

# WHITE SALMON SENIOR APARTMENTS

Complete and return to:

Columbia Cascade Housing Corporation  
 500 East Second Street  
 The Dalles, OR 97058

**Contact:** Give us a way of contacting you by mail and by phone.

Name:		Home Phone	
Address:		Work Phone	
City/State/Zip		Message Phone	

**Applicant:** Beginning with the head of household, list all household members who will live at the apartment.

Applicant Name	Social Security #	Date of Birth
1.		
2.		
3.		
4.		
5.		
6.		

**Income:** Provide ALL income sources for all household members. Attach additional sheets as needed.

Applicant Name Complete one line for each wage earner in the household	Company Name	Type of work you perform	ANNUAL Wages	Public Assistance- SSI, AFDC, etc., or Benefits, Pensions

**Assets:** Provide information about income from all assets such as rental property, stocks, trust funds, etc. for all household members. Do not include vehicles, furniture, or personal possessions unless they are a source of income. Attach additional sheets as needed.

Household Member	Asset Description	Current Market Value	Income from Assets

## Personal Information

Automobile \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag \_\_\_\_\_ State \_\_\_\_\_  
 Automobile \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag \_\_\_\_\_ State \_\_\_\_\_  
 Pets \_\_\_\_\_ Do you own a vacuum cleaner? \_\_\_\_\_ Do you smoke? \_\_\_\_\_  
 Describe any intended use of this rental other than as the primary residence for persons listed on this application. \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION**

EHVAP/Bridges  
 REV. 1/99

**Rental History:** Beginning with your current or most recent address where you paid rent/mortgage.

**1. Rental Address** \_\_\_\_\_ Rent \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ How long at this Address? \_\_\_\_\_  
 Landlord \_\_\_\_\_ Phone \_\_\_\_\_  
 Landlord Address \_\_\_\_\_  
 Reason for moving \_\_\_\_\_

**2. Rental Address** \_\_\_\_\_ Rent \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ How long at this Address? \_\_\_\_\_  
 Landlord \_\_\_\_\_ Phone \_\_\_\_\_  
 Landlord Address \_\_\_\_\_  
 Reason for moving \_\_\_\_\_

**References:** You must provide phone numbers. We prefer a business, personal, and family reference.

Name	Relationship	Phone Number

In case of personal emergency notify: \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone \_\_\_\_\_

**Verifications and Signatures**

The information in this application is full, true and complete to the best of my/our knowledge as certified by my/our signature.

I/we certify that the housing that I/we will occupy will be my/our permanent residence and I/we will not maintain a separate subsidized rental unit in a different location.

I/we understand that failure to fully complete this application or providing false information may cause this application to be rejected or, or after placement in a unit, may be grounds for eviction.

I/we agree to give the owner/owner’s representative the authority to investigate and obtain my/our credit rating, income or asset information, current/past utility records, and any information necessary to determine my/our eligibility. The information obtained will be used for management purposes only and held in confidence. My/our signature below certifies that the statements made on this application are true and correct, and gives management consent to verify this information contained in this application. I/we understand that due to changes in circumstances additional information may be requested to complete processing of this application.

**WARNING: Section 1001 of Title 18, United States code provides, “Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device, a material fact or makes any false, fictitious, or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious statement or entry shall be fined not more than \$250,000 or imprisoned not more than five years or both.”**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION**