

**Community Action Center**  
**350 SE Fairmont Rd Pullman, WA 99163**  
**Public Housing Waiting List Application**

**IMPORTANT:** All applicable information **must be completed** in order to process your request. **Please print!**

**CAC POLICY STATEMENT:** Community Action Center will deny or terminate housing assistance to those determined to be involved in illegal drug-related or violent criminal activity.

Last Name		First Name (This person will be Head of Household)		Middle Name	
Social Security Number	Gender	Home Phone		E-Mail	
Mailing Address/PO Box		City	State	Zip Code	Date of Birth
Are you Hispanic?	Marital Status	Race (Head of Household) This is optional.			

**FAMILY COMPOSITION**

Last Name	First Name, MI	***Relation to Head of Household (see below)	Birthdate	SS#	Gender M=Male F=Female
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**\*\*\*Relation:** Use the code that best categorizes the position or role of each family member. H=Head of household S=Spouse K=Co-head/significant other F=Foster child/adult Y=Other youth under 18 E=Full time student 18+ L=Live-in aide A=Other adult

**Household sources of income (Fill in monthly dollar amounts for all that apply. Do not just check.)**

Social Security	Wages	L & I	Veterans	Unemployment
Child Support	SSI	TANF		GAU
Retirement Pension	Annuity Payments	Alimony	Other	

What is the total **FAMILY GROSS** income per month?

Have you or any adult family member in your household ever lived in subsidized housing within the U.S.? **YES NO**

Where	Name of Agency	Name of Complex or Address of Unit Rented	City	State
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Agency Phone Number	From (Date)	To (Date)	Under what name?
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If you have lived in subsidized housing during the last three years, have you or any member of your household been evicted due to drug related activity?

**Please indicate if any of the conditions listed below apply to your current family situation.**

I am (or my spouse is) elderly (62+ years old.)    **YES**    **NO**

I am (or my spouse is) disabled - a person who is under a disability as defined in Section 223 of the Social Security Act (42 U.S.C. 6001[7].)    **YES**    **NO**

Is anyone in the household currently pregnant?    **YES**    **NO**    Estimated due date? \_\_\_\_\_

**Application Certification**

**I certify that the information I am providing on this form is true and accurate. I understand that I will be required to provide further evidence supporting these claims. Any intentional misrepresentation on my part will result in my application being rejected. If I am accepted to a program and such misrepresentation is later discovered, my housing assistance will be terminated. I also understand that I must update my application in writing immediately if my circumstances change. I understand that I do not have any right or entitlement to be listed on a waiting list or to any particular position on a list or for admission to any program.**

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**Return this application to the address on the front side.**