

Spokane Housing Authority

108 S. Jefferson Box 000, Spokane, WA 99201

Public Housing Waiting List Application

IMPORTANT: All applicable information must be completed in order to process your request. **Please print!**

NEWHS POLICY STATEMENT: Spokane Housing Authority will deny or terminate housing assistance to those determined to be involved in illegal drug-related or violent criminal activity.

Last Name		First Name		Middle Name	
Social Security Number		Gender		Home Phone	
Mailing Address/PO Box		City		State	
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you Hispanic?		<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander Race (Head of Household) This is optional.		Zip Code Date of Birth	
Email Address:					

FAMILY COMPOSITION

Last Name	First Name, MI	***Relation to Head of Household (see below)	Birthdate	SS#	Gender M=Male F=Female
1					
2					
3					
4					
5					
6					
7					
8					

Does anyone other than an adult who will live in the household share custody of any of the children listed in your family composition?

Yes No

*****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/adult Y=Other youth under 18 E=Full time student 18+ L=Live-in aide A=Other adult

Household sources of income (Fill in monthly dollar amounts for all that apply. Do not just check.)

Social Security	Wages	L & I	Veterans	Unemployment
Child Support	SSI	TANF	GAU	
Retirement Pension	Annuity Payments	Alimony	Other	

What is the total **FAMILY 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?	

If you have lived in subsidized housing during the last three years, have you or any member of your household been evicted due to drug related activity?

Yes No

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 my spouse is) disabled - a person who is under a disability as defined in Section 223 of the Social Security Act (42 U.S.C. 6001[7].)

Yes No

Application Certification

I certify that the information I am providing on this form is true and accurate. 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 must update my application in writing immediately if my circumstances change. I understand that I do not have any right or entitlement to be listed on a waiting list or to any particular position on a list or for admission to any program.

Applicant Signature

Date

Additional Information Required

Public Housing - SHA places applicants on all Program Waiting Lists for which they may qualify. You may be placed on the Public Housing List. SHA owns and manages Public Housing units. These units consist of a 50-unit apartment building for elderly and disabled residents and 75 houses or duplexes for larger families scattered throughout the city and county. Please answer all questions below to indicate your interest in various Public Housing units.

If you answer "No" to a question below, you will not be considered for that particular housing opportunity.

If you are an elderly or disabled person **eligible for a one or two bedroom unit**, will you consider an apartment at the Parsons Apartments located at 108 S. Jefferson? (Corner of First & Jefferson.)

Yes No

If you are eligible for two, three, or four bedroom housing, do you want your name placed on the Scattered Homes Waiting List?

Yes No

Could your household benefit from a specially designed unit for the disabled?

Yes No

For Spokane Housing Authority Use Only

Pre-Application Received By:

Date Received:

Time Received:

Return this application to the address on the front side.