



CATHOLIC HOUSING SERVICES
SERVING PEOPLE OF ALL BELIEFS



Tenant Eligibility Criteria

NW Region Farmworker Housing

Applicant Processing

CHS has 5 housing communities with 2, 3 and 4-bdrm apartments set aside for farmworkers and their families. Located in Mt Vernon are; Villa Santa Maria with 30 units, La Casa de San Jose with 50 units and, La Casa del Padre Miguel with 10 units.

La Casa de Santa Rosa with 15 units is located in Sedro Woolley.
& Villa Santa Fe with 50 units is located in Bellingham.

Admission Criteria:

Applicants must meet the minimum and maximum income limits for the Whatcom or Skagit County. Applicants must provide all necessary documentation for verification of income and assets before move-in. Household income must be a minimum of twice the tenant portion of rent. The maximum income must meet the requirements depending on the location and the income set aside as determined by our funders. The set aside vary by property and will be one of the following depending on the specific unit that is vacant;

- Extremely Low Income: 30% of Area Median Income (AMI)
- At or below 45% of AMI
- Very Low Income: 50% of AMI
- Low Income: 60% of AMI

Please see the current income limits published by the WA State Housing Finance Commission at:

<http://www.wshfc.org/limits/map.aspx>

Special Needs Set Asides

Some units have eligibility requirements based on special needs. All applicants, whether or not they meet these requirements, must provide verification of their eligibility status for these special needs set asides prior to move in.

Farmworker- The qualification of farmworker must exist at the time of application and move-in; farmworker is based on current status at move-in. In order to qualify for a farmworker unit, applicants must provide:

- Proof of farmworker employment
- At least one household member must have earned at least \$3,000 in farm work and also verify that they will earn at least \$3,000 again in the next year following move-in.
- Photo Identification
- Verification of income and assets

Disability- Units designed specifically for individuals with a physical impairment. "Physical impairment" is defined as Mobility, Auditory, or Visual impairment, which necessitates the permanent use of the features.

CHS Residential Qualification Criteria-For facilities outside of Seattle city limits.

An application needs to be completed for *each* household member over the age of 18. Payment of the screening fee of \$35.00 is required to proceed. Valid photo identification will be required of all applicants. Additional requested documentation or information must be provided within 72 hours to continue the application process.

Rental History: Housing references must be provided. References for the past three years will be sought from landlords where a person was in a rental agreement. If transitional housing or shelters are currently used then references from shelter providers and/or case managers can be provided. References from family and friends are not preferred and will need to be verified by the property owner or property ownership records. Ability to pay rent, maintain housing standards and lease compliance will be evaluated.

Credit History: Credit will be reviewed on each adult household member for outstanding balances to utility companies, prior landlords, verification of provided information, unreported assets and open bankruptcy proceedings. Generally poor credit will not result in denial of application.

Income: Monthly gross verifiable income must be equal to at least 2 times the *resident portion of the rent* and not exceed the income and eligibility requirements for property funders/programs.

Occupancy: Household size must be a minimum of one person per bedroom unless a funder of the property requires other standards. Properties with a Large Household set aside will require a minimum of 4 occupants for a 3 bedroom home. Applicant head of household must be 18 years or older. A maximum of 2 people per bedroom plus 1 is allowed, except at Villa San Isidro where just 2 people per bedroom total is allowed.

Denial of Application may result from the following:

- Verified unpaid eviction appearing on credit report or confirmed with landlord within the last 3 years will require a payment plan with the landlord or may be declined.
- Unpaid rental collection verified on credit report and/or balance owing to landlord will require a payment plan or may be declined.
- Falsification of rental application or failure to provide required information
- Inappropriate conduct during the application process
- Full-time student households must qualify for one of the specific allowable exemptions
- Verification of Social Security or acceptable alternate ID form must be completed
- Delay in providing appropriate documentation as requested within 72 hours

We do not automatically deny applicants based on criminal history. Rather, criminal history is considered based on the nature of the offense and time passed since the date of final disposition (e.g. applicant was released from prison, probation or parole). We limit consideration to those convictions, the dates of final disposition of which pre-date the report by no more than seven years. Note that Felony convictions for the following offenses may result in denial:

Murder (1 st and 2 nd degree)	Kidnapping (All counts)
Manslaughter (1 st degree)	Theft (1 st & 2 nd degree)
Assault (1 st , 2 nd & 3 rd degree)	Burglary (1 st , 2 nd degree & vehicle prowling 1 st degree & Residential)
Robbery (1 st & 2 nd degree)	Malicious Mischief (1 st degree)
Any Terror Related Activity	Arson (1 st , 2 nd degree & Reckless Burning 1 st degree)

Criminal conviction which results in a registered sex offender requirement and/or any sex offender registry requirement. A criminal records search will be performed for felony offenses only.

In compliance with state and federal consumer reporting law, you are hereby advised that a screening will be conducted regarding information contained in your rental application. The report may contain information regarding your credit-worthiness, character, general reputation, personal characteristics and mode of living. Moco, Inc., whose address is PO Box 2826, Seattle, WA 98111, and whose telephone number is (800) 814-8213, will conduct the screening and to release information obtained to landlord and landlord's agents. If the application is denied or approved conditionally based upon information contained in the report, you may request and obtain a copy of the report. You have the right to dispute the accuracy of information contained in the report. You may have additional rights under both state and federal law.

For all units designed specifically for wheelchair accessibility, priority will be given to those applicant households needing such features. If households to fill all specially equipped units are not identified, preference may be given to households with members whose physical or mobility impairment would be eased by the design of the accessible unit.

If unable to fill units with disabled households after advertising and actively marketing unit for a minimum of 30 days, unit may be leased to the next person who applies. The property manager must communicate to the household without impairment that they may be asked to transfer to a non-mobility unit with 30 days' notice in order to fill the unit with a household that has need of the features.

Violence Against Women Act (VAWA)

The Violence Against Women Act requires owners to provide special consideration, protections and confidentiality during the rental application process to applicants that request and qualify for protections under the Act due to dating violence, domestic violence, stalking and sexual assault. Applicants may discuss confidentially with the owner/management of this property if you would like more information or to claim protections under this Act.

Reasonable Accommodations

If you or anyone in your household requires accommodations, additional forms will be provided, including a verification form for your medical professional to complete and sign. Upon request, Catholic Housing Services will provide reasonable accommodations to people with disabilities so they can participate in our programs.

Fair Housing

Catholic Housing Services is committed to providing equal opportunity in the provision of housing. Residency is open to all qualified eligible persons in accordance with the Fair Housing Act which prohibits discrimination in housing and housing related transactions based on race, color, religion, sex, national origin, disability, gender identity, sexual orientation regardless of actual or perceived sexual orientation, and familial status. Residency is also open in accordance with Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in a program or activity receiving federal financial assistance from HUD.

Adverse Action

If your application is declined for any reason, you will be issued an Adverse Action Notice. If you disagree with the determination, you may appeal through the CHS grievance policy, which will be provided to you upon request.

APPLICANT(S) INFORMATION: Please answer all questions and print clearly.

Applicant Name and date of birth:
Gross monthly income (before taxes):
Current phone number: _____ Current address: _____
Have you in this calendar year or will you in next calendar year be a student? (K-12, college, online classes, etc.) If yes, full time or part time?
Which household member(s) earn farm worker wages?
Anyone in your household have felonies, evictions, drug and/or violent related criminal charges within the last seven years?

How many members in your household?
Names of household members and dates of birth:
Gross Incomes (before taxes):

I understand that falsifying, manipulating, intentionally deceiving or otherwise purposefully omitting information during the application process will disqualify my application for housing. I also have read and understand the eligibility criteria. Furthermore, I understand if I decide to apply for housing I am required to submit a \$35.00 non-refundable application fee for each applicant that is 18 years of age or older if I have lived in Washington or Oregon. Any states not listed here require \$35 plus an additional fee (determined by MOCO Incorporated , call for quote) for hand-pulled records. The fee ranges from currently \$10-\$75 for the background check to be completed. ***This NON-Refundable fee must be paid only in the form of a money order / cashier's check, payable to CHS.***

_____	_____
<i>Applicant Signature</i>	<i>Date</i>
_____	_____
<i>Applicant Signature</i>	<i>Date</i>
_____	_____
<i>Applicant Signature</i>	<i>Date</i>
_____	_____
<i>Applicant Signature</i>	<i>Date</i>

In order for this applications to be considered complete. All applicants must read and keep a copy of the attached "TENANT ELIGIBILITY CRITERIA" (PAGES 1-3)

Initial in this box if you have read the screening criteria and have kept a copy.

APPLICATION TO RENT

Each adult over the age of 18 must complete a separate application.

Management Company	Apt Community	Community Contact	Community Tel #	Advertising Source
Catholic Housing Services	Villa Santa Fe	Kati Ortiz	360-594-6495	

CRIMINAL
 CREDIT
 CREDIT/CRIMINAL
 CREDIT/CRIMINAL/EVICTION
 COMPREHENSIVE

Apartment # _____ Move-in Date _____ Rent \$ _____ Cosigner Section 8

Applicant Roommate w/ _____

APPLICANT INFORMATION

(LEGAL) Last Name			First	Middle	Soc. Sec. #			Date of Birth			
Other Names Used			Drivers License #/State			Email Address			Contact Phone Number		
Other Persons to Occupy Rental:	1	Full Name Relationship DOB				3	Full Name Relationship DOB				
	2	Full Name Relationship DOB				4	Full Name Relationship DOB				
Animal(s) to occupy unit: Attach separate sheet if needed	1	Name Type Weight			2	Name Type Weight					

RESIDENCE HISTORY

Present Address				City	State	Zip	From _____ To _____		Monthly Pmt \$	
Landlord Name <input type="checkbox"/> Mortgage Co <input type="checkbox"/> Apartment Community <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Employer/Corp Housing <input type="checkbox"/> Independent Landlord										<input type="checkbox"/> Own <input type="checkbox"/> Rent
Landlord Daytime Phone:						Landlord Evening Phone:				
Previous Address				City	State	Zip	From _____ To _____		Monthly Pmt \$	
Landlord Name <input type="checkbox"/> Mortgage Co <input type="checkbox"/> Apartment Community <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Employer/Corp Housing <input type="checkbox"/> Independent Landlord										<input type="checkbox"/> Own <input type="checkbox"/> Rent
Landlord Daytime Phone:						Landlord Evening Phone:				

EMPLOYMENT HISTORY

Current Employer			Monthly Salary \$	Supervisor's Name		How long? _____ Yrs _____ Mos	
Address			City	State	Zip	Phone	
Occupation/Department							
<input type="checkbox"/> Previous Employer <input type="checkbox"/> 2 nd job			Monthly Salary \$	Supervisor's Name		How long? _____ Yrs _____ Mos	
Address			City	State	Zip	Phone	
Occupation/Department							

ADDITIONAL INCOME – Additional income such as child support, alimony or separate maintenance need not be disclosed unless such additional income is to be included for qualification hereunder

Amount \$ _____ per _____ Sources _____

APPLICATION TO RENT

APPLICANT INFORMATION – Page 2

(LEGAL) Last Name _____ First _____ Middle _____

VEHICLE INFORMATION

Auto #1	Year	Make	Model	License State	License Number
Auto #2	Year	Make	Model	License State	License Number

EMERGENCY INFORMATION

Nearest Relative	Relationship	Address	City	State	Zip	Phone ()
Emergency Contact	Relationship	Address	City	State	Zip	Phone ()
Personal Reference	Relationship	Address	City	State	Zip	Phone ()

CRIMINAL & EVICTION HISTORY

Have you entered into a plea of guilty or no contest, or otherwise been convicted of a criminal offense, for which you were released from incarceration, probation or parole in the past seven (7) years?* Yes No

IF YES, please list the date, city, state and type of all convictions:

Attach separate sheet if necessary.

Are you or anyone that will be residing in the rental unit required to register as a sex offender? Yes No

Have you been asked to vacate by a current/previous landlord? Yes No

IF YES: APT NAME: _____ CITY _____ STATE _____

*Please note that a criminal conviction does not necessarily disqualify you for residency. Refer to the applicable rental criteria for more information.

In compliance with state and federal consumer reporting law, you are hereby advised that a screening will be conducted regarding the information contained in this application. The report may contain information regarding your credit-worthiness, character, general reputation, personal characteristics and mode of living. By signing this application, you authorize Moco, Inc., whose address is PO Box 2826, Seattle, WA 98111, and whose telephone number is (800) 814-8213, to conduct the screening and to release information obtained to landlord and landlord's agents. If the application is denied or approved conditionally based upon information contained in the report, you may request and obtain a copy of the report. You have the right to dispute the accuracy of information contained in the report. You may have additional rights under both state and federal law.

TERMS & CONDITIONS

I certify that to the best of my knowledge all statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction.

Non-Refundable Processing Fee \$ _____ Check/Money Order # _____

Applicant understands that he/she acquires no rights in an apartment until a holding deposit in the amount of \$ _____ has been paid. Applicant requests landlord to hold Unit _____ for applicant while the screening process is completed. If this application is not accepted, the holding deposit will be refunded. If the application is accepted and applicant chooses not to occupy the unit being held, applicant forfeits the holding deposit and no portion of it shall be refunded.

Signed _____
Applicant

Dated _____

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

Signed _____
Landlord

Position _____

Dated _____



I.D. Checked? Yes By: _____ No

MANAGERS – Visual Proof of Drivers License or State I.D.: Yes No **I.D. Checked by:** _____

Each adult over the age of 18 must complete a separate application.

Mgmt Company Catholic Housing Services	Apt Community Villa Santa Fe	Community Contact	Community Tel # 360-594-6495	Advertising Source
--	--	--------------------------	--	---------------------------

Co. ID: _____

CRIMINAL **CREDIT** **CREDIT/CRIMINAL** **CREDIT/CRIMINAL/EVICTION** **COMPREHENSIVE**

APLICACIÓN PARA ALQUILAR # de Apartamento _____ Fecha de mudanza _____ Renta \$ _____ Contrato _____

Solicitante Compañero _____ Co firmante Sección B

INFORMACIÓN de SOLICITANTE						
(LEGAL) Apellido	Primer Nombre	Segundo Nombre	# de Seguro Social		Fecha de Nacimiento	
Otro Nombre Usado	# de Licencia de Conducir/estado		Correo Electrónica		# de Teléfono	
Otras Personas que ocuparan la propiedad de renta:	1	Nombre Completo	Relación	Fecha de Nacimiento	3	Nombre Completo
	2	Nombre Completo	Relación	Fecha de Nacimiento	4	Nombre Completo
Clase y Tamaño de Animales:	1	Nombre	Raza	Pesa	1	Nombre
LA HISTORIA de LA RESIDENCIA						
Dirección Present del Solicitante	Ciudad	Estado	Codigo Postal	Desde _____ Hasta _____	Pago Mensual \$ _____	
El Nombre del Propietario	<input type="checkbox"/> Compañía de hipoteca <input type="checkbox"/> Comunidad de Apartamentos <input type="checkbox"/> Pariente/Amigo <input type="checkbox"/> Empleador/Alberge de Compañía <input type="checkbox"/> Propietario Independiente		Teléfono de Día del Propietario: _____		Teléfono de la Noche del Propietario: _____	
Dirección Previa del Solicitante	Ciudad	Estado	Codigo Postal	Desde _____ Hasta _____	Pago Mensual \$ _____	
El Nombre del Propietario	<input type="checkbox"/> Compañía de hipoteca <input type="checkbox"/> Comunidad de Apartamentos <input type="checkbox"/> Pariente/Amigo <input type="checkbox"/> Empleador/Alberge de Compañía <input type="checkbox"/> Propietario Independiente		Teléfono de Día del Propietario: _____		Teléfono de la Noche del Propietario: _____	
HISTORIAL de EMPLEO						
Empleador Presente	Salario Mensual \$ _____		Nombre del Supervisor		Cuánto Tiempo? _____ Años _____ Meses	
La Dirección	Ciudad	Estado	Codigo Postal	# de Teléfono	La Ocupación/El Departamento	
<input type="checkbox"/> Empleador Previo <input type="checkbox"/> Segundo Trabajo	Salario Mensual \$ _____		Nombre del Supervisor		Cuánto Tiempo? _____ Años _____ Meses	
La Dirección	Ciudad	Estado	Codigo Postal	# de Teléfono	Ocupación/Departamento	
INGRESOS ADICIONALES – Ingresos Adicionales como mantenimiento de hijos, pensión, o mantenimiento separado no necesitan ser revelados solo si el ingreso será usado para la calificación.						
Cantidad de \$ _____ cada _____ Fuente _____						
INFORMACIÓN de Auto						
Auto #1	Año	Tipo	Modelo	Estado de Licencia	# de Licencia	
Auto #2	Año	Tipo	Modelo	Estado de Licencia	# de Licencia	
INFORMACIÓN PARA EMERGENCIAS						
Pariente más cercano al solicitante	Relación	Dirección	Ciudad	Estado	Codigo Postal	# de Teléfono
Contacto de Emergencia	Relación	Dirección	Ciudad	Estado	Codigo Postal	# de Teléfono
Referencia Personal	Relación	Dirección	Ciudad	Estado	Codigo Postal	# de Teléfono

¿Alguna vez se ha declarado culpable o que no disputará, o alguna vez ha sido condenado por algun cargo criminal del cual ha sido exonerado de encarcelamiento, periodo probatorio o libertad condicional en los últimos siete (7) años? SI No

SI SI, favor de listar las ofensas:

Liste todas las ofensas. Incluya la ciudad y el estado en cual fueron cometidas las ofensas. Si necesario, adjunte otro papel.

USTED O CUALQUIERA QUE ESTARÁ RESIDIENDO EN LA UNIDAD REQUIERE REGISTRARSE COMO DELINQUENTE SEXUAL? SI No

SE LA HA PEDIDO A USTED DESALQUJAR POR UN PROPIETARIO CORRIENTE O ANTERIOR? SI No
SI SI: EL NOMBRE DEL APARTAMENTO: _____ CIUDAD _____ ESTADO _____

*Por favor tenga en cuenta que una condena criminal no necesariamente lo descalificará de renta de vivienda. Para mayor información, favor de referirse al criterio de renta aplicable.

De acuerdo con la ley estatal y federal, usted es avisado que una selección se conducirá considerando la información listó en esta aplicación. El Reporte podría incluir información sobre su historia de crédito, caracter, reputación general, características personales, y manera de vivir. Firmando esta aplicación, usted autoriza Moco, Inc., cuya dirección es P.O. Box 2826, Seattle, WA 98111, y cuyo numero de teléfono es (800) 814-8213, para conducir la selección y para reportar la información obtenida al propietario y las agencias del propietario. Si la aplicación es negada o aprobada condicionalmente basada en la información contenida en el reporte, usted puede pedir y obtener una copia del reporte. Usted tiene el derecho de disputar la exactitud de la información incluida en el reporte. Podría también tener derechos adicionales basados en la ley estatal yu federal.

Yo/nosotros certifico/certificamos que al mejor de mi/nuestro conocimiento todas declaraciones son verdad y completa. La información falsa, fraudulenta o engañosa puede ser el motivo para la negación de tenancy o desahucio subsiguientes.

El Honorario no Reembolsable del Proceso \$35 _____ Cheque/Giro Postal # _____

El/la solicitante entiende que él/ella no adquiere ningún derecho en un apartamento hasta que ha pagado un depósito en la cantidad de \$ _____. El solicitante solicita al propietario a mantener la Unidad _____ para solicitante mientras del proceso de selección es completado. Si esta aplicación no se acepta, el depósito será reembolsado. Si la aplicación es aceptada y el solicitante escoge para no ocupar la Unidad mantenida, el/la solicitante pierde el derecho al depósito y ninguna porción

Firmado _____ Solicitante

Fecha _____

Firmado _____ Propietario

Posición _____

Fecha _____

Entiendo que una aplicación incompleta causará una demora en el procesamiento y puede tener como resultado la negación de renta.

