

DNDA WAITLIST RENTAL APPLICATION

PROPERTY NAME/ADDRESS:

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

- ✓ **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 COMPLETE ONE RENTAL APPLICATION PER ADULT HOUSEHOLD MEMBER.**
- ✓ **PLEASE CONTACT THE PROPERTY IF YOU WOULD LIKE TO REVIEW OR RECEIVE A COPY OF OUR SELECTION CRITERIA**

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)

APPLICANT 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
RENT <input type="checkbox"/> OWN <input type="checkbox"/>	Rent per month or Mortgage Balance	DATES OF RESIDENCY	REASON FOR MOVING	
CURRENT LANDLORD NAME	CURRENT LANDLORD PHONE #	CURRENT LANDLORD ADDRESS, CITY, STATE, ZIP		
HAVE YOU PROVIDED THIS LANDLORD NOTICE THAT YOU WILL BE MOVING? YES NO NA		DO YOU CURRENTLY HAVE ANY OUTSTANDING OVERDUE BALANCES OWED TO THIS LANDLORD? YES NO IF YES, PLEASE EXPLAIN		
WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?				
<input type="checkbox"/> HEAD OF HOUSEHOLD <input type="checkbox"/> CO-HEAD/SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER ADULT <input type="checkbox"/> FOSTER ADULT/CHILD <input type="checkbox"/> NONE OF THE ABOVE <input type="checkbox"/> LIVE-IN AIDE (LIVE-IN AIDES COMPLETE A DIFFERENT APPLICATION AND MUST BE APPROVED BEFORE MOVE-IN)				

COMPLETE FOR ALL PERSONS EXPECTED TO RESIDE IN THE UNIT: PRINT FULL LEGAL NAME. Use additional pages if necessary

HEAD OF HOUSEHOLD (Last, First, MI)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO ENROLLED IN INSTITUTE OF HIGHER EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	GENDER (optional)	BIRTH DATE
PREVIOUS NAMES, ALIASES OR NICKNAMES USED					
CO-HEAD OR SPOUSE (Last, First, MI)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO ENROLLED IN INSTITUTE OF HIGHER EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	GENDER (optional)	BIRTH DATE
PREVIOUS NAMES, ALIASES OR NICKNAMES USED					

OTHER MEMBER (Last, First, MI)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO ENROLLED IN INSTITUTE OF HIGHER EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	GENDER (optional)	BIRTH DATE
PREVIOUS NAMES, ALIASES OR NICKNAMES USED		IF THIS MEMBER IS A CHILD, ARE THEY SUBJECT TO A JOINT CUSTODY AGREEMENT WITH ANOTHER PARENT? YES NO			
OTHER MEMBER (Last, First, MI)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO ENROLLED IN INSTITUTE OF HIGHER EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	GENDER (optional)	BIRTH DATE
PREVIOUS NAMES, ALIASES OR NICKNAMES USED		IF THIS MEMBER IS A CHILD, ARE THEY SUBJECT TO A JOINT CUSTODY AGREEMENT WITH ANOTHER PARENT? YES NO			

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, (NOT THE HEAD OR CO-HEAD) 18 or OVER REQUEST ADJUSTMENT TO ANNUAL INCOME FOR FULL-TIME STUDENT 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 ANYONE LISTED ON THIS APPLICATION **CURRENTLY USE** MARIJUANA FOR RECREATIONAL OR MEDICINAL PURPOSES? YES NO
IF YES, WHO? EXPLAIN:

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

DO YOU HAVE ANY PETS OR ANIMALS THAT YOU PLAN TO BRING TO THE UNIT? YES NO IF YES, SPECIFY TYPE AND NUMBER OF ANIMALS
IF YES, IS ANIMAL(S) REQUIRED TO LIVE IN THE UNIT TO ALLEVIATE THE SYMPTOM(S) OF A DISABILITY FOR A HOUSEHOLD MEMBER? YES NO
IF YES WHO QUALIFIES AS DISABLED REQUIRING AN ASSISTANCE ANIMAL?

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 \$

UTILITY PAYMENTS: DO YOU OR ANYONE IN YOUR HOUSEHOLD RECEIVE ASISISTANCE IN PAYING YOUR UTILITY BILLS? YES NO
ARE ANY PAYMENTS/ALLOWANCES MADE UNDER THE LOW INCOME HOME ENERGY ASSISTANCE PAYMENT PROGRAM (LHEAP)? IF YES, HOW MUCH?

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 \$
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Select which properties interest you (by checking box)

	Centerwood	Croft Place	Delridge Heights	Cooper
Details	12 two-bedroom units Community laundry room On-site parking	2 one-bedroom units 5 two-bedroom units 10 three-bedroom units 4 four-bedroom units Community garden Community laundry room Community room On-site parking	4 studios 3 one-bedroom units 5 two-bedroom units Community laundry room Limited on-site parking Raised garden beds	36 artist studios Community garden – resident organized Community laundry rooms Community library – resident organized Elevator On-site parking
Interested?				

	Holden Manor	McLean Commons	One Community Commons
Details	7 one-bedroom units 3 two-bedroom units Community laundry room Limited on-site parking	8 one-bedroom units 7 two-bedroom units 4 three-bedroom units Community courtyard Community laundry room Elevator On-site parking Raised garden beds	6 one-bedroom units 20 two-bedroom units 8 three-bedroom units Community courtyard Community laundry room Elevator Limited on-site parking
Interested?			