

APPLICATION FOR SUBSIDIZED HOUSING

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

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 only required for all household**

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

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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.**