

APPLICANT: INITIAL PAGE 3 OF
THIS PRE-APPLICATION AND
KEEP THIS PAGE FOR YOUR
RECORDS



Washington Grocery Building • Kateri Court • Mount Baker Apartments
Website: www.affordablebellingham.com • Phone: (360) 738-8234 Fax: (360) 671-0445/738-8290
If you are deaf or hard of hearing, call the TTY number 7-1-1 or toll free: 1-800-833-6388

Applicant Screening Criteria

Screening agency that we use: MOCO Incorporated PO Box 2826 Seattle, WA 98111. Phone: 800-814-8213
Fax: 800-257-8893

Screening Fee:

\$35 for each person 18 years or older. This non-refundable fee. If the database turns up a possible record outside of WA and/or OR, an additional fee may be charged.

Information Gathered:

Government-issued ID (or acceptable equivalent) is required. Verification of current and previous addresses, employment and rental references

Credit report, court records and related to the information below

Criteria for Rejection of Application:

- Falsifying, manipulating, intentionally deceiving or otherwise purposefully omitting information during the application process.
- Exceeds income limit or does not meet income minimum.
- Convictions for Violence or Drug related criminal activity which threatens the safety of the program, building, or its occupants.
- Evictions and/or civil judgments from a previous landlord in the last five years.
- Negative, insufficient or unverifiable rental history consisting of one (1) year on a lease agreement in the last 5 years).
- Credit not in good standing.
- Student restriction requirement not met.
- Incomplete application or failure to provide required information to complete qualification process

In the event that adverse action is taken by Catholic Housing Services (CHS), applicants have a right to a free copy of the consumer report and a right to dispute the report's information by contacting Moco at 800-814-8213 and/or they may submit a written request to appeal decision with CHS within 14 days of denial. Submit request for appeal to the office where you submitted your application file.

Notice to applicants:

Victims of Domestic Violence: applicants who have lost housing or have negative credit or references due to being victims of domestic violence but who otherwise qualify shall not be denied residency.

Reasonable Accommodation: Requests for reasonable accommodation/modification from persons with disabilities will be granted upon verification that the accommodation is related to the disability and will give the applicant equal opportunity to participate in the housing program.



CATHOLIC COMMUNITY SERVICES
CATHOLIC HOUSING SERVICES
 OF WESTERN WASHINGTON

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ELIGIBILITY CRITERIA:

Please review the eligibility criteria below before completing this application. Note that this application is good for all three apartment buildings.

- Household CANNOT exceed income limit and minimum income requirements apply (2 x rent income). Income limits vary depending on unit, building and/or household size. Please check with management for current income limits. All units require a Security Deposit equal to maximum allowable rent paid at the time of move in. Household must meet occupancy standards.
- Any convictions for Violence or Drug related criminal activity of the Applicant(s), which show that the Applicant(s) may poses a threat to the safety of the building or its occupants may be the basis for a denial of tenancy. If you do have convictions on your record please list and explain the offense(s) on your application, and an evaluation will be conducted for each conviction to determine if it will be the basis for denial of the application
- Applicant(s) CANNOT have any evictions or any civil judgments from prior landlord within 5 years.
- Applicant(s) MUST be able to provide a minimum of one (1) year of recent verifiable rental history (on a lease) which demonstrates a stable and verifiable rental history in the last five years.
- Applicant(s) credit must be in good standing (credit card & medical debt will not disqualify you).
- Student restrictions apply. Report all household member student status to management. Student status verifications will be required for all applicants.
- Must provide government issued ID (or acceptable equivalent)

BUILDING INFORMATION:

No smoking in any of the buildings. Please ask management about pet policy. *All units require a Security Deposit equal to maximum allowable rent for the unit paid at the time of move in. (ask management for current rate) ***Rent rates are subject to change; please verify current rent/unit with the on-site manager.****

- **Washington Grocery Building:** 1133 Railroad Ave. ○ Studios only
 Currently, **rents are \$653** per month, depending on unit size. Rent includes cold water, sewer, and garbage are included. Tenant pays for electricity, telephone, cable, etc. Security Deposit is equal to the maximum allowable rent for unit. *(Office is located at 110 E. Chestnut St.)*
- **Kateri Court:** 110 E. Chestnut St. ○ Studios ○ One Bedrooms
 Currently, **studios rents start at** \$661 per month and 1-bedrooms \$701 per month. Rent includes water, sewer and garbage. Tenant pays for electricity, telephone, cable, etc. Security Deposit is equal to the maximum allowable rent for unit. *(Office is located at 110 E. Chestnut St.)*
- **Mt. Baker Apartments:** 308 W. Champion St. ○ Studios ○ One Bedrooms
 Studios **start at** \$692 per month; 1-bedrooms **start at** \$741 per month. Rent includes water, sewer, garbage, heat and electricity. Security Deposit is equal to the maximum allowable rent for unit. *(Office is at 308 W. Champion St.)*

Applicant(s) Information Please print clearly.

Applicant Name: _____ Date of Birth: _____

Gross Income (before taxes): _____ Source of Income: _____

Phone Number: _____ Mailing Address: _____

Have you in this calendar year or will you in next calendar year be a student? (K-12, college, online classes, etc.) If yes, full time or part time? Yes No (circle one)

Are you or a member in your household disabled? Yes No (circle one)

Is anyone in the household registered as a life time sex offender? Yes No (circle one)

Anyone in your household ever have evictions in the past 5 years? Yes No (circle one)

Drug and/or violence-related criminal convictions? Yes No (circle one)

If yes to the above question, please provide date(s) and explanation of the offense(s). You may also provide any additional information regarding circumstances surrounding the offense(s) or information related to rehabilitation, good conduct, etc since the offense(s). Attach additional pages if needed.

Name of additional applicants: _____ Date of Birth: _____

Gross Income (before taxes) of additional applicant: _____ Source of Income: _____

I understand that falsifying, manipulating, intentionally deceiving or otherwise purposefully omitting information during the application process will disqualify my application for housing. I also have read and understand the eligibility criteria. Furthermore, I understand if I decide to apply for housing I am required to submit a \$35.00 non-refundable application fee for each applicant that is 18 years of age or older. This non-refundable fee must be paid only in the form of a money order or cashier's check payable to CHS. If the database turns up a possible record outside of WA and/or OR, an additional fee may be charged.

Applicant Signature Date

Applicant Signature Date

In order for this application to be considered complete. All applicants must read and keep a copy of the attached applicant screening criteria (page 1 of this application).

Initial in this box if you have read the screening criteria and have kept a copy.

MANAGERS – Visual Proof of Drivers License or State I.D.:

Yes No I.D. Checked by: _____

Each adult over the age of 18 must complete a separate application.

Date/Time Received: _____

	Mgmt Company	Apt Community	Community Contact	Community Tel #
Co. ID: _____	Catholic Housing Services			

COMPREHENSIVE
 CREDIT/CRIMINAL/EVICTION
 SSN TRACE & CRIMINAL

APPLICATION TO RENT Apartment # _____ Move-in Date _____ Rent \$ _____ Lease _____

Applicant
 Co-Applicant w/ _____
 Cosigner
 Section 8

APPLICANT INFORMATION

(LEGAL) Last Name			First	Middle	Soc. Sec. #			Date of Birth			
Other Names Used			Driver License #/State			Email Address			Contact Phone Number		
Other Persons to Occupy Rental:	1	Full Name	Relationship	DOB	3	Full Name	Relationship	DOB			
	2	Full Name	Relationship	DOB	4	Full Name	Relationship	DOB			
Animal(s) to occupy unit: Attach separate sheet if needed	1	Name	Type	Weight	2	Name	Type	Weight			

RESIDENCE HISTORY

Present Address				City	State	Zip	From _____ To _____		Monthly Payment	
									\$	
Landlord Name <input type="checkbox"/> Mortgage Co <input type="checkbox"/> Apartment Community <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Employer/Corp Housing <input type="checkbox"/> Independent Landlord										<input type="checkbox"/> Own <input type="checkbox"/> Rent
Landlord Daytime Phone: _____					Landlord Evening Phone: _____					
Previous Address				City	State	Zip	From _____ To _____		Monthly Payment	
									\$	
Landlord Name <input type="checkbox"/> Mortgage Co <input type="checkbox"/> Apartment Community <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Employer/Corp Housing <input type="checkbox"/> Independent Landlord										<input type="checkbox"/> Own <input type="checkbox"/> Rent
Landlord Daytime Phone: _____					Landlord Evening Phone: _____					

EMPLOYMENT/INCOME

Current Employer		Monthly Salary	Supervisor's Name		How long?
		\$			_____ Yrs _____ Mos
Address		City	State	Zip	Phone
					Occupation/Department
ADDITIONAL INCOME – Additional income such as child support, alimony or separate maintenance need not be disclosed unless such additional income is to be included for qualification hereunder:					Are you a full time or part time student?
Amount \$ _____ per _____ Sources _____					

VEHICLE INFORMATION					
Auto #1	Year	Make	Model	License State	License Number
Auto #2	Year	Make	Model	License State	License Number
EMERGENCY INFORMATION					
Nearest Relative	Relationship	Address	City	State	Zip
Emergency Contact	Relationship	Address	City	State	Zip
Personal Reference	Relationship	Address	City	State	Zip

Have you entered into a plea of guilty or no contest, or otherwise been convicted of a criminal offense, for which you were released from incarceration, probation or parole in the past seven (7) years?* Yes No

IF YES, please list the date, city, state and type of all convictions: _____

Attach separate sheet if necessary.

Are you or anyone who will be residing in the rental unit required to register as a sex offender? Yes No

Have you been asked to vacate by a current/previous landlord? Yes No

If YES, LANDLORD NAME: _____ CITY _____ STATE _____

*Please note that a criminal conviction does not necessarily disqualify you for residency. Refer to the applicable rental criteria for more information.

In compliance with state and federal consumer reporting law, you are hereby advised that a screening will be conducted regarding the information contained in this application. The report may contain information regarding your credit-worthiness, character, general reputation, personal characteristics and mode of living. By signing this application, you authorize Moco, Inc., whose address is PO Box 2826, Seattle, WA 98111, and whose telephone number is (800) 814-8213, to conduct the screening and to release information obtained to landlord and landlord's agents. If the application is denied or approved conditionally based upon information contained in the report, you may request and obtain a copy of the report. You have the right to dispute the accuracy of information contained in the report. You may have additional rights under both state and federal law.

I certify that to the best of my knowledge all statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction.

Non-Refundable Processing Fee \$ _____ Check/Money Order # _____

Applicant understands that he/she acquires no rights in an apartment until a holding deposit in the amount of \$ _____ has been paid. Applicant requests landlord to hold Unit _____ for applicant while the screening process is completed. If this application is not accepted, the holding deposit will be refunded. If the application is accepted and applicant chooses not to occupy the unit being held, applicant forfeits the holding deposit and no portion of it shall be refunded.

Signed _____
Applicant

Dated _____

I am aware that an Incomplete application causes a delay in processing and may result in denial of tenancy.

Signed _____
Landlord

_____ Position

Dated _____

