

APPLICATION FOR PROPERTIES OWNED & MANAGED BY THE HOUSING AUTHORITY OF OKANOGAN COUNTY

PLEASE CHECK EACH APARTMENT FOR WHICH YOU ARE APPLYING TO BE ON THE WAITLIST

TWISP GARDENS: 16 Units, 55 or disabled. Low-income. USDA Rental Assistance available in Twisp, WA.

ELMWOOD APARTMENTS: 19 Units, Multifamily, Low Income, USDA Rental Assistance Available in Okanogan, WA.

PEACHTREE APARTMENTS: 24 Units, Multifamily, Low Income, USDA Rental Assistance Available in Brewster, WA.

***Please Note:** No rental subsidy indicates that while the rent is affordable, the property does not have any rental assistance, and the tenant is responsible for paying the entire rent.

RENTAL APPLICATION

If anyone in your family is a person with disabilities and requires a special accommodation to fully utilize our programs and services, please contact the Housing Authority of Okanogan County at (509)422-3721. We reserve the right to reject any application that does not meet our requirements. The submission of false information will be cause for rejection of the application, or if discovered later, eviction from the property.

INSTRUCTIONS: Please read carefully! Incomplete applications will not be processed.

To be qualified for affordable housing at our apartment complexes, an applicant must:

- Have an annual income of 50% or below the Annual Median Income (AMI) level for Okanogan County. Priority is given to applicants with an Adjusted Median Income at or below the Very Low-Income level for their household size. *AMI Levels Effective May 15, 2023

Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
50 % AMI *	\$27,650	\$31,600	\$35,550	\$39,450	\$42,650	\$45,800	\$48,950	\$52,100

- Meet or exceed the Rental Applicant Selection Criteria
- Completed applications will be entered on the waiting list in the order received.

There are four ways in which applications may be submitted:

1. Mail to the Housing Authority of Okanogan County at 431 West 5th Ave. Omak, WA 98841.
2. Fax to the Housing Authority of Okanogan County at (509)422-1713
3. Send Electronically to info@okanoganhousing.org
4. In person at the Housing Authority of Okanogan County secure drop box at 431 West 5th Ave in Omak



This institution is an equal opportunity provider and employer. The Housing Authority of Okanogan County (HAOC) welcomes qualified tenants without regard to race, color, national origin, creed, religion, sex, marital status, familial status, disability or due to ownership of a service animal. HAOC provides reasonable accommodations to persons with disabilities. If you need this document in an alternate format, please contact our office at 509-422-3721.

ONLY FULLY COMPLETED APPLICATIONS WILL BE ACCEPTED AND PLACED ON THE WAIT LIST

PROPERTY INFORMATION: OWNED/MANAGED BY THE HAOC				
Monthly Rent: To Be Determined	Security Deposit: Equal to Rent	Desired Move-In Date:		
How did you hear about this property?				
How long do you plan to stay in your next home ideally?				
What made you want to apply to this property?				
What is the primary language spoken in your home?				
HEAD OF HOUSEHOLD INFORMATION:				
Name (First Middle Last):				
Current Mailing Address:				
Date of Birth:	SSN:	Driver License#:		
Phone:	Cell Phone:	Email:		
LIST ALL PEOPLE WHO WILL RESIDE IN THE UNIT:				
First & Last Name	Relationship	Sex	Date of Birth	SSN
1. Head of Household	Self			
2.				
3.				
4.				
5.				
6.				
OPTIONAL QUESTIONS FOR STATISTICAL REPORTING ONLY:				
Race (Circle One)		Ethnicity (Circle One)		
Black/African American	White	Hispanic	Non-Hispanic	
American Indian/Alaskan Native	Native Hawaiian/ Other Pacific Islander			
HOUSEHOLD STATUS:				YES OR NO?
ALL Members of the Household are age 62 of over?				
A Household Member is Disabled or Handicapped?				
A Household Member is an Agricultural Worker (Earning \$3000 or more annually from agricultural work)?				
All Household Members are US Citizens or Non-US Citizens with eligible status?				
VETERAN STATUS:				
A Household member is currently, or has been, a member of the Armed Forces?				
INCOME AND ASSETS				
What is the current total gross (before deductions) ANNUAL income for ALL household members from ALL sources?				
Please list source of income?				
Name and Address of Employer?				
What is your current monthly rent payment?				
What is your current monthly utility payment? (Do not include internet, phone, cable, etc.)				
Do you have a checking account?		Do you have a savings account?		
Do you own land?				

ADDITIONAL INFORMATION:				YES	NO
Do you currently live in subsidized housing or receive a government rent subsidy/voucher?					
Are you currently displaced from your home due to a natural disaster, government action, domestic violence, or to avoid reprisal due to hate crimes, owner actions or unit inaccessibility?					
If yes please describe your situation:					
EMERGENCY CONTACT:					
Name:		Phone:		Email:	
Mailing Address:					
VEHICLE INFORMATION: (2 vehicle max per household)					
Year:	Make/Model:	Color:	License/State:		
Year:	Make/Model:	Color:	License/State:		
PET INFORMATION: (Pets may not be allowed)					
Type/Breed:		Weight:	Age:	Gender:	
Name:		Neutered?	Shots Current?		
Type/Breed:		Weight:	Age:	Gender:	
Name:		Neutered?	Shots Current?		
OTHER INFORMATION:				YES	NO
Does anyone who will occupy the unit smoke? (SMOKING IN THE UNIT IS NOT ALLOWED)					
Will applicant maintain renter's insurance? (Not required but highly recommended)					
Are ALL members of the household fulltime students?					
HAS APPLICANT EVER...					
Been evicted?					
Been asked to move out by a landlord?					
Breachd a lease or rental agreement?					
Filed for bankruptcy?					
Lost property in a foreclosure?					
Had any credit problems, slow-pays or delinquencies?					
Is ANY occupant a registered sex offender?					
Are there any criminal matters pending against an applicant?					
Been convicted of a crime? If yes, when and why?					
Any additional information you would like considered?					

AUTHORIZATION, REPRESENTATIONS AND CERTIFICATIONS

I certify under penalty of perjury that I have completed the above information to the best of my knowledge and that it is true and correct. I understand that any and all changes to my household composition or income must be reported in writing to the Housing Authority of Okanogan County within ten (10) business days of such change. I understand my position on the waiting list is based on the date and time my completed application is received by the HAOC and applicable preferences and/or set-aside resident selection criteria noted in my application. I understand my position on the waiting list is subject to change based on verification of the preferences and/or set-aside resident selection criteria noted in this application.

Applicant authorizes Landlord and Landlord’s agent, at any time before, during, or after any tenancy, to:

- Obtain a copy of Applicant’s credit report
- Obtain a criminal background check related to Applicant and any occupant
- Verify any rental or employment history and/or any other information related to this application with persons knowledgeable of such information.

Notice of Landlord’s Right to Continue to Show the Property:

Unless Landlord and Applicant enter into a separate written agreement, the Property remains on the market until a lease is signed by all parties and Landlord may continue to show the Property to other prospective tenants and accept another offer.

Acknowledgement & Representation:

Signing this application indicates that Applicant has had the opportunity to review Landlord’s tenant selection criteria, which is shown on the applicant information sheet. The tenant selection criteria may include factors such as criminal history, credit history, current income, positive identification and rental history. Applicant understands that providing inaccurate or incomplete information is grounds for rejection of this application and forfeiture of any application fee and may be grounds to declare Applicant in breach of any lease the Applicant may sign. Applicant represents that the statements in this application are true and complete. Applicant hereby authorizes the Housing Authority of Okanogan County (HAOC) to obtain any information deemed necessary by HAOC solely for the purpose of determining my eligibility for housing and/or housing assistance. I authorize persons, businesses and organizations to which such requests are directed to provide the information requested by HAOC. I hold them harmless for providing information in accordance with such requests. I agree that copies of this page may be made to authorize inquiries from sources which become apparent during the course of completing my review. I understand that HAOC will keep my information confidential and not release it to any non-HAOC individuals or entity except with my express written permission or as required by law. This content remains in effect until my application is denied for assistance and/or removed from the waiting list.

NOTE: ALL signatures must be those of the household member him/herself, except in the case where a legal Power of Attorney authorizes individual to sign for him/her. If this is the case, such Power of Attorney must be on file with the Housing Authority of Okanogan County.

Applicant Signature:	Date:
Spouse/Co-Tenant/Other Adult Signature:	Date:

LANDLORD REFERENCE: MUST BE WITHIN LAST FIVE (5) YEARS	
Landlord Name:	Landlord Phone:
Rental Address:	
Tenant Name:	
Tenancy at above address: FROM-	TO-
Current Mailing Address:	

I _____ hereby authorize the release of this information.
 (Print Applicant First & Last Name)

 (Applicant Signature)

 Date

The above named tenant has applied for a rental unit with us. Per their authorization please answer the questions below and return this statement to us as soon as possible. **ALL REPLIES WILL BE KEPT CONFIDENTIAL EXCEPT UPON REQUEST OF THE APPLICANT.**

TO BE COMPLETED BY LANDLORD:		
Tenant Status? (Circle One)	Current	Previous
Period of Occupancy? (Month/Day/Year)	From	To
If previous tenants, was proper notice given?	Yes	No
Is/Was the unit kept in safe and sanitary condition?	Yes	No
Is/Was the rent paid in full and on time?	Yes	No
Is there a balance owing for the rent charges?	Yes	No
Are/Were valid complaints lodged against tenant?	Yes	No
Would you rent to this tenant again?	Yes	No
ADDITIONAL COMMENTS:		
Landlord Signature:		Date

We sincerely appreciate your attention and cooperation in returning this form within 14 days to the Housing Authority of Okanogan County, 431 West 5th Ave, Omak, WA 98841, **Fax: 509-422-1713**