

HOUSING AUTHORITY OF OKANOGAN COUNTY

431 5th Ave W • Omak, WA 98841 • (509) 422-3721 • FAX (509) 422-1713

Applicant: _____ Date: _____

ELIGIBILITY RELEASE FORM

I/We am currently receiving, have received assistance within the last 12 months, or expect to receive assistance from one or more of the following agencies:

<u>Current</u>	<u>Last 12 Months</u>	<u>Agency</u>
_____	_____	DSHS: ___ TANF ___ GAU ___ Food Stamps ___ Medical ___ Childcare ___ WEX
_____	_____	WORKSOURCE: ___ Employment ___ Unemployment ___ Training ___ Education/Living Expenses
_____	_____	COMMUNITY ACTION COUNCIL: ___ Rental Assistance ___ Utility Assistance ___ Other
_____	_____	BEHAVIORAL HEALTH AGENCY
_____	_____	SUPPORT ENFORCEMENT
_____	_____	THE SUPPORT CENTER
_____	_____	FAMILY EMPOWERMENT
_____	_____	COLVILLE TRIBAL PROGRAM: _____
_____	_____	VETERANS SERVICES/SSVF: _____
_____	_____	IN HOME CARE PROVIDER/AGENCY: _____
_____	_____	PROTECTIVE PAYEE: _____
_____	_____	OTHER AGENCIES/ ORGANIZATIONS: _____

I use the following PHARMACY: _____

I use the following ELECTRICAL UTILITY COMPANY: _____

I/We give authorization for the Housing Authority to receive information needed for determining utility allowances and/or eligibility for rental assistance.

I/We understand that the Housing Authority may need Third Party verification to determine program eligibility, bedroom size and rental assistance for the Housing Authority's Rental Assistance Programs.

I/We do hereby authorize the Housing Authority of Okanogan County to contact other Housing Authorities and state/local police agencies deemed necessary for background checks to complete my/our application for the Housing Authority's Rental Assistance Programs.

I authorize the Housing Authority of Okanogan County to obtain information about me and my household that is pertinent to eligibility for participation in HUD's Section 8 Housing Choice Voucher Program, Washington State's HOME TBRA Program, and any other rental assistance program available to my household.

Each adult member of the household must sign a Housing Authority Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever the join the household or whenever members of the household become 18 years of age.

Applicant Signature

Co-Applicant Signature

Date

Co-Applicant Signature

Co-Applicant Signature

Date