



431 5<sup>th</sup> Ave W · Omak, WA. 98841 · (509) 422-3721 · fax (509) 422-1713

## PRE-APPLICATION for HOUSING

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**Instructions: Please read Carefully. Incomplete applications will not be processed.**

1. To be qualified for admission for affordable housing an applicant must:
  - (a) be a family as defined in HAOC's Admission and Continued Occupancy policy;
  - (b) meet the HUD requirements on citizenship or immigration status;
  - (c) have an Annual Income at the time of admission that does not exceed the income limits established by HUD posted in HAOC offices;
  - (d) provide documentation of Social Security numbers for all family members, age 6 or older, or certify that they do not have Social Security numbers;
  - (e) meet or exceed the Applicant Selection Criteria, including attending and successfully completing a PHA-approved pre-occupancy orientation session; and
  - (f) meet the screening requirements related to criminal activity.
2. Complete applications will be entered on the waiting list in the order received. The waiting list will then be sorted according to unit type and size and applicant admission preferences. Notice of ineligibility will be sent out to applicant who does not qualify for the admission.
3. Applications will be accepted by mail only, sent to the following address, postmarked within dates when HAOC is accepting applications:

Housing Authority of Okanogan County  
431 5<sup>th</sup> Ave W  
Omak, WA. 98841
4. Applicants with disabilities may seek assistance with the completion of the application at HAOC's Admissions and Occupancy Department, at the address above.
5. Be sure to include the name, social security number, date of birth and all income for every family member who will live in the household.
6. Be sure to provide your complete address and telephone number so we can reach you to schedule an application interview.
7. It is the applicant's responsibility to notify the HAOC in writing of any change of address or phone number.
8. Upon unit availability the first four (4) qualified applicants on the wait list will be sent a notification. Applicants will be given 10 days to respond. Lease up of the vacant unit is on the first responder basis.
9. If we are unable to contact you due to inaccurate or out dated information your name will be removed from our wait list and you will need to reapply to be considered for housing.
10. Refusal to accept an offer to lease an available unit will lead to the removal of the applicant's name of the wait list.

**Income Criteria**

**Fort Caribou Trail, Iron Straw, and Pine Meadows Senior Housing**

**Income Criteria: Units:** With the exception of Caribou Trail, all units must be leased to households with income at or below 50% of Okanogan County Area Median Income (AMI) as set forth by HUD and updated annually by HUD. Caribou Trail gives preference to 50% AMI.

AMI 2018

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Number of family members

	1	2	3	4	5	6	7	8
30%	13,650	16,460	20,780	25,100	29,420	33,740	38,060	42,380
50%	22,750	26,000	29,250	32,500	35,100	37,700	40,300	42,900

**Income Criteria**

**For Twisp Garden Apartments**

**Income Criteria: Units:** All units must be leased to households with income at or below 50% of Okanogan County Area Median Income (AMI) as set forth by Rural Development and updated annually by Rural Development.

AMI 2018

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Number of family members

	1	2	3	4	5	6	7	8
Income Level Very Low	22,750	26,000	29,250	32,500	35,100	37,700	40,300	42,900
Low	36,400	41,600	46,800	52,000	56,150	60,300	64,500	68,650
Moderate	41,900	47,000	52,300	57,500	61,650	65,800	70,000	74,150



HAOC use Only:	Staff initials _____
Date of application: _____	Time of Application: _____

**Pre-application for Affordable Housing**  
(all information will be kept confidential)

Name of head of household:	
Name of adult co-head of household:	
Current address, Street, Apt. #	
Current City, State and Zip	
Current Area Code and Phone #	

Are all members of your household US citizens.....  Yes  No

Are any members Non-citizens with eligible status.....  Yes  No

Have you or any household member ever served in the Armed Forces .....  Yes  No

**Household Status:** (Check all that apply)

- All members of the household are age 62 or over;
- A household member is disabled or handicapped;
- A household member is an agricultural worker earning \$3,000 or more annually from agricultural work;
- I/we are homeless according to one of the definitions below and have been since \_\_\_\_\_.  
(An individual/family is considered homeless who has a primary nighttime residence that is: A public or private temporary shelter; A public or private place not designed for sleeping conditions; Double up with family or friend)
- None of the above

For Statistical Purposes only:

Race of Head of Household:	<input type="checkbox"/> African American/Black	<input type="checkbox"/> Asian or Pacific Islander
	<input type="checkbox"/> Native American/ Alaskan Native	<input type="checkbox"/> Caucasian/White



Ethnicity of Head of Household:	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino
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**Family Information:**

First Name & Last Name	Date of Birth	Sex	Social Security Number
H			
2			
3			
4			

Please indicate:

Relationship to Head	Is Applicant Disabled?	Birthplace Country?	Fulltime Student?
H	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
4	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Family Income Information:**

Please list the source and amount of all current income received by all family members, including yourself. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child Support, etc.			
Family Member Name	Income Source	Amount \$	Frequency – Per
H			
2			
3			
4			

Assets:

Do you have a checking account? .....  Yes  No

Do you have a savings account? .....  Yes  No

Do you have any other assets (such as CD's, annuity, rental income from real estate) .....  Yes  No



**Family Rental History:**

Current Landlord's name and phone #	Move out date
Previous address and phone # (if you have been at your current address for less than five years)	
Previous Landlord's name and phone #	Move out date

**Additional Information:**

Do any members of your household currently live in subsidized housing or are .....  Yes  No  
receiving a government rent/subsidy/voucher?

Have you or any member of the household ever been evicted from housing? .....  Yes  No

If yes, where did this occur? \_\_\_\_\_

Does any member of the household owe money to a former landlord?.....  Yes  No

Is any household member currently using any illegal substance?.....  Yes  No

Has any household member been convicted of sale, distribution or possession.....  Yes  No  
of illegal drugs?

Has any member of the household ever been convicted of a felony?.....  Yes  No

If yes, when? \_\_\_\_\_. Reason(s) \_\_\_\_\_

Are there any outstanding felony charges?.....  Yes  No

Is any member of the household subject to a lifetime state sex offender registration program in any  
state?.....  Yes  No

If yes, conviction date?\_\_\_\_\_ State in which Registered?\_\_\_\_\_

Please list all states in which household members have resided in:\_\_\_\_\_



*A YES answer on any of the above questions is not an automatic disqualifier.*

**A criminal and rental history background check will be run on all adult family members.**

**HAOC will be contacting all former landlords for the period three years from the date of application.**



I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified.

I/we authorize the release of information to the Housing Authority by my/our employer(s), the Department of Public assistance, the Social Security Administration, and/or other business or government agencies.

I/we understand that my/our eligibility for affordable housing is based on income limits and other applicable selection criteria.

I/we understand that I/we must report any changes to the information provided in this application to the HAOC in writing.

I/we understand that I/we will be required to successfully complete a criminal background check, a credit history check, verification of income, assets and housing references.

I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

The Housing Authority of Okanogan County is an Equal Opportunity Housing provider. Our properties are in compliance with Fair Housing Regulations.

Assistance filling out this application can be accommodated upon request.

All adult applicants, 18 or older, must sign this application

\_\_\_\_\_  
Applicant Signature (18 or over)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant Signature (18 or over)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant Signature (18 or over)

\_\_\_\_\_  
Date

