

Northeast Washington Housing Solutions

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: Northeast Washington Housing Solutions 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		Message Phone
Mailing Address/PO Box			City	State	Zip Code
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you Hispanic?		Marital Status	<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.		
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					
9					
10					
***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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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

Yes No

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 - NEWHS places applicants on all Program Waiting Lists for which they may qualify. You may be placed on the Public Housing List. NEWHS 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 Northeast Washington Housing Solutions Use Only

Pre-Application Received By:

Date Received:

Time Received:

Return this application to the address on the front side.

REQUEST FOR REASONABLE ACCOMMODATION IN HOUSING

Applicant/Participant: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____ Social Security Number _____

If not you, what member of your household is seeking a reasonable accommodation? _____

What reasonable accommodation do you request that will assist you or a household member in addressing the disability? _____

Please explain how you believe that the requested accommodation will provide you or a household member with equal opportunity to enjoy the dwelling unit and/or common area: _____

Please provide the name and address of the qualified individual(s)* who will verify that your request: (1) Is related to your disability; and (2) would provide you with an equal opportunity to enjoy the dwelling unit and/or common area.

(The applicant/participant must complete this form and submit to NEWHS, who will in turn fax or mail it to the qualified individual(s)* for completion.)

NAME AND TITLE OF QUALIFIED INDIVIDUAL(S)

COMPLETE MAILING ADDRESS

PHONE AND FAX NUMBER OF QUALIFIED INDIVIDUAL

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

Signed _____ Date _____

Return this form to: NEWHS, 55 W Mission, Spokane, WA 99201
Phone: 509-328-2953 Fax 509-327-5246 TDD 509-323-9502

*Qualified individual – must be a medical doctor or other qualified professional person identified by the applicant/participant requesting a reasonable accommodation.

If you require assistance to complete this request, or if you have any other questions, please contact _____ in the NEWHS office at _____.

PLEASE KEEP THIS INFORMATION FOR YOUR RECORDS

In January 2006 the Violence Against Women and Dept. of Justice Reauthorization Act (VAWA) was signed into law.

The purpose of the Act is to:

- Reduce violence, dating violence, sexual assault, and stalking
- To prevent homelessness of the victims of such acts
- To protect victims who reside in Section 8 and LRPB units (and other programs)
- To ensure victims have access to criminal justice system without jeopardizing their housing

How this affects you is that VAWA protects participants, tenants, and family members of participants/tenants, who are victims of domestic violence, dating violence, or stalking, from being evicted or terminated from housing assistance based on acts of such violence against them.

The law provides that criminal activity directly relating to domestic violence engaged in by a member of a participant's household or any guest or other person under the participant's control, shall not be cause for termination of assistance, tenancy, or occupancy rights, if the participant or an immediate family member of the participant's family is the victim of or threatened victim of that abuse. The Act also provides that incidents of actual or threatened domestic violence will not be deemed serious or repeated violations of the lease and will not be considered "good cause" for termination of assistance, tenancy, or occupancy rights of a victim of such violence.

However, the Act does not limit the landlord's authority to terminate your lease when the landlord is able to demonstrate there is an actual and imminent threat to other tenants, employees, or others providing services to your residence or the complex you live in.

If you feel you are being evicted from housing or terminated from housing assistance due to domestic violence, dating violence or stalking, please contact your Eligibility Specialist at NEWHS immediately. You will be required to complete certification and/or provide alternate documentation to verify your claim.