

**RENTAL PRE-APPLICATION FOR  
CEDARWOOD II APARTMENTS  
420 101ST AVE SE, #C11, LAKE STEVENS, WA 98258  
PHONE: (425) 335-5406 FAX :(425) 335-5549**

**THANK YOU VERY MUCH FOR CONTACTING CEDARWOOD II APARTMENTS. IF YOU NEED HELP IN COMPLETING THIS FORM, PLEASE ASK THE STAFF MEMBER AT THE OFFICE FOR ASSISTANCE. YOU WILL NOT BE PLACED ON A WAITLIST UNTIL THIS FORM IS RECEIVED AT THE ADDRESS ABOVE.**

Name: \_\_\_\_\_  
First Last Middle

Referred by: \_\_\_\_\_

Current/Mailing Address \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Message Phone: \_\_\_\_\_ Contact/Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Race & Ethnicity for Head of Household (optional) \_\_\_\_\_

Marketing, how did you learn about Cedarwood II Apartments? \_\_\_\_\_

Criminal History to Include Drugs: Yes or No? Circle the correct answer City / State \_\_\_\_\_

**IMPORTANT!!!!\*\*\*\*\*Household Composition / Income/Assets (please fill in complete information or application may not be processed)\*\*\*\*\***

	Household Member (include yourself)	Gender (optional)	Date of Birth	Social Security #'s	Monthly Income	Source of Income
1						
2						
3						
4						
5						
6						

Are all household members citizens of the United States? ? Yes or No If no, list who is not

*(Additional documents may be required)*

Are you homeless? Yes or No If yes, for how long? \_\_\_\_\_

If yes, please describe where you are staying \_\_\_\_\_

Do you currently have a Section-8 voucher? Yes or No

Have you previously lived in HUD Subsidized housing or used a housing voucher? Yes or No

Is anyone in your household a student? Yes or No

Name of Student \_\_\_\_\_ Circle Full or Part-time?

Name of Student \_\_\_\_\_

Circle Full or Part-time?

Name of Student \_\_\_\_\_

Circle Full or Part-time?

How many bedrooms does your household need? 2 – 3 – 4 (Circle)

Are you or any member of your household disabled? Yes or No

If yes, do you need a unit with special accommodations? Yes or No (Some units are equipped for people with disabilities.)

Are you a veteran? Yes or No

Have you or any member of the household been evicted from a federally funded project or any project? Yes or No (You can give information regarding the eviction on the back of this application.)

Falsifying, manipulating, intentionally deceiving or otherwise purposefully omitting information during the application process may reduce your chances of being eligible for housing. **(Please Initial \_\_\_\_\_)**. I hereby certify by my signature below that the information provided above is complete and accurate to the best of my knowledge.

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

Date \_\_\_\_\_

504 Coordinator: Director of Housing Management

The Low Income Housing Institute 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 above 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) is 711. Persons with language barriers may request or arrange interpretation alternatives or services.

Low Income Housing Institute, 1253 S. Jackson St., Seattle Washington 98144. Telephone # (206) 443 9935

**BELOW THIS LINE IS TO BE COMPLETED BY STAFF**

Received By \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



Equal Housing Opportunity