

**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: _____	

**Check the apartment(s) you would like to apply for:**

**Washington Square**  
125 South Western  
424 Okanogan  
428 Okanogan  
Wenatchee, WA  
**1-4 Bedroom Units**  
**Non-Smoking Property**  
**No Pets**

**Wenatchee II**  
1120 Ninth Street  
823 Malaga Avenue  
806 S Miller  
Wenatchee, WA  
**1-4 Bedroom Units**  
**Non-Smoking Property**  
**No Pets**

**Applewood**  
1209 S Methow  
1508 Cashmere  
1548 Chelan  
1551 S Methow  
1557 S Methow  
Wenatchee, WA  
**2-5 Bedrooms 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	\$
		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

DISCRIMINATION 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

How did you hear about our agricultural housing?

Friend / Relative \_\_\_\_\_ Radio \_\_\_\_\_ Newspaper \_\_\_\_\_ Flier \_\_\_\_\_ Other \_\_\_\_\_

**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:**

<b>TOTAL INCOME: \$</b> _____	<b>QUALIFIED DUDUCTIONS</b>
<b>TOTAL ADJUSTMENTS: \$</b> _____	<b>\$480.00 per child</b>
<b>ADJUSTED INCOME: \$</b> _____	<b>\$400.00 for elderly (62+) or disabled family</b>