



Othello Housing Authority
LIONS PARK APARTMENTS
125 N 10th Office
Othello WA 99344
509-488-3254 Fax 509-488-5048

TENANT APPLICATION

TENANT PERSONAL & CREDIT INFORMATION

Applicant Name: _____

Caution: If any parts of this Application are left incomplete, the Application will be rejected for insufficient information. If something does not apply to you, write "N/A" for Not Applicable.

1. To qualify to live in this apartment complex you must meet the government requirements for income, occupancy, and tenant population type. How do you qualify?

Do you require any reasonable accommodations for a handicap? YES _____ NO _____

If you do require any reasonable accommodations, what are they? _____

The income limits are posted on the bulletin board. The site manager can explain them to you. The recommended occupancy requirements are listed below:

Two bedroom Two to Four Person

Exceptions to the occupancy requirements may be made in special circumstances with permission of the subsidizing agency.

Do you think you qualify for an exception? YES _____ NO _____

If yes, how do you think you qualify? _____

2. All applicants who qualify to apply for housing in this property will be screened on the same standards. We reserve the right to reject any application that does not meet our requirements. We will accept only applicants who qualify or have good records **in all of the following areas:**

- a. Must meet the government requirements for income, occupancy and tenant population type.
- b. Must have good landlord and housekeeping references.
- c. Must have a good credit and be able to demonstrate the ability to pay the rent, if applicable.
- d. Must have good personal references from people who are not relatives and pass a home visit if necessary.
- e. Must submit a complete application with no omissions and attend at least one in person interview.
- f. Must be legally responsible to enter into a legal contract.
- g. Must be capable of meeting the lease requirements.

3. When your name gets near the top of the waiting list, you will be screened by a tenant screening company for your credit, landlord, civil and criminal history. You will have to complete the tenant screening application at that time.

4. You will be notified in writing if you do not qualify for the waiting list or for tenancy.
5. If you are offered an apartment you must take it when it is available or your name will be removed from the waiting list unless extenuating circumstances apply.
6. Every six (6) months we will send you a waiting list response form to see if you are still interested in living in the apartment complex. If we do not hear from you by phone or mail, your name will be removed from the waiting list.
7. If your phone number or address changes it is **your** obligation to notify us. We cannot be responsible for removing your name from the waiting list if you fail to advise us of changes in how to contact you.
8. Unless you are applying for a HUD subsidized project, you will be charged for screening your application when your name reaches the top of the waiting list. For subsidized properties, if we deny tenancy based on information provided by our tenant screening agency, you will have the right to appeal that decision. We are not required to release or disclose information provided by the tenant screening agency except as required under 15 USC SEC. 1681 et seq. If you seek to review your credit reports or other such information you should contact the agency directly.
9. If you feel you have been treated unfairly or want additional information contact: **Othello Housing Authority** at 335 N. 3rd, Othello, WA 99344, or call (509) 488-3527

Applicant Information

This application must be filled out completely before it will be accepted.

Date _____ Phone _____

Address: _____ City _____ Zip _____

Head of Household Name _____ **Date of Birth** _____

Social Security Number _____ Drivers License Number _____

Co Head of Household Name _____ **Date of Birth** _____

Social Security Number _____ Drivers License Number _____

Please list all other Occupants Name, Birthdays and Social Security Numbers.

| Name | Social Security Numbers | Birth Dates |
|-------|-------------------------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Income information if not employed please list source or income and monthly amount.

Head of household's information's

Employer _____ Phone _____
Address _____ City _____
Occupation _____ How Long _____
Monthly Income _____ Supervisor _____

Co-Head of Household

Employer _____ Phone _____
Address _____ City _____
Occupation _____ How Long _____
Monthly Income _____ Supervisor _____
Social Security amount _____ DSHS Amount _____
Child Support Amount _____ Other _____

Have you lived here before? _____ If so when _____ Referred by _____
No pets are permitted unless the apartment complex you are applying for is a designated Senior Complex.
Do you have a pet? _____

1. Have you ever filed a petition for bankruptcy? _____
2. Have you ever been evicted from any tenancy? _____
3. Have you ever willfully refused to pay rent? _____
4. Have you ever been convicted of a misdemeanor or felony? _____
5. Have you ever had assistance or tenancy in a subsidized housing program terminated for fraud, non-payment of rent or failure to cooperate with recertification procedure.
Yes _____ No _____

If you answered yes to any of the last five questions, please explain: _____

Please list 2 previous landlords. This must be completed.

Landlords Name _____ Phone _____
Address _____ City _____
How Long _____

Landlords Name _____ Phone _____
Address _____ City _____
How Long _____

To be completed by the Resident Manager.

Application Received Date _____ **Time** _____

Application For Waiting List **Approved** _____ **Date** _____
 Rejected _____ **Date** _____

Placed in Dead File Date _____

Disclosure:

“The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Farmers Home Administration, 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 chose not to disclose it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.”

02/27/01

HOUSING AUTHORITY
of the
CITY OF OTHELLO
Lions Park Apartments
125 N. 10th, 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
Lions Park Apartments
125 N. 10th, Othello, WA 99344

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 #

Signature

Date

Print Full Name

Birth date

Social Security #

Signature

Print Full Name

Birth date

Social Security#

Signature

Witness/OHA Staff

Telephone (509) 488-3527

FAX (509) 488-9769

TDD (800) 545-1833 Ext.459

