

**PRE-APPLICATION FOR MAINSTREAM VOUCHER PROGRAM**

**IN AN EFFORT TO PROTECT OUR COMMUNITY AND STAFF  
OUR OFFICE IS CURRENTLY CLOSED TO THE PUBLIC**

**STEP 1: Complete attached application**

All questions must be answered, and all forms must be signed by each household member 18 years and older. Incomplete applications will not be recorded onto the Wait List. Notice of incomplete applications will be given via email or phone, and applicant must respond within 10 days of notification or application will be destroyed.

**STEP 2: Submit completed application and supporting documents if applicable via:**

- **US MAIL:**  
Housing Authority of Okanogan County, 431 West 5<sup>th</sup> Avenue, Omak, WA 98841
- **OR Drop Off at Secure Locked Box:**  
Located at the front entrance of our office @ 431 West 5<sup>th</sup> Avenue, Omak, WA
- **OR by Fax:** 509-422-1713



**STEP 3: Your name will be placed on the Wait List** according to the date and time your completed application is received. Assistance will be on a first come, first served basis. Priority will be given to families with children, victims of domestic violence, and involuntarily displaced persons.

**PLEASE NOTE:** A family's gross annual income may not exceed 50% of the Average Median Income (AMI) for Okanogan County as established by HUD and listed by family size below to be eligible.

Family Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
50% of AMI	\$23,600	\$26,950	\$30,300	\$33,650	\$36,650	\$39,050

**Mainstream Vouchers Preference:** The Mainstream Vouchers help non-elderly adults (ages 18-61) who have a documented disability receive housing rental assistance. **If you DO NOT currently receive SSDI please submit the VERIFICATION OF DISABILITY FOR ELIGIBILITY PURPOSES form with your Pre-Application to the Mainstream Voucher Waitlist.**

The Housing Authority of Okanogan County has a preference in our administrative plan for non-elderly adults with disabilities who are:

- Transitioning out of an institutional or other segregated setting
- Currently experiencing homelessness
- Previously experienced homelessness and is currently a client in a permanent supportive housing or rapid rehousing project
- At risk of experiencing homelessness

**IMPORTANT NOTE:** A criminal background check is completed on all applicants. Applicants are subject to denial if the report shows felony charges, criminal, violent and/or drug related activities within the past 3 years. Any persons who are registered sex offenders with a Class A felony will be denied. Applicants may also be denied if money is owed to any other Federal Assisted Program or Housing Authority.



**DECLARATION OF CITIZENSHIP/IMMIGRATION STATUS**

**Verification/Consent: required for each adult household member**

This Declaration is a requirement for assistance. The Housing Authority of Okanogan County (HAOC) must be informed about the status of each member of your household. Financial assistance is contingent upon submission and verification, as appropriate, of evidence of citizenship or eligible immigration status. Evidence can be in the form of a birth certificate, Alien Registration Receipt Card (Form I-551), Arrival-Departure Record (Form I-94), Temporary Resident Card (Form I-688), Employment Authorization Card (Form I-688B), or a receipt issued by INS indicating application for issuance of replacement document has been made and entitlement has been verified. Assistance will be prorated or denied if there is a final determination of ineligibility by one or more household members.

I, \_\_\_\_\_, under penalty of perjury, declare that:

Print Head of Household Name

- I am a citizen of the United States
- I am a non-citizen with eligible status. I understand I must provide documentation of my eligible status at this time.
- I cannot certify that I am a citizen or non-citizen with eligible status.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, under penalty of perjury, declare that:

Print Adult Member Name

- I am a citizen of the United States
- I am a non-citizen with eligible status. I understand I must provide documentation of my eligible status at this time.
- I cannot certify that I am a citizen or non-citizen with eligible status.

\_\_\_\_\_  
Adult Member Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, under penalty of perjury, declare that:

Print Adult Member Name

- I am a citizen of the United States
- I am a non-citizen with eligible status. I understand I must provide documentation of my eligible status at this time.
- I cannot certify that I am a citizen or non-citizen with eligible status.

\_\_\_\_\_  
Adult Member Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, under penalty of perjury, declare that:

Print Adult Member Name

- I am a citizen of the United States
- I am a non-citizen with eligible status. I understand I must provide documentation of my eligible status at this time.
- I cannot certify that I am a citizen or non-citizen with eligible status.

\_\_\_\_\_  
Adult Member Signature

\_\_\_\_\_  
Date

Evidence of citizenship/eligible immigration status may be released by the HAOC to (1) HUD as required by HUD, and (2) Immigration and Naturalization Service (INS) for purposes of verification of immigration status. HUD may release evidence of eligible status only to INS for purposes of establishing eligibility for financial assistance.

**DECLARATION OF CITIZENSHIP/IMMIGRATION STATUS FOR MINOR CHILDREN**  
*An adult household member must sign for each household member under the age of 18*

I, \_\_\_\_\_, declare under penalty of perjury, that:

Print Adult Name

Print Minor Name

- Is a citizen of the United States
- Is a non-citizen with eligible status. I understand I must provide documentation of my eligible status at this time.
- Is not a citizen or non-citizen with eligible status.

Adult Member Signature

Date

I, \_\_\_\_\_, declare under penalty of perjury, that:

Print Adult Name

Print Minor Name

- Is a citizen of the United States
- Is a non-citizen with eligible status. I understand I must provide documentation of my eligible status at this time.
- Is not a citizen or non-citizen with eligible status.

Adult Member Signature

Date

I, \_\_\_\_\_, declare under penalty of perjury, that:

Print Adult Name

Print Minor Name

- Is a citizen of the United States
- Is a non-citizen with eligible status. I understand I must provide documentation of my eligible status at this time.
- Is not a citizen or non-citizen with eligible status.

Adult Member Signature

Date

I, \_\_\_\_\_, declare under penalty of perjury, that:

Print Name of Adult

Print Name of Minor

- Is a citizen of the United States
- Is a non-citizen with eligible status. I understand I must provide documentation of my eligible status at this time.
- Is not a citizen or non-citizen with eligible status.

Adult Member Signature

Date

Evidence of citizenship/eligible immigration status may be released by the HAOC to (1) HUD as required by HUD, and (2) Immigration and Naturalization Service (INS) for purposes of verification of immigration status. HUD may release evidence of eligible status only to INS for purposes of establishing eligibility for financial assistance.

**PREAPPLICATION FOR SECTION 8 HOUSING CHOICE VOUCHER AND HOME TBRA VOUCHER PROGRAMS**

List each person who will reside in your household when you receive rental assistance. Use the following numbers under the race category: **1** White **2** Black/African American **3** American Indian/Alaska Native **4** Asian **5** Native Hawaiian/Other Pacific Islander  
 The race and ethnicity (hispanic or non-hispanic) information will not affect your status on the waiting list in any way, but it is a federal requirement for reporting purposes.

	Full Legal Name of All Family Members	Relationship to Applicant	Date of Birth	Place of Birth City & State	Male or Female		Race (see above)	Hispanic (yes or no)	Social Security Number
					Male	Female			
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

\_\_\_\_\_ Check here if you are attaching a list of additional household members

\_\_\_\_\_ Check here if you are applying for status as an elderly or disabled household

\_\_\_\_\_ Have you served in the Armed Forces?

**HOUSING AUTHORITY OF OKANOGAN COUNTY**  
**SOCIAL SECURITY NUMBER CERTIFICATION**

Federal Regulations require each family member disclose and document their Social Security number if one has been assigned to them. If a Social Security number has not been assigned, the family member, parent or guardian must complete a statement certifying they have never been issued a Social Security number.

**At the time of your interview you are required to provide the following:**

1. Documentation of your Social Security number (i.e., a copy of your card)
2. If you are unable to provide documentation proof of the number at this time you will have 60 days\*
3. Verification of Photo Identification for all adults (i.e. a copy of driver's license)
4. Birth Certificates for all family members. (adults and children)

**PLEASE NOTE: IF YOU ARE PARTICIPATING IN OUR SECTION 8 RENTAL ASSISTANCE PROGRAM AND ARE UNABLE TO DOCUMENT YOUR SOCIAL SECURITY NUMBER WITHIN 60 DAYS, WE MUST DENY YOUR ELIGIBILITY AND/OR TERMINATE YOUR ASSISTANCE.**

I certify under penalty of perjury the disclosure and documentation of my Social Security number is complete and accurate. I understand my application or participation in any housing assistance program with the Housing Authority of Okanogan County will be denied and/or terminated if I am unable to document my Social Security number.

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Head of Household Signature

Date

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Adult Member Signature

Date

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Adult Member Signature

Date

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Adult Member Signature

Date

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Adult Member Signature

Date

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Adult Member Signature

Date

**WARNING:** Title 18, Section 1001 of the United States Code, determines a person is guilty of a felony for knowingly making false or fraudulent statements to any department or agency of the United States.

**HOUSING AUTHORITY OF OKANOGAN COUNTY  
RENTAL ASSISTANCE PREFERENCE QUESTIONNAIRE**

**Name:**

**Date:**

Please check which, if any, of the following situations apply to you. The information you provide will affect your placement on the Wait Lists. **Third Party Documentation must be included with this Application to receive preferential placement for rental assistance in any of our programs. Applications without Third Party Documentation will NOT be eligible for a preference and will be placed on the Section 8 Wait List only.**

**HOMELESS BY INVOLUNTARY DISPLACEMENT: (Check Box if Applicable)**

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

- I have been displaced by state or local government action related to code enforcement or public improvement or expects to be in the next six months.
- I have been displaced by fire, flood, or other natural disaster and do not yet have standard, permanent housing.
- I have an impairment that prevents my use of critical parts of my housing.
- I have been displaced by a housing owner or expect to be displaced in the next six months due to circumstances beyond my control. (For example, your rental unit was sold, converted to non-residential use, closed for rehabilitation).
- I have been displaced as a victim of domestic violence against my children or I by another member of my household OR I currently live in a household with an individual who engages in violence against me and/or my children and I need to leave.
- I have been displaced by a hate crime or am in danger of reprisal for giving information on criminal activities to a law enforcement agency.

**OTHER HOMELESS QUALIFICATIONS: (Check Box if Applicable)**

- I lack permanent housing and I currently sleep/stay at:
- I have an eviction notice documenting imminent threat of homelessness and have attached a copy with this application.

City, State, Zipcode of last place I lived for 6 consecutive months:

Date of most recent permanent housing?

FROM:

TO:

What caused you to become homeless?


**If you qualify for a preference, please sign below.**

I, \_\_\_\_\_, certify that I have submitted truthful information.  
(Print Name)

I understand I will be required to verify these claims with substantial documentation before it can be determined whether I qualify for a preference.

Signature of Head of Household

Date

**If you DO NOT qualify for a preference, please sign below.**

I, \_\_\_\_\_, certify that I have read and understand the  
(Print Name)

preference requirements. I do not believe I fall into any of the above categories at the present time.

Signature of Head of Household

Date

**HOUSING AUTHORITY OF OKANOGAN COUNTY**  
**MAINSTREAM VOUCHER HOMELESS PREFERENCE VERIFICATION**

The Applicant listed below is applying for housing assistance specifically intended for those who meet one or more of the following criteria. Please select the category below that best describes this individual's situation:

<b>Name:</b>	<b>DOB:</b>	<b>Last 4 SSN:</b>	<b>Date:</b>
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**Transitioning out of an Institutional or other Segregated Setting:**

*Institutional or other Segregated Settings* include, but are not limited to: (1) congregate settings populated exclusively or primarily with individuals with disabilities; (2) congregate settings characterized by regimentation in daily activities, lack of privacy or autonomy, policies limiting visitors, or limits on individuals' ability to engage freely in community activities and to manage their own activities of daily living; or (3) settings that provide for daytime activities primarily with other individuals with disabilities.

**At serious risk of Institutionalization:**

Includes an individual with a disability who, as a result of a public entity's failure to provide community services or its cut of such services, will likely cause a decline in health, safety, or welfare that would lead to the individual's eventual placement in an institution. This includes individuals experiencing lack of access to supportive services for independent living, long waiting lists for or lack of access to housing combined with community based services, individuals currently living under poor housing conditions or homeless with barriers to geographic mobility, and/or currently living alone but requiring supportive services for independent living. A person cannot be considered at serious risk of institutionalization unless the person has a disability. An individual may be designated as at serious risk of institutionalization either by a health and human services agency, by a community-based organization, or by self-identification.

**Homeless.**

*Homeless* means:

1. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
  - a. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
  - b. An individual or family living in a supervised publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or
  - c. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
2. An individual or family who will imminently lose their primary nighttime residence, provided that:
  - a. The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance.
  - b. No subsequent residence has been identified; and
  - c. The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing.
3. Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
  - a. Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
  - b. Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance.
  - c. Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
  - d. Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or
4. Any individual or family who:
  - a. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
  - b. Has no other residence; and
  - c. Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing



**At imminent risk of homelessness.**

*At imminent risk of homelessness* means an individual or family who:

1. Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the “Homeless” definition in this section; and
2. Meets one of the following conditions:
  - a. Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
  - b. Is living in the home of another because of economic hardship;
  - c. Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of the date of application for assistance;
  - d. Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low-income individuals;
  - e. Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons, or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau;
  - f. Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
  - g. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness.

**Does not meet any of the categories listed above.**

I certify the applicant on this form meets the criteria of the category indicated above.

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Print Provider Name and Title

Provider Agency

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Provider Signature

Date

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Provider Phone

Provider E-mail

**HOUSING AUTHORITY OF OKANOGAN COUNTY**  
**RENTAL ASSISTANCE VOUCHER PROGRAMS**

As an applicant to the Housing Authority of Okanogan County Rental Assistance Voucher Programs, I agree that I have read and understand the following (please initial):

\_\_\_\_\_ It is my responsibility to provide the Housing Authority of Okanogan County with Third Party Documentation if I am to be considered for any of the preferences indicated on the Rental Assistance Questionnaire for Homelessness. Determination of my placement on waiting lists for these preferences will be based on date and time Third Party Documentation is received and approved by the Housing Authority of Okanogan County.

\_\_\_\_\_ It is my responsibility to inform the Housing Authority of Okanogan County of any changes to my mailing address **IN WRITING**. The Housing Authority of Okanogan County will notify you by mail when you have reached the top of the wait list. Due to verification policies **TELEPHONE REQUESTS ARE NOT ACCEPTED**.

\_\_\_\_\_ It is my responsibility to promptly sign and return the “*Letter of Interest*” upon receipt to indicate my desire to remain on, or be removed from, the waiting list. Due to verification policies **TELEPHONE RESPONSES WILL NOT BE ACCEPTED**.

\_\_\_\_\_ It is my responsibility to provide the Housing Authority of Okanogan County with picture identification of all household members over the age of 18 (i.e. driver’s license), and a Social Security Card or Birth Certificates of all household members including minors.

\_\_\_\_\_ I understand if I feel I am being discriminated against because of my race, color, religion, sex, disability, family status or national origin, I may request a copy of the Housing Authority of Okanogan County’s Administrative Plan, which outlines grievance procedures.

\_\_\_\_\_ I understand that I may be denied, and/or terminated from housing assistance if I am involved in illegal drug-related activity or violent criminal activity.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult Household Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult Household Member

\_\_\_\_\_  
Date



**VERIFICATION OF DISABILITY FOR ELIGIBILITY PURPOSES**

TO:

*Name & Title of Authorized Third Party*

*Address & Phone # of Authorized Third Party*

SUBJECT: VERIFICATION OF DISABILITY TO DETERMINE ELIGIBILITY

\*

/XXX-XX-

*Name of Applicant/Resident*

*Birthdate/Last 4 SSN*

*(Address & Phone # of Applicant/Resident)*

\*I authorize the release of information, relative to my physical or mental impairment, to the Housing Authority of Okanogan County, to verify whether my handicap or disability is covered by the definitions below. This information will be used to verify my eligibility, or will help determine benefit level, under certain housing programs.

\*

*Applicant/Resident Signature*

*Date*

The applicant/resident listed above has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the Housing Authority of Okanogan County (HAOC) to verify all information used in determining eligibility and benefit level.

Your cooperation and prompt response in providing the following information per the above signed release will help ensure timely application processing. Please return the completed Verification of Disability to:

The Housing Authority of Okanogan County  
431 W 5<sup>th</sup> Ave • Fax (509)422-1713  
Omak, WA 98841 • [info@okanoganhousing.org](mailto:info@okanoganhousing.org)

**PENALTIES FOR MISUSING THIS CONSENT:**

Title 19, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, (or any employee of HUD, or HACSA) and may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or HACSA responsible for the unauthorized disclosure or improper use.

## VERIFICATION OF DISABILITY FOR ELIGIBILITY PURPOSES

TO BE COMPLETED BY AUTHORIZED THIRD PARTY. Please check YES or NO for each numbered item listed for Applicant/Resident below.

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*PRINT APPLICANT/RESIDENT FIRST AND LAST NAME*

1. Has a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.    YES    NO

2. Is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:

A. Is attributable to a mental or physical impairment or combination of mental and physical impairments;

B. Is manifested before the person attains age 22;

C. Is likely to continue indefinitely;

D. Results in substantial functional limitation in three or more of the following areas of major life activity;

Self-Care

Receptive and expressive language

Learning

Mobility

Self-direction

Capacity for independent living

Economic self-sufficiency; and

E. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.    YES    NO

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3. Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.    YES    NO

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4. Is a person whose sole impairment is alcoholism or drug addiction.    YES    NO

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**VERIFICATION OF DISABILITY:** In my professional opinion, the applicant/resident meets the definition of a Disabled Person, as defined above.

   YES    NO

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*Signature of Authorized Third Party*

*Date*

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*Print Name & Title*

*Phone Number*