Housing Authority of Grant County

1139 Larson Blvd. • Moses Lake, WA 98837-3308
Phone: (509) 762-5541 • Fax: (509) 762-2202
Toll Free: (800) 747-9202 • TTY: (800) 833-6388
www.hagc.net

LOW-INCOME HOUSING APPLICATION

The Housing Authority of Grant County's Low-Income Housing is scattered throughout Grant County. Housing is located in the City of Moses Lake, North Moses Lake area, Ephrata, Quincy, Soap Lake, Grand Coulee, Warden, and Royal City.

All Housing Authority Rentals are smoke free.

Pets are allowed but must be preapproved and a deposit is required at move-in. Restrictions apply to the size of the pet and how many pets an applicant or tenant has.

The Low-Income Housing Application consists of three (3) different subsidized housing programs:

1. **Public Housing**: Limited to low-income families and individuals. Eligibility is based on: 1) annual gross income; 2) whether you qualify as elderly, a person with a disability, or as a family; and 3) U.S. citizenship or eligible immigration status. All applicants are also screened for criminal history. The rent amount is based on 30% of the tenant's adjusted gross income. The units are located in various communities of Grant County; however, applicants are offered each unit (of appropriate bedroom size) that becomes available -- regardless of location preference.

2. **Section 8 - Housing Choice Voucher Program**: Housing assistance is provided on behalf of the family or individual. Participants are able to find their own housing and are free to choose any housing that meets the requirements of the program. Eligibility is determined by total annual gross income, family size, and legal status. Applicants may also be screened for criminal history. Upon qualification, a voucher will be issued to the applicant to find housing through landlords willing to participate. Once housing is found that meets the Housing Authority's Housing Quality Standards (HQS), the tenant and the Housing Authority each pay a portion of the monthly rent to the landlord.

3. **Subsidized Larson Program**: The criteria to qualify for Subsidized Larson (also known as Section 8 Larson) is the same as for Public Housing, including criminal history screening. Rents are based on 30% of the tenant's adjusted gross income. All of these units are located at Larson, the former Larson Air Force Base, in Moses Lake.

Applications for all housing programs are placed on a waiting list according to which program you are applying for as well as the date and time the application was received. The length of time on the waiting list is subject to change depending on unit availability, unit turnover, leasing schedule processes, priorities, and transfers.

Once your name is reached on the waiting list, the Housing Authority will collect information on family composition, income, and assets. The Housing Authority will verify this information with other local agencies, your employer and bank, and will use the information to determine program eligibility and the amount of the housing assistance payment.

INSTRUCTIONS FOR APPLICATION COMPLETION

- Follow directions carefully and complete this application accurately in its entirety.
- **PLEASE PRINT CLEARLY. INFORMATION MUST BE LEGIBLE.**
- Your application will not be accepted if it is incomplete or there is any missing information.

Should you have any questions or concerns about anything on this application, feel free to contact the Housing Authority office at the number listed above or come into the office and a HAGC staff member will assist you.

After submitting your application, it will be reviewed and any negative information that would not make you or someone in your household a likely renter with the Housing Authority will be put into consideration.

Eligibility requirements are based on HUD regulations as well as our ACOP and ADMIN Plans.
In order to check your eligibility, we will be running a credit report, checking criminal records, civil court records, and past rental references. **-We do not accept reusable/portable reports-**

The screening company used is: Orca Information, Inc. contact information is - www.orcainfo-com.com, orca@orcainfo-com.com, 800-341-0022, PO Box 277, Anacortes, WA 98221

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 accommodations, upon request, so that they may fully access and utilize the housing programs and related services.

Housing Authority of Grant County

1139 Larson Blvd. • Moses Lake, WA 98837-3308
Phone: (509) 762-5541 • Fax: (509) 762-2202
Toll Free: (800) 747-9202 • TTY: (800) 833-6388
www.hagc.net

App. # _____

THIS APPLICATION WILL NOT BE ACCEPTED UNLESS FILLED OUT COMPLETELY

The submission of this application does not guarantee that you will receive a housing unit. However, it will help us determine your eligibility for the programs for which you are applying.

IT IS IMPORTANT THAT YOU FILL OUT THE FORM COMPLETELY AND ACCURATELY.

Please complete this entire application. Incomplete applications will result in the application being returned to you.

IT IS YOUR RESPONSIBILITY TO NOTIFY US IF THERE IS A CHANGE IN YOUR FAMILY SIZE, ADDRESS, TELEPHONE NUMBER, INCOME, OR OTHER CIRCUMSTANCES THAT MAY AFFECT YOUR APPLICATION.

Housing Programs: PLEASE INDICATE WHICH PROGRAM(S) YOU ARE APPLYING FOR

PUBLIC HOUSING: ☐ Ephrata ☐ Grand Coulee ☐ Moses Lake ☐ Quincy
☐ Royal City ☐ Soap Lake ☐ Warden

☐ **Section 8 (HCV) Program** ☐ **Subsidized Larson** (Units in Moses Lake) ☐ **Camas (+55) PBV**

Applicant Information:

Name of Head of Household: _____

Physical Address: _____
Street City State Zip

Mailing Address: _____
(If different from above) P.O. Box / Street City State Zip

Telephone Numbers: (____) _____ (____) _____
Primary Message

- Do you live, work, or attend school in Grant County? ..... ☐ YES ☐ NO
- Is anyone in the household enrolled in an institution of higher education? ..... ☐ YES ☐ NO
- How did you hear about the HAGC properties/rental assistance programs?

☐ Newspaper ☐ Flyers/Letters ☐ Other _____
Explain

Household Composition:

List all persons who will be living in the household, including yourself. (Use additional pages if necessary)

Full Name (First, Last, MI)	Relation to you	Gender (Optional)	AGE	BIRTH DATE	COUNTRY OF BIRTH	SOCIAL SECURITY # OR ALIEN REG.#
1.	Self					
2.						
3.						
4.						
5.						
6.						
7.						
8.						

*For Office Use Only

Date: _____ Time: _____ Received By: _____

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 accommodations, upon request, so that they may fully access and utilize the housing programs and related services.

Record of Criminal / Drug Activity:

- Have you, or anyone in your household, ever been arrested or convicted for any type of criminal offense? ☐ YES ☐ NO

If yes, indicate whom:_____ Time served:_____ Date released:_____

- Has a member of your household ever used drugs or been charged with drug activity? ☐ YES ☐ NO

If Yes, Please explain:_____

- Is a member of your household subject to the sexual offender registration requirement in any state? ☐ YES ☐ NO

If yes, indicate whom:_____ Where:_____

General Information:

- Have you ever rented from the Housing Authority of Grant County, any other housing authority or lived in a subsidized unit? ☐ YES ☐ NO

  If yes, where: _____ When: _____

- Do you presently owe any previous housing charges or rent? ☐ YES ☐ NO If yes, how much? $_____

  Explain:_____

  _____

- Have you ever been evicted from any previous housing or been asked to move by the landlord, manager, etc.? ☐ YES ☐ NO

  If yes, please explain: _____

  _____

Landlord Information: LIST ALL ADDRESSES WHERE YOU HAVE LIVED DURING THE PAST 5 YEARS

(Use additional pages if necessary)

PRESENT ADDRESS:_____

DATES OF RESIDENCY: FROM:_____ TO:_____ MONTHLY PAYMENT $_____

LANDLORD'S NAME:_____ LANDLORD PHONE #:_____

LANDLORD'S ADDRESS:_____
Address City State Zip Code

IS THE PRESENT ADDRESS YOUR PRIMARY RESIDENCE? ☐ YES ☐ NO

PREVIOUS ADDRESS:_____

DATES OF RESIDENCY: FROM:_____ TO:_____ MONTHLY PAYMENT $_____

LANDLORD'S NAME:_____ LANDLORD PHONE #:_____

LANDLORD'S ADDRESS:_____
Address City State Zip Code

REASON FOR MOVING:_____

PREVIOUS ADDRESS:_____

DATES OF RESIDENCY: FROM:_____ TO:_____ MONTHLY PAYMENT $_____

LANDLORD'S NAME:_____ LANDLORD PHONE #:_____

LANDLORD'S ADDRESS:_____
Address City State Zip Code

REASON FOR MOVING:_____

PREVIOUS ADDRESS:_____

DATES OF RESIDENCY: FROM:_____ TO:_____ MONTHLY PAYMENT $_____

LANDLORD'S NAME:_____ LANDLORD PHONE #:_____

LANDLORD'S ADDRESS:_____
Address City State Zip Code

REASON FOR MOVING:_____

PLEASE LIST ALL STATES IN WHICH YOU OR ANY OTHER HOUSHOLD MEMBER ON THIS APPLICATION HAVE RESIDED:

WHO: _____ WHERE_____

WHO: _____ WHERE_____

WHO: _____ WHERE_____

Household Income

- Does or will anyone in your family receive monthly pensions, Social Security, assistance from D.S.H.S., Department of Employment Security, or child support? ☐ YES ☐ NO
- Do any adults 18 or over in the household request an adjustment to annual income for disability status? ☐ YES ☐ NO
- Did you receive an earned income credit from the IRS or an employer? ☐ YES ☐ NO

PLEASE LIST ALL INCOME RECEIVED BY ANY MEMBER IN YOUR HOUSEHOLD REGARDLESS OF AGE

Example: includes but is not limited to employment wages, social security benefits (SSA, SSI), pensions, TANF or other income from public agencies (DSHS), child support, L&I, unemployment, financial aid, regular contributions from persons not living in your household, etc.

Household Member First & Last Name	Income Source	Amount Received per month	Annual Gross Income (Last 12 Months)
	TOTAL ANNUAL INCOME FROM ALL HOUSEHOLD MEMBERS		$

Household Assets

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.

Checking: Bank & Acct. # _____ $_____

Savings: Bank & Acct. # _____ $_____

Stocks & Bonds: Bank & Acct. # _____ $_____

Insurance: Policy # _____ Cash Value $_____

Credit Union Shares: Location _____ Value $_____

Savings Certificates, War Bonds _____ $_____

TOTAL ASSETS $_____

- Have you owned real estate in the past two years? ☐ YES ☐ NO
  If yes, explain: _____
- Have you disposed of any other assets in the past two years? ☐ YES ☐ NO
  If yes, explain: _____

EXPENSES

- Anticipated amount to be spent for medical expenses: $_____
- Anticipated amount to be spent for childcare: $_____

VERIFICATIONS AND SIGNATURES

I certify that the unit applied for will be my permanent residence and I will not maintain a separate subsidized rental unit in any other location. The information in this application is true and complete to the best of my knowledge. I understand that if I have not given true and complete information to the best of my knowledge, my application for housing may be denied. I 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 and Date

_____ Spouse Signature and Date

_____ Other Adult Household Member Signature and Date

_____ Other Adult Household Member Signature and Date

www.hagc.net

Housing Authority of Grant County

1139 Larson Blvd. • Moses Lake, WA 98837-3308
Phone: (509) 762-5541 • Fax: (509) 762-2202
Toll Free: (800) 747-9202 • TTY: (800) 833-6388

APPLICANT: PLEASE DO NOT FILL THIS FORM OUT - SIGN ON THE BOTTOM ONLY

DATE: _____

TO: _____
_____
_____

LANDLORD REFERENCE FOR:
_____
_____

DEAR _____:

The above-named person has applied for housing and we are inquiring into the applicant's prior tenancy record.
We appreciate your attention on this matter and request that you return this form within 14 days of the date of this letter.

Please complete the following:

1. Status: ( ) Present Tenant ( ) Previous Tenant
2. Period of occupancy: From _____ To _____
3. If previous tenant, was proper move-out notice given? ( ) Yes ( ) No
4. Is/was the unit kept in safe & sanitary condition? ( ) Yes ( ) No
5. Is/was the rent paid in full and on time? ( ) Yes ( ) No
6. Are/were valid complaints made against the family? ( ) Yes ( ) No
7. Is there a balance owing for rent or other charges? ( ) Yes ( ) No
   If yes, what is the amount owed? $ _____
8. Would you rent to the family again? ( ) Yes ( ) No

Comments: _____
_____
_____
_____

Landlord Signature: _____ Phone: _____

Please return this form in the Pre-Paid Postage stamped envelope which is enclosed.

Sincerely,

HOUSING AUTHORITY OF GRANT COUNTY,
WASHINGTON

_____
Housing Authority Representative

I authorize the above-named landlord to release the requested information to the Housing Authority of Grant County, Washington, regarding my past / present tenancy. This document may be photocopied if more than one landlord reference is needed.

_____ _____
Applicant Signature Date

EQUAL HOUSING OPPORTUNITY

The Housing Authority of Grant 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 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 the housing programs and related services.

NOTIFICATION OF THE NON-CITIZEN RULE

On June 19, 1995, in accordance with Section 214 of the Housing and Community Development Act of 1980, as amended, the Housing Authority of Grant County implemented a change in the federal regulations which limits eligibility for assistance based on citizenship and immigration status. The following is further explanation of the requirements:

WHO QUALIFIES FOR ASSISTANCE:

(1) U.S. citizens; or

(2) Non-citizens who have eligible immigration status in one of the following categories:

(a) A non-citizen lawfully admitted for permanent residence, as defined by Section 101 (a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101 (a) (15) of the INA (8 U.S.C. 1101 (a) (20) and 1101 (a)(15), respectively (immigrants). (This category includes a non-citizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), (special agricultural worker), who has been granted lawful temporary resident status);

(b) A non-citizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of and exercise of discretion by the Attorney General under Section 249 of the INA (8 U.S.C. 1259);

(c) A non-citizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) (refugee status); pursuant to the grant of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) (asylum status) or as a result of being granted conditional entry under Section 203 (a) (7) of the INA (8 U.S.C. 1153 (a) (7)) before April 1, 1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;

(d) A non-citizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d)(5) of the INA (8 U.S.C. 1182 (d)(5)) (parole status);

(e) A non-citizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 234 (h) of the INA (8 U.S.C. 1253 (h) (threat to life or freedom); or

(f) A non-citizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255 (a)) (amnesty granted under INA 245A).

WHAT EVIDENCE IS NEEDED:

(1) For **U.S. Citizens**, evidence consists of a signed declaration of U.S. Citizenship.

(2) For **non-citizens who are 62 years of age or older** and are receiving assistance as of June 19, 1995, the evidence consists of :

(a) A signed declaration of eligible immigration status; and

(b) Proof of age document.

(3) For all other Non-citizens, the evidence consists of:

(a) A signed declaration of eligible immigration status;

(b) A signed verification consent form;

(c) One of the following INS documents:

(i) **Form I-551** Alien registration Card

(ii) **Form I-94** Arrival Departure Record annotated with one of the following:

- Admitted as Refugee Pursuant to Section 207
- Section 208 or Asylum
- Section 243(h) or Deportation stayed by Attorney General
- Paroled Pursuant to Section 212(d)(5) to the INA

(iii) **Form I-94** Arrival Departure Record not annotated, must be accompanied by one of the following:

- A final court decision granting asylum
- A letter from the INS asylum officer, or from the INS district director granting asylum
- A court decision granting withholding or deportation
- A letter from an INS asylum officer granting withholding of deportation

(iv) **Form I-688** Temporary Resident Card annotated with Section 245A or Section 210

(v) **Form I-688B** Employment Authorization Card annotated with Provision of Law 274a.12(11) or Provision of Law 274a.12

(vi) A receipt from the INS indicating the application for issuance of a replacement document for one of the above.

WHEN IT MUST BE SUBMITTED:

For Applicants, the evidence must be submitted at the time the family applies. Current Applicants must submit evidence at the time they are interviewed.

For Tenants receiving assistance as of June 19,1995, evidence must be submitted at their first regular reexamination after June 19, 1995. For any new occupant of an assisted unit, the required evidence shall be submitted prior to admittance to the unit.

WHAT HAPPENS AFTER IT IS SUBMITTED:

Once the evidence has been submitted, those declaring U.S. Citizenship and those tenants (housed as of June 19, 1995) 62 or older who declare eligible immigration status, will be placed on the waiting list if they are applicants or continue in assisted housing if they are current tenants.

For all other non-citizens who have claimed eligible immigration status, the submitted documents will be verified in cooperation with the INS (Immigration and Naturalization Service). If eligible immigration status is not verified, the family will be notified of their ineligibility and given the right to appeal the decision to either INS or the Housing Authority. If neither appeal is chosen, the family's assistance will be prorated, terminated or denied. Should the family choose the appeals process and the decision is upheld, the assistance will be prorated, denied or terminated depending on the circumstances. Those assisted as of June 19, 1995, may also be eligible for and may request continued assistance or deferral of the termination in order to preserve the family.

DECLARATION OF ELIGIBILITY STATUS

Head of Household / Adult Family Member
(circle one)

Spouse / Co-Tenant / Adult Family Member
(circle one)

_____ Print name

_____ Print name

I certify that I am:
(please check one)

____ U.S. Citizen

____ Non-Citizen with Eligible Immigration Status

____ Choosing not to state if I am a U.S. Citizen or have eligible status.

I certify that I am:
(please check one)

____ U.S. Citizen

____ Non-Citizen with Eligible Immigration Status

____ Choosing not to state if I am a U.S. Citizen or have eligible status.

Please complete the following only if there are minor children in the family and you are the responsible adult family member.

I certify that the following minor child/children listed in my household is/are:
[Please check appropriate status and list name(s) and birth date(s).]

	NAME	BIRTH DATE
____	U.S. Citizen(s)	
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
____	Non-Citizen(s) with Eligible Immigration Status	
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
____	I am choosing not to state if my child/children is/are U.S. Citizen(s) or has/have Eligible Immigration Status.	
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

I declare under penalty of perjury under the laws of the state of Washington State that the above is true and correct to the best of my knowledge.

_____ Head of Household / Adult Signature and Date

_____ Spouse / Co-tenant / Adult Signature and Date

www.hagc.net

Housing Authority of Grant County

1139 Larson Blvd. • Moses Lake, WA 98837-3308
Phone: (509) 762-5541 • Fax: (509) 762-2202
Toll Free: (800) 747-9202 • TTY: (800) 833-6388

VERIFICATION CONSENT FORM

Section 214 of the Housing and Community Development Act of 1980, as amended, requires the Housing Authority, USDA and HUD to ensure that financial assistance is made available only to persons who are U.S. Citizens or Non-citizens who have been lawfully admitted to the United States and hold what is considered to be "eligible immigration status." The law requires all applicants and tenants for assisted housing who claim to have "eligible immigration status" to sign a consent form authorizing the Housing Authority, USDA and HUD to verify the information supplied with the U.S. Department of Immigration and Naturalization (INS).

Purpose:
In signing this consent form, you are authorizing the Housing Authority of Grant County, USDA and HUD to verify your status as an immigrant to the United States. This information is needed in order to determine your eligibility for the assisted housing benefits for which you have applied.

Use of the Information to be Obtained:
The evidence you supply to document your eligibility for housing assistance may be released by the Housing Authority, without responsibility for the further use or transmission of the evidence by the entity receiving it, to (1) USDA and HUD, as required by USDA and HUD, and (2) the INS for purposes of verification of the immigration status of the individual. The information supplied will be released by the Housing Authority, USDA or HUD to the INS for the purpose of establishing eligibility of financial assistance and not for any other purpose. However, neither the Housing Authority, USDA nor HUD is responsible for the further use or transmission of the evidence or other information by the INS.

Who must sign the form:
Each Non-citizen who claims "eligible immigration status" must sign a verification consent form. Adults, age 18 or older, must sign the form themselves. In the case of children (under age 18), the form must be signed by the adult family member who is responsible for the minor child/children.

Failure to sign the form:
Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the Housing Authority's grievance procedures.

Consent:
I consent to allow the Housing Authority of Grant County, USDA or HUD to request and obtain verification from the INS regarding the information I have supplied for my immigration status. I understand that this information is necessary to determine my eligibility for housing assistance and certify the information I have supplied is true and accurate to the best of my knowledge.

_____ Head of Household Signature and Date

_____ Spouse Signature and Date

_____ Other Adult Household Member Signature and Date

_____ Other Adult Household Member Signature and Date

Consent for Minor Children:
I certify that I am the adult family member responsible for the minor child/children listed below and I consent to allow the Housing Authority, USDA or HUD to request and obtain verification from the INS of the information supplied regarding their immigration status. I understand that this information is needed in order to determine eligibility for housing assistance and certify that the information I have supplied is true and correct to the best of my knowledge.

List minor children:

_____

_____

_____

_____ Parent / Guardian Signature and Date

EQUAL HOUSING OPPORTUNITY

The Housing Authority of Grant 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 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 the housing programs and related services.

RELEASE OF INFORMATION AUTHORIZATION

I authorize the Washington State Employment Security Department to release information from my records on file with the Washington State Employment Security Department to:

USDA, Rural Housing Service
(Present address at):
301 Yakima Street, Room 319
P.O. Box 2427
Wenatchee, WA 98807-2427

AND

Housing Authority of Grant County
1139 Larson Boulevard
Moses Lake, WA 98837

I understand that this authorization will be in effect for the term of assistance received from USDA, Rural Housing Service and/or the US Department of HUD.

Head of Household Signature

Name (please print)

Social Security Number

Date

Spouse / Co-Tenant Signature

Name (please print)

Social Security Number

Date

Other Adult Household Member Signature

Name (please print)

Social Security Number

Date

Other Adult Household Member Signature

Name (please print)

Social Security Number

Date

Other Adult Household Member Signature

Name (please print)

Social Security Number

Date

Other Adult Household Member Signature

Name (please print)

Social Security Number

Date

www.hagc.net

Housing Authority of Grant County

1139 Larson Blvd. • Moses Lake, WA 98837-3308
Phone: (509) 762-5541 • Fax: (509) 762-2202
Toll Free: (800) 747-9202 • TTY: (800) 833-6388

NOTICE OF THE AVAILABILITY OF REASONABLE ACCOMMODATIONS

(This information is confidential and will not be disclosed or released, except as permitted by law.)

If you have a disability and need:

- a change in our policies or procedures
- a repair or change in your unit
- a repair or change to some other part of the property
- a change in the way we communicate with you or give you information, for example, appropriate auxiliary aids, text telephone (TTY), qualified sign language interpreters for persons with speech or hearing impairments, or alternate format for vision impairment

YOU CAN ASK FOR THIS CHANGE, WHICH IS CALLED A "REASONABLE ACCOMMODATION"

If you can show that you have a disability and if your request is reasonable, you can ask for this change. If you would like the owner of your rental to make modifications in your unit or to some other part of the property to accommodate a disability, let us know. We can make reasonable attempts to negotiate with the owner to make such modifications.

If your request is reasonable and if it is not too difficult to arrange, we will try to make the changes you need.

We will make a decision as soon as possible, at least within ten (10) days, unless you agree to an extension of time. We will let you know if we need more information or verification from you or if we would like to discuss other ways of meeting your needs.

If we turn down your request, we will explain our decision, and you may give us additional information.

If you need help in filling out a *REQUEST FOR REASONABLE ACCOMMODATION* form, or if you want to give us your request in a different way, we may be able to help you. Contact us at (509) 762-5541 or 1-800-747-9202.

I certify that this notice has been explained to me by Housing Authority staff.

Applicant Signature _____ Date _____

Signature of Housing Authority Representative _____ Date _____

EQUAL HOUSING OPPORTUNITY

The Housing Authority of Grant 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 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 the housing programs and related services.

FILL THIS FORM OUT ONLY IF YOU ARE REQUESTING AN ACCOMODATION

REQUEST FOR REASONABLE ACCOMMODATION

(This information is confidential and will not be disclosed or released, except as permitted by law.)

Name:	Telephone:
Address:	

❶ The following member of my household has a disability:

_____

❷ Please provide the following change or changes so that the person listed above can live here as easily or successfully as the other residents. ***Check (☑) the kind of change(s) you need.***

❑ A change in the following rule or the way you do things. (I understand that I may ask for changes in how I meet the terms of the lease, but that everyone must continue to meet the terms of the lease.) Please tell us what you need. ***Use another sheet of paper, if necessary.***

❑ **Other:** _____

❸ I need this Reasonable Accommodation because: ***Use another sheet of paper, if necessary***:

_____

_____

_____

_____

_____

_____

❹ You may verify the need for this request by contacting:

Name:	
Address:	
Phone:	

I give you permission to contact the above individual for purposes of verifying that I need or a family member needs the reasonable accommodation requested.

Signature:	Date:

TO BE FILLED OUT BY PERSON VERIFYING

This Accommodation: ❑ Is Necessary ❑ Is Not Necessary

Will this Accommodation achieve its stated purpose? ❑ Yes ❑ No

Other information helpful in making the correct Accommodation:

_____

_____

_____

_____

_____

_____

Signature

Date

_____

Title

Phone

Housing Authority of Grant County

1139 Larson Blvd. • Moses Lake, WA 98837-3308
Phone: (509) 762-5541 • Fax: (509) 762-2202
Toll Free: (800) 747-9202 • TTY: (800) 833-6388

www.hagc.net

RACE, ETHNICITY, AND DISABILITY QUESTIONNAIRE

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the United States Department of Agriculture (USDA) and the United States Department of Housing and Urban Development (HUD), that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, physical or mental disability, familial status or age are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. *However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.*

The racial and ethnic categories for federal statistics and administrative reporting are defined as follows:

RACE:

- **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
- **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

ETHNICITY:

- **Hispanic or Latino.**
  A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

IF YOU DO NOT WISH TO COMPLETE THE RACE & ETHNICITY INFORMATION REQUESTED BELOW, YOU MAY STOP HERE AFTER YOU SIGN YOUR NAME

SIGNATURE & DATE _____ PRINT NAME _____

Please categorize yourself, and all household members applying, in terms of the race and ethnic categories below.

RACE (Check as many as apply to you)			ETHNICITY
☐ American Indian or Alaskan Native	☐ Asian	☐ Black or African American	☐ Hispanic or Latino
☐ Native Hawaiian or Other Pacific Islander	☐ White	☐ Other	☐ Not Hispanic or Latino

OPTIONAL DISABILITY DECLARATION

There are certain housing program benefits that are available to applicants and household members who is a person with a disability. If you think you or any person in your household qualifies and you would like to be considered for these benefits, please indicate below.

	YES	NO
• Would you or any household member benefit by living in a unit designed with special features to accommodate individuals with handicaps?	☐	☐
• Do you or any adult household member request an adjustment to annual income based on a handicapping or disabling condition?	☐	☐

SIGNATURE & DATE _____ PRINT NAME _____

EQUAL HOUSING OPPORTUNITY

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 accommodations, upon request, so that they may fully access and utilize the housing programs and related services.

www.hagc.net

Housing Authority of Grant County

1139 Larson Blvd. • Moses Lake, WA 98837-3308
Phone: (509) 762-5541 • Fax: (509) 762-2202
Toll Free: (800) 747-9202 • TTY: (800) 833-6388

WAITING LIST & CANCELLATION POLICY

1. You will be contacted my mail for an interview when your application reaches the top of the waiting list and an appropriate voucher or unit is available. *If you miss a scheduled appointment for an interview without notifying in advance of the interview to reschedule, your application will be canceled immediately.*

2. If you contact the HAGC within five (5) days of your missed appointment and can verify that an emergency situation (i.e., death in the family, hospitalization, etc) occurred, your application may be reinstated as of the original date of the application.

3. If your application is canceled due to missing an appointment, and you contact the HAGC *within 30 days of cancellation, your application will be placed on the waiting list using the date of reinstatement.*

4. The HAGC may periodically send you a "Waiting List Update Request". If you do not respond to this request within 30 days, your application will be cancelled.

5. If your application is canceled for *ANY REASON*, and you contact the HAGC more than 30 days after cancellation, reinstatement will not be permitted; you must complete a new application.

CHANGES IN YOUR SITUATION CAN AFFECT YOUR PLACEMENT STATUS ON THE WAITING LIST AND THE HOUSING AUTHORITY'S ABILITY TO CONTACT YOU

A. If your mailing address or telephone number changes, this information *MUST* be reported to the HAGC to avoid delays in contacting you. Failure to provide this information may cause your application to be canceled.

B. To ensure proper placement on the waiting list, you must advise the HAGC immediately of the following:
   1) any changes in your family size
   2) any change in your income

I certify that I have read the policy stated above and I understand the terms for cancellation of my application.

Applicant Signature _____ Date _____

Signature of Housing Authority Representative _____ Date _____

EQUAL HOUSING OPPORTUNITY

The Housing Authority of Grant 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 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 the housing programs and related services.

www.hagc.net

Housing Authority of Grant County

1139 Larson Blvd. • Moses Lake, WA 98837-3308
Phone: (509) 762-5541 • Fax: (509) 762-2202
Toll Free: (800) 747-9202 • TTY: (800) 833-6388

EIV NOTIFICATION

Dear Applicant:

In an effort to ensure the right assistance is provided to the right people, The Department of Housing and Urban Development (HUD) has provided property managers with access to a verification database called the Enterprise Income Verification System (EIV).

EIV provides information about Project-Based and Tenant-Based HUD assistance recipients. This database is also used to verify certain types of reported income and records maintained in the Social Security Administration databases and the Department of Health and Human Services (HHS) National Database of New-Hires. HHS provides information about current and past employment and unemployment insurance information.

This system is also used to verify if you are receiving assistance elsewhere prior to your move-in.

If HUD indicates that there is a discrepancy discovered by the EIV database, we will contact you so that we continue to assure that you are receiving all assistance for which you are eligible.

Please sign below to acknowledge you have read and understand the use of EIV.

_____
Head of Household Signature and Date

_____
Spouse Signature and Date

_____
Other Adult Household Member Signature and Date

_____
Other Adult Household Member Signature and Date

EQUAL HOUSING OPPORTUNITY

The Housing Authority of Grant 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 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 the housing programs and related services.

www.hagc.net

Housing Authority of Grant County

1139 Larson Blvd. • Moses Lake, WA 98837-3308
Phone: (509) 762-5541 • Fax: (509) 762-2202
Toll Free: (800) 747-9202 • TTY: (800) 833-6388

APPLICANT COMMUNITY SERVICE REQUIREMENT CERTIFICATION

The Quality Housing and Work Responsibility Act of 1998 requires that all non-exempt public housing adult residents (18 or older) contribute eight (8) hours per month of community service (volunteer work) or participate in eight (8) hours of training, counseling, classes or other activities that help an individual toward self sufficiency and economic independence. This is a requirement of the Public Housing Lease.

Community Service includes, but is not limited to:

- Work at a local institution but not limited to school, child care center, hospital, hospice, recreation center, senior center, adult day care center, homeless shelter, indigent feeding program, cooperative food bank, etc;
- Work with a non-profit organization that service PHA residents or their children such as: Boy Scouts, Girl Scouts, Boys or Girls clubs, 4-H program, PAL, Garden Center, Community clean-up programs, beautification programs, other youth or senior organizations;
- Helping neighborhood groups with special projects;
- Working through resident organizations, serving on the Resident Advisory Board; and
- Caring for the children of other residents so they may volunteer

POLITICAL ACTIVITY IS EXCLUDED

Self-Sufficiency Activities include, but are not limited to:

- Job readiness programs;
- Job training programs;
- GED classes;
- Substance abuse or mental health counseling;
- English proficiency or literacy (reading) classes;
- Apprenticeships;
- Budgeting and credit counseling;
- Any kind of class that helps toward economic independence; and
- Full time student status at any school, college or vocational school.

You may be exempt. Exempt Adults are

- 62 years of age or older;
- Has a disability that prevents him/her from being gainfully employed;
- Is the caretaker of a disabled person;
- Is working at least 20 hours per week; or
- Is participating in a welfare to work program

Applicant(s) Statement

I / We certify that we have read and understand the above Community Service requirement for tenancy with the Housing Authority of Grant County. I / We further understand that non-compliance with this requirement is grounds for termination of tenancy.

Head of Household Signature and Date

Spouse Signature and Date

Other Adult Household Member Signature and Date

Other Adult Household Member Signature and Date

EQUAL HOUSING OPPORTUNITY

The Housing Authority of Grant 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 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 the housing programs and related services.

www.hagc.net

Housing Authority of Grant County

1139 Larson Blvd. • Moses Lake, WA 98837-3308
Phone: (509) 762-5541 • Fax: (509) 762-2202
Toll Free: (800) 747-9202 • TTY: (800) 833-6388

VIOLENCE AGAINST WOMEN ACT

What Applicants, Tenants, Owners and Landlords Need to Know

Effective January 5, 2006

VAWA Protection for HUD Assisted Applicants

A Public Housing Agency (PHA), owner or landlord may not deny admission to an applicant (male or female) who has been a victim of domestic violence, dating violence or stalking if the applicant otherwise qualifies for assistance or admission.

To qualify, all applicants, including victims of domestic violence, dating violence or stalking, must, at a minimum:

- Meet the local PHA's definition of "family";
- Be income eligible;
- Have at least one family member who is a U.S. citizen or has eligible immigration status;
- Pass criminal background screening;
- Have no outstanding debt to the PHA; and
- Meet all other local PHA screening criteria

Some, but not all, PHA's give preference to applicants who are victims of domestic violence. If you are a victim of domestic violence, dating violence or stalking, ask if the PHA gives this preference. If they do, the PHA may request that you provide a certification documenting the situation. If you fail to provide a requested certification within 14 business days after receiving the request, your request for a preference may be denied.

VAWA Protection for Tenants and Participants

Reporting incidents of domestic violence, dating violence or stalking to law enforcement, victim's rights advocates, and the PHA may help preserve your housing rights. The PHA may not deny, remove or terminate assistance to a victim of domestic violence or stalking based on solely on such an incident or threat.

The PHA, an owner or landlord may deny, remove, or terminate assistance to an individual perpetrator of such actions and continue to allow the victim or other household members to remain in the dwelling unit or receive housing assistance. This does not limit the authority of the PHA, owner or landlord to terminate your assistance for other criminal activity or good cause.

A Section 8 Housing Choice Voucher Participant who is a victim of domestic violence, dating violence or stalking may request and be granted portability due to the incident or threat if they are otherwise compliant with all program obligations and the perpetrator has moved out of the dwelling unit.

In processing a request by a victim for continued assistance or for portability, the PHA may request that you certify that you are a victim of domestic violence, dating violence or stalking, and that the actual or threatened abuse meets the requirements set forth in the VAWA. Such certification must include the name of the perpetrator. If you do not provide the requested certification within 14 business days, your assistance may be terminated.

CONFIDENTIALITY

Any information provided to any related entity, except to the extent that disclosure is requested or consented to by the individual in writing; required for use in an eviction proceeding of an abuser, stalker or perpetrator of domestic violence; or is otherwise required by law.

STATE AND LOCAL LAW

Some state have passed laws effecting applicants, tenants, owners and landlords that are more stringent that requirements of the Violence Against Women Act (VAWA). Many states have related laws pending. You may want to check with your state and/or city for the most current state and local laws protecting victims of domestic violence, dating violence, or stalking.

I / WE CERTIFY THAT WE HAVE READ AND UNDERSTAND THE ABOVE VAWA (VIOLENCE AGAINST WOMEN ACT) INFORMATION.

Head of Household Signature and Date

Spouse Signature and Date

Other Adult Household Member Signature and Date

Other Adult Household Member Signature and Date

The Nelrod Company, Fort Worth Texas

EQUAL HOUSING OPPORTUNITY

The Housing Authority of Grant 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 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 the housing programs and related services.

www.hagc.net

Housing Authority of Grant County

1139 Larson Blvd. • Moses Lake, WA 98837-3308
Phone: (509) 762-5541 • Fax: (509) 762-2202
Toll Free: (800) 747-9202 • TTY: (800) 833-6388

NOTIFICATION

Watch Out for Lead-Based Paint Poisoning

Sources of Lead-Based Paint

The interiors of older homes and apartments often have layers of lead-based paint on the walls, ceilings windowsills, doors and doorframes. Lead-based primers may also have been used on outside porches, railings, garages, fire escapes and lampposts. When the paint chips, flakes or peels off, or if dust is created from friction/impact surfaces, there may be a real danger for babies and young children. Children may eat paint chips or chew on painted railings, windowsills or other items when parents are not around. Children can also ingest lead even if they do not specifically eat paint chips. For example, when children play in an area where there are loose paint chips or dust particles containing lead, they may get these particles on their hands, put their hands into their mouths and ingest a dangerous amount of lead.

Hazards of Lead-Based Paint

Lead poisoning is dangerous – especially to pregnant women or children under the age of six (6). It can eventually cause mental retardation, blindness and even death.

Symptoms of Lead-Based Paint Poisoning

Has your child been especially cranky or irritable? Is he or she eating normally? Does your child have stomachaches and vomiting? Does he or she complain about headaches? Is your child unwilling to play? These may be signs of lead poisoning. Many times, though, there are no symptoms at all. Because there are no symptoms, does not mean that you should not be concerned if you believe your child has been exposed to lead-based paint.

Advisability and Availability of Blood Lead Level Screening

If you suspect that your child has eaten chips of paint or someone told you this, you should take your child to the doctor or clinic for testing. If the test shows that your child has an elevated blood lead level, treatment is available. Contact your doctor or local health department for help or more information. Lead screenings and treatments are available through the Medicaid Program for those who are eligible. If your child is already known to have or in the future is identified as having an elevated blood lead level, you should immediately notify Program Staff, the Community Development Department or other agency to which you or your landlord is applying for rehabilitation assistance so the necessary steps can be taken to test your unit for lead-based paint hazards. If your unit does have lead-based paint, you may be eligible for assistance to abate that hazard.

Precautions to Take to Prevent Lead-Based Paint Poisoning

You can avoid lead-based poisoning by performing some preventative maintenance. Look at your walls, ceilings, doors, doorframes and windowsills. Are there places where the paint is peeling, flaking, chipping or powdering? If so, there are some things you can do immediately to protect your child:

a) Cover all furniture and appliances;
b) Get a broom or stiff brush and remove all loose pieces of paint from walls, woodwork, window wells and ceilings;
c) Sweep up all pieces of paint and plaster and put them in a paper bag or wrap them in newspapers. Put these packages in the trashcan. DO NOT BURN THEM;
d) Do not leave paint chips on the floor or in window wells. Damp mop floors and windowsills in and around the work area to remove all dust and paint particles. Keeping these areas clear of paint chips, dust and dirt is easy and very important;
e) Do not allow loose paint to remain within your children's reach since children may pick loose paint off the lower part of the walls.

Homeowner Maintenance and Treatment of Lead-Based Paint Hazards

As a homeowner, you should take the necessary steps to keep your home in good shape. Water leaks from faulty plumbing, defective roofs and exterior home may admit rain and dampness into the interior of your home. These conditions should be corrected immediately. Before repainting, all surfaces that are peeling, cracking, chipping or loose should be thoroughly cleaned by scraping or brushing the loose paint from the surface, then repainted with two (2) coats of non-leaded paint. Instead of scraping and repainting, the surface may be covered with other material such as wallboard, gypsum or paneling. Beware that when lead-based paint is removed by scraping or sanding, a dust is created which may be hazardous. The dust can enter the body either by breathing it or swallowing it. The use of heat or paint removers could create a vapor or fume which may cause poisoning if inhaled over a long period of time. Whenever possible, the removal of lead-based paint should take place when there are no children or pregnant women on the premises. Simply painting over defective lead-based paint surfaces does not eliminate the hazard. Remember that you, as an adult, play a major role in the prevention of lead poisoning. Your actions and awareness about the lead can make a big difference.

Tenant and Home Buyer Responsibilities

You should immediately notify the management office or the agency through which you are purchasing your home if the unit has flaking, chipping, powdering or peeling paint, water leaks from plumbing or a defective roof. You should cooperate with that office's effort to repair the unit.

I have read the notification "Watch Out for Lead-Based Paint Poisoning."
I have received a copy of the "Protect Your Family from Lead in Your Home" pamphlet.

Signature of Recipient _____ Date _____ Print Name _____

EQUAL HOUSING OPPORTUNITY

The Housing Authority of Grant 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 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 the housing programs and related services.

www.hagc.net

Housing Authority of Grant County

1139 Larson Blvd. • Moses Lake, WA 98837-3308
Phone: (509) 762-5541 • Fax: (509) 762-2202
Toll Free: (800) 747-9202 • TTY: (800) 833-6388

OMB Control # 2502-0581
Exp. (02/28/2019)

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) ☐ 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.

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

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.

Form **HUD- 92006** (05/09)

EQUAL HOUSING OPPORTUNITY

The Housing Authority of Grant 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 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 the housing programs and related services.

www.hagc.net

Housing Authority of Grant County

1139 Larson Blvd. • Moses Lake, WA 98837-3308
Phone: (509) 762-5541 • Fax: (509) 762-2202
Toll Free: (800) 747-9202 • TTY: (800) 833-6388

Privacy Act Notice

Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older.

Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your 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 you provide. 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.

Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six 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.

The Housing Authority of Grant County agrees to comply with the Privacy Act of 1974 (the Act) and the agency rules and regulations issued under the Act.....

The above Privacy Act Notice is HUD required. Please make note that the requirement for Social Security Number disclosure had changed January 2010, but we are unable to change the Privacy Act Notice until HUD gives us authorization to do so.

EQUAL HOUSING OPPORTUNITY

The Housing Authority of Grant 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 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 the housing programs and related services.