

**PRE - APPLICATION FOR HOUSING**  
**PLEASE READ BEFORE COMPLETING APPLICATION**

By completing this application for housing, you are requesting to be placed on the waiting list for housing assistance administered through the Housing Authority of Snohomish County. Applications are currently being accepted for HASCO's **Senior/Disabled** properties – please note that you only need to **complete one application** to apply for one or all of the programs. Your name will be placed on all waiting lists for which you apply – with the exception of programs/properties where you don't meet the *eligibility requirements*. A confirmation letter will be sent to the mailing address listed on your application within 30 days of our receiving your *completed* application, **so please write/print legibly**.

**SENIOR/DISABLED HOUSING:**

Our Senior/Disabled program offers Rental Assistance to elderly and/or disabled households. You must be willing and able to move into an apartment within the complex you apply for once your name reaches the top of the waiting list & your eligibility has been determined. HASCO owns and manages the units and assistance under this program is not transferable. Please note, our Senior/Disabled properties are now smoke free housing. Currently, the wait for a unit can be up to 7 years, depending on the program(s) that you have applied for.

**SECTION 8 HOUSING CHOICE VOUCHER:** *WAITLIST IS CLOSED*

**THINGS TO KNOW:**

When your name comes to the top of the list for a program and/or property for which you've applied, you will be contacted by the department administering that program/property and begin the **full** application process.

HASCO has a responsibility to maintain stable and safe living environments for all its residents. For this reason, prior to being offered a unit and/or voucher, each applicant will be screened for tenant suitability which consists of, but is not limited to, a **criminal background check** (*including drug-related criminal activity*), **credit check**, and a **landlord history screening**.

HASCO may contact you by mail in order to confirm your continued interest in the programs/properties you've applied for. When contacted, you must respond within the requested time-frame. Failure to respond on time will result in cancellation of your application without further notice. **It is your responsibility to notify our office online within 20 days of any change in your mailing address and/or phone number.** Please be advised that if *any* correspondence sent to you by our office is returned (*even with a forwarding address*), it will not be re-sent. No further attempts to contact you will be made and your name will be removed from the waiting list(s) you applied for without further notice.

**To update your mailing address, you must submit your change via HASCO's online applicant portal within 20 days of the change:**

To Find Your Application:

1. Go to **hasco.applicants4housing.com**
2. Log In or Create an Account if you haven't registered before.
3. Click on **My Waiting Lists** to see your application status.
4. In the **My Profile** tab, click on **change personal information** in blue to update your contact information.
5. In the **My Family** tab, click on add family member or remove family member in blue to update your family composition.

*Please note that changing your address with the United States Postal Service or other service agency, such as DSHS, does not change your address with us – you **must** update us separately and directly via the online applicant portal.*

## **APPLICATION ASSISTANCE:**

### **INDIVIDUALS WITH A DISABILITY AND/OR OTHER MEDICAL NEED(S):**

IF YOU ARE AN INDIVIDUAL WITH A DISABILITY AND/OR OTHER MEDICAL NEED(S) WHO NEEDS SPECIAL ASSISTANCE AND/OR ACCOMMODATIONS IN ORDER TO COMPLETE THE APPLICATION PROCESS, PLEASE TELL US.

### **LANGUAGE ASSISTANCE:**

#### **ENGLISH**

If you are in need of an interpreter to assist you with the paperwork or to respond to our letter, please let us know.

#### **ARABIC**

إذا كنت بحاجة إلى مترجم لمساعدتك بالاوراق او الرد على رسالتنا، الرجاء اعلامنا.

#### **BOSNIAN**

Ako ti trebas prevodioca za pomoc oko papira ili da se javis nama na nasa pisma, molimo te da nam to Kazes ili stavis do znanja.

#### **FARSI**

گريبراي پرکردن فرم و يا جواب دادن به نامه ما به مترجم احتياج داريد، لطفا به ما اطلاع دهيد.

#### **RUSSIAN**

Если вы нуждаетесь в услугах переводчика, чтобы помочь вам заполнить формы или ответить на наше письмо, пожалуйста сообщите нам об этом.

#### **SOMALI**

Hadii aad ubaahan tahay turjubaan adiga kaa caawiyo warqadaha qoraalka ama jawaabta warqadaheena, fadlan nasoo ogaysiin.

#### **SPANISH**

Si usted necesita un intérprete que le ayude con los papeles o para responder a nuestra carta, por favor informenos.

#### **UKRAINIAN**

Якщо вам потрібні послуги перекладача, щоб допомогти заповнити документи або відповісти на наш лист, будь-ласка повідомте нас.

#### **VIETNAMESE**

Xin hãy báo cho chúng tôi biết nếu quý vị cần thông dịch viên để giúp quý vị điền giấy tờ hay trả lời thư của chúng tôi.

**SIGN LANGUAGE INTERPRETERS ARE AVAILABLE UPON REQUEST TO ASSIST YOU WITH THE PAPERWORK OR TO RESPOND TO OUR LETTER.**

The Housing Authority is committed to providing those with disabilities full access to HASCO programs and services. For further information about HASCO's commitment to removing barriers to access or for ADA assistance or to request a reasonable accommodation for a disability please contact your housing representative.

HASCO is an equal opportunity provider and employer.

**HOUSING AUTHORITY OF SNOHOMISH COUNTY**  
**12711 - 4<sup>th</sup> Avenue West • Everett, Washington 98204**  
**(425) 290-8499 • FAX (425) 290-5618**

**OFFICE USE ONLY**

Time: \_\_\_\_\_

**PRE - APPLICATION FOR HOUSING ASSISTANCE**

**IT IS VERY IMPORTANT THAT YOU READ ALL INSTRUCTIONS WHEN COMPLETING THIS APPLICATION - IF ANY PART OF THIS APPLICATION DOES NOT APPLY TO YOU, PLEASE WRITE "NONE" OR "N/A" (NOT APPLICABLE) –DO NOT LEAVE ANY SECTION(S) BLANK. FAILURE TO COMPLETE THE APPLICATION PROPERLY MAY CAUSE DELAYS IN PROCESSING AND/OR REJECTION OF YOUR APPLICATION.**

**I. APPLICANT INFORMATION: Please print legibly in black or blue ink.**

|   |                |                |
|---|----------------|----------------|
| Last Name (Head of Household)                       | First Name     | Middle Initial |
| Mailing Address/PO Box ( <b>REQUIRED</b> )          | City           | State          |
| Home Phone  | Cell Phone     | Message Phone  |
| E-mail Address                                      | Place of Birth |                |
| List any other last names you have used in the past |                |                |

**II. HOUSEHOLD COMPOSITION:** Please list yourself and other family members who will live with you – include unborn children and live-in aides.  
**\*\* Currently we do not offer any housing programs that accommodate more than 5 family members\*\***

| #    | Last Name | First Name | Relation To Head* | Social Security Number (REQUIRED) | Sex (M/F) | Date of Birth | Race/Ethnicity | Disability? (Y/N) |
|------|-----------|------------|-------------------|-----------------------------------|-----------|---------------|----------------|-------------------|
| Head |           |            | Head              |                                   |           |               |                |                   |
| 2    |           |            |                   |                                   |           |               |                |                   |
| 3    |           |            |                   |                                   |           |               |                |                   |
| 4    |           |            |                   |                                   |           |               |                |                   |
| 5    |           |            |                   |                                   |           |               |                |                   |

\*RELATION TO HEAD: (SP) Spouse/Partner (F) Foster Child (L) Live-in Aide \*(O) Other Adult-Specify relation (S) Son (D) Daughter (Y) Other Youth/Dependent

**III. APPLICATION ASSISTANCE:**

|  |  |
|--|--|
| DO YOU NEED AN INTERPRETER AND/OR TRANSLATION SERVICES?<br><i>If yes, what is the Primary Language used in your household?</i> _____   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DO YOU NEED SPECIAL ASSISTANCE AND/OR ACCOMMODATION(S) IN ORDER TO COMPLETE THIS APPLICATION DUE TO A DISABILITY AND/OR OTHER MEDICAL NEED?<br><i>If yes, what assistance/accommodation(s) are you requesting?</i> _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |

**IV. DISABILITY OR HANDICAP -** (It is not necessary to give us details about your disability or handicap)

- DO YOU CLAIM ANY DISABILITY OR HANDICAP?  YES  NO  
(IF NO, SKIP TO SECTION V)

- DO YOU **REQUIRE** SPECIAL ACCOMMODATIONS OR FEATURES IN YOUR UNIT?  YES  NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**V. INCOME:** List monthly amount of income for **all** family members listed from each income source (TANF, GAU, SSI, SS, Child Support, Wages, etc.)

| Family Member | Wages/<br>Salaries | Income from<br>Assets | SSI | Social<br>Security | Public<br>Assistance | Child Support | Pension/<br>Retirement | Unemployment |
|---------------|--------------------|-----------------------|-----|--------------------|----------------------|---------------|------------------------|--------------|
|               |                    |                       |     |                    |                      |               |                        |              |
|               |                    |                       |     |                    |                      |               |                        |              |
|               |                    |                       |     |                    |                      |               |                        |              |
|               |                    |                       |     |                    |                      |               |                        |              |

- HAS ANYONE ON THIS APPLICATION SERVED IN THE UNITED STATES MILITARY?  YES  NO

If yes, please list name(s) of veteran \_\_\_\_\_

- IS ANYONE ON THIS APPLICATION ENROLLED IN AN INSTITUTE OF HIGHER EDUCATION?  YES  NO

If yes, please list name(s) of student \_\_\_\_\_

**VI. APPLICANT RENTAL HISTORY:**

1. Are you currently or have you ever received housing assistance before? Yes  No  (If yes, please provide the following information)

NAME OF HOUSING AUTHORITY OR HOUSING COMPLEX (City/State) \_\_\_\_\_

WHEN (Year/Month)? \_\_\_\_\_

REASON FOR VACATE: \_\_\_\_\_

2. Have you or any adult household member ever:

Been Evicted  Owed Money to **ANY** Landlord  Committed Fraud to Obtain Housing (misrepresent information)

If yes to any of the above, please explain: \_\_\_\_\_  
\_\_\_\_\_

- HAVE YOU OR ANY PERSON LISTED ON THIS APPLICATION EVER BEEN ARRESTED AND/OR CITED FOR DRUG RELATED OR ANY OTHER CRIMINAL ACTIVITY?  YES  NO

- ARE YOU OR ANY PERSON LISTED ON THIS APPLICATION SUBJECT TO REGISTRATION AS A SEX OFFENDER?  YES  NO

If you answered **YES** to either of the above questions, please explain: \_\_\_\_\_  
\_\_\_\_\_

APPLICATIONS ARE CURRENTLY BEING ACCEPTED FOR THE FOLLOWING PROGRAMS – PLEASE CHECK ALL THAT YOU WISH TO APPLY FOR (REQUIRED). IF ELIGIBLE, YOUR NAME WILL BE PLACED ON THE WAITING LIST(S) BASED ON THE DATE AND TIME YOUR APPLICATION IS RECEIVED.

### SENIOR OR DISABLED HOUSING

- |   |   |
|---|---|
| <input type="checkbox"/> <b>CRAIGMONT</b> Lake Stevens – 1 Bedroom *              | <input type="checkbox"/> <b>**SOAP SUDS**</b> Snohomish – 1 Bedroom *<br><u>**For 62+ Years of Age ONLY**</u> |
| <input type="checkbox"/> <b>GLENWOOD</b> Lake Stevens – 1 & 2 Bedroom *           | <input type="checkbox"/> <b>WILLOW RUN</b> Marysville – 1 & 2 Bedroom *                                       |
| <input type="checkbox"/> <b>HILLTOP I &amp; II</b> Stanwood – 1 & 2 Bedroom *     | <input type="checkbox"/> <b>WOODLAKE MANOR</b> Snohomish – 1 & 2 Bedroom *                                    |
| <input type="checkbox"/> <b>RIVER VISTA I &amp; II</b> Arlington – 1 & 2 Bedroom* | <input type="checkbox"/> <b>WROBLISKI MANOR</b> Arlington – 1 & 2 Bedroom *                                   |

**To qualify for these properties, the head of household or spouse/partner must be 62 years of age or older and/or disabled to qualify.**

\* Smoke-free housing

### CLOSED WAITLISTS

- ~~SECTION 8 HOUSING CHOICE VOUCHER~~

**I/we understand that if I am not eligible for a list I have chosen, I will not be added to that list.** I/we hereby certify that the above information is true and correct to the best of my/our knowledge. I/we understand that any misrepresentation of the information provided on my/our part could result in my/our application being rejected, or if housed based on any misrepresentation of information in this form, I/we understand that my/our future housing assistance could be terminated. I/we understand that a criminal background check, landlord references, verification of income and household composition is ALL part of the eligibility process. I/we understand that while on the waiting list, it is my responsibility to notify HASCO via the online applicant portal within 20 days if: a family member is added to or deleted from the household; or if my mailing address changes. I/we understand that HASCO may contact me by mail to confirm my continued interest in the program/s that I/we have applied for and that I must respond within the requested time-frame. I/we understand that the completion of an application, placement on the waiting list and selection from the waiting list **does not guarantee approval** for housing and that approval for housing occurs only after all of my/our information is reviewed for eligibility.

Signature of Head of Household or Spouse

Date

*The Fair Housing Act prohibits discrimination in the sale, rental, or financing of housing on the basis of race, color, religion, sex, handicap (disability), familial status, or national origin. Washington State law also prohibits discrimination on the basis of marital status, sexual orientation, and veteran or military status.*



Equal Housing Opportunity



Barrier Free

8/2/17

**OPTIONAL: PLEASE COMPLETE THIS ADDITIONAL INFORMATION SO WE MAY DETERMINE IF YOUR FAMILY QUALIFIES FOR OTHER HOUSING PROGRAMS.**

**1. HOUSEHOLD INFORMATION:**

Check all that apply:

- I/We left foster care at age 16 or later
- I am at risk or have lost my children (under 18) due to no home
- I am willing to accept services from an agency in order to receive housing assistance

**2. MY CURRENT HOUSING SITUATION:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> I own my home  | <input type="checkbox"/> I live on the street | <input type="checkbox"/> I live in a condemned home                       |
| <input type="checkbox"/> I rent my apartment or home  | <input type="checkbox"/> I live in a shelter  | <input type="checkbox"/> I live in a nursing home                         |
| <input type="checkbox"/> I am temporarily living with family or friends because I have no other home. | <input type="checkbox"/> I live in my car     | <input type="checkbox"/> I live in a rehabilitation center                |
|   |   | <input type="checkbox"/> I live in an institution for mental disabilities |

**3. I'M AFRAID I'M GOING TO BE HOMELESS BECAUSE:**

Check all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> I can't pay my rent or mortgage | <input type="checkbox"/> Domestic Violence    |
| <input type="checkbox"/> Lack of work                    | <input type="checkbox"/> Does not apply to me |
| <input type="checkbox"/> My home is being foreclosed     |   |
| <input type="checkbox"/> My landlord is evicting me      |   |

PLEASE USE THIS SECTION FOR ADDITIONAL INFORMATION IF NEEDED:

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.

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

|  |  |
|--|--|
| <b>Applicant Name:</b>   |  |
| <b>Mailing Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>Name of Additional Contact Person or Organization:</b>  |  |
| <b>Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>E-Mail Address (if applicable):</b>   |  |
| <b>Relationship to Applicant:</b>  |  |
| <b>Reason for Contact:</b> (Check all that apply)  |  |
| <input type="checkbox"/> Emergency   | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you   | <input type="checkbox"/> Change in lease terms               |
| <input type="checkbox"/> Termination of rental assistance  | <input type="checkbox"/> Change in house rules               |
| <input type="checkbox"/> Eviction from unit  | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Late payment of rent  |  |
| <b>Commitment of Housing Authority or Owner:</b> 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.   |  |
| <b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.  |  |
| <b>Legal Notification:</b> 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. |  |

|  |  |
|--|--|
|  |  |
|--|--|

**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 action.