

HOUSING AUTHORITY OF OKANOGAN COUNTY

www.OkanoganHousing.org

431 5th Avenue West • Omak, Washington 98841

Phone: (509) 422-3721 • Fax: (509) 422-1713 • TTD/TTY: 771

PREAPPLICATION FOR RENTAL ASSISTANCE

STEP 1: Complete attached application

All questions must be answered, and all forms must be signed by each household member age 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 5th Avenue, Omak, WA 98841



○ **OR Drop Off at Secure Locked Box:**

Located at the front entrance of our office @ 431 West 5th 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.

INCOME LIMITS:

MAINSTREAM/HOUSING CHOICE (SECTION 8) VOUCHER - A family's Gross Annual Income may not exceed **50%** of the Average Median Income (AMI) for Okanogan County

TENANT BASED RENTAL ASSISTANCE (TBRA) VOUCHER - A family's Gross Annual Income may not exceed **80%** of the AMI for Okanogan County.

Family Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
50% of AMI	\$29,250	\$33,400	\$37,600	\$41,750	\$45,100	\$48,450
80% of AMI	\$46,800	\$53,450	\$60,150	\$66,800	\$72,150	\$77,500

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 with a Class A felony or who are registered sex offenders **MUST BE DENIED**. Applicants may also be denied if money is owed to any other Federally Assisted Program or Housing Authority.

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 included form "VERIFICATION OF DISABILITY FOR ELIGIBILITY PURPOSES"**

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



PREAPPLICATION FOR RENTAL ASSISTANCE					
RETURN COMPLETED APPLICATION TO:			FOR OFFICE USE:		
HOUSING AUTHORITY OF OKANOGAN COUNTY 431 W. 5 TH AVE. OMAK, WA 98841 EMAIL: INFO@OKANOGANHOUSING.ORG FAX: 509-422-3721 PHONE: 509-422-3721			REC'D BY:	DATE:	UNIT:
			HCV	EHV	MS
			VASH	TBRA	
APPLICANT FULL LEGAL NAME					
STREET ADDRESS		CITY	STATE	ZIP	
MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP	
PHONE		EMAIL			
OTHER CONTACT NAME/PHONE		CURRENT LANDLORD NAME/PHONE			
CURRENT RENT PAYMENT		REASON FOR LEAVING?			
QUALIFYING INFORMATION					
<i>You may qualify for a preference OR be ineligible for housing assistance if any of the following circumstances can be verified for your family. Please check YES or NO and explain where indicated.</i>					
<input type="checkbox"/> Are you or an adult household member disabled?					YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Have you or a household member served in the armed forces?					YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Are you currently homeless or living in substandard housing? If YES, please explain:					YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Have you been, or are you about to be, displaced from your housing? If YES, please explain:					YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Has a household member ever lived in subsidized housing, or received housing assistance? If YES, please explain:					YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Does a household member owe money to any Housing Authority or Public Housing Agency? If YES, please explain:					YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Has a household member ever been convicted of a felony? If YES, please explain:					YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Has a household member ever been convicted of the sale, distribution, or possession of illegal drugs? If YES, please explain:					YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Is a member of the household a registered sex offender? If YES, please list class, level, and state registration status:					YES <input type="checkbox"/> NO <input type="checkbox"/>
HOUSEHOLD MEMBER INFORMATION					
<i>List the Head of Household and details for ALL MEMBERS who will be living in the unit.</i>					
Member's Full Name	Relationship	Birthdate	Birth City & State	Sex	Social Security #
	Head / Self				
<input type="checkbox"/> CHECK HERE IF YOU ARE ATTACHING A LIST OF ADDITIONAL HOUSEHOLD MEMBERS					

OPTIONAL INFORMATION FOR HEAD of HOUSEHOLD DATA COLLECTION PURPOSES ONLY

- | | | |
|---|--------------------------------|--|
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Black | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Native American/Alaskan Native | <input type="checkbox"/> White | <input type="checkbox"/> Other/Unknown |

INCOME INFORMATION

List the total income for ALL HOUSEHOLD MEMBERS. Include wages from employment, tips, alimony, child support, Social Security, TANF, Veteran's Benefits, rental property income, self-employment income, AFDC, stock dividends, L&I Workman's Compensation, interest from bank accounts, and all other sources or benefits.

Member's Full Name	Source of Income	Hourly \$ Wage	Total \$ Hours/Month	Total Monthly \$ Income	Total Annual \$ Income

ASSET INFORMATION

List the type and source of all family assets. Provide both the current cash value and the estimated annual income from any checking, savings, property, or investment accounts.

Member's Full Name	Type of Asset/Account	Cash Value \$ Amount	Monthly Income \$ Amount
Vehicles (Year/Make/Model)		Monthly \$ Payment / Own ?	

EXPENSE INFORMATION

▪ Does your household have un-reimbursed medical expenses?	YES <input type="checkbox"/> NO <input type="checkbox"/>
▪ Does your household pay childcare expenses for children under the age of 13 to enable a family member to work or attend school?	YES <input type="checkbox"/> NO <input type="checkbox"/>
▪ Does your household pay expenses for a family member with disabilities to enable a family member to work or attend school?	YES <input type="checkbox"/> NO <input type="checkbox"/>

APPLICATION CERTIFICATION

PLEASE NOTE: You will be required to provide valid picture identification for all adults, verification of Social Security Numbers and Birth Certificates for everyone living in the household. Verification of family composition, citizenship, financial circumstances, and eligibility will be required and completed prior to approval of rental assistance.

I/We hereby certify the information provided is true and accurate. I/We understand providing false information may result in denial or future termination of rental assistance. I/We hereby authorize the Housing Authority of Okanogan County to verify all information provided on this application to determine program eligibility.

Head of Household Signature	Print Name - Head of Household	Date
Adult Member Signature	Print Name - Adult Member	Date

**DECLARATION OF CITIZENSHIP OR IMMIGRATION STATUS
ADULT HOUSEHOLD MEMBER(S)**

This declaration is a requirement for assistance. Section 214 of the Housing and Community Development Act of 1980, as amended, requires the Housing Authority of Okanogan County (HAOC) and the Department of Housing & Urban Development (HUD) to ensure that financial assistance is made available only to persons who are U.S. Citizens or Non-citizens who have an eligible immigration status as set forth in 42 U.S.C. Section 1436(a). Please note that not all legal statuses are eligible for subsidy. Evidence of citizenship or eligible immigration status may be released by the HAOC to 1) HUD 2) Immigration and Naturalization Service (INS) for purposes of establishing eligibility for financial assistance.

All adults (18 years and older) in the household must claim their status and sign below. The head of household and/or a responsible adult is required to certify the status of each minor child in the household. All Non-citizens with a subsidy-eligible status are required to sign a Verification Consent Form and present their original I-551 Permanent Resident card or I-94 Arrival/Departure record from the Department of Homeland Security in person.

Each Adult Household Member (18 years and older) must claim their status and sign below.

1. Under penalty of perjury, I declare that I am: _____
Head of Household (print clearly)

A Citizen of the United States

A Non-Citizen with subsidy-eligible immigration status (*check that you have one of the following to verify your status*)

I-551 Permanent Resident Card

I-94 Arrival/Departure Record annotated with Section 207, 208, 243(h), or 212(d)(5)

I-94 Arrival/Departure Record *and* DHS letter or court order granting asylum or withholding of deportation

Not able to certify that I am a U.S. Citizen or a Non-Citizen with a subsidy-eligible immigration status

Signature _____ **Social Security # (last 4)** _____ **Date** _____

2. Under penalty of perjury, I declare that I am: _____
Spouse, Co-head, or Other Adult (print clearly)

A Citizen of the United States

A Non-Citizen with subsidy-eligible immigration status (*check that you have one of the following to verify your status*)

I-551 Permanent Resident Card

I-94 Arrival/Departure Record annotated with Section 207, 208, 243(h), or 212(d)(5)

I-94 Arrival/Departure Record *and* DHS letter or court order granting asylum or withholding of deportation

Not able to certify that I am a U.S. Citizen or a Non-Citizen with a subsidy-eligible immigration status

Signature _____ **Social Security # (last 4)** _____ **Date** _____

3. Under penalty of perjury, I declare that I am: _____
Other Adult (print clearly)

A Citizen of the United States

A Non-Citizen with subsidy-eligible immigration status (*check that you have one of the following to verify your status*)

I-551 Permanent Resident Card

I-94 Arrival/Departure Record annotated with Section 207, 208, 243(h), or 212(d)(5)

I-94 Arrival/Departure Record *and* DHS letter or court order granting asylum or withholding of deportation

Not able to certify that I am a U.S. Citizen or a Non-Citizen with a subsidy-eligible immigration status

Signature _____ **Social Security # (last 4)** _____ **Date** _____

**DECLARATION OF CITIZENSHIP OR IMMIGRATION STATUS
MINOR HOUSEHOLD MEMBER(S)**

Include Each Minor Household Member (under 18 years old)

The head of household and/or a responsible adult is required to certify the status of each minor child in the household.

I certify that the following minor children (under 18 years old) listed in my household are:

Please check appropriate box(s) and list the name and Social Security Number.

A Citizen of the United States

Name	Social Security # (last 4)

A Non-citizen with Eligible Immigration Status

Name	Social Security # (last 4)	Permanent Residence Card	Annotated I-94	I-94 with DHS Letter or Court Order
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I am not able to certify U.S. Citizenship or Non-Citizenship with Eligible Immigration Status

Name	Birth Date

I declare, under penalty of perjury, that the above is true and correct to the best of my knowledge.
(At least one adult signature is required.)

Head of Household Signature

Date

Spouse/Co-Head/Other Adult Signature

Date



**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
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:

Name:	DOB:	Last 4 SSN:	Date:
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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.

Print Provider Name and Title

Provider Agency

Provider Signature

Date

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:

Authorized Third Party Name & Title

Authorized Third Party Address, Phone, Fax #, Email

SUBJECT: VERIFICATION OF DISABILITY TO DETERMINE ELIGIBILITY

*

Applicant/Resident Name

/XXX-XX-

Birthdate/Last 4 SSN

*I hereby 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 5th Ave • Fax (509)422-1713
Omak, WA 98841 • info@okanoganhousing.org

Be advised and aware of the following "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 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 named below.

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

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

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

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

YES NO

Signature of Authorized Third Party

Date

Print Name & Title

Phone Number



Client Release of Information and Informed Consent

IMPORTANT: Do not enter personally identifying information into HMIS for clients who are: 1) in DV agencies or; 2) currently fleeing or in danger from a domestic violence, dating violence, sexual assault or stalking situation; 3) are being served in a program that requires disclosure of HIV/AIDS status (i.e.; HOPWA); or 4) under 13 with no parent or guardian available to consent to enter the minor’s information in HMIS.

If this applies to you, STOP- Do not sign this form.

This agency participates in the Washington State Homeless Management Information System (HMIS) by collecting information, over time, about the characteristics and service needs of people facing homelessness. RCW 43.185C.180 and RCW 43.185C.030

- To provide the most effective services in moving people from homelessness to permanent housing, we need an accurate count of all people experiencing homelessness in Washington State. In order to insure that clients are not counted twice, we need to collect four pieces of personally identifying information. Specifically, we collect: name, birth date, and race/ethnicity. You may also choose to provide your social security number. However, signing this form does not require you to do so. Your information will be stored in our database for 7 years after the last date of service. If you have questions about collection of data or your rights regarding your personally identifying information, contact the HMIS System Administrator at: (360) 725-3028
We use strict security policies designed to protect your privacy. Our computer system is highly secure and uses up-to-date protection features such as data encryption, passwords, and two-factor authentication required for each system user. There is a small risk of a security breach, and someone might obtain and use your information inappropriately. If you ever suspect the data in HMIS has been misused, immediately contact the HMIS System Administrator at: (360) 725-3028
The data you provide may be combined with data from the Washington State Department of Social and Health Services (DSHS) and Education Research and Data Center for the purpose of further analysis. Your name and other identifying information will not be included in any reports or publications. Only a limited number of staff members, who have signed confidentiality agreements, will be able to see this information. Your information will not be used to determine eligibility for DSHS programs. Washington State HMIS system administrators have full access to all information in HMIS. This includes the Department of Commerce staff, designated HMIS system administrators, and the software vendor.
By signing this form, you acknowledge and allow Department of Commerce staff to obtain additional records of information from other state agencies with which there is a data sharing agreement (DSA) on file between Commerce and the other agency. Our DSA guides data transfer and storage security protocols. If DSAs are in place, Commerce is authorized by you to obtain, add to HMIS, and use for evaluation purposes any other data you have provided to other Washington state agencies.
Your decision to participate in the HMIS will not affect the quality or quantity of services you are eligible to receive from this agency, and will not be used to deny outreach, assistance, shelter or housing. However, if you do choose to participate, services in the region may improve if we have accurate information about homeless individuals and the services they need. Furthermore, some funders MAY require that you consent to provide your personally identifying information in HMIS in order for you to receive services from that funding source.

I understand the above statements and consent to the inclusion of personally identifying information in HMIS about me and any dependents listed below, and authorize information collected to be shared with partner agencies. I understand that my personally identifying information will not be made public and will only be used with strict confidentiality. I also understand that I may withdraw my consent at any time by filing a ‘Client Revocation of Consent’ form with this agency. I understand that I may obtain a copy of my signed consent form from this Agency (including forms signed electronically).

Dependent children under 18 in household, if any (Please print first and last names):

Client Signature (Parent/Guardian)

Date

Client Name (Print clearly)

Agency Staff Name (Print clearly) Initials

Client refused consent _____ (Agency Staff Initials)

HMIS Unique Identifier (optional) _____

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

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 the 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 tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of 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.