



Oroville Housing Authority  
 301 Golden St  
 PO Box 1242  
 Oroville, WA 98844  
 Office (509) 476-3059  
 Fax: (509) 476-4404

FOR OFFICE USE ONLY
Received by:
Time:
Date:

## Oroville Garden Apartments Application for Housing

**Instructions: Please read carefully. Incomplete applications will not be processed.**

To be qualified for affordable housing an applicant must:

1. Must be 62 years of age or older, or disabled;
2. Meet the requirements on citizenship or immigration status;
3. Provide documentation of Social Security numbers for all family members;
4. Meet or exceed the Rental Applicant Selection Criteria;
5. Have an annual income of 50% or below the median income level for Okanogan County. Priority is given to applicants with adjusted incomes at or below the Very Low-Income for their household size;

Income Levels Effective: 12-8-19

Household Size	1 person	2 Persons	3 Persons	4 Persons
Very Low Income	23,600	26,950	30,300	33,650
Low Income	37,700	43,100	48,450	53,850
Moderate Income	43,200	48,600	53,950	59,350

Completed applications will be entered on the waiting list in the order received.

There are four ways in which applications may be submitted:

1. Mail to the Oroville Housing Authority, PO Box 1242, Oroville, WA 98844
2. Fax to the Oroville Housing Authority (509) 476-4404
3. Electronically to [info@orovillehousingauthority.com](mailto:info@orovillehousingauthority.com)
4. Drop off in-person at the Oroville Housing Authority's main office located at 301 Golden St, Oroville, WA 98844

Office Hours: Monday through Friday, except Federal Holidays,  
 9:00 am to 12:00 pm and 1:00 pm to 4:00 pm



This institution is an equal opportunity provider and employer.

"Esta institución es un proveedor y empleador que ofrece oportunidad igual."



**Applicant(s) Information:**

List ALL persons who will live in the apartment. List Head of Household first (SS # required)

Name	Social Security Number	Birth Date	Income Source	Income Amount	Frequency (per month, week or year)

Address (Present & Mailing)	
Phone number	
E-mail address	

**Assets: (Please circle one)** Do you have a checking account?      Yes      No

Do you have a savings account?      Yes      No

Do you have any other assets (CDs, annuity, rental income)?      Yes      No

**Unit: (Please circle one)**

Are you interested in an upstairs or downstairs unit?      Upstairs      Downstairs      Either

If your household qualifies for a one or a two bedroom, do you have a preference? 1    2    Either

Do you require a unit equipped with handicap accessible features?      Yes      No

**Certification/Authorization:**

I/We do hereby authorize the Oroville Housing Authority and its staff or Authorized Representative to contact any Agencies, local Police Departments, Offices, Groups or Organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing administrated/ managed by Oroville Housing Authority. I/We further authorize the Oroville Housing Authority to verify any and all information listed on this application.

Applicant Signature (18 or older) \_\_\_\_\_ Date \_\_\_\_\_

Co-applicant Signature (18 or older) \_\_\_\_\_ Date \_\_\_\_\_

I/We hereby certify that I/We do/will not maintain a separate household in another location. I/We further certify that this will be my/our permanent residence. I/We understand that my eligibility for housing will be based on USDA, Rural Development income limits, and by other tenant selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We understand that this application tenancy is a preliminary application and that we will be required to complete another application prior to tenancy. In addition, we may be requested to update the information in this application from time to time.

Applicant Signature (18 or older) \_\_\_\_\_ Date \_\_\_\_\_

Co-applicant Signature (18 or older) \_\_\_\_\_ Date \_\_\_\_\_

### **Race & Ethnicity Data Reporting:**

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on basic of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation.

**Ethnicity:** Hispanic or Latino \_\_\_\_ Non-Hispanic or Latino \_\_\_\_ Choose not to answer \_\_\_\_

### **Race (check all that apply):**

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Other
- Choose Not to answer

**Gender:** Male \_\_\_\_ Female \_\_\_\_

### **“This institution is an equal opportunity provider and employer.”**

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).