

Circle K Property Management

509-315-4168 phone

509-279-0359 fax

laurel@circlekppm.com

TO ALL APPLICANTS-PLEASE READ!!!!

We would like to thank you for your interest in our rental property. Please mark which project/apartment complex you are applying for on page two. If you wish to apply for more than one, you must complete a separate application for each one. After we receive a COMPLETED and SIGNED application, you are placed on our waiting list. DO NOT LEAVE BLANKS on the application. If a section does not apply to you, you must write "NA" in those areas. You will be contacted when you have reached the top of our waiting list and you will need to pay an \$18.00 application fee per adult wishing to live in the household at that time. You will be given 72 hours to pay the application fee from the time you are contacted. If the application fee is not paid, we will move to the next application on the waiting list. The following procedure is used for processing an application and determining your eligibility:

- Availability of qualifying unit
- Income Eligibility
- Date of Application
- Credit Check
- Information from current and prior landlords
- Criminal Background check

It is your responsibility to call our office if you have a change in income, address, or phone number while you are on the waiting list. If your application moves to the top of the waiting list and we are not able to contact you, we will move to the next application and place your application in our inactive/unavailable file and you will have to reapply. Also be informed that after six months, if we have not heard from you, and you want to remain on the waiting list, you must contact Circle K Property Management to confirm your continued interest in remaining on the waiting list. If you do not contact Circle K Property Management six months after the application was made, your application will be removed from the waiting list.

Circle K Property Management does not discriminate against any person because of age, race, color, religion, sex, handicap, creed, familial status or national origin.

I, Laurel Kultgen, owner of Circle K Property Management, LLC represent the owners of each project in this and any other transaction.

Sincerely,

Laurel Kultgen



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Instructions: Please follow carefully!!! INCOMPLETE APPLICATIONS WILL BE RETURNED and will not be added to the waiting list until complete.

1. COMPLETE ALL AREAS. If an item does not apply to you, mark "N/A" on that line.
 - We need copies of each household member's social security cards, birth certificates, and photo ID (Alternatives to these documents can be obtained. Please contact our office to inquire about alternatives.)
2. Signatures are required by ALL adult applicants on all signature lines.
3. Return your ORIGINAL completed and signed application to :
Circle K Property Management, PO Box 15354, Spokane Valley, WA 99215 or to the local site manager where you obtained this application.
4. Please check the box below next to the project to which you are applying. If you wish to be added to the waiting list for multiple properties, you will need to complete a separate application for each project:
 - ◇ Westwood Apartments-Shelby, MT-2 and 3 bedroom
 - ◇ Plum Tree Apartments-Shelby, MT -1 and 2 bedroom
 - ◇ Ridgcrest Manor-Kevin, MT-1 and 2 bedroom
 - ◇ Pioneer Apartments-Harlem, MT -1, 2 and 3 bedroom
 - ◇ Spring Manor-White Sulphur Springs, MT-1 and 2 bedroom
 - ◇ Coachman Court-Whitehall, MT-1 bedroom
(elderly/disabled)
 - ◇ North Country Estates-Browning, MT-3 and 4 bedroom
 - <> Highland Manor-Havre, MT-1 and 2 bedroom



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PROPERTY MANAGEMENT USE ONLY:

DATE RECEIVED: _____

TIME RECEIVED: _____

APPLICATION FOR SECTION 8/USDA 515 HOUSING

- If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicants ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.
- All applicants must be able to meet essential obligations of tenancy -- they must be able to pay rent, to care for their apartment, to report required information to Property Manager, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- Circle K Property Management is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, disability handicap or familial status. In addition, Circle K Property Management has a legal obligation to provide "reasonable accommodations" to applicants if they, or any household member, have a disability or handicap.
- A reasonable accommodation is some modification or Circle K Property Management can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of government programs.
- If you, or a member of your household, have a disability or handicap and think you might need or want a reasonable accommodation, or qualify for a handicap adjustment to income under the HUD, USDA, Rural Development programs, or any other adjustment you are eligible for, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the management company, that is your right.*
- The Fair Housing Act/Federal law prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national original, sex, religion, age, disability, marital or familial status. USDA, Rural Development applicants may file any complaints of discrimination to USDA Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC, 20250-9410 or call (800) 795-3272 (voice), or (202) 720-6382 (TDD). Section 8 applicants may file any complaints of discrimination to the U.S. Dept. of Housing & Urban Development, Assistant Secretary for Fair Housing & Equal Opportunity, Washington DC 20410.

A. **FAMILY SUMMARY** -List all persons, including yourself, who will be living in the apartment. List head of household first.

	Name	Relationship	Gender	Soc Sec #	Birth Date	FT/PT Student
1		Head				
2						
3						
4						
5						
6						

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

(if different than mailing address)

Email Address: _____

Telephone No. (which you can be reached at): _____

Applying to Property _____ Requested Unit Size: _____ Bedrooms

How did you hear about the apartment for which you are applying? _____

*Tenants or Co-Tenants who are disabled, handicapped or over age 62 may qualify for an income adjustment.

*Do you qualify under this provision? Yes ___ No ___ If you require a handicap-accessible unit, check here ☐*If you require any modifications to an apartment, check here and explain in a note to us ☐

Date you are looking to occupy an apartment _____
 Do you expect a change in your household? Yes _____ No _____
 If Yes explain? _____
 Present amount of monthly rent? \$ _____ Reason for moving? _____

B. INCOME - All sources of regularly received monies must be listed regardless of recipient's age.

Family Member Name	Sources of Income	Amount
	Wages Gross Monthly Amount	\$
	Employer:	
	Address:	
	Wages Gross Monthly Amount	
	Employer:	
	Address:	
	Wages Gross Monthly Amount	
	Employer:	
	Address:	
	Social Security Gross Monthly Amount	
	Social Security Gross Monthly Amount	
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	Claim No.	
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	Claim No.	
	VA Benefits (Claim #)	\$
	SSI Benefits Gross Monthly Amount	\$
	Unemployment Compensation Gross Monthly Amount	\$
	Address:	
	TANF Gross Monthly Amount	\$
	Alimony Gross Monthly Amount	\$
	Child Support Gross Monthly Amount	\$
	Person Paying:	
	Address:	
	Do you receive Payment through	
	Child Support Enforcement? Yes No	
	Other Income Gross Monthly Amount (for example, rental income, etc.)	\$

C. ASSETS:

Have you sold or disposed of any asset(s) valued over \$1,000 in the last two years? Yes _____ No _____

If yes, type of asset (e.g., money/land/house) _____

Market value when sold/dispensed \$ _____ Amount sold/dispensed for \$ _____ Date of transaction _____

Provide the following information for all members of the household (use another sheet of paper if necessary).

Checking Accounts

Bank	Bank
Address/Phone Number	Address/Phone Number
Account No.	Account No.
Int. Rate Balance \$	Int. Rate Balance \$

Savings Accounts

Bank	Bank
Address/Phone Number	Address/Phone Number
Account No.	Account No.
Int. Rate Balance \$	Int. Rate Balance \$

Certificates of Deposit

Bank	Bank
Address/Phone Number	Address/Phone Number
Acct.# Int Rate Amt. \$	Acct.# Int Rate Amt. \$
Penalty for Early Withdrawal Maturity Date	Penalty for Early Withdrawal Maturity Date

Stocks**IRA's/401-K's**

Name	Bank
Address/Phone Number	Address/Phone Number
Value \$ Div. Rate	Value \$ Div. Rate

Bonds**Trust Accounts**

(must provide copy of bond or bond series#)

Bank	Bank
Address/Phone Number	Address/Phone Number
Present Value \$	Account No.
Maturity Date	Int. Rate Balance \$

C. **ASSETS** (continued):

Real Estate

Do you own any property? Yes _____ No _____

If yes, type & location of property _____

Appraised market value \$ _____ Mortgage or outstanding loan due \$ _____

Name & address of broker/realtor who would provide verification of market value:

Broker/Realtor

Address

City

State

Zip

D. **MEDICAL AND CHILD CARE EXPENSES**

FOR ELDERLY, DISABLED, HANDICAPPED APPLICANTS ONLY

Medical Costs - Complete only if head or spouse is 62 or older, handicapped, or disabled AND ONLY if these medical expenses are paid for out of your own pocket and not reimbursed by medical insurance.

Medicare

Monthly Amount \$	Monthly Amount \$
-------------------	-------------------

Medical Insurance

Name	Name
Address	Address
Claim No.	Claim No.
Monthly Amt. \$	Monthly Amt. \$

Pharmacy

Name	Name
Address	Address
Anticipated prescription costs not covered by insurance - Monthly Amount \$	Anticipated prescription costs not covered by insurance - Monthly Amount \$

Physician

Are you seeing a physician REGULARLY ? Yes _____ No _____	
Name	Name
Address	Address
Anticipated costs not covered by insurance - Monthly Amount \$	Anticipated costs not covered by insurance - Monthly Amount \$

Outstanding Medical Bills for which You are Making Monthly Payments

Name	Name
Address	Address
Anticipated costs not covered by insurance - Balance Due \$ Monthly Amount \$	Anticipated costs not covered by insurance - Balance Due \$ Monthly Amount \$

Child Care Expenses - Complete for children 12 and younger - Weekly cost for Child Care \$ _____

Name & Address of Person/Agency caring for children: _____

E. PROGRAM INFORMATION

Are you currently living in subsidized housing? Yes _____ No _____

F. APPLICANT INFORMATION-

Do you have a Section 8 Voucher or any other type of voucher? Yes _____ No _____

1. Have you been served a Notice to Quit or been asked to leave by a previous landlord? Yes _____ No _____

2. Have you been served with lease violations from a previous landlord? Yes _____ No _____

3. Have you been evicted by a previous landlord? Yes _____ No _____

4. Have you or any household member been evicted for drug-related criminal activity? Yes _____ No _____

5. Have you or any household member been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender registration program in any state Yes _____ No _____

List all states, other than the one that you reside in now, in which you have lived in during your lifetime:

6. Have you or any household member been involved with any of the following crimes including: violence, firearm violations, illegal drugs, thefts, vandalism, disorderly conduct, disturbing the peace, assaults, or stalking (do not include minor traffic violations)? Yes _____ No _____

If you answered yes to any of the above boxes, please explain the circumstances on an attached sheet of paper and identify property & landlord.

G. LANDLORD INFORMATION List all Current & Previous Landlords for ALL Adults in Household

Current Landlord	Current Landlord
Member Name:	Member Name:
Name of Landlord:	Name of Landlord:
Address & Phone Number	Address & Phone Number
Your address while renting:	Your address while renting:
Date of Occupancy: From _____ to _____	Date of Occupancy: From _____ to _____
Is this landlord related to you? Yes _____ No _____	Is this landlord related to you? Yes _____ No _____

Previous Landlords:

Member Name:	Member Name:
Name of Landlord:	Name of Landlord:
Address & Phone Number of Landlord:	Address & Phone Number of Landlord:
Your address while renting:	Your address while renting:
Date of Occupancy: From _____ to _____	Date of Occupancy: From _____ to _____
Is this landlord related to you? Yes____ No____	Is this landlord related to you? Yes____ No____

All information received by Circle K Property Management during the application process regarding the applicant or applicants household will be taken into consideration as part of the application.

CERTIFICATION

I/we declare that I have read and do understand this application and to the best of my knowledge and belief, it is true, correct and complete.

I/we also understand that if in six (6) months, if I have not heard from Circle K Property Management and I want to remain on the waiting list, I will contact Circle K Property Management to confirm my continued interest in remaining on the waiting list for an apartment. If I do not contact Circle K Property Management six (6) months after the application was made, I understand that my application will be removed from the waiting list.

I/we hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence.

I/we understand that eligibility for housing will be based on the USDA, Rural Development or the Department of Housing and Urban Development's eligibility criteria and Circle K Property Management resident selection criteria. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a history of unjustified and/or chronic nonpayment of rent. (2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of other individuals or whose tenancy would result in substantial physical damage to the property of others; (3) a history of disturbance of neighbors; (4) a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from residential programs; (5) police records indicating any type of criminal activity or convictions; and (6) any records which show the applicant's behavior to be unacceptable, even if it is a manifestation of an applicant's disability.

I agree to inform the management agency personnel immediately of any change in income, resources, number of persons in my household, etc., which might affect my eligibility for housing assistance payments.

I/we certify that the information given in this application is true to the best of my/our knowledge. I/we understand that any false information or any omission of any significant information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.

Head _____

Spouse/Co-Tenant _____

Date _____

Date _____



The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of the individual applicants on the basis of visual observation or surname"

Ethnicity (circle one): _____ Hispanic or Latino
Not Hispanic or Latino

Race: (Mark one or more)

White _____ Black or African American _____
American Indian/Alaska Native _____ Asian _____
Native Hawaiian or Other Pacific Islander _____

Gender: Male _____ Female _____

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. To file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.



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AUTHORIZATION TO RELEASE INFORMATION

To: _____

Re: _____

I, and/or others in my household, have applied for a rental unit in a project that utilizes subsidies from USDA Rural Development, part of the Rural Development mission area of the United State Department of Agriculture. As part of this process or in considering my household for assistance in this program, the owner (or management agent of the owner) of the project may verify information contained in my request for assistance and in other documents required in connection with the request.

I, or another adult in my household, authorize you to provide to Circle K Property Mgmt for verification purposes the following applicable information:

- a) Past and present employment or income records.
- b) Bank account, stock holding, and any other asset balances.
- c) Past or present landlord references.
- d) Other consumer credit references.
- e) Criminal Background check.
- f) Consumer credit report.

This authorization is valid for the term of my application process until I vacate the property.

The information obtained is only to be used to process my application for housing and for Tenant Certification renewals.

A copy of this authorization may be accepted as an original.

Signature

Date