

HUD

MAIN STREET

PARKVIEW

**HOUSING AUTHORITY
of the
CITY of OTHELLO**

Telephone (509)488-3527

335 N. 3rd, Othello, WA 99344

THIS APPLICATION WILL NOT BE ACCEPTED UNLESS FILLED OUT COMPLETELY

The submission of this application does not guarantee that you will receive a housing unit. However, it will help us determine your eligibility for the programs for which you are applying. It is important that you fill out the form completely and accurately. You must notify us immediately if there is a change in your family size, address and telephone number, income or other circumstances regarding your application

Name _____

Address _____ Home Phone _____

P.O. Box Number _____ Work Phone _____

City _____ Message Phone _____

RACE White Black Spanish American American Indian
 Asian Other minority Prefer not to answer

"The information is requested by the Housing Authority in order to assure the Federal Government, acting through its Farmers Home Administration and HUD that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname."

FARMWORKER APPLICANTS ONLY

Is the head of your household or spouse a citizen of the U.S.? Yes No
Is the head of your household or spouse a legal resident of the U.S. Yes No
Do you have a Passport/Green card or Temporary Resident Card? Yes No



LIST ALL FAMILY MEMBERS

NAMES OF HOUSEHOLD MEMBERS	RELATIONSHIP TO HEAD	S E X	PLACE OF BIRTH	DATE OF BIRTH	A G E	OCCUPATION STUDENT	S.S. # ALIEN REG.#
1.	HEAD						
2.							
3.							
4.							
5.							
6.							
7.							
8.							

FOR OFFICE USE ONLY

Date _____ Time _____ Received by _____

Approved and assigned by _____ Preferences or Priorities _____ Bed Size _____

RECORD OF CRIMINAL CONVICTION

Have you or any one in your household ever been convicted for crimes other than minor traffic such as speeding?

___ No ___ Yes. If yes, indicate who _____
Offense _____ Date _____

OTHER

Have you ever been evicted from any previous housing or been asked to move by the landlord, manager, etc.?

___ No ___ Yes. If yes, please explain _____

Do you presently owe any previous housing charges or rent? ___ No ___ Yes

If yes, How much \$ _____ ; Explain _____

_____ Have you ever lived in a subsidized unit or rented from the Housing Authority of Othello? ___ No ___ Yes Where

When _____

REFERENCES

List all the addresses where you have lived during the **past 4 years** and the name, address, and telephone number of the landlord. Also, include the approximate dates you rented from each landlord.

Current address _____

Current landlord's name _____

Landlord's Address _____

Phone _____ Rented from _____ to _____ Rent amt. _____

**Former address _____

Landlord's name _____

Landlord's Address _____

Phone _____ Rented from _____ to _____ Rent amt. _____

**Former address _____

Landlord's name _____

Landlord's Address _____

Phone _____ Rented from _____ to _____ Rent amt. _____

PERSONAL REFERENCES

Name _____

Address _____

Telephone _____

Name _____

Address _____

Telephone _____

CREDIT REFERENCES

Firm name _____

Address _____

Telephone _____

Firm name _____

Address _____

Telephone _____

ASSETS AND EXPENSES

Please list income earned for the last 12 months, by each family member who is 18 years and older

Family Member	Employer's Name	Dates Worked	Amt. Earned

Does anyone in your family receive or will receive pensions, social security or assistance for D.S.H.S or Dept. of Employment Security or child support? If so please list.

Family Member	Amount Per Month	From Where

Did you receive an earned income credit from IRS or employer? Yes No

TOTAL ANNUAL INCOME FROM ALL FAMILY MEMBERS: \$ _____

ASSETS

Savings: Bank & Acct. # _____ \$ _____
 Checking: Bank & Acct. # _____ \$ _____
 Stocks & Bonds: Bank & Acct.# _____ \$ _____
 Insurance, policy cash value _____ \$ _____
 Credit union shares _____ \$ _____
 Savings certificates, war bonds _____ \$ _____

 Total assets \$ _____

Do you now or have you in the past two years owned Real Estate? _____

If yes, explain: _____

Have you disposed of any other assets in the past two years? _____

If yes, explain: _____

EXPENSES

Anticipated amount to be spent for medical expenses \$ _____
 Anticipated amount to be spent for child care \$ _____

VERIFICATIONS AND SIGNATURES

The information in this application is true, full and complete to the best of my knowledge.

I understand that if I have not given full, true and complete information to the best of my knowledge, my application for housing may be denied.

I authorize the Housing Authority of Othello to make inquiries, to individuals and agencies, including law enforcement, for the purpose of verifying the statements contained in this application.

Signature of head of household

Date

Signature of head of household

Date

Signature of head of household

Date

-FEDERAL PREFERENCE QUESTIONNAIRE-

NAME _____ DATE _____

Please check which of the situations apply to your current housing situation. The way in which you complete this form and the information you provide will affect your place on the waiting list for rental assistance.

INVOLUNTARY DISPLACEMENT:

If you are in standard, permanent housing now, you do not qualify for this preference.

_____ I have been displaced by state or local government action related to code enforcement or public improvement or expect to be in the next six months.

_____ I have been displaced by fire, flood, or other natural disaster and do not yet have standard permanent housing.

_____ I have been displaced by a housing owner due to circumstances beyond my control or expect to be in the next six months. (You would qualify for this preference if the rental unit was sold or converted to non-residential use or closed for rehabilitation or any other reason).

_____ I have been displaced as a victim of domestic violence against me or my children by another member of my household.

_____ I currently live in a household with an individual who engages in violence against me and/or my children.

SUBSTANDARD HOUSING:

I can document that I qualify for the following circumstances:

- I am homeless. I do not have a fixed, regular adequate nighttime residence.
- My current housing is dilapidate (does not provide safe, adequate shelter; has one or more defects requiring considerable repair; endangers the health, safety, and well-being of my family). Please explain.
- My current housing does not have operable indoor plumbing.
- My current housing does not have usable bathtub or shower in the unit for use of my family.*
- My current housing does not have adequate, safe, source of heat.
- My current housing does not have a kitchen.*
- My current housing has been declared unfit for habitation, by a government agency.

50% OF INCOME FOR RENT:

I can provide rent receipt and/or other written documentation to show that the following situation applies:

- I am paying 50% of my gross monthly income for rent and utilities (heat, electric, water, sewer, trash).

It is not necessary at this time to verify any of the above claims. At the time you are called for eligibility interview you will be required to submit documentation to prove your eligibility for the federal preference you claimed.

Please check the appropriate line, sign, and date below.

- I certify that I have submitted truthful information and that I understand that I will have to verify the claims with substantial documentation before it can be determined whether or not I qualify for a federal preference.
- I certify that I am without a preference and wish to remain on the active waiting list according to date and time I originally applied for housing.

Signature of head of household

Date

-QUESTIONNAIRE-

The following is a questionnaire that will help the Housing Authority of Othello identify the housing need in our area. You are not required to fill out this questionnaire; you provide the information by choice.

1. How would you rate the physical condition of your present house?
Excellent_____ good_____ fair_____ poor_____

2. Which of the following housing-related problems are you concerned about?
We spent too much of our income for rent and utilities.....yes__ no__
We don't have enough space in this house; we are too crowded...yes__ no__
This house needs many repairs.....yes__ no__

3. More specifically, does your present house have:
Hot and cold running water?.....yes__ no__
Indoor toilet facilities?.....yes__ no__
Regular tub or shower?.....yes__ no__
Safe electrical wiring?.....yes__ no__
A source of heat, such as furnace?.....yes__ no__

4. How many people are now living in your home?_____

5. Are you currently sharing a home with another family?.....yes__ no__

6. How many bedrooms do you have?_____
- How many other rooms, such as kitchen, living room, dining room, and do you have?
(Do not count bathrooms and bedrooms)_____

7. How much do you pay each month for rent?_____
- If you don't pay rent, please explain_____

8. Does the rent include the utilities?.....yes__ no__
If no; what do you usually pay, per month, for utilities during winter?
remember to include all your utilities--electricity, gas, other heat sources,
water, sewer and garbage. Do not include telephone. \$_____

What do you usually pay, per month, for utilities during the summer months?
\$_____

THANK YOU VERY MUCH FOR TAKING THE TIME TO FILL OUT THE QUESTIONNAIRE.

HANDICAPPED STATUS: If you, or any member of your household, is physically handicapped, please complete the following:

Is the handicap of such a nature that a structurally modified unit would be beneficial to your family? Yes ____ No ____

Check any of the following modifications that apply:

- Bathroom grab bars
- Special door handles
- Widened doorways
- Lowered Cabinets
- Entry Ramps
- Modified Stove/Oven
- Wheelchair accessible Sink/Counters
- Wheelchair accessible shower
- Modifications for the hearing impaired
Please explain: _____

- Modifications for the sight impaired
Please explain: _____

- Other
Please explain: _____

Please check which waiting list you prefer:

- Modified unit only
- Non-modified unit only
- Both of the above

FEDERAL PRIVACY ACT NOTICE
for the

Section 8 Rental Certificate, Rental Voucher, Moderate Rehabilitation, and
the Public and Indian Housing Programs.

PURPOSE: Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

USE: HUD uses 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 to the information furnished. HUD or a public housing agency/ Indian housing authority may conduct a computer match to verify the information you provided. 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 public housing agency / Indian housing authority, including all social security numbers you, and all other household members age six (6) years and older, have and use. Giving the social security numbers of all household members 6 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.

AUTHORITY FOR INFORMATION COLLECTION: The following laws authorize the collection of this information by HUD or the public housing agency / Indian housing authority: the U.S. Housing Act of 1937 (42 U.S.C., 137 e seq.), Title VI of the Civil Rights Acts of 1964, and Title VIII of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

I read the Federal Privacy Act Notice On _____
Date

Signature of Head of Household or Spouse

HOUSING AUTHORITY
Of the
CITY OF OTHELLO
335 n. 3rd , Othello, WA 99344

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize and direct any Federal, state, or local agency and any organization, business, or individual to release to the **OTHELLO HOUSING AUTHORITY** any information or materials needed to complete and verify my application for participation in, and/or to maintain my continued assistance under a subsidized housing program.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

Identity and Marital Status	Employment, income from any source
Medical or Child Care	Assets of any kind, including
Credit and Criminal History	assets disposed of within the last 2 years
Residences & Rental History	

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

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include but not limited to:

Previous Landlords	Past & Present Employers
Courts & Post Offices	Welfare Agencies
Schools & College	State Unemployment Agencies
Law Enforcement Agencies	Social Security Administration
Support/Alimony Providers	Medical & Child Care Providers
Veterans Administration	Retirement Systems
Banks & Financial Institutions	
Payees, Trustees	

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes state above. This authorization will stay in effect for a year and one month from the date signed.

_____	_____	_____
Head of Household	Print Full Name	Date
_____	_____	_____
Spouse/Co-head	Print Full Name	Date
_____	_____	_____
Other Adult Member	Print Full Name	Date
_____	_____	_____
Other Adult Member	Print Full Name	Date

HOUSING AUTHORITY
Of the
CITY OF OTHELLO

335 n. 3rd , Othello, WA 99344

Date_____

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, _____ and _____ the undersigned consent to allow the Housing Authority of the City of Othello to request information and the Washington State Patrol to obtain and release any information to OHA pertaining to contacts, Arrests, conviction and any other information available to aid OHA in determining the undersigned person/persons suitability for assisted housing.

Information obtained under this release will be used solely by OHA staff to determine suitability for assisted housing and will be held confident.

Print Full Name	Birth date	Social Security #
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Signature		
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Print Full Name	Birth date	Social Security #
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Signature		
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Print Full Name	Birth date	Social Security#
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Signature		
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Witness/OHA Staff

Telephone (509) 488-3527 FAX (509) 488-9769 TDD (800) 545-1833 Ext.459

HOUSING AUTHORITY
Of the
CITY OF OTHELLO
335 n. 3rd , Othello, WA 99344

Date _____

AUTHORIZATION FOR THE RELEASE OF INFORMATION
MINOR CHILD

I, _____ (Parent/Guardian), consent to allow the Housing Authority of the City of Othello to request information and the Juvenile Court Services to obtain and release any information to OHA pertaining to contacts, Arrests, conviction and any other information available to aid OHA in determining the undersigned person/persons suitability for assisted housing.

Information obtained under this release will be used solely by OHA staff to determine suitability for assisted housing and will be held confident.

Parent/Guardian Signature

_____ Minor Child	_____ Birth date	_____ Social Security #
_____ Minor Child	_____ Birth date	_____ Social Security #
_____ Minor Child	_____ Birth date	_____ Social Security #
_____ Minor Child	_____ Birth date	_____ Social Security #
_____ Minor Child	_____ Birth date	_____ Social Security #
_____ Minor Child	_____ Birth date	_____ Social Security #

Witness/OHA Staff

Offense/Conviction/Date

Child name

Child name

Child name

Juvenile Court Staff