



PRELIMINARY APPLICATION AZALEA PLACE APARTMENTS (DESIGNATED FOR THE CHRONICALLY MENTALLY ILL)



Head of Household Information

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address

(Street) (Apartment Number)

(City) (State) (Zip Code)

Telephone Numbers

(Home) (Work) (Message) (email)

Family Information

- How many people including yourself will live in the unit? _____
- Are any persons who will live in the unit disabled? Yes No • Will you require a wheelchair accessible unit? Yes No
- Are any adults who will live in the household currently students? Yes No • If yes, please list name(s) _____
- Occupation and/or Institute of Higher Education Attending: _____ Number of Years of School Completed: _____
- Will you require a reasonable accommodation for a disability? Yes No • If Yes, please explain _____
- What is the primary language spoken in the home? _____ • Will you require a translator for any appointments? Yes No
- Are you currently living in a property with an income based housing subsidy? Yes No

Please list all family members who will be in the household if you receive housing assistance (include yourself):

Race Codes are: 1. White 2. Black 3. American Indian/Alaska Native 4. Asian 5. Native Hawaiian/Other Pacific Islander
Ethnicity Codes are: 1. Hispanic or Latino 2. Not-Hispanic or Latino

Name	Birth Date	Race Code	Ethnicity Code	Sex	Relationship	Social Security Number
					Head	

The following information is needed for statistical purposes only. It does not affect your placement on the waiting list.

- What is the total amount of income your household receives each month: \$ _____
- What is the source of that income (check all that apply): Social Security SSI/SSD Pension Veterans Benefits
 Employment Public Assistance/TANF Own Business Unemployment Child Support Other: _____
- Please check the box that best describes your current living situation: Renting Own Home Living with Relatives/Friends
 Staying in Shelter/Transitional Housing Medical Facility Jail/Prison Homeless (street, park, car etc.) Other

Program Integrity Information

- Have any members of the household used any name or social security number other than the one being used now? Yes No
- Do you now, or have you ever lived in a HUD assisted unit? Yes No
- Do any members of the household owe money to a housing authority, other housing agency, or landlord? Yes No
- Have any members of the household ever been evicted from Public Housing, Indian Housing, or a Section 8 program? Yes No
- Have any members of your household ever been charged, arrested, and/or convicted of any criminal activity? Yes No
- Are any members of your household an addict, illegal abuser, and/or user of a controlled substance or illegal drug? Yes No

If you answered yes to any of the above program integrity questions, please write an explanation on the back of this form.

Applicant Certification

I certify that the above information is accurate and complete. I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in assisted housing programs.

(signature) (date)

Azalea Place Non-Profit Housing and Vancouver Housing Authority welcome qualified individuals/families of diverse backgrounds and, in accordance with various Federal and State laws, does not discriminate against anyone based on race, color, religion, sex, national origin, disability, familial status or sexual orientation.

Azalea Place Non-Profit Housing and the Vancouver Housing Authority will make reasonable accommodations to individuals whose disabilities require accommodation in order to enjoy full and equal access to our programs and services. This includes the application process and residency period.

Mail to: 2500 Main Street, #100 • Vancouver, WA 98660-2697

(Revised 09.04.09)