

Date of Application:_____ Time of Application:_____ Staff Initials:_____



Rental/Housing History Policy Effective January 2008

The SNAP rental policy is as follows:

Applicants must be able to provide at least 2 years of verifiable housing/rental history. SNAP staff will contact housing references to determine if the applicant pays on time and if they are eligible for future residency with the past provider. SNAP staff may also inquire into the applicant's ability to follow rules and get along with neighbors. Additionally, SNAP Property Management may contact case managers or service providers.

Applicants showing a negative housing history may be denied depending on the circumstance of the negative history. If an applicant has been evicted from housing within the past 2 years, or SNAP Property Management Staff receives a negative rental reference, the applicant must be able to show at least 6 months of positive rental history, subsequent to the eviction or negative rental history, in order to be eligible for our housing. If the negative history is due to non-payment of rent, the applicant must show that payments are being made pursuant to a payment plan or that the debt has been paid in full. Deviations from this policy will be made on a case-by-case basis in accordance with Federal and State Fair Housing Laws.

Due to Continuum of Care planning, with the ultimate goal of ending homelessness, those individuals and families active with Homeless Program Case Management staff, and fulfilling all requirements of their case management plan, may qualify for housing without an adequate rental history. These applicants must have at least 3 months of successful participation of Case Management, including successful payment history of support service fees and/or participant co-pays.

It is very important to note that housing history DOES NOT have to be rental history. Other verifiable housing history may include:

1. Shelter stay
2. Motel or hotel occupancy
3. Living with friends/relatives
4. Living on streets if caseworker or social service agency can help verify
5. Hospital stay/treatment facility

At the time of interview, all applicants over 18 must pay a non-refundable fee of \$33 for a background/credit check by check or money order only.



No individual shall be excluded from participation in, denied the benefit of, subjected to discrimination under, or denied employment in the administration of, or in connection with, this agreement because of age, sex, race, color, religion, creed, marital status, familial status, sexual orientation, national origin, honorably discharged veteran or military status, the presence of any sensory, mental or physical disability, or use of a service animal by a person with disabilities.

Date of Application: _____ Time of Application: _____ Staff Initials: _____



**SPOKANE NEIGHBORHOOD ACTION PROGRAMS
PROPERTY MANAGEMENT**

**2116 East First Avenue
Spokane, WA 99202**

Phone: 509-456-7111 Fax: 509-534-5874

PROPERTY MANAGEMENT RENTAL APPLICATION

FAILURE TO PROVIDE COMPLETE INFORMATION WILL RESULT IN DENIAL OF APPLICATION FOR HOUSING.

For reporting purposes, SNAP is contractually required by several funding sources to collect a variety of information. All information reported on this form will be treated with respect and will not be shared unless SNAP is obligated to do so. If you are unwilling or unable to complete this application, please contact the SNAP Housing Rental Staff for assistance.

GENERAL APPLICANT INFORMATION:

Applicant Name: _____

Co-applicant Name: _____

Mailing Address: _____

NO GENERAL DELIVERY ADDRESSES

City: _____ State: _____ Zip: _____

Telephone Number: _____

This application is for:

Studio 1 bedroom 2 bedroom 3 bedroom 4 bedroom

Willing to Accept Any SNAP Property: Yes No

If no, list property choices

1st Choice property: _____

2nd Choice property: _____

3rd Choice Property: _____

Caseworker (if applicable): _____ Telephone #: _____

Protective Payee (if applicable): _____ Telephone #: _____

HOUSEHOLD INFORMATION: The following information is being requested in order to properly certify your household meets regulatory requirements. This information will be used solely to determine household size and applicable income limits for your household.

How many people in your household? _____

Applicant, are you: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated	Co-Applicant, are you: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated
If married, please provide spouse information below:	If married, please provide spouse information below:
Name:	Name:
Telephone / Message #:	Telephone / Message #:
Address (If different):	Address (If different):
Emergency Contact Name:	Emergency Contact Name:
Contact Telephone Number:	Contact Telephone Number:

PLEASE LIST ALL HOUSEHOLD MEMBERS STARTING WITH HEAD OF HOUSEHOLD:

Social Security Number	Last Name	First Name	Sex (M/F)	Race/ Ethnicity	Date of Birth	Age	Educ Level

HOUSING HISTORY: Please begin with where you are currently staying and provide detailed information about where you have lived for the past 2 years. If you are applying with a co-applicant, the information must be provided for each person. This information **MUST** be provided before we will process your application. Attach additional information if necessary. We process all applications in accordance with the housing history policy as stated on the front of this application (no exceptions). If we are unable to verify your housing history, your application will not be processed.

WE WILL NOT PROCESS APPLICATIONS WITH INCOMPLETE HOUSING HISTORY

1. Move - In Date _____
Current Address: _____
Landlord/Owner Name: _____ Telephone #: _____

2. Move - In Date _____ Move - Out Date _____
Address: _____
Landlord/Owner Name: _____ Telephone #: _____

3. Move - In Date _____ Move - Out Date _____
Address: _____
Landlord/Owner Name: _____ Telephone #: _____

4. Move - In Date _____ Move - Out Date _____
Address: _____
Landlord/Owner Name: _____ Telephone #: _____

Have you been evicted in the last 2 years?
 Yes No If yes, what year? _____

Do you have any negative housing history in the past 2 years related to non-payment of rent?
 Yes No

Do you have any negative housing history in the past 2 years related to other issues?
 Yes No

IF YOU OWN YOUR OWN HOME:

Monthly Mortgage \$ _____ Balance on Mortgage \$ _____

Are you currently in default of your mortgage or is your home currently in foreclosure?

Yes No

Current Market Value \$ _____

What are your plans for the real estate if you move into one of our apartments?

OTHER HOUSING INFORMATION:

We gladly accept tenant-based City HOME and Section 8 vouchers from the Northeast Washington Housing Solutions from eligible tenants. Are you currently on a waiting list with Northeast Washington Housing Solutions? Yes No

Do you have pets or animals that you plan to have living in your home? Yes No

Description: _____

Pets are not allowed in most buildings except by an approved request of SNAP or request for a reasonable accommodation accompanied by third party professional verification that the animal is needed as a result of a disability covered under Section 504 of the Rehabilitation Act or Federal, State or Local Fair Housing Laws.

CRIMINAL HISTORY (We require a criminal background check - the cost is non-refundable):

Have you been convicted of a felony within the last 10 years? Yes No

If yes, please explain for what type of crime. When convicted and where the conviction occurred.

Denial will be deemed necessary in the following cases:

1. Level II or III Sexual Offenses (NO EXCEPTIONS)
2. Felony level convictions involving crimes against another in the past 10 years that include, but are not limited to:
 - Assault
 - Rape
 - Arson
 - Child Molestation
 - Murder
 - Robbery
 - Burglary
 - Other felony level sexual offense
3. Any felony level offense not involving a crime against another within the past five (5) years. Exceptions to this may be made with proof of stable, verifiable, independent living (such as, but not limited to, rental housing) for at least six (6) consecutive months.
4. Evidence of chronic and continuous criminal activity at the misdemeanor level where the criminal activity involves crimes against another (listed above).
5. Evidence of chronic and continuous criminal activity at the misdemeanor level where the criminal activity is drug related, unless the applicant can show current successful participation in or prior successful completion of an approved treatment program.
6. Felony level drug-related convictions in the past 5 years, unless applicant can show successful participation in or completion of a drug treatment program.

INCOME INFORMATION: Our housing program requires that you be income eligible as defined by published guidelines. In order to determine your eligibility, it is necessary for you to provide the following information, which will be verified at the time your name comes up on the waiting list.

Be sure to include all sources of income which may include, but is not limited to: Wages, Social Security, SSI, SSD, Veteran's Benefits, Survivor's Benefits, Other Pensions, AFDC, General Relief, and Aid to the Blind, Alimony, Child Support, Unemployment Compensation, and Worker's Compensation.

FAMILY MEMBER	SOURCE OF INCOME (for example: Earned, SSI, Retirement)	GROSS AMOUNT	INCOME IS RECEIVED WEEKLY, MONTHLY, ANNUALLY

Do you receive Food Stamps? Yes No

If yes, what is the monthly amount? _____

Please provide the following information for all employed household members:

Employer: _____ Telephone # _____

Address: _____

Name of Supervisor: _____ Gross Mo. Wages: _____

Your Job Title: _____ Length of time there: _____

Employer: _____ Telephone # _____

Address: _____

Name of Supervisor: _____ Gross Mo. Wages: _____

Your Job Title: _____ Length of time there: _____

Do you receive child support? Yes No If yes, how much per month? _____

Are you eligible for (but do not receive) child support on behalf of any children

in the household? Yes No

STUDENT INFORMATION:

Is any adult member of your household currently attending or planning to attend school or a certification program on a full or part-time basis? Yes No

If yes, please list the name of the school or program:

How long do you plan to attend? _____

Have any adult members of your household attended school or a certification program on a full or part time basis in the past 6 months? Yes No

If yes, when? _____

Name of school or program: _____

FOR ALL APPLICANTS:

Is there any other significant information that you feel is important that SNAP staff should be aware of? (Use the back of last page for explanation).

1. I certify that the information contained in this application is complete and accurate to the best of my knowledge. I understand that I am signing this questionnaire under penalty of criminal prosecution if I knowingly give false information, which results in assistance for which I am not eligible.
2. I understand that I acquire no rights in an apartment or house until I sign a rental agreement submitted to me and make the required deposit payment on the apartment or house I have selected. A criminal history-screening and/or credit check fee will be charged prior to lease up and is NON-REFUNDABLE.
3. I further authorize SNAP to obtain rental history, employment and income verification, and information as needed to determine eligibility for SNAP housing. In order to expedite the processing of this application, I hereby authorize the assisting agency to release only such information as may be required to deliver the requested assistance.
4. I realize that providing false information on this rental application shall be grounds for immediate dismissal of this application. Additionally I am willing to testify to the accuracy of the information contained in this application in a court of law.

If you are applying to be placed on a waiting list your application will be screened for initial eligibility and be placed on a waiting list in the order it was received. We will make an attempt to contact you via phone at the number provided on the front page of the application. **If you move or have a change of phone number you must contact SNAP and update your application, 456-7111, ext. 234.**

Signature: _____

Date Signed: _____

Signature: _____

Date Signed: _____



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SNAP receives funding from a variety of sources in order to operate our affordable housing program. These sources require us to collect statistical data on the households that we serve. The following information is being collected for statistical purposes only. This information will be shared with our funding sources where required or authorized by Federal, State or Local Law. All information will be kept in a locked, confidential file separate from your application.

Please check one box from each of the following categories.

Category: Ethnicity	
<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Non-Hispanic or Non-Latino

Category: Race	
<input type="checkbox"/>	American Indian or Alaskan Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Native Hawaiian or other Pacific Islander
<input type="checkbox"/>	Caucasian (white)

Please check all Special Needs categories that apply to your household:

- Developmentally Disabled
- People Living with HIV/AIDS
- Survivors of Domestic Violence
- People Living with Chronic Mental Illness
- Physically Challenged
- Traumatic Brain Injured
- Frail Elderly
- Veteran
- Population at Risk of Homelessness
- Mentally Ill and Chemically Addicted
- Homeless

Substance Abusers & People in Recovery:

- Alcohol
- Drugs

Multiple Special Needs - List All Below:

Is your household currently homeless? Yes No

If Yes, where are you currently staying?

- | | |
|---|---|
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Jail/Prison |
| <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> Substance Abuse Treatment Facility |
| <input type="checkbox"/> Temp/Free Housing | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Relatives/Friends | <input type="checkbox"/> Domestic Violence Situation |
| <input type="checkbox"/> Streets/car | <input type="checkbox"/> Rental Housing |
| <input type="checkbox"/> Psychiatric Facility | <input type="checkbox"/> Other: _____ |

If No, are you currently paying rent? Yes No

If Yes, what do you pay monthly? _____



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