

www.hagc.net

NAME _____ APPLICATION # _____

Housing Authority of Grant County

1139 Larson Blvd. • Moses Lake, WA 98837-3308

Phone: (509) 762-5541 • Fax: (509) 762-2202

Toll Free: (800) 747-9202 • TTY: (800) 833-6388

LOW-INCOME HOUSING APPLICATION

The Low-Income Housing Application consists of four (4) different subsidized housing programs for low-income families:

1. **Public Housing:** Eligibility for the Public Housing Program is based on income and legal status. All applicants are also screened for criminal history. Rents are based on 30% of the tenant's adjusted gross income. Applications are placed on the waiting list according to date and time received. The units are located in various communities of Grant County, however, applicants are offered each unit (of appropriate bedroom size) that becomes available -- regardless of location preference. The waiting list for this program is approximately three (3) to six (6) months.
2. **Subsidized Larson Program:** The criteria to qualify for Subsidized Larson (also known as Section 8 Larson Moderate Rehabilitation Program) is the same as for Public Housing, including criminal history screening. Rents are based on 30% of the tenant's adjusted gross income. Applications are placed on the waiting list according to date and time received. All of these units are located at Larson, the former Larson Air Force Base, in Moses Lake. The waiting list for this program is approximately three (3) to six (6) months.
3. **Farm Labor Housing Program:** The Farm Labor Housing Program is for persons or families (head of household must have legal status) who earn a substantial portion of their income from work related to agriculture. Applicants are also screened for criminal history. Rents are based on 30% of their adjusted annual gross income. Farm Labor Housing is located in Mattawa. The waiting list is approximately three (3) to six (6) months.
4. **Section 8 Housing Choice Voucher Program:** The Section 8 Housing Choice Voucher Program is a rental assistance program for low-income families. Applicant qualification for the program is determined by income and legal status. Applicants may be screened for criminal history. Upon qualification, a voucher will be issued to the applicant to find housing through landlords willing to participate. Once housing is found that meets the Housing Authority's Housing Quality Standards (HQS), the tenant and the Housing Authority each pay a portion of the monthly rent to the landlord. The waiting list is approximately three (3) years or more.

INSTRUCTIONS & CHECKLIST FOR APPLICATION COMPLETION

Please read the Lead-Based Paint Brochure provided with your application. Please complete this application completely -- DO NOT LEAVE ANY BLANK LINES -- or your application will not be accepted. (WRITE "N/A" OR "NONE" WHEN APPROPRIATE.) The following items are required upon submission of this application:

1. ___ Photocopy of **birth certificate, picture ID** and, for all applying members not born in the U.S., copy of front and back of **Alien Registration card or proof of U.S. citizenship.**
2. ___ **Social Security Number of ALL members applying, including minors.**
3. ___ **Complete names, addresses and telephone numbers of all landlords for the PAST FOUR (4) YEARS,** including present landlord on Page 2 of application.
4. ___ **Signatures of all adult members on Page 3, "Verifications & Signatures."**
5. ___ **Signature only** on bottom of Page 4, "Landlord Reference" form.
6. ___ **Signatures of all adult members on Page 6, "Declaration of Eligibility Status."**
7. ___ **Signatures of all non-citizen adult members &/or parent or guardian of non-citizen children claiming "eligible immigration status" on Page 8, "Verification Consent Form."**
8. ___ **Signatures of all adult members on Page 9, "Release of Information Authorization."**
9. ___ **Applicant & Housing Authority Signatures on Page 10, "Notice of the Availability of Reasonable Accommodations," and copy of form to Applicant.**
10. ___ Page 11, "Request for a Reasonable Accommodation" form to Applicant.
11. ___ **Applicant signature and date on Page 12, "Race, Ethnicity and Disability Questionnaire."**
12. ___ **Applicant & Housing Authority signatures on Page 13, "Cancellation Policy," and copy to applicant.**
13. ___ **Page 14, "EIV Notification", signature of all adult members, Page 15, "Community Service Requirement" signature of adult members, and Page 16, "VAWA" signature of all adult members.**

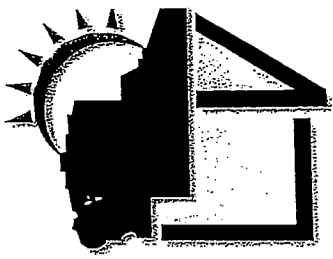
THE HOUSING AUTHORITY DOES NOT PROVIDE EMERGENCY HOUSING. TO APPLY FOR EMERGENCY HOUSING, CONTACT NORTH COLUMBIA COMMUNITY ACTION COUNCIL AT (509) 765-9206.

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Revised 03/2009

The Housing Authority of Grant County, Washington, does not discriminate on the basis of race, color, national origin, religion, sex, physical or mental disability, or familial status. The Housing Authority of Grant County's policies and practices are designed to provide assurances that persons with disabilities will be given reasonable accommodations, upon request, so that they may fully access and utilize the housing programs and related services.





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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, telephone number, income or other circumstances** that may affect your application.

PLEASE INDICATE WHICH PROGRAM(S) YOU ARE APPLYING FOR:

Public Housing:	Moses Lake _____	_____	Section 8 Housing Choice Voucher Program
Ephrata _____	Warden _____	_____	Farm Labor Housing in Mattawa
Soap Lake _____	Royal City _____	_____	Subsidized Larson (Units in Moses Lake)
Quincy _____	Grand Coulee _____	_____	

Name of Head of Household _____

Address _____ Home Phone _____

PO Box Number _____ Work Phone _____

City, State, Zip _____ Message Phone _____

How did you hear about our properties? ___ Newspaper ___ Flyers/Letters ___ Other Explain: _____

LIST ALL FAMILY MEMBERS INCLUDING YOURSELF.

NAMES OF HOUSEHOLD MEMBERS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	BIRTH PLACE	BIRTH DATE	AGE	OCCUPATION OR A FULL-TIME STUDENT	SS# or ALIEN REG.#
1.	SELF						
2.							
3.							
4.							
5.							
6.							
7.							
8.							

RECORD OF CRIMINAL/DRUG ACTIVITY

Have you, or anyone in your household, ever been convicted for an offense other than a misdemeanor? ___ Yes ___ No

If yes, indicate whom _____ Time served _____ Date released _____

Has a member of your household ever used drugs or been charged with drug activity? ___ Yes ___ No. If Yes, Please explain _____

Is a member of your household subject to the State Sexual Offenders Registration? ___ Yes ___ No

Is anyone in the household enrolled in an institution of higher education? ___ Yes ___ No

For Office Use Only

Date _____ Time _____ Received by _____

Approved and assigned by _____ Bedroom Size _____ App. # _____

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OTHER

Have you ever been evicted from any previous housing or been asked to move by the landlord, manager, etc.?

Yes No If yes, please explain _____

Do you presently owe any previous housing charges or rent? Yes No

If yes, how much? \$ _____ Explain _____

Have you ever lived in a subsidized unit, rented from the Housing Authority of Grant County, or any other housing authority?

Yes No If yes, where? _____ When? _____

LANDLORD REFERENCES

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

Present address _____

Present landlord's name _____

Address _____

Phone _____ Rented from _____ to _____ Rent Amt. \$ _____

Is this your primary residence? Yes No

=====
**Former address _____

Landlord's name _____

Address _____

Phone _____ Rented from _____ to _____ Rent Amt. \$ _____

Reason for moving _____

=====
**Former address _____

Landlord's name _____

Address _____

Phone _____ Rented from _____ to _____ Rent Amt. \$ _____

Reason for moving _____

=====
**Former address _____

Landlord's name _____

Address _____

Phone _____ Rented from _____ to _____ Rent Amt. \$ _____

Reason for moving _____

PERSONAL REFERENCES

Name _____ Name _____

Address _____ Address _____

Telephone _____ Telephone _____

CREDIT REFERENCES

Firm Name _____ Firm Name _____

Address _____ Address _____

Telephone _____ Telephone _____

ASSETS AND EXPENSES

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

Family Member	Employer Name	Dates Worked	Amount Earned (Last 12 Months)

Does or will anyone in your family receive monthly pensions, Social Security or assistance from D.S.H.S., Department of Employment Security or child support? Yes No If yes, please list below.

Family Member	Amount Per Month	Source (From Where?)

You may be eligible to receive a deduction for a disability allowance. Do you qualify for this deduction? Yes No
 Did you receive an earned income credit from the IRS or an 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: Location _____ Value \$ _____
 Savings Certificates, War Bonds _____ \$ _____
TOTAL ASSETS \$ _____

Have you owned real estate in the past two years? Yes No
 If yes, explain: _____

Have you disposed of any other assets in the past two years? Yes No
 If yes, explain: _____

EXPENSES

Anticipated amount to be spent for medical expenses: \$ _____
 Anticipated amount to be spent for childcare: \$ _____

VERIFICATIONS AND SIGNATURES

I certify that the unit applied for will be my permanent residence and I will not maintain a separate subsidized rental unit in any other location. The information in this application is true and complete to the best of my knowledge. I understand that if I have not given true and complete information to the best of my knowledge, my application for housing may be denied. I authorize the Housing Authority of Grant County to make inquiries for the purpose of verifying the statements contained in this application.

Signature of Head of Household and Date

Signature of Other Adult Member and Date

Signature of Spouse and Date

Signature of Other Adult Member and Date

Signature of Other Adult Member and Date

Signature of Other Adult Member and Date



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TO: _____

DATE: _____
LANDLORD REFERENCE FOR: _____

DEAR _____:

The above-named person has applied to us for housing and we are inquiring into the applicant's prior tenancy record. Please complete the following:

1. Status: () Present tenant () Previous tenant
2. Period of occupancy: From _____ To _____
3. If previous tenant, was proper move-out notice given? () Yes () No
4. Is/was the unit kept in safe & sanitary condition? () Yes () No
5. Is/was the rent paid in full and on time? () Yes () No
6. Are/were valid complaints made against the family? () Yes () No
7. Is there a balance owing for rent or charges? () Yes () No
 If yes, what is the amount owed? \$ _____
8. Would you rent to the family again? () Yes () No

Comments _____

Landlord Signature _____ Phone _____

We appreciate your attention on this matter and request that you return this form within 14 days of the date of this letter. A stamped envelope is enclosed.

Sincerely,

HOUSING AUTHORITY OF GRANT COUNTY,
WASHINGTON

Housing Authority Representative

**

I authorize the above-named landlord to release the requested information to the Housing Authority of Grant County, Washington, regarding my past/present tenancy. This document may be photocopied if more than one landlord reference is needed.

Applicant Signature _____ Date _____



NOTIFICATION OF THE NON-CITIZEN RULE

On June 19, 1995, in accordance with Section 214 of the Housing and Community Development Act of 1980, as amended, the Housing Authority of Grant County implemented a change in the federal regulations which limits eligibility for assistance based on citizenship and immigration status. The following is further explanation of the requirements:

WHO QUALIFIES FOR ASSISTANCE:

- (1) U.S. citizens; or
- (2) Non-citizens who have eligible immigration status in one of the following categories:
 - (a) A non-citizen lawfully admitted for permanent residence, as defined by Section 101 (a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101 (a) (15) of the INA (8 U.S.C. 1101 (a) (20) and 1101 (a)(15), respectively (immigrants). (This category includes a non-citizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), (special agricultural worker), who has been granted lawful temporary resident status);
 - (b) A non-citizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of and exercise of discretion by the Attorney General under Section 249 of the INA (8 U.S.C. 1259);
 - (c) A non-citizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) (refugee status); pursuant to the grant of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) (asylum status) or as a result of being granted conditional entry under Section 203 (a) (7) of the INA (8 U.S.C. 1153 (a) (7)) before April 1, 1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;
 - (d) A non-citizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d)(5) of the INA (8 U.S.C. 1182 (d)(5)) (parole status);
 - (e) A non-citizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 234 (h) of the INA (8 U.S.C. 1253 (h)) (threat to life or freedom); or
 - (f) A non-citizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255 (a)) (amnesty granted under INA 245A).

WHAT EVIDENCE IS NEEDED:

- (1) For **U.S. Citizens**, evidence consists of a signed declaration of U.S. Citizenship.
- (2) For **non-citizens who are 62 years of age or older** and are receiving assistance as of June 19, 1995, the evidence consists of:
 - (a) A signed declaration of eligible immigration status; and
 - (b) Proof of age document.
- (3) For all other Non-citizens, the evidence consists of:
 - (a) A signed declaration of eligible immigration status;
 - (b) A signed verification consent form;
 - (c) One of the following INS documents:
 - (i) **Form I-551** Alien registration Card
 - (ii) **Form I-94** Arrival Departure Record annotated with one of the following:
 - Admitted as Refugee Pursuant to Section 207
 - Section 208 or Asylum
 - Section 243(h) or Deportation stayed by Attorney General
 - Paroled Pursuant to Section 212(d)(5) to the INA
 - (iii) **Form I-94** Arrival Departure Record not annotated, must be accompanied by one of the following:
 - A final court decision granting asylum
 - A letter from the INS asylum officer, or from the INS district director granting asylum
 - A court decision granting withholding or deportation
 - A letter from an INS asylum officer granting withholding of deportation
 - (iv) **Form I-688** Temporary Resident Card annotated with Section 245A or Section 210
 - (v) **Form I-688B** Employment Authorization Card annotated with Provision of Law 274a.12(11) or Provision of Law 274a.12
 - (vi) A receipt from the INS indicating the application for issuance of a replacement document for one of the above.

WHEN IT MUST BE SUBMITTED:

For Applicants, the evidence must be submitted at the time the family applies. Current Applicants must submit evidence at the time they are interviewed.

For Tenants receiving assistance as of June 19, 1995, evidence must be submitted at their first regular reexamination after June 19, 1995. For any new occupant of an assisted unit, the required evidence shall be submitted prior to admittance to the unit.

WHAT HAPPENS AFTER IT IS SUBMITTED:

Once the evidence has been submitted, those declaring U.S. Citizenship and those tenants (housed as of June 19, 1995) 62 or older who declare eligible immigration status, will be placed on the waiting list if they are applicants or continue in assisted housing if they are current tenants.

For all other non-citizens who have claimed eligible immigration status, the submitted documents will be verified in cooperation with the INS (Immigration and Naturalization Service). If eligible immigration status is not verified, the family will be notified of their ineligibility and given the right to appeal the decision to either INS or the Housing Authority. If neither appeal is chosen, the family's assistance will be prorated, terminated or denied. Should the family choose the appeals process and the decision is upheld, the assistance will be prorated, denied or terminated depending on the circumstances. Those assisted as of June 19, 1995, may also be eligible for and may request continued assistance or deferral of the termination in order to preserve the family.

DECLARATION OF ELIGIBILITY STATUS

Head of Household/ Adult Family Member
(circle one)

Spouse/Co-Tenant/Adult Family Member
(circle one)

Print name

Print name

I certify that I am (please check one):

I certify that I am (please check one):

- a U.S. Citizen
- a non-citizen with Eligible Immigration Status
- choosing not to state if I am a U.S. Citizen or have eligible status.

- a U.S. Citizen
- a non-citizen with Eligible Immigration Status
- choosing not to state if I am a U.S. Citizen or have eligible status.

(Please complete the following only if there are minor children in the family and you are the responsible adult family member.)

I certify that the following minor child/children listed in my household is/are: [Please check appropriate status and list name(s) and birth date(s).]

<u>NAME</u>	<u>BIRTH DATE</u>
<input type="checkbox"/> U.S. Citizen(s) _____ _____ _____ _____	_____ _____ _____ _____
<input type="checkbox"/> non-citizen(s) with Eligible Immigration Status _____ _____ _____ _____	_____ _____ _____ _____

I am choosing not to state if my child/children is/are U.S. Citizen(s) or has/have Eligible Immigration Status.

_____ _____ _____ _____	_____ _____ _____ _____
----------------------------------	----------------------------------

I declare under penalty of perjury under the laws of the state of Washington that the above is true and correct to the best of my knowledge.

Head of Household/ Adult Signature and Date

Spouse/ Co-tenant/ Adult Signature and Date

FOR OFFICE USE ONLY

HEAD _____

HA: ENTER PRIMARY VERIFICATION # _____ DATE _____

SPOUSE _____

HA: ENTER PRIMARY VERIFICATION # _____ DATE _____

MINOR _____

HA: ENTER PRIMARY VERIFICATION # _____ DATE _____

MINOR _____

HA: ENTER PRIMARY VERIFICATION # _____ DATE _____

MINOR _____

HA: ENTER PRIMARY VERIFICATION # _____ DATE _____

MINOR _____

HA: ENTER PRIMARY VERIFICATION # _____ DATE _____

MINOR _____

HA: ENTER PRIMARY VERIFICATION # _____ DATE _____

MINOR _____

HA: ENTER PRIMARY VERIFICATION # _____ DATE _____

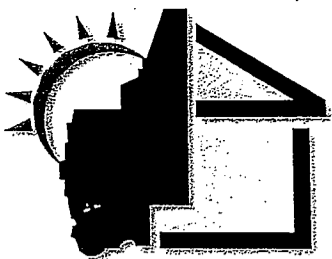
NAME _____

HA: ENTER SECONDARY VERIFICATION # _____ DATE _____

NAME _____

HA: ENTER SECONDARY VERIFICATION # _____ DATE _____

COMMENTS:



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VERIFICATION CONSENT FORM

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

Purpose: In signing this consent form, you are authorizing the Housing Authority of Grant County, USDA and HUD to verify your status as an immigrant to the United States. This information is needed in order to determine your eligibility for the assisted housing benefits for which you have applied.

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, to (1) USDA and HUD, as required by USDA and HUD, and (2) the INS for purposes of verification of the immigration status of the individual. The information supplied will be released by the Housing Authority, USDA or HUD to the INS for the purpose of establishing eligibility of financial assistance and not for any other purpose. However, neither the Housing Authority, USDA nor HUD is responsible for the further use or transmission of the evidence or other information by the INS.

Who must sign the form: Each Non-citizen who claims "eligible immigration status" must sign a verification consent form. Adults, age 18 or older, must sign the form themselves. In the case of children (under age 18), the form must be signed by the adult family member who is responsible for the minor child/children.

Failure to sign the form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the Housing Authority's grievance procedures.

Consent: I consent to allow the Housing Authority of Grant County, USDA or HUD to request and obtain verification from the INS regarding the information I have supplied for my immigration status. I understand that this information is necessary to determine my eligibility for housing assistance and certify the information I have supplied is true and accurate to the best of my knowledge.

Head of Household Signature and Date

Spouse Signature and Date

Other Adult (over age 18) Signature and Date

Other Adult (over age 18) Signature and Date

Other Adult (over age 18) Signature and Date

Other Adult (over age 18) Signature and Date

Consent for Minor Children: I certify that I am the adult family member responsible for the minor child/children listed below and I consent to allow the Housing Authority, USDA or HUD to request and obtain verification from the INS of the information supplied regarding their immigration status. I understand that this information is needed in order to determine eligibility for housing assistance and certify that the information I have supplied is true and correct to the best of my knowledge.

List minor children: _____

Parent or Guardian Signature and Date



RELEASE OF INFORMATION AUTHORIZATION

I authorize the Washington State Employment Security Department to release information from my records on file with the Washington State Employment Security Department to:

USDA, Rural Housing Service
(Present address at):
301 Yakima Street, Room 319
P.O. Box 2427
Wenatchee, WA 98807-2427

AND

Housing Authority of Grant County
1139 Larson Boulevard
Moses Lake, WA 98837

I understand that this authorization will be in effect for the term of assistance received from USDA, Rural Housing Service and/or the US Department of HUD.

Head of Household Signature

Other Adult Signature

Head of Household's Name (printed or typed)

Other Adult's Name (printed or typed)

Head of Household's Social Security Number

Other Adult's Social Security Number

Date

Date

Spouse Signature

Other Adult Signature

Spouse's Name (printed or typed)

Other Adult's Name (printed or typed)

Spouse's Social Security Number

Other Adult's Social Security Number

Date

Date

Other Adult Signature

Other Adult Signature

Other Adult's Name (printed or typed)

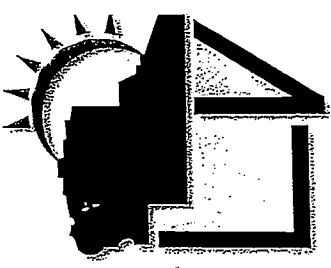
Other Adult's Name (printed or typed)

Other Adult's Social Security Number

Other Adult's Social Security Number

Date

Date



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NOTICE OF THE AVAILABILITY OF REASONABLE ACCOMMODATIONS

(Confidential Information. This information will not be disclosed or released, except as permitted by law.)

If you have a disability and need:

- a change in our policies or procedures
- a repair or change in your unit
- a repair or change to some other part of the property
- a change in the way we communicate with you or give you information, for example, appropriate auxiliary aids, text telephone (TTY), qualified sign language interpreters for persons with speech or hearing impairments, or alternate format for vision impairment

YOU CAN ASK FOR THIS CHANGE, WHICH IS CALLED A "REASONABLE ACCOMMODATION."

If you can show that you have a disability and if your request is reasonable, you can ask for this change. If you would like the owner of your rental to make modifications in your unit or to some other part of the property to accommodate a disability, let us know. We can make reasonable attempts to negotiate with the owner to make such modifications.

If your request is reasonable and if it is not too difficult to arrange, we will try to make the changes you need.

We will make a decision as soon as possible, at least within ten (10) days, unless you agree to an extension of time. We will let you know if we need more information or verification from you or if we would like to discuss other ways of meeting your needs.

If we turn down your request, we will explain our decision, and you may give us additional information.

If you need help in filling out a REASONABLE ACCOMMODATION REQUEST FORM, or if you want to give us your request in another way, we may be able to help you. Our telephone number is (509) 762-5541 or (800) 747-9202.

I certify that this notice has been explained to me by Housing Authority staff.

Applicant Signature and Date

Housing Authority Representative Signature and Date



REQUEST FOR REASONABLE ACCOMMODATION

(Confidential Information. This information will not be disclosed or released, except as permitted by law.)


Name:	Telephone:
Address:	

- ① The following member of my household has a disability: _____
- ② Please provide the following change or changes so that the person listed above can live here as easily or successfully as the other residents. **Check (☑) the kind of change(s) you need.**
- A change in the following rule or the way you do things. (I understand that I may ask for changes in how I meet the terms of the lease, but that everyone must continue to meet the terms of the lease.) Please tell us what you need. **Use another sheet of paper, if necessary.**
- Other: _____
- ③ I need this reasonable accommodation because: **Use another sheet of paper, if necessary:**
- ④ You may verify the need for this request by contacting:

Name:	
Address:	
Phone:	

I give you permission to contact the above individual for purposes of verifying that I need or a family member needs the reasonable accommodation requested.

Signed:	Date:
---------	-------

To be filled out by person verifying: 

This accommodation:
 Is necessary
 Is not necessary

Will this accommodation achieve its stated purpose? Yes No

Other information helpful in making the correct accommodation:

Signature of person verifying: _____

Phone: _____

Title: _____

RACE, ETHNICITY AND DISABILITY QUESTIONNAIRE

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 United States Department of Agriculture (USDA) and the United States Department of Housing and Urban Development (HUD), that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, physical or mental disability, familial status or age 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.

The racial and ethnic categories for federal statistics and administrative reporting are defined as follows:

ETHNICITY:

Hispanic

A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

RACE:

American Indian or Alaskan Native

A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

Asian or Pacific Islander

A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

Black

A person having origins in any of the black racial groups of Africa.

White

A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Please categorize yourself and all household members applying in terms of the race and ethnic categories below.

If you do not wish to complete any of the information requested below, you may stop here after you sign your name on the next line.

Signature & Date

Print Name

___ White

___ Black

___ American Indian or Alaskan Native

___ Asian or Pacific Islander

___ Hispanic

___ Other

Do you wish to have priority for a unit with special design features for individuals with handicaps?

___ Yes

___ No

Do you wish to claim a \$400.00 deduction from your annual income based on a handicapping or disabling condition?

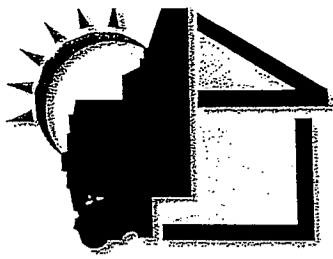
___ Yes

___ No

Signature: _____

Print Name

Date: _____



www.hagc.net

Housing Authority of Grant County

1139 Larson Blvd. • Moses Lake, WA 98837-3308

Phone: (509) 762-5541 • Fax: (509) 762-2202

Toll Free: (800) 747-9202 • TTY: (800) 833-6388

WAITING LIST & CANCELLATION POLICY

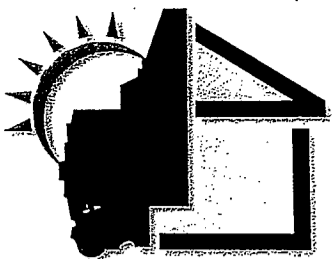
1. You will be contacted for an interview when your application reaches the top of the waiting list and an appropriate voucher or unit is available. If you miss a scheduled appointment for an interview without calling to reschedule, your application will be canceled immediately.
2. If you call within five (5) days of your missed appointment and can verify that an emergency situation (i.e., death in the family, hospitalization, etc.) occurred, your application may be reinstated as of the original date of the application.
3. If your application is canceled due to missing an appointment, and you contact the Housing Authority within 30 days of cancellation, your application will be placed on the waiting list using the date of reinstatement.
4. The Housing Authority periodically will send you a "Waiting List Update Request". If you do not respond to this request within 30 days, your application will be canceled.
5. If your application is canceled for **ANY REASON**, and you contact the Housing Authority more than 30 days after cancellation, reinstatement will not be permitted; you must complete a new application.
6. **CHANGES IN YOUR SITUATION CAN AFFECT YOUR PLACEMENT STATUS ON THE WAITING LIST AND THE HOUSING AUTHORITY'S ABILITY TO CONTACT YOU!!**
 - A. If your mailing address or telephone number changes, this information **MUST** be reported to the Housing Authority to avoid delays in contacting you. Failure to provide this information may cause your application to be canceled.
 - B. To ensure proper placement on the waiting list, you must advise the Housing Authority immediately of the following:
 - 1) any changes in your family size
 - 2) any change in your income

I certify that the policy stated above has been explained to me by Housing Authority staff and I understand the terms for cancellation of my application.

Applicant Signature & Date

Housing Authority Representative Signature & Date





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EIV NOTIFICATION

Dear Applicant,

In an effort to ensure the right assistance is provided to the right people, The Department of Housing and Urban Development (HUD) has provided property managers with access to a new verification database called the Enterprise Income Verification System (EIV).

EIV provides information about project-based and tenant-based HUD assistance recipients. This database is also used to verify certain types of reported income and records maintained in the Social Security Administration databases and the Department of Health and Human Service (HHS) National Database of New Hires. HHS provides information about current and past employment and unemployment insurance information.

This system is also used to verify if you are receiving assistance elsewhere prior to your move-in.

If HUD indicates that there is a discrepancy discovered by the EIV database, we will contact you so that we continue to assure that you are receiving all assistance for which you are eligible.

Please sign below to acknowledge your have read and understand the use of EIV.

Head of Household

____/____/____
Date

Spouse/Co-Head

____/____/____
Date

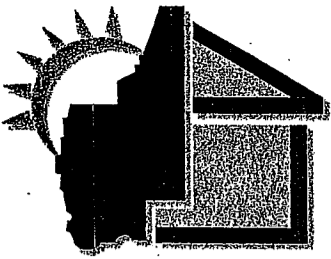
Other Adult 18 years and older

____/____/____
Date



The Housing Authority of Grant County, Washington, does not discriminate on the basis of race, color, national origin, religion, sex, physical or mental disability, or familial status. The Housing Authority of Grant County's policies and practices are designed to provide assurances that persons with disabilities will be given reasonable accommodations, upon request, so that they may fully access and utilize the housing programs and related services.





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Applicant Community Service Requirement Certification

The Quality Housing and Work Responsibility Act of 1998 requires that all non-exempt public housing adult residents (18 or older) contribute eight (8) hours per month of community service (volunteer work) or participate in eight (8) hours of training; counseling, classes or other activities that help an individual toward self sufficiency and economic independence. This is a requirement of the Public Housing Lease.

Community Service includes, but is not limited to:

- Work at a local institution but not limited to school, child care center, hospital, hospice, recreation center, senior center, adult day care center, homeless shelter, indigent feeding program, cooperative food bank, etc;
- Work with a non-profit organization that service PHA residents or their children such as: Boy Scouts, Girl Scouts, Boys or Girls clubs, 4-H program, PAL, Garden Center, Community clean-up programs, beautification programs, other youth or senior organizations;
- Helping neighborhood groups with special projects;
- Working through resident organizations, serving on the Resident Advisory Board; and
- Caring for the children of other residents so they may volunteer

POLITICAL ACTIVITY IS EXCLUDED

Self-Sufficiency Activities include, but are not limited to:

- Job readiness programs;
- Job training programs;
- GED classes;
- Substance abuse or mental health counseling;
- English proficiency or literacy (reading) classes;
- Apprenticeships;
- Budgeting and credit counseling;
- Any kind of class that helps toward economic independence; and
- Full time student status at any school, college or vocational school..

You may be exempt. Exempt Adults are

- 62 years of age or older;
- Has a disability that prevents him/her from being gainfully employed;
- Is the caretaker of a disabled person;
- Is working at least 20 hours per week; or
- Is participating in a welfare to work program

Applicant(s) Statement

I/We certify that we have read and understand the above Community Service requirement for tenancy with the Housing Authority of Grant County. I/We further understand that non-compliance with this requirement is grounds for termination of tenancy.

_____/_____/_____
Signature of Head of Household Date

_____/_____/_____
Signature Spouse/Other Adult over 18 Date

_____/_____/_____
Signature Other Adult over 18 Date



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CONFIDENTIALITY

Any information provided pursuant to the Violence Against Women Act (VAWA) shall neither be entered into any shared database nor provided to any related entity, except to the extent that disclosure is requested or consented to by the individual in writing; required for use in an eviction proceeding of an abuser, stalker or perpetrator of domestic violence; or is otherwise required by applicable law.

STATE AND LOCAL LAWS

Some states have passed laws effecting applicants, tenants, owners and landlords that are more stringent than requirements of the Violence Against Women Act (VAWA). Many states have related laws pending. You may want to check with your state and/or city for the most current state and local laws protecting victims of domestic violence, dating violence or stalking.

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**What Applicants,
Tenants, Owners and
Landlords Need to
Know**

**Applicable to Public Housing and
Section 8 Housing Choice Voucher
Programs**

Effective January 5, 2006

This brochure meets notification requirements of the federal Violence Against Women Act.

VAWA PROTECTION FOR PUBLIC HOUSING AND SECTION 8 HOUSING CHOICE VOUCHER ASSISTANCE APPLICANTS

A Public Housing Agency (PHA), owner or landlord may not deny admission to an applicant (male or female) who has been a victim of domestic violence, dating violence or stalking if the applicant otherwise qualifies for assistance or admission.

To qualify for public housing or housing choice voucher assistance, all applicants, including victims of domestic violence, dating violence or stalking, must, at a minimum:

- meet the local PHA's definition of "family";
- be income eligible;
- have at least one family member who is a U.S. citizen or has eligible immigration status;
- pass criminal background screening;
- have no outstanding debt to the PHA; and
- meet all other local PHA screening criteria.

Some, but not all, PHAs give preference to applicants who are victims of domestic violence. If you are a victim of domestic violence, dating violence or stalking, ask if the PHA gives this preference. If they do, the PHA may request that you provide a certification documenting the situation. If you fail to provide a requested certification within 14 business days after receiving the request, your request for a preference may be denied.

VAWA PROTECTION FOR PUBLIC HOUSING TENANTS AND HOUSING CHOICE VOUCHER PROGRAM PARTICIPANTS

Reporting incidents of domestic violence, dating violence or stalking to law enforcement, victim's rights advocates, and the PHA may help preserve your housing rights. The PHA may not deny, remove or terminate assistance to a victim of domestic violence, dating violence or stalking based solely on such an incident or threat.

The PHA, an owner or landlord may deny, remove, or terminate assistance to an individual perpetrator of such

actions and continue to allow the victim or other household members to remain in the dwelling unit or receive housing assistance. This does not limit the authority of the PHA, owner or landlord to terminate your assistance for other criminal activity or good cause.

A Section 8 Housing Choice Voucher Participant who is a victim of domestic violence, dating violence or stalking may request and be granted portability due to the incident or threat if they are otherwise compliant with all program obligations and the perpetrator has moved out of the dwelling unit.

In processing a request by a victim for continued assistance or for portability, the PHA may request that you certify that you are a victim of domestic violence, dating violence or stalking, and that the actual or threatened abuse meets the requirements set forth in the VAWA. Such certification must include the name of the perpetrator. If you do not provide the requested certification within 14 business days, your assistance may be terminated.