

# RMI Reeder Management, Inc.

10520 Gravelly Lake Dr. SW, Lakewood, WA 98499/PO Box 99250 Lakewood, WA 98496 (253)-584-6732 (253)-588-1619

## ATTACHED IS A PRELIMINARY APPLICATION FOR SUBSIDIZED HOUSING

Please complete all pages. If something does not apply to you or your household, please write N/A or leave blank.

Please provide copies of the following documents with your application.

1. Social security cards or documentation of a social security number for all household members at least 6 years of age or older.
2. Picture ID for all members over the age of 18
3. Birth certificates for all members under the age of 18
4. Front and back copies of white cards and/or permanent resident cards for all non-citizens
5. Proof of citizenship for all US citizens

Please be aware that all copies must be clear and readable.

Upon deliver of your application and the above mentioned documents, the application will be reviewed and you will be notified as to your status. Applicants are placed on the wait list based on time and date received of completed applications.

We will notify you in writing when your name reaches the top of the waiting list. PLEASE UPDATE YOUR APPLICATION IF YOU HAVE A NEW ADDRESS OR PHONE NUMBER.

Thank you

Reeder Management, Inc

Date received \_\_\_\_\_  
Time received \_\_\_\_\_

# **RMI Reeder Management, Inc.**

10520 Gravelly Lake Dr. SW, Lakewood, WA 98499/PO Box 99250 Lakewood, WA 98496 \*253-584-6732 \*253-588-1619

Name\_\_\_\_\_

Current  
Address\_\_\_\_\_Apt#\_\_\_\_\_

Phone number\_\_\_\_\_

Message number\_\_\_\_\_

Remember: You are to update any changes of address or household composition to remain on the wait list. Failure to update your information may result in your name being removed from the wait list.

Current landlord\_\_\_\_\_

Phone number\_\_\_\_\_

Please explain how you heard about the Reeder Management, Inc. program?

---

---

# QUESTIONNAIRE

Please answer all of the following questions:

\*\*Have you ever been evicted?

YES\_\_ NO\_\_ YEAR\_\_\_\_\_

Was it for drug related activity? YES\_\_ NO\_\_

\*\*Have you ever refused to pay rent or broken a rental contract?

YES\_\_ NO\_\_

\*\*Are you or any members of your household subject to the state sexual offender registration?

YES\_\_ NO\_\_

\*\*Have you or anyone in your household ever been arrested, convicted on any illegal drug activity or convicted of a felony?

YES\_\_ NO\_\_ YEAR\_\_\_\_\_

Explain\_\_\_\_\_

\*\*Have you been involuntarily displaced?

YES\_\_ NO\_\_ HOW\_\_\_\_\_

---

Signature and date

Reeder Management, Inc. does not discriminate on the basis of handicapped status in the admission or access to or treatment or employment in its federal assisted programs and activities, nor do we discriminate against any person because of race, color, religion, gender, familial status or national origin

## QUESTIONNAIRE.....continued

Please answer all of the following questions:

\*\*Are you currently receiving rental assistance for any HUD Program?

YES\_\_ NO\_\_ WHERE\_\_\_\_\_

\*\*Are any members of the household disabled or required an accessible unit?

YES\_\_ NO\_\_ NAME\_\_\_\_\_

\*\*Is a live in attendant required for a household member who is elderly or disabled?

YES\_\_ NO\_\_

Name of attendant\_\_\_\_\_

\*\*Please see enclosed policy for Reasonable Accommodations if one is required.

\*Do you have a unit preference? (upstairs vs downstairs)

YES\_\_ NO\_\_

\*Are any members of the household pregnant? YES\_\_ NO\_\_

\*Have any members of the household used different names than those listed on this application?

YES\_\_ NO\_\_ WHO\_\_\_\_\_

\*Have any members of the household ever used social security numbers that are different than those listed on the application?

YES\_\_ NO\_\_ WHO\_\_\_\_\_

## QUESTIONNAIRE.....continued

Please answer all of the following questions:

\*Students enrolled in an institute of higher education?

YES\_\_ NO\_\_ WHO\_\_\_\_\_

Eligibility of Students for Assisted Housing under Section 8 of the US Housing Act of 1937 reads as: The final rule implemented a new law that restricts individuals who are

- (1) is enrolled as either a part-time or full-time student at an institution of higher education for the purpose of obtaining a degree, certificate or other program leading to a recognized educational credential;
- (2) is under the age of 24;
- (3) is not married;
- (4) is not a veteran of the United States Military;
- (5) does not have a dependent child;
- (6) is not a person with disabilities, as such term is defined in 3(b)(3)(E) of the United States Housing Act of 1937 (42 U.S.C 1437a(b)(3)(E)) and was not receiving section 8 assistance as of November 30, 2006.
- (7) is not living with his or her parents who are receiving Section 8 assistance; and
- (8) is not individually eligible to receive Section 8 assistance **and** has parents (the parents individually or jointly) who are not income eligible to receive Section 8 assistance.

Exemption for Student with Disabilities: Students with disabilities are exempt from the student rule IF: the student with the disability was receiving the assistance as of November 30, 2005.

## SCREENING APPLICANTS

Applicants will be screened prior to placement in any available unit. A professional screening company, at no charge to the applicant, will do the screening. Applicants will be screened for rental history, credit history, employment history and criminal background.

In those cases where applicants do not have prior leasing references of their own and no credit or stable employment history, RMI will give due consideration to personal references.

Applicants whose history indicates a late payment record (more than ten days past due on two or more occasions) may be rejected on the basis of poor rental payment habits. Similarly, applicants with unfavorable credit references, especially those indicating amounts owed to prior rental accounts, and applicants with one or more outstanding civil judgments or suits against them within three years of the application for matters other than non-payment of rent, may be rejected.

In accordance with HUD's "Screening/Eviction Criteria", admission of applicants/tenants or family members of applicants/tenants who are found to have been evicted from another federally assisted site for drug related activity within the past three years will be prohibited.

Note: Exceptions to this are as follows:

- a. The evicted applicant/household member has successfully completed an approved, supervised drug rehabilitation program.
- Or
- b. The household member no longer resides with the applicant.

Admission will also be prohibited for:

- a. Any applicant/tenant household in which any member is currently engaged in illegal use of drugs, for which RMI has reasonable cause to believe that that member's illegal use or pattern of illegal use of a drug may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents.
- b. Any household member who is subject to a state sex offender lifetime registration requirement.
- c. And any household member whose behavior from abuse or pattern of abuse of alcohol, RMI has reasonable cause to believe may interfere with the health, safety, and right to peaceful enjoyment by other residents.

# OWNERS NOTICE NO. 1

Dear Applicant:

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. Citizens or Nationals, or certain categories of eligible non-citizens, in the following HUD programs:

- a. Section 8 Housing Payments program;
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program.

You have applied, or are applying, for assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

1. Complete the Family Summary Sheet, using the attached blank format to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a Citizenship Declaration. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Citizenship Declaration. The Citizenship Declaration has easy to follow instructions and explains what, if any other forms and/or evidence must be submitted with each Citizenship Declaration.
3. Submit the Family Summary Sheet, the Citizenship Declarations, and any other forms and/or evidence to the name and address listed below

**Reeder Management, Inc.  
10520 Gravelly Lake Dr SW  
Lakewood, WA 98499**

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact ***Illene Walker 253-584-6732***. He/she will be happy to assist you. Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Citizenship Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for pro-ration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the require documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Thank you, Management



## HOUSEHOLD INCOME VERIFICATION

You must declare all income on this form for ALL members of your family listed on the Family Summary Sheet

SOURCE	MONTHLY AMOUNT
Temporary Assistance for Needy Families (TANF)	_____
Social Security	_____
Supplemental Security Income	_____
Wages	_____
General Assistance (GAU)	_____
Unemployment	_____
State Disability	_____
Child Support	_____
Other _____	_____
Other _____	_____
Assets _____	_____

I certify that the above information is accurate and complete. I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in any assisted housing programs.

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

\_\_\_\_\_  
Spouse/ Other adult

\_\_\_\_\_  
Date

**WARNING:** Title 18, Section 1001 of the United States Code, states a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony

## The Family Summary Sheet

<b>Member No.</b>	<b>Last Name of Family Member</b>	<b>First Name</b>	<b>Relationship to Head of Household</b>	<b>Sex</b>	<b>Date of Birth</b>
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

# Citizenship Declaration Format

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_  
(to be entered by owner if and when received)

**INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:**

DECLARATION

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that I am:

\_\_\_\_\_ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this line is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. Do not sign the child's name.

\_\_\_\_\_  
Signature Date

Check here if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

**NOTE:** If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:  
If you checked this block and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Format (form is attached).

AND

b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - (a) "Admitted as Refugee Pursuant to section 207";
  - (b) "Section 208" or "Asylum";
  - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - (a) A final court decision granting asylum (but only if no appeal is taken);
  - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
  - (c) A court decision granting withholding or deportation; or
  - (d) A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card.

If this line is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_



# APPLICANT VERIFICATION CONSENT FORMAT

**INSTRUCTIONS:** *Complete this format for each non-citizen member of the household who declared eligible immigration status on the Declaration Format.* If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

## CONSENT

I \_\_\_\_\_

(PRINT OR TYPE FIRST NAME, MIDDLE INITIAL, AND LAST NAME)

hereby consent to the following:

1. the use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. the release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to:
  - (A) HUD, as required by HUD; and
  - (B) the INS for purposes of verification of the immigration status of the individual.

## NOTIFICATION TO APPLICANT:

Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

**Race and Ethnic Data  
Reporting Form**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2502-0204  
(Exp. 10/31/2009)

**Office of Housing**

Name of Property

Project No.

Address of Property

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

<i>Ethnic Categories*</i>	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
<i>Racial Categories*</i>	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

Signature

Date

**Public reporting burden** for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to “self certify” during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household’s file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

## **Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)**

### **A. General Instructions:**

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development. Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household’s file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino.”
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black” or “African American.”
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.