

## Melrose Place APPLICATION COVER LETTER

**Property Name:** Melrose Place Apartments

**Property Address:** 1960 Melrose St, Walla Walla, WA 99362

**Phone/Fax Number:** 509-529-4980 **Fax** 509-529-4985 TDD 711

**Office Hours:** 8:30-5:00 M-Thur 8:30-4:00 Fri

**Dear Future Tenant,**

Welcome and thank you for applying to live at the Melrose Place Apartments. Please take a few minutes to read over our requirements for filling out and returning our application package. We hope that you will soon be calling our apartments your new home. Should you have any questions or concerns please give me a call at the phone number above. All interested individuals have the right to complete and submit an application.

### **Filling out the application:**

This application includes one rental application, emergency contact form HUD (92006), and HUD Verification of Disability form. Each adult must complete a separate application package. The Supplement to Application for Federally Assisted Housing emergency contact form(s) is required by HUD. It is optional for you to provide additional contact information, but very useful for applicant/tenant contact for housing providers. Included in this cover letter is information regarding the policies of our apartment community regarding eligibility and our procedures for selecting tenants. More information is contained in our Tenant Selection Plan which is available from management upon request.

When completing the application package, please sit down and allow yourself a few minutes to read it over first, and then fill it out in its entirety. This should take you about 20-30 minutes. You will need to fill it out to the best of your knowledge. Please do not leave any blank spaces or if you make a mistake please cross-out rather than using white out. If a question does not apply to you please write out the words "Not Applicable". Be sure to sign and date the application and the other forms. If you need assistance in completing the application package, we will be happy to help you. If you have a disability and require a reasonable accommodation related to the completion and return of the application, please request one.

Once you have completed and signed our rental application package, you will need to either bring it back to our office or mail it to the office. We will accommodate persons with disabilities who, as a result of their disabilities, cannot read or understand our application documents or utilize our preferred application process by providing alternative methods of taking applications. Please let us know if you need an accommodation. We will look over the completed application packets. As a result of our review, will either offer you an available unit, place you on the waiting list or find you ineligible based on information provided. Regardless of the disposition of your application, we will advise you in writing on our application status notification within 10 days of receiving your completed application(s).

### **Who is Eligible to live at our Property?**

These properties are a HUD Prac 811 for Developmentally Disabled and Chronically Mentally Ill Adults (*is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:*

- A. Is attributable to a mental or physical impairment or combination of mental and physical impairments;*
- B. Is manifested before the person attains age 22;*
- C. Is likely to continue indefinitely;*
- D. Results in substantial functional limitation in three or more of the following areas of major life activity; Self-care, Receptive and expressive language, Learning, Mobility, Self-direction, Capacity for independent living, and Economic self-sufficiency; and*
- E. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated. He or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.). Your annual household income must be below 50% of the area Median Income.*

Rents at this property are all HUD subsidized and are equal to 30% of your monthly adjusted income. Water, sewer and garbage are included in your rent. You will receive a rent credit each month to help pay your electric bill. Please contact the manager for details about the rent structure at this property.

A background screening will be performed on all adult members of the household (18 years or older) as they get closer to the top of the waiting list. The property (not the applicant) will pay the cost of the screening. We perform screening to determine such things as acceptable prior rental and criminal history, public records and credit history (poor credit history is not a major factor in application review). If you are denied based on our screening criteria you will be notified in writing and given the option to appeal the decision.

### **The Waiting List**

We will choose applicants off of our waiting list in chronological order from the date and time they submit their application. We have 1 & 2 bedroom apartments. Two bedroom units are filled meeting the specific requirements of HUD. You are also welcome to request any reasonable accommodations or modifications to the units, site property policies or procedures to accommodate a disability. Please indicate on your application if you believe you qualify for an accommodation.

If you are placed on our waiting list, it will be important that you update us with any changes in your household. Changes such as change of address, phone number, household size, members or income are very important to tell us immediately. You will also need to contact us at least every 6 months to let us know that you are still interested in remaining on our waiting list. If you do not contact us, we may send you a letter (at your last known address) asking for your continued interest in remaining on our waiting list. If we do not hear back from you, we may have to remove your name from our waiting list, so please keep us informed of changes.

### **When an Apartment will be coming available:**

You will be contacted in chronological order from the waiting list when a unit becomes available or will be available soon. It is a requirement to contact all applicants at the top of the list every time a unit becomes available. Please be available by phone so we may contact you when your name comes to the top of the waiting list. If we have trouble getting a hold of you, we may have to skip over or remove your application based on our policies in our Tenant Selection Plan.

Once being contacted by the manager you will be required to come into the rental office to finalize your application process within 10 days. This is when we will perform the background screening and start the verification process to verify all of your income/assets and expenses for your rent calculation. All persons expected to resident in the unit will be required to complete and other forms at that time, if not already provided. All adult household members must come for the same final interview, including children that are expected to reside with you.

Please bring with you picture ID and original social security cards for all potential household members, if you have not already done so. Birth certificates and/or custody papers may also be required for verification of eligibility of age or family composition. Verification of Social Security numbers are required for all household members prior to move-in, with only a few exceptions. There are alternatives to the actual Social Security Cards if you do not have the original. For example; Driver's license with SSN, identification card issued by a federal, state, or local agency, a medical insurance provider, employer or trade union, earning statement on payroll stubs, bank statement with SSN, Form 1099, benefit award or retirement benefit letter, life insurance policy or court records with the SSN. There are also alternatives to birth certificates such as passports, naturalization certificates and other options. Please ask the site manager if you have any questions. We may ask you to bring additional documents with you also to speed up the application process.

Please also bring with you proof of current income, assets and/or expenses of ALL potential household members. A final decision regarding your eligibility cannot be made until all of the above information has been verified, received and reviewed. Once you have passed our final screening requirements, and an apartment is available that meets your needs and requirements you will be notified to start the move-in process.

## **The Move-in**

When we have accepted you as a new tenant, a date for moving into your new apartment will be set. The manager will calculate your rent based on verifications received back from third party sources and information provided by you. Payment of a full or partial security deposit and pet deposit (with payment plan if applicable) will be requested at that time. If your move-in date is other than the 1<sup>st</sup> of the month, your rent will be pro-rated for that month only.

You will be required to sign a lease, house rules, rent calculation certification and other property policies and addendums. We will conduct a walk-thru move-in inspection of your new apartment with you and keys will be given to you at that time. You will need to accompany the manager during the move-in inspection and sign a walk-thru form if you accept the unit condition. If you have any questions regarding completing the application, about the disposition of your application or about the property or regulations, or would like a copy of our Tenant Selection Plan, please do not hesitate to call us. We look forward to serving you.

## **Property Management**

### **PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 USC. 408 (a) (6), (7) and (8).

**Blue Mountain Action Council** does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person (agency) named 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). Ted Koehler c/o Blue Mountain Action Council 8 East Cherry Street, Walla Walla, WA 99362 509-529-4980 [TDD 711 for hearing impaired](tel:509-529-4980). We do business in accordance with the Federal Fair Housing Act and provide persons with disabilities reasonable accommodation upon request. Persons with language barriers may request or arrange interpretation alternatives or services.



# Blue Mountain Action Council

8 East Cherry Street, Walla Walla, WA 99362

Phone: (509) 529-4980 Fax: (509) 529-4985 TTY: 711

## Application For Subsidized Housing

Date and Time Stamp  
When Received

Received By

Name \_\_\_\_\_ Date of Birth (DOB) \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

Social Security Number (SSN) \_\_\_\_\_ Phone Number \_\_\_\_\_

Who will live with you (other occupants)? *\*SSN required for all household members*

Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_

What type of housing are you applying for? (Please check one below)

☐ Senior (62 and older) ☐ Verified Chronically Mentally Ill ☐ Developmentally Disabled

**Income:** What is your Gross Monthly Income from these sources?

|                    |          |                    |          |
|--------------------|----------|--------------------|----------|
| Wages              | \$ _____ | Unemployment       | \$ _____ |
| Social Security    | \$ _____ | Welfare            | \$ _____ |
| Retirement/Pension | \$ _____ | Interest/Dividends | \$ _____ |
| Disability Income  | \$ _____ | Other (Specify)    | \$ _____ |

|                          |          |                       |          |
|--------------------------|----------|-----------------------|----------|
| 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    | \$ _____ |

Do you require the features of an accessible unit? ☐ YES ☐ NO

Do you own a car? ☐ YES ☐ NO

Do you own a home? ☐ YES ☐ NO

**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 \_\_\_\_\_

Rent \$ \_\_\_\_\_ Utilities \$ \_\_\_\_\_ Date Moved In \_\_\_\_\_

Current Landlord \_\_\_\_\_ Day Phone \_\_\_\_\_

Previous Address \_\_\_\_\_

Rent \$ \_\_\_\_\_ Utilities \$ \_\_\_\_\_ Date Moved In \_\_\_\_\_

Previous Landlord \_\_\_\_\_ Day Phone \_\_\_\_\_

Previous Address \_\_\_\_\_

Rent \$ \_\_\_\_\_ Utilities \$ \_\_\_\_\_ Date Moved In \_\_\_\_\_

Previous Landlord \_\_\_\_\_ Day Phone \_\_\_\_\_



Are you a U.S. Citizen? ☐ YES ☐ NO If no, are you an eligible non-citizen? ☐ YES ☐ NO

Have you, or anyone named on this application, ever been charged, arrested or convicted of any crime including a drug-related crime or a crime involving violence against others? ☐ YES ☐ NO

If yes, who? \_\_\_\_\_ where? \_\_\_\_\_ (State) Explain (use additional pages if necessary)

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Have you, or anyone named on this application ever been cited, evicted or termination of tenancy proceedings started for criminal activity (including drug related activity), fraud, non-payment of rent, non-compliance with lease/rule provisions or failure to cooperate in recertification procedures? ☐ YES ☐ NO

If yes, explain \_\_\_\_\_

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Do you or anyone named on this application have a history of using illegal drugs or abusing alcohol?

☐ YES ☐ NO If yes, explain \_\_\_\_\_

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Do you or anyone named on this application currently use illegal drugs or abuse alcohol? ☐ YES ☐ NO

If yes, explain \_\_\_\_\_

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Are you or any member of the household subject to a lifetime sex offender registration requirement in any state?

☐ YES ☐ NO If yes, who? \_\_\_\_\_ where? \_\_\_\_\_ (State) Explain (use additional pages if necessary) \_\_\_\_\_

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Is anyone named on this application a student (part or full-time) including a student enrolled in an institute of higher education? ☐ YES ☐ NO If yes, who? \_\_\_\_\_ where attending? (further verification required) \_\_\_\_\_

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Do you receive any financial assistance (in excess of amounts received for tuition), from private sources, or an institution of higher education? ☐ YES ☐ NO If yes, amount per year? \$ \_\_\_\_\_

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HUD regulations require that all applicants disclose and provide acceptable PROOF of:

A. Valid Social Security Numbers for all family members (if applicable)

B. Eligibility and allowances for all family members (age, household membership, disability if acceptable, etc.

C. Legal Non-citizenship status (Non-citizens under 62 years of age for application to Section 8,236 and RAP properties only.)

Are you able to meet these requirements on or before move-in? ☐ YES ☐ NO If no, why not? \_\_\_\_\_

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Please list all the states in which you or anyone listed on this application have lived, taken out credit or have held licenses to drive (use additional pages if necessary) \_\_\_\_\_

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Have you or anyone named on this application ever been known by any other name or taken out credit under another name? ☐ YES ☐ NO If yes, explain \_\_\_\_\_

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Are you being involuntarily displaced due government action or presidentially declared disaster? (Preference applies only for applicants of Section 236 or 221(d)4, 221(d)3 and BMIR properties) ☐ YES ☐ NO

If yes, explain \_\_\_\_\_

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Do you or anyone named on this application request protection under the Violence Against Women Act (VAWA) protecting victims of domestic violence, dating violence or stalking? ☐ YES ☐ NO If yes, further verification will be required. For Section 8 and PRAC properties, this law provides special consideration of the rental application, screening or potential denial of tenancy, solely based on their victim status, if the applicant otherwise qualifies for assistance or admission.

Are you currently receiving Assistance from HUD at another residence (Tenant-Based or Project-Based)?

☐ YES ☐ NO

Do you understand that this property MUST be your primary place of residence and you cannot maintain a permanent residence or receive HUD Assistance at another location once a lease becomes effective at this property? ☐ YES ☐ NO

**Who should we call in an emergency?**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Do we have permission to contact this person in case of an emergency? ☐ YES ☐ NO

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Do we have permission to contact this person in case of an emergency? ☐ YES ☐ NO

**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 rights. Verification of income and other additional information will be required at a later date to complete processing of tenants. In compliance with the Fair Credit Reporting Act, we are informing you that information as to your household member's rental history, character references (if applicable), public records, criminal history and credit history is being verified. I/We understand that any misrepresentation will be sufficient cause for dismissal or voiding of the application. I/We understand that I/we must contact the rental office every six (6) months in order to remain on the waiting list. Failure to update will result in removal of my/our name(s) from the waiting list.

Failure to complete and sign the application with required attachments, or provide information related to your eligibility review, may result in delay of your eligibility approval or rejection of your application. 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.

**All adults on this application must sign and date below:**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

How did you hear about this housing? \_\_\_\_\_

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**For BMAC Use: Applicant added to following waitlist:**

☐ Whitman Court ☐ Blue Mountain Senior ☐ Melrose Place ☐ Wellington Arms ☐ Whitman Street ☐ Blue Street ☐ Desoto

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

|  |                       |
|--|-----------------------|
| <b>Applicant Name:</b>   |                       |
| <b>Mailing Address:</b>  |                       |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b> |
| <b>Name of Additional Contact Person or Organization:</b>  |                       |
| <b>Address:</b>  |                       |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b> |
| <b>E-Mail Address (if applicable):</b>   |                       |
| <b>Relationship to Applicant:</b>  |                       |
| <b>Reason for Contact:</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency<br/> <input type="checkbox"/> Unable to contact you<br/> <input type="checkbox"/> Termination of rental assistance<br/> <input type="checkbox"/> Eviction from unit<br/> <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process<br/> <input type="checkbox"/> Change in lease terms<br/> <input type="checkbox"/> Change in house rules<br/> <input type="checkbox"/> Other: _____ </div> </div>  |                       |
| <b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.   |                       |
| <b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.  |                       |
| <b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. |                       |

☐ Check this box if you choose not to provide the contact information.

|  |  |
|--|--|
|  |  |
|--|--|

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.