

# Basalt Apartments

An Affordable Community

## 4 Person Application

13660 W 6th Ave | Airway Heights, WA 99001 | 509-720-3150 Phone | 509-598-8828 Fax |  
BRmgmt@whitewatercreek.com

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### **WELCOME!**

#### **Application Instructions:**

Please be sure that all items requested, and ALL FORMS are complete. Please try to use blue ink when completing the application. If you make an error, draw a single line through the mistake and initial the correction.

DO NOT USE WHITE OUT. Please be sure to sign and date the application in the appropriate places and use the same date throughout.

#### **To process your application, please provide:**

- ID or driver license for all adults
- Birth Certificates or Shot Records for all children.
- Background and credit check per single adult applicant is \$45.00 which is payable in check, money order or debit/credit card (3% will be added for processing debit/credit cards). **We cannot accept cash.**

#### **What to Expect:**

As we process your application, we may require further financial, legal, and medical information.

This process will involve the following:

- 1) Credit and Background screening.
- 2) Verification Processing (this can take 5 to 10 business days depending on response of outside /third parties)
- 3) File is reviewed by compliance consultant.
- 4) Tenant is contacted with offer of tenancy.

Please note: your residence is not confirmed until you receive an offer of tenancy.

- 5) Lease is signed, holding/security deposit is received and move in is scheduled
- 6) We look forward to you becoming part of the Basalt community!

#### **Completed applications can be returned to:**

Basalt Ridge Apartments

13660 W 6th Ave

Airway Heights, WA 99001

Email: BRmgmt@whitewatercreek.com

Phone: 509-720-3150/Fax: 509-598-8828

(If emailing or faxing please keep original application for your file)

**Thank you!** The Basalt Ridge Leasing Team.

\*Income Restrictions Apply\*



**PRE-APPLICATION CARD / Wait List**

INTERESTED IN UNIT SIZE (Please Circle): 1 BR 2 BR 3 BR

NAME (Head of Household): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

ANTICIPATED GROSS ANNUAL INCOME (Combined for Household): \_\_\_\_\_

ANY FULL TIME STUDENTS 18 YEARS OR OLDER? YES NO

IS ONE MEMBER OF HOUSEHOLD 55 YEARS OR OLDER? YES NO

DO YOU QUALIFY FOR OUR HOMELESS SET-ASIDE? YES NO

DO YOU HAVE A DISABILITY AS DEFINED BY THE FAIR HOUSING ACT? YES NO

(The definition of "disability" is that the condition or impairment must substantially limit one or more major life activities.)

DO YOU ANTICIPATE NEEDING ANY REASONABLE ACCOMODATIONS BECAUSE OF A DISABILITY?

(Note: The answer to this question has no bearing on the decision to accept or reject the application) YES NO

IF YES WHAT ACCOMODATION WILL BE NEEDED? \_\_\_\_\_

(Accommodation is defined as any reasonable & necessary change to the physical structure of the property and or change to policies of owner/management that would allow full and equal enjoyment of the unit and the community)

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

Date Apartment Needed \_\_\_\_\_ 20\_\_

**FAMILY DATA** (List all persons who will be living in unit with you.)

Name	Age	Relationship	Name	Age	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**(Optional)**

Race White \_\_\_ Black/African American \_\_\_ American Indian/Alaska Native \_\_\_

Asian \_\_\_ Native Hawaiian or other Pacific Islander \_\_\_ Other \_\_\_

Ethnic Hispanic or Latino \_\_\_ NOT Hispanic or Latino \_\_\_

I understand that completion of this pre-application **No Way Guarantees an Apartment at Basalt Ridge Apartments**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Manager Signature When Received: \_\_\_\_\_ TIME: \_\_\_\_\_ A.M. P.M.

<b>For Office Use Only:</b>	
Credit Application Filled Out: _____	Orig. pre-app Card Date: _____
Credit Application Fee Received: _____	Receipt #: _____ Credit Approved: _____
Rejection Letter Sent: _____	Reason: _____

EQUAL HOUSING OPPORTUNITY PROVIDER



# RENTAL SCREENING APPLICATION



521 W. Maxwell Ave. Spokane WA 99201  
 Customer Service: 509 324-1249 • 1 800 304-1249  
 Fax: 509 324-1240 • 1 800 845-7435

TenantScreening@ACRANet.com • www.ACRANET.com

### TYPE OF REPORT

- FULL CONSUMER
- QUICK CHECK
- CO-SIGNER (Credit Only)
- COMPREHENSIVE
- OTHER \_\_\_\_\_

MEMBER ACCOUNT # 86659

DATE OF APP: \_\_\_\_\_

RENT \$ \_\_\_\_\_

ADDRESS 13660 W. 6<sup>th</sup> Ave  
Airway Heights, WA 99001

## **\*\*INCOMPLETE APPLICATION CAUSES A DELAY IN PROCESSING\*\***

PROPERTY INFORMATION				
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MOVE IN:	MOVE OUT:	DEPOSIT:	PET DEPOSIT:	STUDENT ID#
APPLICANT INFORMATION				
APPLICANT IS: <input type="checkbox"/> APPLYING ALONE <input type="checkbox"/> HAS CO-APPLICANTS		CO-APPLICANT'S NAME(S) (MUST COMPLETE SEPARATE APPLICATION, UNLESS MARRIED) 1. _____ 2. _____		RELATIONSHIP _____ _____
APPLICANT LAST NAME		FIRST NAME	MIDDLE/SUFFIX	SOCIAL SECURITY #
DRIVERS LICENSE #	STATE	DATE OF BIRTH (MM/DD/YYYY)	EMAIL ADDRESS:	PHONE #
SPOUSE'S LAST NAME		FIRST NAME	MIDDLE/SUFFIX	SOCIAL SECURITY #
TOTAL GROSS MONTHLY INCOME \$ (include all sources)	SPOUSE'S DRIVERS LICENSE	SPOUSE'S DATE OF BIRTH (MM/DD/YYYY)	SPOUSE'S PHONE #	
SPOUSE'S EMAIL ADDRESS:		OTHER NAMES USED FOR EITHER APPLICANTS:		
CURRENT RESIDENCE				
(1) PRESENT STREET ADDRESS			APT #	CITY STATE ZIP
TYPE OF RESIDENCE <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> FAMILY/FRIEND		LANDLORD NAME	PHONE	FAX
MONTHLY RENT \$	MOVE-IN DATE	MOVE-OUT DATE	EMAIL	
PREVIOUS RESIDENCE				
(2) PREVIOUS STREET ADDRESS			APT #	CITY STATE ZIP
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MONTHLY RENT \$	MOVE-IN DATE	MOVE-OUT DATE	EMAIL	
(3) PREVIOUS STREET ADDRESS			APT #	CITY STATE ZIP
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MONTHLY RENT \$	MOVE-IN DATE	MOVE-OUT DATE	EMAIL	

EMERGENCY CONTACT INFORMATION			
NAME OF CONTACT	ADDRESS	RELATIONSHIP	PHONE
ADDITIONAL OCCUPANTS			
Do you have any dependents that will be living at the property? <input type="checkbox"/> YES <input type="checkbox"/> NO		LIST NAMES AND DATES OF BIRTH FOR ALL OCCUPANTS	
EMPLOYMENT HISTORY			
PRESENT EMPLOYER	CITY	STATE	POSITION/TITLE
SUPERVISOR NAME	GROSS MONTHLY SALARY \$	START DATE	END DATE
SPOUSE'S CURRENT EMPLOYER	CITY	STATE	POSITION/TITLE
SUPERVISOR NAME	GROSS MONTHLY SALARY \$	START DATE	END DATE
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AMOUNT OF ADDITIONAL INCOME \$	FREQUENCY	SOURCE	
MISCELLANEOUS INFORMATION			
Do you have any Service/Support Animals? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, (Please Explain):		LIST PET TYPES AND BREEDS
CRIMINAL HISTORY			
Have you ever been convicted of any crime? <input type="checkbox"/> YES <input type="checkbox"/> NO (Please use an additional page for multiple offenses)		What level was the offense? <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Violation	COURT LOCATION:
EVICTION HISTORY			
Have you ever been evicted? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE	Have you ever filed for Bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you request a reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO
VEHICLE INFORMATION			
MAKE AND MODEL	COLOR	YEAR	LICENSE PLATE NUMBER & STATE

Applicant/Co-Applicant certify that the information provided herein is true and that any false information knowingly provided is subject to the penalty of perjury. Applicant/Co-Applicant hereby authorize the landlord and/or agents to verify the information and obtain credit reports, criminal background, unlawful detainer, prior eviction information, past tenancy report and employment verification through ACRANet. Applicant/Co-Applicant understand that a NON-REFUNDABLE APPLICATION FEE of \$45.00 single applicant and \$14.50 single cosigner will be paid to the landlord/agent at the time of application is submitted.

Applicants' Signature \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

The undersigned agent for the above-referenced landlord certifies that the information sought herein or in any consumer report prepared by ACRANET is for the purpose of evaluating the applicant's residency and no other purpose.



Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

It is the Policy of the owners and managers of this management company and/or landlord not to discriminate against anyone in any respect in the rental of this dwelling unit because of race, nationality, religion, sex, disability or family status / having children under the age of 18.

BILLING INFORMATION				
CARD TYPE <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	TOTAL AMOUNT \$	CARD NUMBER	EXP. DATE	SECURITY CODE
NAME ON CARD	BILLING ADDRESS	APT #	CITY	STATE ZIP
My signature below authorizes ACRANET, a background screening and reporting company, to charge the above credit card the background screening fee noted above. I agree to pay for this charge according to the terms of my card holder agreement.				
Signature _____			Date _____	

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- COMPREHENSIVE
- OTHER \_\_\_\_\_

MEMBER ACCOUNT # 86659

DATE OF APP: \_\_\_\_\_

RENT \$ \_\_\_\_\_

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TYPE OF RESIDENCE <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> FAMILY/FRIEND		LANDLORD NAME	PHONE	FAX
MONTHLY RENT \$	MOVE-IN DATE	MOVE-OUT DATE	EMAIL	
PREVIOUS RESIDENCE				
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TYPE OF RESIDENCE <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> FAMILY/FRIEND		LANDLORD NAME	PHONE	FAX
MONTHLY RENT \$	MOVE-IN DATE	MOVE-OUT DATE	EMAIL	
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TYPE OF RESIDENCE <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> FAMILY/FRIEND		LANDLORD NAME	PHONE	FAX
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EMERGENCY CONTACT INFORMATION			
NAME OF CONTACT	ADDRESS	RELATIONSHIP	PHONE
ADDITIONAL OCCUPANTS			
Do you have any dependents that will be living at the property? <input type="checkbox"/> YES <input type="checkbox"/> NO		LIST NAMES AND DATES OF BIRTH FOR ALL OCCUPANTS	
EMPLOYMENT HISTORY			
PRESENT EMPLOYER	CITY	STATE	POSITION/TITLE
SUPERVISOR NAME	GROSS MONTHLY SALARY \$	START DATE	END DATE
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Have you ever been convicted of any crime? <input type="checkbox"/> YES <input type="checkbox"/> NO (Please use an additional page for multiple offenses)		What level was the offense? <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Violation	COURT LOCATION:
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MAKE AND MODEL	COLOR	YEAR	LICENSE PLATE NUMBER & STATE

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Date

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NAME ON CARD	BILLING ADDRESS	APT #	CITY	STATE ZIP
My signature below authorizes ACranet, a background screening and reporting company, to charge the above credit card the background screening fee noted above. I agree to pay for this charge according to the terms of my card holder agreement.				
Signature _____			Date _____	

# RENTAL SCREENING APPLICATION



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 Fax: 509 324-1240 • 1 800 845-7435

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### TYPE OF REPORT

- FULL CONSUMER
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- COMPREHENSIVE
- OTHER \_\_\_\_\_

MEMBER ACCOUNT # 86659

DATE OF APP: \_\_\_\_\_

RENT \$ \_\_\_\_\_

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MOVE IN:	MOVE OUT:	DEPOSIT:	PET DEPOSIT:	STUDENT ID#

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SPOUSE'S EMAIL ADDRESS:		OTHER NAMES USED FOR EITHER APPLICANTS:	

### CURRENT RESIDENCE

(1) PRESENT STREET ADDRESS				APT #	CITY	STATE	ZIP
TYPE OF RESIDENCE <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> FAMILY/FRIEND		LANDLORD NAME		PHONE		FAX	
MONTHLY RENT \$	MOVE-IN DATE	MOVE-OUT DATE	EMAIL				

### PREVIOUS RESIDENCE

(2) PREVIOUS STREET ADDRESS				APT #	CITY	STATE	ZIP
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MAKE AND MODEL	COLOR	YEAR	LICENSE PLATE NUMBER & STATE

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VEHICLE INFORMATION			
MAKE AND MODEL	COLOR	YEAR	LICENSE PLATE NUMBER & STATE

Applicant/Co-Applicant certify that the information provided herein is true and that any false information knowingly provided is subject to the penalty of perjury. Applicant/Co-Applicant hereby authorize the landlord and/or agents to verify the information and obtain credit reports, criminal background, unlawful detainer, prior eviction information, past tenancy report and employment verification through ACRA.net. Applicant/Co-Applicant understand that a NON-REFUNDABLE APPLICATION FEE of \$45.00 single applicant and \$14.50 single cosigner will be paid to the landlord/agent at the time of application is submitted.

Applicants' Signature \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

The undersigned agent for the above-referenced landlord certifies that the information sought herein or in any consumer report prepared by ACRA.NET is for the purpose of evaluating the applicant's residency and no other purpose.



Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

It is the Policy of the owners and managers of this management company and/or landlord not to discriminate against anyone in any respect in the rental of this dwelling unit because of race, nationality, religion, sex, disability or family status / having children under the age of 18.

BILLING INFORMATION				
CARD TYPE <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	TOTAL AMOUNT \$	CARD NUMBER	EXP. DATE	SECURITY CODE
NAME ON CARD	BILLING ADDRESS	APT #	CITY	STATE ZIP
My signature below authorizes ACRA.NET, a background screening and reporting company, to charge the above credit card the background screening fee noted above. I agree to pay for this charge according to the terms of my card holder agreement.				
Signature _____			Date _____	

# Tax Credit Household Eligibility Application (HEA)

PROPERTY NAME Basalt Ridge Apartments		UNIT NUMBER	NO. OF BEDROOMS
HOUSEHOLD (HH) NAME		CURRENT HH SIZE	
ORIGINAL CERTIFICATION DATE (mm/dd/yyyy)	EFFECTIVE DATE OF CERTIFICATION (mm/dd/yyyy)	CERTIFICATION TYPE <input type="checkbox"/> Initial Certification <input type="checkbox"/> Recertification	

**THE FOLLOWING SECTION IS TO BE COMPLETED ENTIRELY BY THE APPLICANT/RESIDENT**  
**Instructions:** Fill out the table below with the names of everyone who will live in the home. Include anyone you expect will live there at least half the time over the next year.

PART 1: PEOPLE IN YOUR HOUSEHOLD					
HH #	Name of Each Person Living in the Apartment	Date of Birth	SSN *Last 4 digits	Full-Time Student*	
1	(HEAD OF HOUSEHOLD)			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> N/A
2				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> N/A
3				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> N/A
4				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> N/A
5				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> N/A
6				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> N/A
7				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time	<input type="checkbox"/> N/A

**\*Only the last 4 digits of the Social Security Number are required.**

**About Your Social Security Number:** This form asks for your Social Security number because of rules from the Washington State Housing Finance Commission and the IRS. Your number will only be used to check if you qualify for housing. If you do not have a Social Security number, you can use a Work Visa, Alien Registration Card, Temporary Resident Card, ITIN (Individual Taxpayer Identification Number), or Employment Authorization Card instead. If you do not provide a number, it may slow down or stop your application.

**\*What is a Full-Time Student?** A full-time student is anyone who is now in school, plans to be, or was in school for at least 5 months this year. The 5 months do not have to be in a row. This includes students in grades K-12, college, technical schools, and trade schools. Students with a student visa from another country are also considered full-time students.

# Tax Credit Household Eligibility Application (HEA)

PROPERTY NAME Basalt Ridge Apartments	UNIT NUMBER	NO. OF BEDROOMS
HOUSEHOLD (HH) NAME		CURRENT HH SIZE

**INSTRUCTIONS: All Adult household members must complete this form (see Instructions page for definition of Adult).** You must list all income and assets currently or to be received by any household member within the next 12-month period beginning on the anticipated date of move-in or recertification date. If no one in the household receives any income at all from any source, please skip to **Part 4: Asset Information.**

PART 2: HOUSEHOLD INCOME			
HH#	Yes	No	Annual Gross Income
	<input type="checkbox"/>	<input type="checkbox"/>	1. Self-employment ( <i>describe what you do</i> ) Use Net Income from business: \$
	<input type="checkbox"/>	<input type="checkbox"/>	2. Employment receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. If yes, list additional information in <b>Part 3: Current Employment Information</b> below. \$
	<input type="checkbox"/>	<input type="checkbox"/>	3. Unemployment benefits \$
	<input type="checkbox"/>	<input type="checkbox"/>	4. Veteran's Administration benefits, or GI Bill income \$
	<input type="checkbox"/>	<input type="checkbox"/>	5. Military income (from being active member of Armed Forces, National Guard, Reserves) \$
	<input type="checkbox"/>	<input type="checkbox"/>	6. Education financial assistance (for full- and part-time students) \$
	<input type="checkbox"/>	<input type="checkbox"/>	7. Retirement benefits from Social Security \$
	<input type="checkbox"/>	<input type="checkbox"/>	8. Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) \$
	<input type="checkbox"/>	<input type="checkbox"/>	9. Unearned income from family members age 17 or under (example: Social Security, trust fund disbursements, etc.) \$
	<input type="checkbox"/>	<input type="checkbox"/>	10. Disability or death benefits other than Social Security \$
	<input type="checkbox"/>	<input type="checkbox"/>	11. Worker's Compensation (L&I) benefits \$
	<input type="checkbox"/>	<input type="checkbox"/>	12. Public housing assistance/Rental assistance/Section 8 voucher. Housing authority providing the assistance: \$
	<input type="checkbox"/>	<input type="checkbox"/>	13. I/we receive public assistance income (example: TANF, GAU, FIP, ADATSA, etc.) \$

# Tax Credit Household Eligibility Application (HEA)

PROPERTY NAME Basalt Ridge Apartments	UNIT NUMBER	NO. OF BEDROOMS
HOUSEHOLD (HH) NAME		CURRENT HH SIZE

PART 2: HOUSEHOLD INCOME			
HH#	Yes	No	Annual Gross Income
	<input type="checkbox"/>	<input type="checkbox"/>	14. Child support payments. If yes, for how many children do you receive support? <input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	15. Alimony/spousal support payments
	<input type="checkbox"/>	<input type="checkbox"/>	16. Regular payments from trusts, annuities, inheritance, retirement funds or pensions. If yes, list sources: <input type="text"/> <input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	17. Income from real estate or personal property <input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	18. Do your family, friends, or any other person or organization outside of your household help you meet needs by giving you cash assistance? If yes, who provides the cash assistance? <input type="text"/> How often do you receive the cash assistance? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: <input type="text"/>
	<input type="checkbox"/>	<input type="checkbox"/>	19. Earned income from online sources (Including but not limited to the following activities: video gaming, blogging, teaching, reselling items, paid surveys, investing (Twitch, YouTube, Amazon, E-Bay, Etsy, Swagbucks, etc.)) If yes, please explain. <input type="text"/>

# Tax Credit Household Eligibility Application (HEA)

PROPERTY NAME Basalt Ridge Apartments	UNIT NUMBER	NO. OF BEDROOMS
HOUSEHOLD (HH) NAME		CURRENT HH SIZE

PART 2: HOUSEHOLD INCOME			
HH#	Yes	No	Annual Gross Income
	<input type="checkbox"/>	<input type="checkbox"/>	<p>20. Do your family, friends, or any other person or organization outside of your household help you pay a bill or expense, such as for utilities, car, gas, insurance, bus pass, telephone, cable/internet, diapers, etc.?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, who helps you pay the bills or expense?</p> <input type="text"/> <p>How often do you receive the assistance?</p> <p><input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: <input type="text"/></p> <p>What is the average amount of assistance you receive?</p> <p>\$</p>
	<input type="checkbox"/>	<input type="checkbox"/>	<p>21. Do you or anyone in your household have income or sources of income other than those previously listed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please enter them below:</p> <input type="text"/> <input type="text"/> <p>Enter total amount of income received:</p> <p>\$</p>

# Tax Credit Household Eligibility Application (HEA)

PROPERTY NAME Basalt Ridge Apartments	UNIT NUMBER	NO. OF BEDROOMS
HOUSEHOLD (HH) NAME		CURRENT HH SIZE

## PART 3: CURRENT EMPLOYMENT INFORMATION

HH #	HOUSEHOLD MEMBER NAME	JOB TITLE	DATE HIRED (mm/dd/yyyy)	
EMPLOYER NAME		CONTACT PERSON	EMPLOYER EMAIL ADDRESS	
EMPLOYER ADDRESS		CITY	STATE	EMPLOYER PHONE #
SALARY \$	PAY FREQUENCY <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____			WORK HOURS PER WEEK

HH #	HOUSEHOLD MEMBER NAME	JOB TITLE	DATE HIRED (mm/dd/yyyy)	
EMPLOYER NAME		CONTACT PERSON	EMPLOYER EMAIL ADDRESS	
EMPLOYER ADDRESS		CITY	STATE	EMPLOYER PHONE #
SALARY \$	PAY FREQUENCY <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____			WORK HOURS PER WEEK

HH #	HOUSEHOLD MEMBER NAME	JOB TITLE	DATE HIRED (mm/dd/yyyy)	
EMPLOYER NAME		CONTACT PERSON	EMPLOYER EMAIL ADDRESS	
EMPLOYER ADDRESS		CITY	STATE	EMPLOYER PHONE #
SALARY \$	PAY FREQUENCY <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____			WORK HOURS PER WEEK

# Tax Credit Household Eligibility Application (HEA)

PROPERTY NAME Basalt Ridge Apartments	UNIT NUMBER	NO. OF BEDROOMS
HOUSEHOLD (HH) NAME		CURRENT HH SIZE

## PART 4: ASSET INFORMATION

Please choose one of the following:

I/We do not have any assets at this time. Continue to **Part 5: Zero Income Certification** (if required) and **Part 6: Student Status Certification**.

I/We have assets. My/our assets are listed below.

\*For an explanation of what counts as an asset, please see the Instructions form on our website. Cash values is defined as the market value of the asset minus the cost of converting the assets to cash. Costs may include broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

HH#	Yes	No		Cash Value	Interest Rate	Annual Income								
	<input type="checkbox"/>	<input type="checkbox"/>	1. RVs, ATVs, boats, antique cars, stamp collections, etc.  <table border="1" style="width: 100%;"> <tr><td> </td></tr> <tr><td> </td></tr> </table>			\$		\$						
	<input type="checkbox"/>	<input type="checkbox"/>	2. Cash on hand	\$		\$								
	<input type="checkbox"/>	<input type="checkbox"/>	3. Checking account(s). If yes, list bank names and account number(s).  <table border="1" style="width: 100%;"> <tr> <td>BANK NAME #1</td> <td>ACCOUNT NO.</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>BANK NAME #2</td> <td>ACCOUNT NO.</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	BANK NAME #1	ACCOUNT NO.			BANK NAME #2	ACCOUNT NO.			\$	%	\$
BANK NAME #1	ACCOUNT NO.													
BANK NAME #2	ACCOUNT NO.													
	<input type="checkbox"/>	<input type="checkbox"/>	4. Savings account(s). If yes, list bank names and account number(s).  <table border="1" style="width: 100%;"> <tr> <td>BANK NAME #1</td> <td>ACCOUNT NO.</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>BANK NAME #2</td> <td>ACCOUNT NO.</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	BANK NAME #1	ACCOUNT NO.			BANK NAME #2	ACCOUNT NO.			\$	%	\$
BANK NAME #1	ACCOUNT NO.													
BANK NAME #2	ACCOUNT NO.													
	<input type="checkbox"/>	<input type="checkbox"/>	5. Internet-based assets (Cash app, Venmo, PayPal, Apple Pay, etc.).  <table border="1" style="width: 100%;"> <tr><td> </td></tr> </table>		\$	%	\$							

# Tax Credit Household Eligibility Application (HEA)

PROPERTY NAME Basalt Ridge Apartments	UNIT NUMBER	NO. OF BEDROOMS
HOUSEHOLD (HH) NAME		CURRENT HH SIZE

## PART 4: ASSET INFORMATION

HH#	Yes	No		Cash Value	Interest Rate	Annual Income								
	<input type="checkbox"/>	<input type="checkbox"/>	<b>6. Debit card(s) not associated with a bank account. If yes, list last 4 numbers of the card(s).</b> <table border="1"> <tr> <td>BANK NAME #1</td> <td>LAST 4 DIGITS</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>BANK NAME #2</td> <td>LAST 4 DIGITS</td> </tr> <tr> <td></td> <td></td> </tr> </table>	BANK NAME #1	LAST 4 DIGITS			BANK NAME #2	LAST 4 DIGITS			\$		
BANK NAME #1	LAST 4 DIGITS													
BANK NAME #2	LAST 4 DIGITS													
	<input type="checkbox"/>	<input type="checkbox"/>	<b>7. Brokerage account(s). If yes, list bank names(s) and account number(s).</b> <table border="1"> <tr> <td>BANK NAME #1</td> <td>ACCOUNT NO.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>BANK NAME #2</td> <td>ACCOUNT NO.</td> </tr> <tr> <td></td> <td></td> </tr> </table>	BANK NAME #1	ACCOUNT NO.			BANK NAME #2	ACCOUNT NO.			\$	%	\$
BANK NAME #1	ACCOUNT NO.													
BANK NAME #2	ACCOUNT NO.													
	<input type="checkbox"/>	<input type="checkbox"/>	<b>8. Capital investments</b> <table border="1"> <tr> <td></td> </tr> </table>		\$	%	\$							
	<input type="checkbox"/>	<input type="checkbox"/>	<b>9. Annuities. If yes, list bank names(s) and account number(s).</b> <table border="1"> <tr> <td>BANK NAME #1</td> <td>ACCOUNT NO.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>BANK NAME #2</td> <td>ACCOUNT NO.</td> </tr> <tr> <td></td> <td></td> </tr> </table>	BANK NAME #1	ACCOUNT NO.			BANK NAME #2	ACCOUNT NO.			\$	%	\$
BANK NAME #1	ACCOUNT NO.													
BANK NAME #2	ACCOUNT NO.													
	<input type="checkbox"/>	<input type="checkbox"/>	<b>10. Money market. If yes, list bank names(s) and account number(s).</b> <table border="1"> <tr> <td>BANK NAME #1</td> <td>ACCOUNT NO.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>BANK NAME #2</td> <td>ACCOUNT NO.</td> </tr> <tr> <td></td> <td></td> </tr> </table>	BANK NAME #1	ACCOUNT NO.			BANK NAME #2	ACCOUNT NO.			\$	%	\$
BANK NAME #1	ACCOUNT NO.													
BANK NAME #2	ACCOUNT NO.													

# Tax Credit Household Eligibility Application (HEA)

PROPERTY NAME Basalt Ridge Apartments	UNIT NUMBER	NO. OF BEDROOMS
HOUSEHOLD (HH) NAME		CURRENT HH SIZE

## PART 4: ASSET INFORMATION

HH#	Yes	No		Cash Value	Interest Rate	Annual Income
	<input type="checkbox"/>	<input type="checkbox"/>	11. Life insurance (do not include term life insurance that is only payable upon death). If yes, list company.			
			<input type="text"/>	\$	%	\$
			<input type="text"/>	\$	%	\$
	<input type="checkbox"/>	<input type="checkbox"/>	12. Cryptocurrency (Ethereum, Tether, Bitcoin, etc.).			
			<input type="text"/>	\$	%	\$
	<input type="checkbox"/>	<input type="checkbox"/>	13. Stocks/Bonds. If yes, list company where held.			
			<input type="text"/>	\$	%	\$
			<input type="text"/>	\$	%	\$
	<input type="checkbox"/>	<input type="checkbox"/>	14. Certificate of Deposit. If yes, list bank names(s) and account number(s).			
			BANK NAME #1			
			ACCOUNT NO.	\$	%	\$
			BANK NAME #2			
			ACCOUNT NO.	\$	%	\$
	<input type="checkbox"/>	<input type="checkbox"/>	15. Trust funds that are under control of the household. If yes, list bank names(s) and account number(s).			
			BANK NAME #1			
			ACCOUNT NO.	\$	%	\$
			BANK NAME #2			
			ACCOUNT NO.	\$	%	\$

# Tax Credit Household Eligibility Application (HEA)

PROPERTY NAME Basalt Ridge Apartments	UNIT NUMBER	NO. OF BEDROOMS
HOUSEHOLD (HH) NAME		CURRENT HH SIZE

## PART 4: ASSET INFORMATION

HH#	Yes	No		Cash Value	Interest Rate	Annual Income								
	<input type="checkbox"/>	<input type="checkbox"/>	16. Lump Sum amounts (lottery/ inheritance, etc). <input type="text"/>	\$	%	\$								
	<input type="checkbox"/>	<input type="checkbox"/>	17. Safety Deposit Box and its contents <input type="text"/>	\$										
	<input type="checkbox"/>	<input type="checkbox"/>	18. Other asset(s): <input type="text"/> <input type="text"/>	\$ \$	% %	\$ \$								
	<input type="checkbox"/>	<input type="checkbox"/>	19. I/we have given away money or assets for less than their value in the past two years. If yes, list the items and the dates. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">ITEM</td> <td style="width: 30%;">DATE</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>ITEM</td> <td>DATE</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	ITEM	DATE	<input type="text"/>	<input type="text"/>	ITEM	DATE	<input type="text"/>	<input type="text"/>	\$ \$	% %	\$ \$
ITEM	DATE													
<input type="text"/>	<input type="text"/>													
ITEM	DATE													
<input type="text"/>	<input type="text"/>													
	<input type="checkbox"/>	<input type="checkbox"/>	20. Have you received a tax refund in the last 12 months? <input type="text"/>	Amount of return: \$										
	<input type="checkbox"/>	<input type="checkbox"/>	21. Real estate property <input type="text"/> <input type="text"/>	\$ \$		\$ \$								
Does the total value of assets for your entire household exceed \$50,000?					<input type="checkbox"/> Yes <input type="checkbox"/> No									

# Tax Credit Household Eligibility Application (HEA)

PROPERTY NAME Basalt Ridge Apartments	UNIT NUMBER	NO. OF BEDROOMS
HOUSEHOLD (HH) NAME		CURRENT HH SIZE

## PART 5: ZERO INCOME CERTIFICATION

To be completed ONLY by any household that does not receive any kind of income from any source at all.

1. I/We hereby certify that I/we do not individually receive income from any of the following sources:
- a. Wages from employment (including commissions, tips, bonuses, fees, etc.).
  - b. Income from operation of a business.
  - c. Rental income from real or personal property.
  - d. Income, interest or dividends from assets.
  - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits.
  - f. Unemployment or disability payments.
  - g. Public assistance payments.
  - h. Regular allowances such as alimony, child support, or gifts received from persons not living in my household.
  - i. Sales from self-employed resources (Avon, Mary Kay, eBay, etc.).
  - j. Any other source not named above.

2. Employment Income – Choose one:
- I/We have no income and am currently looking for a job but haven't received any offers.
  - I/We have no income and won't be looking for a job in the next 12 months.

3. I/We will be using the following sources of funds or relying on the following person(s) to pay for rent and other necessities. Enter full name(s):

--	--

# Tax Credit Household Eligibility Application (HEA)

PROPERTY NAME Basalt Ridge Apartments	UNIT NUMBER	NO. OF BEDROOMS
HOUSEHOLD (HH) NAME		CURRENT HH SIZE

## PART 6: STUDENT STATUS CERTIFICATION

Students include members who are in grades K-12, college, technical schools, and trade schools. Students do not include members who are completing trainings at the job site or taking job training classes.

Please choose one of the following:

<input type="checkbox"/>	1. The HH includes <b>at least one member who is not a student</b> , has not been a student, and will not be a student for five (5) or more months during the current and/or upcoming calendar year (months need not be consecutive).		
<input type="checkbox"/>	2. The HH includes all students but <b>at least one member is a part-time student</b> (must provide verification of part-time student status). List member(s) who are <b>part-time students</b> :		
<input type="checkbox"/>	3. The HH includes <b>all students</b> who are now in school, plans to be, or was in school for at least 5 months this year. The 5 months do not have to be in a row.		
If yes, you must answer <b>all</b> questions below:		Yes	No
<input type="checkbox"/>	A. Are the students married and file tax return together? <i>(Include proof of a tax return or a written declaration such as an affidavit)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	B. One student member is a single parent who – i. does not receive any support as a dependent of someone else. ii. independently care for the child/children.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	C. Is one student receiving Temporary Assistance to Needy Families (TANF)?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	D. Does one student in one of the following programs? <i>(Must provide proof)</i> i. The Job Training Partnership Act. ii. The Workforce Investment Act or similar federal, state, or local laws.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	E. Does the household include one student who was under foster care in the past? <i>(Must provide proof)</i>	<input type="checkbox"/>	<input type="checkbox"/>

# Tax Credit Household Eligibility Application (HEA)

PROPERTY NAME Basalt Ridge Apartments	UNIT NUMBER	NO. OF BEDROOMS
HOUSEHOLD (HH) NAME		CURRENT HH SIZE

I understand that if my household income or the people who live in my home changes after I sign this form but before I move in, I must tell the management staff right away. Under penalty of perjury, I promise that all the information I gave in this application is true and correct to the best of my knowledge. I understand that giving false or incomplete information is fraud. If I do, my lease can be canceled, and I could face legal action.

**Only the Applicant/Resident should sign this form, unless someone else has legal permission (Power of Attorney) to sign for them. If so, a copy of the Power of Attorney, their photo ID, and their contact information must be included.**

HEAD OF HOUSEHOLD SIGNATURE	PRINT NAME	DATE (mm/dd/yyyy)
HOUSEHOLD MEMBER SIGNATURE	PRINT NAME	DATE (mm/dd/yyyy)
HOUSEHOLD MEMBER SIGNATURE	PRINT NAME	DATE (mm/dd/yyyy)
HOUSEHOLD MEMBER SIGNATURE	PRINT NAME	DATE (mm/dd/yyyy)
HOUSEHOLD MEMBER SIGNATURE	PRINT NAME	DATE (mm/dd/yyyy)

**Reasonable Accommodation:** If a third party is required to assist with the completion of this document, add their signature, printed name, relationship, phone number and date to the bottom of this page.

**I certify that I have assisted the above-signed Applicant/Resident complete this document as a reasonable accommodation.**

PRINT THIRD PARTY NAME	RELATIONSHIP	PHONE NUMBER
THIRD PARTY SIGNATURE		DATE (mm/dd/yyyy)

## HOUSEHOLD DECLARATION SUPPLEMENT TO REA

(REQUIRED for initial certifications only)

**Property Name:** Basalt Ridge Apartments **Unit:** \_\_\_\_\_

**Applicant/Resident Name:** \_\_\_\_\_

The forms you are currently completing are for the Low-Income Housing Tax Credit or Bond Program governed by the Washington State Housing Finance Commission in compliance with Section 42 and 142 of IRS Code. These programs regulate the income limits of our rental households.

All household members over the age of eighteen must sign the forms; have their income and assets third-party verified and be on the lease.

As part of determining gross annual income, we are required to document temporarily absent household members including spouses (husband or wife), roommates, and dependants. Income of any temporarily absent household member must be included in the total household income. The income of a spouse, even if he/she will not reside in the apartment must be included when determining income, unless documentation of a legal separation is provided. Income of anyone anticipated to join the household within the initial twelve (12) months of occupancy such as a fiancé or roommate must also be counted.

\* Will anyone be residing in the unit not listed on page 1 of the *Rental Eligibility Application*?  
 Yes  No If "Yes," identify the person and position in the household: \_\_\_\_\_

\* Do any household members have a spouse who is not listed as a household member on page 1 of the *Rental Eligibility Application*?  
 Yes  No If "Yes," please share the spouse's name and income information or provide legal separation documentation.

Spouses Name: \_\_\_\_\_ Source of Income: \_\_\_\_\_

\* Will anyone be joining your household within twelve (12) months?  
 Yes  No If "Yes," complete the following:  
 Name: \_\_\_\_\_ When expected: \_\_\_\_\_ Source of Income: \_\_\_\_\_

I/We hereby declare that I/ have disclosed all current household members, the spouse of all household members, all roommates and anyone expected to join my/our household within the next twelve (12) months. I/We understand that omitting any current household members, the spouse of any household member, any roommates or anyone expected to join my/our household within the next twelve (12) months from the tenancy process is considered fraud and is grounds to terminate my/our household residency. I/We further understand that no one will be allowed to join my/our households without prior written approval.

Head of Household Signature	Print Head of Household Name	Date
Other Adult Household Member Signature	Print Other Adult Household Member Name	Date
Other Adult Household Member Signature	Print Other Adult Household Member Name	Date

# Household Demographics

PROPERTY NAME Basalt Ridge Apartments	UNIT NUMBER
HOUSEHOLD NAME	

## HOUSEHOLD COMPOSITION

HH #	Household Member Name	Household Relationship	Race*	Ethnicity*	Disability Status*
1		Head of Household			
2					
3					
4					
5					
6					
7					
8					
9					
10					

\*Please refer to the attached page for definitions of race, ethnicity, and disability.

Reasonable Accommodation: If a third party is required to assist with the completion of this document, add their signature and date, printed name, relationship, and phone number to the bottom of this page.

_____ Head of Household Signature	_____ Date	_____ Member #2 Signature	_____ Date
_____ Member #3 Signature	_____ Date	_____ Member #4 Signature	_____ Date

You have applied for, or currently reside in, a rental housing unit located in a development operating under the "Low-Income Housing Tax Credit" (LIHTC) Program of Section 42 of the Internal Revenue Code. The collection of certain resident data is authorized by the Housing & Economic Recovery Act of 2008 and will be furnished to the U.S. Department of Housing & Urban Development (HUD). Each household must be offered the opportunity to disclose their race, ethnicity, and disability status. Parents/guardians are asked to disclose on behalf of all children in the household who are under the age of 18. There is no penalty for those households who do not wish to provide the requested information. However, all adult members (18 years or older) must sign/date at the bottom of this form as proof that the option to disclose was made available.

The following racial and ethnic definitions are modeled after the OMB-approved form, "Race and Ethnic Data Reporting Form" (HUD-27061), used by the U.S. Department of Housing and Urban Development (HUD):

A. Household members can select one or more of the following applicable racial definitions:

- **American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black or African American** - A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" can be used in addition to "Black" or "African American."
- **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

B. Household members can select one of the following applicable ethnic definitions:

- **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
- **Not Hispanic or Latino** - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

C. Per the Fair Housing Act, the definition of disabled is:

- A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment", please see 24 Code of Federal Regulations, Part 100.201(a)-(d).

# Household Demographics Instruction

**Purpose:** To collect demographic data on all household members in Tax Credit properties as mandated by federal HERA (Housing and Economic Recovery Act) legislation of 2008.

**Note:** This form is required at initial occupancy. It is required at recertification only if there have been changes to the household composition.

**Special Mention:** To avoid a fair housing issue, we strongly recommend that this form be completed after the household has been approved for residency.

## General Information:

- Each household must be offered the opportunity to disclose their race, ethnicity, and disability.
- Residents may choose not to disclose; however, they still need to complete the top portion, "Household Composition," and indicate "Prefer not to say" for Rows 4 (Race), 5 (Ethnicity), and 6 (Disability Status) either by selecting from the dropdown menu if using a computer, or writing it in if completing the form by hand, and sign and date the bottom of the form.
- Parents or guardians are asked to disclose on behalf of all children in the household who are under the age of 18.
- All adult members (18 years or older) must sign and date at the bottom of the form as proof that the option to disclose was made available.

## Specific Instructions:

PROPERTY NAME: Enter property name.

UNIT: Enter unit number.

HOUSEHOLD NAME: Enter household name.

HOUSEHOLD COMPOSITION: Enter household members names.

HOUSEHOLD RELATIONSHIP: Enter relationship to head of household.

Choices: Head of Household, Spouse, Adult Co-Resident, Child, Foster Child/Adult, Live-in Caretaker, or Other

RACE: Each adult is to complete the category for "Race."

Choices: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Pacific Islander, White, Multi-Racial, Other, or Prefer not to say

ETHNICITY: Each adult is to complete the category for "Ethnicity."

Choices: Hispanic or Latino, Not Hispanic or Latino, or Prefer not to say

DISABILITY STATUS: Each adult is to complete "Disability Status" if applicable.

Choices: Disabled, Not Disabled, or Prefer not to say

SIGNATURES: Head of household signs and dates form first. Then other adult members of the household should sign and date also.









# Consent

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Client Identification			
NAME	DATE OF BIRTH	IDENTIFICATION NUMBER <span style="float: right; font-size: 2em; font-weight: bold;">SS#</span>	
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER (INCLUDE AREA CODE)	OTHER INFORMATION		

## Consent

I consent to the use of confidential information about me within DSHS to plan, provide, and coordinate services, treatment, payments, and benefits for me or for other purposes authorized by law. I also grant permission to DSHS and the below listed agencies, providers, or persons to use my confidential information and disclose it to each other for these purposes. Information may be shared verbally or electronically, by mail, or hand delivery.

Please check all below who are included in this consent in addition to DSHS and identify them by name and address:

- Health care providers: \_\_\_\_\_
- Mental health care providers: \_\_\_\_\_
- Substance use disorder service providers: \_\_\_\_\_
- Other DSHS contracted providers: \_\_\_\_\_
- Housing programs: **Low income housing tax credit** \_\_\_\_\_
- School districts or colleges: \_\_\_\_\_
- Department of Corrections: \_\_\_\_\_
- Employment Security Department and its employment partners: \_\_\_\_\_
- Social Security Administration or other federal agency: \_\_\_\_\_
- See attached list
- Other: \_\_\_\_\_

Reason for disclosure:  Continuity of care  Legal  Personal  Other: **To gain housing**

I authorize and consent to sharing the following records and information (check all that apply):

- All my client records  Records on attached list
- Only the following records
  - Family, social and employment history
  - Treatment or care plans
  - Payment records
  - Individual assessments
  - School, education, and training
  - Mental health care information (specify): \_\_\_\_\_
  - Health care information (specify): \_\_\_\_\_
  - Other (list): **To pull public assistance online**

**Please note: If your client records include any of the following information, you must also complete this section to include these records.**

I give my permission to disclose the following records (check all that apply):

Mental health       HIV/AIDS and STD test results, diagnosis, or treatment       Substance Use Disorder

- This consent is valid for one-year or  until \_\_\_\_\_ (date or event).
- I may revoke or withdraw this consent at any time in writing, but that will not affect any information already shared.
- I understand that records shared under this consent may no longer be protected under the laws that apply to DSHS.
- A copy of this form is valid to give my permission to share records.

SIGNATURE		DATE
WITNESS / NOTARY SIGNATURE, IF APPLICABLE	WITNESS / NOTARY PRINTED NAME	DATE
PARENT OR OTHER REPRESENTATIVE'S SIGNATURE (IF APPLICABLE)	TELEPHONE NUMBER (INCLUDE AREA CODE)	DATE

If I am not the subject of the records, I am authorized to sign because I am the: (attach proof of authority)

Parent       Legal Guardian (attach court order)       Personal representative       Other:

**Notice to Recipients of Information:** If these records contain information about HIV, STDs, or AIDS, you may not further disclose that information without the client's specific permission. If you have received information related to drug or alcohol abuse by the client, you must include the following statement when further disclosing information as required by 42 CFR 2.32:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

## Instructions for Completing the Consent Forms, DSHS 14-012

**Use:** Use this form when you need consent to use or share confidential information about a client on a continuing basis about a client within DSHS or to disclose that information to other agencies to coordinate services or for treatment, payment or agency operations or for other purposes recognized by law.

Fill out this form electronically if possible. You must complete a **separate form for each person, including children.** .

### Parts of Form:

#### IDENTIFICATION:

- **Name:** Provide the name of only one client on each form. Include any former names that client may have used when receiving services.
- **Date of Birth:** Needed to identify client from persons with similar names.
- **Identification Number:** Provide a client identification number or other identifier such as a social security number (not required) to assist in identifying records and tracking history and services received.
- **Other:** Include in this box any additional information that may help to locate records, such as DSHS involved with services, names of family members, or other relevant information.

#### CONSENT (AUTHORIZATION):

- **Agencies or persons exchanging records:** This completed form allows: (1) the use and disclosure of confidential information inside DSHS and with the agencies or persons listed; and (2) disclosure of confidential information to DSHS by the outside agencies or persons listed. You may also attach a list of agencies allowed to share information, which the client must also sign.
- **Information included:** Clients must indicate what records are covered by the consent. Clients may make all records available or may limit the included records by date, type or source of record. If a client does not sign a consent or does not specify a particular record, sharing of that record will still be allowed if permitted by law. You may attach a list of covered records that the client must also sign. If any records include information relating to mental health (RCW 71.05.620), HIV/AIDS or STD testing or treatment (RCW 70.02.220), or drug and alcohol services (42 CFR 2.31(a)(5)), the client must mark these areas specifically to give permission to share these records. This form is not valid to include psychotherapy notes under 45 CFR 164.508(b)(3)(ii) ; a separate form must be completed to include those records.
- **Duration:** Include an expiration date for the consent, if different than one year. The consent will expire in one year unless you identify a different date.
- **Understanding:** Be sure the client understands what permission is being granted and how and why information will be shared. If needed, use a translated form and interpreter or read the form aloud. If the client needs more information, provide an additional copy of the DSHS Notice of Privacy Practices or refer the client to the public disclosure officer for your unit

#### SIGNATURES:

- **Client:** Have client or a child over age of consent (13 for mental health and drug and alcohol services; 14 for HIV/AIDS and other STDs; any age for birth control and abortions; 18 for health care and other records) sign this box and insert the date of signature. The client may substitute a mark in this box that you witness.
- **Witness or Notary:** A witness or notary may be needed to verify the client's identity if the client does not submit this form in person or if a program requests verification. This person should sign and print his or her name.
- **Parent or Other Representative:** If the client is a child under the age of consent, a parent or guardian must sign. If the child does not meet the age of consent for all records to be shared, both the child and the parent must sign. If the client has been declared legally incompetent, the court appointed guardian must sign and provide a copy of the order of appointment. If someone is signing in another capacity (including a person with a power of attorney or an estate representative), mark "other" and obtain a copy of the legal authority to act. The person signing must date the signature and give a telephone number or contact information.

# Consent

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NAME	DATE OF BIRTH	IDENTIFICATION NUMBER <b>SS#</b>	
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER (INCLUDE AREA CODE)	OTHER INFORMATION		

## Consent

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- Housing programs: **Low income housing tax credit** \_\_\_\_\_
- School districts or colleges: \_\_\_\_\_
- Department of Corrections: \_\_\_\_\_
- Employment Security Department and its employment partners: \_\_\_\_\_
- Social Security Administration or other federal agency: \_\_\_\_\_
- See attached list
- Other: \_\_\_\_\_

Reason for disclosure:  Continuity of care  Legal  Personal  Other: **To gain housing**

I authorize and consent to sharing the following records and information (check all that apply):

- All my client records  Records on attached list
- Only the following records
  - Family, social and employment history
  - Treatment or care plans
  - Payment records
  - Individual assessments
  - School, education, and training
  - Mental health care information (specify): \_\_\_\_\_
  - Health care information (specify): \_\_\_\_\_
  - Other (list): **To pull public assistance online**

**Please note: If your client records include any of the following information, you must also complete this section to include these records.**

I give my permission to disclose the following records (check all that apply):

Mental health       HIV/AIDS and STD test results, diagnosis, or treatment       Substance Use Disorder

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If I am not the subject of the records, I am authorized to sign because I am the: (attach proof of authority)

Parent       Legal Guardian (attach court order)       Personal representative       Other:

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TELEPHONE NUMBER (INCLUDE AREA CODE)	OTHER INFORMATION		

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- School districts or colleges: \_\_\_\_\_
- Department of Corrections: \_\_\_\_\_
- Employment Security Department and its employment partners: \_\_\_\_\_
- Social Security Administration or other federal agency: \_\_\_\_\_
- See attached list
- Other: \_\_\_\_\_

Reason for disclosure:  Continuity of care  Legal  Personal  Other: **To gain housing**

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**Please note: If your client records include any of the following information, you must also complete this section to include these records.**

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SIGNATURE		DATE
WITNESS / NOTARY SIGNATURE, IF APPLICABLE	WITNESS / NOTARY PRINTED NAME	DATE
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If I am not the subject of the records, I am authorized to sign because I am the: (attach proof of authority)

Parent       Legal Guardian (attach court order)       Personal representative       Other.

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Client Identification			
NAME	DATE OF BIRTH	IDENTIFICATION NUMBER <b>SC#</b>	
ADDRESS	CITY	STATE	ZIP CODE
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- I understand that records shared under this consent may no longer be protected under the laws that apply to DSHS.
- A copy of this form is valid to give my permission to share records.

SIGNATURE		DATE
WITNESS / NOTARY SIGNATURE, IF APPLICABLE	WITNESS / NOTARY PRINTED NAME	DATE
PARENT OR OTHER REPRESENTATIVE'S SIGNATURE (IF APPLICABLE)	TELEPHONE NUMBER (INCLUDE AREA CODE)	DATE

If I am not the subject of the records, I am authorized to sign because I am the: (attach proof of authority)

Parent       Legal Guardian (attach court order)       Personal representative       Other:

**Notice to Recipients of Information:** If these records contain information about HIV, STDs, or AIDS, you may not further disclose that information without the client's specific permission. If you have received information related to drug or alcohol abuse by the client, you must include the following statement when further disclosing information as required by 42 CFR 2.32:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

## Instructions for Completing the Consent Forms, DSHS 14-012

**Use:** Use this form when you need consent to use or share confidential information about a client on a continuing basis about a client within DSHS or to disclose that information to other agencies to coordinate services or for treatment, payment or agency operations or for other purposes recognized by law.

Fill out this form electronically if possible. You must complete a **separate form for each person, including children.**

### Parts of Form:

#### IDENTIFICATION:

- **Name:** Provide the name of only one client on each form. Include any former names that client may have used when receiving services.
- **Date of Birth:** Needed to identify client from persons with similar names.
- **Identification Number:** Provide a client identification number or other identifier such as a social security number (not required) to assist in identifying records and tracking history and services received.
- **Other:** Include in this box any additional information that may help to locate records, such as DSHS involved with services, names of family members, or other relevant information.

#### CONSENT (AUTHORIZATION):

- **Agencies or persons exchanging records:** This completed form allows: (1) the use and disclosure of confidential information inside DSHS and with the agencies or persons listed; and (2) disclosure of confidential information to DSHS by the outside agencies or persons listed. You may also attach a list of agencies allowed to share information, which the client must also sign.
- **Information included:** Clients must indicate what records are covered by the consent. Clients may make all records available or may limit the included records by date, type or source of record. If a client does not sign a consent or does not specify a particular record, sharing of that record will still be allowed if permitted by law. You may attach a list of covered records that the client must also sign. If any records include information relating to mental health (RCW 71.05.620), HIV/AIDS or STD testing or treatment (RCW 70.02.220), or drug and alcohol services (42 CFR 2.31(a)(5)), the client must mark these areas specifically to give permission to share these records. This form is not valid to include psychotherapy notes under 45 CFR 164.508(b)(3)(ii) ; a separate form must be completed to include those records.
- **Duration:** Include an expiration date for the consent, if different than one year. The consent will expire in one year unless you identify a different date.
- **Understanding:** Be sure the client understands what permission is being granted and how and why information will be shared. If needed, use a translated form and interpreter or read the form aloud. If the client needs more information, provide an additional copy of the DSHS Notice of Privacy Practices or refer the client to the public disclosure officer for your unit

#### SIGNATURES:

- **Client:** Have client or a child over age of consent (13 for mental health and drug and alcohol services; 14 for HIV/AIDS and other STDs; any age for birth control and abortions; 18 for health care and other records) sign this box and insert the date of signature. The client may substitute a mark in this box that you witness.
- **Witness or Notary:** A witness or notary may be needed to verify the client's identity if the client does not submit this form in person or if a program requests verification. This person should sign and print his or her name.
- **Parent or Other Representative:** If the client is a child under the age of consent, a parent or guardian must sign. If the child does not meet the age of consent for all records to be shared, both the child and the parent must sign. If the client has been declared legally incompetent, the court appointed guardian must sign and provide a copy of the order of appointment. If someone is signing in another capacity (including a person with a power of attorney or an estate representative), mark "other" and obtain a copy of the legal authority to act. The person signing must date the signature and give a telephone number or contact information.

## Authorization to Release Records - Individual

<b>A. AUTHORIZATION TO DISCLOSE CONFIDENTIAL UNEMPLOYMENT INSURANCE PROGRAM RECORDS:</b>			
FIRST MIDDLE LAST NAME OF INDIVIDUAL			
SOCIAL SECURITY NUMBER (NEED TO PROCESS REQUEST):			
<b>B. DISCLOSE RECORDS TO:</b>			
NAME LAST	FIRST	TITLE (IF APPLICABLE)	
Victor	Sunita	Manager	
ORGANIZATION OR BUSINESS NAME (IF APPLICABLE)			
Basalt Ridge Apartments			
ADDRESS	CITY	STATE	ZIP CODE
13660 W 6th Ave	Airway Heights	WA	99001
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	
509-720-3150	509-598-8828	brmgmt@whitewatercreek.com	
STATE PURPOSE OF DISCLOSURE ( <b>REQUIRED</b> ):			
Affordable Housing LIHTC			
<b>C. RECORDS AUTHORIZED TO RELEASE:</b>			
<p>I authorize the following confidential unemployment insurance program information and records to be released to the third party entity identified in Section B. I understand State governmental files will be accessed to provide the requested information/records. The identified third party entity is only authorized to use the requested information/records for the stated purpose.</p> <p><input type="checkbox"/> A copy of my <u>Wages Reported</u> by employers in the State of Washington from</p> <p style="margin-left: 100px;">_____ through _____</p> <p style="margin-left: 100px;">(start date – far back as 1987) (end date)</p> <p><input checked="" type="checkbox"/> A copy of my <u>Unemployment Payment History</u> from:</p> <p style="margin-left: 100px;">_____ through <u>Past 12 months</u></p> <p style="margin-left: 100px;">(start date) (end date)</p> <p><b>If just requesting a copy of individual's wages reported and/or unemployment payment history then upload and submit this signed release on-line to receive a response within <u>1 business day</u> at <a href="http://esd.wa.gov/newsroom/public-records">esd.wa.gov/newsroom/public-records</a></b></p> <p><input type="checkbox"/> If releasing other records other than the above (identify here):</p> <p>_____</p>			
<b>D. SIGN REQUEST FOR RECORDS</b>			
By signing below I declare under the penalty of perjury under the laws of the State of Washington that I am the individual whose confidential unemployment insurance program information and records is being requested:			
SIGNATURE ( <b>REQUIRED</b> – ELECTRONIC SIGNATURE NOT ACCEPTED):		DATE REQUESTED:	
X			
MAILED OR FAXED IN REQUESTS WILL BE RESPONDED TO WITHIN 5 TO 10 BUSINESS DAYS. SEND REQUEST TO:			
ESD Records Disclosure Unit P.O. Box 9046 Olympia WA 98507-9046 Fax: 1-866-610-9225			

Any questions contact the ESD Records Disclosure Unit at 1-844-766-8930

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## DISABILITY STATUS CERTIFICATION

**Property Name:** Basalt Ridge Apartments **Unit:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

A number of units at this property have been set aside for persons with disabilities. "Disability" is defined as a **physical or mental impairment that substantially limits one or more of the major life activities of an individual, such as not being able to care for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, or learning.**

***Applicant:***

Please check one of the boxes below.

YES - I or one of my household members is a person with a disability (as defined above).

Name of qualifying household member: \_\_\_\_\_

NO - Neither I nor any of my household members is a person with a disability (as defined above).

N/A - I choose not to disclose.

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

\_\_\_\_\_  
Date

***Property Manager:***

If applicant checked "YES", obtain a completed copy of the Commission's *Disability Verification* form or written verification from the applicant's physician, relative, social worker, or caregiver. The verification should confirm that the applicant/household member is a person with a disability (as defined above). The verification must not describe the nature of the disability.

**WASHINGTON STATE HOUSING FINANCE COMMISSION**  
**LOW INCOME HOUSING TAX CREDIT LEASE RIDER**  
(must be attached to Resident's lease)

Property Name: Basalt Ridge Apartments

Unit: \_\_\_\_\_

Applicant/Resident Name: \_\_\_\_\_

Dear Applicant or Existing Resident:

**Summary**

The Owner of this property rents residential units under the federal Low-Income Housing Tax Credit (LIHTC) program as administered by the Washington State Housing Finance Commission (the "Commission"). Under the LIHTC program, the Owner can qualify for federal IRS tax credits by renting some or all of the units in the property to low-income households and restricting the rents for those units. In addition, the owner may have agreed to reserve some of the units in the property for households or persons with special needs. (See the Special-Needs section below.) This rider was prepared to help residents understand the LIHTC program.

**Income and Rent Limits**

The Owner has agreed to reserve some or all of this property's units for households at or below 30, 35, 40, 45, 50 or 60% of the area median income. In certain cases, the Owner has also agreed to reserve some units at 20, 70 or 80%. The property manager can provide you with this property's specific income set-asides. Note that the property may not have units available at the lowest income set-asides. The LIHTC program provides rent limits based on a household's income set-aside and number of bedrooms in their unit. The Owner cannot charge more than the LIHTC rent limit for your unit. Ask the property representative for specific information.

**Annual Recertification**

To be eligible for a rent- and income-restricted unit, all income and assets of every household member must be documented and verified. The property's Owner or their agent will give you the required forms to declare and verify income and assets from all sources. They may also ask you for supporting documentation. The program requires each household to recertify or complete a new set of required forms at least once every 12 months.

Since this program involves IRS tax credits, the Commission and everyone involved with this program is under growing pressure to prevent fraud. Your forms must be prepared carefully, with every question answered. Annually, you will be signing a document under penalty of perjury, saying that the information and verifications submitted are correct.

Households who do not properly complete their paperwork **may not** qualify for residency or **may** be required to vacate their income- and rent-restricted unit.

A property that has more than one income/rent limit **can** switch a household to a higher or lower income/rent limit, based on the household's income at recertification. Ask the property representative for specific information.

#### **Full-time Student Households**

A household where each member is a full-time student may not qualify for an income- and rent- restricted unit. A household where everyone becomes a full-time student after move-in may no longer qualify for an income- and rent-restricted unit. Your household **must** notify management immediately if your student status changes. **Any** change in student status (for **any** household member) could jeopardize your household's ability to stay in your unit. Ask your property representative for specific information.

#### ***Special Needs (if applicable)***

The Owner of this property **may** have chosen to reserve some of this property's units for households that have Special Needs. Units could be reserved for households that meet the Commission's criteria for Large Households, Persons with Disabilities, Elderly, Homeless Housing or Farmworkers. Households or individuals applying for one of these Special Needs units will be required to verify their eligibility. Ask your property representative for specific information.

#### ***Eventual Tenant Homeownership (ETO) Option (if applicable)***

The LIHTC program gives Owners the option to make rental units available to households for purchase as homeownership units after the initial 15-year federal compliance period. If the Owner elected this option in their contract with the Commission, the Owner will provide residents with a lease addendum regarding the ETO and will work with residents to determine their eligibility for homeownership. The Commission does not determine resident homeownership eligibility. A unit is sold by the Owner to the resident. If the Owner determines a resident is not eligible for ETO, then the Owner must continue to rent the unit as a LIHTC unit under current program rules. Please ask your property representative for more information.

#### **Nondiscrimination**

The property must comply with federal housing policy governing nondiscrimination and accessibility. In making an apartment available, the Owner **cannot** discriminate against you because of your race, creed, color, sex, national origin, marital status, age, disability or familial status. Furthermore, the Owner **cannot** discriminate against you based on the sources of your income (including Section 8 subsidy), provided the sources of income do not violate any federal, state or local law. Additional state, local laws or ordinances may also apply. When selecting residents, the Owner **cannot** apply standards to a potential resident that are more burdensome than standards applied to any other potential or existing resident.

#### **Good Cause Evictions/Nonrenewals**

The Owner is prohibited from evicting you and is prohibited from refusing to renew your lease or rental agreement, other than for "good cause." Generally, good cause shall mean the grounds for termination of tenancy. Such grounds are generally defined in federal regulations at 24 C.F.R. Section 966.4(l)(2) and are applicable except where disallowed by Section 42. These grounds include but are not limited to:

- Failure to make payments due under the lease;
- Criminal activity;
- Discovery after admission of facts that made the tenant ineligible;

- Discovery of material false statements or fraud by the tenant in connection with an application for assistance or with reexamination of income;
- Serious or repeated violations of material terms of the lease.

Any termination or non-renewal notice must state the specific factual violations and grounds for termination. Under federal law, you have the right to enforce this requirement in state court as a defense to any eviction action brought against you.

***By signing below, I am/we are indicating I/we have read and discussed the information included in this lease rider. I/we have been given a copy of this lease rider along with my/our lease:***

_____	_____	_____
Print Applicant/Resident Name	Applicant/Resident Signature	Date
_____	_____	_____
Print Applicant/Resident Name	Applicant/Resident Signature	Date
_____	_____	_____
Print Applicant/Resident Name	Applicant/Resident Signature	Date

***My signature below certifies that I explained this form to the applicant/resident and that I have provided them with a copy of this Lease Rider for their records:***

_____	_____	_____
Print Property Representative Name	Property Representative Signature	Date
_____		
Property Contact Information:		
_____		