

# LILAC PLAZA

7007 N Wiscomb Street · Spokane, WA 99208

Phone (509) 489-7612 · Fax (509) 489-1689

## *A Spokane Baptist Association Homes Retirement Residence*

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THANK YOU FOR YOUR INQUIRY ABOUT LILAC PLAZA.

To be eligible for residency, at least one applicant must be at least 62 years of age and your annual gross income must be under \$34,320. Rent is 30% of your adjusted monthly income, with a maximum charge of \$590.00. All units contain a range, refrigerator, cabinets, carpeting and a tiled bath. All residents are required to maintain their own apartments as we provide only monthly light housekeeping. **This is a non-smoking building in both the commons areas and your apartment.**

Every resident is required to participate in the evening meal program served in our dining room. The current rate is \$195.50 a month, per resident. With our meal program we can be assured that each resident is getting one nutritious meal each day, and it also affords a pleasant social time. Our dining room is open for an optional soup and sandwich during the noon hour and an optional breakfast on Wednesdays and Saturdays.

Some of the amenities of Lilac Plaza include a coin-operated laundry, a hair salon, a van for trips to the store and doctor. In addition we have a social director with activities planned for those who are interested. Our garden area is available to our residents with no limitation on space. Free parking is available for residents with automobiles or carports are available through our resident's council. There is a city bus stop at the street in front of our building. Lilac Plaza has two elevators available for the convenience of our residents.

Enclosed is an application form and diagram of the apartments. When we receive a complete application packet we will review the information to determine eligibility and we will notify you in writing of our determination. If you are eligible, we will place your name on the appropriate waiting list as of the date and time it is received. If you are not eligible, we will let you know by letter.

If you have questions, please feel free to contact us during our office hours which are Monday – Friday 9 am – 4 pm. Individuals with disabilities have the right to request reasonable accommodations. If you require an alternate way to apply for residency or assistance in completing the application please call us at 509-489-7612 or by coming to the office during our office hours so we may accommodate you.

**Our complete Tenant Selection Plan is available upon request.**

Sincerely,  
Charlene Berg, Office Manager

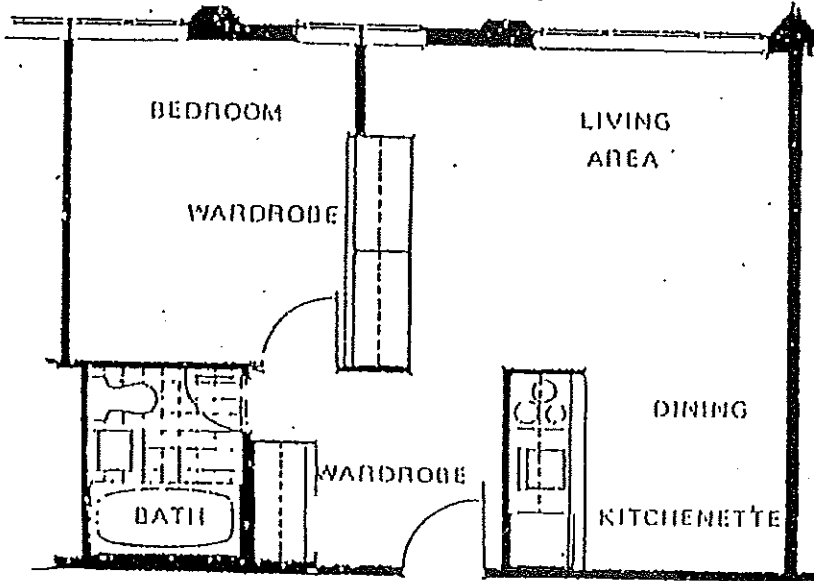


# WELCOME

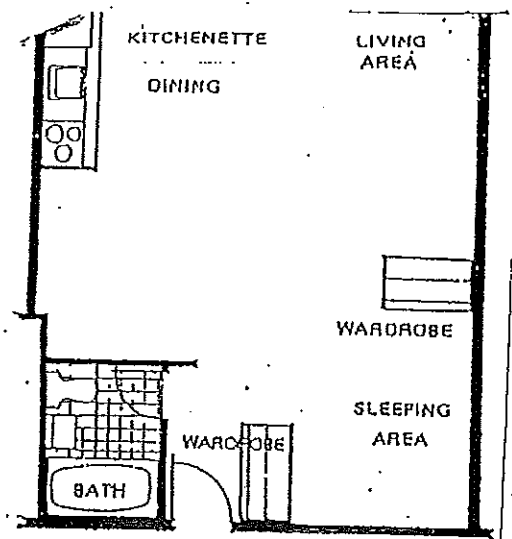
## Lilac Plaza Floor Plans

All apartments are designed for maximum comfort and convenience and are equipped with wall-to-wall carpeting, television (cable or building antennae connection) and an individual thermostat for 24-hour personal comfort control. Each apartment has a convenient kitchen complete with refrigerator, range, oven, sink and cupboard space.

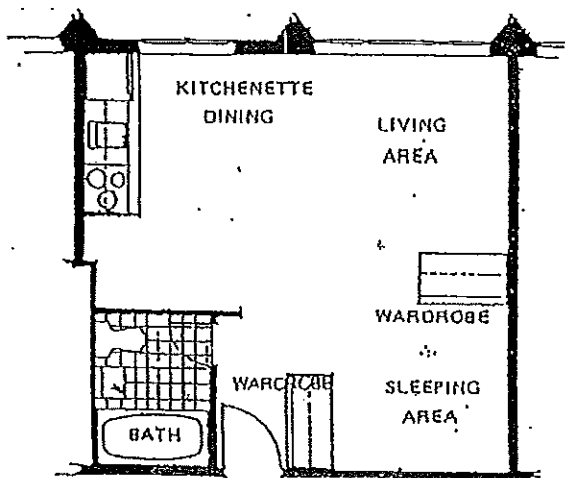
Residence apartments at Lilac Plaza range from the convenient efficiency studio to a complete one-bedroom suite. Apartments have sweeping through windows. Balconies are located near all apartments. Resident's supply their own furniture and accessories, reflecting the personality and good taste of the individual.



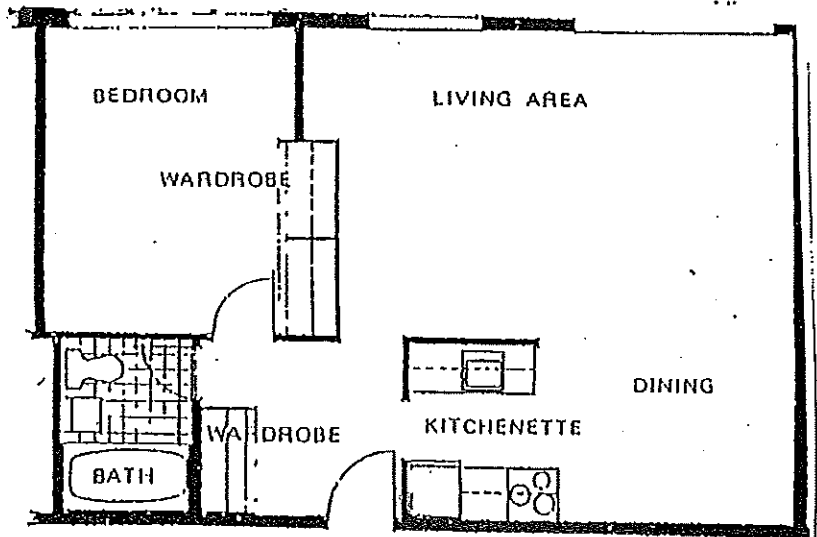
One-bedroom ~ 470 square feet



Studio Deluxe ~ 440 square feet



Efficiency Studio ~ 360 square feet



One Bedroom Suite ~ 612 square feet



**Household Composition and Characteristics:** List the Head of Household and all other members who will be living in the unit. Please supply all of the information requested for each household member.

Members Full Name	Relation	Date of Birth	Age	Sex (M or F)	Social Security Number	U.S. Citizen? (Yes or No)	Full or Part Time Student (Yes or No)
	Head						
	Spouse/ Co-head						

Do you anticipate any changes to your household in the next 12 months? If yes, please explain: \_\_\_\_\_

**Emergency Information:** Who is to be notified in case of an emergency?

1. \_\_\_\_\_  
 Name Phone city Relationship

2. \_\_\_\_\_  
 Name Phone city Relationship

**Income Information:** Please answer each of the following questions. For each "yes", please provide the gross amount and state if it is monthly, annually or quarterly. Does any member of your household receive:

- Yes  No 1. Wages or Salary? \_\_\_\_\_
- Yes  No 2. Alimony? \_\_\_\_\_
- Yes  No 3. Social Security or Disability benefits? \_\_\_\_\_
- Yes  No 4. Pension or Annuity? \_\_\_\_\_
- Yes  No 5. Assistance from Individual or Organization not Residing in the unit? \_\_\_\_\_
- Yes  No 6. Income from assets including interest on checking, savings, interest or dividends from CD's, stocks, bonds or income from rental property? \_\_\_\_\_
- Yes  No 7. Own real estate or any assets for which you receive no income? \_\_\_\_\_
- Yes  No 8. Sold or given away real property or other assets (including cash) in the past two years? \_\_\_\_\_

**Assets:** List all checking and saving accounts, IRA's, keogh accounts, certificates of deposit, stocks, bonds and trusts of all household members.

Household Member	Bank Name	Type of Account	Account No.	Balance

**Medical Expenses:**

Yes  No 1. Do you have Medicare? If yes, what is your monthly premium?

Yes  No 2. Do you have any other medical insurance? If yes, please provide the name and address of the carrier, the policy number and the premium amount.

Yes  No 3. Do you have monthly prescription costs? If yes, please provide the name and address of the pharmacy and the average monthly amount.

**Rental/Residential History:** Please list the last five years of your rental/residential history. If you require more space to document your rental/residential history, please write the rest of your history on a separate sheet of paper or on the back of this paper.

1. Address: \_\_\_\_\_  
street city state zip

Landlord/Manager's Name: \_\_\_\_\_

How long have you lived there? From \_\_\_\_\_ to \_\_\_\_\_

2. Address: \_\_\_\_\_  
Street City State Zip

Landlord/Manager's Name: \_\_\_\_\_

How long have you lived there? From \_\_\_\_\_ to \_\_\_\_\_

3. Address: \_\_\_\_\_  
Street City State Zip

Landlord/Manager's Name: \_\_\_\_\_

How long have you lived there? From \_\_\_\_\_ to \_\_\_\_\_

Have you ever been evicted?  Yes  No If yes, when? \_\_\_\_\_  
Month/Year

**Criminal History:**

Has any member of your household been convicted of or pled guilty to any felony or misdemeanor?

Yes  NO If yes, provide the following information:

Household Member: \_\_\_\_\_ State: \_\_\_\_\_

Crime: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

I/We certify that all information in this application is true and complete to the best of my/our knowledge and Lilac Plaza is hereby authorized to make any inquiries they feel necessary to evaluate my/our tenancy and credit standing. I/We understand a criminal history search will be conducted and authorize Lilac Plaza to do so. I/We am/are aware of, and extend the privilege to, the tenant screening service to obtain the credit reports and/or character reports as necessary. I/We understand that the above information is being collected to determine my/our eligibility.

\_\_\_\_\_  
*Print Name* *Sign Name* *Date*

\_\_\_\_\_  
*Print Name* *Sign Name* *Date*

\_\_\_\_\_  
*Print Name* *Sign Name* *Date*

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
  1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
  2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
  1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
  2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
  3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
  4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Dear Applicant:

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 non-citizens, in the following HUD programs:

- a. Section 8 Housing Payments program;
- 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 the 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, Citizenship Declarations, and any other forms and/or evidence to the name and address listed below before you will be placed on our waiting list:

Lilac Plaza  
7007 N. Wiscomb  
Spokane, WA 99208

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 Lilac Plaza at (509) 489-7612; we will be happy to assist you. Also, if you are unable to provide the required documentation prior to turning in your application, 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 pro-ration 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 require 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.

Thank you,  
Management



### The Family Summary Sheet

<b>Member No.</b>	<b>Last Name of Family Member</b>	<b>First Name</b>	<b>Relationship to Head of Household</b>	<b>Sex</b>	<b>Date of Birth</b>
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

## Citizenship Declaration Format

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_  
(To be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

### DECLARATION

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that I am: (print or type first name, middle initial, last name):

\_\_\_\_\_ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this line is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. Do not sign the child's name.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

**NOTE:** If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below: If you checked this block and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Format (form is attached).

AND

b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - (a) "Admitted as Refugee Pursuant to section 207";
  - (b) "Section 208" or "Asylum";
  - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - (a) A final court decision granting asylum (but only if no appeal is taken);
  - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
  - (c) A court decision granting withholding or deportation; or
  - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card.

If this line is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address

specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature Date

Check here if adult signed for a child: \_\_\_\_\_

**REQUEST FOR EXTENSION**

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

\_\_\_\_\_  
Signature Date

Check if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature Date

Check here if adult signed for a child: \_\_\_\_\_

## Verification Consent Form

**INSTRUCTIONS:** Complete this format for each non-citizen family member who declared eligible immigration status on the Citizenship Declaration Format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

### CONSENT

I, \_\_\_\_\_ hereby consent to the following: (print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
  - a. HUD, as required by HUD; and
  - b. The DHS for purposes of verification of the immigration status of the individual.

### NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_