



1415 S 10TH
KELSO, WA 8626
PHONE 360-423-3490
FAX 360-577-6694

PRE-APPLICATION FOR RENTAL ASSISTANCE PROGRAMS



A P P L I C A N T I N F O R M A T I O N

HOW TO APPLY

Please FILL OUT the application forms carefully, and completely.

- Fill in all blanks.
- Attach the required documents to prove your current housing circumstances according to the boxes on the last page.

APPLICATIONS FOR RENTAL ASSISTANCE PROGRAMS ARE ACCEPTED AT THE HOUSING AUTHORITY OFFICE OR CAN BE MAILED.

APPLICATIONS MUST INCLUDE ALL NECESSARY DOCUMENTS.

This pre-application packet will allow you to apply for the following rental assistance programs:

[Section 8 Housing Choice Voucher Program](#)

This program assists families of low income, and individuals whom are elderly and or disabled in paying their rent each month. Participants of this program are able to apply their assistance in a suitable place to rent according the Housing Quality Standards set by HUD.

[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 participate in this program will be assisted as long as they remain in tenancy in the duplex.

[The Cowlitz Villa](#)

This community of duplexes was designed specifically for Senior Citizens 62 and over of low income. These are also owned, operated and maintained by the Kelso Housing Authority. All who qualify to participate in this program will be assisted as long as they remain in tenancy at the Villa. Applicants who quality will first be housed in an efficiency unit and as openings occur will then transfer to a one bedroom unit.

Applicants will be determined for eligibility based upon state and federal standards. All rental assistance will be based on the participant's gross monthly income.

This pre-application packet does not obligate Applicant or Housing Authority in any way.
Kelso Housing Authority does not discriminate on the basis of race, color, national origin,
religion, sex, physical or mental disability, or familial status.

DISABILITY & REASONABLE ACCOMMODATIONS

The 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 the housing programs and related services. This is intended to afford persons with disabilities an equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement as those who do not have disabilities.

It is not necessary to give details about your disability.

FAIR HOUSING INFORMATION

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.



KELSO HOUSING AUTHORITY

www.kelsoha.org

1415 S 10TH
KELSO, WA 98626
PHONE 360-423-3490
FAX 360-577-6694

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GREY BOXES FOR KHA OFFICE USE ONLY

KHA DATE STAMP

<input type="checkbox"/> S8
<input type="checkbox"/> PH KH
<input type="checkbox"/> PH CV
<input type="checkbox"/> Near E

<input type="checkbox"/> 1	<input type="checkbox"/> 5
<input type="checkbox"/> 2	<input type="checkbox"/> 6
<input type="checkbox"/> 3	<input type="checkbox"/> 7
<input type="checkbox"/> 4	<input type="checkbox"/> 8

Last Name: #

TIME

A P P L I C A N T I N F O R M A T I O N

Please print neatly in ink. All fields are required.

Incomplete applications can not be added to waiting lists.

Personal information:

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"/>

US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO	Race <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	Ethnicity <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"/>

Street Address where you live: Phone: -

City State Zip
 Mailing Address (if different from above): Additional Phone Option: -

City State Zip

DISABILITY & REASONABLE ACCOMMODATIONS

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It is not necessary to give details about your disability.

Do you claim a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you need an accommodation in housing features as a result of your disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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HOUSEHOLD COMPOSITION

Please print clearly in ink.

List all additional persons who will be in your household.

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

US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Disability? <input type="checkbox"/> YES <input type="checkbox"/> NO	Race <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	Ethnicity <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

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

US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Disability? <input type="checkbox"/> YES <input type="checkbox"/> NO	Race <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	Ethnicity <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

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

US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Disability? <input type="checkbox"/> YES <input type="checkbox"/> NO	Race <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	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Decline
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US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Disability? <input type="checkbox"/> YES <input type="checkbox"/> NO	Race <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	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Decline
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US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Disability? <input type="checkbox"/> YES <input type="checkbox"/> NO	Race <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	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Decline
Social Security Number			Birth City	Birth State

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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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A P P L I C A T I O N P R O C E S S I N G
Pre-applications that are complete will be date-stamped and timed when received by the Kelso Housing Authority and will be added to the appropriate waiting lists.

Pre- applications that are not complete will be returned.

WAITING LIST UPDATES:

Periodically the waiting lists are updated. When an update is conducted all applicants will be sent a form in the mail informing them of the date that the form must be returned. This requires all applicants to respond by returning the update form to the Kelso Housing Authority office at the address above. *Therefore it is very important that you inform the Housing Authority immediately if you mailing address changes.*

Applicants that do not respond to the update are dropped from the waiting lists.



CRIME POLICY AND CRIMINAL BACKGROUND CHECKS:

Participants of the Kelso Housing Authority’s rental assistance programs are held to reasonable levels of personal and civic responsibility. The Housing Authority is guided by the Code of Federal Regulations 982.553 for determining admission to rental assistance programs when considering the eligibility of persons who have been arrested. Housing Authorities are required to deny participation to any person that is subject to a lifetime sex offender registration requirement. Housing Authorities are required to deny participation to any person convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing. The Kelso Housing Authority conducts criminal background checks prior to admission to rental assistance programs. Criminal background checks are not required in order to submit a pre-application packet.

A P P L I C A N T D E C L A R A T I O N

I declare that the statements contained in the pre-application packet are true and correct and that I have not knowingly or willfully made false statements, given false information or omitted information in connection with the pre-application. Warning: Willful false statements are a basis for rejection of you application and are a criminal offense under Section 1001 of Title 18 of the U.S. Code.

Applicant Signature

Date

HOW TO PROVE YOUR HOUSING CIRCUMSTANCES

Choose the housing circumstance that best describes your situation.

➤ Attach the required document to your application.

RENT BURDEN



➤ *REQUIRED DOCUMENTS:*

INCOME AND RENT VERIFICATION PROVING THAT 50% OR MORE OF THE GROSS MONTHLY HOUSEHOLD INCOME IS BEING PAID FOR RENT + ELECTRIC + WATER/SEWER/GARBAGE BILLS

HOMELESS



APPLICANTS WHO LACK A FIXED, REGULAR AND ADEQUATE NIGHTTIME RESIDENCE; AND HAVE A PRIMARY NIGHTTIME RESIDENCE THAT IS A SUPERVISED PUBLIC OR A PRIVATE SHELTER PROVIDING TEMPORARY ACCOMMODATIONS.

➤ *REQUIRED DOCUMENT:*

A STATEMENT FROM A PUBLIC SHELTER OR A PRIVATE HOMEOWNER PROVIDING TEMPORARY SHELTER

INVOLUNTARY DISPLACEMENT DUE TO ONE OF THE FOLLOWING:



- A DISASTER
- FEDERAL, STATE OR LOCAL GOVERNMENT ACTION RELATED TO CODE ENFORCEMENT, PUBLIC IMPROVEMENT OR DEVELOPMENT
- HOUSING OWNER ACTION BEYOND THE APPLICANTS CONTROL AND WHICH OCCURS DESPITE THE APPLICANT'S HAVING MET ALL PREVIOUS CONDITIONS OF OCCUPANCY
- LAW ENFORCEMENT AGENCY RECOMMENDATION TO REHOUSE FAMILY TO AVOID OR REDUCE RISK OF VIOLENCE AGAINST FAMILY AS REPRISAL BECAUSE THE FAMILY PROVIDED INFORMATION ON CRIMINAL ACTIVITIES
- HATE CRIMES: IF A MEMBER OF THE FAMILY HAS BEEN THE VICTIM OF ONE OR MORE HATE CRIMES AND THE APPLICANT HAS VACATED THE UNIT BECAUSE OF THE CRIME OR THE FEAR OF SUCH A CRIME HAS DESTROYED THE APPLICANT'S PEACEFUL ENJOYMENT OF THE UNIT

➤ *REQUIRED DOCUMENT:*

VERIFICATION FROM OFFICE OF CODE ENFORCEMENT, AGENCIES PROVIDING DISASTER RELIEF, HOUSING OWNER, OR LAW ENFORCEMENT AGENCIES AND POLICE REPORTS

SUBSTANDARD HOUSING

APPLICANTS WHOSE DWELLING HAS ONE OR MORE OF THE FOLLOWING CRITERIA AS CITED BY OFFICIALS OF LOCAL CODE ENFORCEMENT OFFICE:



- IS DILAPIDATED, AND DOES NOT PROVIDE SAFE, ADEQUATE SHELTER;
- DOES NOT HAVE USABLE FLUSHABLE TOILET IN THE UNIT FOR THE EXCLUSIVE USE OF THE FAMILY;
- DOES NOT HAVE USABLE BATHTUB OR SHOWER IN UNIT FOR THE EXCLUSIVE USE OF THE FAMILY;
- DOES NOT HAVE ADEQUATE, SAFE ELECTRICAL SOURCE;
- DOES NOT HAVE ADEQUATE, SAFE SOURCE OF HEAT;
- SHOULD, BUT DOES NOT HAVE A KITCHEN;
- HAS BEEN DECLARED UNFIT FOR HABITATION BY A GOVERNMENT AGENCY.

➤ *REQUIRED DOCUMENT:*

MUST COME FROM LOCAL CODE ENFORCEMENT OFFICE

GRADUATES OF TRANSITIONAL HOUSING / SUBSTANCE ABUSERS PROGRAMS/ OR VICTIMS OF DOMESTIC VIOLENCE (WITHIN LAST 6 MONTHS)



➤ *REQUIRED DOCUMENT:*

VERIFICATION FROM SHELTER, SOCIAL SERVICE AGENCY, COURT RECORDS OR CLERGY (CIRCUMSTANCE MUST HAVE OCCURRED WITHIN THE LAST 6 MONTHS)



None of the above circumstances apply to my household. Please add my application to the waiting list. I understand that my application will remain at the bottom of the list unless my circumstances change and I add documentation to this application to prove one of the above.



I AM A SINGLE ADULT and

I AM NOT DISABLED and

I AM NOT ELDERLY (62 YEARS OR OLDER)

ALL 3 MUST APPLY TO YOU IF YOU HAVE CHECKED THIS BOX
