

# Lee Plaza

112 West First Street  
Port Angeles, WA 98362  
Phone (360) 457-7785 \* Fax (360) 417-9512

## Income Restrictions

### *Units designated for 30% of Area Median Income*

<u>Household Size</u>	<u>Maximum Allowable Income</u>
1 person.....	\$11,790 annually or \$ 983 monthly (gross)
2 persons.....	\$13,500 annually or \$1,125 monthly (gross)

<u>Unit Size</u>	<u>Minimum Income to Rent Unit*</u>
Studio.....	\$ 4,770 annually or \$398 per month (gross)
1 BR.....	\$ 5,166 annually or \$431 per month (gross)

### *Units designated for 50% of Area Median Income*

<u>Household Size</u>	<u>Maximum Allowable Income</u>
1 person.....	\$19,650 annually or \$1,638 monthly (gross)
2 person.....	\$22,500 annually or \$1,875 monthly (gross)

<u>Unit Size</u>	<u>Minimum Income to Rent Unit*</u>
Studio.....	\$ 7,200 annually or \$600 per month (gross)
1 Bedroom,,.....	\$ 8,100 annually or \$675 per month (gross)

## Rent

### Monthly Rent -Unit Designated for 30% Median Income

Studio.....	\$265
One Bedroom.....	\$287

### Security Deposit:

\$294
\$316

### Monthly Rent -Unit Designated for 50% Median Income

Studio.....	\$400
One Bedroom.....	\$450

### Security Deposit:

\$400
\$450

## Student Status:

Cannot be a full-time student, with certain exceptions

## Rent includes water and trash pick-up; tenant pays for electricity

*A deposit may be required with the City of Port Angeles for electric turn on.*

**Cable is optional @ \$26.00 per month**

**Small pets are accepted (under 25 lbs)**

*\$200 pet deposit must be paid in full before animal can move into the unit.*

**Credit Check Fee (non-refundable):** Single: \$13.15 Couple: \$26.15 Co-Signer: \$3.15

*This is not requested until an apartment has become available.*

*Office Hours: Monday & Wednesday 1pm - 4pm, Friday 9am - 12:00pm*

\*Must make 1½ times the rent in income to qualify for unit.

**HOUSING AUTHORITY OF THE COUNTY OF CLALLAM**

2603 S. Francis Street, Port Angeles WA 98362

(360) 452-7631 • (360) 457-7001 Fax

Email: [info@hacc-housing.org](mailto:info@hacc-housing.org)

**RENTAL APPLICATION**

**Each Adult Applicant Must Complete a Separate Application**

**PERSONAL HISTORY**

**Name:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Driver License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Present Address:** \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Own/Rent

Dates: \_\_\_\_\_ Manager/Landlord: \_\_\_\_\_ Manager/Landlord Phone: \_\_\_\_\_

Reason for Vacating: \_\_\_\_\_

**Previous Address:** \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Own/Rent

Dates: \_\_\_\_\_ Manager/Landlord: \_\_\_\_\_ Manager/Landlord Phone: \_\_\_\_\_

Reason for Vacating: \_\_\_\_\_

**Additional Occupants:** # \_\_\_\_\_ Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

\_\_\_\_\_ Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**EMPLOYMENT HISTORY**

**Present Employer:** \_\_\_\_\_ How Long: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Position: \_\_\_\_\_ Gross Monthly Salary: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

Work Email: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ How Long: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Position: \_\_\_\_\_ Gross Monthly Salary: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

**Other Income/Source** (Proof of Income Required): \_\_\_\_\_ Amount Per Month: \_\_\_\_\_

**Other Income/Source** (Proof of Income Required): \_\_\_\_\_ Amount Per Month: \_\_\_\_\_

**REFERENCES**

**BANK:** \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Acct #: \_\_\_\_\_

**Creditors:** Address Highest Amount Owed Purpose of Credit Open/Closed

\_\_\_\_\_

**Emergency Contact:** Address/City/State Home/Work Phone

**Nearest Relative:** Address/City/State Home/Work Phone #'s Relationship

Have you ever been evicted from any tenancy? \_\_\_\_\_ If so, please explain

Have you ever willfully and intentionally refused to pay rent when due? \_\_\_\_\_ If so, please explain

Have you ever been late paying rent? \_\_\_\_\_ If so, how many times? \_\_\_\_\_

Have you ever filed for Bankruptcy? \_\_\_\_\_ If so, when \_\_\_\_\_

Do you smoke? \_\_\_\_\_ Do you have pets? \_\_\_\_\_ If so, what? \_\_\_\_\_

The undersigned hereby offers to rent premises on terms and conditions described herein and upon approval of this application agrees to sign a rental or lease agreement and to pay all sums due, including required deposits.. The undersigned warrants that the above stated information is true and correct and authorizes verification of such information, including but not limited to, the obtaining of credit report, criminal history and verification of employment and rental/homeowner history.

**Additionally, if you are self-employed, you must provide tax returns as proof of income.**

NON-REFUNDABLE APPLICATION FEE \$ \_\_\_\_\_.

In accordance with State and Federal laws you are hereby notified that an investigation may be made by Tenant PI of the information you provided on this Application, together with information as to your character, general reputation, personal characteristics, and mode of living. You have the right to dispute the accurate disclosure of the nature and scope of the investigation and /or written summary of your rights under the fair Credit Reporting Act. Direct all inquires to Tenant PI, LLC 1 Riverfront Place, Suite 745, North Little Rock, Arkansas, 72114.

I/We certify that to the best of my/our knowledge all statements made herein are true and correct. I/We authorize Tenant PI, LLC to obtain such credit reports, criminal history reports, verification of employment and rental history as it deems necessary to verify all information set forth in the above Application, and provide an investigative report to the undersigned landlord. I/We further understand that false, fraudulent or misleading information disclosed above may be grounds for denial of tenancy or subsequent eviction.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

## RENTAL ELIGIBILITY APPLICATION (REA)

Property Name: \_\_\_\_\_ Unit: \_\_\_\_\_

Head of Household Name: \_\_\_\_\_

Effective Date of Certification: \_\_\_\_\_ Original Certification Date: \_\_\_\_\_

Certification Type:             Move-In                       Annual Re-certification

Household Size: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

**THE FOLLOWING SECTION IS TO BE COMPLETED ENTIRELY BY THE APPLICANT/RESIDENT**

HOUSEHOLD COMPOSITION					
Hshld Mbr	Name	Date of Birth	Social Security No. *	Fulltime Student Next 12 Months?	
Head	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

  

Household Member's Name: \_\_\_\_\_

Income Source or Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Income/Salary: \$ \_\_\_\_\_

Household Member's Name: \_\_\_\_\_

Income Source or Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Income/Salary: \$ \_\_\_\_\_

# REA INCOME/ASSETS QUESTIONNAIRE

Each Household Member 18 Years or Older Must Complete a Separate Questionnaire

Property Name: \_\_\_\_\_ Unit: \_\_\_\_\_

HOUSEHOLD MEMBER: (please check one)  Head  2  3  4  5  6  7

Household Member Name: \_\_\_\_\_

## INCOME

- |     | Yes                      | No                       |   |
|-----|--------------------------|--------------------------|---|
| 1.  | <input type="checkbox"/> | <input type="checkbox"/> | Are you employed or have a verifiable start date within the next 12 months?<br>a. \$ _____ Annual Gross Wages or Salary<br>b. \$ _____ Annual Overtime Income<br>c. \$ _____ Annual Bonus/Commission/Tip Income   |
| 2.  | <input type="checkbox"/> | <input type="checkbox"/> | Are you presently employed at an additional job (NOT self-employed)?<br>a. \$ _____ Annual Gross Wages or Salary<br>b. \$ _____ Annual Overtime Income<br>c. \$ _____ Annual Bonus/Commission/Tip Income  |
| 3.  | <input type="checkbox"/> | <input type="checkbox"/> | Are you self-employed? (Attach signed tax return and appropriate schedules.)<br>\$ _____ Annual Net Business Income   |
| 4.  | <input type="checkbox"/> | <input type="checkbox"/> | Are you receiving Social Security (SSA) and/or Supplemental Social Security (SSI) or WA State SSI for yourself or on behalf of any other member of the household?<br>a. \$ _____ SSA Annual Gross Income (before Medicare deduction)<br>b. \$ _____ SSI Annual Gross Income (before Medicare deduction)<br>c. \$ _____ WA State SSI |
| 5.  | <input type="checkbox"/> | <input type="checkbox"/> | Are you currently receiving or do you anticipate receiving child support or alimony in the upcoming 12 months?<br>\$ _____ Annual Income  |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/> | Are you receiving public assistance (TANF, GAU, FIP, ADATSA)?<br>\$ _____ Annual Income   |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | Do you currently receive unemployment, Labor & Industries, or disability benefits?<br>\$ _____ Weekly/Monthly Income  |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | Are you a member of the Armed Forces (Active, National Guard or Reserves)?<br>\$ _____ Annual Income (Include all pay & allowances excluding "imminent danger pay.")  |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | Are you receiving income from a pension, annuity, retirement fund, insurance policy payments, death benefits or Veteran's Benefits (not GI Bill benefits)?<br>\$ _____ Annual Income  |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Are you receiving money regularly from your family, church, friends, or any other form of regular/periodic income (such as rent and utility payments)?<br>\$ _____ Annual Income (attach notarized affidavit)   |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | If you are a student, do you receive financial aid?<br>\$ _____ Total Amount of Aid Received  |

# REA INCOME/ASSETS QUESTIONNAIRE

Net Household Assets \$5,000 or Over Must be Verified by a Third Party

Property Name: \_\_\_\_\_ Unit: \_\_\_\_\_

Household Member Name: \_\_\_\_\_

- |     |   |  |   |                                  |                                   |
|-----|---|--|---|----------------------------------|-----------------------------------|
| 12. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  | Do you have any bank account(s)   | Total # of Accounts _____        |                                   |
|     |   |  | a. \$ _____ Current Balance:  | <input type="checkbox"/> Savings | <input type="checkbox"/> Checking |
|     |   |  | b. \$ _____ Annual interest earned  |                                  |                                   |
|     |   |  | c. \$ _____ Current Balance:  | <input type="checkbox"/> Savings | <input type="checkbox"/> Checking |
|     |   |  | d. \$ _____ Annual interest earned  |                                  |                                   |
|     |   |  |   |                                  |                                   |
| 13. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  | Do you have any money market account(s)?  | Total # of Accounts _____        |                                   |
|     |   |  | a. \$ _____ Current Value of Account(s)   |                                  |                                   |
|     |   |  | b. \$ _____ Annual interest earned  |                                  |                                   |
|     |   |  |   |                                  |                                   |
| 14. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  | Do you own any treasury bills, certificate(s) of deposit (CDs), or stocks/bonds (NOT held in a retirement plan)?        | Total # of Accounts _____        |                                   |
|     |   |  | a. \$ _____ Current Value of Account(s)   |                                  |                                   |
|     |   |  | b. \$ _____ Annual income   |                                  |                                   |
|     |   |  |   |                                  |                                   |
| 15. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  | Do you receive money from a trust fund?<br><input type="checkbox"/> revocable or <input type="checkbox"/> non-revocable | Total # of Funds _____           |                                   |
|     |   |  | a. \$ _____ Current Value of Account(s)   |                                  |                                   |
|     |   |  | b. \$ _____ Annual income received  |                                  |                                   |
|     |   |  |   |                                  |                                   |
| 16. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  | Do you have a 401(k)/IRA/Keogh?   |                                  |                                   |
|     |   |  | a. \$ _____ Current value   |                                  |                                   |
|     |   |  | b. \$ _____ Annual interest earned  |                                  |                                   |
|     |   |  |   |                                  |                                   |
| 17. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  | Do you have a pension or annuity asset? (NOT receiving income currently.)   |                                  |                                   |
|     |   |  | \$ _____ Current value  |                                  |                                   |
|     |   |  |   |                                  |                                   |
| 18. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  | Do you have net income from rental property (attach signed tax return with Schedule E)?                                 |                                  |                                   |
|     |   |  | a. \$ _____ Current value of real estate  |                                  |                                   |
|     |   |  | b. \$ _____ Annual net income   |                                  |                                   |
|     |   |  |   |                                  |                                   |
| 19. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  | Do you own OR are you in the process of selling any real estate or do you hold a contract for real estate sold?         |                                  |                                   |
|     |   |  | a. \$ _____ Current value (or current contract amount)  |                                  |                                   |
|     |   |  | b. \$ _____ Annual interest earned  |                                  |                                   |
|     |   |  |   |                                  |                                   |
| 20. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  | Do you own personal property held strictly as investment assets (art, coins, etc.)?                                     |                                  |                                   |
|     |   |  | \$ _____ Current value  |                                  |                                   |
|     |   |  |   |                                  |                                   |
| 21. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |  | Have you disposed of assets within the last two years for less than fair-market value?                                  |                                  |                                   |
|     |   |  | a. \$ _____   |                                  |                                   |

# REA INCOME/ASSETS QUESTIONNAIRE

Net Household Assets \$5,000 or Over Must be Verified by a Third Party

Property Name: \_\_\_\_\_ Unit: \_\_\_\_\_

Household Member Name: \_\_\_\_\_

22. Yes  No  Do you have income from assets or sources other than those listed above?  
If yes, explain: \_\_\_\_\_  
\$ \_\_\_\_\_ Annual Income

23. Yes  No  Do you have cash on hand or have you given it to someone to hold for you?  
If yes, explain: \_\_\_\_\_  
\$ \_\_\_\_\_ Current Value

You have been asked to provide your Social Security number on this and other forms. The Privacy Act of 1974 requires that the Commission provide you the following information when requesting your Social Security or equivalent number: (Work Visa, Alien Registration Receipt Card, Temporary Resident Card, IRS Individual Taxpayer Identification Number (ITIN), or Employment Authorization Card.) The Commission's legal right to ask for Social Security numbers is provided in Internal Revenue Code Section 42 and 26 CFR §1.42. Your Social Security number will be used for verifying income eligibility. If you choose not to provide your Social Security number, review of your application may be hindered or delayed.

**I understand that any changes to my household income and/or composition after the date of my signature but prior to initial occupancy must be disclosed immediately to management staff.**

**Under penalty of perjury, I certify that the information presented in this application is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement and/or prosecution.**

\_\_\_\_\_  
Applicant/Resident Signature                      Print Applicant/Resident Name                      Date

I certify that I have observed the above-signed Applicant/Resident complete, sign and date this document.

\_\_\_\_\_  
Signature of Property Staff Witness                      Print Property Staff Witness Name                      Date

**HOUSING AUTHORITY OF THE COUNTY OF CLALLAM**  
2603 South Francis Street  
Port Angeles, Washington 98362  
Phone (360) 452-7631 • Fax (360) 457-7001  
Email [leeplaza@hacc-housing.org](mailto:leeplaza@hacc-housing.org)

**GENERAL AUTHORIZATION FOR RELEASE OF  
INFORMATION**

Name of Applicant, Resident or Program Participant:

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To Whom It May Concern:

I am an applicant, resident or program participant for a program sponsored by the Housing Authority of the County of Clallam (HACC). The information being requested on the attached form is for the purpose of determining my eligibility for participation in a HACC program.

I hereby give my permission to release information such as student status, wage income verification, child care expense, child support agencies, financial institutions, government agencies, and understand that it will be kept in **STRICT CONFIDENCE** and be used for program purposes only. I would appreciate your prompt attention in supplying the requested information and returning the form to the Housing Authority within five (5) days of receipt. A self-addressed envelope has been included for your convenience.

I understand that a photocopy of this release is valid as the original.

Thank you for your assistance in this matter.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

The Housing Authority of the County of Clallam does not discriminate on the basis of race, color, national origin, religion, sex, disability or familial status in admission of access to it's programs. If you need to request a reasonable accommodation, contact the HACC at (360) 452-7631

May 17, 2004  
HACC-133A