

**HOUSING AUTHORITY OF CHELAN COUNTY & THE CITY OF WENATCHEE**  
**1555 SOUTH METHOW STREET - WENATCHEE WA 98801-9417**  
**(509) 663-7421 (TDD Equipped), Fax (509) 663-4761**  
**Office hours: Monday through Thursday, 9:00 a.m. to 5:30 p.m.**  
**Der Garten Haus Apartments**

HOUSING FOR ELDERLY WITH SECTION 8 PROJECT BASED RENTAL ASSISTANCE  
~ Please detach this page and keep as a reference ~

Thank you for your interest in the apartments. Your application will be processed and your name placed on a waiting list according to the date your application was received. When your name comes to the top of the waiting list, and an apartment becomes available, we will notify you. Please keep this office informed of any change in your address so that we are able to contact you.

Application # \_\_\_\_\_ Applied on \_\_\_\_\_ @ \_\_\_\_\_

**DOCUMENTATION NEEDED – We will be happy to make copies for you if you bring the documents into our office.**

- (1) A copy of your Birth Certificate or proof of your birth date.
- (2) Social Security cards for every family member that has one.
- (3) Copies of your Income Tax Return and W-2 forms **if** you filed this last year.
- (5) We will need documentation of your disability, **if** you have a disability and you are not, at least, age 62 or you are not receiving Social Security benefits.

**INCOME LIMITS FOR CHELAN & DOUGLAS COUNTIES**

# Persons Per Family:	1	2
Very Low Income	29550	33750

**OCCUPANCY WILL BE DENIED FOR THE FOLLOWING REASONS:**

- Inability to provide proof that at least one (1) member has citizenship or who has legal immigration status.
- Households that include any person who has engaged in **drug related activities** (i.e. possession, manufacturing and/or distribution of illegal drugs) or **violent criminal activities** within the last 3 years. Exceptions may be made with proof of successful completion of a drug and/or anger management rehabilitation program. However, the manufacturing of Methamphetamines in public housing results in a life time ban from Section 8 programs.
- Persons with permanent **sex offender** status.
- Poor credit or poor Landlord history.

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This application provides the Housing Authority with basic information about you and your family. In order for us to process this application it must be **completed fully and accurately**. Failure to do this will delay your application. Please read each question carefully, and then answer according to the directions. After we process your application, you will be given or mailed a letter of placement or denial. Please keep your placement letter for quick reference to your file.

**CHANGE OF ADDRESS:**

**If your mailing address changes, you must notify our agency in writing to update your file with your new address.** Failure to notify the Housing Authority of address changes could result in a loss of the opportunity for occupancy in these subsidized rental apartments due to the fact that our correspondence does not reach you.

*Thank you and we look forward to assisting you in the future.*