



**PRELIMINARY APPLICATION
WALNUT GROVE SENIOR APARTMENTS (62+)
WALNUT GROVE IS A 100% NON-SMOKING BUILDING**



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)

Walnut Grove 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.
Walnut Grove 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 12/22/11)

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.