

**HOUSING AUTHORITY OF CHELAN COUNTY  
& THE CITY OF WENATCHEE  
1555 SOUTH METHOW STREET  
WENATCHEE WA 98801-9417  
(509) 663-7421 TDD EQUIPPED**

Office Use Only	
Application # _____	Bedroom Size _____
Applied on: _____ @ _____	
Translator Needed: YES / NO	
Processed by (initial) _____	

- BAVARIAN VILLAGE APTS.**  
LEAVENWORTH, WA.  
8 ONE BEDROOMS  
14 TWO BEDROOMS  
2 THREE BEDROOMS  
No Smoking  
No Pets



**APPLICATION FOR SECTION 515 MULTI-FAMILY HOUSING**



Submission of this application does not guarantee that you will receive an apartment. It will help us to determine your eligibility and priority category, and place you on a waiting list if you qualify. **IT IS IMPORTANT THAT YOU FILL OUT THE FORM ACCURATELY AND PROVIDES ALL INFORMATION NECESSARY TO COMPLETE THE APPLICATION.** You must notify us immediately if there are any changes in your family size or income.

NAME OF APPLICANT: \_\_\_\_\_

MAILING

ADDRESS: \_\_\_\_\_

Number & Street                      City                      State                      Zip Code

Home Phone: \_\_\_\_\_ Message Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**I. FAMILY COMPOSITION:** List all people who live in your household, starting with head of household.

NAMES OF FAMILY MEMBERS	RELATION TO FAMILY HEAD	BIRTH DATE	PLACE OF BIRTH	SEX	SOCIAL SECURITY NUMBER
1.	HEAD				
2.					
3.					
4.					
5.					

Please list any family member who is 18 years of age or older and is disabled or a full-time/part-time student:

\_\_\_\_\_

- \* Do you qualify for a disability allowance?    Yes /    No
- \* Do you have a disability which requires a unit with special features?    Yes /    No  
If yes, what unit features will you need for your disability? \_\_\_\_\_
- \* Do you have a disability which requires an auxiliary aid?    Yes /    No  
If yes, what auxiliary aid(s) do you require for your disability? \_\_\_\_\_
- \* Have you ever made application to this or another program ran by the Housing Authority of Chelan County & the City of Wenatchee or have you been a tenant in our housing?    YES /    NO
- \* Previous application number or address of apartment owned by us: \_\_\_\_\_

**II. AGE/INCOME DOCUMENTATION**

- Documentation Needed: (1) A copy of your Birth Certificate or other proof of your birth date.  
 (2) Income Tax Return and W-2 forms if you filed.  
 (3) Verification of Social Security Number for every family member.

**III. RECORD OF CRIMINAL CONVICTION**

List all the states that each applicant has lived in \_\_\_\_\_

Have you or anyone in your household ever been convicted for any offense? Yes / No

If yes indicate who: \_\_\_\_\_ Nature of conviction: \_\_\_\_\_

Time Served: \_\_\_\_\_ Date of Release: \_\_\_\_\_

**Credit and Drug and Criminal background checks will be conducted for each applicant prior to determining final eligibility and tenancy.**

**IV. LANDLORD’S REFERENCES:** Please list all landlords from the past four (4) years.

LANDLORD’S NAME & ADDRESS	ADDRESS OF THE RENTAL	LANDLORD’S TELEPHONE #	DATES YOU RENTED
1.			
2.			
3			

FOR ADDITIONAL REFERENCES, PLEASE ATTACH A SEPARATE SHEET IF NECESSARY.

- Are you now or have you ever lived in another Federally Subsidized unit. Yes / No

If yes, list address \_\_\_\_\_

**V. GROSS ANNUAL INCOME**

1. HEAD OF HOUSEHOLD'S INCOME: (If you need more space, please write on back)

COMPANY	EMPLOYER’S ADDRESS	DATES WORKED		TOTAL INCOME RECEIVED
		From	To	
		From	To	\$
		From	To	\$
		From	To	\$
		From	To	\$

2. SPOUSE OR CO-TENANT'S INCOME: (If you need more space, please write on back)

COMPANY	EMPLOYER'S ADDRESS	DATES WORKED		TOTAL INCOME RECEIVED
		From	To	\$
		From	To	\$
		From	To	\$
		From	To	\$

Unemployment: \$ \_\_\_\_\_ per \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Total: \$ \_\_\_\_\_

Social Security/SSI: \$ \_\_\_\_\_ per \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Total: \$ \_\_\_\_\_

Spouse or Co-Tenant \$ \_\_\_\_\_ per \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Total: \$ \_\_\_\_\_

Public Assistance: \$ \_\_\_\_\_ per \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Total: \$ \_\_\_\_\_

Pensions or Annuities: \$ \_\_\_\_\_ per \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Total: \$ \_\_\_\_\_

Source: \_\_\_\_\_

Support Payments/Alimony: \$ \_\_\_\_\_ per (Mo. /Wk.) From \_\_\_\_\_ to \_\_\_\_\_ Total: \$ \_\_\_\_\_

Source: \_\_\_\_\_

**B. TYPE AND VALUE OF ASSETS**

1. Cash on hand and in bank accounts, Interest, Dividends, and IRA's? \$ \_\_\_\_\_

2. Net Income from Real or Personal Property (Not Including Automobiles or Personal Property)

TOTAL: \$ \_\_\_\_\_ Source \_\_\_\_\_

BANK NAME	ACCOUNT #	TYPE OF ACCOUNT
_____	_____	_____
_____	_____	_____

Have you sold, disposed of or given away any assets during the last two years for less than Fair Market Value? \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

How did you hear about our multi-family housing? Friend/Relative / Radio / Newspaper / Flier / Other

NONDISCRIMINATION TRACKING INFORMATION

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 USDA RURAL DEVELOPMENT, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability 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 (Housing Authority of Chelan County & the City of Wenatchee) is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

**HEAD OF HOUSEHOLD ETHNICITY: (SELECT ONE):**

Hispanic or Latino      Not Hispanic or Latino.

**HEAD OF HOUSEHOLD RACE: (SELECT ONE):**

American Indian/Alaska Native      Asian      Black or African American  
Native Hawaiian or Other Pacific Islander      White

**HEAD OF HOUSEHOLD GENDER : (SELECT ONE):**      MALE      FEMALE

**VI. APPLICANT’S CERTIFICATION AND SIGNATURES**

The information in this application is full, true 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 assistance may be denied.

In addition, I certify that the subsidized rental unit I am applying for will be my only permanent residence and I do not nor will I maintain a separate subsidized rental unit in a different location.

**I HEREBY GIVE MY CONSENT TO INQUIRIES BEING MADE BY THE HOUSING AUTHORITY FOR THE PURPOSE OF VERIFYING THE STATEMENTS CONTAINED IN THIS APPLICATION AND TO OBTAIN A CREDIT/CRIMINAL REPORT.**

**SIGNATURES:**

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Household Member

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

**TOTAL INCOME: \$** \_\_\_\_\_

**QUALIFIED DUDUCTIONS**

**TOTAL ADJUSTMENTS: \$** \_\_\_\_\_

**\$480.00 per child**

**ADJUSTED INCOME: \$** \_\_\_\_\_

**\$400.00 for elderly (62+) or disabled family**