



Application for Evergreen Commons

1627 Evergreen Street, Walla Walla, Washington 99362

Smoke-free, non-subsidized two-bedroom units. Eligibility is subject to program income and rent limits; application to wait list is required.

If anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, please contact the Walla Walla Housing Authority.
PLEASE PRINT CLEARLY USING BLUE OR BLACK INK

Head of Household:		FOR WWHA USE ONLY	
Current Mailing Address:		Date Received:	
City / State / Zip Code:		Time Received:	
Telephone:		Date Entered:	Staff Initials:
Can you receive text messaging? Yes [] No []		Message Telephone:	
		Email:	

HOUSEHOLD COMPOSITION (List EVERYONE in the household including caregivers/live-in aides)

Full Name	Relation to Head	Gender	Date of Birth	Social Security Number	Disabled Yes / No	Student Status	
						Full-Time	Part-Time
	HEAD						

List any household members who are temporarily absent from the home and reason for absence

Print Name:	Reason:
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***SET-ASIDE SELECTION CRITERIA:** CHECK “√” the characteristic(s) that apply to any listed household member
 Homeless Chronic Mental Illness Household with Children

***The resident selection criteria is intended as a guideline only and, depending upon individual circumstances, certain criteria may be evaluated separately or preference given, by the owner or its agents, pursuant to the Washington State landlord/Tenant Law, the Fair Housing Act, and the Civil Rights Act. At the time you are contacted for an eligibility interview you will be required to provide supporting documentation to prove selection(s) you have declared.**

Accessible Unit: Does your household require an accessible unit? YES NO

My household currently includes an animal: YES NO

Describe:

Primary Language Spoken:

OPTIONAL QUESTIONS for statistical reporting only

<p>RACE (check one): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander</p>	<p>ETHNICITY (check one): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic</p> <hr/> <p>VETERAN STATUS (check one) Are you or a family member currently or have been a member of the Armed Forces? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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TOTAL ANNUAL HOUSEHOLD INCOME \$ _____

Check all sources of household income that apply:

<input type="checkbox"/> Employment	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Worker’s Compensation	<input type="checkbox"/> Scholarships/Financial Aid
<input type="checkbox"/> TANF	<input type="checkbox"/> GAU	<input type="checkbox"/> GAX	<input type="checkbox"/> SSP
<input type="checkbox"/> Child Support	<input type="checkbox"/> Alimony	<input type="checkbox"/> SSI	<input type="checkbox"/> SSD
<input type="checkbox"/> SSA	<input type="checkbox"/> Pension / Retirement	<input type="checkbox"/> Self-Employment	<input type="checkbox"/> Military Pay
<input type="checkbox"/> Other, list source:			

PRIVACY ACT NOTICE

Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide.

This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

AUTHORIZATIONS, REPRESENTATIONS AND CERTIFICATIONS

I certify under penalty of perjury that I have completed the above information to the best of my knowledge and that it is true and correct. I understand that all changes to my household composition or income that occur must be reported in writing to the Walla Walla Housing Authority within ten (10) business days of such change. I understand that my position on the waiting list is based on the date and time my application was received by the WWHA and applicable preferences and/or set-aside resident selection criteria noted in this application. I understand that my position on the waiting list is subject to change based on verification of the preferences and/or set-aside resident selection criteria noted in this application.

WARNING: Title 18, Section 1001, of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development. I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation and/or may be grounds for denial of assistance.

SIGNATURES

My signature, as noted and dated below, is confirmation that I do hereby authorize the Walla Walla Housing Authority (WWHA) to obtain any information deemed necessary by WWHA solely for the purpose of determining my eligibility for housing and/or housing assistance. I authorize persons, businesses, and organizations to which such requests are directed to provide the information requested by WWHA and I hold them harmless for providing information in accordance with such requests. I agree that copies of this page may be made to authorize inquiries from sources I have given to WWHA, or from other sources which become apparent from information collected during the course of completing my review. I understand that WWHA will keep my information confidential and not release it to any non-WWHA individual or entity except with my express written permission or as required by law. This content remains in effect until such time my application is denied for assistance and/or removed from the waiting list.

NOTE: ALL signatures must be those of the household member him/herself, except in the case where a legal Power of Attorney authorizes another individual to sign for him/her. If this is the case, such Power of Attorney must be on file with the Walla Walla Housing Authority.

_____ Head of Household Signature	_____ Date	_____ Spouse / Co-Tenant / Other Adult Signature	_____ Date
_____ Other Adult Signature	_____ Date	_____ Other Adult Signature	_____ Date



LANDLORD REFERENCE

must be within the last five (5) years

Landlord: _____

Tenant: _____

Address: _____

Rental Address: _____

Telephone Number: _____

Tenancy at above address:

Fax Number: _____

From ____ / ____ / ____ To ____ / ____ / ____

The above named tenant has applied for a rental unit with us. Please answer the questions listed below and return this statement to us as soon as possible. ALL REPLIES WILL BE KEPT CONFIDENTIAL EXCEPT UPON REQUEST OF THE APPLICANT.

I hereby authorized the release of this information:

Applicant Signature _____

Date _____

TO BE COMPLETED BY ABOVE LISTED LANDLORD

- | | | |
|---|-------------------------|-----------------------|
| 1. Tenant Status | [] Current Tenant | [] Previous Tenant |
| 2. Period of Occupancy | From ____ / ____ / ____ | To ____ / ____ / ____ |
| 3. If previous tenant, was proper notice given? | [] YES | [] NO |
| 4. Is/Was unit kept in safe and sanitary condition? | [] YES | [] NO |
| 5. Is/Was the rent paid in full and on time? | [] YES | [] NO |
| 6. Is there a balance owing for rent charges? | [] YES \$ _____ | [] NO |
| 7. Are/Were valid complaints lodged against tenant? | [] YES | [] NO |
| 8. Would you rent to this tenant again? | [] YES | [] NO |

COMMENTS: _____

Landlord Signature _____

Date _____

WARNING! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

We appreciate your attention and cooperation in returning this form within 14 days.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

