



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 Canterbury Court 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 or 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