

Applicant Screening Criteria

Thank you for your interest in _____ Apartments. In order to qualify as a resident of the community the following standards must be met:

⇒ **POSITIVE RENTAL HISTORY:**

- Two positive landlord references
- No disturbance complaints
- Consistent payment of rent on time
- No damage to apartment unit

⇒ **TOTAL FAMILY GROSS INCOME DOES NOT EXCEED INCOME LIMITS**

⇒ **FAVORABLE CRIMINAL REPORT**

⇒ **POSITIVE CREDIT HISTORY**

⇒ **MONTHLY INCOME EQUAL TO AT LEAST 2.0 TIMES THE MONTHLY RENT CONTRIBUTION**

⇒ **MUST SUBMIT A COMPLETE APPLICATION WITH NO OMISSIONS AND ATTEND AT LEAST ONE IN-PERSON INTERVIEW**

⇒ **MUST BE LEGALLY RESPONSIBLE TO ENTER A LEGAL CONTRACT**

⇒ **MUST BE CAPABLE, WITH OR WITHOUT ASSISTANCE, TO CARRY OUT LEASE AND RULES AND REGULATION REQUIREMENTS**

⇒ **MUST NOT BE ENGAGING IN ANY DRUG RELATED CRIMINAL ACTIVITIES OR OTHER ILLEGAL ACTIVITIES**

⇒ _____ APARTMENTS DOES NOT ACCEPT PORTABLE SCREENING REPORTS

Waiting List - Application

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

eMail: _____

Mailing Address (If Different): _____

City, State, Zip: _____

Total Household size: _____ ADA / Wheelchair Unit: Yes / No

(Circle Size Requested)

Size of Unit:

1 Bedroom

2 Bedroom

3 Bedroom

Percentage Median:

30%

50%

60%

If a unit becomes available at a higher percentage, yet you qualify for a lower percentage would you still be interested in taking the available unit ??

Yes

No

OFFICE USE ONLY

TIME & DATE RECEIVED: _____

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RESIDENT ELIGIBILITY APPLICATION (REA)

Property Name: _____ **Unit #:** _____

Household Name: _____ **Certification Type:**

Current HH Size: _____ Effective Date of Certification: _____ ☐ Initial Certification
 Number of Bedrooms: _____ Original Certification Date: _____ ☐ Re-Certification

THE FOLLOWING SECTION IS TO BE COMPLETED ENTIRELY BY THE APPLICANT/RESIDENT

DIRECTIONS: Please complete the table below listing each member of the household. Include all members who you anticipate will live in the unit at least 50% of the time during the next 12 months.

* This property has requested your Social Security number on this and other forms on behalf of the Washington State Housing Finance Commission. Internal Revenue Service regulations allow us to ask for this information. Your Social Security number will be used for income eligibility verification purposes only. Equivalent identification would be a Work Visa, Alien Registration Receipt Card, Temporary Resident Card, IRS Individual Taxpayer Identification Number (ITIN), or Employment Authorization Card. Failure to provide your Social Security number or equivalent number could hinder or delay this property's ability to review your application for housing.

** A full-time student is anyone currently enrolled, expects to become enrolled or was previously enrolled for any part of 5 months in the calendar year. The five months need not be consecutive. Include grades K-12, college, university, technical, trade and mechanical schools. International students on a student visa are considered full-time students.

HOUSEHOLD COMPOSITION:						
Hshld Mbr	First Name	Last Name	MI	Date of Birth mm-dd-yyyy	SSN *Last 4 digits	Student Status**
Head	_____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
2.	_____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
3.	_____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
4.	_____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
5.	_____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
6.	_____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
7.	_____	_____	_____	_____	_____	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A

Complete a separate section for each employment source

Household Member Name			Occupation		Employer Phone	
Name and Street Address of Employer				City	State	Zip Code
Date Hired	Salary	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		Hours per week	Employer Fax or Email	

Household Member Name			Occupation		Employer Phone	
Name and Street Address of Employer				City	State	Zip Code
Date Hired	Salary	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other _____		Hours per week	Employer Fax or Email	

Property Name: _____

Unit #: _____

Household Name: _____

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RESIDENT ELIGIBILITY APPLICATION (REA)

All **Adult** household members (see Instructions page for definition of **Adult**) must complete separate Pages 2-4 of the REA. Adults should list all their income/assets for the next 12-month period beginning on the anticipated date of move-in or recertification.

Property Name: _____ Unit #: _____

Household Member Name: _____

HOUSEHOLD MEMBER: (please check one)

☒ 1 (Head) ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

INCOME INFORMATION:

	Yes	No		Annual Gross Income
1.	<input type="checkbox"/>	<input type="checkbox"/>	I have a job or a verifiable start date within the next 12 months and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: Annual Gross Regular Wages/Salary Annual Overtime Annual Bonus/Commission/Tips	\$ _____ \$ _____ \$ _____
2.	<input type="checkbox"/>	<input type="checkbox"/>	I am presently employed at an additional job. (NOT self-employed)	\$ _____
3.	<input type="checkbox"/>	<input type="checkbox"/>	I am self-employed. (Attach signed tax return and appropriate schedules) Name of Business: _____	\$ _____ (use <i>net</i> income from business)
4.	<input type="checkbox"/>	<input type="checkbox"/>	I earn 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: Explain _____	\$ _____
5.	<input type="checkbox"/>	<input type="checkbox"/>	I am receiving, have applied or will apply in the next 12 months: (check all that apply) <input type="checkbox"/> Social Security (SSA); <input type="checkbox"/> Supplemental Social Security (SSI); or <input type="checkbox"/> WA State (SSI).	\$ _____
6.	<input type="checkbox"/>	<input type="checkbox"/>	The household receives <i>unearned</i> income from family members age 17 or under (example: Social Security, trust fund disbursements, bank accounts, etc.). Name of Member(s): _____	\$ _____
7.	<input type="checkbox"/>	<input type="checkbox"/> *	Do you receive child support? *If NO and there are children in the household, are you eligible for child support, or is there a court order for child support? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of court-ordered child support cases: _____	\$ _____
8.	<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony/spousal payments.	\$ _____
9.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (TANF, GAU, FIP, ADATSA).	\$ _____
10.	<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment, workers comp (L&I) or disability benefits (not SSI).	\$ _____
11.	<input type="checkbox"/>	<input type="checkbox"/>	I am a member of the Armed Forces (Active, National Guard or Reserves).	\$ _____

Property Name: _____ Unit #: _____

Household Member Name: _____

	Yes	No		Annual Gross Income
12.	<input type="checkbox"/>	<input type="checkbox"/>	I am receiving income from a pension, annuity, retirement fund, insurance policy payments, death benefits or Veteran's Benefits (not GI Bill benefits). Source of Benefits: a.) _____ b.) _____	\$ _____ \$ _____
13.	<input type="checkbox"/>	<input type="checkbox"/>	I am receiving money regularly from family, church, friends, or any other form or regular/periodic income (such as rent and utility payments).	\$ _____
14.	<input type="checkbox"/>	<input type="checkbox"/>	I receive rental income (attach signed tax return with Schedule E).	\$ _____
15.	<input type="checkbox"/>	<input type="checkbox"/>	I hold a contract for real estate sold. If yes, provide a copy of the contract and an amortization schedule. (Only count interest portion of payment.)	\$ _____
16.	<input type="checkbox"/>	<input type="checkbox"/>	I have income or sources of income, other than those listed above. If yes, list type below: a.) _____ b.) _____	\$ _____ \$ _____

ASSET INFORMATION:

	Yes	No		Balance or Value	Interest Earned
17.	<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). If yes, list bank(s) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
18.	<input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s). If yes, list bank(s) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
19.	<input type="checkbox"/>	<input type="checkbox"/>	I have a Money Market account(s). If yes, list sources/bank names a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
20.	<input type="checkbox"/>	<input type="checkbox"/>	I have treasury bills, certificate(s) of deposit (CDs), or stocks/bonds (NOT held in a retirement account). If yes, list sources/bank names a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
21.	<input type="checkbox"/>	<input type="checkbox"/>	I have a trust fund. <input type="checkbox"/> Revocable <input type="checkbox"/> Non-Revocable If yes, list bank(s)/trustee _____	\$ _____	\$ _____
22.	<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA/Keogh Account/401K. If yes, list financial entity(ies) a.) _____	\$ _____	\$ _____
23.	<input type="checkbox"/>	<input type="checkbox"/>	I have a pension or annuity asset. (NOT receiving income currently.) If Yes List banks a.) _____	\$ _____	\$ _____

Property Name: _____ Unit #: _____

Household Member Name: _____

	Yes	No		Balance or Value	Interest Earned
24.	<input type="checkbox"/>	<input type="checkbox"/>	I <input type="checkbox"/> own <input type="checkbox"/> or am in the process of selling or <input type="checkbox"/> have sold real estate in the last 2 years. If yes, attach explanations and supporting documentation.	\$ _____	\$ _____
25.	<input type="checkbox"/>	<input type="checkbox"/>	I have a whole life or universal life insurance policy. If yes, how many policies? _____	\$ _____	\$ _____
26.	<input type="checkbox"/>	<input type="checkbox"/>	I own personal property held strictly as investment assets (arts, coins, etc.) If "yes," attach appraisals.	\$ _____	\$ _____
27.	<input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets within the last two years for less than fair-market value. If "yes," attach explanation.	\$ _____	\$ _____
28.	<input type="checkbox"/>	<input type="checkbox"/>	I have online financial accounts, including but not limited to: Peer lending, real estate investing, robo investing, crypto currency. (Venmo, Pay Pal, Fundrise, Lending Club, Robinhood, Acorn, Stash, etc.) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
29.	<input type="checkbox"/>	<input type="checkbox"/>	I have funds not held in a financial institution.	\$ _____	\$ _____
30.	<input type="checkbox"/>	<input type="checkbox"/>	I have assets other than those listed above. If yes, list type below: a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____

I understand that any changes to my household income and/or composition after the date of my signature but prior to initial occupancy must be disclosed immediately to management staff.

Under penalty of perjury, I certify that the information presented in this application is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement and/or prosecution.

Signatures must be those of the Applicant/Resident, except where Power of Attorney (POA) documentation authorizes another individual to sign legal documents. If so, copies of current POA, government-issued photo ID, and address and phone number of the POA must be included in the certification.

Applicant/Resident Signature

Print Applicant/Resident Name

Date

I certify that I have observed the above-signed Applicant/Resident complete, sign, and date this document.

Property Representative Signature

Print Property Representative Name

Date

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.

Third Party Signature

Print Third Party Name

Relationship

Phone #

Date

Applicant Name: _____ Unit #: _____

SCREENING REPORT SUMMARY

ADWEST REALTY SERVICES

WE DO NOT ACCEPT REUSABLE REPORTS

FCRA, State and Federal laws for reporting court records apply

SCORING: Each applicant's screening report shall be reviewed for two types of information: **Potentially Negative and Negative**. If three or more Potential Negatives or one or more Negative items are found in a report, and there are no "extenuating circumstances" (example: temporary loss of job, medical reasons, family emergencies, etc.), adverse action may be considered. All Potential Negatives and Negatives apply to both Applicant and Household Members.

POTENTIAL NEGATIVES:

Credit Report:

- _____ Any 2 trade lines rated R2 (30-59 days late) in the last 7 years.
- _____ Any trade lines rated R5 (120+ days late) in the last 7 years.
- _____ Any 2 collections in the last 7 years.
- _____ Any charge offs, discharged Bankruptcy, vehicle repossession, tax lien, civil judgment in the last 7 years.

Investigative:

- _____ Any rental reference with more than 2 late payments.
- _____ Any instance of unauthorized pets or persons occupying a unit rented to the applicant.
- _____ Any instance of being an unauthorized tenant.
- _____ Any instance of improper or lack of Intent to Vacate notice and/or a lease broken by the applicant.
- _____ Any instance of security deposit not refunded due to damage to rental unit (beyond normal cleaning/wear & tear).

NEGATIVES:

Credit Report:

- _____ Any OPEN bankruptcy.
- _____ Any unpaid apartment or landlord collection.
- _____ Any Eviction Judgment.
- _____ A total of \$1,000 or more in unpaid collections in the last 7 years (excluding medical).

Investigative:

- _____ Any unpaid apartment collection / Negative rental OR incomplete reference.
- _____ Any "Eviction Action" filed with the courts in the last 7 years.
- _____ Any current Legal Notice served (3 Day, 10 Day, Termination of Tenancy).
- _____ Smoking in or on a "Non-Smoking" unit or property.
- _____ Two (2) or more cases of Domestic Violence, stalking, harassment (defendant in criminal cases)
- _____ Any conviction for manufacturing, distribution and or possession of Federally controlled substance,
- _____ Any conviction for contributing to the delinquency of a minor.
- _____ Any registered sex offender/Lifetime registration.

- _____ Any history of disruptive, malicious, violent behavior that may interfere with the peace and quietude of the apartment community.
- _____ Any false or misleading information provided by the applicant on the written application or omission of material fact.
- _____ Any criminal conviction which involves theft, burglary, robbery, serious offense, or a crime of violence with a firearm.
- _____ Reasonable likelihood that the applicant or those acting under his or her control will interfere with the health, safety, security, or the right of peaceful enjoyment of the residential community.
- _____ Applicant is unwilling to cooperate with the application process (as determined by the manager or screening company)
- _____ **REQUIREMENTS: 12 months of verifiable, objective, concurrent, positive RENTAL HISTORY. Failure to provide rental history may result in a terminal.**

RECOMMENDATION: Conditional Approval

Determinations as to criminal screening will be made on a case by case basis and will be based on several factors and information. There will be no automatic denials based on crime without an analysis of the facts.

KING COUNTY

MTSP – Income and Rent

Limits Effective 4/1/2020

Median Income: \$ 113,300

<http://www.wshfc.org/limits/2020RentIncomeLimitsYear.pdf#page=24>

Maximum Household Income	Set-aside Percentage	1 Person	2 person	3 person	4 person	5 person	6 person	7 person
	30 %	\$25,080	\$28,680	\$32,250	\$35,820	\$38,700	\$41,580	\$44,430
	50 %	\$41,800	\$47,800	\$53,750	\$59,700	\$64,500	\$69,300	\$74,050
	60 %	\$50,160	\$57,360	\$64,500	\$71,640	\$77,400	\$83,160	\$88,860

Maximum Rent	Set-aside Percentage	1 Bedroom	2 Bedroom	3 Bedroom
	30 %	\$672	\$806	\$931
	50 %	\$1,120	\$1,343	\$1,552
	60 %	\$1,344	\$1,612	\$1,863

Occupancy Restrictions	
1 – Bedroom	1 – 3
2 – Bedroom	2 – 5
3 – Bedroom	4 – 7

Utility Allowance Electric: Puget Sound Energy W/S/G: Owner	1 Bedroom	2 Bedroom	3 Bedroom
	\$57	\$73	\$90

Limits Disclaimer:

Low Income Housing Tax Credit and Tax-Exempt Bond income limits are calculated annually by the federal Department of Housing and Urban Development (HUD). Rent limits for these programs are calculated throughout the industry using established HUD formulas. The Washington State Housing Finance Commission provides LIHTC and Tax-Exempt Bond income and rent limit information to property Owners and management companies as a courtesy. Per IRS regulations, it is the Owner's responsibility to use the correct limits applicable to their property (ies). Any noncompliance resulting from the use of an incorrect limit is entirely the responsibility of the Owner.