



**Full Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Instructions: Please follow carefully - Incomplete applications will be returned**

- Complete all areas.** If an item does not apply to you, mark "N/A" on that line.
- We need copies of Social Security Number or Alien Number** The government **requires** that all household members submit a copy of their social security number with the attached housing application. If you do not have a social security number, we can accept one of the following, as long as your social security number appears on the document.  

<b>Driver's License</b>	<b>Medicare Card</b>	<b>Medical Insurance Card</b>
<b>Bank Statement</b>	<b>Retirement benefit letter</b>	<b>Benefit letter from government agencies</b>

If no SSN has been assigned to a particular family member, the applicant must sign a certification stating that no SSN has been assigned.

**Note: Copies of Metal Social Security Cards are not acceptable.**

If you cannot provide us with any of the above documents, it will be necessary that you certify to us that you have made application to the Social Security Office for a new number before we will accept your housing application.

- Proof of US Citizenship** The US Department of Housing & Urban Development **requires** that all applicants be US Citizens, nationals or certain categories of eligible noncitizens. To do this, you **must** have the attached Declaration of Section 214 Status forms completed by **EACH** family member (including yourself). Please make sure you follow the instructions on the Declaration Form.
- Signatures are required by all adult applicants**
- Return your application to:**

Three Mountain Village  
613 W. Collins  
Goldendale 98620

**Note: Pets are allowed in our senior citizen properties or for persons with disabilities who require a service animal.**

**Your application is being returned because:**

- You did not complete all areas or you did not sign the application.
- You did not provide the required social security numbers for all household members
- The Declaration of Section 214 Status and Family Summary Sheet were not completed/signed as instructed above.

**Please return your application along with the information that was missing if you want to be considered for Section 8 housing.**



Landmark Management Services USE ONLY: DATE RECEIVED: \_\_\_\_\_ TIME RECEIVED: \_\_\_\_\_ ID #: \_\_\_\_\_

## APPLICATION FOR ASSISTED HOUSING – (SECTION 8 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 applicant's 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 , to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- Landmark Management Services is a management company that provides low rent housing to eligible households, elderly households and single people. Landmark Management Services 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, Landmark Management Services 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 change Landmark Management Services 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 USDA, Rural Development program, 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, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC, 20250-9410 or call (202) 720-5964 (voice or 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 (Optional)	Soc Sec #	Birth Date	Full/Part-time Student	
					Yes	No
1.)					Yes	No
2.)					Yes	No
3.)					Yes	No
4.)					Yes	No
5.)					Yes	No
6.)					Yes	No

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(if different than mailing address)

Telephone No. (which you can be reached at): \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Applying to Property(s): \_\_\_\_\_ Requested Unit Size: \_\_\_\_\_ Bedrooms

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

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



613 West Collins  
Goldendale, WA 98620

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Fax (509) 773-3344





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

Family Member Name	Sources of Income	Amount
	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:	
	AFDC Gross Monthly Amount	\$
	Wages Gross Monthly Amount	\$
	Employer:	
	Address:	
	Wages Gross Monthly Amount	\$
	Employer:	
	Address:	
	Alimony Gross Monthly Amount	\$
	Child Support Gross Monthly Amount	\$
	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/disposed \$ \_\_\_\_\_

Amount sold/disposed for \$ \_\_\_\_\_ Date of transaction \_\_\_\_\_



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C. **ASSETS** (continued)

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

**Checking Accounts**

Bank		Bank	
Address		Address	
Account No.		Account No.	
Int. Rate	Balance \$	Int. Rate	Balance \$

**Savings Accounts**

Bank		Bank	
Address		Address	
Account No.		Account No.	
Int. Rate	Balance \$	Int. Rate	Balance \$

**Certificates of Deposit**

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

**Stocks**

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

Name		Bank	
Address		Address	
Value \$	Div. Rate	Value \$	Div. Rate

**Bonds**

**Trust Accounts**

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



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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
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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 \$
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**Medical Insurance**

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

**Pharmacy**

Name	Name
Address	Address
Anticipated prescription costs <b>not covered by insurance</b> - Monthly Amount \$	Anticipated prescription costs <b>not covered by insurance</b> - Monthly Amount \$

**Physician**

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

**Outstanding Medical Bills for which You are Making Monthly Payments**

Name	Name
Address	Address
Anticipated costs <b>not covered by insurance</b> - Balance Due \$	Anticipated costs <b>not covered by insurance</b> - Balance Due \$
Monthly Amount \$	Monthly Amount \$



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**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-Please place a checkmark in the box if any of the following statements apply to you.**

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

- 1. You have been served a Notice to Quit or been asked to leave by a previous landlord
- 2. You have been served with lease violations from a previous landlord
- 3. You have been evicted
- 4. You or any household member have been evicted from federally assisted housing for drug-related criminal activity?

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

- 5. You or a household member have been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender registration program?

List all states, other than the one that you reside in now, in which you have lived in during the last seven years? \_\_\_\_\_

**G. REFERENCE INFORMATION**

**Current Landlord** (Name, Address, & Phone No.)

How long have you lived there? \_\_\_\_\_ Is this landlord related to you? Yes \_\_\_ No \_\_\_

**List all Previous Landlords for ALL Adults in Household (Attach a sheet of paper if more space is needed.)** (Name, Address & Phone No.)

1.	2.
Address:	Address:
How long did you live there?	How long did you live there?
Is this landlord related to you? Yes ___ No ___	Is this landlord related to you? Yes ___ No ___

**List two Professional Personal References for ALL Adults in Household (Attach a sheet of paper if more space is needed.)** (Name, Address, Phone No. & Relationship)

(Example: teachers, principals, past/present employers, physicians, etc.) Please do not list relatives or friends.

1.	2.
Phone No. Relationship	Phone No. Relationship

All information received by Landmark Management Services during the application process regarding the applicant or applicant's household will be taken into consideration as part of the application.



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**Other Information**

Please provide us with the name, address, & phone number of an emergency contact:

Vehicles - List any vehicle owned

Type \_\_\_\_\_ Year/Make \_\_\_\_\_

Color \_\_\_\_\_ License Plate No. \_\_\_\_\_

Do you own a pet? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe \_\_\_\_\_

**CERTIFICATION**

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 at time of initial lease execution. 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 either the USDA, Rural Development or the Department of Housing and Urban Development's eligibility criteria and Landmark Management Services's 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 and/or financial obligations; (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/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 \_\_\_\_\_

For Three Mountain Village

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the USDA, Rural Development/HUD, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. 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, we would like to make you aware that, if you do not provide this information, the owner/rental agent is required to note race/national origin and sex based on visual observation or surname.

- American Indian or Alaskan Native     Black or African American     Hispanic or Latino     Asian
- Native Hawaiian or other Pacific Islander     White
- Male     Female

**(To be completed by Owner/Agent)**

Member #	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth	Declaration			4
						1	2	3	
Head									
2									
3									
4									
5									
6									
7									



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# Please sign ALL Black Checkmarks

## Authorization

I/we do hereby authorize Landmark Management Services and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

## Signatures

(✓) \_\_\_\_\_  
Applicant Signature Date

(✓) \_\_\_\_\_  
Co-Applicant Signature Date

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