



WASHINGTON HOUSING SERVICES

INITIAL APPLICATION FOR HOUSING

RETURN COMPLETED APPLICATION TO:

HOUSING AUTHORITY OF SEDRO WOOLLEY

830 TOWNSHIP STREET * SEDRO WOOLLEY, WASHINGTON 98284-1340

PHONE (360) 855-0404 FAX (206) 574-1241

THIS SPACE FOR OFFICE USE ONLY:

Prof. Date: _____	Prof. Date: _____	Time: _____
Client #: _____	App. Date: _____	
Bedroom Size: _____	R/C: _____	
Preference 50%: _____	Dis.: _____	Sub: _____
Cert. By: _____	Cert. By: _____	

PART I. APPLICATION INFORMATION

A. NAME: _____ HOME PHONE: _____
 ADDRESS: (Last) _____ (First) _____ (Middle Initial) _____ MESSAGE NO.: _____
 CITY, STATE, ZIP: _____ WORK PHONE: _____
 PLEASE LIST ANY OTHER NAMES YOU HAVE USED (If Applicable): _____

B. EMERGENCY CONTACTS (Please list two people we may contact if you are not available)

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY, STATE, ZIP: _____	CITY, STATE, ZIP: _____
PHONE NO.: _____	PHONE NO.: _____
RELATIONSHIP: _____	RELATIONSHIP: _____

PART II. HOUSEHOLD INFORMATION

A. Please list ALL HOUSEHOLD MEMBERS who will be living in the assisted unit, including Head of Household on line #1 (list additional Members on a separate page):

MBR #	LAST NAME	FIRST NAME	MI	AGE	SEX	RELATION TO HEAD	BIRTH DATE	BIRTH PLACE	SOCIAL SECURITY #
1									
2									
3									
4									
5									
6									
7									
8									
9									

B. FAMILY STATUS: (Select all that apply)

- (1) Head of House or Spouse age 62 or over _____
- (2) Head of Household or Spouse Disabled or Handicapped _____
- (3) Other Family Member Disabled _____
- (4) None of the above _____

Office Use Only	
Reasonable Accommodation Form Given	
(HAR Initials)	_____

C. DISABILITY STATUS:

IF YOU HAVE A DISABILITY as outlined under Section 504 of the Americans With Disabilities Act or State or Local Fair Housing Laws, and you need:

- * A structural change or repair in your apartment, or a special type of apartment;
- * A change or repair in some other part of the housing development; or Housing Authority facilities; or,
- * A change in our rules, policies, or how we do things (ie: how we communicate with you or give you information), that would allow you to live and use your apartment or access our facilities in a manner equal to that of a non-disabled tenant; YOU CAN ASK for the Housing Authority to make a Reasonable Accommodation to your disability by requesting a Reasonable Accommodation Form.

D. Please answer the following questions by placing a Check in the correct box:

YES **NO**

- (1) Are there any children living in the household age six or under with an Elevated Lead Blood Level? (If YES, please list name(s): _____) YES NO
- (2) Does anyone live with you who is not listed in PART II. (A) above? (If YES, please list the name(s) and explain the circumstances: _____) YES NO
- (3) Have you ever committed fraud, misrepresentation or been evicted from any housing program? (If YES, please explain where and when: _____) YES NO
- (4) Do you presently owe money to any previous Landlord or Housing Authority for rent or unpaid damages? (If YES, please provide name(s) and amount owing: _____) YES NO
- (5) Do you and any adult family member have a Criminal Record? A Criminal History background check will be run on you and your adult family members. (If YES, please list any criminal history which will appear on your records and where it occurred): _____ YES NO
- (6) Do you presently have a pet? (If YES, list the following):
Type: _____ License #: _____ YES NO
- (7) The following information is being requested to comply with Equal Opportunity requirements and will not affect your selection position:
Race: _____ Hispanic: YES NO
Primary Language: _____ Translation Services Needed: YES NO

E. HOUSING PREFERENCE QUALIFICATION (Please mark the Correct Box):

- | | |
|---|---|
| <input type="checkbox"/> Involuntarily Displaced | <input type="checkbox"/> Living In Substandard Housing |
| * By Natural Disaster | * Homeless Family |
| * By Government Action | * Dilapidated Home |
| * To Avoid Reprisal | * No Plumbing |
| * By Domestic Violence | * No Toilet |
| * Due to Hate Crimes | * No Tub/Shower |
| * Due to Owner Action | * No Electricity |
| * Due to Unit Inaccessibility | * No Heat |
| | * No Kitchen |
- Rent Burden** (paying more than half of your gross income * towards rent and utilities ** for at least 90 days)
(* Gross Income is the amount you make before taxes are taken out. ** Utilities do not include phone or cable)

PART III. FAMILY INCOME

A. Please list ALL Sources and Gross Amounts of Money received by All Members of your household.

MBR #	EMPLOYEE WAGES		UNEMPLOYMENT BENEFITS	WELFARE (P.A.)	CHILD SUPPORT	SOCIAL SEC (S.S.I.)	OTHER EXPLAIN
	\$ / hr	# of hrs /wk					
			PER	PER	PER	PER	
			PER	PER	PER	PER	
			PER	PER	PER	PER	
			PER	PER	PER	PER	
			PER	PER	PER	PER	

B. Please complete Employer Information:

EMPLOYER'S NAME: _____ FAMILY MEMBER'S NAME: _____ ADDRESS: _____ CITY, STATE, ZIP: _____ TELEPHONE NO.: _____	EMPLOYER'S NAME: _____ FAMILY MEMBER'S NAME: _____ ADDRESS: _____ CITY, STATE, ZIP: _____ TELEPHONE NO.: _____
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PART IV. FAMILY ASSETS

A. PLEASE LIST ALL ASSETS (including Checking/Savings Accounts, IRA's, Keough Accounts, CD's, Stocks/Bonds, Dividends, Homes, Mobile Homes, or any other form of Real Estate):

MBR #	TYPE OF ASSETS	BANK NAME	ACCOUNT #	CURRENT BALANCE	INTEREST RATE

B. Please answer the following questions by placing a Check in the correct box:

YES **NO**

- (1) Have you disposed of, sold, or given away any assets for less than the Fair Market Value during the past two (2) years? (If YES, please complete the following):
- (a) Date _____ of _____ Disposal: _____
- (b) _____
- (c) Amount Received for Asset: \$ _____
- (d) Market Value of Asset at time of Disposal: \$ _____
- (2) Does anyone else help you pay your bills or give you money? (If YES, how much: \$ _____)

I/we hereby certify that the information provided in this application is TRUE and ACCURATE. I/we understand that any MISREPRESENTATION on my/our part will result in the APPLICATION BEING REJECTED, or if I/we are housed based on misrepresented information given on this form, I/we understand that the housing assistance will be TERMINATED at a late date. I/we also understand I/we must report any changes in the above information to the housing office in writing. I/we certify I/we have read and understand this declaration and understand I/we will be required to provide verification of this information in accordance with federal housing regulations at the time I/we am offered assistance.

_____ Signature of Head of Household	_____ Date	_____ Signature of Spouse or Other Adult	_____ Date
_____ Signature of Adult	_____ Date	_____ Signature of Other Adult	_____ Date