

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.
- Any convictions or charges for Violence or Drug related criminal activity within the last seven years. Methamphetamine charges or convictions. **Applicant is a sex offender or arsonist.**
- Evictions and/or civil judgments from a previous landlord in the last five years.
- Negative, insufficient or unverifiable rental history (2 years 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.

PRE-HOUSING APPLICATION:



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. 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.
- Applicant(s) CANNOT have any convictions or charges for Violence or Drug related criminal activity within the last seven years. (We have zero tolerance for any methamphetamine charges/conviction). If you do please inform Management team immediately. We do not rent to Sex Offenders or Arsonists.
- 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 two years 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)*

- **Washington Grocery Building:** 1133 Railroad Ave. ○ Studios only
Currently, rents are from \$475 to \$552 per month, depending on unit size. Rent includes cold water, sewer, and garbage are included. Tenant pays for electricity, telephone and cable. 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 are \$562 per month; 1-bedrooms are \$599 per month. Rent includes water, sewer and garbage. Tenant pays for electricity, telephone and cable. 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 are from \$475 per month; 1-bedrooms are from \$525 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)

Anyone in your household ever have evictions, drug and/or violence-related criminal charges within the last seven years? Yes No (circle one)

If yes to the above question, please provide date(s) and explanation of the offense(s): _____

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

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 ready 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.