



Dear Applicant;

Eligibility requirement for Luther Senior Center apartments is an adult who is 62 years of age or is disabled. Should you need to qualify as disabled the attached verification of disability form must be completed.

- The applicant completes the top section, signs and dates at the bottom.
- They would then have a knowledgeable medical professional select the disability the applicant qualifies for, and sign and date.
- The form must be attached to the application when it is returned to Luther Senior Center, 625 Berkshire Pl, Richland, WA 99354.

Should you have any questions please contact Paula Garland, Community Manager 946-7515.

**HUD permits owners to verify that you have a disability only if:**

- 1) Your eligibility for admission is dependent on your being a person with a disability; or
- 2) You claim eligibility for deductions that are given to a person with a disability.

The definition of disability vary depending on the project you are applying for or living in. The owner determines the definition(s) to use by consulting with HUD Handbook 4350.3 Rev-1. The third party from whom this verification is being requested has knowledge of whether your disability meets the applicable definition(s) of disability (or person with a disability). An owner may request from a third party only the minimum information necessary to determine whether you meet the applicable definition of disability (or person with a disability). Any other request for information about you is not relevant and may not be asked (e.g. diagnosis, treatment plan.)

## APPLICATION COVER LETTER

Property Name: **LUTHER SR CENTER I APARTMENTS**  
Property Address: **625 Berkshire Place, Richland, WA 99354**  
Phone/Fax Number: **509-946-7515 Fax 509-946-8015 TDD 711**  
Office Hours: \_\_\_\_\_ E-mail: \_\_\_\_\_

*For office use only*

Date Application given \_\_\_\_\_

Applicants Name \_\_\_\_\_

Applicants Phone # \_\_\_\_\_

Alternate Phone# \_\_\_\_\_

Special requests/needs: \_\_\_\_\_

**Dear Future Tenant,**

Welcome and thank you for applying to live at the **LUTHER SR CENTER I**.

Please take a few minutes to read over our requirements for filling out and returning our application package. We hope that you will soon be calling our apartments your new home. Should you have any questions or concerns please give me a call at the phone number above. All interested individuals have the right to complete and submit an application.

### **Filling out the application:**

The application package may include one or more rental applications, income/asset questionnaires, citizenship/non-citizenship forms (for each household member), emergency contact forms and possibly other forms as required by the property. Each adult must complete a separate application package. The Supplement to Application for Federally Assisted Housing emergency contact form(s) is required by HUD. It is optional for you to provide additional contact information, but very useful for applicant/tenant contact for housing providers. Included in this cover letter is information regarding the policies of our apartment community regarding eligibility and our procedures for selecting tenant(s). More information is contained in our Tenant Selection Plan which is available upon request.

When completing the application package, please sit down and allow yourself a few minutes to read it over first, and then fill it out in its entirety. This should take you about 20-30 minutes. You will need to fill it out to the best of your knowledge. Please do not leave any blank spaces or if you make a mistake please cross-out rather than using white out. If a question does not apply to you please write out the words "Not Applicable". Be sure to sign and date the application and the other forms. If you need assistance in completing the application package, we will be happy to help you. If you have a disability and require a reasonable accommodation related to the completion and return of the application, please feel free to request one.

Once you have completed and signed our rental application package, you will need to either bring it back to our office or mail it to the rental office. We will accommodate persons with disabilities who, as a result of their disabilities, cannot read or understand our application documents or utilize our preferred application process by providing alternative methods of taking applications. Please let us know if you need an accommodation. We will look over the completed application packets. As a result of our review, will offer you an available unit, place you on the waiting list or find you ineligible based on information provided. Regardless of the disposition of your application, we will advise you in writing on our application status notification within 10 days of receiving your completed application(s).

### **Who is Eligible to live at our Property?**

This property is a HUD Project-Based Section 8 for individuals and families. The occupancy and income limits for this property are posted at the property or you can call for information. Our priority is to take the extremely low income households (below 30% median income) first in our fiscal year for up to 40% of our expected vacancies, then offer units to the applicants on our list that are either extremely low or very low income (below 50% median income) chronologically thereafter until our income limit goals are met for the year.

Rents at this property are all HUD subsidized and are equal to 30% of your monthly adjusted income. Water, sewer, garbage are included in your rent. There is a HUD Section 8 required minimum total tenant payment of \$25.00 per month, unless a verifiable qualifying hardship exists. Please contact the manager for details about the rent structure at this property.

A background screening will be performed on all applicants as they get closer to the top of the waiting list. The property (not the applicant) will pay the cost of the screening. We perform screening to determine such things as acceptable prior rental and criminal history, public records and credit history (poor credit history is not a major factor in application review). There are certain restrictions for non-citizens and students in HUD subsidized housing. If any of your household members are ineligible non-citizens or students, management will explain how this may affect your HUD subsidy at this property. For example, if your household includes family members who do not declare eligible citizenship or non-citizenship status, your application may be rejected, or your assistance pro-rated. If you are denied based on our screening criteria you will be notified in writing and given the option to appeal the decision.

### **The Waiting List**

We will choose applicants off of our waiting list in chronological order from the date and time they submit their application within the income targeting and/or other criteria associated with this property and HUD. We have 1, 2 & 3 bedroom apartments. You are also welcome to request any reasonable accommodations or modifications to the units, site property policies or procedures to accommodate a disability. Please indicate on your application if you believe you qualify for an accommodation.

If you are placed on our waiting list, it will be important that you update us with any changes in your household. Changes such as change of address, phone number, household size, members or income are very important to tell us immediately. You will also need to contact us at least every 6 months to let us know that you are still interested in remaining on our waiting list. If you do not contact us, we may send you a letter (at your last known address) asking for your continued interest in remaining on our waiting list. If we do not hear back from you, we may have to remove your name from our waiting list, so please keep us informed of changes.

### **When an Apartment will be coming available:**

You will be contacted in chronological order from the waiting list when a unit becomes available or will be available soon. It is a requirement to contact all applicants at the top of the list every time a unit becomes available. Please be available by phone so we may contact you when your name comes to the top of the waiting list. If we have trouble getting hold of you, we may have to skip over or remove your application based on our policies in our Tenant Selection Plan.

Once being contacted by the manager you will be required to come into the rental office to finalize your application process within 10 days. This is when we will perform the background screening and start the verification process to verify all of your income/assets and expenses for your rent calculation. All persons expected to reside in the unit will be required to complete citizenship review and other forms at that time, if not already provided. All adult household members must come for the same final interview, including children that are expected to reside with you.

Please bring with you picture ID and original social security cards for all potential household members. Birth certificates and/or custody papers may also be required for verification of eligibility of age or family composition. Verification of Social Security numbers are required for all household members prior to move-in. There are alternatives to the actual Social Security Cards if you do not have the original. For example; Driver's license with SSN, identification card issued by a federal, state, or local agency, a medical insurance provider, employer or trade union, earning statement on payroll stubs, bank statement with SSN, Form 1099, benefit award or retirement benefit letter, life insurance policy or court records with the SSN. There are also alternatives to birth certificates such as passports, naturalization certificates and other options. Please ask the site manager if you have any questions. We may ask you to bring additional documents with you also to speed up the application process.

Please also bring with you proof of current income, assets and/or expenses of ALL potential household members. A final decision regarding your eligibility cannot be made until all of the above information has been verified, received and reviewed. Once you have passed our final screening requirements, and an apartment is available that meets your needs and requirements you will be notified to start the move-in process.

### **The Move-in**

When we have accepted you as a new tenant, a date for moving into your new apartment will be set. The manager will calculate your rent based on verifications received back from third party sources and information provided by you.

Payment of a full security deposit will be requested at that time. If your move-in date is other than the 1st of the month, your rent will be pro-rated for that month only.

You will be required to sign a lease, house rules, rent calculation certification and other property policies and addendums. We will conduct a walk-thru move-in inspection of your new apartment with you and keys will be given to you at that time. You must accompany the manager during the move-in inspection and sign a walk-thru form if you accept the unit condition. If you have any questions regarding completing the application, about the disposition of your application or about the property or regulations, please do not hesitate to call us. We look forward to hearing from you.

Site Manager \_\_\_\_\_



Goodale & Barber Company does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person (agency) named 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). (TDD 711 for hearing impaired). We do business in accordance with the Federal Fair Housing Act and provide persons with disabilities reasonable accommodation upon request. Persons with language barriers may request or arrange interpretation alternatives or services.

**Luther Sr. Center Apartments**  
 625 Berkshire Place, Richland, WA 99354  
 Office (509)946-7515 – Fax (509) 946-8105  
**Application for Affordable Housing**

Managed by Goodale & Barbieri Company, 818 W. Riverside Ave, Suite 300, Spokane, WA 99201 (509) 459-6102

<b>APPLICATION TO RENT</b>	<b>Size of Unit Required: (circle one)</b> Studio    1BR    2BR
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**Each adult over the age of 18 must complete a separate application and all household members must provide a social security number.**

Applicant's (LEGAL) Name _____	Male/Female _____	Soc. Sec. # _____	Birthdate _____	Driver's License # and State _____
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Spouse/Co-Applicant's Name _____	Male/Female _____	Soc. Sec. # _____	Birthdate _____	Driver's License # and State _____
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Other persons to occupy rental property:

Name _____	Male/Female _____	Soc. Sec. # _____	Birthdate _____	Relationship _____
Name _____	Male/Female _____	Soc. Sec. # _____	Birthdate _____	Relationship _____
Name _____	Male/Female _____	Soc. Sec. # _____	Birthdate _____	Relationship _____
Name _____	Male/Female _____	Soc. Sec. # _____	Birthdate _____	Relationship _____

**RESIDENCE / RENTAL HISTORY**

All rental history listed will be verified. Include rentals, living with friends/relatives, shelters, institutions, group homes, hospitals, etc. Attach additional paper if necessary.

Applicant's Present Address _____	City _____	State _____	Postal Code _____	Move-In Date _____	Applicant's Present Phone # _____
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Present Landlord _____	Landlord Phone # _____
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Applicant's Previous Address _____	City _____	State _____	Postal Code _____	Move-In Date _____	Move-Out Date _____
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Previous Landlord _____	Landlord Phone # _____
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Applicant's Previous Address _____	City _____	State _____	Postal Code _____	Move-In Date _____	Move-Out Date _____
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Previous Landlord _____	Landlord Phone # _____
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Applicant's Previous Address _____	City _____	State _____	Postal Code _____	Move-In Date _____	Move-Out Date _____
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Previous Landlord _____	Landlord Phone # _____
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**EMPLOYMENT HISTORY / GROSS INCOME**

APPLICANT Employed by _____	\$ _____	Salary / Wage	# of Hrs/Wk _____	Supervisor's Name _____	Yrs. _____ Mo's. _____
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Address _____	City _____	State _____	Postal Code _____	Phone # _____	Occupation / Department _____
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APPLICANT <input type="checkbox"/> Previous Employment <input type="checkbox"/> Second Job	\$ _____	Salary / Wage	# of Hrs/Wk _____	Supervisor's Name _____	Yrs. _____ Mo's. _____
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Address _____	City _____	State _____	Postal Code _____	Phone # _____	Occupation / Department _____
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**ADDITIONAL INCOME - Monthly**

Pension \$ _____	Social Security \$ _____	Social Security Disability \$ _____	SSI \$ _____	Unemployment \$ _____
Child Support \$ _____	Public Assistance \$ _____	Other \$ _____	Source _____	

## ASSETS

Name of Bank or Savings and Loan \_\_\_\_\_ Address, City, State, Postal Code \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Checking Balance Savings Balance C.D. Escrow Balance Stock Value Other  
Income (Interest/Dividends) earned from all assets per year \$ \_\_\_\_\_ Real Estate Holdings-Market Value \$ \_\_\_\_\_

## IMPORTANT INFORMATION

Name of Applicant's Nearest Relative / Friend	Relationship	Address	City, State	Postal Code	Phone #
_____	_____	_____	_____	_____	_____
Name of Applicant's Nearest Relative / Friend	Relationship	Address	City, State	Postal Code	Phone #
_____	_____	_____	_____	_____	_____

## Eligibility Determinations

- Yes  No Are you currently receiving rental assistance from HUD (Tenant Based or Project Based)?
- Yes  No Are you, or anyone who will be occupying the unit required to register as a sex offender?
- Yes  No Have you, or anyone who will be occupying the unit, been evicted in the last 3 years from federally assisted housing for drug related criminal activity?
- Yes  No Do you qualify for Senior Housing (62 years or over)?
- Yes  No Do you require the features of an accessible unit and wish to be on the waiting list for mobility impaired accessible units? (Will be verified.)
- Yes  No Do you require a unit designed for hearing \_\_\_\_\_ or sight \_\_\_\_\_ impaired?
- Yes  No Are you currently an illegal user of a controlled substance?
- Yes  No Have you ever been convicted of the illegal manufacture or distribution of a controlled substance?
- Yes  No Has your assistance or tenancy in a subsidized housing program ever been terminated for fraud, non-payment of rent or failure to cooperate with recertification procedures?
- Yes  No Are you currently a full time student?
- Yes  No Are you currently a part time student?
- Yes  No Have you been displaced by government action or by a presidential declared Disaster?
- Yes  No Will this be your primary residence?
- Yes  No Do you have a pet?
- Yes  No Do you have a service animal?
- Yes  No Are you, or anyone who will be occupying the unit enrolled as a student in an institute of higher education?

How did you learn about this housing? \_\_\_\_\_

**Declaration of Citizenship** – Check 1, 2, or 3 which ever one you qualify for:

- \_\_\_\_\_ 1. A citizen or national of the United States  
\_\_\_\_\_ 2. A Non citizen with eligible immigration status  
\_\_\_\_\_ 3. Not contending eligible immigration status and I understand that I am not eligible for financial assistance

**NOTE:** The application must be complete, signed by applicant, and returned to Goodale & Barbieri Company before you can be placed on a waiting list. To remain on a waiting list, you must make contact to the community(s) in which you have applied every six months.

In accordance with State and Federal laws you are hereby notified that an investigation may be made by AIRFACTZ, a background and reporting agency, of the information you provide on this Application, together with information as to your character, general reputation, personal characteristics, and mode of living. You have the right to dispute the accuracy of information provided by AIRFACTZ or by the entities you have disclosed above, and, upon written request, the right to a complete and accurate disclosure of the nature and scope of the investigation and/or a written summary of your rights under the WA Fair Credit Reporting Act. Direct all inquiries to: AIRFACTZ, PO Box 141875, Spokane Valley, WA 99214-1875. The venue for any legal action or proceedings related to this transaction, or breach of contract, or default, whether a lawsuit is filed or not, shall be properly laid in Spokane County, Washington. I/We certify that to the best of my/our knowledge all statements made herein are true and correct. **By signing below, I/We authorize AIRFACTZ and Goodale & Barbieri Company to obtain such credit reports, character reports, verification of rental and employment history it deems is necessary to verify all information set forth in the above Application, and provide an investigative report to the undersigned Landlord. I/We further understand that false, fraudulent or misleading information disclosed above may be grounds for denial of tenancy or subsequent eviction. I also hereby release anyone furnishing information for the investigative report from all liability and responsibility that may result from providing said information.**

I am aware that an incomplete application causes a delay in processing and may result in denial of tenancy.

\_\_\_\_\_  
Signature-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature-Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature-Goodale & Barbieri Company Agent

\_\_\_\_\_  
Date

*Goodale & Barbieri Company does not discriminate against any person because of race, color, religion, sex, sexual orientation, gender identity, familial status, national origin, marital, or handicap status in the admission or access to or treatment or employment in their federally assisted programs and activities. As such, we are required to provide reasonable auxiliary aids and services necessary for effective communication with persons with disabilities when requested. The person named 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): Department Manager, Residential Division, 818 W Riverside, Suite 300, Spokane, WA 99201, (509) 459-6102, fax (509) 344-4939.*

A copy of the Tenant Selection Plan for each property is available upon request.

FOR CORPORATE USE ONLY

Date Received \_\_\_\_\_

Time Received \_\_\_\_\_

Equal Housing Opportunity



# STATISTICAL QUESTIONNAIRE

Goodale & Barbieri Company manages apartment communities that obtain funding through various sources. In order to keep the apartment communities affordable, Goodale & Barbieri Company has certain statistical information that we are required to obtain for reporting purposes only. We would appreciate your participation in providing this information. **Please complete one for each family member over the age of 18.**

## Minority & Ethnicity:

Minority: *(circle one)* White Black Asian Pacific Islander Native American

Ethnicity: *(circle one)* Hispanic Non-Hispanic

## Special Needs Population: (Check all those that apply)

The following information is voluntary and will not be used to determine eligibility or suitability.

Developmentally Disabled

People Living with HIV/AIDS

Survivors of Domestic Violence

Substance Abusers and People in Recovery

People Living with Chronic Mental Illness

Physically Challenged

Traumatic Brain Injured

Veterans

Frail Elderly

Population At-Risk of Homelessness

Mentally-ill, chemically addicted

Multiple Special Needs *(Specify Needs)* \_\_\_\_\_



## Owners Notice No. 1

Date: \_\_\_\_\_

Property Name: Luther Sr. Center  
Address: 625 Berkshire Place  
Richland, WA 99201

Telephone: 509-946-7515  
Fax: 509-946-8105

TO: \_\_\_\_\_

Dear \_\_\_\_\_:

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 noncitizens, in the following HUD programs:

- a. Section 8 Housing Assistance Payments programs;
- 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 a 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 by \_\_\_\_\_

Goodale & Barbieri Company  
818 W. Riverside, Suite 300  
Spokane, WA 99201



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 (insert name and telephone number). 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 proration 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 required 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.

**HUD VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR ADMISSION OR QUALIFICATION FOR CERTAIN INCOME DEDUCTIONS IS BASED ON DISABILITY**  
 FOR USE WITH ALL PROGRAMS EXCEPT SECTION 202/8, SECTION 202 PAC, SECTION 202 or 811 PRAC

DATE:  
 TO:


FROM: (Name of individual requesting information, title, name of housing project)


(RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE)

**SUBJECT: Verification of Disability**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

This person has applied for housing assistance under a program of HUD. This agency requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown below.

**RELEASE:** I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank

**INFORMATION BEING REQUESTED**



For each numbered item below, please mark an "X" in the applicable box that accurately describes the person listed above.

1.  YES  NO      Has a disability, as defined in 42 U.S.C. 423, which means:
- a. Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months; or
  - b. In the case of an individual who has attained the age of 55 and is blind, inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time.

For the purposes of this definition, the term blindness, as defined in section 415(1)(1) of this title, means central vision acuity of 20/200 or less in the better eye with use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for the purposes of this paragraph as having a central visual acuity of 20/200 or less.

2.  YES  NO      Has a physical, mental, or emotional impairment that:
- a. Is expected to be of long-continued and indefinite duration;
  - b. Substantially impedes his or her ability to live independently; and
  - c. Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

3.     YES     NO

Has a developmental disability as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act 42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:

- a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- b. Is manifested before the person attains age 22;
- c. Is likely to continue indefinitely;
- d. Results in substantial functional limitation in three or more of the following areas of major life activity:
  - (1) Self-care,
  - (2) Receptive and expressive language,
  - (3) Learning,
  - (4) Mobility,
  - (5) Self-direction,
  - (6) Capacity for independent living, and
  - (7) Economic self-sufficiency; and
- e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

4.     YES     NO

Is the above a person who's disability is based solely on any drug or alcohol dependence.

NAME AND TITLE OF PERSON  
SUPPLYING THE INFORMATION

FIRM/ORGANIZATION AND TELEPHONE NUMBER

SIGNATURE

DATE

**HUD permits owners to verify that you have a disability only if:**

- 1) Your eligibility for admission is dependent on your being a person with a disability; or
- 2) You claim eligibility for deductions that are given to a person with a disability.

*The definitions of disability vary depending on the project you are applying for or living in. The owner determines the definition(s) to use by consulting with HUD Handbook 4350.3 REV-1. The third party from whom this verification is being requested has knowledge of whether your disability meets the applicable definition(s) of disability (or person with a disability). An owner may request from a third party only the minimum information necessary to determine whether you meet the applicable definition of disability (or person with a disability). Any other request for information about you is not relevant and may not be asked (e.g., diagnosis, treatment plan).*

**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statements to any department of the United States Government. HUD and any owner or any employee of HUD or the owner may be subject to penalties for unauthorized disclosure or improper use of information collected based on the consent form. Use of the information collected based on this consent form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violators of these provisions are fined as violators of 42 USC. 408 (a) (6), (7) and (8).

Property Name:  
Luther Senior Center  
504 Coordinator Name:  
Tami Dolson

Address: 818 W Riverside Ave, Spokane, WA 99201

does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named 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). We do business in accordance with the Federal Fair Housing Act and provide persons with disabilities reasonable accommodation upon request. TTY: (for hearing impaired) 711. Persons with language barriers may request or arrange interpretation alternatives or services based on the property's LEP Policy.

Telephone # 800-572-5181

