

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

1	Last Name	First Name, MI	***Relation to Head of Household (see below)	Birthdate	SS#	Gender M=Male F=Female
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
Agency Phone Number	From (Date)	To (Date)	Under what name?	

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?

OVER

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.