



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



CREEKSIDE COTTAGES APPLICATION

SE Creekside Dr, College Place, Washington

Smoke-Free Senior Housing (age 55+) subject to Washington State Housing Finance Commission income and rent limits
\$200 security deposit / current rent \$330 one bedroom / \$400 two bedroom

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:		FOR WWHA USE ONLY	
Current Mailing Address:		Date Received:	
City / State / Zip Code:		Time Received:	
Telephone:		Date Entered:	Staff Initials:
Message Telephone:		Email:	

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

Full Name	Relation	Sex	Date of Birth	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:			

OPTIONAL QUESTIONS *for statistical reporting only*

RACE (check one):		ETHNICITY (check one):	
<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> American Indian/Alaskan Native		VETERAN STATUS (check one)	
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander		Are you or a family member currently or have been a member of the Armed Forces? <input type="checkbox"/> YES <input type="checkbox"/> NO	

INCOME

Do you or family members receive income from Employment?			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 a Federal, State or Local Job-Training program?			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?			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?			YES	NO
Household member name:	Source	Amount Frequency		
		\$		

Do you or family members receive income from an educational scholarship/grant or financial aid?			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?			YES	NO
Name of person(s) receiving benefits:	Circle One: TANF / GAU / GAX / SSP	Grant Amount Frequency		
		\$		

Do you or family members receive income from child support?			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?		YES	NO
Household member name:	List Source	Amount Frequency	
		\$	

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

Does someone outside your household pay for bills for you on a regular basis?		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?		YES	NO
Household member name:	List Business Name or Type	Amount Frequency	
		\$	

Do you or family members receive military pay (active or reserves)?		YES	NO
Household member name:	List Branch of Service	Amount Frequency	
		\$	

Do you or family members receive military veterans pay?		YES	NO
Household member name:	List Branch of Service	Amount Frequency	
		\$	

SET-ASIDE SELECTION CRITERIA

CHECK “√” the characteristic [] Disabled if it applies to any listed adult family member.

The resident selection criteria applies to Creekside 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.

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.

PROGRAM INFORMATION

Have you or a family member ever been arrested and/or convicted of a crime?	YES*	NO
* If "YES", explain:		
Whom: _____ Date: _____		
Offense:		
Are you or a family member an abuser and/or addict of a controlled substance?	YES*	NO
* If "YES", explain:		
Whom:		
Have you or a family member ever been convicted of the illegal manufacture or production of methamphetamine?	YES*	NO
* If "YES", explain:		
Whom:	County:	
Is any family member required to register under a State sex offender registration program?	YES*	NO
* If "YES", explain:		
Whom:	County:	

PRIVACY STATEMENT

The Walla Walla Housing Authority is authorized to collect this information for the purpose of determining your eligibility and suitability.

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, except as permitted or required by law. Penalty: You must provide all of the information requested by the Walla Walla Housing Authority, including all Social Security Numbers you and all other household members have and use. Giving the Social Security Numbers of all household members 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.

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 WWAHA 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 WWAHA 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 WWAHA 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 WWAHA, or from other sources which become apparent from information collected during the course of completing my review. I understand that WWAHA will keep my information confidential and not release it to any non-WWAHA 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
_____ Co-Tenant / Other Adult Signature	_____ Date	_____ Co-Tenant / Other Adult Signature	_____ Date



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 number 1-800-833-6384
www.wallawallaha.org * wwha@wallawallaha.org



LANDLORD REFERENCE

Landlord: _____ Tenant: _____
 Address: _____ Rental Address: _____

 Telephone Number: _____ Tenancy at above address:
 From ____/____/____ To ____/____/____

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 _____

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

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