

# KELSO HOUSING AUTHORITY

[www.kelsoha.org](http://www.kelsoha.org)



## HOW TO APPLY FOR

## RENTAL ASSISTANCE

Please FILL OUT the application forms carefully, and completely.

**Applications must include all necessary documents, incomplete applications will be returned.**

Applications can be turned in at the Kelso Housing Authority main office or mailed

1415 S 10<sup>TH</sup> KELSO, WA 98626

PHONE 360-423-3490

FAX 360-577-6694

The application packet does not obligate you or the Housing Authority in any way.

You may use the application packet to apply for the following waiting lists:

### Section 8 Housing Choice Voucher Program

The Housing Choice Voucher program assists families of low income to pay rent. Participants of this program are able to use their voucher to rent in the local area housing that is considered suitable as defined by Housing Quality Standards set by Housing and Urban Development.

### Kelso Homes Public Housing Duplexes

A community designed for families and disabled persons of low income. This property is owned, operated and maintained by the Kelso Housing Authority. All who qualify to rent at this property will participate in a rental assistance program.

### The Cowlitz Villa

This community of duplexes was designed specifically for Senior Citizens 62 and over of low income. This property is owned, operated and maintained by the Kelso Housing Authority. All who qualify to rent at this property will participate in a rental assistance program.

### **DISABILITY, REASONABLE ACCOMMODATIONS and FAIR HOUSING INFORMATION**

The Kelso Housing Authority does not discriminate on the basis of race, color, national origin, religion, gender, disability, or familial status. Kelso Housing Authority's policies and practices are designed to provide assurances that persons with disabilities are given reasonable accommodations, upon request, so that they may fully access and utilize Housing Authority owned properties, housing programs, and related services.

It is the policy of the Housing Authority to be service directed in the administration of our housing programs, and to exercise and demonstrate a high level of professionalism while providing housing services. This policy includes full compliance with all Federal, State, and local nondiscrimination laws and rules and regulations governing Fair Housing and Equal Opportunity in housing and employment.

### **Waiting List Updates:**

Periodically the waiting lists are updated. When an update is conducted all applicants will be sent a form in the mail listing the date that the form must be turned in at the Housing Authority main office. Applicants that do not respond will be dropped from the waiting lists.

WHAT IS YOUR NUMBER ON THE WAITING LIST?

CALL: MY WAITING LIST

360-423-3490 extension 3



KEEP this cover page for your information.

**KELSO HOUSING AUTHORITY  
WAITING LIST APPLICATION**

Top box for office use only

TENANT ID#

--

**KHA DATE STAMP**

--

**TIME**

--

**KHA STAFF INITIALS**

--

- S8
- PH KH
- PH CV
- Near E

**Please PRINT information below**

**HEAD OF HOUSEHOLD**

PRINT Last Name

First Name

Middle Initial

--	--	--

**Street Address where you currently live:**

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City

State

Zip

Phone

-	-	
---	---	--

Additional phone optional

-	-	
---	---	--

**Mailing Address:**

(if different from above)

---

City

State

Zip

**Do you or any family member claim a disability?**

- Yes
- No

**Do you request an accommodation in housing features as a result of disability?**

- Yes
- No

# HOUSEHOLD COMPOSITION

Please print clearly in ink.

List all persons who will be in your household.

## 1. HEAD OF HOUSEHOLD

Last Name	First Name	Mid Initial	Date of Birth (mm-dd-yyyy)	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	Female <input type="checkbox"/> Male <input type="checkbox"/>

<b>US Citizen?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Disability?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Race</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian	<input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Mixed <input type="checkbox"/> Other: <input type="checkbox"/> Decline	<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Decline
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Social Security Number	Birth City	Birth State
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>

## 2.

Last Name	First Name	Mid Initial	Date of Birth (mm-dd-yyyy)	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	Female <input type="checkbox"/> Male <input type="checkbox"/>

### RELATIONSHIP TO HEAD OF HOUSEHOLD

- Spouse    Co-Head  
 Other Adult  
 Child

<b>US Citizen?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Disability?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Race</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian	<input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Mixed <input type="checkbox"/> Other: <input type="checkbox"/> Decline	<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Decline
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Social Security Number	Birth City	Birth State
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>

## 3.

Last Name	First Name	Mid Initial	Date of Birth (mm-dd-yyyy)	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	Female <input type="checkbox"/> Male <input type="checkbox"/>

### RELATIONSHIP TO HEAD OF HOUSEHOLD

- Spouse    Co-Head  
 Other Adult  
 Child

<b>US Citizen?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Disability?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Race</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian	<input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Mixed <input type="checkbox"/> Other: <input type="checkbox"/> Decline	<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Decline
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Social Security Number	Birth City	Birth State
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>

**H O U S E H O L D C O M P O S I T I O N C O N T I N U E D**

**4.**

Last Name	First Name	Mid Initial	Date of Birth (mm-dd-yyyy)										
			<table border="0" style="width:100%; text-align:center;"> <tr><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:10px;">-</td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:10px;">-</td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td></tr> </table>			-			-				Gender Female <input type="checkbox"/> Male <input type="checkbox"/>
		-			-								
<b>RELATIONSHIP TO HEAD OF HOUSEHOLD</b>			<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult <input type="checkbox"/> Child										

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Social Security Number			Birth City	Birth State

**5.**

Last Name	First Name	Mid Initial	Date of Birth (mm-dd-yyyy)										
			<table border="0" style="width:100%; text-align:center;"> <tr><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:10px;">-</td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:10px;">-</td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td></tr> </table>			-			-				Gender Female <input type="checkbox"/> Male <input type="checkbox"/>
		-			-								
<b>RELATIONSHIP TO HEAD OF HOUSEHOLD</b>			<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult <input type="checkbox"/> Child										

<b>US Citizen?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Disability?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Race</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian	<input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Mixed <input type="checkbox"/> Other: <input type="checkbox"/> Decline	<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Decline
Social Security Number			Birth City	Birth State

**6.**

Last Name	First Name	Mid Initial	Date of Birth (mm-dd-yyyy)										
			<table border="0" style="width:100%; text-align:center;"> <tr><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:10px;">-</td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:10px;">-</td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td></tr> </table>			-			-				Gender Female <input type="checkbox"/> Male <input type="checkbox"/>
		-			-								
<b>RELATIONSHIP TO HEAD OF HOUSEHOLD</b>			<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult <input type="checkbox"/> Child										

<b>US Citizen?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Disability?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Race</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian	<input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Mixed <input type="checkbox"/> Other: <input type="checkbox"/> Decline	<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Decline
Social Security Number			Birth City	Birth State

**Is anyone who will be living in the home currently participating in or a past participant in a rental assistance program, or a tenant of a housing authority?**  Yes  No

*If yes, fill out below*

Name of participant / renter	Where?	When?

**If there are children, does anyone outside of the home share custody of any of the children?**  Yes  No

**Information about the INCOME of all Family Members**

Income information includes all money or contributions from any and all sources paid to or paid on behalf of any family member.

**Do any family member(s) receive any of the following types of income?**

- Wages, salaries, tips or commissions, overtime, bonuses, or other compensation for personal services from an employer? (Full time or part time or seasonally.) This includes Military Pay.**  Yes  No
- Does any family member work for someone who pays them in cash?**  Yes  No
- Income from the operation of a business (self-employment)**  Yes  No
- Social Security income – (SS, SSI, SSA, SSDA, SSP)**  Yes  No
- State Welfare / Public Assistance- (Cash, food, medical, TANF, GAX, Disability Lifeline)**  Yes  No
- Income from retirement funds or pensions**  Yes  No
- Income from unemployment compensation**  Yes  No
- Income from the Department of Labor & Industries**  Yes  No
- Child support payments**  Yes  No
- Alimony payments**  Yes  No
- Income from death benefits**  Yes  No
- Income from insurance policies**  Yes  No
- Income from an annuity or other investment**  Yes  No
- Interest, dividends**  Yes  No
- Income from real or personal property**  Yes  No
- Regular contributions or gifts from anyone**  Yes  No
- Does anyone outside the home pay any of your bills or living expenses?**  Yes  No

**Complete for ALL INCOME, or check:  NONE**

1. Who receives income?	How often received	Amount received per month
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Type of income <input type="text"/>		
2. Who receives income?	How often received	Amount received per month
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Type of income <input type="text"/>		
3. Who receives income?	How often received	Amount received per month
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Type of income <input type="text"/>		
4. Who receives income?	How often received	Amount received per month
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Type of income <input type="text"/>		

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.

<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.	

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

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**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.

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**KELSO HOUSING AUTHORITY  
WAITING LIST APPLICATION  
Signature Page**

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**Warning!!** Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

I certify by my signature that all information provided about myself and all members of my household is true and correct. I understand ALL CHANGES concerning the income of any member of this household as well as ALL CHANGES in my household composition must be reported to Kelso Housing Authority in WRITING within TEN (10) business days of the change. I also know that failure to report changes will result in denial of assistance and that making false statements or deliberately omitting or withholding information could result in denial of program benefits.

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**SIGNATURES:**

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HEAD OF HOUSEHOLD SIGNATURE

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DATE

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SPOUSE OR  COHEAD (CHECK ONE) SIGNATURE

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DATE

---

OTHER ADULT SIGNATURE

---

DATE

---

OTHER ADULT SIGNATURE

---

DATE

---

OTHER ADULT SIGNATURE

---

DATE

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the KHA office at 360-423-3490.