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していれば、経営オフィスと連絡を取ってください。(Japanese)

APPLICANT	FULL LEGAL NAME (La	ast, First, Middle Initial)	PHONE NUMBER	ALT PHONE NUMBER	E-MAIL ADDRESS	
STREET ADDRESS			CITY	STATE	ZIP	
MAILING ADDRESS, IF DIFFERENT			CITY	STATE	ZIP	
RENT -	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 H LANDLORD? YES NO		ERDUE BALANCES OWED TO THIS (PLAIN	
WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?						
□ HEAD OF H	OUSEHOLD 🗆 CO-F	HEAD/SPOUSE CHILD	□ OTHER ADULT	□ FOSTER ADULT/CHILD	□ NONE OF THE ABOVE	
□ LIVE-IN AIDE	(LIVE-IN AIDES COMP	LETE A DIFFERENT APPLICATI	ION AND MUST BE APPR	OVED 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?	GENDER (optional)	BIRTH DATE	
			ENROLLED IN INSTITUTE OF HIGHER			
			EDUCATION? - YES - NO			
PREVIOUS NAMES, ALIASES OR NICKNAM	ES USED					
CO-HEAD OR SPOUSE (Last, First, MI)	RELATION TO	SOCIAL SECURITY	IS MEMBER A STUDENT?	GENDER	BIRTH	
	HEAD	NUMBER	□ YES □ NO	(optional)	DATE	
			ENROLLED IN INSTITUTE OF HIGHER			
			EDUCATION? - YES - NO			
PREVIOUS NAMES, ALIASES OR NICKNAMES USED						

OTHER MEMBER (Last, First,	MI) RELATION TO HEAD	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT? YES NO	GENDER (optional)	BIRTH DATE		
			ENROLLED IN INSTITUTE OF HIGHER EDUCATION? DE YES DE NO				
PREVIOUS NAMES, ALIASES OR	NICKNAMES USED		HILD, ARE THEY SUBJECT TO A JOINT CUS	TODY AGREE	EMENT WITH		
OTHER MEMBER (Last, First,	MI) RELATION TO HEAD	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT?	GENDER (optional)	BIRTH DATE		
			ENROLLED IN INSTITUTE OF HIGHER EDUCATION? □ YES □ NO				
PREVIOUS NAMES, ALIASES OR	NICKNAMES USED	IF THIS MEMBER IS A CI ANOTHER PARENT?	HILD, ARE THEY SUBJECT TO A JOINT CUS	TODY AGREE	EMENT WITH		
DO ANY ADULTS 18 OR OVER IN	THE HOUSEHOLD REQUEST	AN ADJUSTMENT TO ANNI	JAL INCOME FOR DISABILITY STATUS?	YES NO			
IF YES, WHO QUALIFIES?	THE HOUSEHOLD REQUEST /	AN ADJUSTIMENT TO ANNO	THE INCOME FOR DISABLETT STATUS!	TES NO			
	(NOT THE HEAD OR CO-HEAD S, WHO QUALIFIES?) 18 or OVER REQUEST AL	DJUSTMENT TO ANNUAL INCOME FOR FUI	_L-TIME STUD	DENT		
DOES ANYONE IN HOUSEHOLD F IF YES, PLEASE EXPLAIN YOUR R	•	CESSIBLE UNIT, ACCESSIB	LE FEATURES OR UPSTAIRS/DOWNSTAIR:	S UNIT? Y I	ES NO		
DOES ANYONE LISTED ON THIS APPLICATION CURRENTLY USE MARIJUANA FOR RECREATIONAL OR MEDICINAL PURPOSES? YES NO							
IF YES, WHO? EXPLAIN:							
APPLICATION PROCESS TO APPLIC	ANTS THAT REQUEST AND QUANDERSTAND THAT YOU MAY DIS	ALIFY FOR PROTECTIONS UN SCUSS, CONFIDENTIALLY, W	AATION, PROTECTIONS AND CONFIDENTIALIT IDER THE ACT DUE TO DATING VIOLENCE, D /ITH THE OWNER/MANAGEMENT OF THIS PI NO	OMESTIC VIO	LENCE, STALKIN		
DO YOU HAVE ANY PETS OR ANIM	ALS THAT YOU PLAN TO BRING	G TO THE UNIT? YES	N O IF YES, SPECIFY TYPE AND N	JMBER OF AN	VIMALS		
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 AN	D ASSETS: List all incom	e of all members (inc	cluding minors) – Use additional pa	ges if neces	sary		
agencies (DSHS etc), Social Sec	curity, Pensions, SSI, Disability	, L & I, Unemployment, C	ot limited to, full and/or part-time employ nild Care, Alimony, Child Support, Fin ancia le not residing with you or payments of e	al Aid, Income	e from sale of		
FAMILY MEMBER NAME	EMPLOYER, AGENCY, ETG	C. WHO ARE SOURCES OF	INCOME TO YOU (List name & address)	ANNUAL G	GROSS INCOME		
FAMILY MEMBER NAME	EMPLOYER, AGENCY, ETC	C. WHO ARE SOURCES OF	INCOME TO YOU (List name & address)	ANNUAL G	GROSS INCOME		

property, interest on Assets, britaines, and Regular Contribution from people not residing with you or payments of expenses on your benan.						
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	IF YES, HOW MUCH?					
ARE ANY PAYMENTS/ALLOWANCES MADE UNDER THE LOW INCOME HOME ENERGY ASSISTANCE PAYMENT PROGRAM (LHEAP)?						

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	BALANCE
	DEBIT OR PREPAID CARD: □ DIRECT EXPRESS □ QWEST/EBT □ DCS PREPAID	\$
BANK/SOURCE NAME	□ STOCKS/BONDS □ SAVINGS □ CHECKING □ TRUST □ IRA □ CD □ MONEY MARKET	BALANCE
	DEBIT OR PREPAID CARD: □ DIRECT EXPRESS □ QWEST/EBT □ DCS PREPAID	\$
BANK/SOURCE NAME	□ STOCKS/BONDS □ SAVINGS □ CHECKING □ TRUST □ IRA □ CD □ MONEY MARKET	BALANCE
	DEBIT OR PREPAID CARD: 🗆 DIRECT EXPRESS 🗆 QWEST/EBT 🗆 DCS PREPAID	\$
BANK/SOURCE NAME	□ STOCKS/BONDS □ SAVINGS □ CHECKING □ TRUST □ IRA □ CD □ MONEY MARKET	BALANCE
	DEBIT OR PREPAID CARD: □ DIRECT EXPRESS □ QWEST/EBT □ DCS PREPAID	\$

LIFE INSURANCE POLICIES: UNIVERSAL LIFE INSURANCE TERM INSURANCE NO 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: \$							\$
HAVE YOU DISPOS	ED OF ANY PRO	PERTY OR ASSE	ETS FOR LESS THAN FA	AIR MARKET VALUE IN	I THE LAST 2 YEAR	S? YES NO	·
IF YES, TYPE OF PE	\$						
DATE DISPOSED:			FAIR MARKET VA	LUE AT TIME OF DISF	POSAL: \$		
DO YOU HAVE ANY IF YES, WHAT?	OTHER ASSETS	S NOT LISTED AE	BOVE (EXCLUDING HOU	JSEHOLD GOODS)?	YES NO		
ALITOMORILES	(List all that	will he nark	ed at our site for y	our household) (i	use additional	nages if nece	essary)
AUTO MAKE	List all that	. Will be park	MODEL	LICENSE PLATE		DRIVER LI	
AUTO MAKE			MODEL	LICENSE PLATE	#	DRIVER LI	CENSE #
CHARACTER RE	FERENCES A	ND/OR EMEI	RGENCY CONTACT	S (Please supply a	at least TWO)		
NAME		ΑI	DDRESS AND CITY STA	TE ZIP	YEARS KNOWN	RELATION	PHONE NUMBER
NAME		AΓ	DDRESS AND CITY STA	TE ZIP	YEARS KNOWN	RELATION	PHONE NUMBER
HOW DID YOU HEAF	R ABOUT OUR PF	ROPERTY?					
BY SIGNING THIS D	OCUMENT. YC	OU ACKNOWLED	OGE AND CERTIFY AS	APPLICABLE (CHECK	K BOXES):		
	•			•		IY/OUR CONTINU	ED INTEREST AT LEAST EVER
			G LIST. FAILURE TO UPD				ED INTERCOTAT LEAST EVER
□ I CERTIFY THIS AF	PARTMENT WILL	BE MY PERMANE	ENT RESIDENCE AND I V	VILL NOT MAINTAIN A S	SEPARATE SUBSIDIZ	ZED RENTAL UNIT	IN A DIFFERENT LOCATION.
							IISREPRESENTATIONS TO AN
REQUIRED ATTAC	HMENTS, PROV	IDING FALSE STA		TO PROVIDE COMPLET	E AND TRUTHFUL I	NFORMATION RE	SIGN THE APPLICATION WITH ELATED TO YOUR APPLICATION
MANAGEMENT O	F THIS PROPER	TY IN WRITING (OR REQUESTING A MEE	ETING. A COPY OF THE	E GRIEVANCE AND	APPEAL PROCEI	NOTICE BY CONTACTING THE DURE IS POSTED IN THE SITE BILITIES HAVE THE RIGHT TO
			ARTICIPATE IN THE INFO			JONS WITH DISA	BILITIES HAVE THE RIGHT R
ARREST RECORD 14.09.025.A.4, S PROSPECTIVE O	, CONVICTION R SUBSECTION 14. CCUPANTS FOR T THEY MAY PR	ECORD, CRIMINA 09.025.A.5, AND REGISTRY INFO ROVIDE ANY SUP	L HISTORY, EXCEPT FOI SUBJECT TO THE EXCL DRMATION, THE WRITT PLEMENTAL INFORMAT	R REGISTRY INFORMAT USIONS AND LEGAL R EN NOTICE SHALL AI	TION AS DESCRIBEI EQUIREMENTS IN S LSO INCLUDE THIS	D IN SUBSECTION SECTION 14.09.1 S SCREENING C	ERSE ACTION BASED ON AN N 14.09.025.A.3, SUBSECTION 15. IF A LANDLORD SCREENS RITERIA AND MUST INFORM DD CONDUCT, AND FACTS OI
SIGNATURES (R	REQUIRED).	I CERTIFY TH	IE ACCURACY AND CO	OMPLETENESS OF IN	NFORMATION PR	OVIDED:	
						F	ACH ADULT SHOULD
APPLICANT (HEAD)	SIGNATURE			DATE		SIG	N/DATE EACH OTHERS LICATION AS HEAD, CO-
00 11545 (050105	/ OTHER ARM	T OLONATURE				HE	AD, SPOUSE OR OTHER
CO-HEAD/SPOUSE/	OTHER ADUL	I SIGNATURE		DATE			ADULT HOUSEHOLD MEMBER
<u> </u>			WITH YOUR COMPLE				WILWIDLI
			TY, APPLICATION PROCE			APPLICANTS	
OTHER ATTACHMI	-		OMPLETE ONE PER ADU	LI HOOSEHOLD MEMB	EK		
	, ,		DECEMBE OF BENEAU	ADDUCATION			
DATE RECEIVED	TIME RECEI		RECEIPT OF RENTAL HAT RECEIVED APPLICATION		IPLETENESS: S	IGNATURE	
DATE RECEIVED	THATE INCOME	D	RECEIVED ALF EIGATION			.GIVII OILE	

Select which properties interest you (by checking box)

	Centerwood	Croft Place	Delridge Heights	Cooper
Details	Centerwood 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	Delridge Heights 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
		Community garden Community laundry room Community room On-site parking		On-site parking
Interested?				

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