_____ App #

_____
Date /Time

(Office Use Only)

APPLICATION

RURAL DEVELOPMENT 515 PROGRAM

PLEASE PRINT

This is an application for housing in the Orting Senior Citizens Apartments located in Orting, WA. Please complete this application and return to PCHA at the address listed at the bottom of this page. Complete applications are placed in order of date and time received. An applicant may be interviewed only after PCHA receives the complete tenant application.

A. GENERAL INFORMATION

Applicant Name(s) _____

Address: _____
Street Apt. # City/State Zip

Telephone # _____ No. of Bedrooms in current unit _____

Do You Own _____ or Rent _____. Amount of current monthly payment $_____.

Check Utilities Paid by You:
Heat _____
Electricity _____
Gas _____
Other _____

Approximate Monthly Cost of Utilities Paid by you (excluding phone & cable tv) $ _____.

Bedroom Size Requested:
One Bedroom _____
Wheelchair _____
Visual/Hearing _____

Pierce County Housing Authority is an equal opportunity provider and employer, with projects in compliance with 504 and Fair Housing Regulations. PCHA accommodates any applicants who need assistance in filling out this application.

Return to: PCHA
1525 108th St. S.
Tacoma, WA 98444

or fax to: 253-620-5433

The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, disability, familial status, or national origin. Federal law also prohibits discrimination on the basis of age. Complaints of discrimination may be forwarded to the Administrator, USDA Rural Development, Washington, DC 20250.

List ALL persons who will live in the apartment. List Head of Household First:

NAME	RELATIONSHIP	BIRTHDATE	AGE	SOCIAL SECURITY #
1.	HEAD			
2.				
3.				
4.				

Is anyone in this household a full time student: Yes _____ No _____

Name(s) _____

B. INCOME : LIST ALL SOURCES OF INCOME AS REQUESTED BELOW

FAMILY MEMBER	SOURCE OF INCOME
_____	a. Social Security..Monthly Amount $_____
_____	Social Security..Monthly Amount $_____
_____	b. Pension……..Monthly Amount $_____
_____	Pension……..Monthly Amount $_____
	Source of Pension(s)_____
	_____
_____	c. Veterans Benefits Monthly Amount $_____
_____	d. SSI Benefits…….....Monthly Amount $_____
_____	SSI Benefits…….....Monthly Amount $_____
_____	e. Unemployment Comp.Monthly Amount $_____
_____	Unemployment Comp.Monthly Amount $_____
_____	f. AFDC……...Monthly Amount $_____
_____	g. Wages…….Gross……Monthly Amount $_____
_____	Employer_____
	Position held _____
	How long employed_____
	Wages…….Gross…….Monthly Amount $_____
_____	Employer _____
	Position held_____
	How long employed_____
_____	h. Full Time Student Income (Only Students 18 and Over)
	Monthly Amount $_____
_____	Full Time Student Income (Only Students 18 and Over)
	Monthly Amt $ _____
_____	i. Alimony……..... Monthly Amt $_____Source_____
_____	j. Child Support… Monthly Amt $_____Source_____
_____	k. Interest Income. Monthly Amt $_____Source_____
_____	Interest Income. Monthly Amt $_____Source_____
_____	l. Other Income… Monthly Amt $_____Source_____
	m. Long Term Care Ins..Mon.Amt $_____Source_____

TOTAL GROSS ANNUAL INCOME
(Base this on the monthly amounts listed above and multiply x 12) $_____
Do you anticipate any changes in this income in the next 12 months? Yes_____ No ____
If Yes, please explain _____

C. ASSETS

(for checking, average 6 month daily balance)

Checking Account(s) #_____Bank_____Balance $_____
#_____Bank_____Balance $_____
#_____Bank_____Balance $_____
Savings Account(s) #_____Bank_____Balance $_____
#_____Bank_____Balance $_____
Trust Accounts #_____Bank_____Balance $_____
Certificates #_____Bank_____Balance $_____
#_____Bank_____Balance $_____
Credit Union #_____Bank_____Balance $_____
#_____Bank_____Balance $_____
Savings Bonds #_____Maturity Date_____Value $_____
#_____Maturity Date_____Value $_____
Whole Life Insurance Policy #_____Face Value $_____
Cash Value of Life Insurance Policy $_____
Real Property: Do you own any property? Yes _____ No _____
If Yes, type of property _____
Location _____
Appraised Market Value $_____
Mortgage or Outstanding Loans Balance Due $_____
Amount of Annual Insurance Premium $_____
Amount of Most Recent Tax Bill $_____
Have you Sold/Disposed of Any Property in the Last 2 Years? Yes_____ No_____
If Yes, type of property _____
Market Value When Sold/Disposed of $_____
Amount Sold/Disposed of for $_____
Date of Transaction _____

1. Have you disposed of any other Assets in the last 2 years (example: Given away money to relatives, set up Irrevocable Trust Accounts)? Yes _____ No _____
If Yes, Describe Asset _____
Date of Disposition _____
Amount Disposed $_____
2. Do you have any other Assets not listed above (excluding personal property)?
Yes _____ No _____
If Yes, list _____
_____

D. MEDICAL/CHILDCARE/DISABLED ASSISTANCE EXPENSES

Medical Costs: Complete this part ONLY if Head of Household or Spouse is 62 or Older, Disabled or Handicapped.

1. Medicare Premiums**……**Monthly Amount $_____
   Monthly Amount $_____
2. Medical Insurance Coverage-Name of Insurance Company_____
   _____
   Address_____
   Monthly Amount $_____
3. Anticipated Medical/Drug/Prescription/Non Prescription costs NOT covered by Insurance NOR reimbursed: Monthly Amount $_____
4. Medical bills our outstanding costs you are making Monthly Payments for :
   Balance due $_____ Monthly Payments $_____
   Payable to _____
5. Medical related travel costs $_____
   Projected costs NOT covered by Insurance NOR reimbursed for the next 12 months $_____
6. Any other Medical expenses: List type and Amounts: _____ $_____
   _____$_____

Childcare Costs: Complete ONLY for children 12 and younger:

7. Name(s) of Children cared for _____Age_____
   _____Age_____
   _____Age_____
8. Name & Address of person OR Agency caring for Children_____

   _____

   _____
9. Weekly cost for Childcare Due to Employment $_____
10. Weekly Cost for Childcare Due to Education $_____

Disabled Assistance Expenses: Attendant care and/or apparatus expense that enables Disabled applicants or others in the household to work. Complete ONLY if Disabled Expenses allow someone in the household to work.

11. List Type of Expenses, Weekly Amount, Paid to whom:

_____

E. PROGRAM INFORMATION

Questions 1, 2 and 3 are optional

1. Are you displaced? Yes _____ No _____
   If Yes, Displacement Agency _____
2. Is your current Unit Condemned/Substandard? Yes _____ No _____
   If Yes, Describe _____
3. Are you paying more than 50% of your Gross Income for Rent and Utilities
   Yes _____ No _____
4. Are you Applying for status as an "Elderly Household," where the tenant or co-tenant is 62 or older, handicapped or disabled as defined by Rural Development? Yes_____ No _____
   If Yes, do you realize you will be eligible for a $400 and Medical deduction?
   Please realize that your eligibility must be verified.
5. Would you or anyone in your household benefit from a wheelchair or other handicapped accessible unit: Yes _____ No _____
6. If so, would you like to request an adapted unit? Yes _____ No _____
7. Are you currently living in Subsidized Housing? Yes _____ No _____

8. Have you ever resided in a Project financed and/or Subsidized by the Government?
   Yes _____ No _____ If Yes, Name & Address _____
9. Have you ever been evicted from Public Housing or any other Federal Housing Program? Yes _____ No _____
10. Have you ever been evicted from Other Housing? Yes _____ No _____
11. Have you ever been convicted of a felony? Yes _____ No _____
12. Are you currently using illegal drugs? Yes _____ No _____
13. Have you ever been convicted of sale, distribution, or possession of illegal drugs?
    Yes _____ No _____
14. Are you now or will you become a part time or full time student prior to move-in?
    Yes _____ No _____
15. How did you hear about this housing?_____
16. Will you take an Apartment when one is available? Yes _____ No _____
17. Briefly describe your reasons for applying_____
18. Are you a smoker? Yes_____ No _____

F. REFERENCE INFORMATION

Current Landlord: Name_____
Address_____
Home Phone_____Business Phone_____

Previous Rental Information:

Prior Landlord_____
Address_____
Home Phone_____Business Phone_____

Prior Landlord_____
Address_____
Home Phone_____Business Phone_____

G. PERSONAL NON-RELATED REFERENCES

1. Name_____Address_____
   Phone_____

2. Name_____Address_____
   Phone_____

3. Name_____Address_____
   Phone_____

In Case of Emergency Notify_____
Address_____
Phone_____

OTHER REQUIRED INFORMATION

VEHICLES: List any cars, trucks or other vehicles owned. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.)

Type of vehicle_____Year/Make_____Color_____
License Plate #_____Driver's License #_____

Type of
vehicle_____Year/Make_____Color_____
License Plate #_____Driver's License #_____

PETS: Do you own any pets? Yes _____ No _____

If Yes, describe_____

H. **CERTIFICATION/AUTHORIZATION**

CERTIFICATION

I/We hereby certify that I/we do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our primary residence. I/We understand I/we must pay a security deposit for this apartment. I/We understand that my eligibility for housing will be based on Rural Development or Section 8 income limits and by PCHA's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

SIGNATURE:

_____ _____
TENANT CO-TENANT

Dated_____ Dated_____

AUTHORIZATION

I/We do hereby authorize PCHA and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administrated/managed by PCHA. I/We further authorize PCHA to verify all information listed on this application.

SIGNATURE:

_____ _____
TENANT date CO-TENANT date

FOR RURAL DEVELOPMENT 515 PROGRAM
APPLICANTS ONLY

FAMILY HOUSEHOLD COMPOSITION

"The information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through Rural Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname."

Race_____Ethnic Group_____Sex_____

****This institution is an equal opportunity provider and employer****

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint From, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at program.intake@usda.gov.