



Knights of Pythias Active Retirement Center

3409 Main Street Vancouver, WA 98663

(360) 696-4375 lori@koprc.com



HUD Rental Application



Knights of Pythias is an equal housing
opportunity provider

Applying for: (check one or more) _____ Subsidized Studio
_____ Subsidized one bedroom unit (580 square feet only)
_____ Market rate small one bedroom (580 square feet) _____ Market rate
~~medium one bedroom unit (625 square feet)~~ _____ Market rate large one
bedroom (772 square feet) _____ 2-bedroom unit _____ 3-bedroom unit

~~Manager's use only:~~ _____ Photo id _____ Social Sec. Number verified

**Date received _____ Time received _____ Mgr. initialed _____ APT size eligible
for _____ Applicant type: _____ Applicant _____ Co-applicant _____ transfer**

Please fill out application completely. All blanks must be filled in before the application
will be considered complete and can be processed for eligibility. If the blank does not
apply to your situation put N/A in blank.

Head of household Full name _____

Address _____

Home Phone _____ Cell phone _____

Email _____

Relationship to HOH _____ Date of Birth _____ Marital
status _____ Social Security Number _____

Is household member a student enrolled in an institution of higher education?

Co-applicant Full name _____ Address _____

_____ Home Phone _____

_____ Cell Phone _____ Email _____

Relationship to HOH _____ Date of Birth _____ Social Security
number _____ Marital status _____

Is household member a student enrolled in an institution of higher education?

Co-applicant Full name _____

Address _____

_____ Home Phone _____

_____ Cell Phone _____ Email _____

_____ Relationship to HOH _____

_____ Date of Birth _____ Social Security number _____

_____ Marital status _____

Is household member a student enrolled in an institution of higher education?

Is HOH under the age of 62? ____Yes ____No

If yes, does HOH or spouse qualify as a person with disabilities? ____Yes ____No

Does anyone in the household request an accessible unit? ____Yes ____No If yes, please specify unit type required _____

States all applicant household members have resided in _____

Has anyone listed above ever been evicted? ____Yes ____No

If yes, who? _____when? _____where? _____

Has anyone listed above ever been convicted, pled guilty or no-contest to any crime? ____Yes ____No

If yes, who? _____when? _____County/state_____ Felony? ____Yes ____No

Does any household member currently engage in the use of controlled substances? ____Yes ____No

If yes, who? _____

Is any household member subject to a state lifetime registration for sex offenders? ____Yes ____No

If yes, who? _____

Do you have a section 8 voucher or are you currently occupying a HUD assisted unit? ____Yes ____No

Have you ever lived in a HUD project? ____Yes ____No

If yes, when, and where? _____

Do you have any pets? ____Yes ____No

If yes, specify type and number _____

(Note: common household pets are subject to a \$300 pet deposit, a payment schedule is available)

Do you own a vehicle and need parking? _____Yes _____No

If yes, please complete the following below:

_____Year _____Make _____Model _____Color _____License

Personal References: Please list three persons not related or living with you whom you have known for at least one year:

1. Name: _____ Address: _____
_____ Phone number: _____
_____ Email: _____

2. Name: _____ Address: _____
_____ Phone number: _____
_____ Email: _____

3. Name: _____ Address: _____
_____ Phone number: _____
_____ Email: _____

Market Source:

____Property website ____Columbian ____Messenger ____50 Plus ____Choice

____Asian Reporter ____Retirement Connections ____Phone Book ____Signs/
Fliers ____Luepke Center ____Current Resident ____Prior Resident

____Veteran's Administration ____VHA _____Other (please list) Are you a
friend or family (current or former) of a KOPRC resident? _____Yes
____No

If yes, name of resident (current or former) _____

Sources of income:

1. Family member (first, middle, last)

Employer/Agency who are sources of income (include name and address of sources) _____

Annual **gross** income _____

2. Family member (first, middle, last)

Employer/Agency who are sources of income (include name and address of sources) _____

3. Family member (first, middle, last)

Annual **gross** income _____

Employer/Agency who are sources of income (include name and address of sources) _____

Annual **gross** income _____

Please attach additional sheets if necessary.

Asset Information (list all stocks/bonds, savings, checking, trust, IRAs, CDs, Money Markets, Life Insurances, other retirement accounts)

Family Member _____

Bank _____ Type of

asset _____ Account number

Balance _____ Family Member

_____ Bank

_____ Type of asset

_____ Account number

_____ Balance

_____ Family Member

_____ Bank

_____ Type of asset

_____ Account number

_____ Balance

_____ Family Member

_____ Bank

Type of asset _____

Account number _____

Balance _____

Do you have life insurance? ____ Yes ____ No

If yes, is what type? ____ Whole Life Insurance ____ Term Insurance

Cash Value _____ Name & Policy # _____

Do you own property? ____ Yes ____ No

If yes, what type? _____ Location? _____ Market Value? _____

Have you disposed of any property/assets in the last 2 years? ____ Yes
____ No

If yes, what property? _____ Date sold/disposed of _____

Do you have any assets not listed above (excluding household goods?
____ Yes ____ No

If yes, what? _____

Do you own your own home? ____ Yes ____ No

If yes, how long have you owned it? _____ (if less than seven years,
please complete the rental history on page 8)

Please complete- Anticipated medical expenses for the next twelve months
(Includes doctor, dentist, optometrist, hospital, prescriptions, insurance
premiums, over-the-counter medications, supplies, etc.)

7 Type of expense _____ Amount \$ _____

Type of expense _____ Amount \$ _____

Type of expense _____ Amount \$ _____ Type of expense
 _____ Amount \$ _____ Type of expense
 _____ Amount \$ _____ Type of expense
 _____ Amount \$ _____ Type of expense
 _____ Amount \$ _____ Please attach additional sheets if

necessary.

Rental History (Please include all for the past seven years)

Current Landlord _____ Address
 (Street) _____ (City)
 _____ (State) _____ (Zip Code) _____ Phone number _____
 FAX _____ or Email _____ Your unit number (list full address if different
 from landlord's _____
 _____ How long have you
 lived there? _____ Reason for leaving _____ Previous Landlord
 _____ Address (Street)
 _____ (City) _____
 (State) _____ (Zip Code) _____ Phone number _____ FAX _____ or Email

Your unit number (list full address if different from
landlord's _____

_____ How long have

you lived there? _____ Reason for leaving _____ Previous landlord

_____ Address (Street)

_____ (City) _____

(State) _____ (Zip Code) _____ Phone number _____ FAX

_____ or Email _____ Your unit number (list full address if different from

landlord's _____

_____ How long have

you lived there? _____ Reason for leaving _____ Previous landlord

_____ Address (Street)

_____ (City)

_____ (State) _____ (Zip Code) _____ Phone number

_____ FAX _____ or Email _____ Your unit number (list full

address if different from landlord's _____

_____ How long have

you lived there? _____ Reason for leaving _____ Please attach extra sheets if

necessary.

Important additional instructions: Please submit a copy of your state issued photo, such as a driver's license or state issued photo ID. Please provide proof of social security for each household member. All household members must submit evidence of citizenship or eligible immigration status at the time of application. The head of household will be asked to complete a race & ethnicity form at the time of application. The form is attached. Applications will not be accepted unless the attached HUD-92006 form is completed in full.

I/we certify that the statements made in this application are accurate and complete to the best of my/our knowledge. I/we understand that false statements or information are punishable under federal law.

_____ Applicant/ head of household Signature	_____ Date
_____ Co- Applicant Signature	_____ Date
_____ Co- Applicant Signature	_____ Date
_____ Owner/ Agent Signature	_____ Date

Privacy Act Notice

The department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et Seq.) by the Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the social security number of each household member.

Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay towards rent and utilities. Other uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial

interest, and to verify the accuracy of the information you provide. This information may be released to the appropriate federal, state, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

Penalty: You must provide all of the information requested by the owner, including all Social Security Numbers you, and all other household members have and use. Giving the Social Security Numbers of all household members is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

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, sexual orientation, gender identity, 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. Section 504 prohibits discrimination on the basis of disability in any program or activity receiving federal financial assistance. The Final Rule provides equal access to housing in HUD programs regardless of sexual orientation or gender identity. The person 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.

Application Revised March 10, 2022