

The Willows at Melvin Place

2506 Melvin Ave Everett, WA 98203
phone: 253-275-8848 fax: 253-852-7184

APPLICATION FOR PLACEMENT ON THE WAITING LIST

Applicant Name: _____
Phone/Message: _____
Address: _____
City/State: _____
Zip Code: _____ Birthdate: _____
Social Security Number (SSN): _____
Driver's License #: _____

Size or type of apartment desired: (circle one)
1st floor 2nd floor Accessible

Person to contact in an emergency:

Name: _____ Phone: _____ Relationship: _____

~ For Manager's Use Only ~	
<u>Received</u>	
Date: _____	Time: _____
<u>Eligibility Requirements</u>	
Gross Annual Income: _____	
Income is Below:	80% 50% 30%
<u>Unit Size/Type</u>	
Family Size: _____	MOB Unit Requested? Yes No
<u>Waiting List Updates</u>	
Initial Update Due (6 Months): _____	

Residence/Rental History: (Any residences occupied in the past 12 months are required to be disclosed. Include rentals, homeownership, living with friends/relatives, shelters, group homes, hospitals, etc. List all states in which any household member has resided at any time. Attach additional paper if necessary. Although 12 consecutive months of rental history is not required for approval, less than 12 months of rental history may result in a conditional approval, requiring a cosigner. The recommendation will depend on credit history, employment history and income requirements.)

Current Rent: \$ _____ Deposit Paid: \$ _____ Date of Move-In: _____
Landlord Name: _____ Phone: _____

Previous Address: _____ City/State: _____
Rent Amount: \$ _____ Deposit: \$ _____ Move-In: _____ Move-Out: _____
Landlord Name: _____ Phone: _____

Source of Income: (Gross Income for all family members must be included.)

Current Source #1: _____ Hourly Wage: \$ _____ Average Hours per Week: _____
Monthly Salary: \$ _____ Tips/Other: \$ _____

Current Source #2: _____ Hourly Wage: \$ _____ Average Hours per Week: \$ _____
Monthly Salary: \$ _____ Tips/Other: \$ _____

Monthly Pension: \$ _____ Social Security: \$ _____ Social Security #2: \$ _____
Child Support: \$ _____ Unemployment: \$ _____ Public Assistance: \$ _____
Other: \$ _____ Source: _____

Assets:

Your Bank: _____ Checking Balance: \$ _____ Savings Balance: \$ _____
Additional Banks: _____ Account Type: _____
Stock Value: _____ C.D. Value: _____
Income (Interest, Dividends, etc.) earned from all assets per year: _____

APPLICATION FOR PLACEMENT ON THE WAITING LIST (CONT..)

Minority & Ethnicity: (This information is requested for statistical/reporting purposes only.)

Minority: White Black Asian Pacific Islander Native American
Ethnicity: Hispanic Non-Hispanic

Qualifications

Do you qualify for Senior Housing (over 62 years of age)? Yes _____ No _____

Are you currently an illegal user of a controlled substance? Yes _____ No _____

Have you ever been convicted of the illegal manufacture or distribution of a controlled substance? Yes _____ No _____

Is any household member subject to a lifetime sex offender registration requirement in any state? Yes _____ No _____

Have you ever been convicted of a crime against any person or property? Yes _____ No _____

Are you currently residing in HUD-subsidized housing? Yes _____ No _____

Do you currently have a Section 8 voucher? Yes _____ No _____

Has your tenancy or subsidy ever been terminated for fraud, nonpayment of rent or failure to cooperate with recertification procedures? Yes _____ No _____

Have you recently been displaced through no fault of your own (due to flood, fire, etc.)? Yes _____ No _____

Is any household member currently a student? Yes _____ No _____

Accessible Unit Availability: This information is to be provided on a voluntary basis only and is collected and maintained to assure proper notification of available accessible units.

Do you require the features of a mobility-impaired accessible apartment and wish to be placed on the waiting list for such apartments? (*Optional*) Yes _____ No _____

Do you require an apartment designed for hearing or sight-impaired? (*Optional*) Yes _____ No _____

Tracking:

How did you learn about this apartment community? _____ Is there a resident we can thank for referring you? _____

I/We certify that to the best of my/our knowledge, all statements made herein are true and correct. False, fraudulent, and or misleading information disclosed above may be grounds for denial of tenancy or subsequent eviction.

Signature of Applicant: _____ Date: _____

The Willows at Melvin Place does not discriminate against any person because of race, color, religion, sex, familial status, national origin, marital, or handicap status in the admission or access to or treatment or employment in their federally assisted programs and activities.