(509) 876-0108** TDD **711**

Dear Future Tenant,

Thank you for applying to live at St. Michael's Haven 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 upon request.

FILLING OUT THE APPLICATION:

Your household must submit a waiting list application which the head of household must sign/date on behalf of the household, 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 1, 2, 3 bed units for homeless veteran individuals and families. 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		1	3	5	
MAXIMUM Number of Occupants		3	5	7	

Income limits for this property are set aside for households at or below 50% of the Area Median Income (AMI) for their household size in Walla Walla County as adjusted annually. Rent limits have been elected at 30%, 40% and 50% AMI established and adjusted annually. Maximum rents are determined by the number of bedrooms in each unit minus the monthly allowance for utilities (excluding telephone, cable, and other telecommunications). Please contact the manager for details about the rent structure at this property. This property accepts Tenant Based Vouchers.

THE WAITING LIST

Applicants are chosen off our waiting list in chronological order based on the date / time their submitted application was received, processed and determined eligible in accordance with the criteria associated with this property. 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 and juveniles 17+ 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 this appointment the following items: Age Verification-Adults must provide current photo identification. Minors must provide a valid birth certificate. Social Security Verification-ALL members, who possess a valid card, must provide proof. Members who do not have a card must complete an identity verification form. Income-ALL members must provide proof of current and potentially anticipated income over the next 12 months. Assets-ALL assets must be claimed no matter the current balance/value. Assets that total 5K or more must obtain written 3rd party verification. Banking assets must provide two consecutive months of most recent bank statements. Other verification or eligibility items: may include but are not limited to: Student Status of all household members, Homeless Status, Disabled Status, etc. If applicable, units that provide subsidy through a Project-Based or Tenant-Based Voucher require additional documentation and verification that will be sent to and processed by the Housing Authority. We may ask you to bring additional documents with you or need to conduct a follow up appointment during this process. A final decision regarding eligibility will not 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 and if applicable your household has completed the Housing Authority 'briefing' and the unit has passed inspection for a voucher, a date for moving into your new apartment will be set and the manager will be able to provide your rent amount at this time. Payment of a full security deposit will be required at this time. 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, household eligibility certification and other property policies and addendums, then you will receive the keys to your unit.

If you have any questions regarding completing the application, about the disposition of your application or 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: St. MICHAEL'S HAVEN 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

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 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!

NAME OF HEAD OF HOUSEHOLD (LAST, FIRST, MIDDLE INITIAL)		BIRTHDATE	SOCIAL SECURITY NUMBER		GENDER (OPT.)
CURRENT STREET ADDRESS (Check Box <input type="checkbox"/> if address is mailing <u>ONLY!</u>)		CITY		STATE	ZIP
TELEPHONE NUMBER	ALTERNATIVE NUMBER		EMAIL ADDRESS		

What is the unit size your household requires/requests: _____ 1st Choice _____ 2nd Choice

What is the total number of household members that will be living in the unit? (Include unborn child, live in aids): _____

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

Does your household have a Tenant Based Section 8 Voucher? ☐ Yes ☐ No

Does your household qualify as (select all that apply): ☐ Homeless ☐ Veteran ☐ Disabled ☐ Farmworker

Are any household members full-time students? ☐ Yes ☐ No If yes, how many: _____

Based on disability/medical condition, any members request features of a wheelchair or adapt unit? ☐ Yes ☐ No

Any members request a unit with accessible features? ☐ Yes ☐ No If yes type: ☐ Mobility ☐ Hearing ☐ Vision

Any members subject to a registration requirement under a sex offender program in any state? ☐ Yes ☐ No

Any members evicted in the last seven years from federally assisted housing for drug related criminal activity? ☐ Yes ☐ No

Any household members been convicted of a felony criminal offense within the past three (3) years? ☐ Yes ☐ No

If yes, Member Name: _____ When: _____ Offense: _____

How did you hear about our property? ☐ Banners/Flyers ☐ craigslist.com ☐ Drive by/Walk in ☐ Internet/Website
☐ Newspaper ☐ Phone book ☐ Radio ☐ Television
☐ Referral-Tenant ☐ Referred by: _____

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 (SELECT ONE) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	RACE (SELECT ALL THAT APPLY) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other
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ACKNOWLEDGMENT: By signing below, I hereby certify that I am acting as the representative for the household and certify that the information provided is true and accurate and agree and understand that verification and documentation may be requested by management in order to determine household eligibility.

Head of Household Signature

Date

ATTACHMENT: Waiting List Application Cover Letter (Explains Eligibility, Application Process, Wait List Process and Selecting Applicants)

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 WAITING LIST APPLICATION			
Date Received	Time Received	Agent Signature	<input type="checkbox"/> PBV <input type="checkbox"/> TBV <input type="checkbox"/> VASH <input type="checkbox"/> HUD 811