

[www.hagc.net](http://www.hagc.net)

# Housing Authority of Grant County

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

Phone: (509) 762-5542 • Fax: (509) 762-2202

Toll Free: (800) 742-9202 • TTY: (800) 833-6388

The Housing Authority of Grant County's low-income housing is scattered throughout Grant County. Housing is located in the City of Moses Lake, North Moses Lake area, Ephrata, Quincy, Soap Lake, Grand Coulee, Warden, Royal City and Mattawa.

The Housing Authority rentals are smoke free. Your signature of a no smoking addendum will be required at your move-in.

All pets must be pre-approved and a \$300.00 deposit is required. Restrictions apply to the size and how many pets you can have.

We will be reviewing your rental application and considering any negative information that would not make you a likely renter with the Housing Authority. Eligibility requirements are based on HUD regulations as well as our ACOP and ADMIN Plans. In order to check your eligibility, we will be running a credit report, checking criminal records, civil court records and past rental references.

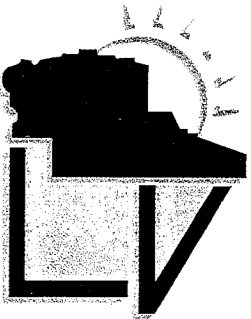
The screening company we use is Orca Information, Inc., PO Box 277, Anacortes, WA 98221. Phone: 1-800-341-0022 [orca@orcainfo-com.com](mailto:orca@orcainfo-com.com)



EQUAL HOUSING  
OPPORTUNITY

*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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## 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.
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.
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.
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 five (5) 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. Complete names, addresses and telephone numbers of all landlords for the PAST FOUR (4) YEARS, including present landlord on Page 2 of application.
2. Signatures of all adult members on Page 3, "Verifications & Signatures."
3. Signature only on bottom of Page 4, "Landlord Reference" form.
4. Signatures of all adult members on Page 6, "Declaration of Eligibility Status."
5. 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."
6. Signatures of all adult members on Page 9, "Release of Information Authorization."
7. Applicant & Housing Authority Signatures on Page 10, "Notice of the Availability of Reasonable Accommodations," and copy of form to Applicant.
8. Page 11, "Request for a Reasonable Accommodation" form to Applicant.
9. Applicant signature and date on Page 12, "Race, Ethnicity and Disability Questionnaire."
10. Applicant & Housing Authority signatures on Page 13, "Cancellation Policy," and copy to applicant.
11. 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.
12. Page 17, "Release Form HUD-92006", completed and signed.
13. Last page of application "Privacy Act Notice", please read completely.

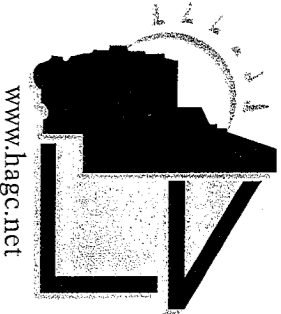
THE HOUSING AUTHORITY DOES NOT PROVIDE EMERGENCY HOUSING. TO APPLY FOR EMERGENCY HOUSING, CONTACT NORTH COLUMBIA COMMUNITY ACTION COUNCIL AT (509) 765-9206.



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**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: \_\_\_\_\_ 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 \_\_\_\_\_ Mental Health Housing \_\_\_\_\_ Camas (+ (55) PBV

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: \_\_\_\_\_  
 Do you live, work or attend school in Grant County? Yes \_\_\_\_\_ No \_\_\_\_\_

**LIST ALL FAMILY MEMBERS INCLUDING YOURSELF.**

1.	2.	3.	4.	5.	6.	7.								
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.														

**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 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 \_\_\_\_\_ Approver \_\_\_\_\_  
 and signed 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 another 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 \_\_\_\_\_

**Applicant: Please do not fill this form out. Sign on the bottom only.**



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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 \_\_\_\_\_



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## 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 U.S. Citizen

a non-citizen with Eligible Immigration Status

a non-citizen with Eligible Immigration Status

choosing not to state if I am a U.S. Citizen or have eligible 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).]

NAME

BIRTH DATE

U.S. Citizen(s)

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 \_\_\_\_\_

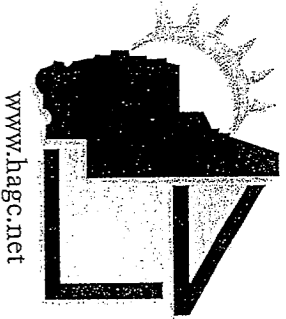
MINOR \_\_\_\_\_ HA: ENTER PRIMARY VERIFICATION # \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\*\*

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



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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:

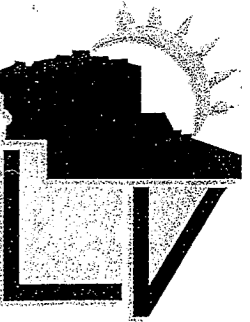
USDA, Rural Housing Service  
(Present address at):  
301 Yakima Street, Room 319  
P.O. Box 2427  
Wenatchee, WA 98807-2427

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



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

## 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



EQUAL HOUSING OPPORTUNITY

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.

FILL THIS FORM OUT "ONLY" IF YOU ARE REQUESTING AN ACCOMODATION

## 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

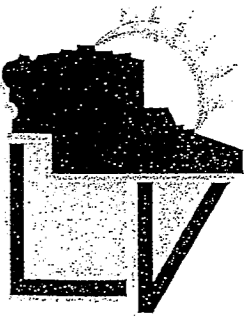
Will this accommodation achieve its stated purpose?  Yes  No

Other information helpful in making the correct accommodation:

Signature of person verifying: \_\_\_\_\_

Phone: \_\_\_\_\_

Title: \_\_\_\_\_



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## 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 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.

### ANCESTRY:

#### 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.

**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: \_\_\_\_\_

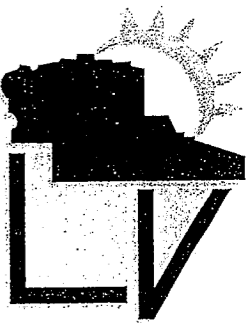
Print Name

Address: \_\_\_\_\_



OWNERS, MANAGERS, REALTORS, AND OTHERS: The HUD program is 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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## 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

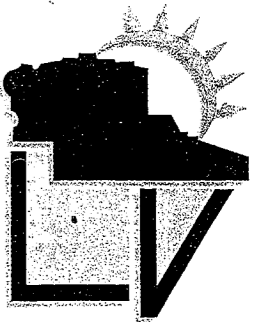
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EQUAL HOUSING  
OPPORTUNITY

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. We will accept applications from all people who are qualified to rent. We will accept applications from people who are qualified to rent. We will accept applications from people who are qualified to rent. We will accept applications from people who are qualified to rent.





[www.hagc.net](http://www.hagc.net)

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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 Services (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 you have read and understand the use of EIV.**

\_\_\_\_\_  
/ /  
Date

Head of Household

\_\_\_\_\_  
/ /  
Date

Spouse/Co-Head

\_\_\_\_\_  
/ /  
Date

Other Adult 18 years and older

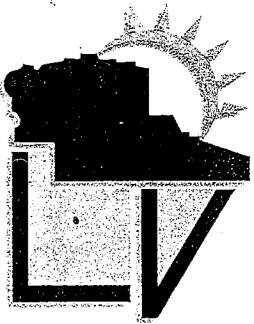


EQUAL HOUSING  
OPPORTUNITY

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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 \_\_\_\_/\_\_\_\_/\_\_\_\_

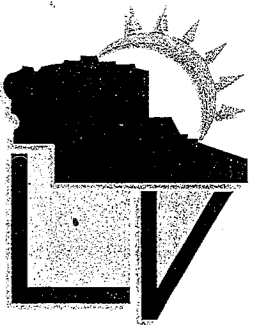
Signature Other Adult over 18 \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



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## Violence Against Women Act

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

Effective January 5, 2006

### **VAWA Protection for HUD Assisted 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, 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, PHA's 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 Tenants And 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 or stalking based on 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.

### **CONFIDENTIALITY**

Any information 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 law.

### **STATE AND LOCAL LAW**

Some state have passed laws effecting applicants, tenants, owners and landlords that are more stringent that 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.

**I/WE CERTIFY THAT WE HAVE READ AND UNDERSTAND THE ABOVE VAWA (VIOLENCE AGAINST WOMEN ACT) INFORMATION.**

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SPOUSE/OTHER ADULT

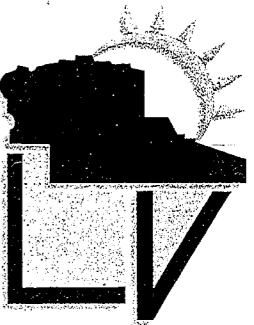
\_\_\_\_\_  
DATE



**The Equal Housing Opportunity**

*Company, Fort Worth, Texas, 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, 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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OMB Control # 2502-058-  
Exp. (07/31/2012)

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	<input type="checkbox"/> Assist with Recertification Process <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
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	
<input type="checkbox"/> Check this box if you choose not to provide the contact information.	
<b>Signature of Applicant</b>	<b>Date</b>

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 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 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. Form HUD- 92006 (05/09)



EQUAL HOUSING OPPORTUNITY

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# VIOLENCE AGAINST WOMEN ACT

## 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.

### 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.

I/WE CERTIFY THAT WE HAVE READ AND UNDERSTAND THE ABOVE VAWA BROCHURE  
(VIOLENCE AGAINST WOMEN ACT).

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF SPOUSE

DATE

SIGNATURE OTHER ADULT OVER 18

DATE

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 YAWA. 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.

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.

**YAWA PROTECTION FOR PUBLIC HOUSING TENANTS AND HOUSING CHOICE VOUCHER PROGRAM PARTICIPANTS**

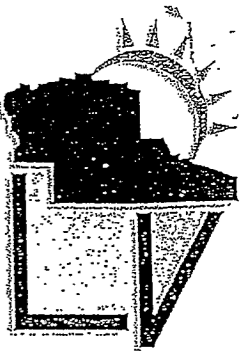
Reporting incidents of domestic violence, dating violence or stalking to law enforcement, victim's rights advocates, and the PHA may help preserve your housing rights. The PHA may not deny, remove or terminate assistance to a victim of domestic violence, dating violence or stalking based solely on such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

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

- 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.

**YAWA 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.



www.hagc.net

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

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 towards 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.

The Housing Authority of Grant County agrees to comply with the Privacy Act of 1974 (the Act) and the agency rules and regulations issued under the Act.....

The above Privacy Act Notice is HUD required. Please make note that the requirement for Social Security Number disclosure has changed January 2010, but we are unable to change the Privacy Act Notice until HUD gives us authorization to do so.



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