

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.

How did you hear about us? Television Ad Newspaper Ad Friend Walk-in

Referred by (list agency/organization name): _____

INCOME INFORMATION

CICLE ONE

Are you or any other family member currently employed?

YES NO

If "YES", complete the following section:

Family Member Who Is Employed	Employer Name, Address, Telephone, Fax	Gross Monthly Wages

Do you or another family member receive TANF, GAU, GAX, or WASHCAP benefits from the Department of Social and Human Services (DSHS)?

YES NO

If "YES", list the gross monthly TANF / GAU / GAX (circle one) amount: \$ _____

Do you or another family member receive food assistance benefits from the Department of Social and Human Services (DSHS)?

YES NO

If "YES", list the monthly food assistance amount: \$ _____

Do you or another family member receive child support?

YES NO

If "YES", list whom: _____ List the gross monthly amount: \$ _____

Do you or another family member receive alimony?

YES NO

If "YES", list whom: _____ List the gross monthly amount: \$ _____

Do you or another family member receive benefits from the Social Security Administration?

YES NO

If "YES", list the gross monthly amount: \$ _____

Do you or another family member receive unemployment benefits?

YES NO

If "YES", list the gross monthly amount: \$ _____

Do you or another family member receive income from a pension or retirement plan?

YES NO

If "YES", list the gross monthly amount: \$ _____

Do you or another family member receive income from military or veterans benefits?

YES NO

If "YES", list the gross monthly amount: \$ _____

Do you or another family member receive educational grants/scholarships or financial aid?

YES NO

If "YES", list the gross monthly amount: \$ _____

Do you or another family member receive income from self-employment?

YES NO

If "YES", list the gross monthly amount: \$ _____

Do you or another family member receive income on a regular basis from a friend or other family member(s)?

YES NO

If "YES", list the gross monthly amount: \$ _____

Does someone outside your household pay bills for you on a regular basis?

YES NO

If "YES", explain (list the gross monthly amount): _____ \$ _____

DECLARATION OF ELIGIBILITY

Head of Household (print name): _____

Spouse / Co-Tenant / Other Adult Member (print name): _____

I certify that I am (check only one):

- a United States citizen
- a non-United States citizen with eligible immigration status
- choosing not to state if I am a United States citizen or have eligible immigration status

I certify that I am (check only one):

- a United States citizen
- a non-United States citizen with eligible immigration status
- choosing not to state if I am a United States citizen or have eligible immigration status

Please complete the following section ONLY IF there are minor children in the family and you are the legal responsible adult family member:

I certify that the following listed minor child(ren) is/are:

- a United States citizen

Print name of child(ren): _____	Date of Birth / /
_____	/ /
_____	/ /
_____	/ /
_____	/ /

- a non-United States citizen with eligible immigration status

Print name of child(ren): _____	Date of Birth / /
_____	/ /
_____	/ /

- choosing not to state if a United States citizen or have eligible immigration status

Print name of child(ren): _____	Date of Birth / /
_____	/ /
_____	/ /

PREFERENCES

Walla Walla Housing Authority has established the following "Preferences" regarding selection criteria of families from the Housing Choice Voucher and/or Low-Rent Public Housing waiting lists. CHECK "✓" all the characteristics that apply to any adult* family member. At the time you are contacted for an eligibility interview, you will be required to provide supporting documentation to prove your eligibility for the preference(s) you declared.

<input type="checkbox"/> Attending School <i>Full-time student</i>	<input type="checkbox"/> Transitional Housing Program Graduate <i>Successful graduate of a recognized transitional housing program operated in Walla Walla; i.e. DSHS, BMAC, Valley Residential Services, etc.</i>
<input type="checkbox"/> Employed <i>Minimum of 20 hours per week</i>	
<input type="checkbox"/> Job Training Program Participant	<input type="checkbox"/> Victim of Domestic Violence <i>Actively participating in a domestic violence program through YWCA</i>
<input type="checkbox"/> Elderly <i>Aged 62 years or older</i>	<input type="checkbox"/> Disabled* <i>applies to any family member</i> <i>Verified by authorized medical professional or the Social Security Administration</i>
<input type="checkbox"/> I currently do not have a preference.	

SET-ASIDE RESIDENT SELECTION CRITERIA

The following resident selection criteria applies to Belmont Apartments, Creekside Cottages, Marjorie Terrace and/or Rosehaven Cottages, and is intended as a guideline only and, depending upon individual circumstances, certain criteria may be evaluated separately or preference given, by the owner or its agents, pursuant to the Washington State landlord/Tenant Law, the Fair Housing Act, and the Civil Rights Act.

Please CHECK “√” all the characteristics that apply to any listed adult family member, in connection with the waiting list(s) you are actively on. At the time you are contacted for an eligibility interview, you will be required to provide supporting documentation to prove selection(s) you have declared.

Belmont Apartments	Creekside Cottages	Marjorie Terrace	Rosehaven Cottages
<input type="checkbox"/> Chronically Mentally Ill/ Developmentally Disabled	<input type="checkbox"/> Disabled	<input type="checkbox"/> Disabled	<input type="checkbox"/> Disabled <input type="checkbox"/> Homeless

WAITING LIST SELECTION(S)

Please read each waiting list program description; check “√” in the box next to the waiting list(s) you wish to be added to. For all waiting lists, income limits and suitability criteria apply.

- Housing Choice Voucher Rental Assistance** – serving Walla Walla and Columbia Counties
Assists individuals and/or families with rent on the open market. Preferences apply.
- Low-Rent Public Housing** – sites are scattered throughout the City of Walla Walla
Multi-family housing units for families needing 2 to 5 bedrooms. Preferences apply. Previous landlord reference required.
- Washington School Apartments** – 517 Cayuse St, Walla Walla
One-bedroom units; one family member must be 55 years of age or older. Previous landlord reference required.
- Belmont Apartments** – 9 N Spokane St, Walla Walla
One-bedroom units; the owner has chosen to reserve some of the program units for households with special needs. Set-aside resident selection criteria applies. Previous landlord reference required.
- Creekside Cottages** – SE Creekside Dr, College Place
One and two-bedroom units; one family member must be 55 years of age or older. Set-aside resident selection criteria applies. Previous landlord reference required.
- Marjorie Terrace** – 817 N Main St, Walla Walla
One-bedroom units; one family member must be 55 years of age or older. Set-aside resident selection criteria applies. Previous landlord reference required.
- Linden Place** – 369 Catherine St, Walla Walla
One and two-bedroom units. Previous landlord reference required.
- Rosehaven Cottages** – Drumheller & Rosehaven St, Walla Walla
One and two-bedroom units; one family member must be 55 years of age or older. Set-aside resident selection criteria applies. Previous landlord reference required.
- Galbraith Gardens** – 343 Catherine St, Walla Walla
One and two-bedroom units; one family member must be 55 years of age or older. Previous landlord reference required.

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.

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



Walla Walla Housing Authority
501 Cayuse Street, Walla Walla Washington 99362
509-527-4542 * Fax 509-527-4574
Hearing-impaired, use statewide relay service number 1-800-833-6384
Visit us on-line at www.wallawallaha.org





Walla Walla Housing Authority

A Community Partner,
Helping People to Help Themselves

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Walla Walla, WA 99362
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Hearing-impaired, use statewide relay service number 1-800-833-6384
www.wallawallaha.org * wwha@wallawallaha.org



LANDLORD REFERENCE

Landlord: _____ Tenant: _____

Address: _____ Address: _____

Telephone Number: _____

The above named tenant has applied for a rental unit with us. Please answer the questions listed below and return this statement to us as soon as possible. ALL REPLIES WILL BE KEPT CONFIDENTIAL EXCEPT UPON REQUEST OF THE APPLICANT.

I hereby authorized the release of this information:

Applicant Signature _____

Date _____

TO BE COMPLETED BY ABOVE LISTED LANDLORD

- | | | |
|---|---------------------|---------------------|
| 1. Tenant Status | [] Current Tenant | [] Previous Tenant |
| 2. Period of Occupancy | From ____/____/____ | To ____/____/____ |
| 3. If previous tenant, was proper notice given? | [] YES | [] NO |
| 4. Is/Was unit kept in safe and sanitary condition? | [] YES | [] NO |
| 5. Is/Was the rent paid in full and on time? | [] YES | [] NO |
| 6. Is there a balance owing for rent charges? | [] YES \$_____ | [] NO |
| 7. Are/Were valid complaints lodged against tenant? | [] YES | [] NO |
| 8. Would you rent to this tenant again? | [] YES | [] NO |

COMMENTS: _____

Landlord Signature _____

Date _____

We appreciate your attention and cooperation in returning this form within 14 days.

WARNING! Section 1001 of title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.

Form HUD- 92006 (05/09)