www.hagc.net

HOUSING AUTHORITY GRANT COUNTY
1139 LARSON BOULEVARD | MOSES LAKE, WA 98837
PHONE: (509) 762-5541 FAX: (509) 762-2202 TOLL FREE: (800) 747-9202 TTY: (800) 833-6388

APPLICATION FOR CONTINUED OCCUPANCY OR RENTAL ASSISTANCE

Please review this application carefully and answer all questions truthfully and accurately. Make sure to complete all sections. If you cannot fit all of the information in the space provided, add additional pages. **Do not leave anything blank. If questions do not apply, please answer them "NA" (Not applicable).** All adult household members (18 years of age and older), must sign this application and required forms (attached). Do not omit/purposely leave out any information. False statements/information are grounds for eviction and/or the termination of your lease/rental assistance. **Complete this application before your appointment. PLEASE PRINT.**

The information you list/provide is verified and used to complete your Annual Recertification. Failure to complete this application and return the information by the due date given is a violation to your Lease Agreement (PH & S8L) or Obligations of the Family (HCV) and is a basis for the termination of your lease/rental assistance. **If you have changes in your income or family composition after you have submitted this application, you need to notify the HAGC office within 10 days of the change.**

If you need assistance filling out this application, please contact your housing program coordinator.

HEAD OF HOUSEHOLD: current contact information

NAME:

PHYSICAL ADDRESS:
STREET CITY STATE ZIP CODE

MAILING ADDRESS:
(If different from above) P.O. BOX / STREET CITY STATE ZIP CODE

TELEPHONE NUMBERS:
(include area code) PRIMARY MESSAGE

May we contact you by email? ☐ Yes ☐ No Email Address:

HOUSEHOLD COMPOSITION: List all persons living in the household, including yourself (use additional paper if necessary)

I CERTIFY MY HOUSEHOLD CONSISTS OF THE FOLLOWING PERSONS ONLY.

Full Name (First, Last, MI)	Relation to you	Social Security Number	Age	Date of Birth
1.	Self			
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Check "Yes" or "No" to answer the following questions: (use additional pages if necessary)

1. Do you expect any additions to the household within the next 12 months? ☐ YES ☐ NO

If yes- name the person, relation to you, & date you will request to add them to your household:

2. Are you or any adult household member currently a student enrolled in an institute of higher education? ☐ YES ☐ NO

If yes- name the student and school:

3. Are you or any member of your household subject to a lifetime sex offender registration requirement in any state? ☐ YES ☐ NO

If yes- name who and the state registered:

4. Have you or any member of your household been charged with or convicted of a crime during the past year? ☐ YES ☐ NO

If yes- name who, when & where it took place, charge, and sentence:

EMERGENCY CONTACTS: Provide two contacts to have on file THIS IS REQUIRED

Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone (include area code):	Phone (include area code):
Relation to you:	Relation to you:

The Housing Authority of Grant County, Washington is an equal opportunity provider and employer and does not discriminate on the basis of race, color, national origin, religion, sex, physical or mental disability, or familial status. The Housing Authority of Grant County 's policies and practices are designed to provide assurances that persons with disabilities will be given reasonable accommodation upon request, so that they may fully access and utilize the housing programs and related services.
If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority

EQUAL HOUSING OPPORTUNITY

PET INFORMATION: You will need to provide current vaccine information for each pet. (use additional pages if necessary)		
Does anyone in the household have any pets? ☐ YES ☐ NO If yes, how many?		List all pets below:
Type of pet:	Size of pet:	Description:
Type of pet:	Size of pet:	Description:

HOUSEHOLD INCOME: LIST ALL INCOME AND/OR FINANCIAL BENEFITS RECEIVED BY ANY MEMBER IN YOUR HOUSEHOLD REGARDLESS OF AGE.

Note: You will need to provide the most recent proof of the income you list. (e.g.: letter from employer, 4-6 consecutive check stubs, welfare or social security award letters, bank statements, 1099 forms, etc.)

Income sources include but is not limited to: full and/or part-time employment, income from Public agencies (DSHS etc), Social Security/SSI, Pensions, Disability, L & I, Unemployment, Alimony, Child Support, Financial Aid, Income from sale of property, Interest on Assets, Dividends, Annuities, and Regular Contribution/payments from people not residing with you, etc.

Does anyone receive or expect to receive income/money from any source listed below? Check "Yes" or "No"

Yes	No	Income Source	Yes	No	Income Source
☐	☐	Employment wages or salaries	☐	☐	Veteran's benefits, pensions, retirement or annuities, Military Allotment
☐	☐	Self-Employment	☐	☐	Retirement benefits or pensions
☐	☐	Unemployment benefits or Worker's Compensation	☐	☐	Spousal Support
☐	☐	TANF, General Assistance, or State Disability	☐	☐	Death benefits or life insurance dividends
☐	☐	Social Security, SSI, or any other payments from the Social Security Administration	☐	☐	Income from rental property or payments from other forms of real estate
☐	☐	Educational: loans, grants, scholarships, or other student benefits	☐	☐	Settlement payments or Interest payments from an asset
☐	☐	Training or Work Study	☐	☐	Payment from odd jobs such as babysitting, lawn care, etc
☐	☐	Child Support	☐	☐	Other (you will need to explain)

If you answered yes to any income source above, please state the following: (use additional pages if necessary)
1. Who in your household receives it 2. What the income source is & when it started 3. Amount that is received monthly.

1. Household Member	2. Income Source & start date	3. Monthly Gross Amount

Check "Yes" or "No" to answer the following questions: *Reminder: questions apply to all household members regardless of age

1. Are you or any other adult household member claiming zero income? ☐ YES ☐ NO

   If yes- who:

2. Does anyone receive regular monetary gifts, contributions, or loans from someone outside of the household? ☐ YES ☐ NO

   If yes- complete the following: Who in the household receives the monetary gift?

   From who / persons relation to you | for what? | amount received monthly

3. Does anyone own or is anyone purchasing real estate, such as land and/or buildings, mobile homes, etc? ☐ YES ☐ NO

   If yes- complete the following:

   Type: | Address / Location: | Estimated Value

4. Does anyone receive income from any other source (including someone outside your household) that pays any of your bills or gives you money? ☐ YES ☐ NO

   If yes- complete the following:

   From Who / What | for what? | amount received monthly

5. Do you or another household member expect any changes to income in the next 12 months? ☐ YES ☐ NO

   If yes- please explain

6. Do you or another household member receive other income sources that are not listed above? ☐ YES ☐ NO

   If yes- please explain: e.g.: food stamps, etc

ASSET INFORMATION: LIST ALL ASSETS HELD BY ANY MEMBER IN YOUR HOUSEHOLD REGARDLESS OF AGE.

Assets are items of value that may be turned into cash. Also can be a lump sum amount that you hold and currently have access to.
e.g.: A savings account is a cash asset. The bank pays interest on the asset. The interest is the income from that asset. A quantity of money under a mattress is an asset: it is a thing of value that could be used to your benefit.

***Note*:** You will need to provide the most recent proof of the asset you list. (Examples: current bank statements, insurance letters, a recent receipt that shows a balance for a money card including Direct Express card, US Bank Relia card, and EBT Quest card, etc).

Does anyone in your household hold any asset listed below? Check "Yes" or "No"

Yes	No	Income Source	Yes	No	Income Source
☐	☐	Cash on hand	☐	☐	Notes, Mortgages, Contracts, or Deeds for real estate e.g.: house, mobile home, land, farm, commercial property
☐	☐	Direct Express / Money Card	☐	☐	Treasury Bills
☐	☐	Checking Account How many accounts? _____	☐	☐	Deferred Compensation
☐	☐	Savings Account How many accounts? _____	☐	☐	Safe Deposit Box
☐	☐	Certificates of Deposit (CDs) or Money Market Accounts	☐	☐	Pensions, IRAs, KEOGH or other retirement accounts
☐	☐	Stocks, Bonds, or other securities	☐	☐	Personal Property as an investment e.g.: artwork, coin/stamp collections, antiques or show cars
☐	☐	Trust Funds	☐	☐	Lump-sum receipts or one-time receipts (amounts that are not intended as periodic payments)
☐	☐	Life Insurance Policy	☐	☐	Other (you will need to explain)

If you answered yes to any asset above, please state the following: state only what is applicable (use additional pages if necessary)
1. Who in your household holds it 2. What the asset is 3. Account No. 4. Interest Rate 5. Current Amount

Include all assets held and the corresponding annual interest rate, dividends, and/or other income derived from the asset

Household Member	Type of Asset	Name of Bank/Institution & Account Number	Interest Rate	Current Amount

Check "Yes" or "No" to answer the following questions: *Reminder: questions apply to all household members regardless of age

1. Have you or any household member disposed of/sold any asset for less than its full value within the past 2 years? ☐ YES ☐ NO

If yes- explain who disposed/sold it, the amount received, and what & when it was:

2. Do you or any household members jointly own any assets with another person outside your household?
e.g.: Bank accounts, real estate etc… ☐ YES ☐ NO

If yes- explain owners and % of ownership

EXPENSES: Include all expenses paid by any household members regardless of age

The manner in which you answer these questions can reflect a reduction in your rent.

CHILD CARE / CARE PROVIDER (verification will need to be provided)**:**

1. Do you currently pay out of pocket for care provider services for a child or disabled person? ☐ YES ☐ NO

If yes- complete the following:

care provider Name	phone number	amount paid / month

2. If any care provider expenses are paid for by an outside source, name the agency/source:

MEDICAL (verification will need to be provided)**:**

1. Is any household member elderly (age 62 or older) or a person with disabilities? ☐ YES ☐ NO
2. Do you or anyone in the household pay out of pocket for medical insurance? ☐ YES ☐ NO

If yes-how much? / month Insurance Provider:

3. Do you or anyone in the household pay out of pocket for Medicare Part D Rx coverage? ☐ YES ☐ NO

If yes-how much? / month Insurance Provider:

4. Do you or anyone in the household have out of pocket medical expenses not reimbursed or paid for by insurance, an outside source, or other persons? ☐ YES ☐ NO

If yes- explain:

5. Has anyone outside of your household paid for any of your medical expenses within the last twelve months? ☐ YES ☐ NO

If yes-the contact information for who paid: Name phone number

DISCLOSURES

NOTICE OF THE AVAILABILITY OF REASONABLE ACCOMMODATIONS

(Disclosure to Program Participants with Disabilities)

The Housing Authority of Grant 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 our housing programs and related services. HAGC will consider requests for reasonable accommodations from persons with disabilities in order to afford them an equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement as those who do not have disabilities.

If you can prove that you have a disability and if your request is reasonable, you can ask for a change in; 1. Our policies or procedures, 2. A repair or change in your unit or other part of the property, 3. A change in the way we communicate with you or give you information. Decisions for a reasonable accommodation are made within ten (10) days of the request.

If you need to request a reasonable accommodation, please contact the HAGC office at (509) 762-5541 or (800) 747-9202.

VIOLENCE AGAINST WOMEN ACT

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.

If you are receiving assistance under the Public Housing, Section 8 Larson, or Housing Choice Voucher programs you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under the Public Housing, Section 8 Larson, or Housing Choice Voucher programs solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

FEDERAL PRIVACY ACT NOTICE

Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

HUD uses family income and other information to assist in managing and monitoring HUD-assisted housing programs; to protect the Government's financial interest; and to verify the accuracy of the information furnished. HUD or a public housing agency/Indian housing authority may conduct a computer match to verify the information you provided. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

You must provide all the information requested by the housing agency, including all social security numbers you, and all other household members age six (6) years and older, have and use. Giving the social security numbers of all household members 6 years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Authority for information collection: The following laws authorize the collection of this information by HUD or the public housing agency: The U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

PENALTIES FOR COMMITTING FRAUD

The Public Housing, Section 8 Larson, and Housing Choice Voucher programs place a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information you may be: rejected, evicted, required to repay all overpaid rental assistance you received, fined up to $10,000, imprisoned for up to 5 years, prohibited from receiving future assistance. State and local governments may have other laws and penalties as well.

TENANT / PARTICIPANT CERTIFICATION

By signing below, I/we certify that:

- I/we understand all the above information and disclosures.
- The answers I/we have provided are true, correct and complete to the best of my/our knowledge and belief.
- I/we understand that false statements or information are grounds for termination or denial of assistance.
- I/we authorize the Housing Authority of Grant County & any Third Party Screening Company contracted by the Housing Authority of Grant County to make inquiries for the purpose of verifying the statements contained in this application.

HEAD OF HOUSEHOLD SIGNATURE	DATE	SPOUSE / CO-HEAD SIGNATURE	DATE
OTHER ADULT HOUSEHOLD MEMBER SIGNATURE	DATE	OTHER ADULT HOUSEHOLD MEMBER SIGNATURE	DATE

HAGC REPRESENTATIVE SIGNATURE	DATE RECEIVED BY THE HOUSING AUTHORITY

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 o the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD and any owner (or employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected bases on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses an information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined nor more than $5,000. Any applicant or participant affected by negligent disclosures any information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number is contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

The Housing Authority of Grant County does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities