

# RESIDENT CONTACT & DEMOGRAPHIC INFORMATION

## 1 Contact Information (Applicant & Applicant Household)

First Name	Phone(s)	Email

## 2 Emergency Contact Information

Contact Name	Relationship	Phone/Email

## 3 Race, Ethnicity, and Language

This is optional information which is used to identify housing trends and needs, to describe the present occupancy of our communities, and to plan housing outreach efforts (affirmative marketing).

► Mark all that apply.

First Name	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Pacific islander	White	Hispanic	Non-Hispanic	Other Ethnic group?	Language preference other than English?
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

# RESIDENT ELIGIBILITY APPLICATION

Household Name: \_\_\_\_\_

Current HH Size: \_\_\_\_\_ Effective Date of Certification: \_\_\_\_\_

MI

Bedroom size: \_\_\_\_\_ Move-In Date: \_\_\_\_\_

AR  IR

**THE FOLLOWING PAGES ARE TO BE COMPLETED ENTIRELY BY THE APPLICANT/RESIDENT**

## 1 Household Composition

HM#	First Name	Last Name	DOB	Age	Disabled?
Head	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 2 Income & Asset Statement

HoH	Adult #2	Adult #3	
_____	_____	_____	I will think about all the jobs and income sources I have now, or <b>anticipate</b> having in the next 12 months.
Initial	Initial	Initial	
_____	_____	_____	I will report my gross income—before taxes are taken out.
Initial	Initial	Initial	
_____	_____	_____	I will share any types of income I anticipate to receive, even if paid in cash, or the income is irregular or uncertain.
Initial	Initial	Initial	
_____	_____	_____	I will report all assets and bank accounts, even if I do not have access to the money.
Initial	Initial	Initial	
_____	_____	_____	I will do my best to tell the full story of my overall financial situation.
Initial	Initial	Initial	

## 3 Declaration of Income and Assets for Each Adult on Pages 2 and 3. ➔ Go to Page 2.

## 4 Certification by Head of Household

I understand that any changes to my household composition or income after the date of my signature below but prior to actual move-in must be disclosed to HRB staff.

\_\_\_\_\_ Head of Household Name      \_\_\_\_\_ Head of Household Signature      \_\_\_\_\_ Date

Name: \_\_\_\_\_

**INCOME INFORMATION**

Yes	No		Annual Gross Income
1.	<input type="checkbox"/>	<input type="checkbox"/> I am employed at a job. Total annual gross regular pay (hourly wages or salary) ➔ \$ _____ /year <input type="checkbox"/> Tips? <input type="checkbox"/> Overtime? <input type="checkbox"/> Bonus? <input type="checkbox"/> Commission? Total extra pay here ➔ \$ _____ /year	<b>⚠ before taxes are taken out</b>
2.	<input type="checkbox"/>	<input type="checkbox"/> I am employed at a second job. Total annual gross regular pay (hourly wages or salary) ➔ \$ _____ /year <input type="checkbox"/> Tips? <input type="checkbox"/> Overtime? <input type="checkbox"/> Bonus? <input type="checkbox"/> Commission? Total extra pay here ➔ \$ _____ /year	<b>⚠ before taxes are taken out</b>
3.	<input type="checkbox"/>	<input type="checkbox"/> I am employed at other jobs or am in the Armed Forces, ➔ Complete second REA page 2, Question 1.	
4.	<input type="checkbox"/>	<input type="checkbox"/> I <u>anticipate</u> working at a seasonal or irregular job in the next 12 months. <input type="checkbox"/> summer <input type="checkbox"/> holidays <input type="checkbox"/> other seasonal <input type="checkbox"/> irregular/occasional	\$ _____ /year

Job #1 Detail	Company Name:	Hire Date:
	Supervisor Name & Phone/email:	
	HR/Payroll Name & Phone/email:	
	Your Position/Title:	Pay Rate:
	What are your hours? (9-5, on-call, etc.):	

Job #2 Detail	Company Name:	Hire Date:
	Supervisor Name & Phone/email:	
	HR/Payroll Name & Phone/email:	
	Your Position/Title:	Pay Rate:
	What are your hours? (9-5, on-call, etc.):	

Yes	No		Annual Gross Income
5.	<input type="checkbox"/>	<input type="checkbox"/> I am self-employed ➔ <input type="checkbox"/> I own a business <b>or</b> <input type="checkbox"/> I am a contractor Report your <b>net</b> income (income less expenses, if any) ➔	\$ _____ /net, year
6.	<input type="checkbox"/>	<input type="checkbox"/> I receive <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> WA SSI <input type="checkbox"/> TANF <input type="checkbox"/> GAU	\$ _____ /year
7.	<input type="checkbox"/>	<input type="checkbox"/> I receive benefits on behalf of a child in this household (i.e., SS, trust fund)	\$ _____ /year
8.	<input type="checkbox"/>	<input type="checkbox"/> I receive or I anticipate child support in the next 12 months. ➔ This payments come from <input type="checkbox"/> DCS (agency) <input type="checkbox"/> directly from parent <input type="checkbox"/> Other	\$ _____ /year
9.	<input type="checkbox"/>	<input type="checkbox"/> I receive alimony or regular income from a current/former spouse.	\$ _____ /year
10.	<input type="checkbox"/>	<input type="checkbox"/> I receive <input type="checkbox"/> unemployment <input type="checkbox"/> L&I <input type="checkbox"/> disability benefits (not SSI)	\$ _____ /year
11.	<input type="checkbox"/>	<input type="checkbox"/> I receive regular payments from a pension, annuity, retirement, insurance, death benefits or Veteran's Benefits. List below: a.) _____ \$ _____ /year b.) _____ \$ _____ /year	
12.	<input type="checkbox"/>	<input type="checkbox"/> I receive money regularly from family, friends, church/agency: This money is <input type="checkbox"/> paid direct to me <input type="checkbox"/> paid to others for my rent/utility	\$ _____
13.	<input type="checkbox"/>	<input type="checkbox"/> I receive rental income or income from oil fields, etc. (Schedule E income).	\$ _____ (net)
14.	<input type="checkbox"/>	<input type="checkbox"/> I receive financial aid. List total award for the year ➔	\$ _____
15.	<input type="checkbox"/>	<input type="checkbox"/> I have income other than what I listed above. Describe: _____	\$ _____
<b>TOTAL ANNUAL INCOME reported on this page (add lines 1-15) ➔</b>			<b>\$ _____</b>

**Next Step: Asset Information, Page 3**

Name: \_\_\_\_\_

**ASSET INFORMATION**

Yes	No		Balance	Interest Earned
<input type="checkbox"/>	<input type="checkbox"/>	16. I have a checking account(s). If yes, list bank(s) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	17. I have a savings account(s). List bank names a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	18. I have a money market, T-bill, CD, or stocks/bonds List sources/bank names: a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	19. I have a trust fund. <input type="checkbox"/> Revocable <input type="checkbox"/> Non-Revocable List trustee contact info: _____	\$ _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	20. I have an <input type="checkbox"/> IRA <input type="checkbox"/> 401K <input type="checkbox"/> 403b <input type="checkbox"/> other retirement List financial institution: a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	21. I have a <input type="checkbox"/> state pension <input type="checkbox"/> private pension <input type="checkbox"/> annuity (and I am not receiving payments from it yet). a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	22. I <input type="checkbox"/> own <input type="checkbox"/> or am in the process of selling or <input type="checkbox"/> have sold real estate in the last 2 years.	Market or sale value: \$ _____	Net Profit: \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	23. I own personal property held strictly as investment assets (arts, coins, etc.) If "yes," attach appraisals.	\$ _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	24. I have disposed of assets within the last two years for less than fair-market value. If "yes," attach explanation.	\$ _____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	25. I have assets other than those listed above. If yes, list type below: a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
<b>TOTAL BALANCES of all assets reported on this page (add up balances for lines 16-25) ➡</b>			\$ _____	

**Under penalty of perjury, I certify that the information presented in this application is true and accurate to the best of my knowledge and belief. False, misleading or incomplete information may result in the termination of the lease agreement.**

\_\_\_\_\_ Print Applicant/Resident Name      \_\_\_\_\_ Applicant/Resident Signature      \_\_\_\_\_ Date

Do you have any pets? \_\_\_\_\_ If yes, what type & how many? \_\_\_\_\_

How did you hear about Housing Resources Bainbridge? \_\_\_\_\_

## CONSENT TO RELEASE INFORMATION

This consent is an agreement signed by you telling the sources of the personal information described below that you want them to release to Housing Resources Board (HRB) information in connection with your household's application for affordable housing and rental assistance.

---

I authorize HRB to request and obtain information in the categories listed below for the purpose of determining my eligibility and suitability for occupancy and rental assistance.

I understand that HRB may collect information from

- sources I have given to HRB; and,
- sources that become apparent during the processing of my application

Information to be released:

- Rental history records and references, including but not limited to, information about the ability to pay rent, to live independently, take care of rental property, and get along well with neighbors;
- Outstanding debts to other landlords;
- Public records history, including criminal history;
- Non-residential references from individuals with whom a professional relationship has been established;
- Services provided by individuals or agencies which are relevant to the ability to pay rent, take care of rental property, and get along well with neighbors and community;
- Income and asset information from any source for all family members;
- Verification of disability, if necessary for eligibility or rental assistance determination (not including details of actual disability);
- Verification of need for reasonable accommodation, if requested;

I understand that I will be able to respond to any negative determination based on the information obtained.

No other information may be released without my written authorization. All information maintained will be kept as confidential personal information. This consent expires 15 months after it is signed.

---

Print Applicant/Resident Name

---

Applicant/Resident Signature

---

Date

# EMPLOYMENT VERIFICATION

The individual named below is an applicant/resident of an affordable housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only.

TO: (Name & address of employer)

1<sup>st</sup> Request \_\_\_\_\_

2<sup>nd</sup> Request \_\_\_\_\_

Fax #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Attn: \_\_\_\_\_

I, \_\_\_\_\_ authorize release of my employment information.  
Applicant/Resident Name

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

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

**Purpose**

- Capture the employee's representative current and anticipated earnings.
- Accurately estimate the employee's income for the next 12 months.
- Capture when wages were *earned*, not when they were paid. We do not use the IRS W-2 definition of income.
- Compare current/anticipated earnings to YTD earnings.

**Directions**

Amounts: Gross, before taxes.

Hours: Be precise, do not use wide ranges; use averages instead of "varies."

Dates: Use mm/dd/yy format.

Pay Periods: Use pay period begin & end dates; *do not use pay dates.*

**Return Form To:**

Penny Lamping, Property Manager  
 Housing Resources Bainbridge  
 P.O. Box 11391  
 Bainbridge Island, WA 98110  
 206-842-1909, ext 8 **206-842-1120 fax**  
[penny@housingresourcesbi.org](mailto:penny@housingresourcesbi.org)

**THIS SECTION TO BE COMPLETED BY EMPLOYER**

■ **Presently Employed?** DYes Hire Date: \_\_\_\_\_ | **Job Title(s):** \_\_\_\_\_ | **Hire Type** DW2 D1099 Dcash

DN0 Term Date: \_\_\_\_\_ ▶ Seasonal rehire anticipated? DNo DYes, effective: \_\_\_\_\_

■ **Current/Scheduled Hours:** \_\_\_\_\_ per Dweek Dother \_\_\_\_\_ ▶ Hours quoted are Daverage Dactual Dscheduled

■ Anticipated change in hours in the next 12 months? DNo DYes ▶ Describe: \_\_\_\_\_ ▶ Effective Date: \_\_\_\_\_

■ **Hourly \$** \_\_\_\_\_ per Dhour Dother (describe below) | **Salary \$** \_\_\_\_\_ per Dhour Dweek Dmonth Dyear Dother (describe below)

■ Overtime Current OT Hours: \_\_\_\_\_ per Dweek Dother \_\_\_\_\_ ▶ OT Rate(s) \$ \_\_\_\_\_ /hr

■ Shift Differential(s) Current SD Hours \_\_\_\_\_ per Dweek Dother \_\_\_\_\_ ▶ SD Rate(s) \$ \_\_\_\_\_ /hr

■ Anticipated change in pay in the next 12 months? DNo DYes ▶ Describe: \_\_\_\_\_ ▶ Effective Date: \_\_\_\_\_

■ **Year-to-Date Earnings \$** \_\_\_\_\_ earned b/w first day of first pay period \_\_\_\_\_ & last day of last pay period \_\_\_\_\_

■ Pay Frequency Dweekly Dbi-weekly ▶ First day of the first full pay period (typically in Dec of the previous year): (mm/dd) \_\_\_\_\_

Dsemi-monthly Dmonthly ▶ First day of the first full pay period DDec 16 DDec 1 DJan 1

■ **Tips?** DNo DYes ▶ Amount & Frequency: \_\_\_\_\_ ▶ 100% of tips reported on pay stub? DNo DYes

■ **Additional Pay?** (even if not guaranteed) DCommissions DBonus ▶ Amount (\$,%): \_\_\_\_\_ ▶ Frequency \_\_\_\_\_

■ **Other** Does the employee have a retirement plan (401k, 403b, PERS, etc.) with the company? DYes DN0

■ **Irregular Circumstances** Anything unusual, irregular, or industry specific about work schedule, hours, or wage?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

▶ **Please review for accuracy. The quality of this information will impact your employee's eligibility for an apartment.**

\_\_\_\_\_  
 Employer Staff Signature

\_\_\_\_\_  
 Print Employer Staff Name & Title

\_\_\_\_\_  
 Date Form Completed

\_\_\_\_\_  
 Company Name

\_\_\_\_\_  
 Email Address

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Fax

Anyone over the age of 18 MUST fill out separate application.

**Return Application To:**  
**Housing Resources**  
**Bainbridge**  
**Post Office Box 11391**  
**Bainbridge Island, WA 98110**

**Phone: 206-842-1909**  
**Fax: 206-842-1120**



\_\_\_\_ Credit    \_\_\_\_ Primary    \_\_\_\_ Comprehensive  
\_\_\_\_ Non-Refundable Screening Fee

Address of Rental Property \_\_\_\_\_ Unit# \_\_\_\_\_  
Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security# \_\_\_\_\_ Driver's License \_\_\_\_\_ Telephone \_\_\_\_\_  
Other Occupant's Name, Age and Relationship \_\_\_\_\_ Email \_\_\_\_\_

**CURRENT ADDRESS**

Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Apt# \_\_\_\_\_ Name of Apt \_\_\_\_\_  
Move in Date \_\_\_\_\_ Move out Date \_\_\_\_\_  
Rent/Own/Lease \_\_\_\_\_ Rent Amt \_\_\_\_\_  
Landlord Name \_\_\_\_\_  
Address \_\_\_\_\_  
Landlord's Telephone \_\_\_\_\_

**PRIOR ADDRESS**

Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Apt# \_\_\_\_\_ Name of Apt \_\_\_\_\_  
Move in Date \_\_\_\_\_ Move out Date \_\_\_\_\_  
Rent/Own/Lease \_\_\_\_\_ Rent Amt \_\_\_\_\_  
Landlord Name \_\_\_\_\_  
Address \_\_\_\_\_  
Landlord's Telephone \_\_\_\_\_

**PRIOR ADDRESS**

Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Apt# \_\_\_\_\_ Name of Apt \_\_\_\_\_  
Move in Date \_\_\_\_\_ Move out Date \_\_\_\_\_  
Rent/Own/Lease \_\_\_\_\_ Rent Amt \_\_\_\_\_  
Landlord Name \_\_\_\_\_  
Address \_\_\_\_\_  
Landlord's Telephone \_\_\_\_\_

**PRIOR ADDRESS**

Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Apt# \_\_\_\_\_ Name of Apt \_\_\_\_\_  
Move in Date \_\_\_\_\_ Move out Date \_\_\_\_\_  
Rent/Own/Lease \_\_\_\_\_ Rent Amt \_\_\_\_\_  
Landlord Name \_\_\_\_\_  
Address \_\_\_\_\_  
Landlord's Telephone \_\_\_\_\_

Pets? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, number, size and type(s) \_\_\_\_\_  
Have you ever used any other names? If Yes, name(s) \_\_\_\_\_  
Have you ever been convicted of a crime? Yes \_\_\_ No \_\_\_ Have you ever been evicted or refuse to pay rent? Yes \_\_\_ No \_\_\_  
Auto / Year /License 1) \_\_\_\_\_ 2) \_\_\_\_\_

In compliance with the Fair Credit Reporting Act, State and Federal Laws, this is to inform you that an investigation involving the statements made on this application for tenancy is being initiated by AccuSearch Inc. I/We certify to the best of my/our knowledge all statements are true and complete. I/We further authorize AccuSearch Inc. to obtain credit reports, court/criminal records, character reports, general reputation, mode of living, rental references and employment history as needed to verify all the information put forth on this application. **SCREENING FEE IS NON-REFUNDABLE.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Screening Provided By:



P.O. Box 644  
Ferndale, WA 98248  
Phone: 1-877-646-4466  
Fax: 1-877-646-4467

I authorize AccuSearch, Inc. to charge my credit card account.  
\_\_\_\_ Visa    \_\_\_\_ MasterCard    \_\_\_\_ American Express  
Card Number \_\_\_\_\_  
Amount \$ \_\_\_\_\_ Exp. Date \_\_\_\_\_ Code \_\_\_\_\_  
Signature \_\_\_\_\_