

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

MAINSTREAM HOUSING CHOICE VOUCHER WAITLIST - CURRENTLY OPEN

AREA MEDIAN INCOME "AMI" = \$67,200 FOR OKANOGAN COUNTY
OF PERSONS IN FAMILY - VERY LOW INCOME = 50% AMI

ONE	TWO	THREE	FOUR	FIVE	SIX	SEVEN	EIGHT
\$29,250	\$33,400	\$37,600	\$41,750	\$45,100	\$48,450	\$51,800	\$55,150

AREA MEDIAN INCOME LIMITS - EFFECTIVE MAY 15, 2023

MAINSTREAM HOUSING CHOICE RENTAL ASSISTANCE VOUCHER : For ADULTS, between the ages of 18-61, WITH A DISABILITY. A family's Gross Annual Income may not exceed 50% of the AMI for Okanogan County. Waitlist is currently OPEN.

STEP 1: Complete Preapplication

- 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 Waitlist.
- Notice of incomplete applications will be given via email or phone, and applicant must respond within 10 days of notification or the Preapplication will be destroyed.

STEP 2: Submit completed Preapplication via:

- **US MAIL:** Housing Authority of Okanogan County
431 West 5th Avenue, Omak, WA 98841
- **OR Drop Off at the Secure Locked Box:**
Located at the front entrance of our office @ 431 West 5th Avenue, Omak, WA
- **OR send 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 is provided on a first come, first served basis. Priority will be given to families with children, victims of domestic violence, and involuntarily displaced persons.
- **You will be notified of your Waitlist placement by mail, therefore you MUST notify us IN WRITING with any changes to your mailing address.**

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.



PREAPPLICATION FOR RENTAL ASSISTANCE					
RETURN COMPLETED APPLICATION TO:			FOR OFFICE USE:		
HOUSING AUTHORITY OF OKANOGAN COUNTY 431 W. 5 TH AVE. OMAK, WA 98841 FAX: 509-422-3721 PHONE: 509-422-3721			REC'D BY:	DATE:	UNIT:
			HCV	VASH	MS
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.**

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
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



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.