



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



PRE-APPLICATION AFFORDABLE HOUSING

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; List any household members who are temporarily absent from the home)

Full Name	Relation	Sex	Birth date	Social Security Number
	HEAD			

OPTIONAL QUESTIONS – for statistical reporting only

RACE (circle one):

White Black/African American American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander

ETHNICITY (circle one): Hispanic Non-Hispanic

Are you or a family member currently or have been a member of the Armed Forces? (circle one): YES NO

HOUSEHOLD ANNUAL INCOME

Current household annual income is: _____

THINGS TO KNOW

When your name comes to the top of the waiting list for a property for which you have applied, you will be contacted by mail to begin the full application and eligibility screening process.

The WWHA will contact you periodically by mail to confirm your continued interest in the properties you have applied for. Please be advised that if any correspondence sent to you by our office is returned it will not be resent. **It is your responsibility to notify our office in writing within 10 days of any changes in your mailing address, household composition and/or household income.** Please note that changing your address with the United States Postal Service or other service agencies does not change your address with us – you must update your information with us separately and directly. This can be done easily by completing the Waiting List Change Form.

The WWHA has a responsibility to maintain stable and safe living environments for all its residents. For this reason, prior to being offered a rental unit, each applicant is screened for suitability, which includes, but is not limited to: criminal background check, landlord history screening and income eligibility.

Please read each waiting list property description and place a check “√” in the box next to the waiting list(s) you wish to apply for. Visit our website at www.wallawallaha.org for more information.

WAITING LIST SELECTION – affordable rate rental units*

** Please note, these units are affordable rate rental units and rent is not subsidized. If you are interested in applying for rent assistance and/or subsidized housing, please complete the Pre-Application for Rental Assistance / Subsidized Housing Units.*

WE PROVIDE SMOKE-FREE HOUSING

- BELMONT APARTMENTS – 9 N Spokane St, Walla Walla; income limits apply**
- \$200 security deposit
- current monthly rent is \$370 one-bedroom; water/sewer/garbage are included
[] CHRONICALLY MENTALLY ILL/DEVELOPMENTALLY DISABLED set-aside resident selection criteria; check “√” if the characteristic applies to an adult family member
- FOOTHILL HOMES – scattered sites throughout Walla Walla; income limits apply**
- \$400 security deposit
- current monthly rent is \$878 three-bedroom units; water/sewer/garbage are included
- THE LARIAT – 204 N Spokane St, Walla Walla**
- \$400 security deposit
- current monthly rent is: \$575 one-bedroom; tenant pays electricity; water/sewer/garbage are included
\$700 two-bedroom; ALL utilities are included
- LINDEN PLACE – 369 Catherine St, Walla Walla**
- \$200 security deposit
- current monthly rent is \$500 one-bedroom / \$600 two-bedroom; ALL utilities are included

WAITING LIST SELECTION – senior housing one family member must be age 55 or older; income limits apply*

** Please note, these units are affordable rate rental units and rent is not subsidized. If you are interested in applying for rent assistance and/or subsidized housing, please complete the Pre-Application for Rental Assistance / Subsidized Housing Units.*

WE PROVIDE SMOKE-FREE HOUSING

- CREEKSIDE COTTAGES - SE Creekside Dr, College Place**
- \$200 security deposit
- **current monthly rent is \$330 one-bedroom / \$400 two-bedroom; water/sewer/garbage are included**
 DISABLED set-aside resident selection criteria; check “√” if the characteristic applies to an adult family member
- GALBRAITH GARDENS – 343 Catherine St, Walla Walla**
- \$200 security deposit
- **current monthly rent is \$488 one-bedroom / \$582 two-bedroom; water/sewer/garbage are included**
- MARJORIE TERRACE – 817 N Main St, Walla Walla**
- \$200 security deposit
- **current monthly rent is \$335 one-bedroom units; water/sewer/garbage are included**
 DISABLED set-aside resident selection criteria; check “√” if the characteristic applies to an adult family member
- ROSEHAVEN COTTAGES – Drumheller & Rosehaven St, Walla Walla**
- \$200 security deposit
- **current monthly rent is \$534 one-bedroom / \$641 two-bedroom; water/sewer/garbage are included**
 DISABLED HOMELESS set-aside resident selection criteria; check “√” if either or both characteristics applies to an adult family member
- WASHINGTON SCHOOL APARTMENTS – 517 Cayuse St, Walla Walla**
- \$200 security deposit
- **current monthly rent is \$330 one-bedroom units; water/sewer/garbage are included**

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 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 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.

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.

SIGNATURE

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. 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 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



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LANDLORD REFERENCE

Landlord: _____ Tenant: _____
 Address: _____ Rental 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

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.