



Peninsula Housing Authority
Serving Clallam and Jefferson Counties
 Phone (360) 452-7631; Fax 360-457-7001; TDD 7-1-1
 727 E 8th St, Port Angeles, WA 98362
info@peninsulapha.org

PRE-APPLICATION FOR HOUSING

Please complete and return this application to the address or email above
 (If emailing, please include “pre-application for housing” in the subject line)

PHA OFFICE USE ONLY	
Date & Time Received	Applicant Name

DO YOU REQUIRE AN INTERPRETER OR OTHER ACCOMMODATION TO COMPLETE THE APPLICATION PROCESS?

Yes*

No

*If yes, please contact our office so we may assist you.

PLEASE THOROUGHLY REVIEW THE INFORMATION AND INSTRUCTIONS ON PAGE 2 PRIOR TO FILLING OUT THE PREAPPLICATION.



IMPORTANT: You must provide all requested information and meet eligibility requirements in order to be added to your chosen waitlist(s). Any sections irrelevant to your application should be marked with "N/A." We cannot add your name to a waiting list when information is missing. If you need assistance, you may visit or contact our office.

Tips and Information

- HUD Form 92006 (pg. 3) must be completed. If you do not wish to elect an alternative point of contact, you must still check the box indicating so and sign/date the form.
- You must identify a Head of Household for each application who is at least 18 years of age, or emancipated.
- **Mailing Address must be current.** Be sure to update us any time your mailing address changes.
 - You must provide a valid mailing address.
 - If using "General Delivery," check with the post office at least weekly for mail. It will not be held indefinitely.
 - The address cannot be that of a current Peninsula Housing Authority program participant, unless that participant will be a household member.
- Disability and accommodation:
 - If you have a disability, you do not need to provide any details unless you are requesting accommodation (for completing this application, conducting business with us, and/or use in your housing).
 - Copies of our Reasonable Accommodation Policy can be provided by our office to assist in your request.
- Call our office if you do not receive a confirmation letter within six weeks.
- Sex, ethnicity, and racial demographic information is requested for federal reporting requirements only and have no impact on your eligibility for housing.
- The waitlist you are placed on is determined by federal occupancy standards.

Eligibility and Preferences for Housing

1. General preference will be given to applicants who have been involuntarily displaced due to government action or natural disaster, and/or whose residence has been deemed uninhabitable by the American Red Cross or another government agency.
2. For Public Plaza properties (Manor, Terrace, Villa, and Lee Plaza), preference will be given to applicants whose Head of Household, spouse, or co-Head of Household are age 62 or older, or disabled.
3. For Catherine of Sienna Village (Forks), 75% of units are designated for homeless households.
4. For Burke Place (Forks), units are slated only for those with a chronic mental illness.



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.

SECTION 2: HOUSEHOLD

Please list all others who will live with you, including unborn children and live-in aides. Social Security numbers must be provided. If left blank, your preapplication will **not be processed**. For 'race,' please use the categories listed in Section 1. If you have more than five household members to include, please attach a separate piece of paper and provide the same information requested below.



	Relation (Spouse, domestic partner, other adult, youth, or live-in aide)	Full Legal Name (Last, First, MI)	Ethnicity (Hispanic or non-Hispanic)	Race (see options in Sec. 1)	Sex (M/F)	SSN (do not leave blank)	DOB (MM/DD/YY)	Disability (Y/N)	Student (Y/N)
1 Check box if this is the Co-Head of Household			Hispanic		Male			Disabled Yes	Student Yes
			Non-Hispanic		Female			No	No
2			Hispanic		Male			Disabled Yes	Student Yes
			Non-Hispanic		Female			No	No
3			Hispanic		Male			Disabled Yes	Student Yes
			Non-Hispanic		Female			No	No
4			Hispanic		Male			Disabled Yes	Student Yes
			Non-Hispanic		Female			No	No
5			Hispanic		Male			Disabled Yes	Student Yes
			Non-Hispanic		Female			No	No

SECTION 3: DISABILITY

If you are requesting accommodation(s), please describe the assistance you require.

SECTION 5: PROPERTY SELECTION

Please indicate all PHA properties for which you wish to apply. Please note unit size is dependent upon household composition and occupancy standards.

Port Angeles Properties:

- Mt. Angeles View (2603 S Francis St; 1 - 4 Bedroom Units)

- Sea Ridge Apartments (2603 S Francis St; 1 - 4 Bedroom Units*)
*3 & 4 BR units for Sea Ridge may only be occupied by households of 4 or more.

- Wildwood Terrace (934 W Lauridsen Blvd; 1 & 2 Bedroom Units)

- Public Plaza (Note: this is one waiting list for three separate properties, including The Manor at 323 E 2nd St, The Villa at 401 E 5th St, and The Terrace at 114 E 6th St; 1 & 2 Bedroom Units)

- Lee Plaza (112 W 1st St; Studio & 1 Bedroom Units)

- Eklund Heights (2341 E 7th Ave; 1 & 2 Bedroom Units)

Forks Properties:

- Homestead Apartments (289 Founders Way; 2 & 3 Bedroom Units)

- Burke Place (287 Founders Way; 1 & 2 Bedroom Units)

- Peninsula Apartments (210 Fir Ave; 1 & 2 Bedroom Units)

- Catherine of Sienna Village (351 Founders Way; 1 - 3 Bedroom Units)



SECTION 6: CERTIFICATION OF APPLICANT

I hereby certify that the information I have provided in this pre-application is true and accurate to the best of my knowledge, and knowingly providing false information will result in cancelation or denial of my application. I further understand that it is my responsibility to keep the Peninsula Housing Authority apprised of relevant changes to my circumstances and/or contact information, and failure to do so may result in being dropped from the agency's waitlists.

x

Signature of Head of Household Date

x

Signature of Co-Head of Household, or Spouse Date

***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.

