

## **PHS Rental Application Instructions**

- 1. Download the application and fill it out completely. Please make sure that your current phone number is clearly visible on the application so that we can contact you.
- 2. We will need the following documents to process your application:
  - a. State picture identification
  - **b.** Social Security card
  - c. Proof of income (2 consecutive paystubs or current year award letter or proof of subsidy)
  - d. \$35.00 money order per adult
- 3. **Contact prior and arrange to bring** all of the documents to one of the following locations:

Snider Apartments – Pioneer Human Services Office – 206.766.7031 7440 W. Marginal Way S Seattle, WA 98108

Jack Lobdell – Office 253.735.5427 812 10<sup>th</sup> Street NE Auburn, WA 98002

Exley, St Helens and Rialto Apartments – Office – 253.272.5486 (Rialto will need additional application for Tacoma Housing Authority)  $313\ S\ 9^{th}\ St$  Tacoma, WA 98402

We will make copies of your documentation, write a receipt for your money order, and start processing your application. The application process takes about 3-5 business days.

Carlyle & Pathways Apartments - (All applications go to the Carlyle Office)

Carlyle Office Pathway Office

Office - 509.624.1999 OR Office - 509.456.0481

206 South Post Street

Spokane, WA 99201

We will make copies of your documentation, write a receipt for your money order, and contact you to schedule a meet and greet before processing your application.

#### **Pioneer's Mission Statement**

We are a Social Enterprise that provides individuals with criminal histories the opportunity to lead healthy, productive lives.





PHS xx xxx Rev. 01/2020 Page **2** of **7** 

#### **Landlord Protection Service**

**RENTAL APPLICATION** Incomplete applications will not be accepted. This application must be completed in full to assure prompt processing. Managers/Landlords – visual proof of driver's license/or State ID Yes No

Criminal Search WA Short Co-tenants other than spouse must use separate applications.

|  | Disease colored the management was one combined to |                    | Exley               |                     | dell                            | Rialto          |               | Snide    |  |
|--|--|--------------------|---------------------|---------------------|---------------------------------|-----------------|---------------|----------|--|
| Please select the property you are applying to -                     |  |                    | St. Helens          |                     | ate The                         | The Carlyle     |               | Pathways |  |
|  | APPLICANT INFORMATION - Please lis                 | t full name as i   | it appears on your  | photo ID. Your ID m | ust be presented at time        | e of applicatio | n and at m    | ove-in.  |  |
|  | FIRST NAME   | MIDDLE             |                     | LAST                |                                 | S.S. #          |               |          |  |
|  | DATE OF<br>BIRTH / /                               |                    | LICENSE OR STATE    | _                   | STATE:                          |                 |               |          |  |
|  | PHONE  | CELL               | НОМЕ                | E-MAIL              |                                 |                 |               |          |  |
|  | SPOUSE - FIRST NAME                                | MIDDLE             |                     | LAST                |                                 | S.S. #          |               |          |  |
|  | DATE OF / /<br>BIRTH                               | DRIVERS            | LICENSE OR STATE    | ID#                 |                                 |                 | STATE:        |          |  |
|  | PHONE  | CELL               | НОМЕ                | E-MAIL              |                                 |                 |               |          |  |
|  | LIST OTHER HOUSEHOLD OCCUPAN                       | T(S)               |                     |                     |                                 |                 |               |          |  |
|  | NAME   |                    | RELATIONSHIP        | ,                   | OCCUPATION                      |                 | AGE           |          |  |
|  | NAME   |                    | RELATIONSHIP        |                     | OCCUPATION                      | AGE             |               |          |  |
|  | NAME   |                    | RELATIONSHIP        |                     | OCCUPATION                      | AGE             |               |          |  |
| NAME   |  |                    | RELATIONSHIP        | •                   | OCCUPATION                      | AGE             |               |          |  |
|  | RESIDENCE HISTORY                                  |                    |                     |                     |                                 |                 |               |          |  |
|  | PRESENT ADDRESS IS (Check one): OWNED HO           | ME RENTE           | ED HOME             | RENTED APARTMENT    | FAMILY HOME                     | STUDENT HOL     | JSING         | OTHER    |  |
|  | PRESENT - LANDLORD / APARTMENT COMMUNIT            | LANDLORD PHONE     |                     |                     |                                 |                 |               |          |  |
| ADDRESS OF PRESENT LANDLORD / APARTMENT COMMUNITY REASON FOR LEAVING |  |                    |                     |                     |                                 |                 |               |          |  |
|  | CITY STATE   |                    | ZIP                 |                     | HOW LONG? MON<br>Yrs. Mths PAYI |                 | HLY<br>ENT \$ |          |  |
|  | PREVIOUS ADDRESS IS (Check one): OWNED HOM         | IE RENTE           | ED HOME             | RENTED APARTMENT    | FAMILY HOME                     | STUDENT I       | IOUSING       | OTHER    |  |
| PREVIOUS - LANDLORD / APARTMENT COMMUNITY LANDLORD PHONE             |  |                    |                     |                     |                                 |                 |               |          |  |
|  | ADDRESS OF PREVIOUS LANDLORD / APARTMEN            | REASON FOR LEAVING |                     |                     |                                 |                 |               |          |  |
|  | CITY   | STATE              | ZIP                 | •                   | HOW LONG?<br>Yrs. Mths          | MONT<br>PAYM    |               |          |  |
|  | MOTOR VEHICLE(S) (Including cars, trucks           | , boats, motor     | cycles – if permitt | ed at property)     |                                 |                 |               |          |  |
|  | MAKE/MODEL   | YEAR               | СО                  | LOR                 | LICENSE PLATE #                 | STATE           |               |          |  |
|  | 1.   |                    |                     |                     |                                 |                 |               |          |  |
|  | 2.   |                    |                     |                     |                                 |                 |               |          |  |
|  | ANIMAL(S) (Pets require our consent and are        |                    |                     |                     |                                 |                 |               |          |  |
|  | TYPE   | BREED              | WE                  | EIGHT               | NAME                            | LICENS          | SE/TAG #      |          |  |
|  | 1.   |                    |                     |                     |                                 |                 |               |          |  |
|  |  |                    |                     |                     | 1                               | 1               |               |          |  |





PHS xx xxx Page 3 of 7

|   |  |                         |  |                         |                      | rage 3 Oi 7     |  |  |
|---|--|-------------------------|--|-------------------------|----------------------|-----------------|--|--|
| EMPLOYMENT  |  |                         |  |                         |                      |                 |  |  |
| CURRENT EMPLOYER  | OCCUPATION   |                         |  | GROSS MONTHLY INCOME \$ |                      |                 |  |  |
| SUPERVISOR  | PHONE  |                         | EXT:   | YEARS EMPLOYED          |                      |                 |  |  |
| ADDRESS   |  | CITY                    |  | STATE                   | ZIP                  |                 |  |  |
| PREVIOUS or 2 <sup>ND</sup> CURRENT EMP   | LOYER — (PLEASE CIRCLE ONE)  | OCCUPATION              |  | GROSS I                 |                      | THLY INCOME     |  |  |
| SUPERVISOR  |  | PHONE                   |  | EXT:                    | YEARS EMPLOYED       |                 |  |  |
| ADDRESS   |  | CITY                    |  | STATE                   | ZIP                  |                 |  |  |
| OTHER SOURCE(S) OF V  | ERIEIABLE INICUIVIE  |                         | ch as child support, alimadditional income is to b |                         |                      |                 |  |  |
| OTHER \$  | WEEKLY BIWEEK  |                         | SOURCE   | oe included for qualif  | PROOF OF INCOME      | YES NO          |  |  |
| OTHER \$  | WEEKLY BIWEEK  | BIWEEKLY MONTHLY SOURCE |  |                         | PROOF OF INCOME      | YES NO          |  |  |
|   | CASE OF EMERGENCY, DEA   | TH OR INCAL             | PACITY ** (cannot b                                | e someone who inte      |                      | the promises)   |  |  |
| EMERGENCY CONTACT NAME  | CASE OF EIVILINGENCY, DEA  | RELATIONSHIP            | FACITI (cannot b                                   | PHONE                   | nas to reside in     | the premises)   |  |  |
| ADDRESS / CITY / STATE / ZIP CO   | )DF  |                         |  | EMAIL                   |                      |                 |  |  |
| ADDRESS / CITT / STATE / ZIF CC   | , DE   |                         |  | LIVIAIL                 |                      |                 |  |  |
| event of your death or incapacity, to a all personal property from the premis   | in the Event of Emergency, Death or Incagrant access to the premises and the contest and dispose of it in accordance with ap | ents therein to the i   | ndividual you named above                          | Once we grant access to | o such person, he    | /she may remove |  |  |
| CRIMINAL BACKGROUN  | · ·  |                         |  |                         |                      |                 |  |  |
| Do you (or any of the potential oc  | cupants in the apartment) have char  | rges pending agair      | •  |                         | OCCUPANTS            |                 |  |  |
| (or them) for any criminal offense  | occupants in the apartment) been c   | convicted of any cr     | YES iminal APPLICANT                               | NO                      | <b>YES</b> OCCUPANTS | NO              |  |  |
| offense; or entered a plea of "g  | guilty" or "no contest" to any crimi<br>manner other than by acquittal or a f  | nal offense; or ha      | ad any   | NO                      | YES                  | NO              |  |  |
| If "YES" to any of the above ques   | tions, give details and dates, including tion Addendum provided on page 4  | ng the county and       | state in which the incide                          | ent occurred on the     |                      |                 |  |  |
| ADDITIONAL INFORMA  |  | от стіз аррпсастої      | •  |                         |                      |                 |  |  |
| Do you or a member of your  |  | res no                  | Do you   | own an aquarium?        | YES                  | NO              |  |  |
| rousehold smoke?  YES NO IF "YES" TO EITHER QUESTION ABOVE PROOF OF RENTERS INSURANCE REQUIRED.   |  |                         |  |                         |                      |                 |  |  |
| Have you ever been evicted?   | YES NO   | Whe                     | en?  | Where?                  |                      |                 |  |  |
| Have you ever filed bankruptcy?   | YES NO   | Whe                     | en?  | Was it discharged?      | YES                  | NO              |  |  |
| LEASE READ CAREFULLY AND SIGN/INITIAL BELOW Non-Refundable Process Fee \$ 35.00 Money Order #   |  |                         |  |                         |                      |                 |  |  |
| n compliance with the Fair Credit reporting act, we are informing you that information as to your character, general reputation and mode of living will be verifiedI, as the prospective tenant agree that the facts set forth in this application are true and complete, and that a complete investigation of all on this application vill not constitute invasion of privacy. |  |                         |  |                         |                      |                 |  |  |
| I authorize Landlord Protection Service to obtain credit reports, bank information, employment information, and/or character reports as necessary.  |  |                         |  |                         |                      |                 |  |  |
| I authorize my employers and references to release such information as necessary. LPS has my permission to release information found in screening.  |  |                         |  |                         |                      |                 |  |  |
| I understand that any misrepresentations will be sufficient cause for dismissal or voiding of this application.   |  |                         |  |                         |                      |                 |  |  |
| False, fraudulent or misleading information may be grounds for denial of tenancy, or subsequent eviction. You have the right to dispute the accuracy of the information reported, and upon written request, the right to obtain a copy of any and all reports. Direct inquiries to LPS 16625 Redmond Way, Ste#M-446, edmond, WA 98052.  |  |                         |  |                         |                      |                 |  |  |
| Applicant Sign  | nature   |                         |  | Date                    |                      |                 |  |  |
|   |  |                         |  |                         |                      |                 |  |  |
| Property Staff  | Signature  |                         |  | Date                    |                      |                 |  |  |





### **Pioneer Human Services Application Addendum**

Having a criminal and/or eviction record does not necessarily disqualify you for tenancy. If you do have a criminal and/or eviction record, in order for PHS to approve you for tenancy you will need to answer the following questions truthfully. Please write all details and answer all questions below. Your application cannot be accepted unless details are written completely.

| Please list all convictions; also provide the county and dates:                  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Please list all evictions/unlawful detainers; also provide the county and dates: |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Do you owe monies to any other real estate providers, please explain:            |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

#### **Pioneer's Mission Statement**

We are a Social enterprise that provides individuals with criminal histories the opportunity to lead healthy, productive lives.



#### PHS xx xxx Rev. 01/2020 Page **5** of **7**

## TENANT SELECTION POLICY "We do not accept reusable tenant screening reports"

#### APPLICANTS NEED TO PROVIDE:

- 1. Copy of Social Security Card
- 2. Copy Driver License or ID
- 3. Copy of proof of adequate income

#### Other information may be requested such as:

- Most recent check stub with year to date earnings
- Self Employed Tax Returns for last two years
- Retired Copies of Deposit slips, Investment Earnings Documentation, Social Security Earnings
- Documentation, Bank Deposit History
- Additional Income Documents proving Child Support, Trust Funds, Bank Deposit History

#### Completed application and screening report will be reviewed for the following NEGATIVE information:

#### **COURT RECORDS**

 History of criminal behavior that may negatively affect tenancy – drugs, sex offense, theft, robbery, and assault, active warrants, etc.

#### **CREDIT**

- Civil Judgments and/or collections for rentals and/or utilities
- Bankruptcy, foreclosures, negative credit
- Lack of credit history

#### **RENTAL REFERENCES**

- Lack of 12 months of continuous, positive, objective rental history
- Negative and/or incomplete rental references

#### **INCOME – EMPLOYMENT**

• Lack of proper documentation proving adequate income to pay rent (earnings need to be 1.35 times rent amount)

#### **OTHER**

- False information and/or omission of material fact listed on Rental Application
- Lack of information provided on Rental Application

We may be obtaining credit reports, court records (civil and criminal), arrest detention information, employment, and rental references as needed to verify all information put forth on your rental application.

In compliance with Washington State's Fair Tenant Screening Act of 2012, and the Fair Credit Reporting Act (FCRA), this is to inform you that the background investigation will be processed through Landlord Protection Service Inc. Landlord Protection Service Inc obtains their credit reports from Trans Union. In the event of Adverse Action (denial of tenancy, cosigner or increased deposit required) you have the right to a FREE copy of the background check we reviewed and processed by Landlord Protection Service Inc. You also have the right to dispute the accuracy of any information therein. You have the right to obtain a FREE copy of your credit report each year from every credit bureau (Equifax, Experian, Trans Union). For a FREE copy log onto: <a href="https://www.annualcreditreport.com">www.annualcreditreport.com</a>

Landlord Protection Service Inc, www.lpsdata.com 16625 Redmond Way PMB#M446, Redmond WA 98052,





# Acknowledgement of Screening Criteria "We do not accept reusable tenant screening reports"

In compliance with the **Fair Credit Reporting Act**, we are informing you that information as to your character, general reputation and mode of living will be verified. I, as the prospective tenant agree that the facts set forth in this application are true and complete, and that a complete investigation of all on this application will not constitute invasion of privacy. I authorize LPS Inc. to obtain credit reports, bank information, employment information, and/or character reports as necessary. I authorize my employers and references to release such information as necessary. LPS Inc. has my permission to release information found in screening. I understand that any misrepresentations will be sufficient cause for dismissal or voiding of this application. False, fraudulent or misleading information may be grounds for denial of tenancy, or subsequent eviction.

In compliance of the **Washington State Fair Screening Act**, I acknowledge that I have been notified of the rental criteria for the applied for property and understand what requirements will be used to determine acceptance.

You have the right to dispute the accuracy of the information reported, and upon written request, the right to obtain a copy of any and all reports. Direct inquiries to-

LPS Inc. 16625 Redmond Way, PMB #M-446 Redmond, WA 98052 1-800-577-8282



| Applicant Signature       | Date |
|---------------------------|------|
|                           |      |
|                           |      |
| December 61 off 61 and an | D.J. |
| Property Staff Signature  | Date |



### **City of Tacoma Municipal Code 1.95.030**

TMC 1.95.030 – Distribution of Information to Tenants

1: At the time of rental application, the landlord must provide the tenant with the following website along with written rental criteria. Tenants will be able to access information about code violations, findings on discrimination cases, and register to vote.

## www.cityoftacoma.org/rentalhousingcode

| 2: When a rental agreement or lease is offered, the landlord must provide the tenant with a written copy  |
|---|
| of the summaries of rights and responsibilities prepared by the City. This information must also be       |
| provided to existing tenants within thirty (30) days of being made available by the City of Tacoma. The   |
| initial distribution of information to tenants must be in written form and landlords must obtain tenant's |
| signature documenting receipt of such information.  |
|   |

3: If during tenancy, a landlord must serve a tenant with a notice under RCW 59.12.030 or TMC 1.95, the landlord is also required to serve the "Notice of Resources" prepared by the City. The "Notice of Resources" forms can be accessed in the Landlord Resources section on the Rental Housing Code website.

If you have any questions please call 311 or 253-591-5000.

| By signing belo | w, I certify | that I have  | read the | information | above | and | certify I | have | been | given | the |
|-----------------|--------------|--------------|----------|-------------|-------|-----|-----------|------|------|-------|-----|
| information in  | accordance   | with TMC 1.9 | 95.030.  |             |       |     |           |      |      |       |     |

| Applicant Signature      | Date |  |  |  |  |  |
|--------------------------|------|--|--|--|--|--|
|                          |      |  |  |  |  |  |
|                          |      |  |  |  |  |  |
|                          |      |  |  |  |  |  |
| Property Staff Signature | Date |  |  |  |  |  |