

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: _____ @ _____

Eligibility Priority ____ - ____ Percentage Level _____

Translator Needed: YES / NO

Processed by: _____

- Heritage Glen**
 665 3rd Street NE
 East Wenatchee, WA
1-4 Bedroom Units
Non Smoking Property
No Pets

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. You must also renew this application at least every two years if you wish to remain on our active waiting lists.

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 reside with you, starting with head of household.

NAME OF FAMILY MEMBERS	RELATION TO HEAD OF HOUSEHOLD	BIRTH DATE	PLACE OF BIRTH	SEX optional	SOCIAL SECURITY NUMBER	US CITIZEN OR LEGAL RESIDENT Yes or No
1.	HEAD					
2.						
3.						
4.						
5.						
6.						
7.						
8.						

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 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? _____
- * Do you qualify for a disability allowance? Yes / No
- * 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. CITIZENSHIP/LEGAL RESIDENCY

- Documentation Needed:(1) A copy of your USA Birth Certificate or Permanent Resident Alien Card.
 (2) The last Income Tax Return and W-2 forms that you filed.
 (3) Social Security Cards for every family member that has one.

Bring the documents with you and we will be happy to make a copy for you.

III. GROSS ANNUAL INCOME

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

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

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

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

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

3. AGRICULTURAL INCOME FROM OTHER ADULT HOUSEHOLD MEMBERS: (18 years of age or older)

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

B. INCOME FROM NON-AGRICULTURAL SOURCES: (Please list all non-agricultural income received by you and/or any adult members of your household during the past 12 months.)

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

Unemployment: \$ _____ Per _____ From _____ To _____ Total: \$ _____

Social Security / SSI: \$ _____ Per _____ From _____ To _____ Total: \$ _____

Public Assistance: \$ _____ Per _____ From _____ To _____ Total: \$ _____

Pensions Or Annuities: \$ _____ Per _____ From _____ To _____ Total: \$ _____
Source: _____

Adoption Incentive Program: \$ _____ Per _____ From _____ To _____ Total: \$ _____

Child Support / Alimony: \$ _____ Per _____ From _____ To _____ Total: \$ _____
Source: _____

INTEREST, DIVIDENDS, OR NET INCOME FROM REAL OR PERSONAL PROPERTY:

Source: _____

TOTAL
Annually: \$ _____

C. ASSETS

- 1. CASH ON HAND AND IN BANK ACCOUNTS, Interest, Dividends, IRA's? \$ _____
- 2. ALL OTHER ASSETS (not including automobiles or personal property) \$ _____

BANK NAME	ACCOUNT #	TYPE OF ACCOUNT
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IV. RECORD OF CRIMINAL CONVICTION

List all of the states 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.

V. LANDLORD REFERENCES: Please list all landlords for the last (4) years (include rent-free orchard housing).

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

LIST OTHERS ON SEPARATE SHEET