

HOUSING AUTHORITY
OF SKAGIT COUNTY

This institution is an equal opportunity provider and employer.

**Housing Seasonal
Agricultural Workers
Application**

Please print your responses. If you need help filling out this application, please let us know.

A. APPLICANT			
Name			
Street address			
City		State	Zip
Home Phone		Cell Phone	

B. HOUSEHOLD COMPOSITION								
You must provide all the information requested by the HA, including all Social Security Numbers (SSN) you and all other household members age six years and older have and use. Providing the SSN of all household members six years of age and older is mandatory, and not providing this information or any other information requested will affect your eligibility. Please list the names of all household members who will live in the unit, including those who will live there part-time.								
#	Last Name	First Name	Relationship to Head	Birthdate	Sex	Place of Birth	Social Security #	No SSN
1			SELF					<input type="checkbox"/>
2								<input type="checkbox"/>
3								<input type="checkbox"/>
4								<input type="checkbox"/>
5								<input type="checkbox"/>
6								<input type="checkbox"/>
7								<input type="checkbox"/>
8								<input type="checkbox"/>
Do you require a handicap accessible unit? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you, your spouse, or co-tenant a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No				

C. INCOME and ASSETS		
List all sources of income and assets. Some examples of income are: full and/or part time employment, welfare, M.S.A., social security (note if you pay for Medicare), S.S.I., pensions, disability, armed forces reserves or compensation, employment compensation, tips, babysitting, caretaking, alimony or child support, educational loans, scholarships and grants, etc. Some examples of assets are: Stocks and Bonds, Homes, Real Estate, or Real Property, Checking/Savings accounts, etc. IMPORTANT: To be eligible for Farm Labor Housing a significant portion of your income must come from producing, harvesting, handling, transporting, or processing agricultural or aquacultural products. Please note that some employment, even if it is related to agriculture or aquaculture, may not be considered Farm Labor (for example, working in a grocery store or providing administrative or security services to a farm).		
Income		
Member #	Source of Income, employer's name, employer's address (Example: Wages/Sunshine Farms/210 Wander Road Mt. Vernon)	Amount (Example: \$250.00 per week)
		\$ per
		\$ per
		\$ per
		\$ per
Assets		
Member #	Type of Asset (Example: Savings Account)	Amount
		\$
		\$
		\$
		\$

Continued on second page →

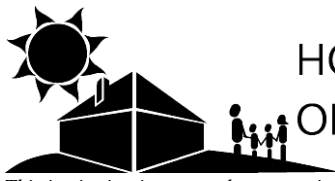


ELDERLY & FAMILY HOUSING

LOW-INCOME WEATHERIZATION



1650 Port Drive, Burlington, Washington 98233 ♦ (360) 428-1959 ♦ FAX: (360) 424-6005



HOUSING AUTHORITY
OF SKAGIT COUNTY

This institution is an equal opportunity provider and employer.

**Housing Seasonal
Agricultural Workers
Application**

APPLICANT'S SIGNATURE

Tenant(s) Statement

I/We certify that the statements in Parts A, B, and C above are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information can result in losing our eligibility for housing and/or housing voucher and are punishable under Federal Law.

I/We have read the Privacy Act Notice and authorize the Housing Authority to use income and other information for the purposes outlined therein.

I/We certify that if we receive housing through this program, the unit provided will be our primary residence.

I/We certify that we have read and understand this application.

Privacy Act Notice: Your income and other information are being collected by the Housing Authority of Skagit County (HASC) to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HASC uses your family income and other information to assist in managing and monitoring its housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. HASC is authorized to collect this information by the United States Department of Agriculture (USDA). This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HASC, except as permitted or required by law.

Signature	Date	For HASC use only STAMP Time: _____
-----------	------	---

IMPORTANT: Should you move prior to being contacted by this Housing Authority, please be sure to notify us in writing of your new address and phone number. **If the Housing Authority cannot contact you, your application will be passed over and/or you will be required to reapply.**

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hotline at 1-800-424-8590. (Within the Washington DC Metropolitan area, call 426-3500).

After verification by this Housing Agency, the information will be submitted to the USDA's mandatory tracking systems and/or databases. See the Privacy Act Statement above for more information about its use.

RACE, ETHNICITY, and GENDER

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 the basis 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 or surname.

#	Race (choose one) for each family member listed	Ethnicity (choose one)	Gender
1	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> M <input type="checkbox"/> F
2	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> M <input type="checkbox"/> F
3	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> M <input type="checkbox"/> F
4	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> M <input type="checkbox"/> F
5	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> M <input type="checkbox"/> F
6	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> M <input type="checkbox"/> F
7	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> M <input type="checkbox"/> F
8	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> M <input type="checkbox"/> F



ELDERLY & FAMILY HOUSING

LOW-INCOME WEATHERIZATION

