



# **Knights of Pythias Active Retirement Center**

**3409 Main Street Vancouver, Washington 98663**

**(360) 696-4375 koprc.com**

## **Flat Rate Application**

**Applicant Full Name** \_\_\_\_\_

**Current Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Email** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Rental History: Please include at least 2 years of rental history**

**Current Landlord** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**How long have you lived there?** \_\_\_\_\_

**Reason for leaving** \_\_\_\_\_

**Previous Landlord** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**How long have you lived there?** \_\_\_\_\_

**Reason for leaving** \_\_\_\_\_

*(Please attach other pages for landlord references if necessary)*

**Is head of household or spouse under the age of 62?** \_\_\_\_\_

**If yes, does head of household or spouse qualify as a person with disabilities?** \_\_\_\_\_

Do you need an accessible unit? \_\_\_\_\_

If yes, please specify unit type required \_\_\_\_\_

Have you ever been evicted? \_\_\_\_\_

If so, when and where? \_\_\_\_\_

Has applicant or coapplicant ever been convicted, pled not guilty or no-contest to any crime? \_\_\_\_\_

If so, when and where (Please list county and state) \_\_\_\_\_

Felony? \_\_\_\_\_

Does any household member currently engage in the use of controlled substances? \_\_\_\_\_

Is any household member subject to a lifetime registration for sex offenders? \_\_\_\_\_

Do you smoke? \_\_\_\_\_

Do you own a pet? \_\_\_\_\_

If so, specify type and number \_\_\_\_\_

Do you own a vehicle and need parking? \_\_\_\_\_

If so, list make/model, year, and license number \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please list 3 persons not related to you whom you have known at least 1 year

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Sources of Income

Applicant:

Type of Income: \_\_\_\_\_ Amount \$ \_\_\_\_\_

\_\_\_\_\_ Amount \$ \_\_\_\_\_

Co-applicant:

Type of Income: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Type of Income: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Apartment Preference: \_\_\_\_\_ Sm 1 BR \_\_\_\_\_ Med 1 BR \_\_\_\_\_ Lg 1 BR \_\_\_\_\_ 2 BR \_\_\_\_\_

**SIGNATURES OF HOUSEHOLD MEMBERS**

Applicant/

Head of Household \_\_\_\_\_ Date \_\_\_\_\_

Applicant/

Spouse/Co-Head \_\_\_\_\_ Date \_\_\_\_\_

KOPRC Management \_\_\_\_\_

*Please submit the completed application along with copies of driver's license and social security card. The criminal background consent form and personal reference form attached must also be submitted in order to process this application. Knights of Pythias Active Retirement Center does not discriminate against applicants, residents, or employees on the basis of race, color, creed, religion, sex, national origin, familial status, disability or socio-economic class, nor on the basis of disability status.*

*There is no application fee for submission of application.*



**Knights of Pythias Active Retirement Center  
3409 Main Street Vancouver, WA 98663**

To: All Applicants  
Re: Tenant Screening (RCW 59.18.257)

Per our Tenant Selection Plan, screening of potential residents involves a criminal background check, sex offender check, and reference check. The reference check includes 2 references, either two positive landlord reference, two positive personal references, or one of each. This screening is done at no cost to the applicant. The applicant fills out two consent forms at the time of application authorizing the landlord to complete this process.

The company which provides our criminal background and sex offender checks is:

Background Data Solutions  
5889 S. Greenwood Plaza Blvd. Suite 201  
Greenwood Village, CO 80111

You have the right to dispute the accuracy of the information provided by the Transunion Background Data Solutions. You may do so by:

- A) Emailing them. Their email address is [tursscustomerservice@transunion.com](mailto:tursscustomerservice@transunion.com)
- B) Phoning them at 1-800-568-5665
- C) Writing to them at the address listed above. (Note: their preferred form of contact is phone or email)

Transunion will contact the data provider or information source. They will notify you in writing of their decision within 30 days.

If your application is rejected based on a reference check and you dispute that rejection, you have the right to dispute this decision within 14 days. You may do so by sending a letter to the following entity:

Equal Housing Opportunity Manager  
Knights of Pythias Active Retirement Center  
3409 Main Street  
Vancouver, WA 98663

In the letter, explain the reason(s) you believe your application should be approved and request a review of your file. Persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process. You will be notified in writing of the outcome of the review within 5 days.

# Knights of Pythias Retirement Center

3409 Main Street ~ Vancouver, WA 98663 ~ Phone: 360 696-4375

## Authorization & Consent for Criminal Record Investigation

*Pursuant to HUD Notice H 2002-22, Final Rule, Paragraph 6, we are required to conduct Criminal Background Checks on every applicant to ensure compliance with Federal requirements.*

**Please complete, sign, date and return with your application.**

**Proof of valid social security number and a photo ID for each applicant is required.**

\_\_\_\_\_  
Head of Household (HOH) Print Full Name

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
HOH Social Security Number

\_\_\_\_\_  
HOH Date of Birth

\*\*\*\*\*

\_\_\_\_\_  
Co-Applicant (Print Full Name)

Address:(if different) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Co-Applicant Social Security Number

\_\_\_\_\_  
Co-Applicant Date of Birth

\*\*\*\*\*

*My signature below hereby authorizes a criminal record investigation to be performed by my prospective landlord – Knights of Pythias Retirement Center.*

\_\_\_\_\_  
Applicant HOH Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
Date Signed

*Individuals with disabilities have the right to request reasonable accommodations in all written notices given to applicants and tenants. Knights of Pythias Retirement Center does not discriminate against applicants, residents or employees on the basis of race, color, creed, religion, sex, national origin, familial status, disability or socio-economic class, nor on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988): Compliance Manager, KOPRC, 3409 Main Street, Vancouver, WA 98663, (360) 696-4375*

# Knights of Pythias Retirement Center

3409 Main Street ~ Vancouver, WA 98663

Phone: 360 696-4375

Fax: 360-694-6263

## Reference Check Inquiry and Consent

*The applicant named below has applied for subsidized housing with our community. Household members must provide references from current and past landlords as well as personal references in order for the application to be processed. We appreciate your attention and cooperation in completing and returning this form at your earliest convenience. Please fax the completed form to 360-694-6263; email to [lori@koprc.com](mailto:lori@koprc.com), call or mail to the address listed above.*

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Your relation to applicant: \_\_\_ Landlord \_\_\_ Relative \_\_\_ Friend \_\_\_ Other: \_\_\_\_\_

How long have you known? \_\_\_\_\_ (If Landlord, list occupancy dates)

Your comments on the individual's behavior, character and responsibility: \_\_\_\_\_

Home Maintenance: \_\_\_ Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor

If poor, please describe: \_\_\_\_\_

Cleanliness: \_\_\_ Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor

If poor, please describe: \_\_\_\_\_

Rent was/is paid: \_\_\_ On Time \_\_\_ Late \_\_\_ Varied

If late, how many times in past 12 months? \_\_\_ Stated reason? \_\_\_\_\_

Did tenant ever: \_\_\_ permit others to reside in unit without authorization?

\_\_\_ interfere with the peaceful enjoyment of others?

\_\_\_ damage the unit, common areas or property grounds?

\_\_\_ cause any other types of problems?

\_\_\_ willfully be or remain in non-compliance with house rules/regulations?

Please describe all checked responses: \_\_\_\_\_

Did tenant leave: \_\_\_ with proper notice \_\_\_ abandonment \_\_\_ eviction \_\_\_ (N/A)

Would you rent to him/her again? \_\_\_ YES \_\_\_ No, Why? \_\_\_\_\_

\*\*\*\*\*

**YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.**

*RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.*

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Co-Applicant/Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
PRINT NAME AND TITLE OF PERSON SUPPLYING INFORMATION

\_\_\_\_\_  
FIRM/ORGANIZATION

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
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. HUD and any Owner (or any employee of HUD or the Owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the \*\*Social Security Act at 208(a)(6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a)(6),(7) and (8).\*\*

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