Hope Heights
a Greater Christ Temple Church
and human good community

Dear Prospective Applicant,

Please note that while Hope Heights is under construction, all paper applications must be mailed to our P.O. Box address reflected below, or e-mailed to our Administrator email, please see below for the P.O. Box address and e-mail address that can be used to apply.

Please do not mail applications to the physical address for the community as there is no mail service at the physical address.

Mailing Address:

Hope Heights
P.O. Box 1156
Tacoma, WA 98401

E-mail address for e-mailed applications only:

HHTAdministrator@humangood.org

Sincerely,

Hope Heights Management Team

Hope Heights does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in its federally assisted programs and activities. Our Fair Housing Coordinator is designated to ensure compliance with the nondiscrimination requirements in Section 504 of the HUD Regulations and can be contacted at 1900 Huntington Drive, Duarte, CA 91010; telephone 925.924.7294; TDD 711; section504coordinator@humangood.org.

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Dear Prospective Applicant,

Thank you for your interest in applying for an apartment at Hope Heights. Hope Heights consists of forty-eight (62) one-bedroom apartment homes where at least one household member is 55 years of age or older at the time of application. Additionally, the total annual income of the household must fall at or under the maximum income limit for the community, as determined by WSHFC. All information requested in the application packet must be completed. Incomplete applications will not be considered. If the information requested does not apply to you, please indicate by using "N/A" for not applicable. This will tell us that you understand the requested information and you did not intentionally leave it blank. If you make a mistake or typo, please draw a single line through the error(s) and initial the change(s). Please do not use whiteout to correct the errors.

Please complete, sign and return the *Application for Housing,* the *Applicant/Resident Emergency Information Sheet* and the *Supplemental Information Form.*

Once the application is received, it will be determined whether you preliminarily qualify to be considered for this housing opportunity. If you do not qualify, you will be notified in writing. Please remember to notify us, in writing, if your information changes (contact information, income information, etc.). We update our waiting list once per year. If you don't respond to us whether or not you still want your name to remain on the waiting list, you will be removed from our waiting list.

The apartments are offered as they become available. As your name reaches the top of the waiting list, you will be required to come in for an interview. At that time, you will be asked to sign the authorization forms which allows our staff to further verify your age, income, assets, allowances, criminal history, sex offender status, credit history and landlord references.

A screening will be completed for all applicants to verify rental addresses, criminal, sex offender, eviction and any balance owed from previous landlord. A summary of the screening criteria is included in this application package. Applicants with a result of decline will have the opportunity to appeal. When management rejects an application, the applicant will be notified of this decision in writing. This letter will

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include the reason(s) for rejection and state that the applicant has the opportunity to request a meeting with management to discuss the rejection. Resident Selection Plan and Appeal and Grievance Policy are available upon request.

HumanGood does not charge any fees in connection with the application process or for criminal or credit screening.

Should you require a reasonable accommodation based on a disability to afford you an equal opportunity to participate in this housing opportunity, please contact the management office at the address below or phone/TDD so that we can consider your request for reasonable accommodation.

Language assistance, including interpretation and translation services, is available. If you need language assistance, please contact us at (408) 937-1135 or HHTAdministrator@humangood.org.

Sincerely,
Hope Heights Management

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PO Box 1156
Tacoma, WA 98401
Phone (253) 550-6688
TDD 711
Email: HHTAdministrator@humangood.org
Web: www.HumanGood.org

For Office Use Only

Date/Time Received: _____

Application/Wait List #: _____

☐ Updated Application (office use only)

APPLICATION FOR HOUSING

Part I. Applicant (Head of Household)/Co-applicant Information

APPLICANT (HEAD OF HOUSEHOLD)

First Name: Middle Initial: Last Name:

Present Address: City: State: Zip Code:

Mailing Address (if different): City: State: Zip Code:

Home Phone: ( )_____ Work Phone: ( )_____ Cell Phone: ( )_____

Social Security #: _____ Date of Birth: _____

Email Address: _____

Sex: ☐ F ☐M ☐ Prefer not to disclose

CO-APPLICANT

First Name: Middle Initial: Last Name:

Social Security #: _____ Date of Birth: _____

Relationship to Applicant: _____ Cell Phone: _____

Email Address: _____

Sex: ☐ F ☐M ☐ Prefer not to disclose

Part II. General Questionnaire

1. Have you or any adult member of your household ever been evicted? Yes ☐ No ☐ If yes, when? Explain.

2. Have you or any adult member of your household ever been convicted of a misdemeanor or felony? Yes ☐ No ☐ If yes, when? Explain.

3. Do you or any adult member of your household currently use any illegal drug or other illegal controlled substance? Yes ☐ No ☐ If yes, please explain:

4. Do you expect changes to your household size within the next 12 months? Yes ☐ No ☐ If yes, please provide name.

5. Is there a live-in aide who will be residing with you in the unit? Yes ☐ No ☐ If yes, please provide name.

6. How did you hear about this housing opportunity?

7. Do you have any animals? Yes ☐ No ☐ If yes, please list:

8. Do you own a car? Yes ☐ No ☐ If yes, please list:

9. Are you an U.S. military veteran? Yes ☐ No ☐

Which Branch? ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ Navy

Part III. Housing References – Please list current and previous landlords for the last five years.

Address of Present Residence:

Present Landlord Name:	Landlord Telephone: ( )	Fax: ( )
Present Landlord Mailing Address:	City, State:	Zip Code:

Monthly rent: $	# of bedrooms: 1 2 3 4 5	Is your rent subsidized? YES NO	Rent ☐	Own ☐

How long have you lived at this address? _____Years _____Months

Reason for wanting to move?

Is there anyone living with you now that will not be moving with you to this property? YES NO If yes, who? And why?

If you have lived at your current address less than five years, what was your previous address?
Previous Address:

Name of previous Landlord:	Landlord Telephone: ( )	Fax: ( )
Previous Landlord Mailing Address:	City, State:	Zip Code:

Monthly rent: $	How long have you lived at this address? _____Years _____Months	Reason for moving?

If you lived in the above two housing situations for less that 5 years, where did you live?
Previous Address:

Name of previous Landlord:	Landlord Telephone: ( )	Fax: ( )
Previous Landlord Mailing Address:	City, State:	Zip Code:

Monthly rent: $	How long have you lived at this address? _____Years _____Months	Reason for moving?

List all states in which all household members have resided:

Part IV. Income Information

Current Income (Employment Sources)

List all full and/or part-time employment income for all household members.
(Include self-employment gross earnings and net taxable earnings)

	Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings BEFORE Taxes
1.			_____		Monthly: $ _____
			_____		Hours per week: _____
			_____		Hourly rate: $_____
	Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings BEFORE Taxes
2.			_____		Monthly: $ _____
			_____		Hours per week: _____
			_____		Hourly rate: $_____
	Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings BEFORE Taxes
3.			_____		Monthly: $ _____
			_____		Hours per week: _____
			_____		Hourly rate: $_____
	Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings BEFORE Taxes
4.			_____		Monthly: $ _____
			_____		Hours per week: _____
			_____		Hourly rate: $_____

Other Sources of Income

(examples: list all public assistance, social security, S.S.I., social security dual entitlement, pension, retirement, disability compensation, unemployment compensation, veterans benefits, insurance policies, interest income, babysitting, care-taking allowance, alimony, child support, annuities, trusts, dividends, regular contributions, scholarships, grants, armed forces)

Full Name	Type of Income	Amount	
		$	Per
Full Name	Type of Income	Amount	
		$	Per
Full Name	Type of Income	Amount	
		$	Per
Full Name	Type of Income	Amount	
		$	Per

Part V. Asset Information

Assets – include checking and savings accounts, equity in real property, stocks, bonds, and other forms of capital investment. Do not include automobiles or furniture. If you have no assets, write "none" in the space.

Checking Account – Name of Bank	**Savings account** – Name of Bank
Address:	Address:
Account Number:	Account Number:
Cash Value /Balance: $	Cash Value /Balance: $
Other Account – Name of Bank	**Other Account** – Name of Bank
Address:	Address:
Account Number:	Account Number:
Cash Value /Balance: $	Cash Value /Balance: $
401K/403B/IRA	**Other Account** – Name of Bank
Address:	Address:
Account Number:	Account Number:
Cash Value /Balance: $	Cash Value /Balance: $
Stocks and Bonds Value: $	**Savings Bond Value:** $

Do you own Real Estate or Real Property? If yes, where? What is the current value?
Yes ☐ No ☐

Have you ever owned Real Estate or Real Property? If yes, when? Where? When Sold? How Much?
Yes ☐ No ☐

Have you or any adult member of your household disposed of any assets within the last 2 years for less than fair market value? Yes ☐ No ☐ If yes, what was disposed and for how much?

_____

Part VI. Program Information

1. Are you or any member of your household disabled? Yes ☐ No ☐

_____

2. Do you require a unit with accessible features for persons with disabilities? Yes ☐ No ☐ If yes, what features:

_____ Mobility Impairment _____ Visual Impairment _____ Hearing Impairment _____ Other

3. Do you require a reasonable accommodation due to a disability that requires changes to our rules, policies, procedure or physical modification(s) to the dwelling unit or common areas? Yes ☐ No ☐ If yes, please describe your needs:

_____

4. Do you currently hold a Section 8 voucher? Yes ☐ No ☐ If so from what county?

_____

Part VII. Preferred Method of Contact

☐ USPS Mail to *Present Address* above ☐ E-mail to e-mail address above ☐ Phone call using phone number above
☐ Mail to alternate address (please specify):

Part VIII. Preferred Language

Language preference : English [ ] Other (Please specify)
_____

Part IX. Student Status

Yes	No	
☐	☐	Does the household consist of all persons who are full-time students (Examples: K-12, College/ University, trade school, etc.)?
☐	☐	Does the household consist of all persons who have been a full-time student 5 months in the current calendar year?
☐	☐	Does your household anticipate becoming an all full-time student household in the next 12 months?
		If you answered YES to any of the previous three questions are you:
☐	☐	Receiving assistance under Title IV of the Social Security Act (AFDC / TANF/ Cal Works – not SSA/SSI).
☐	☐	Enrolling in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program.
☐	☐	Married and filling (or are entitled to file) a joint tax return.
☐	☐	Single parent with a dependent child or children and neither you nor your child(ren) are dependent of another individual.
☐	☐	A full time student that is/was a recipient of foster care assistance under Part B or Part E of Title IV of the Social Security Act (effective for determinations after 7/30/2008)

I understand that Hope Heights is a Smoke-Free Community. I understand that smoking is prohibited anywhere on the property. Yes [ ] No [ ]

I/We certify the above information to be true and correct to the best of my/our knowledge. I/We authorize verification of age, income, assets, allowances, credit history, rental history, criminal background, registered sex offender status, eviction and landlord references. I/We understand that falsification of information found before or after acceptance of this property includes penalties that will result in cancellation of your application, also to include eviction, loss of assistance, if applicable. If this is a HUD subsidized property, the additional fines are imposed: fines of $10,000.00 and five years imprisonment. **WARNING!: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States:**

Head of Household Signature _____ Date _____

Co-Applicant Signature _____ Date _____

THE FILING OF THIS APPLICATION IN NO WAY GUARANTEES YOU AN APARTMENT. A FINAL DETERMINATION OF ELIGIBILITY WILL NOT BE MADE UNTIL INFORMATION IS VERIFIED. INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED AND NOT ACCEPTED.

Mail or E-mail Completed Application to the Following Address or E-mail:

Hope Heights
PO Box 1156
Tacoma, WA 98401
HHTAdministrator@humangood.org

EQUAL HOUSING OPPORTUNITY

EQUAL HOUSING OPPORTUNITY

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APPLICANT / RESIDENT EMERGENCY INFORMATION SHEET

Instructions: Optional Contact Person or Organization: You have the right 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.

Applicant / Resident Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Contact Person or Organization:	
Address of the Contact Person or Organization:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Name of Contact Person or Organization:	
Address of the Contact Person or Organization:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
The following are some of the reasons why we may contact the person you provided to us: emergency, unable to contact you, eviction from unit, late payment of rent, assisting with recertification process, or change in lease terms / house rules, etc.	
Commitment of Management Agency / Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	

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

Application / Resident Authorization:

I have provided the above information to the housing provider voluntarily. I grant full permission to the management agency / owner to release and use this information as they deem necessary and may be able to help in resolving any issues that may arise during my tenancy or to assist in providing any special care or services may require.

_____ _____

Signature of Applicant / Resident Date

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RACE/ ETHNIC and DISABILITY DATA REPORTING FORM

Head of Household:_____ Apt./ Application #: _____

Household Member Name: _____ Property Name: _____

THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

The Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on applicants/tenants residing in LIHTC financed properties. Although LIHTC would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish h it. If you do not wish to furnish this information, please check the box at the bottom of the page and initial.

Enter Race, Ethnicity and Disability codes for each household member (see below for codes).

Race	Ethnicity	Disability

The Following Race Codes should be used:

1 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.

2 – Black/African American – A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" apply to this category.

3 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

4 – Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent:

4a – Asian India 4b – Chinese 4c – Filipino 4d – Japanese 4e – Korean 4f – Vietnamese 4g – Other Asian

5 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands:

5a – Native Hawaiian 5b – Guamanian or Chamorro 5c – Samoan 5d – Other Pacific Islander

6 – Other

Note: *Multiple racial categories may be indicated as such: 31 – American Indian/Alaska Native & White, 41 – Asian & White, etc.*

The Following Ethnicity Codes should be used:

1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as "Latino" or "Spanish Origin" apply to this category.

2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The Following Disability Codes should be used:

1 – Yes

If any member of the household is disabled according to Fair Housing Act definition for handicap (disability):

- 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" and other terms used, please see 24 CFR 100.201, available at http://fairhousing.com/legal-research/hud-regulations/24-cfr-100201-definitions.
- "Handicap" does not include current, illegal use of or addiction to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is a transgender.

2 – No

☐ **Resident/Applicant:** I _____(initial) do not wish to furnish information regarding race, ethnicity and other household composition.

_____ _____ _____

Signature of Applicant/Resident Printed Name of Applicant/Resident Date

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.

Resident Selection Criteria

All applicants for housing will be screened according to the criteria set forth on the Resident Selection Plan. Management will run a criminal background check, register sex offender report on all applicants and it will check court records for evictions or judgements against the applicant. The purpose of these checks is to obtain information on the applicant's past history of meeting financial obligations and future ability to make timely rent payments and to determine if the applicant is eligible to live at this apartment.

Households may be ineligible for occupancy for various reasons including, but not limited to, the following:

a) The applicant/household does not meet the program/community eligibility requirements;
b) The household gross income is over the applicable income limit published by HUD and/or LIHTC program;
c) The applicant/household's monthly income does not meet the minimum income standard established for this community for non-subsided apartments;
d) The applicant/household contains a student enrolled in an Institute of Higher Education who does not meet the exemption criteria per program requirements;
e) There is submission of false or untrue information on the application;
f) Failure to cooperate in the verification process including failure to provide requested information;
g) Failure to schedule and/or attend interviews;
h) The applicant/household has refused two offered apartments and does not have a valid medical reason;
i) The applicant/household has an unacceptable criminal background as reported by a consumer-reporting agency;
j) Household size does not conform to the stated minimum and maximum occupancy sizes;
k) Failure to sign designated or required forms and/or documents upon request;
l) Failure to disclose and document Social Security numbers on all non-exempt household members within 90 days of the date the household was first offered an apartment;
m) This will not be the only residence for the applicant/household;
n) The applicant/household is not willing to pay the rent as calculated under the subsidy program.
o) Failure to present all applicants during the interview with the Community Administrator;
p) Blatant disrespect or disruptive behavior, or demonstrable history of such behavior, towards management, the property, or other residents exhibited by an applicant or household member or friend any time prior to move-in;
q) Misrepresentation of any information related to eligibility, allowance, household composition or rent.
r) Other cause, including, but not limited to, failure to meet any of the selection criteria in this document.
s) Current and prior landlords will be contacted to determine rent paying history, disturbance of neighbors, destruction of property or housekeeping habits which would pose a threat to other residents;
t) A negative landlord reference from a former landlord; Unpaid balance due a prior landlord;
u) A household member convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing will not be approved for residency;

v) A household member currently engaged in use of a drug or if the owner has reasonable cause to believe that a household member's illegal use of a drug or pattern of illegal use may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents will not be approved for residency;
w) A household member who is subject to lifetime registration requirement under a State Sex Offender Registration Program will not be admitted under any circumstances.
x) A household member's abuse or pattern of abuse of alcohol that interferes with the health, safety, or peaceful enjoyment of the premises by other residents;

While other qualifications may apply, the above-mentioned have been established to reflect a short version of the Resident Selection Plan.

Application Decision:
If the application is approved and the applicant accepts an available apartment offered, the applicant will be asked to schedule a time to come and sign the lease. All household members must attend this session. During this meeting, the applicant will be required to sign a lease agreement in which they will agree to abide by all the rules and regulations. We will also conduct a unit inspection with the applicant. The applicant is encouraged to read all leasing documents in advance of this appointment. Upon request, they will be mailed to the applicant. If the application is denied, the applicant will be notified of this decision in writing. This written statement will include the reason(s) for the denial, and state that the applicant has the right to request an appeal for this denial decision and present any extenuating circumstances the applicant would like to have considered.

Appeal Procedure:
Applicants have fourteen [14] days after the date of denial letter to notify management in writing or request a meeting if they would like to appeal the denial decision. If a denial letter is sent to an applicant, and no response or new evidence is received within fourteen [14] days, the file will be closed permanently. If the applicant submits a written notice of appeal or requests an appeal meeting within fourteen days after the date of the denial letter, a management representative who was not a party to the original decision to deny will handle the appeal. This representative will review the application and any new facts or information that the applicant feels would have an effect on their application. Management will notify the applicant of their final decision within five (5) business days of receiving the applicant's written appeal or the date of the appeal meeting. People with disabilities have the right to request reasonable accommodation to participate in the appeal process. Available units will not be held open during the appeal procedure. If a unit is not available at the completion of the appeal procedure and the appeal is granted, the applicant will be put back on the Waiting List in its original position. A complete Grievance Procedure and Policy is available for anyone who wishes to file a grievance and/or requires detailed information about this subject. This policy is included with the denial letter. The applicant has the right to dispute the accuracy of any information provided to property by the Consumer Reporting Agency or Screening Company. If the application is denied due to unfavorable information received during the screening process the applicant may contact the Consumer Reporting Agency that provides the information to the Property. The contact information will be contained in the denial letter. The applicant also has the right to obtain a free copy of the consumer report from the consumer reporting agency that provided the information if the applicant requests it within 60 days of application denial.