



**Othello Housing Authority
Cedar Park Apartments
525 E Cedar Blvd
Othello WA 99344
509-488-3527 Fax 509-488-9769**

TENANT APPLICATION

TENANT PERSONAL & CREDIT INFORMATION

Applicant Name: _____

Caution: If any parts of this Application are left incomplete, the Application will be rejected for insufficient information. If something does not apply to you, write "N/A" for Not Applicable.

1. To qualify to live in this apartment complex you must meet the government requirements for income, occupancy, and tenant population type. How do you qualify?

Do you require any reasonable accommodations for a handicap? YES _____ NO _____
If you do require any reasonable accommodations, what are they? _____

The income limits are posted on the bulletin board. The site manager can explain them to you. The recommended occupancy requirements are listed below:

Two bedroom Two to Four Person

Exceptions to the occupancy requirements may be made in special circumstances with permission of the subsidizing agency.

Do you think you qualify for an exception? YES _____ NO _____
If yes, how do you think you qualify? _____

2. All applicants who qualify to apply for housing in this property will be screened on the same standards. We reserve the right to reject any application that does not meet our requirements. We will accept only applicants who qualify or have good records in all of the following areas:
- a. Must meet the government requirements for income, occupancy and tenant population type.
 - b. Must have good landlord and housekeeping references.
 - c. Must have a good credit and be able to demonstrate the ability to pay the rent, if applicable.
 - d. Must have good personal references from people who are not relatives and pass a home visit if necessary.
 - e. Must submit a complete application with no omissions and attend at least one in person interview.
 - f. Must be legally responsible to enter into a legal contract.
 - g. Must be capable of meeting the lease requirements.
3. When your name gets near the top of the waiting list, you will be screened by a tenant screening company for your credit, landlord, civil and criminal history. You will have to complete the tenant screening application at that time.
4. You will be notified in writing if you do not qualify for the waiting list or for tenancy.
5. If you are offered an apartment you must take it when it is available or your name will be removed from the waiting list unless extenuating circumstances apply.
6. Every six (6) months we will send you a waiting list response form to see if you are still interested in living in the apartment complex. If we do not hear from you by phone or mail, your name will be removed from the waiting list.
7. If your phone number or address changes it is **your** obligation to notify us. We cannot be responsible for removing your name from the waiting list if you fail to advise us of changes in how to contact you.
8. Unless you are applying for a HUD subsidized project, you will be charged for screening your application when your name reaches the top of the waiting list. For subsidized properties, if we deny tenancy based on information provided by our tenant screening agency, you will have the right to appeal that decision. We are not required to release or disclose information provided by the tenant screening agency except as required under 15 USC SEC. 1681 et seq. If you seek to review your credit reports or other such information you should contact the agency directly.
9. If you feel you have been treated unfairly or want additional information contact: **Othello Housing Authority** at 335 N. 3rd, Othello, WA 99344, or call (509) 488-3527.

**Othello Housing Authority
Cedar Park Apartments**

Applicant Information

This application must be filled out completely before it will be accepted.

Date _____ Phone _____
 Address: _____ City _____ Zip _____
 Head of Household Name _____ Date of Birth _____
 Social Security Number _____ Drivers License Number _____
 Co Head of Household Name _____ Date of Birth _____
 Social Security Number _____ Drivers License Number _____

Please list all other Occupants Name, Birthdays and Social Security Numbers.

Name	Social Security Numbers	Birth Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Income information if not employed please list source or income and monthly amount.

Head of household's information's

Employer _____ Phone _____
 Address _____ City _____
 Occupation _____ How Long _____
 Monthly Income _____ Supervisor _____

Co Head of Household

Employer _____ Phone _____
 Address _____ City _____
 Occupation _____ How Long _____
 Monthly Income _____ Supervisor _____
 Social Security amount _____ DSHS Amount _____
 Child Support Amount _____ Other _____

Have you lived here before? _____ If so when _____ Referred by _____
 No pets are permitted unless the apartment complex you are applying for is a designated Senior Complex.
 Do you have a pet? _____

1. Have you ever filed a petition for bankruptcy? _____
2. Have you ever been evicted from any tenancy? _____
3. Have you ever willfully refused to pay rent? _____
4. Have you ever been convicted of a misdemeanor or felony? _____
5. Have you ever had assistance or tenancy in a subsidized housing program terminated for fraud, non-payment of rent or failure to cooperate with recertification procedure.
 Yes _____ No _____

If you answered yes to any of the last five questions, please explain: _____

Please list 2 previous landlords. This must be completed.

Landlords Name _____
 Address _____
 How Long _____ ?

Phone _____
 City _____

Landlords Name _____
 Address _____
 How Long _____ ?

Phone _____
 City _____

Bank Accounts and Amounts

Bank _____ Branch _____ Address: _____

Type of Account: _____
 Checking Account: Amount _____
 Savings Account: Amount _____

Make and models of all cars and trucks.

Car#1 _____	Year _____	Color _____	License _____
Car#2 _____	Year _____	Color _____	License _____
Car#3 _____	Year _____	Color _____	License _____

Please list two references:

Name _____ Phone: _____
 Address _____ How Long? _____

Name _____ Phone: _____
 Address _____ How Long? _____

Please list two nearest relatives:

Name _____ Phone: _____
 Address _____ How Long? _____

Name _____ Phone: _____
 Address _____ How Long? _____

Othello Housing Authority has a strictly enforced policy prohibiting, discrimination based on age, sex, race, color, religion, national origin, handicap or familial status. Our projects provide Equal Opportunity Housing.

Acceptance of your application for the waiting list does not constitute approval of your application for tenancy. All applicants will be screened by a tenant screening service for criminal/civil history, landlords reference and credit worthiness prior to being approved for occupancy and being offered an apartment.

By signing, the applicant recognizes that the landlord may investigate the information supplied by the applicant and full disclosure of pertinent facts may be made to the landlord. I declare the foregoing to be true under penalty of perjury. I agree that the landlord may terminate any agreement entered in reliance on any misstatement made above. I certify that the unit applied for will be my permanent residence and I will not maintain a separate subsidized rental unit in a different location.

Applicants Signature _____ Date _____

Applicants Signature _____ Date _____

The following information is required by the owner (of Subsidized Properties only) in order to assure the federal government that federal laws prohibiting against tenant applications on the basis of race, national, origin and sex 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 is **required by federal law** to note the race or national origin and sex of individual applicants on the basis of visual observation or surname.

	Male or Female	White Non- Hispanic	Asian or Pacific Islander	Hispanic	Black Non- Hispanic	American Indian Alaskan Native
Applicant:	_____	_____	_____	_____	_____	_____
Co-Applicant	_____	_____	_____	_____	_____	_____

To be completed by the Resident Manager.

Application Received Date: _____ Time _____

Application For Waiting List	Approved _____	Date _____
	Rejected _____	Date _____

Placed in Dead File Date: _____

Disclosure;

“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 Farmers Home Administration, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap 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 chose not to disclose it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.”

02/27/01

HOUSING AUTHORITY
Of the
CITY OF OTHELLO
335 n. 3rd , Othello, WA 99344

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize and direct any Federal, state, or local agency and any organization, business, or individual to release to the **OTHELLO HOUSING AUTHORITY** any information or materials needed to complete and verify my application for participation in, and/or to maintain my continued assistance under a subsidized housing program.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

Identity and Marital Status	Employment, income from any source
Medical or Child Care	Assets of any kind, including
Credit and Criminal History	assets disposed of within the last 2 years
Residences & Rental History	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include but not limited to:

Previous Landlords	Past & Present Employers
Courts & Post Offices	Welfare Agencies
Schools & College	State Unemployment Agencies
Law Enforcement Agencies	Social Security Administration
Support/Alimony Providers	Medical & Child Care Providers
Veterans Administration	Retirement Systems
Banks & Financial Institutions	
Payees, Trustees	

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes state above. This authorization will stay in effect for a year and one month from the date signed.

_____ Head of Household Signature	_____ Print Full Name	_____ Date
_____ Spouse/Co-head Signature	_____ Print Full Name	_____ Date
_____ Other Adult Member Signature	_____ Print Full Name	_____ Date
_____ Other Adult Member Signature	_____ Print Full Name	_____ Date

HOUSING AUTHORITY
Of the
CITY OF OTHELLO

335 N. 3rd, Othello, WA 99344

Date _____

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, _____ and _____ the undersigned consent to allow the Housing Authority of the City of Othello to request information and the Washington State Patrol to obtain and release any information to OHA pertaining to contacts, Arrests, conviction and any other information available to aid OHA in determining the undersigned person/persons suitability for assisted housing.

Information obtained under this release will be used solely by OHA staff to determine suitability for assisted housing and will be held confident.

Print Full Name

Birth date

Social Security #

Signature

Print Full Name

Birth date

Social Security #

Signature

Print Full Name

Birth date

Social Security#

Signature

Witness/OHA Staff

INCOME /ASSET STATEMENT

Tenant Name _____ Date _____ Unit _____

HOUSEHOLD COMPOSTION: I certify my house hold consists of the following persons **ONLY**. Including Names, Relationship, Sex, Date of Birth, and Social Security Numbers. I certify changes in household will immediately be reported to the management. All persons age 18 or older living in the household will complete and sign a separate Income/Asset Statement.

Name	Relationship	Sex	Date of Birth	Social Security No
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DOES YOUR HOUSEHOLD HAVE ANY OF THE FOLLOWING INCOME/ASSETS?

1. Do you receive any of the following?

	Yes	No	Amount
• Wages/ salaries	_____	_____	\$ _____
• Self Employment Income	_____	_____	\$ _____
• Social Security	_____	_____	\$ _____
• SSI	_____	_____	\$ _____
• Welfare	_____	_____	\$ _____
• Unemployment	_____	_____	\$ _____
• Labor & Industry	_____	_____	\$ _____
• Alimony	_____	_____	\$ _____
• Child Support	_____	_____	\$ _____

2. Do you have any of the following?

	Yes	No	Account Numbers/Amount
• Checking Account	_____	_____	_____
• Savings Accounts	_____	_____	_____
• Money Market Funds	_____	_____	_____
• Trust	_____	_____	_____
• If yes, is the trust irrevocable	_____	_____	_____
• Stocks/Bonds	_____	_____	_____
• Certificate of Deposits	_____	_____	_____
• Equity in Rental Property	_____	_____	_____
• Personal Property held as an Investment	_____	_____	_____
• Other Accounts	_____	_____	_____
• Cash held (Safe Deposit Boxes, Etc.)	_____	_____	_____

	Yes	No
3. Have you received any lump sum payments such as:		
• Inheritances	_____	_____
• Lottery Winnings	_____	_____
• Insurance Settlements (health, accident. Worker comp.)	_____	_____
• Capital Gains	_____	_____
• Social Security Benefits, Unemployment Compensation, etc.	_____	_____
• Other	_____	_____
4. Have you disposed of any assets for less than Fair Market Value?		
• In the past (2) years	_____	_____
5. Any assets held jointly with another person?	_____	_____
6. Do you receive periodic income such as:		
• Retirement funds	_____	_____
• Pension	_____	_____
• Annuities	_____	_____
• Insurance Policies	_____	_____
• Disability or Death Benefits	_____	_____
• Other	_____	_____
7. Do you regularly receive monetary gifts or non-cash Contributions from persons outside of the household?		
• Rent	_____	_____
• Utilities	_____	_____
• Groceries	_____	_____
• Clothing	_____	_____
• Miscellaneous household Supplies	_____	_____
• Other	_____	_____
8. Do you receive any income through RSVP or Foster Grandparent Program?	_____	_____
9. Any household member's temporarily absent?	_____	_____
10. Are any household members permanently absent?	_____	_____
11. Are there any full-time students 18 years or age or older in your Household?	_____	_____

ALLOWANCE FOR HANDICAPPED /DISABLED ASSISTANCE EXPENSES: Applies ONLY if a family member is handicapped/ disabled. The allowance is the amount by which total expenses exceed 3 percent of annual income. Includes attendant care and auxiliary apparatus expenses that are 1) necessary to enable a family member (including h/d member) to be employed; 2) anticipated to be paid in the next 12 months; 3) Not paid or reimbursed by outside sources such as insurance, Medicare, grants etc.,. And 4) not paid to a family member. For additional information request information sheet from manager.

I certify my handicap assistance expenses are as follows: (Be specific)

ALLOWANCE FOR MEDICAL EXPENSES: Applies ONLY FOR household whose HEAD or SPOUSE is age 62 or older, handicapped or disabled. The allowance is the amount by which total medical expenses exceed 3 percent of annual income. Total medical expenses includes all medical expenses that are anticipated to be paid by the household in the next 12 months following the effective date of the certification/ recertification and not paid by an outside source, such as insurance, Medicare, or grants, etc., and that can be verified from third party sources, Medical expenses include: service of physicians, medical insurance premiums, prescription medicines, dental expenses, eyeglasses, Hearing aids, and batteries attendance care or periodic medical care, payments on accumulated medical bills: for additional information request information sheet from Manager.

I certify Medical expenses anticipated for the next 12 months are as follows.

ALLOWANCES FOR CHILD CARE EXPENSES: Applies ONLY to amounts paid for care of children (including foster children) UNDER AGE 13. Child expense may be deducted if: 1) such care will enable a family member to work, attend vocational or academic courses; 2) no adult household member capable of providing child care is available during the hours the care is needed; 3) amount deducted is reasonable for the hours and type of care required; 4) amount is not paid to a family member living in the household; 5) amount is not paid or reimbursed by agency or employment income derived because the care is available.

I certify my child's expenses for the next 12 months are as follows: (indicate who child care is to , number of hours per week, vacations and amounts)

I UNDERSTAND AND AGREE THAT THE ABOVE INFORMATION WILL HAVE TO BE VERIFIED FROM THE SOURCE.

CERTIFICATION: I certify under penalties of perjury that the above information is true and complete to the best of my knowledge and belief. I understand that I can be fined up to 10,000 or imprisoned up to five years, or lose the subsidy FHA pays and have my rent increased, if furnish false or incomplete information.

Head of Household

Spouse (Co-Head)

Date: _____

Date _____