

**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: _____ @ _____	
Priority Level _____ - _____	
Translator Needed: YES / NO	
Processed by: _____	

- CHELAN GARDENS
CHELAN, WA.
16 - ONE BEDROOMS
Non Smoking Property



APPLICATION FOR SECTION 515 ELDERLY 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 provide 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 will live in your household, starting with the Head of Household. **Tenant or Co-tenant must be 62 years or older, or disabled as defined in Exhibit B of USDA Rural Development Instruction 1930-C.**

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

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? _____

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) Social Security Cards for every family member that has one.

Please bring the documents with you at the time you turn in your application and we will be happy to make a copy for you.

III. 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.

V. RECORD OF CRIMINAL CONVICTION

List all the states each household member has resided 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. GROSS ANNUAL INCOME

A. INCOME: (Please list all income earned by each family member for the past 12 months.)

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	

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	\$

Unemployment: \$ _____ per (Mo. /Wk.) From _____ to _____ Total: \$ _____

Social Security/SSI: \$ _____ per (Mo. /Wk.) From _____ to _____ Total: \$ _____

Spouse or Co-Tenant \$ _____ per (Mo. /Wk.) From _____ to _____ Total: \$ _____

Public Assistance: \$ _____ per (Mo. /Wk.) From _____ to _____ Total: \$ _____

Pensions or Annuities: \$ _____ per (Mo. /Wk.) From _____ to _____ Total: \$ _____

Source: _____

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

Source: _____

Interest, Dividends, and/or Net Income from Real or Personal Property: TOTAL: \$ _____

Source: _____

B. TYPE AND VALUE OF ASSETS

1.Cash On Hand And In Bank Accounts, Interest, Dividends, IRA's? \$ _____

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

TOTAL: \$ _____ Source _____

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

How did you hear about our elderly 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: (CIRCLE ONE): Hispanic or Latino; Not Hispanic or Latino.

HEAD OF HOUSEHOLD RACE: (CIRCLE ONE): American Indian/Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White.

HEAD OF HOUSEHOLD GENDER :(CIRCLE ONE): MALE OR 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 REPORT.

SIGNATURES:

Head of Household

Date

Spouse

Date

Other Adult Household Member

Date

FOR OFFICE USE ONLY:

TOTAL INCOME: \$ _____

QUALIFIED DEDUCTIONS

TOTAL ADJUSTMENTS: \$ _____

\$480.00 per child

ADJUSTED INCOME: \$ _____

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