

**ON JANUARY 27, 2012 THE HOUSING AUTHORITY OF CHELAN COUNTY & THE CITY OF WENATCHEE WILL BEGIN ACCEPTING APPLICATIONS FOR PLACEMENT ON THE SECTION 8 HOUSING CHOICE VOUCHER RENTAL ASSISTANCE WAITING LIST.**

- Applications may be picked up at any of the locations listed at the bottom of this page from January 27, 2012 through February 10, 2012 or may be downloaded online at [www.ccwha.com](http://www.ccwha.com) and mailed to the PO Box listed below.
- ALL COMPLETED APPLICATIONS **MUST BE RETURNED BY MAIL ONLY AND POSTMARKED NO EARLIER THAN JANUARY 27, 2012 AND NO LATER THAN 5:00 P.M., FEBRUARY 10, 2012 TO:**

**CCWHA  
PO BOX 172  
WENATCHEE, WA 98807-0172**

- On or about February 15, 2012 a **DRAWING** will be held to determine random placement on the waiting list. Only **300** names will be drawn and receive a place on the waiting list. All others will be destroyed. **Applications that are not mailed to PO Box 172, Wenatchee WA, 98807-0172 will NOT be accepted.**
- All qualified applicants must meet income and other eligibility criteria, must be 18 years of age or over and only one application per household will be accepted.
- Participation will be denied for the following reasons: Inability to provide citizenship or legal status as required; any family member has a history of drug related or violent criminal activities within the last 3 years (some exceptions may apply); any family member has permanent sex offender status.
- Applicants already on waiting lists for other housing programs must apply separately for the Section 8 Housing Choice Voucher Rental Assistance Program. Such applicants will not lose their place on other waiting lists when they apply for Section 8.
- **THERE IS NO ADVANTAGE TO SUBMITTING AN APPLICATION ON THE FIRST DAY.**

**Applications may be picked up, beginning at 9:00 a.m. on January 27, 2012 at the following locations (days & hours may vary):**

Chelan Co/Wenatchee Housing Authority	1555 S. Methow	Wenatchee
Recovery Innovations	701 N. Miller	Wenatchee
SAGE	710 N. Chelan	Wenatchee
C/D Community Action Council	620 Lewis	Wenatchee
Columbia Legal Services	300 Okanogan Ave	Wenatchee
Womens Resource Center	20 Adams St.	Wenatchee
OIC	11 Spokane St, Suite 103	Wenatchee
Wenatchee City Hall	129 S. Chelan	Wenatchee
Chelan City Hall	135 E. Johnson	Chelan
Cashmere City Hall	101 Woodring	Cashmere
East Wenatchee City Hall	271 9 <sup>th</sup> Street	East Wenatchee
Leavenworth City Hall	700 Highway 2	Leavenworth
Entiat City Hall	14070 Kinzel St	Entiat



**MUST BE MAILED TO:**

CCWHA  
PO Box 172  
Wenatchee, WA 98807-0172

**ONLY ONE APPLICATION PER HOUSEHOLD WILL BE ACCEPTED. YOU MUST BE 18 OR OVER TO APPLY.**

**Section 8 Housing Choice Voucher Waiting List Lottery Application**

**NOTE:** All applicable information must be completed in order to process your request

**PLEASE PRINT AND COMPLETE IN INK**

Head of HH Last Name:	First Name:	MI	Sex	SSN	Birth date	Disabled
			M / F			Y / N
(Co-Head): Last Name:	First Name	MI	Sex	SSN	Birth date	Disabled
			M / F			Y / N
Street Address:				City	State	Zip
Mailing Address				City	State	Zip
Day Phone	Cell phone / evenings		email address		message number	

**Race:**

\_\_\_ Caucasian \_\_\_ African American \_\_\_ Native American \_\_\_ Asian \_\_\_ Pac Islander \_\_\_ Hispanic

**Total Monthly Income: LIST GROSS AMOUNT ALL FAMILY MEMBERS RECEIVE PER MONTH FROM EACH SOURCE:**

Wage: \$ \_\_\_\_\_ Social Security \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_ TANF: \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_ Pension \$ \_\_\_\_\_ GAU \$ \_\_\_\_\_ Alimony: \$ \_\_\_\_\_

Total Monthly Gross Income: \$ \_\_\_\_\_  
(Total of all lines above)

Total Assets: \$ \_\_\_\_\_  
(Include totals in all checking, savings, CD's, insurance)

Do you or any member of your household owe any money to any housing authority?	Y / N
Are you currently residing with or have recently been displaced by someone who is physically abusive? You will be required to provide current documentation as proof.	Y / N
Does anyone in the household have an illness which has been diagnosed as terminal?	Y / N
Are you currently displaced by a government action or disaster?	Y / N

Total Number to be in household (including Head and Co-head): Adults: \_\_\_\_\_ Children: \_\_\_\_\_

**I/we certify** that the information I am providing on this form is true and accurate. I understand that I will be required to provide further verification of my income and household composition to determine my eligibility. Any intentional misrepresentation, now or in the future, on my part will result in my application being rejected and/or my assistance terminated. I further understand that it is my responsibility to report immediately, in writing, any changes to my circumstances or mailing address.

**Criminal History-** CCWHA will check criminal history on all adult family members prior to issuing a Housing Voucher and has the right to deny eligibility as a result of its findings.

Signature (Head)

Date

Signature (Co-Head)

Date

Other adult member(s)

Date