

# SEDRO-WOOLLEY HOUSING AUTHORITY

830 TOWNSHIP ST • SEDRO-WOOLLEY, WA 98284  
PHONE (800) 417-9875 or (206) 826-5320 • FAX (206) 902-9801

## OFFICE USE ONLY

FORM #: 639  
HOUSEHOLD ID:  
TICKLER #:  
EFFECTIVE DATE:

## INITIAL APPLICATION FOR HOUSING

### I. APPLICANT INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

PLEASE LIST ANY OTHER NAMES YOU HAVE USED (if applicable): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ MESSAGE NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

### 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: \_\_\_\_\_

### II. HOUSEHOLD INFORMATION

1) Please list ALL HOUSEHOLD MEMBERS who will be living with you in the assisted unit. List the Head of Household on line #1  
(List additional Members on a separate page if more space is needed):

MBR #	LAST NAME	FIRST NAME	MI	DISABLED/ HANDICAPPED	SEX	RELATION TO HEAD	BIRTH DATE	BIRTH PLACE	SSN
1						<u>Head of Household</u>			
2									
3									
4									
5									
6									
7									
8									

2) Does anyone live with you who is not listed above? ☐ YES ☐ NO

If YES, please list the name(s) and explain: \_\_\_\_\_

3) Does anyone listed on your application have a Criminal Record? Answering YES will not automatically exclude you from housing. A Criminal History background check will be run on you and your adult family members. ☐ YES ☐ NO

If YES, please list any criminal history which will appear on your records and where it occurred: \_\_\_\_\_

4) Have you, or any member(s) of your household ever served in the United States military? ☐ YES ☐ NO

If YES, please list names: \_\_\_\_\_

5) Has anyone listed on your application previously lived in Public Housing? ☐ YES ☐ NO

If YES, please list who, along with when and where they lived in Public Housing: \_\_\_\_\_

6) Does your family require a handicapped-modified unit? (Examples: roll-in shower, wheelchair accessible, etc.) ☐ YES ☐ NO

7) Does any family member require a reasonable accommodation? (Examples: Live-in aid, etc.) ☐ YES ☐ NO

If YES, please complete a Reasonable Accommodation form, available at any management office.

### III. FAMILY INFORMATION

1) **FAMILY STATUS:** Check all that apply:

- ☐ Head of Household or Spouse is age 62 or older  
☐ Head of Household or Spouse is Disabled or Handicapped  
☐ Other Family Member is Disabled or Handicapped  
☐ None of the Above

2) **RACE:** Check one of the following:

- ☐ Caucasian ☐ African American ☐ Asian ☐ Hispanic  
☐ Native American/Eskimo ☐ Hawaiian/Pacific Islander

*This information is requested to comply with Equal Opportunity requirements and will not affect your application for housing assistance.*

3) **INCOME SOURCE(S):** Please list ALL sources of income received by ALL adult members of your household:

Examples: Wages, Pension, Child Support, SSI, SSA, L&I, TANF, and Regular gifts.

List additional income on a separate page if more space is needed.

MBR#	Type of Income	Amount Received	(check one) per:			Hrs per week (if applicable)
_____	_____	\$ _____	<input type="checkbox"/> hour	<input type="checkbox"/> week	<input type="checkbox"/> month	_____
_____	_____	\$ _____	<input type="checkbox"/> hour	<input type="checkbox"/> week	<input type="checkbox"/> month	_____
_____	_____	\$ _____	<input type="checkbox"/> hour	<input type="checkbox"/> week	<input type="checkbox"/> month	_____
_____	_____	\$ _____	<input type="checkbox"/> hour	<input type="checkbox"/> week	<input type="checkbox"/> month	_____
_____	_____	\$ _____	<input type="checkbox"/> hour	<input type="checkbox"/> week	<input type="checkbox"/> month	_____

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

☐ **Involuntarily Displaced**

- \* By Natural Disaster \* Due to Hate Crimes  
\* By Government Action \* Due to Owner Action  
\* To Avoid Reprisal \* Due to Unit Inaccessibility  
\* By domestic Violence

☐ **Living In Substandard Housing**

- \* Homeless Family \* No Tub/Shower  
\* Dilapidated Home \* No Electricity  
\* No Plumbing \* No Heat  
\* No Toilet \* 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)

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

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:</b> (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____         </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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<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.



# Sedro-Woolley Housing Authority

## ACKNOWLEDGEMENT OF APPLICATION FOR RESIDENCE IN A SMOKE-FREE COMMUNITY

You have applied for residence on the SWHA regional waiting lists. Please be advised that the SWHA properties are now designated as non-smoking.

If you are accepted to be a resident in one of the Sedro-Woolley's Housing Authority's properties, you understand that you cannot smoke in your apartment or within 25 feet of the common areas of the building interior or exterior. You also understand that this policy applies to your family members and guests, and if you are housed in this location, you will be required to sign a lease addendum agreement that states that you will uphold the smoke-free rules of the community.

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Head of household	Date
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Spouse / Domestic Partner / Co-head	Date
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Other adult	Date
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