



A Community Partner,
Helping People to Help Themselves

Walla Walla Housing Authority

501 Cayuse Street
Walla Walla, WA 99362

509-527-4542 * Fax 509-527-4574

Hearing-impaired, use statewide relay service 1-800-833-6384

www.wallawallaha.org * wwha@wallawallaha.org



APPLICATION FOR CONTINUED OCCUPANCY

If anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, please contact the Walla Walla Housing Authority.

PLEASE PRINT CLEARLY USING BLUE OR BLACK INK

Head of Household:

Current Mailing Address:

City / State / Zip Code:

Telephone:

Message Telephone:

Email:

HOUSEHOLD COMPOSITION (List EVERYONE in the household including caregivers/live-in aides)

Full Name	Relation	Sex	Birth date	Social Security Number
	HEAD			
List any household members over 18 who are full time students-Provide proof of full time student status, i.e. letter from registrar or financial aid printout showing full time student status				
Print Name:				
Print Name:				

List any household members who are temporarily absent from the home and reason for absence	
Print Name:	Reason:
Print Name:	Reason:

PROGRAM INFORMATION

Have you or a family member been arrested and/or convicted of a crime in the past 12 months?	YES*	NO
* If "YES", explain:		
Whom: _____	Date: _____	
Offense: _____		

Is any family member required to register under a State sex offender registration program?	YES*	NO
* If "YES", explain:		
Whom: _____	County: _____	

INCOME – ALL documentation provided must be dated within the last 60 days

Do you or family members receive income from employment or a Federal, State or Local Job-Training program? * Provide two (2) current consecutive pay stubs			YES*	NO
Name of person(s) employed	Employer Name, Address, Telephone	Number of Hours Worked Per Week	Rate of Pay Frequency	
			\$	
			\$	
			\$	

Do you or family members receive income from the Employment Security Department for unemployment benefits? *Provide two (2) current consecutive statements or online printout showing payment history		YES*	NO
Household member name:	Source	Amount Frequency	
		\$	

Do you or another family member receive income from the Dept of Labor & Industries for Workers Compensation? *Provide two (2) current consecutive statements or online printout showing payment history		YES*	NO
Household member name:	Source	Amount Frequency	
		\$	

Do you or family members receive income from an educational scholarship/grant or financial aid? * Provide current financial aid award letter and document showing cost of tuition		YES*	NO
Name of person(s) receiving scholarship/grant or financial aid:	List School/Institute	Amount Frequency	
		\$	

Do you or family members receive income from the Department of Social and Human Services (DSHS) TANF, GAU, GAX, SSP? * Complete the following section		YES*	NO
Name of person(s) receiving benefits:	Circle One: TANF / GAU / GAX / SSP	Grant Amount Frequency	
		\$	

Do you or family members receive food assistance or WASHCAP from the Department of Social and Human Services (DSHS)? * Complete the following section		YES*	NO
Name of person(s) receiving benefits:	Circle One: Food Assistance / WASHCAP	Amount Frequency	
		\$	

Do you or family members receive income from child support? * Provide two (2) current consecutive statements or online printout showing payment history		YES*	NO
Household member name:	List State child support is paid through OR the non-custodial parent's name, if paid directly to you:	Amount Frequency	
		\$	

Do you or family members receive income from alimony? * Provide two (2) current consecutive pay stubs or online printout showing payment history		YES*	NO
Household member name:	List Source	Amount Frequency	
		\$	

Do you or family members receive income from the Social Security Administration? (SSI / SSD / SSA) * Complete the following section		YES*	NO
Household member name:	List Source (SSI / SSD / SSA)	Amount Frequency	
		\$	

Do you or family members receive income from a pension/annuity plan and/or retirement plan? * Provide a current statement from the provider showing monthly amount		YES*	NO
Household member name:	List Plan or Company Name	Amount Frequency	
		\$	

Do you or family members receive income on a regular basis from a friend or another family member outside the household? * Provide a current written statement from family/friend stating how much they give/pay per month		YES*	NO
Household member name:	List Source	Amount Frequency	
		\$	

Does someone outside your household pay for bills for you on a regular basis? <i>* Provide a current written statement from family/friend stating how much they give/pay per month</i>		YES*	NO
Bills paid by some outside the household:	Person who pays the bill(s)	Gross Monthly Amount	
		\$	

Do you or family members receive income from self-employment? <i>* For businesses in operation less than one (1) year provide a current business ledger</i> <i>* For businesses in operation greater than one (1) year provide a copy of your current income tax return</i>		YES*	NO
Household member name:	List Business Name or Type	Amount Frequency	
		\$	

Do you or family members receive military pay (active or reserves)? <i>* Provide a current copy of your Leave and Earning Statement</i>		YES*	NO
Household member name:	List Branch of Service	Amount Frequency	
		\$	

Do you or family members receive military veterans pay? <i>* Provide a current copy of the letter from the Dept of Veterans Affairs showing your monthly benefit</i>		YES*	NO
Household member name:	List Branch of Service	Amount Frequency	
		\$	

ASSETS – ALL documentation provided must be dated within the last 60 days

Do you or another family member have a Checking Account? <i>* Provide current six (6) months bank statements or account printout</i>		YES*	NO
Checking Account Number	Banking Facility (Name, Address, Telephone)	Current Balance	
		\$	

Do you or another family member have a Savings Bank Account? <i>* Provide current bank statement or account printout</i>		YES*	NO
Savings Account Number	Banking Facility (Name, Address, Telephone)	Current Balance	
		\$	

Do you or another family member have any Stocks, Bonds or CD's? <i>* Provide current documentation showing the current value, interest rate and value if disposed of</i>		YES*	NO
Type of Stock / Bond / CD	Institute/Facility (Name, Address, Telephone)	Current Value	
		\$	

Do you or another family member have an IRA, 401K or other retirement savings plan? <i>* Provide current documentation showing current value</i>		YES*	NO
Type of Retirement / Savings Plan	Institute/Facility (Name, Address, Telephone)	Current Value	
		\$	

Do you or another family member have any insurance policies (other than health or auto)? <i>* Provide current documentation showing premium cost and cash value, if applicable</i>		YES*	NO
Type of Policy	Institute/Facility (Name, Address, Telephone)	Current Value	
		\$	

Do you or family members now or have you in the past two (2) years owned or disposed of any real estate or receive income from rental property? <i>*Provide current documentation showing market value of the real estate and if sold, the price it was sold at</i>		YES*	NO
Household member name:	List Year & Address Disposed of	Value / Sale Price	
		\$	

Do you or family members own any valuable personal assets (such as collectible cars or coins)? <i>* Provide current documentation showing value of the asset</i>		YES*	NO
Household member name:	List Asset	Value	
		\$	

Have you received any other income or have assets from any source not listed? <i>* Provide current documentation showing income or asset value</i>		YES*	NO
Household member name:	Source	Amount / Value	
		\$	

MEDICAL EXPENSES applies ONLY to ELDERLY and/or DISABLED HOUSEHOLDS

Households that are verified as disabled may qualify for an additional allowance. Would you like the WWA to verify your household status? <i>* Provide a current printout of SSI benefits received from the Social Security Administration and/or the Verification of Disability form must be completed by an authorized medical provider. If a disability has already been verified, it does not require further verification.</i>	YES*	NO
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Do you or family members have out-of-pocket expenses for medical prescriptions? <i>* Provide receipts and/or printout from the pharmacy showing out-of-pocket expenses paid in the last 12 months</i>		YES*	NO
Household member name: (Elderly and/or Disabled Households ONLY)	Pharmacy Name, Address, Telephone, Fax	Amount Frequency	

Do you or family members have out-of-pocket expenses for doctor and/or hospital bills? <i>* Provide proof of payment or printout from the doctor or hospital of out-of-pocket expenses paid in the last 12 months</i>		YES*	NO
Household member name: (Elderly and/or Disabled Households ONLY)	Doctor/Hospital Name, Address, Telephone, Fax	Amount Frequency	
		\$	

Do you or family members have out-of-pocket expenses for a caregiver, live-in aide, medical equipment, or medical premiums? <i>* Provide proof of payment or printout showing payment history for out-of-pocket expenses for the last 12 months</i>		YES*	NO
Household member name: (Elderly and/or Disabled Households ONLY)	Source / Type of Medical Equipment	Amount Frequency	
		\$	

CHILDCARE EXPENSES applies only for children under the age of 13

Do you or family members pay for childcare due to your employment, training, or enrollment in school? <i>* Provide proof of payment or printout showing payment history for the last year</i> <i>* Provide proof of co-payment if childcare cost is assisted by DSHS</i>		YES*	NO
Household member name:	Provider Name & Address	Amount Frequency	
		\$	

AUTHORIZATIONS, REPRESENTATIONS AND CERTIFICATIONS

I certify under penalty of perjury that I have completed the above information to the best of my knowledge and that it is true and correct. I understand that all changes to my household composition or income that occur must be reported in writing to the Walla Walla Housing Authority within ten (10) business days of such change. I understand that my position on the waiting list is based on the date and time my application was received by the WWHA and applicable preferences and/or set-aside resident selection criteria noted in this application. I understand that my position on the waiting list is subject to change based on verification of the preferences and/or set-aside resident selection criteria noted in this application.

WARNING: Title 18, Section 1001, of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development. I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation and/or may be grounds for denial of assistance.

SIGNATURES

My signature, as noted and dated below, is confirmation that I do hereby authorize the Walla Walla Housing Authority (WWHA) to obtain any information deemed necessary by WWHA solely for the purpose of determining my eligibility for housing and/or housing assistance. I authorize persons, businesses, and organizations to which such requests are directed to provide the information requested by WWHA and I hold them harmless for providing information in accordance with such requests. I agree that copies of this page may be made to authorize inquires from sources I have given to WWHA, or from other sources which become apparent from information collected during the course of completing my review. I understand that WWHA will keep my information confidential and not release it to any non-WWHA individual or entity except with my express written permission or as required by law. This content remains in effect until such time my application is denied for assistance and/or removed from the waiting list.

NOTE: ALL signatures must be those of the household member him/herself, except in the case where a legal Power of Attorney authorizes another individual to sign for him/her. If this is the case, such Power of Attorney must be on file with the Walla Walla Housing Authority.

_____	Date	_____	Date
Head of Household Signature		Spouse / Co-Tenant / Other Adult Signature	
_____	Date	_____	Date
Other Adult Signature		Other Adult Signature	
_____	Date		
WWHA Representative Signature			

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

WALLA WALLA HOUSING AUTHORITY
501 CAYUSE ST
WALLA WALLA WA 99362
509-527-4542 * FAX 509-527-4574
www.wallawalla.org * wwha@wallawalla.org

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

N/A

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



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GENERAL AUTHORIZATION FOR THE RELEASE OF INFORMATION

• **CONSENT:**

I authorize and direct any Federal, State, or Local agency organization, business, or individual to release to the Walla Walla Housing Authority any information or materials needed to complete and verify my application for participation, and/or maintain my continued assistance under the Section 8 Rental Assistance, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

• **INFORMATION COVERED:**

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested, include but are not limited to: Identify marital and/or familial status; Employment; Income; Assets; Residences and Rental Activity; Medical and/or child care allowances; Credit History; Criminal Activity.

I understand that this authorization cannot be used to obtain any information about my household or me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

• **GROUPS AND/OR INDIVIDUALS THAT MAY BE ASKED:**

The groups and/or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

• Banking/Financial Institutions	• Blue Mountain Action Council	• Child Care Providers
• Child Protective Services	• Children and Family Services	• Credit Bureaus and/or Providers
• Courts	• Dept of Social & Human Services	• Div of Developmental Disabilities
• Law Enforcement Agencies	• Medical Providers	• Mental Health Agencies
• Past and/or Present Employers	• Past and/or Present Landlords	• Public Housing Agencies
• Retirement Systems	• Schools and/or Colleges	• State Employment Agencies
• Utility Companies	• Valley Residential Services	• Veteran's Administration
		• Protective Payees

• **COMPUTER MATCHING NOTICE AND CONSENT:**

I understand and agree that HUD or the Public Housing Authority may conduct computer-matching programs to verify the information supplied for my application or re-certification. If a computer matching is done, I understand that I have a right to notification of any adverse information found and a change to disprove that information. HUD or the Public Housing Authority may in the course of its duties exchange such automated information with other Federal, State, or Local agencies, including, but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; Social Security Administration; Department of Social and Human Services.

• **CONDITIONS:**

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for fifteen (15) months from the date of signature.

Head of Household Signature	Date
Spouse / Co-Tenant / Other Adult Signature	Date
Other Adult Signature	Date



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ADDENDUM FOR DRUG-FREE / CRIMINAL ACTIVITY-FREE HOUSING

In addition to those Family Obligations listed within the form HUD 52646 Voucher and the Federal Regulations (24 CFR 982.552 and 982.553), also include the following:

- NO FAMILY MEMBER OR GUEST UNDER THE CONTROL OF THE FAMILY SHALL ENGAGE IN DRUG-RELATED CRIMINAL ACTIVITY, OR VIOLENT CRIMINAL ACTIVITY.

For the purpose of this section, drug-related criminal activity means one of the following:

1. The manufacture, sale, distribution, or possession with the intent to manufacture, sell, or distribute a controlled substance (as defined in section 102 of the Controlled Substances Act [21 U.S.C. 802]);
2. The use or possession (other than with the intent to manufacture, sell, or distribute), of a controlled substance.

For the purpose of this section, violent criminal activity includes any felonious criminal activity that has one of its elements: the use, attempted use, or threatened use of physical force against the person or property of one another.

Proof of violation shall not require criminal conviction of the family member or guest, but shall only require preponderance of the evidence showing the activity took place.

I UNDERSTAND THAT VIOLATION OF ANY OF THE ABOVE PROVISIONS SHALL BE CAUSE FOR TERMINATION OF ASSISTANCE AND/OR EVICTION.

Head of Household Signature

Date

Spouse / Co-Tenant / Other Adult Signature

Date

Other Adult Signature

Date