Pateros Garden Apartments Po box 181- 249 S Dawson St Pateros Wa 98846 509-689-1191 TTY 711 Welcome Home

Applicant information sheet

We are owned and managed by the Housing Authority of Okanogan County. You must income qualify under 60% of the median income for Okanogan County.

Mailing address		e number			
		tional #			
	Emer	_ Emergency #			
E-mail Address					
Member #1 HOH	DOB	SSN			
Member #2	DOB	SSN			_
Member #3	DOB	SSN			
Member #4	DOB	SSN			_
Member #5	DOB	SSN			_

Total household GROSS (before deductions) monthly income \$_____

All families must meet eligibility requirements regarding income and pass a background check which may include criminal, rental, positive identification, income, credit etc.

Please put a #1 or sta	ir next to the unit size	MOST desired	d. Check all	that apply	and the
manager will review	your application to se	<u>e what you qu</u>	alify for.		

1 bed _____ \$668 (subject to change) 1-3 people

2 bed _____ \$802 (subject to change) 2-5 people

How did you hear about us? _____

Office use only-

Additional information-
Time-
Date-