Alder Terrace
107 W. 11th Ave.
Ellensburg, WA 98926
Phone: 509-962-9006
Fax: 509-962-3575
Email: housing@hakittitas.org

The submission of this application does not guarantee that you will receive a housing unit. However, it will help us determine your eligibility to the programs for which you are applying. **IMPORTANT:** All applicable information must be completed in order to process your request. **Please Print Clearly!** You must notify us immediately if there is a change in your family size, address, telephone number, income or other circumstances that may affect your application.

It is our POLICY that Alder Terrace will deny or terminate housing assistance to those determined to be involved in illegal drug-related, violent criminal activity or a sex offender.

Last Name		First Name		MI	E-mail Address
Social Security Number	Gender	Home Phone	Cell Phone		Message Phone
Mailing Address/PO Box		City	State	Zip Code	Date of Birth
Marital Status	Ethnicity: □ Hispanic □ Non- Hispanic Do you need an interpreter? □ Yes □ No	Race: (Head of Household) This is optional □ White □ Black □ Native American □ Asian/pacific Islander			

FAMILY COMPOSITION
(LIST ALL FAMILY MEMBERS BELOW THAT WILL BE LIVING IN UNIT)

Last Name	First Name, MI	***Relation to Head of Household (See Below)	Date of Birth	Social Security Number Visa (Alien Registration Card)	Gender M=Male F=Female
1.					
2.					
3.					
4.					
5.					
6.					
7.					

***Relation: Use the code that best categorizes the position or role of each family member. **H**= Head of Household **S**= Spouse **K**= Co-head/ Significant other **F**= Foster Child **Y**= Youth under 18 **E**= Full time Student 18+ **L**= Live-in Aide **A**= Other Adult

Household Source of Income (Fill in Monthly Dollar Amounts for All that Apply Children Income as well. Do Not Check Boxes)				
Social Security $	Wage $	L&I $	Veterans Benefits $	Unemployment $
Child Support $	SSI $	TANF $	GAU $	
Retirement Pension $	Annuity Payments $	Alimony $	Other $	
What is the Family Total Gross income per Month? $				
Have you or any adult family member in your household ever lived in subsidized housing anywhere in the United States? □ Yes □ No				
Where	Name of Agency	Name of Complex or Address of Unit Rented	City	State
Agency Phone Number	From (date)	To (date)	Under what name?	
Have you or any member of your household been evicted? □ Yes □ No				
If you have lived in more then one subsidized housing Complex or Unit Please list on separate sheet of paper				

The Housing Authority of Kittitas County, Washington, does not discriminate on the basis of race, color, national origin, religion, sex, physical or mental disability, or familial status. The Housing **Authority of Kittitas County's policies and practices are designed to provide assurances that persons with disabilities will be given reasonable accommodations, upon request, so that they may** fully access and utilize the housing programs and related services.

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Please indicate if any of the conditions listed below apply to your current family situation. You will be required to provide acceptable official verification of the conditions you claim.	
I am (or my spouse is) elderly (62+ years old.)	□ Yes □ No
I am (or a member of my family) disabled- a person who is under a disability as defined in section 223 of the Social Security Act (42 U.S.C 6001[7].) If Yes Whom:_____	□ Yes □ No
Could your household benefit from a specially designed unit for the disabled? If Yes please explain_____	□ Yes □ No

Application Certification

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that I will be required to provide further evidence supporting these claims. Any intentional misrepresentation on my part will result in my application being rejected. If I am accepted to a program and such misrepresentation is later discovered, my housing assistance will be terminated. I also understand that I do not have any right or entitlement to be listed on a waiting list or to any position on a list or for admission to any program.

Signature of Head of Household	Date
Signature of Spouse	Date
Signature of Other Adult Member	Date

For Housing Authority of Kittitas County Use Only

Application #	Time Stamp	# of Dependents	Rooms /	Family □ Elderly □ Disabled □	Pre-Application received by

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OMB Control # 2502-0581
Exp. (11/30/2015)

Optional and Supplemental 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.

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

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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.

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.