

2244 NW Bucklin Hill Road Silverdale, WA 98383

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www.HousingKitsap.org

PRE - RENTAL APPLICATION VIEWMONT EAST APARTMENTS

1904 Pioneer Lane SE Port Orchard, WA 98366

Phone: 360-895-1454 Fax: 360-602-0402 Email: viewmont@housingkitsap.org

Office Hours: Monday, Tuesday, Thursday, and Friday, except federal holidays 9:00 AM - 4:30 PM

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. Completion of the pre-rental application is not a guarantee of housing.

- ✓ 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 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)

HEAD OF HOUSEHOLD FULL LEGAL NAME (Last, First Initial)	t, Middle	PHONE NUMBER	ALT PHONE	NUMBER	E-MAIL ADDRESS		
STREET ADDRESS		CITY	STATE		ZIP		
MAILING ADDRESS, IF DIFFERENT		CITY	STATE		ZIP		
SOCIAL SECURITY NUMBER	IS MEMBER	A GENDER	BIRTHDATE				
	STUDENT?	(optional)					
	YES NO						
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 applica-	ations on the I	basis of race, color, nat	ional origin, religion,	sex, familial s	status, age, and disability are complied with.		
You are not required to furnish this information. ETHNICITY: Hispanic or Latino Not Hispanic or Latino							
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							

NEXT: COMPLETE FOR ALL PERSONS EXPECTED TO RESIDE IN THE UNIT: Print Full Legal Name. Use Additional Pages If Necessary.



CO-HEAD/SPOUSE (Last, First, Middle Initial)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT? YES NO	GENDER (optional)	BIRTHDATE		
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							
PREVIOUS NAMES, ALIASES OR NICKNAMES USED							
LIST ALL U.S. STATES THAT THIS MEMBER HAS LIVE	ED AT ANY TIME	(INCLUDING BIRTH)- INFORM	ATION IS MANDAT	FORY AND MU	JST BE ACCURATE		
OTHER MEMBER (Last, First, Middle Initial)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT? YES NO	GENDER (optional)	BIRTHDATE		
RACE AND ETHNICITY OF HEAD OF HOUSEHOLD: This information laws prohibiting discrimination against tenant application are not required to furnish this information.	cations on the basi	s of race, color, national origin, relig					
PREVIOUS NAMES, ALIASES OR NICKNAMES USED		IF THIS MEMBER IS A CHILD, AF WITH ANOTHER PARENT CURF					
LIST ALL U.S. STATES THAT THIS MEMBER HAS LIVE	ED AT ANY TIME	: (INCLUDING BIRTH)- INFORM	ATION IS MANDAT	TORY AND MU	JST BE ACCURATE		
OTHER MEMBER (Last, First, Middle Initial)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT? YES NO	GENDER (optional)	BIRTHDATE		
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							
PREVIOUS NAMES, ALIASES OR NICKNAMES USED IF THIS MEMBER IS A CHILD, ARE THEY SUBJECT TO A JOINT CUSTODY AGREEMENT WITH ANOTHER PARENT CURRENTLY LIVING IN HUD HOUSING? YES NO							
LIST ALL U.S. STATES THAT THIS MEMBER HAS LIVED AT ANY TIME (INCLUDING BIRTH)- INFORMATION IS MANDATORY AND MUST BE ACCURATE							
DO ANY ADULTS 18 OR OVER IN THE HOUSEHOLD REQUEST AN ADJUSTMENT TO ANNUAL INCOME FOR DISABILITY STATUS? YES NO IF YES, WHO QUALIFIES?							
DOES ANYONE IN HOUSEHOLD REQUEST A WHEELCHAIR ACCESSIBLE UNIT, ACCESSIBLE FEATURES OR UPSTAIRS/DOWNSTAIRS UNIT? YES NO IF YES, PLEASE EXPLAIN YOUR REQUEST:							
DOES THIS HOUSEHOLD REQUIRE A LIVE IN CAREGIVER? YES NO IF YES, A REASONABLE ACCOMMODATION REQUEST PACKET MUST BE COMPLETED. IF YOU NEED ANY ASSISTANCE, PLEASE ASK THE PROPERTY MANAGER OR HK'S 504 COORDINATOR FOR MORE INFORMATION OR ASSISTANCE.							
HAS ANYONE LISTED ON THIS APPLICATION EVER BEEN CITED FOR NON-PAYMENT OF RENT, LEASE VIOLATIONS OR HAVE EVER BEEN EVICTED? YES NO IF YES, WHO? WHERE? WHEN? EXPLAIN:							
HAS ANYONE LISTED ON THIS APPLICATION EVER BEEN EVICTED WITHIN THE LAST THREE YEARS FROM FEDERALLY ASSISTED HOUSING FOR DRUG RELATED CRIMINAL ACTIVITY? YES NO IF YES, WHO? WHEN? EXPLAIN:							



HAS ANYONE LISTED ON THIS AP IF YES, WHO? IF YES EXPLAIN:	PLICATION EVER BEEN ARRESTED, CONVICTED, PLED GUILTY OR NO-CONTEST TO ANY CRIME? WHEN? COUNTY/STATE	YES NO					
IS ANYONE LISTED ON THIS APPL IF YES, WHO?	ICATION A REGISTERED OR NON-REGISTERED SEX OFFENDER IN ANY STATE? YES NO ARE THEY SUBJECT TO A STATE LIFETIME SEX OFFENDER REGISTRY?	YES NO					
DOES ANYONE LISTED ON THIS A IF YES, WHO?	APPLICATION CURRENTLY USE ILLEGAL DRUGS OR ABUSE ALCOHOL? YES NO EXPLAIN:						
DOES ANYONE LISTED ON THIS A IF YES, WHO?	APPLICATION CURRENTLY USE MARIJUANA FOR RECREATIONAL OR MEDICINAL PURPOSES? YES EXPLAIN:	NO					
DOES ANYONE LISTED ON THIS A IF YES, WHO?	PPLICATION HAVE A HISTORY OF USING ILLEGAL DRUGS OR ABUSING ALCOHOL? YES NO EXPLAIN:						
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 APPLICATION 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 AND ASSETS: List all income of all members (including minors) – Use additional pages if necessary							
List all INCOME SOURCES for all members (including minors). Includes, but is not limited to, full and/or part-time employment, income from Public agencies (DSHS etc.), Social Security, Pensions, SSI, Disability, L & I, Unemployment, Child Care, Alimony, Child Support, Financial Aid, Income from sale of property, Interest on Assets, Dividends, Annuities, and Regular Contribution from people not residing with you or payments of expenses on your behalf.							
FAMILY MEMBER NAME	EMPLOYER, AGENCY, ETC. WHO ARE SOURCES OF INCOME TO YOU (List name & address)	ANNUAL GROSS INCOME \$					
FAMILY MEMBER NAME	EMPLOYER, AGENCY, ETC. WHO ARE SOURCES OF INCOME TO YOU (List name & address)	ANNUAL GROSS INCOME \$					
FAMILY MEMBER NAME	EMPLOYER, AGENCY, ETC. WHO ARE SOURCES OF INCOME TO YOU (List name & address)	ANNUAL GROSS INCOME \$					
FAMILY MEMBER NAME	EMPLOYER, AGENCY, ETC. WHO ARE SOURCES OF INCOME TO YOU (List name & address)	ANNUAL GROSS INCOME \$					
ASSET INFORMATION: List all assets of all members (including minors) Check one account type per account							
BANK/SOURCE NAME	□ STOCKS/BONDS □ SAVINGS □ CHECKING □ TRUST □ IRA □ CD □ MONEY MARKET DEBIT OR PREPAID CARD: □ DIRECT EXPRESS □ QWEST/EBT □ DCS PREPAID	BALANCE \$					
BANK/SOURCE NAME	□ STOCKS/BONDS □ SAVINGS □ CHECKING □ TRUST □ IRA □ CD □ MONEY MARKET DEBIT OR PREPAID CARD: □ DIRECT EXPRESS □ QWEST/EBT □ DCS PREPAID	BALANCE \$					
BANK/SOURCE NAME	□ STOCKS/BONDS □ SAVINGS □ CHECKING □ TRUST □ IRA □ CD □ MONEY MARKET DEBIT OR PREPAID CARD: □ DIRECT EXPRESS □ QWEST/EBT □ DCS PREPAID	BALANCE \$					



BANK/S	OURCE NAME	□ STOCKS/BONDS □ SAVINGS DEBIT OR PREPAID CARD:	□ CHECKING □ TRUST □ DIRECT EXPRESS □ QV			BALANCE \$			
	LIFE INSURANCE POLICIES: UNIVERSAL LIFE INSURANCE UNIVERSAL LIFE INSURANCE TERM INSURANCE UNIVERSAL 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:								
	OU SOLD/DISPOSED/GIV YPE OF PROPERTY/ASSE	EN AWAY ANY PROPERTY OR ASSET TS:	TS IN THE LAST 2 YEARS?	YES NO	DA	TE SOLD/DISPOSED OF			
DO YOU	J HAVE ANY OTHER ASSE	TS NOT LISTED ABOVE (EXCLUDING	HOUSEHOLD GOODS)?	YES NO	IF YES, WHAT	?			
Federal I You are I RACE:	aws prohibiting discriminat not required to furnish this	F HOUSEHOLD: This information is socion against tenant applications on the information. ETHNICITY: Asian Black or Africa PROPERTY?	basis of race, color, national ic or Latino	origin, religion, sex, fa or Latino	milial status, age,				
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 of 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.									
		MENT, YOU ACKNOWLE							
	MY/OUR CONTINU	THAT I MUST INFORM MAN JED INTEREST AT LEAST EVI ULT IN REMOVAL FROM TH	ERY 6 MONTHS IN OF						
	I CERTIFY THIS APARTMENT WILL BE MY PERMANENT RESIDENCE AND I WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION.								
	MISREPRESENTAT JURISDICTION. FAI STATEMENTS OR F	TITLE 18 OF THE U.S. CODE IONS TO ANY DEPARTMEN' LURE TO COMPLETE AND S FAILURE TO PROVIDE COME OF YOUR ELIGIBILITY APPRO	T OR AGENCY OF THE SIGN THE APPLICATIO PLETE AND TRUTHFU	UNITED STATES N WITH REQUIR L INFORMATION	S AS TO ANY RED ATTACHI I RELATED TO	MATTER WITHIN ITS MENTS, PROVIDING FALSE O YOUR APPLICATION MAY			
	REJECTION NOTICE COPY OF THE GRIE APPEAL PROCEDU	TED YOU HAVE THE RIGHT TO BE BY CONTACTING THE MASEVANCE AND APPEAL PROCED THE RESERTED THE RESERTED THE RESERTED PARTICALLY.	NAGEMENT OF THIS EDURE IS POSTED IN :NTAL OFFICE. PERSC	PROPERTY IN W THE SITE OFFICE NS WITH DISAB	RITING OR R E. YOU MAY ILITIES HAVE	EQUESTING A MEETING. A REQUEST A COPY OF THIS			

NEXT PAGE: SIGNATURE PAGE



SIGNATURES (RE	E QUIRED): I CER	TIFY THE ACCURACY AND (COMPLETENESS	OF INFORMATIO	ON PROVIDED:	
APPLICANT (HEA	D) SIGNATURE		DATE			
CO-HEAD/SPOUS	SE/ OTHER ADUL	T SIGNATURE	DATE			
CO-HEAD/SPOUS	SE/ OTHER ADUL	T SIGNATURE	DATE		_	
ATTACHMENTS:	PLEASE RETUR	N ALL FORMS WITH YOUR	COMPLETED PR	E- RENTAL APPI	ICATION.	
→ APPLICA APPLICA		TTER - EXPLAINS ELIGIBI	ILITY, APPLICATI	ON PROCESS, \	WAIT LIST PRO	OCESS AND SELECTING
HOUSEH PLEASE S	IOLD. OPTIONAL STILL COMPLETE	IT TO APPLICATION FOR TO PROVIDE ADDITIONAL THE TOP PORTION OF THE ADDITIONAL CONTACT,	. CONTACT. IF YO	OU CHOOSE NO YOUR NAME, C	T TO PROVIDE HECK THE BOX	ADDITIONAL CONTACT, (INDICATED THAT YOU
please contact Housing discriminate on the bas below has been design implementing Section!	Housing Kitsap weld service animal. Housing Kitsap Section 504 Co sis of disability status in lated to coordinate co 504 (24 CFR, part 8 da	omes qualified tenants without regarge Kitsap provides reasonable accompordinator, Freddy Linares at (360) 5 in the admission or access to, or treampliance with the nondiscrimination and June 2, 1988). We do business in ring impaired) 711. Persons with lan	ard to race, color, nation nmodations to persons 35-6128 or 2244 NW B tment or employment or requirements contain or accordance with the F	nal origin, creed, relig with disabilities. If yo ucklin Hill Road, Silver in, its federally assiste ed in the Department ederal Fair Housing A	u need this docume dale, WA 98383. Ho d programs and act of Housing and Urb ct and provide perso	ent in an alternate format, ousing Kitsap does not civities. The person named an Development's regulations ons with disabilities reasonable
Office Use Only:	ACKNOWLEDGEME	NT OF RECEIPT OF PRE-RENTAL	APPLICATION			
DATE RECEIVED	TIME RECEIVED	PERSON THAT RECEIVED APPLICATION A COMPLETENESS:	AND REVIEWED FOR	SIGNATURE		