

HOUSING AUTHORITY OF SNOHOMISH COUNTY
12625 - 4th Avenue West, Suite 200 • Everett, Washington 98204
(425) 290-8499 or (425) 743-4505
TDD (425) 290-5785 • FAX (425) 290-5618

PRE - APPLICATION FOR HOUSING

PLEASE READ BEFORE COMPLETING APPLICATION

By completing this application for housing, you are requesting to be placed on the waiting list for housing assistance administered through the Housing Authority of Snohomish County. Applications are currently being accepted for the **Section 8 Housing Choice Voucher, Low Rent Public Housing** and **Rural Development** programs – please note that you only need to **complete one application** to apply for one or all of the programs. Your name will be placed on all waiting lists for which you apply – with the exception of programs/properties where you don't meet the *eligibility requirements*. A confirmation letter will be sent to the mailing address listed on your application within 30 days of our receiving your *completed* application, so please write legibly.

LOW RENT PUBLIC HOUSING:

The Low Rent Public Housing program (LRPH) provides low-rent units for families and individuals. LRPB units are located throughout Snohomish County and come in a range of bedroom sizes. Unlike the Section 8 HCV program, housing assistance under this program is not transferable. Generally speaking, LRPB residents pay 30 percent of their monthly adjusted income for rent and utilities. Currently, the wait for a LRPB unit is 1-3 years.

RURAL DEVELOPMENT:

The Rural Development program offers *Project Based Rental Assistance* – mainly to elderly, disabled and/or handicapped households, with the exception of one multi-family complex. Like the LRPB program, you must be willing and/or able to move into an apartment within the complex you apply for once your name reaches the top of the waiting list & your eligibility has been determined. Assistance is **not transferable** – when you move out of one of our subsidized units, you cannot transfer (*or take*) the assistance with you to a new apartment and/or house.

PLEASE NOTE: *The turnover rate among RURAL DEVELOPMENT properties is often very slow – therefore we are unable to predict how long your wait for housing will be.*

SECTION 8 HOUSING CHOICE VOUCHER:

Under the Section 8 Tenant-based program, HASCO provides a monthly rental subsidy that allows participants to rent privately owned units. A voucher holder may rent a unit from any owner willing to participate in the program within HASCO's jurisdiction. There is currently a 2-5 year wait for a Section 8 Housing Choice Voucher.

THINGS TO KNOW:

When your name comes to the top of the list for a program and/or property for which you've applied, you will be contacted by the department (*Section 8/Tenant Based Assistance, Low Rent Public Housing or Rural Development*) administering that program/property and begin the **full** application process.

HASCO has a responsibility to maintain stable and safe living environments for all its residents. For this reason, prior to being offered a unit and/or voucher, each applicant will be screened for tenant suitability which consists of, but is not limited to, a **criminal background check** (*including drug-related criminal activity*), **credit check**, and a **landlord history screening**.

HASCO will contact you periodically by mail so that we may confirm your continued interest in the programs/properties you've applied for. Please be advised that if *any* correspondence sent to you by our office is returned (*even with a forwarding address*), it will not be re-sent. No further attempts to contact you will be made and your name will be removed from the waiting list(s) you applied for. **IT IS YOUR RESPONSIBILITY TO NOTIFY OUR OFFICE IN WRITING WITHIN 20 DAYS OF ANY CHANGE IN YOUR MAILING ADDRESS AND/OR PHONE NUMBER.**

TO CHANGE YOUR MAILING ADDRESS WITH HASCO: To submit a change of address by mail or fax, write a brief letter that includes your name, Social Security number, previous address and new address. **Fax your letter to (425) 290-5618 or mail it to: HASCO, 12625 - 4th Avenue W., Suite 200, Everett, WA 98204.** *Please note that changing your address with the United States Postal Service or other service agency, such as DSHS, does not change your address with us – you **must** update us separately and directly.*

APPLICATION ASSISTANCE:

INDIVIDUALS WITH A DISABILITY AND/OR OTHER MEDICAL NEED(S):

IF YOU ARE AN INDIVIDUAL WITH A DISABILITY AND/OR OTHER MEDICAL NEED(S) WHO NEEDS SPECIAL ASSISTANCE AND/OR ACCOMMODATIONS IN ORDER TO COMPLETE THE APPLICATION PROCESS, PLEASE TELL US.

LANGUAGE ASSISTANCE:

ENGLISH

If you are in need of an interpreter to assist you with the paperwork or to respond to our letter, please let us know.

ARABIC

إذا كنت بحاجة إلى مترجم لمساعدتك بالاوراق أو الرد على رسالتنا، الرجاء اعلامنا.

BOSNIAN

Ako ti trebas prevodioca za pomoc oko papira ili da se javis nama na nasa pisma, molimo te da nam to Kazes ili stavis do znanja.

FARSI

گريزاي پرکردن فرم و يا جواب دادن به نامه ما به مترجم احتياج داريد، لطفا به ما اطلاع دهيد.

RUSSIAN

Если вы нуждаетесь в услугах переводчика, чтобы помочь вам заполнить формы или ответить на наше письмо, пожалуйста сообщите нам об этом.

SOMALI

Hadii aad ubaahan tahay turjubaan adiga kaa caawiyo warqadaha qoraalka ama jawaabta warqadaheena, fadlan nasoo ogaysiin.

SPANISH

Si usted necesita un intérprete que le ayude con los papeles o para responder a nuestra carta, por favor informenos.

UKRAINIAN

Якщо вам потрібні послуги перекладача, щоб допомогти заповнити документи або відповісти на наш лист, будь-ласка повідомте нас.

VIETNAMESE

Xin hãy báo cho chúng tôi biết nếu quý vị cần thông dịch viên để giúp quý vị điền giấy tờ hay trả lời thư của chúng tôi.

SIGN LANGUAGE INTERPRETERS ARE AVAILABLE UPON REQUEST TO ASSIST YOU WITH THE PAPERWORK OR TO RESPOND TO OUR LETTER.

Time: _____

PRE - APPLICATION FOR HOUSING ASSISTANCE

IT IS VERY IMPORTANT THAT YOU READ ALL INSTRUCTIONS WHEN COMPLETING THIS APPLICATION - IF ANY PART OF THIS APPLICATION DOES NOT APPLY TO YOU, PLEASE WRITE "NONE" OR "N/A" (NOT APPLICABLE) –DO NOT LEAVE ANY SECTION(S) BLANK. FAILURE TO COMPLETE THE APPLICATION PROPERLY MAY CAUSE DELAYS IN PROCESSING AND/OR REJECTION OF YOUR APPLICATION.

I. APPLICANT INFORMATION: Please complete in black or blue ink.

Last Name (Head of Household)	First Name	Middle Initial
Mailing Address/PO Box	City	State Zip Code
Home Phone	Work Phone	Message Phone
Place of Birth	List any other last names you have used in the past	

II. HOUSEHOLD COMPOSITION: Please list yourself and others who will live with you – include unborn children and live-in aides.
If you have more than eight household members, please check here and list them on a separate piece of paper.

#	Last Name	First Name	Relation To Head*	Social Security Number (REQUIRED)	Sex (M/F)	Date of Birth	Race/Ethnicity	Disability? (Y/N)
Head			Head					
2								
3								
4								
5								
6								
7								
8								

*RELATION TO HEAD: (Sp) Spouse (F) Foster Child (L) Live-in Aide (O) Other Adult (S) Son (D) Daughter (Y) Other Youth/Dependant

III. APPLICATION ASSISTANCE:

DO YOU NEED AN INTERPRETER AND/OR TRANSLATION SERVICES? <i>If yes, what is the Primary Language used in your household?</i> _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU NEED SPECIAL ASSISTANCE AND/OR ACCOMMODATION(S) IN ORDER TO COMPLETE THIS APPLICATION DUE TO A DISABILITY AND/OR OTHER MEDICAL NEED? <i>If yes, what assistance/accommodation(s) are you requesting?</i> _____	<input type="checkbox"/> YES <input type="checkbox"/> NO



IV. DISABILITY OR HANDICAP - (It is not necessary to give us details about your disability or handicap)

- DO YOU CLAIM ANY DISABILITY OR HANDICAP? YES NO
- DO YOU REQUIRE SPECIAL ACCOMMODATIONS OR FEATURES IN YOUR UNIT? YES NO

If yes, please explain: _____

V. INCOME: List monthly income for **all** family members listed from each income source (TANF, GAU, SSI, SS, Child Support, Wages, etc.)

Family Member	Wages/ Salaries	Income from Assets	SSI	Social Security	Public Assistance	Child Support	Pension/ Retirement	Unemployment

- IS ANYONE IN YOUR HOUSEHOLD A VETERAN? YES NO
If yes, please list name(s) of veteran _____
- ARE YOU, YOUR SPOUSE AND/OR CO-HEAD ENROLLED IN AN INSTITUTE OF HIGHER EDUCATION? YES NO
If yes, please list name(s) of student _____

VI. APPLICANT RENTAL HISTORY:

1. Have you ever received housing assistance before? Yes No (If yes, please provide the following information)

NAME OF HOUSING AUTHORITY OR HOUSING COMPLEX (City/State) _____

WHEN (Year/Month)? _____

REASON FOR VACATE: _____

2. Have you or any adult household member ever:

Been Evicted Owed Money to **ANY** Landlord Committed Fraud to Obtain Housing (misrepresent information)

If yes to any of the above, please explain: _____

- HAVE YOU OR ANY PERSON LISTED ON THIS APPLICATION EVER BEEN ARRESTED AND/OR CITED FOR DRUG RELATED OR ANY OTHER CRIMINAL ACTIVITY? YES NO
- ARE YOU OR ANY PERSON LISTED ON THIS APPLICATION SUBJECT TO REGISTRATION AS A SEX OFFENDER? YES NO

If you answered YES to either of the above questions, please explain: _____

APPLICATIONS ARE CURRENTLY BEING ACCEPTED FOR THE FOLLOWING PROGRAMS – PLEASE CHECK ALL THAT YOU WISH TO APPLY FOR. IF ELIGIBLE, YOUR NAME WILL BE PLACED ON THE WAITING LIST(S) BASED ON THE DATE AND TIME YOUR APPLICATION IS RECEIVED.

LOW RENT PUBLIC HOUSING

- SOUTH COUNTY** Lynnwood, Mountlake Terrace – 1, 2, 3, & 4 Bedroom
- NORTH COUNTY** Marysville – 3 & 4 Bedroom
- EAST COUNTY** Snohomish, Lake Stevens – 2 & 3 Bedroom
- SOUTH EVERETT** 2, 3, & 4 Bedroom

RURAL DEVELOPMENT

SENIOR OR DISABLED HOUSING

- CRAIGMONT*** Lake Stevens – 1 Bedroom
- HILLTOP I & II*** Stanwood – 1 & 2 Bedroom
- RIVER VISTA I & II*** Arlington – 1 & 2 Bedroom
- WILLOW RUN*** Marysville – 1 & 2 Bedroom
- WOODLAKE MANOR*** Snohomish – 1 & 2 Bedroom
- WROBLISKI MANOR*** Arlington – 1 & 2 Bedroom

SENIOR HOUSING

- SOAP SUDS**** Snohomish – 1 Bedroom

FAMILY HOUSING

- FAIRVIEW** Monroe – 2 Bedroom

* Head of Household or Spouse must be 62 years of age or older, disabled or handicapped to qualify

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SECTION 8 HOUSING CHOICE VOUCHER

- SECTION 8 HOUSING CHOICE VOUCHER**
Voucher can be used for eligible housing in Snohomish County excluding units located within Everett city limits.

I/we understand that if I am not eligible for a list I have chosen, I will not be added to that list. I/we hereby certify that the above information is true and correct to the best of my/our knowledge. I/we understand that any misrepresentation of the information provided on my/our part could result in my/our application being rejected, or if housed based on any misrepresentation of information in this form, I/we understand that my/our future housing assistance could be terminated. I/We understand that a criminal background check, landlord references, verification of income and household composition is ALL part of the eligibility process. I/we understand that while on the waiting list, it is my/our responsibility to notify HASCO **in writing** if: a family member is added to or deleted from the household; my/our household income increases and/or decreases or if my/our mailing address changes. I/We understand that the completion of an application, placement on the waiting list and selection from the waiting list **does not guarantee approval** for housing and that approval for housing occurs only after all of my/our information is reviewed for eligibility.

Signature of Head of Household or Spouse

Date

The Fair Housing Act prohibits discrimination in the sale, rental, or financing of housing on the basis of race, color, religion, sex, handicap, familial status, or national origin. Federal law also prohibits discrimination on the basis of age.



Equal Housing Opportunity



Barrier Free

FOR HASCO USE ONLY

LOW RENT PUBLIC HOUSING

CA PU DATE: _____

DE DATE: _____

RE DATE: _____

TD #1 DATE: _____

TD #2 DATE: _____

RURAL DEVELOPMENT

CA PU DATE: _____

DE DATE: _____

RE DATE: _____

TENANT BASED ASSISTANCE

CA PU DATE: _____

DE DATE: _____

RE DATE: _____

Note: CA = Cancel, DE = Denied, PU = Purged, RE = Reinstated, TD = Turned Down