

**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 <u> 1 </u> |
| Applied on: _____ @ _____   |                         |
| Translator Needed: YES / NO |                         |
| Processed by: _____         |                         |

- Lake Chelan Community Apartments**  
509 East Gibson Street  
Chelan, WA 98816  
28 - 1 bedroom units  
Non smoking property



**APPLICATION FOR ELDERLY HOUSING**



Submission of this application does not guarantee that you will receive an apartment. It will help us to determine your eligibility, 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. **Head of Household must be at least 62 years of age.**

| NAME OF FAMILY MEMBERS | RELATION TO FAMILY HEAD | 62 or older Y/N | Disabled Y/N | BIRTH DATE | SOCIAL SECURITY NUMBER | US CITIZEN OR LEGAL RESIDENT Y/N |
|------------------------|-------------------------|-----------------|--------------|------------|------------------------|----------------------------------|
| 1.                     | HEAD                    |                 |              |            |                        |                                  |
| 2.                     |                         |                 |              |            |                        |                                  |

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? \_\_\_\_\_

List all states each household member has resided in:

| Household Member Name | States you have resided |
|-----------------------|-------------------------|
| 1.                    |                         |
| 2.                    |                         |

**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.**

- A) Are you now, or have you ever lived in Public Housing, received Section 8 Assistance, or any other form of government housing assistance (as Head of Household or as a family member)? \_\_\_If YES, list where, when, and name of program:\_\_\_\_\_
  
  - B) Do you presently owe any monies for rent and/or other charges to a former Housing Authority/Public Housing Agency/Owner or landlord while receiving rental assistance? Yes \_\_\_\_ No \_\_\_\_ Unsure \_\_\_\_  
If YES or UNSURE, please explain:\_\_\_\_\_
  
  - C) Have you ever committed fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing program? \_\_\_\_\_ If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_
  
  - D) Has any family member in your household been involved in the use, manufacture of methamphetamines in public housing, and/or distribution of illegal drugs? \_\_\_\_\_ If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_
  
  - E) Has any family member in your household been involved in violent criminal behaviors? \_\_\_\_\_ If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_
  
  - F) Is any member in your household subject to a lifetime sex offender registration requirement in any state? \_\_\_\_\_ If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_
-

**III. LANDLORD'S REFERENCES:** Please list all landlords from the past four (4) years. Landlord, credit, and criminal background checks will be conducted for each applicant prior to determining final eligibility. For Additional references, please attach a separate sheet if necessary

| LANDLORDS NAME & ADDRESS | ADDRESS OF THE RENTAL | LANDLORDS TELEPHONE # | DATES YOU RENTED |
|--------------------------|-----------------------|-----------------------|------------------|
| 1. _____<br>_____        |                       |                       |                  |
| 2. _____<br>_____        |                       |                       |                  |
| 3. _____<br>_____        |                       |                       |                  |

**IV. TOTAL HOUSEHOLD INCOME:** List all current **monthly** money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workman's Compensation (L&I), retirement benefits, Public Assistance, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources.

| Household Member | Name of Employer | Monthly Earned Wages | Welfare (TANF) | Child Support | SS/SSI Benefits | Unemployment Benefits | All Other Income |
|------------------|------------------|----------------------|----------------|---------------|-----------------|-----------------------|------------------|
| 1.               |                  |                      |                |               |                 |                       |                  |
| 2.               |                  |                      |                |               |                 |                       |                  |
| 3.               |                  |                      |                |               |                 |                       |                  |
| 4.               |                  |                      |                |               |                 |                       |                  |

- 1) Does any member of your household have a checking or savings account? YES \_\_\_ NO \_\_\_
- 2) Is any member of your household employed full-time, part-time or seasonally? YES \_\_\_ NO \_\_\_
- 3) Does any member of your household work for someone who pays them in cash? YES \_\_\_ NO \_\_\_
- 4) Does any member of your household now receive or expect to receive unemployment benefits? YES \_\_\_ NO \_\_\_
- 5) Does any member of your household now receive or expect to receive child support? YES \_\_\_ NO \_\_\_

Name and address of absent parent(s) \_\_\_\_\_

- 6) Does any member of your household receive or expect to receive alimony payments? YES \_\_\_ NO \_\_\_
- 7) Does any member of your household receive or expect to receive income from a pension or annuity?  
YES \_\_\_ NO \_\_\_
- 8) Does anyone outside of your household pay for any of your bills or give you money? YES \_\_\_ NO \_\_\_  
If YES, please explain: \_\_\_\_\_

- 9) Does any member of your household receive income from assets including interest on checking or savings accounts,

interest or dividends from certificates of deposit, stocks or bonds, income from the rental of property?

YES \_\_\_ NO \_\_\_

10) Does anyone in your household receive financial aid, educational grants and/or scholarships? YES \_\_\_ NO \_\_\_

If YES, please explain: \_\_\_\_\_

V. ASSETS: List all assets as in, bank checking and savings accounts, retirement accounts (IRA's, Keogh, Sepp accounts), Certificates of Deposit, stocks/bonds, dividends, house, mobile home, or any other form of real estate. Include all names on accounts.

| Type of Asset | Name(s) on Account | Bank Name | Account # | Current Balance |
|---------------|--------------------|-----------|-----------|-----------------|
|               |                    |           |           |                 |
|               |                    |           |           |                 |
|               |                    |           |           |                 |

1) Do you or any member of your household own or have an interest in any real estate and/or mobile home? \_\_\_\_\_

If YES, please explain \_\_\_\_\_

2) Have you ever owned a home, property, or other real property? \_\_\_\_\_ If YES, please explain:

\_\_\_\_\_

3) Have you disposed of, sold, or given away any assets for less than the actual value (Fair Market Value) during the past two (2) years? \_\_\_\_\_ If YES, please complete the following:

Type of Asset: \_\_\_\_\_

Date of Disposal: \_\_\_\_\_

Amount Received for Asset: \_\_\_\_\_

Market Value of Asset at Time of Disposal: \_\_\_\_\_

4) Do you own a car(s)? \_\_\_\_\_ If YES, give year and model(s) \_\_\_\_\_

How did you hear about our 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 DEPARTMENT OF HOUSING AND URBAN 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 in compliance. 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 as many apply to the Head of Household):**

American Indian/Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

- **FOR OFFICE USE ONLY:**
- **TOTAL INCOME: \$** \_\_\_\_\_

**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 or Other Adult Household Member

\_\_\_\_\_  
Date

**Attachments:**

- Supplement to Application for Federally Assisted Housing
- Citizenship Declaration