



# Waiting List Application

**CAC Only:**  
 Date Received: \_\_\_\_\_  
 Time Received: \_\_\_\_\_  
 Received By: \_\_\_\_\_  
 Tracking #: \_\_\_\_\_

**PLEASE SELECT ( ) THE WAITING LIST(S) YOU WISH TO APPLY FOR:**

## CAC Rental Properties



**Davis Way Housing for Success**

1 Bed or  2 Bed or  3 Bed, Household who are homeless or facing homelessness.

**ATTENTION: You MUST report phone number or mailing address changes to the CAC – Rental Properties. Failure to do so will result in your name being removed from the waiting list if we are unable to contact you.**

## HOUSEHOLD COMPOSITION

**PLEASE PRINT CLEARLY**

Use correct LEGAL NAME (first, middle, last) as it appears on Social Security card:

_____	Gender (OPTIONAL)	_____	_____	_____	<input type="checkbox"/> US Citizen <input type="checkbox"/> Student
Head of Household (first, middle, last)		Social Security Number		Birth Date	
_____	Gender (OPTIONAL)	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
Legally Married Spouse/Partner (first, middle, last)		Social Security Number		Birth Date	
Applicant's <u>Current</u> Mailing Address (incl. apt#) City State Zip Code				Current Phone Numbers:	Message #?
				#:	<input type="checkbox"/>
				#:	<input type="checkbox"/>
				#:	<input type="checkbox"/>
Valid Email Address _____					

**All other household members (adults and minors):**

Head of Household's City & State of Birth \_\_\_\_\_

\* OPTIONAL

_____	Gender*	_____	_____	_____	_____	<input type="checkbox"/> US Citizen <input type="checkbox"/> Student
Name (first, middle, last)		Social Security Number		Birth Date	Relationship	
_____	Gender*	_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
Name (first, middle, last)		Social Security Number		Birth Date	Relationship	
_____	Gender*	_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
Name (first, middle, last)		Social Security Number		Birth Date	Relationship	
_____	Gender*	_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
Name (first, middle, last)		Social Security Number		Birth Date	Relationship	

## STUDENT STATUS

YES  NO  
 Select ONE.  
 Provide count in section below...

Are you OR any household member enrolled as a student? This includes college, vocational school, online classes, night school, high school, elementary school, kindergarten and Head Start. Head Start is considered "part-time", all other schools are "full-time". Please provide the number of students in each category below even if zero (the "college/vocational students" total below may be a combination of part-time and full-time students):

<b>The numbers in the 3 boxes below must add up to the total number of people in the household:</b>			<b>Of the part-time and full-time students, how many are...</b>
Number of <b>NON</b> -students?	Number of <b>Part-time</b> students?	Number of <b>Full-time</b> students?	<b>College/Vocational</b> students?

Required information – Use "0" if Not Applicable to Your Household

## GROSS MONTHLY HOUSEHOLD INCOME

Providing These Figures is Not Optional – Please Enter Dollar Amounts – Use "N/A" or "0" if Not Applicable to Your Household

Employment: \$	SSA: \$	SSI/SSDI: \$	TANF: \$	ABD (Aged, Blind, Disabled): \$
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Unemployment: \$	DSHS Cash: \$	Veterans Benefits: \$	State L&I: \$	Reoccurring Gifts: \$
Pension/Retirement: \$	Annuity: \$	Child Support: \$	Alimony: \$	Student Financial Aid: \$
Other: \$	Other: \$	<b>Total Monthly Income For ALL Household Members and ALL Sources (dollar amount):</b>		<b>\$</b>

**ELIGIBILITY**

- YES  NO Do you currently occupy a NON-voucher HUD Section 8 "project/building-based" assisted unit?
- YES  NO Do you currently hold a (Housing Choice Program) Section 8 voucher?  applied for, when? \_\_\_\_\_
- YES  NO Has your assistance or tenancy in a subsidized housing program ever been terminated for fraud, non-payment of rent, or failure to cooperate with recertification procedures?
- YES  NO Have you, or anyone who will be occupying the unit been evicted in the last 3 years from Federally assisted housing due to drug related activity?
- YES  NO Are you, or anyone who will be residing in the unit required to register as a sex offender?
- YES  NO Have you been asked to vacate by current/previous landlord?
- YES  NO Do you owe your current landlord money?  I have a payment plan with my current landlord (proof required)
- YES  NO Do you owe a previous landlord money?  I have a payment plan with a previous landlord (proof required)
- YES  NO IF you have any pets? How many? Cats: \_\_\_\_\_. Dogs: \_\_\_\_\_. Others: \_\_\_\_\_.
- YES  NO Do you require a handicapped accessible unit? \_\_\_\_\_
- YES  NO Is your household homeless or facing homelessness

**REQUIRED:**

List **ALL** states that household members have resided in since birth: \_\_\_\_\_

**NOTE:** The application must be complete, signed/dated by applicant and returned to the Community Action Center before you can be placed on a waiting list to remain on a waiting list, you must update your contact information as necessary. Contact the CAC Office (509-334-9147) if and when you are no longer interested in CAC housing.

**Certification:** I/we hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand I/we must pay a security deposit for this apartment at the time of initial lease execution. I/we certify that the housing I/we will occupy is/will be my/our permanent residence. I/we understand that eligibility for housing will be based on the Department of Housing and Urban Development's eligibility criteria and Community Action Center's resident selection criteria. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a history of unjustified and/or chronic nonpayment of rent and/or financial obligations; (2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of other individuals or whose tenancy would result in substantial physical damage to the property of others; (3) a history of disturbance of neighbors; (4) a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from residential programs; (5) police records indicating any type of criminal activity or convictions; and (6) any records which show the applicant's behavior to affect the health, safety, or peaceful enjoyment of the premises by other residents, even if it is a manifestation of an applicant's disability. I/we certify that the information given in this application is accurate and complete to the best of my/our knowledge. I/we understand that any false information or any omission of any significant information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.

**Signatures:** All members of the household age 18 or older must sign the application

**I am aware that an incomplete, unsigned, or un-dated application may be refused.**

This *Waiting List Application* is **NOT** used for credit, background, or criminal history screening.

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

\_\_\_\_\_  
*Date*

Community Action Center does not discriminate against any person because of race, color, religion, sex, familial status, sexual orientation, national origin, marital status, or handicap status in admission to, access to, treatment of, or employment in our federally assisted programs and activities. As such, we are required to provide reasonable auxiliary aids and services necessary for effective communication with persons with disabilities when requested. A copy of the *Tenant Selection Plan* for each property is available upon request, and is included in the application packets.

**Submit your completed *Waiting List Application* to:**

**CAC Office**  
350 SE Fairmont Road  
Pullman WA 99163  
509-334-9147 (M-F, 8a-4:30p)

