

HUD

MAIN STREET

**HOUSING AUTHORITY
of the
CITY of OTHELLO**

Telephone (509)488-3527

335 N. 3rd, Othello, WA 99344

THIS APPLICATION WILL NOT BE ACCEPTED UNLESS FILLED OUT COMPLETELY

The submission of this application does not guarantee that you will receive a housing unit. However, it will help us determine your eligibility for the programs for which you are applying. It is important that you fill out the form completely and accurately. You must notify us immediately if there is a change in your family size, address and telephone number, income or other circumstances regarding your application

Name _____

Address _____ Home Phone _____

P.O. Box Number _____ Work Phone _____

City _____ Message Phone _____

RACE White Black Spanish American American Indian
 Asian Other minority Prefer not to answer

"The information is requested by the Housing Authority in order to assure the Federal Government, acting through its Farmers Home Administration and HUD 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 choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname."

FARMWORKER APPLICANTS ONLY

Is the head of your household or spouse a citizen of the U.S.? Yes _____ No _____
Is the head of your household or spouse a legal resident of the U.S. Yes _____ No _____
Do you have a Passport/Green card or Temporary Resident Card? Yes _____ No _____

LIST ALL FAMILY MEMBERS

| NAMES OF HOUSEHOLD MEMBERS | RELATIONSHIP TO HEAD | S E X | PLACE OF BIRTH | DATE OF BIRTH | A G E | OCCUPATION STUDENT | S.S. # for all family members |
|----------------------------|----------------------|-------------|----------------|---------------|-------------|--------------------|-------------------------------|
| 1. | HEAD | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |

FOR OFFICE USE ONLY

Date _____ Time _____ Received by _____
 Approved and assigned by _____ Preferences or Priorities _____ Bed Size _____

RECORD OF CRIMINAL CONVICTION

Have you or any one in your household ever been convicted for crimes other than minor traffic such as speeding?
 ___ No ___ Yes. If yes, indicate who _____
 Offense _____ Date _____

OTHER

Have you ever been evicted from any previous housing or been asked to move by the landlord, manager, etc.?
 ___ No ___ Yes. If yes, please explain _____

Do you presently owe any previous housing charges or rent? ___ No ___ Yes
 If yes, How much \$ _____; Explain _____

_____ Have you ever lived in a subsidized unit or rented from the Housing Authority of Othello? ___ No ___ Yes Where _____
 When _____

REFERENCES

List all the addresses where you have lived during the **past 4 years** and the name, address, and telephone number of the landlord. Also, include the approximate dates you rented from each landlord.

Current address _____

Current landlord's name _____

Landlord's Address _____

Phone _____ Rented from _____ to _____ Rent amt. _____

**Former address _____

Landlord's name _____

Landlord's Address _____

Phone _____ Rented from _____ to _____ Rent amt. _____

**Former address _____

Landlord's name _____

Landlord's Address _____

Phone _____ Rented from _____ to _____ Rent amt. _____

PERSONAL REFERENCES

Name _____
Address _____

Telephone _____

Name _____
Address _____

Telephone _____

CREDIT REFERENCES

Firm name _____
Address _____

Telephone _____

Firm name _____
Address _____

Telephone _____

ASSETS AND EXPENSES

Please list income earned for the last 12 months, by each family member who is 18 years and older

| Family Member | Employer's Name | Dates Worked | Amt. Earned |
|---------------|-----------------|--------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Does anyone in your family receive or will receive pensions, social security or assistance for D.S.H.S or Dept. of Employment Security or child support? If so please list.

| Family Member | Amount Per Month | From Where |
|---------------|------------------|------------|
| | | |
| | | |
| | | |
| | | |

Did you receive an earned income credit from IRS or employer? Yes No

TOTAL ANNUAL INCOME FROM ALL FAMILY MEMBERS: \$ _____

ASSETS

Savings: Bank & Acct. # _____ \$ _____
 Checking: Bank & Acct. # _____ \$ _____
 Stocks & Bonds: Bank & Acct.# _____ \$ _____
 Insurance, policy cash value _____ \$ _____
 Credit union shares _____ \$ _____
 Savings certificates, war bonds _____ \$ _____
 Total assets \$ _____

Do you now or have you in the past two years owned Real Estate? _____

If yes, explain: _____

Have you disposed of any other assets in the past two years? _____

If yes, explain: _____

EXPENSES

Anticipated amount to be spent for medical expenses \$ _____
 Anticipated amount to be spent for child care \$ _____

VERIFICATIONS AND SIGNATURES

The information in this application is true, full 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.

I authorize the Housing Authority of Othello to make inquiries, to individuals and agencies, including law enforcement, for the purpose of verifying the statements contained in this application.

Signature of head of household

Date

Signature of head of household

Date

Signature of head of household

Date

LOCAL PREFERENCE QUESTIONNAIRE-

NAME _____ DATE _____

Please check which of the situations apply to your current housing situation. The way in which you complete this form and the information you provide can affect your place on the waiting list for rental assistance.

INVOLUNTARY DISPLACEMENT:

If you are in standard, permanent housing now, you do not qualify for this preference.

- I have been displaced by state or local government action related to code enforcement or public improvement or expect to be in the next six months.
- I have been displaced by fire, flood, or other natural disaster and do not yet have standard permanent housing.
- I have been displaced by a housing owner due to circumstances beyond my control or expect to be in the next six months. (You would qualify for this preference if the rental unit was sold or converted to non-residential use or closed for rehabilitation or any other reason).
- I have been displaced as a victim of domestic violence against me or my children by another member of my household.
- I currently live in a household with an individual who engages in violence against me and/or my children.

SUBSTANDARD HOUSING:

I can document that I qualify for the following circumstances:

- I am homeless. I do not have a fixed, regular adequate nighttime residence.
- My current housing is dilapidate (does not provide safe, adequate shelter; has one or more defects requiring considerable repair; endangers the health, safety, and well-being of my family). Please explain.
- My current housing does not have operable indoor plumbing.
- My current housing does not have usable bathtub or shower in the unit for use of my family.*
- My current housing does not have adequate, safe, source of heat.
- My current housing does not have a kitchen.*
- My current housing has been declared unfit for habitation, by a government agency.

50% OF INCOME FOR RENT:

I can provide rent receipt and/or other written documentation to show that the following situation applies:

- I am paying 50% of my gross monthly income for rent and utilities (heat, electric, water, sewer, trash).

It is not necessary at this time to verify any of the above claims. At the time you are called for eligibility interview you will be required to submit documentation to prove your eligibility for the federal preference you claimed.

Please check the appropriate line, sign, and date below.

- I certify that I have submitted truthful information and that I understand that I will have to verify the claims with substantial documentation before it can be determined whether or not I qualify for a federal preference.
- I certify that I am without a preference and wish to remain on the active waiting list according to date and time I originally applied for housing.

Signature of head of household

Date

-QUESTIONNAIRE-

The following is a questionnaire that will help the Housing Authority of Othello identify the housing need in our area. You are not required to fill out this questionnaire.

1. How would you rate the physical condition of your present house?
Excellent _____ good _____ fair _____ poor _____
2. Which of the following housing-related problems are you concerned about?
We spent too much of our income for rent and utilities.....yes ___ no ___
We don't have enough space in this house; we are too crowded...yes ___ no ___
This house needs many repairs.....yes ___ no ___
3. More specifically, does your present house have:
Hot and cold running water?.....yes ___ no ___
Indoor toilet facilities?.....yes ___ no ___
Regular tub or shower?.....yes ___ no ___
Safe electrical wiring?.....yes ___ no ___
A source of heat, such as furnace?.....yes ___ no ___
4. How many people are now living in your home? _____
5. Are you currently sharing a home with another family?.....yes ___ no ___
6. How many bedrooms do you have? _____
How many other rooms, such as kitchen, living room, dining room, and do you have?
(Do not count bathrooms and bedrooms) _____
7. How much do you pay each month for rent? _____
If you don't pay rent, please explain _____
8. Does the rent include the utilities?.....yes ___ no ___
If no; what do you usually pay, per month, for utilities during winter?
remember to include all your utilities--electricity, gas, other heat sources,
water, sewer and garbage. Do not include telephone. \$ _____

What do you usually pay, per month, for utilities during the summer months?
\$ _____

THANK YOU VERY MUCH FOR TAKING THE TIME TO FILL OUT THE QUESTIONNAIRE.

HANDICAPPED STATUS: If you, or any member of your household, is physically handicapped, please complete the following:

Is the handicap of such a nature that a structurally modified unit would be beneficial to your family? Yes ____ No ____

Check any of the following modifications that apply:

- Bathroom grab bars
- Special door handles
- Widened doorways
- Lowered Cabinets
- Entry Ramps
- Modified Stove/Oven
- Wheelchair accessible Sink/Counters
- Wheelchair accessible shower
- Modifications for the hearing impaired

Please explain: _____

Modifications for the sight impaired

Please explain: _____

Other

Please explain: _____

Please check which waiting list you prefer:

- Modified unit only
- Non-modified unit only
- Both of the above

FEDERAL PRIVACY ACT NOTICE
for the

Section 8 Rental Certificate, Rental Voucher, Moderate Rehabilitation, and
the Public and Indian Housing Programs.

PURPOSE: Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

USE: HUD uses 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 to the information furnished. HUD or a public housing agency/ Indian housing authority may conduct a computer match to verify the information you provided. 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 public housing agency / Indian housing authority, including all social security numbers for all family members, have and use. Giving the social security numbers of all family members 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.

AUTHORITY FOR INFORMATION COLLECTION: The following laws authorize the collection of this information by HUD or the public housing agency / Indian housing authority: the U.S. Housing Act of 1937 (42 U.S.C., 137 e seq.), Title VI of the Civil Rights Acts of 1964, and Title VIII of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all family members.

I read the Federal Privacy Act Notice On _____
Date

Signature of Head of Household or Spouse

HOUSING AUTHORITY OF THE CITY OF OTHELLO

335 N. 3rd, Othello, WA 99344

ELIGIBLE IMMIGRATION STATUS Verification Consent Form

Section 214 of the Housing and Community Development Act of 1980, as amended, requires the Othello Housing Authority and the Department of Housing & Urban Development (HUD) to ensure the financial assistance is made available only to persons who are U.S. Citizens, U.S. Nationals or Non-citizens who have been lawfully admitted to the United States and considered to have "eligible immigration status." The law requires all tenants for assisted housing who claim to have "eligible immigration status" to sign a consent form authorizing Othello Housing Authority and HUD to verify the information supplied with the U.S. Department of Homeland Security (DHS).

Purpose: This information is required to determine your eligibility for continued housing assistance (Federal subsidy).

Use of the Information to be Obtained: The evidence you supply to document your eligibility for housing assistance may be released by the Housing Authority, without responsibility for the further use or transmission of the evidence by the entity receiving it, (1) HUD, as required by HUD, and (2) the DHS for the purpose of establishing eligibility for financial assistance and not for any other purpose. However, neither the Housing Authority nor HUD are responsible for the further use or transmission of the evidence or other information by the DHS.

Who Must Sign This Consent Form? Each non-citizen in the household who will be receiving housing assistance and claims "eligible immigration status" must sign below. Adults, age 18 years or older, must sign for themselves. In the case of minor children (under 18 years old), the form must be signed by the head of household and/or adult member who is responsible for each minor child.

Failure to Sign the Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing (subsidy) benefits, or both. Denial of eligibility or termination of benefits (subsidy) is subject to the Housing Authority's grievance procedures or Section 8's informal hearing process, whichever is applicable.

Consent: I authorize the Othello Housing Authority, or HUD to request and obtain verification from the DHS of the information I have supplied regarding my immigration status. I understand that this information is true and accurate to the best of my knowledge.

| | | | |
|---------------------------|------|---------------------------|------|
| Head of Household | Date | Spouse/Co-Tenant | Date |
| Other Adult (over age 18) | Date | Other Adult (over age 18) | Date |

Consent for Minor Children: I certify that I am the head of household and/or the adult family member responsible for the minor children listed below. I authorize Othello Housing Authority to request and obtain verification from the DHS of the information supplied regarding their immigration status. I understand this information is needed to determine eligibility for housing assistance (Federal subsidy); and I certify that the information I have supplied is true and correct to the best of my knowledge. List minor children:

| | |
|--|--|
| | |
| | |
| | |

Signature _____ Date _____
Parent or Guardian

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 | Print Full Name | Date |
| _____ | _____ | _____ |
| Spouse/Co-head | Print Full Name | Date |
| _____ | _____ | _____ |
| Other Adult Member | Print Full Name | Date |
| _____ | _____ | _____ |
| Other Adult Member | Print Full Name | Date |

Telephone (509) 488-3527

FAX (509) 488-9769

TDD (800) 545-1833 Ext.459

**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

Telephone (509) 488-3527

FAX (509) 488-9769

TDD (800) 545-1833 Ext.459

**HOUSING AUTHORITY
Of the
CITY OF OTHELLO**

335 n. 3rd , Othello, WA 99344

Date _____

**AUTHORIZATION FOR THE RELEASE OF INFORMATION
MINOR CHILD**

I, _____ (Parent/Guardian), consent to allow the Housing Authority of the City of Othello to request information and the Juvenile Court Services 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.

Parent/Guardian Signature

| | | |
|----------------------|---------------------|----------------------------|
| _____ Minor Child | _____ Birth date | _____ Social Security # |
| _____ Minor Child | _____ Birth date | _____ Social Security # |
| _____ Minor Child | _____ Birth date | _____ Social Security # |
| _____ Minor Child | _____ Birth date | _____ Social Security # |
| _____ Minor Child | _____ Birth date | _____ Social Security # |
| _____ Minor Child | _____ Birth date | _____ Social Security # |

Witness/OHA Staff

Child name

Child name

Child name

Offense/Conviction/Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

| | |
|---|---|
| Applicant Name: | |
| Mailing Address: | |
| Telephone No: | Cell Phone No: |
| Name of Additional Contact Person or Organization: | |
| Address: | |
| Telephone No: | Cell Phone No: |
| E-Mail Address (if applicable): | |
| Relationship to Applicant: | |
| Reason for Contact: (Check all that apply) | |
| <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent | <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ |
| <p>Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.</p> | |
| <p>Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.</p> | |
| <p>Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.</p> | |
| <input type="checkbox"/> Check this box if you choose not to provide the contact information. | |

| | |
|-------------------------------|-------------|
| Signature of Applicant | Date |
|-------------------------------|-------------|

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.