



TACOMA HOUSING AUTHORITY

Housing Programs Department
 902 South L Street, Suite 1A
 Tacoma, WA 98405
 (253) 207-4400

Eligibility Pre-Application Form for THA Public Housing

Applicant Information

Last Name	First Name	Middle	
Mailing Address	City/State	Zip	
Home Tel. ()	Mess. Tel. ()	Work Tel. ()	Email Address

Household Members: Start with head of household, then list spouse/co-head, then any other members.

	Legal Name Last, First, Middle Initial	Sex M/F	Relationship to Head	Social Security Number (If available)	Date of Birth MM/DD/YYYY	Place of Birth City/State
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Optional Information for Statistical Purposes Only (Please circle all that apply):

Head of Household:	African American/Black Native American/Alaskan Native	Caucasian/White Multi-Racial	Asian Hispanic	Pacific Islander
Spouse/Other Adult:	African American/Black Native American/Alaskan Native	Caucasian/White Multi-Racial	Asian Hispanic	Pacific Islander
Children:	African American/Black Native American/Alaskan Native	Caucasian/White Multi-Racial	Asian Hispanic	Pacific Islander
Are you a Veteran?	Yes No			
Are you Homeless?	Yes No			

1. **Have you or anyone in your household ever used any other name(s)?** Yes No

If yes, what name(s): _____

2. **Have you or anyone in your household ever used a social security number other than those listed?**

Yes No

If yes, what number(s)? _____

The following are types of income that must be reported:

- Wages, Tips, Salary
- TANF
- VA Benefits
- Social Security, SSI, SSDI
- Unemployment
- Pension or retirement
- Workers' compensation
- Child Support
- Per Capita payments
- Interest income from bank accounts, investments etc.
- Income from real estate
- Contributions from family members (this includes regular payments of bills, purchase of products such as diapers, food etc.)

INCOME INFORMATION: Please list the source and amount of **all current income** received by **all household members**, including your children and yourself.

Household Member Name	Income Source	Monthly Amount	Hourly Wage	# of Hours per week

ATTENTION APPLICANT: You are responsible for maintaining current and accurate application information. You are required to notify Tacoma Housing Authority in writing of any change in address; income and/or household composition (please use "Waitlist update" form available in the lobby). **If we cannot contact you at the address listed on this application or an updated address, we will remove your name from the waiting list, and you will have to re-apply.**

Are you or any other members of your household disabled? Yes _____ No _____

If yes, which member(s) are disabled?

Do you or any member of your family require any of the following accommodations or unit modifications?

- Wheelchair accessible unit
- Sensory impaired accessible unit
- Ground floor unit (no stairs)
- Other physical adaptations (grab bars etc.)
- Service/Companion Animal
- Copy mail to Case Manager
- Large type documents
- Live-in aide/caregiver
- Payee (please list name) _____
- Other _____

Tacoma Housing Authority complies with the Fair Housing Act and other applicable laws and provides reasonable accommodations and modifications to persons with disabilities.

SPECIAL ASSISTANCE

English:

If you need assistance completing this application, please contact us at (253) 207-4400 and we will arrange appropriate services to assist you.

Russian:

Если вам необходима помощь в заполнении данного заявления, пожалуйста, обратитесь к нам по телефону (253) 207-4400, и мы организуем соответствующее обслуживание, чтобы помочь вам.

Vietnamese:

Nếu bạn cần hỗ trợ điền mẫu đăng ký này, vui lòng liên hệ với chúng tôi theo số điện thoại (253) 207-4400 và chúng tôi sẽ bố trí các dịch vụ phù hợp để giúp đỡ bạn.

Spanish:

Si usted necesita ayuda para completar esta solicitud, por favor llámenos al (253) 207-4400 y haremos los arreglos necesarios de los servicios apropiados para ayudarlo(a).

Cambodian:

បើលោកអ្នកត្រូវការជំនួយក្នុងការបំពេញលិខិតដាក់ពាក្យសុំនេះ, សូមអញ្ជើញទាក់ទងមកយើងខ្ញុំតាមលេខ (253) 207-4400 ។ យើងខ្ញុំនឹងរៀបចំសេវាបម្រើសមរម្យ ដើម្បីជួយសម្រួលកិច្ចការនេះជូនលោកអ្នក។

Korean:

만일 귀하가 이 신청서를 작성하시는데 도움이 필요하시면, (253) 207-4400으로 우리에게 연락을 주세요. 귀하를 도와드릴 수 있도록 적절한 조치를 취해 드리겠습니다.

Do you need sign language assistance for your appointments with Tacoma Housing Authority?

Yes _____ No _____

1. Is your family displaced by a declared natural disaster, such as flood, hurricane, earthquake, etc? Yes No

2. Is your family displaced by governmental action through no fault of your own? Yes No

3. Is your family displaced because you were the victim of a hate crime? Yes No

4. Is your family displaced by domestic violence? Yes No

5. Is any adult family member employed? Yes No

6. Is any adult family member enrolled in a job-training program, including one required under the welfare (i.e. TANF) program? Yes No

7. Is any adult family member enrolled in an education program full-time? Yes No

If you answered yes to questions 1 thru 7, can you provide supportive documentation to verify this? (This would include documentation from the Red Cross, a newspaper article, or police report). Yes No

If you want Tacoma Housing Authority to speak with your case manager, friend or relative about your housing status, you must first complete and sign the following release.

RELEASE OF INFORMATION

I, _____, give the Tacoma Housing Authority permission to speak with _____ regarding my housing application.

I understand that I can revoke this release at any time.

 Applicant's Signature Date of Birth Social Security Number

It is the responsibility of all clients to provide accurate and complete information to THA. If you do not provide all required information or if you submit false information to THA you may be charged with fraud. (Title 18, Section 1001 of the U.S. Code).

I CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE.

I understand that any misrepresentation of the information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

I understand that this is not a contract and does not bind either party. The information contained in this application is true, and complete to the best of my knowledge. I have no objection to inquiries being made for the purpose of verifying the statements made herein.

Head of Household Signature Date Co-Applicant Signature Date



902 South L Street, Suite 1A, Tacoma, WA 98405-(253)207-4400-TDD: 1(800)-545-1883x249
 Tacoma Housing Authority does not discriminate on the basis of race, color, creed, national origin, religion, gender, disability, sexual orientation, gender identity, age (over 40), veteran or military status, whistleblower retaliation, or familial status in admission or access to its programs. If you need to request a reasonable accommodation, contact the THA Civil Rights Compliance Coordinator at (253) 682-6212.

**** CONFIRMATION OF RECEIPT OF APPLICATION ****

(stamp date/time in box)

If you plan to hand-deliver your application to a Tacoma Housing Authority (THA) office, please complete the information below. A THA staff member will stamp this page with the current date and time. This will serve as confirmation that we received your application. Thank you.

Name of Head of Household: _____

Head of Household Date of Birth: _____

Name of Adult Co-Head of Household: _____

Co-Head of Household Date of Birth: _____

Thank you for your application for Tacoma Housing Authority's (THA) public housing. We appreciate your interest. We will not determine if you are eligible or qualified to move in until your name is near the top of the wait list. We are sorry to ask you to wait. We know that you may need our housing now. We are also sorry to report that the wait may be a long one. The need in our community is so great and we do not have nearly enough housing. You may wish to check our web site. It has a guide to community resources that may help you in the meantime. Go to www.tacomahousing.org.

While you wait, you must report to us in writing whenever your address or phone number changes. If we cannot contact you, we will remove your name from our wait list. You must also report in writing all changes to your family income and composition. That will help us put you in the right place on the wait list. When you write to us, please be sure to state your client number (which you will receive with your confirmation letter), and print out your full name.

When your name reaches the top of the waiting list you will be asked to provide the following:

- **A copy of Social Security cards for all household members, who have been issued social security numbers**
- **Copies of birth certificates for all household members**
- **Picture ID for all adult (18 and older) household members**
- **Proof of income and assets**
- **Landlord name and phone number, including address you resided, for the past 3 years**

You will also be required to pay a security deposit and, in most cases, put utilities in your name. Please begin preparing for these requirements as soon as possible.

TACOMA HOUSING AUTHORITY
DECLARATION OF ELIGIBILITY STATUS

(Check One)

(Check One)

- Head of Household Adult Family Member Spouse Co-tenant Adult Family Member

Print Name

I CERTIFY THAT I AM (Check one)

- a U.S. Citizen
 a Non-Citizen with Eligible Immigration Status
 choosing not to state if I am a U.S. Citizen or have Eligible Immigration Status

Print Name

I CERTIFY THAT I AM (Check one)

- a U.S. Citizen
 a Non-Citizen with Eligible Immigration Status
 choosing not to state if I am a U.S. Citizen or have Eligible Immigration Status

(Please complete the following only if there are minor children in the family and you are the responsible adult family member).

I certify that the following minor children listed in my household are (please check appropriate box(s) and list the name and birth date):

Name	Birth date
<input type="checkbox"/> a U. S. Citizen:	
_____	_____
_____	_____
_____	_____
_____	_____
<input type="checkbox"/> a Non-Citizen with Eligible Immigration Status:	
_____	_____
_____	_____
_____	_____
_____	_____
<input type="checkbox"/> choosing not to state if they are a U. S. Citizen or have eligible immigration status	
_____	_____
_____	_____
_____	_____
_____	_____

I declare under penalty of perjury under the laws of the State of Washington that the above is true and correct to the best of my knowledge.

Head of Household/Adult Signature

Date

Spouse/Co-Tenant/Adult Signature

Date

Client No. _____