

DNDA WAITLIST RENTAL APPLICATION

Email completed electronic application to dnDAHousing@uminc.net

or send printed application to United Marketing, Inc. 6516 35th Ave SW Ste:209 Seattle, WA 98126

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.

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"/>	Rent per month or Mortgage Balance	DATES OF RESIDENCY	REASON FOR MOVING	
OWN <input type="checkbox"/>				
CURRENT LANDLORD NAME	CURRENT LANDLORD PHONE #	CURRENT LANDLORD ADDRESS, CITY, STATE, ZIP		
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 YES <input type="checkbox"/> NO	IS MEMBER A STUDENT? GENDER (optional) DATE ENROLLED IN INSTITUTE OF HIGHER EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	BIRTH	NUMBER <input type="checkbox"/>
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			
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 ASSISTANCE 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 \$
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 \$
LIFE INSURANCE POLICIES: <input type="checkbox"/> WHOLE LIFE INSURANCE <input type="checkbox"/> UNIVERSAL LIFE INSURANCE <input type="checkbox"/> TERM INSURANCE <input type="checkbox"/> NO LIFE INSURANCE		CASH VALUE \$
REAL PROPERTY: DO YOU OWN ANY PROPERTY OR BUILDING IN ANY STATE OR COUNTRY? YES NO IF YES, TYPE OF PROPERTY: LOCATION:		APPROX MARKET VALUE \$
HAVE YOU DISPOSED OF ANY PROPERTY OR ASSETS FOR LESS THAN FAIR MARKET VALUE IN THE LAST 2 YEARS? YES NO IF YES, TYPE OF PROPERTY/ASSETS: DATE DISPOSED: FAIR MARKET VALUE AT TIME OF DISPOSAL: \$		AMOUNT RECEIVED \$
DO YOU HAVE ANY OTHER ASSETS NOT LISTED ABOVE (EXCLUDING HOUSEHOLD GOODS)? YES NO IF YES, WHAT?		

AUTOMOBILES (List all that will be parked at our site for your household) (use additional pages if necessary)

AUTO MAKE	MODEL	LICENSE PLATE #	DRIVER LICENSE #
AUTO MAKE	MODEL	LICENSE PLATE #	DRIVER LICENSE #

NAME	ADDRESS AND CITY STATE ZIP	YEARS KNOWN	RELATION	PHONE NUMBER
NAME	ADDRESS AND CITY STATE ZIP	YEARS KNOWN	RELATION	PHONE NUMBER

HOW DID YOU HEAR ABOUT OUR PROPERTY?

CHARACTER REFERENCES AND/OR EMERGENCY CONTACTS (Please supply at least TWO)

BY SIGNING THIS DOCUMENT, YOU ACKNOWLEDGE AND CERTIFY AS APPLICABLE (CHECK BOXES):

- I ACKNOWLEDGE THAT I MUST INFORM MANAGEMENT OF CHANGES TO OUR APPLICATION INFORMATION. FAILURE TO UPDATE WILL RESULT IN REMOVAL FROM THE WAITING LIST.
- SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION. FAILURE TO COMPLETE AND SIGN THE APPLICATION WITH REQUIRED ATTACHMENTS, PROVIDING FALSE STATEMENTS OR FAILURE TO PROVIDE COMPLETE AND TRUTHFUL INFORMATION RELATED TO YOUR APPLICATION MAY RESULT IN DELAY OF YOUR ELIGIBILITY APPROVAL, REJECTION OF YOUR APPLICATION OR EVICTION AFTER TENANCY.
- IF YOU ARE REJECTED YOU HAVE THE RIGHT TO APPEAL THE DECISION WITHIN (14) DAYS OF THE RECEIPT OF THE REJECTION NOTICE BY CONTACTING THE MANAGEMENT OF THIS PROPERTY IN WRITING OR REQUESTING A MEETING. A COPY OF THE GRIEVANCE AND APPEAL PROCEDURE IS POSTED IN THE SITE OFFICE. YOU MAY REQUEST A COPY OF THIS APPEAL PROCEDURE BY CONTACTING THE RENTAL OFFICE. PERSONS WITH DISABILITIES HAVE THE RIGHT TO REQUEST REASONABLE ACCOMMODATIONS TO PARTICIPATE IN THE INFORMAL HEARING PROCESS.
- THE LANDLORD IS PROHIBITED FROM REQUIRING DISCLOSURE, ASKING ABOUT, REJECTING AN APPLICANT, OR TAKING AN ADVERSE ACTION BASED ON ANY ARREST RECORD, CONVICTION RECORD, CRIMINAL HISTORY, EXCEPT FOR REGISTRY INFORMATION AS DESCRIBED IN SUBSECTION 14.09.025.A.3, SUBSECTION 14.09.025.A.4, SUBSECTION 14.09.025.A.5, AND SUBJECT TO THE EXCLUSIONS AND LEGAL REQUIREMENTS IN SECTION 14.09.115. IF A LANDLORD SCREENS PROSPECTIVE OCCUPANTS FOR REGISTRY INFORMATION, THE WRITTEN NOTICE SHALL ALSO INCLUDE THIS SCREENING CRITERIA AND MUST INFORM APPLICANTS THAT THEY MAY PROVIDE ANY SUPPLEMENTAL INFORMATION RELATED TO AN INDIVIDUAL'S REHABILITATION, GOOD CONDUCT, AND FACTS OR EXPLANATIONS REGARDING THEIR REGISTRY INFORMATION.

SIGNATURES (REQUIRED). I CERTIFY THE ACCURACY AND COMPLETENESS OF INFORMATION PROVIDED:

APPLICANT (HEAD) SIGNATURE DATE

CO-HEAD/SPOUSE/ OTHER ADULT SIGNATURE DATE

<p>EACH ADULT SHOULD SIGN/DATE EACH OTHERS APPLICATION AS HEAD, CO- HEAD, SPOUSE OR OTHER ADULT HOUSEHOLD MEMBER</p>
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ATTACHMENTS: PLEASE RETURN ALL FORMS WITH YOUR COMPLETED RENTAL APPLICATION.

INCOME/ASSET STATEMENT-QUESTIONNAIRE - COMPLETE ONE PER ADULT HOUSEHOLD MEMBER

OTHER ATTACHMENT(S) _____

Select which units interest you (by checking box)

Note: A unit with more than one-bedroom requires a minor in the household

Centerwood 8427 Delridge Way SW	Croft Place 6701 21 st Ave SW	Delridge Heights 8630 Delridge Way SW	Cooper Artist Housing 4408 Delridge Way SW
12 two-bedroom units <input type="checkbox"/> - Community laundry - On-site parking	2 one-bedroom units <input type="checkbox"/> 5 two-bedroom units <input type="checkbox"/> 10 three-bedroom units <input type="checkbox"/> 4 four-bedroom units <input type="checkbox"/> - Community garden - Community laundry - On-site parking	4 studios <input type="checkbox"/> 3 one-bedroom units <input type="checkbox"/> 5 two-bedroom units <input type="checkbox"/> - Community laundry - Limited on-site parking - Raised garden beds	36 artist studios <input type="checkbox"/> - Community garden - Community laundry - Community library - Elevator - On-site parking

Holden Manor 1213 Holden Street	Mclean Commons 5425 Delridge Way SW	One Community Commons 6512 35 th Ave SW
7 one-bedroom units <input type="checkbox"/> 3 two-bedroom units <input type="checkbox"/> - Community laundry - Limited on-site parking	8 one-bedroom units <input type="checkbox"/> 7 two-bedroom units <input type="checkbox"/> 4 three-bedroom units <input type="checkbox"/> - Community courtyard - Community laundry room - Elevator - On-site parking - Raised garden beds	6 one-bedroom units <input type="checkbox"/> 20 two-bedroom units <input type="checkbox"/> 8 three-bedroom units <input type="checkbox"/> - Community courtyard - Community laundry - Elevator - Limited on-site parking

Office Use Only: ACKNOWLEDGEMENT OF RECEIPT OF RENTAL APPLICATION

DATE RECEIVED	TIME RECEIVED	PERSON THAT RECEIVED APPLICATION AND REVIEWED FOR COMPLETENESS:	SIGNATURE

