

Mid-Columbia Manor, Inc.

QUALIFICATION - PREFERENCE CERTIFICATION

Qualified applicants for residency at Smith Tower will be preferenced according to Federal guidelines if they state and certify that they fall into one or more of the preferencing categories. Categories and their definitions follow. Check the appropriate block if you qualify for one of these categories:

NAME: _____ BIRTHDATE: _____

_____ VERY LOW INCOME - Per HUD regulations: 1-Person Household - Income not to exceed \$39,500 per year; 2-Person Household - Income not to exceed \$45,150 per year.

_____ EXTREMELY LOW INCOME - Per HUD regulations: 1-Person Household - Income not to exceed \$23,700 per year; 2-Person Household - Income not to exceed \$27,100 per year.

I HEREBY CERTIFY that I qualify for one or more of the preferences as indicated above. I understand that the indicated preference will be verified prior to residency at Smith Tower. I further understand that it is my responsibility to notify the Office IN WRITING if my circumstances change. If this presents a hardship based on your disability, please contact the office for a reasonable accommodation. I further understand that if I qualify for residency by virtue of a preference and am offered the opportunity to move into Smith Tower and refuse that offer, my right under preferences may be forfeited.

Signed: _____ Date: _____

I DO NOT QUALIFY FOR A PREFERENCE AS DEFINED ABOVE

I HEREBY CERTIFY that I do not qualify for any of the preferences as indicated above. I further understand that it is my responsibility to notify the Smith Tower office IN WRITING if my circumstances change. If this presents a hardship based on your disability, please contact the office for a reasonable accommodation.

Signed: _____ Date: _____

SECURITY DEPOSIT /WAITING LIST STATEMENT

Upon residency a security deposit will be required which is equal to the resident's share of one month's rent and is non-interest bearing as far as the resident or prospective resident is concerned.

I agree to notify the Smith Tower Office every ninety days to remain on the waiting list. I understand that if I do not do so my name may be removed.

Signed: _____ Date: _____

SEE CRITERIA FOR RESIDENCY/TENANT SELECTION PLAN FOR ADDITIONAL DETAILS ON ELIGIBILITY, ACCURACY AND PREFERENCES.