



**Peninsula Housing
Authority**

*Serving Clallam and
Jefferson Counties*

Location:

2603 S. Francis Street

Port Angeles, WA 98362

Phone **360-452-7631**

Fax **360-457-7001**

TDD **7-1-1**

Our mission is to enhance our communities by creating and sustaining affordable and healthy living environments that foster stability for people with low incomes.

**Pre-Application
for Housing
Assistance**



www.peninsulapha.org



We are committed to making our materials, services and programs accessible to people with disabilities. If you have a disability and need help to complete the application process or lease a unit, please request an accommodation. We will try to help you in any way we can.



Peninsula Housing Authority
Pre-Application for
Housing Assistance

Please complete and return to: Peninsula Housing Authority
 2603 S. Francis Street
 Port Angeles, WA 98362

This form must be filled out in English. Print neatly in ink. All fields are required. Read the instructions on the facing page before completing each item.

PHA Office Use Only
 Date Received _____
 Time Received _____
 First Name _____
 Last Name _____

1. Personal Information Enter your Social Security Number _____ - _____ - _____ Student? <input type="checkbox"/> Yes Birth date (mm/dd/yy) <input type="checkbox"/> No () - _____ Area Code Telephone Number	2. Name and address of head of household <hr/> Last Name First name Middle Initial <hr/> Mailing address Apartment number City State Zip <hr/> Address where you are currently living (if different from mailing address above)
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3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	5. Race <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Alaska Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other:	6a. What language/dialect to you speak at home _____ 6b. Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No
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7. Disability. It is not necessary to give us details about your disability unless you are requesting an accommodation.

7a. Do you claim a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	7b. Do you need an accommodation to help you complete the application process? <input type="checkbox"/> Yes <input type="checkbox"/> No	7c. Do you need an accommodation in house features as a result of your disability? <input type="checkbox"/> Yes
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7d. If yes to **7b** or **7c**, what accommodation do you request (*see instructions on facing page for more information*). You may attach additional sheets to explain.

8. Current living situation. The *Application Guide* explains how your living situation determines your waiting list preference, if any. Check all that apply.

<input type="checkbox"/> Involuntarily displaced by either government action or natural disaster and whose residence has been deemed uninhabitable by the Red Cross, or other government agency. <input type="checkbox"/> Terminally Ill (must be diagnosed by a physician)	<input type="checkbox"/> Homeless <input type="checkbox"/> Head, spouse, co-head, is employed at least 20 hours per week and/or attending school on a full-time basis. Families where the head, spouse or sole member is a person age 62 or older, or is a person with disabilities will also be given the benefit of this preference.
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9a. Value of family assets Assets include bank accounts, investments and real estate. \$ _____	9b. Total monthly income Include income from all family members. You may estimate. \$ _____	9c. Income source(s) Check all that apply. <input type="checkbox"/> Wages <input type="checkbox"/> Child Support <input type="checkbox"/> SSA <input type="checkbox"/> L&I <input type="checkbox"/> Unemployment <input type="checkbox"/> Interest/annuity income <input type="checkbox"/> SSI <input type="checkbox"/> Pension <input type="checkbox"/> Other _____ <input type="checkbox"/> Someone pays my bills/gives me money: \$ _____ (list how much)
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10. Housing /locations programs available. See the *Application Guide* for more information on program eligibility requirements for each program/location, unit type and size. **You must choose a property.**

10a. Port Angeles Locations <input type="checkbox"/> Wildwood (1 & 2 bedroom) <input type="checkbox"/> Manor/Villa/Terrace (1&2 bedroom elderly/disabled) <input type="checkbox"/> Mt. Angeles View (2, 3 & 4 bedroom) <input type="checkbox"/> Lee Plaza (studio & 1 bedroom) <input type="checkbox"/> Eklund Heights (1 & 2 bedroom)	10b. Forks Locations <input type="checkbox"/> Homestead Apartments (2 & 3 Bedroom) <input type="checkbox"/> Burke Place (1&2 Bedroom chronically mentally ill only) <input type="checkbox"/> Peninsula Apartments (1 & 2 bedroom) <input type="checkbox"/> Catherine of Sienna Village (1, 2 & 3 bedroom)	10c. Sequim Location <input type="checkbox"/> Sunbelt (studio, & 2 bedroom)
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11. List others who will live with you. Include unborn children and live-in aides. For Ethnicity and Race, use the categories in questions 4 and 5.

#	Relation	Last name	First name & middle initial	Ethnicity	Race	Sex M/F	Social Security Number	Birth Date mm/dd/yy	Disability (Y/N)	Student (Y/N)
1										
2										
3										
4										
5										

If you have more than five household members, please check here and list them on a separate piece of paper.

12. Certification of applicant: I hereby certify that the information I have provided in this pre-application is true and accurate, I understand that if I do not provide all of the information requested, or if I make inappropriate property selections, my name may not be added to the waiting list. I understand that my having provided any false information will result in my application being canceled or denied or in the termination of my housing assistance. I understand that at the time I rise to the top of the waiting list, I will be required to verify the information I have provided here. I accept responsibility for keeping the Peninsula Housing Authority informed of my current address, and I understand that my application may be cancelled if I fail to do so.

X _____ Signature of head of household Date	X _____ Signature of spouse or co-head of household Date
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IMPORTANT! You must fully complete your pre-application to have your name added to the waiting list. Follow these instructions and consult the Application Guide to learn how to choose properties and programs. You must provide all of the information requested and you **MUST** include a mailing address. We will not notify you if we cannot add your name to the waiting list as a result of missing information or inappropriate property selections. To help ensure that your name can be added to the waiting list, come to our office and let us help you, or call us at 360-452-7631 for assistance. Call us again if you do not receive a confirmation letter within six weeks.

1. Personal information (head of household)* Applicants must identify a single head of household for each application. Provide the social security number of the head of household for your family. Enter your birth date and indicate if you are a student. *See Privacy Act Notice below.

2. Name and address (head of household)

We must have a current mailing address to contact you at all times. If we are unable to contact you by mail, you will be removed from the waiting list.

3. Sex (head of household)

Indicate the head of household's sex.

4. Ethnicity (head of household)

The housing authority collects statistical data on ethnicity and race in accordance with federal regulations. People of various races may also be of Hispanic ethnicity. Please indicate if you are Hispanic.

5. Race (head of household)

For *statistical purposes only*. The choices listed are the same as the federal government's statistical categories.

6. Primary language (head of household)

Please write in the name of the language or dialect you speak at home, and let us know if you will need an interpreter to conduct business with us.

7. Disability (head of household)

7a. Are you disabled? Check "yes" or "No." (You are not obligated to provide information about your disability unless you want an accommodation.)

7b. Tell us if you need an accommodation as a result of your disability, to help you complete your application or to help you conduct business with us before you are housed.

7c. Tell us if you need any special features in your housing unit to accommodate your disability.

7d. Describe the assistance you need.

The Admissions Office has more information available to help you request a reasonable accommodation, including copies of our Reasonable Accommodation Policy and our Request for Reasonable Accommodation form (PHA-122), which you can submit along with your Pre-application for housing assistance. You can obtain these documents at our office or we will mail them to you. For more information about Peninsula Housing Authority's Reasonable Accommodation Policy, contact PHA's Section 504/ADA Coordinator at 360-452-7631 or (TDD/TTY) 7-1-1.

***PRIVACY ACT NOTICE.** *Authority:* The Department of House and Urban Development (HUD) is authorized to collect information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. Seq.) Title VI of the Civil Rights act of 1964 (42 U.S.C. 200d), and the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the social Security Number of each household member who is 6 years or older. **Purpose:** Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedrooms size, and the amount your family will pay towards rent and utilities. **Other Uses:** HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate federal, state, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. **Penalty:** You must provide all of the information requested by the Peninsula Housing Authority, including all Social Security Numbers you and all other members age 6 and older have and use. Giving the Social Security Numbers of all households members 6 years of age and older is mandatory and not providing the Social Security Numbers will affect your eligibility. Failure to provide any requested information may result in a delay or rejection of your eligibility approval.

8. Current Living Situation (waiting list preferences)

Public Housing ONLY

Peninsula Housing Authority is permitted to establish local preferences for admission to Public Housing (Mt. Angeles View, Manor, Villa, Terrace), at its discretion.

The PHA will use the following local preferences:

1. Applicants who are involuntarily displaced by either government action or natural disaster and/or whose residence has been deemed uninhabitable by the American Red Cross or government agency will be given a preference for admission.
2. Applicants, where the head, spouse, co-head, or sole member is employed at least 20 hours per week and/or attending school on a full-time basis. As required by HUD, families where the head, spouse or sole member is a person age 62 or older, or is a person with disabilities will also be given the benefit of this preference.

Based on the above preferences, all families in preference 1 will be offered housing before any families in preference 2.

Catherine of Sienna ONLY

75% of the units are designated for Homeless Households - The applicant lacks a regular or adequate nighttime residence; or is staying in a shelter, institution, or temporary housing; or lives with another family which does not have sufficient beds for everyone; or is at risk of losing their housing; or has had their housing declared substandard.

Burke, Homestead and Sunbelt ONLY

If the head-of-household, spouse or co-head or sole member is a person with disabilities. Burke is a HUD 811 project specifically for those diagnosed with a chronic mental illness.

9. Assets and Income

Write in the approximate amount of the family's gross income (not net) assets and monthly income. **Include all sources for all family members.** Check all boxes that correspond to income available to your family.

10. Housing locations and programs available

10a. Port Angeles Locations

Wildwood Terrace - 934 W. Lauridsen Blvd.

Mt. Angeles View - Francis & E. Lauridsen Blvd.

Lee Plaza - 112 W. First Street

Manor/Villa/Terrace - 323 E. 2nd Street, 401 E. 5th Street, 114 E. 6th Street.

Eklund Heights -

10b. Forks Locations

Homestead Apartments - 289 Founders Way

Burke Place Apartments - 287 Founders Way

Peninsula Apartments - 210 Fir Avenue

Catherine of Sienna Village - 351 Founders Way

10c. Sequim Location

Sunbelt Apartments - 505 S. 5th Avenue

11. List others who will live with you

List everyone who will be living with you, including aides and unborn children. Do not include yourself. If you have more than five people in your family, check the box provided and list additional members on a separate sheet of paper. Depending on the program you apply for, your housing assistance may be reduced or denied if any family members do not have eligible immigration status.

12. Certification of applicant

Please read this statement very carefully. By signing it, you agree to its terms. You must sign the form and date it where indicated.



Checking
In!

You must check in once a month
After you receive confirmation that you check in once every month or your application will be removed from the waiting list.
Check in by calling (360) 452-7631
A text message will be used to update

OTHER HOUSING RESOURCES IN THE AREA

Most housing programs operated by the Peninsula Housing Authority have long waiting lists and we cannot serve you immediately. Fortunately, there are other organizations in the area that operate shelters, emergency housing, transitional housing programs, traditional federally subsidized housing programs, and other types of affordable, permanent housing.

OTHER LOW INCOME RENTALS

<i>Port Angeles</i>	<i>Sequim</i>	<i>Forks/Clallam Bay</i>
Evergreen Court Apartments (360) 452-6996	Mt. View Court Apartments (360) 683-6632	Oxbow Apartments (360) 374-2650
Fairchild Heights Apartments (360) 457-6212	Suncrest I and II (360) 683-5044	Clallam Bay Apt. (360) 963-3131
Highland Commons I & II (360) 457-6827	Suncrest Village Retirement Apt. (360) 683-5044	Makah Housing Authority (360) 645-2864
Hilltop Ridge apartments (360) 457-5322	Vintage @ Sequim (360) 681-4018	Quillayute Housing Authority (360) 374-9719
Pine Road Village (360) 452-9743	Elk Creek (360) 681-4018	
Lower Elwha Housing Authority (360) 457-5116		

EMERGENCY HOUSING, TRANSITIONAL HOUSING, AND SHELTERS

Community Information Line 2-1-1	Provides a wide range of information about community resources from a database of more than 9,000 service providers.
West End Housing Resource Center (360) 374-2558	Single point of access for emergency housing, transitional housing, shelters and other affordable permanent housing resources
Sequim Housing Resource Center (360) 477-4918	Single point of access for emergency housing, transitional housing, shelters and other affordable permanent housing resources.
Port Angeles Housing Resource Center (360) 565-5041	Single point of access for emergency housing, transitional housing, shelters and other affordable permanent housing resources.
Senior Information & Assistance (360) 452-3221 (360) 374-9496 (Forks)	Provides a wide range of information for people over the age of 60 using a database of more than 4,000 service providers. Also provides advocacy and follow-up for callers who have difficulty accessing services.
24-Hour Crisis Line 1-866-427-4747	Provides immediate help to people in emotional crisis, and referrals to agencies that provide additional help.