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Silverdale, WA 98383

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**PRE - RENTAL APPLICATION
VIEWMONT EAST APARTMENTS**

1904 Pioneer Lane SE

Port Orchard, WA 98366

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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すれば、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, Middle Initial)		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 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: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> 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: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> 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					
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: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not 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					
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: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not 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 APPLICATION EVER BEEN ARRESTED, CONVICTED, PLED GUILTY OR NO-CONTEST TO ANY CRIME? IF YES, WHO? _____ WHEN? _____ COUNTY/STATE _____ IF YES EXPLAIN: _____	YES	NO
IS ANYONE LISTED ON THIS APPLICATION A REGISTERED OR NON-REGISTERED SEX OFFENDER IN ANY STATE? YES NO IF YES, WHO? _____ ARE THEY SUBJECT TO A STATE LIFETIME SEX OFFENDER REGISTRY? YES NO EXPLAIN: _____		
DOES ANYONE LISTED ON THIS APPLICATION CURRENTLY USE ILLEGAL DRUGS OR ABUSE ALCOHOL? YES NO IF YES, WHO? _____ EXPLAIN: _____		
DOES ANYONE LISTED ON THIS APPLICATION CURRENTLY USE MARIJUANA FOR RECREATIONAL OR MEDICINAL PURPOSES? YES NO IF YES, WHO? _____ EXPLAIN: _____		
DOES ANYONE LISTED ON THIS APPLICATION HAVE A HISTORY OF USING ILLEGAL DRUGS OR ABUSING ALCOHOL? YES NO IF YES, WHO? _____ 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 CONTENT ELIGIBLE IMMIGRATION STATUS AND AN EXTENSION FOR UP TO 90 DAYS FOLLOWING MOVE-IN FOR MEMBERS UNDER AGE 6 ADDED WITHIN 6 MONTHS TO APPLICIAION 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	<input type="checkbox"/> STOCKS/BONDS <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING <input type="checkbox"/> TRUST <input type="checkbox"/> IRA <input type="checkbox"/> CD <input type="checkbox"/> MONEY MARKET DEBIT OR PREPAID CARD: <input type="checkbox"/> DIRECT EXPRESS <input type="checkbox"/> QWEST/EBT <input type="checkbox"/> DCS PREPAID	BALANCE \$
BANK/SOURCE NAME	<input type="checkbox"/> STOCKS/BONDS <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING <input type="checkbox"/> TRUST <input type="checkbox"/> IRA <input type="checkbox"/> CD <input type="checkbox"/> MONEY MARKET DEBIT OR PREPAID CARD: <input type="checkbox"/> DIRECT EXPRESS <input type="checkbox"/> QWEST/EBT <input type="checkbox"/> DCS PREPAID	BALANCE \$
BANK/SOURCE NAME	<input type="checkbox"/> STOCKS/BONDS <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING <input type="checkbox"/> TRUST <input type="checkbox"/> IRA <input type="checkbox"/> CD <input type="checkbox"/> MONEY MARKET DEBIT OR PREPAID CARD: <input type="checkbox"/> DIRECT EXPRESS <input type="checkbox"/> QWEST/EBT <input type="checkbox"/> DCS PREPAID	BALANCE \$

