

**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	



## Morning Sun Park Application



I am interested in submitting an application for (check all that applies):

- Morning Sun Park Apartments**  
345 Madeline Road  
Manson, WA  
Non-Smoking Property  
No Pets  
1-5 Bedrooms

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.**

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 FAMILY HEAD	BIRTH DATE	PLACE OF BIRTH	SEX	SOCIAL SECURITY NUMBER
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

- \*Documentation Needed:
- (1) A copy of your Birth Certificate or Identification 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.

**III. 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	\$

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	\$

List all the states each household member 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.**

**II. 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

**III. 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 may be denied.

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