

Select which waitlist(s) you wish to apply for:

Housing Choice Voucher Program:

Public Housing Program:

Kelso Homes

Kalama Homes

Cowlitz Villa



**Pre-Application for Kelso Housing Authority**

For agency use only: Date/Time Stamp/ Employee Initial

**Applications must be received by 3:00 P.M. on 10/31/2021. Late submissions will not be accepted.**

Please print neatly in ink. All fields are required. Incomplete applications will not be accepted. If you are already on a waiting list you do not need to apply for that program again. All applications will be date and time stamped. KHA is NOT responsible for material that is illegible, or missing as a result of transmitting by fax or e-mail or lost/delayed through the mail. KHA follows HUD requirements and PHA policies to deny assistance to applicants who are engaging in or have engaged in certain criminal activities. [24 CFR 5.903].

**IMPORTANT!**

**It is your responsibility to keep your address current with Kelso Housing Authority. Failure to do so may result in being removed from the waitlist. Please report in writing if any of your information has changed. Applications will be from the waitlist if we cannot contact you by mail. Please print neatly in ink. All information must be completed.**

**1. Head of household person information:**

_____		_____	_____	____/____/____	____-____-____
Last Name	First Name	Middle Initial	Date of Birth (MM/DD/YY)		Social Security Number
_____		_____	_____	_____	_____
Mailing Address		Apt #	City	ST	Zip Code
_____			_____	_____	_____
Physical Address (If different from mailing address)			City	ST	Zip Code
_____			_____		
Phone number (Cell phone or Home)			Message Number		

**2. Citizenship Declaration- By law, only U.S. citizens and eligible noncitizens can receive federal rental assistance.**

I hereby certify that all household members listed on this pre-application are United States citizens or a noncitizen with eligible immigration status.

Yes  No If "no", who? \_\_\_\_\_

**3. Gender (Optional)**

Female  
 Male

**4. Ethnicity**

Hispanic/ Latin  
 Not Hispanic/ Latin

**5. Race ( check all that apply)**

White  Black  
 Hawaiian/Pacific Islander  Asian  
 American Indian/Alaskan Native  Other

**6. Employment Status**

Employed  
 Unemployed

**7. Student?**

Yes  
 No



**8. Disability.** It is not necessary to give us disability information unless you are requesting an accommodation due to the disability of a household member.

<b>8a. Does a household member claim a disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>8b. Is an accommodation needed in housing features as a result of a disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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**8d. If “yes” to 8b, what accommodation do you request?** KHA may require documentation to support the accommodation. If you need more space to explain, please attach a second sheet of paper.

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**9. List all other household members who will be living with you.** For Ethnicity and Race, please use the categories in question 4 and Item 5.

Relationship To Head of Household Ex. Spouse/ Co-Head/ Child/ Other Adult	Last Name	First name, middle initial	Ethnicity	Race	SSN	DOB	Disabled? (Y/N)



If you need more space, please list on a separate piece of paper.

**10. List all monthly income/money coming in for all household members.**

Income/Money Includes but not limited to: Employment (Please include tips, commission, bonuses and overtime), Self-Employment, Social Security, SSI, TANF, ABD, Disability, Retirement and 401K.

Household Member	Income/Money Source	Monthly Gross Income
		\$
		\$
		\$
		\$
		\$

If you need more space, please list on a separate piece of paper.

**11. Please answer the following questions and provide an explanation where applicable.**

11a. Are you or anyone listed in the household currently participating in or a past participant of a public housing authority program?  Yes  No

If yes, please provide the name of the public housing authority? \_\_\_\_\_

Does anyone in the household owe money to a public housing authority?  Yes  No

Did the person(s) leave the housing authority on good terms?  Yes  No

If no, please explain? \_\_\_\_\_

**12. Did any agency assist you in filling out this application?**  Yes  No

If yes, please provide the agency name and the person that assisted you: \_\_\_\_\_

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**13. Certification of Applicant-** Please read this statement very carefully. By signing, you are agreeing to its terms.

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that:

- ✓ Any misrepresentation or false information will result in my application being dropped or denied, or in termination of housing assistance;
- ✓ This is a pre-application for rental assistance programs through KHA and its regional administering agencies and is not an offer of housing;
- ✓ When I rise to the top of the waiting lists, I understand I will be required to provide verification of the information I have provided here, in accordance with federal housing regulations and KHA policy;
- ✓ It is my responsibility to notify KHA of any change of address in writing and I understand that my application may be dropped if I fail to do so;
- ✓ My participation in a public housing rental assistance program is subject to the household being eligible and in compliance with HUD and KHA regulations; and that all adult household members will be subject to a criminal history check.
- ✓ I understand that I will be placed on the appropriate waitlist (s) for Public Housing (if selected) based on the household criteria I have provided.
- ✓ I understand that I will be placed on waitlist(s) according to the date and time my application is received by KHA staff.

**I agree that KHA can share my information with other state agencies for the purposes of determining program eligibility.**

Signature of head of household \_\_\_\_\_

Date \_\_\_\_\_

**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.

