



## HOUSING AUTHORITY OF ISLAND COUNTY

7 N.W. 6<sup>th</sup> St. • Coupeville, WA 98239-3400

(360) 678-4181 or 1-800-321-0686

FAX (360) 678-6969

email: [info@islandcountyha.org](mailto:info@islandcountyha.org)

[www.islandcountyha.org](http://www.islandcountyha.org)

Dear Applicant,

PLEASE READ THIS LETTER BEFORE COMPLETING THE APPLICATION FOR THE GLENHAVEN HOUSING PROGRAM!

Please read and complete the entire application. Make sure you complete both sides of each page and sign where requested.

**Return the completed and signed application along with the following documents:**

- A photocopy of your Social Security card
- Copy of your picture identification (driver's license, state ID card or passport)

You may mail or hand-deliver your application to the Housing Authority of Island County. **Faxed or Emailed applications will not be accepted.** Please call our office if you have any questions concerning the application, at 360-678-4181, or from South Whidbey or Camano Island call 1-800-321-0686. Our office hours are 8:00 am to 4:30 pm, Monday through Thursday.

When we receive the completed application, along with the additional information requested, your name will be placed on the waiting list, and you will receive a letter notifying you that your application has been processed. If you have not received a letter acknowledging receipt of your application within 3 weeks of applying, please call our office to check on your application.

Once you reach the top of the waiting list, we will contact you to verify that you are still interested.

**You are responsible for keeping us updated on any changes to your address and phone number in writing. If we cannot contact you when you reach the top of the waiting list, we will close your application and remove your name from our waitlist.**

# Housing Authority of Island County

7 N.W. 6th Street  
 Coupeville, WA 98239-3400  
 (360) 678-4181 or (800) 321-0686

**GLENHAVEN CONDOMINIUMS**  
 129 4<sup>TH</sup> Street, Langley WA 98260

**THIS IS A NO-SMOKING PROPERTY FOR 55 AND OLDER**

<b>Housing Authority Use Only</b>
Date Received: _____
Time Received: _____
Applicant No. _____

**State law requires that 50% of the units in this complex must be leased to households whose income is below 80% of the area median based on household size. As a result, the Housing Authority of Island County must collect income information from prospective residents for Glenhaven.**

Head of Household Name:	
Current Address:	
Phone Number:	Email:
Current Landlord's Name & Phone Number:	

**If less than three years at your current address, provide the following information on your previous residence:**

Previous Address:
Landlord's Name & Phone:

**If less than three years at your current address, provide the following information on your previous residence:**

Previous Address:
Landlord's Name & Phone #:
Rental Period:

**Household Information**

List any other household members who will be living in the home. Give the relationship of each family member to the head of household.

Member's Full Name	Relationship	Birth Date	Driver License #	Sex	Social Security #

**Income Information**

For each type of income that your household receives, give the source of income (employer, DSHS, Social Security, pension, etc.) and the amount of income expected from the source during the next 12 months.

Family Member Name	Source/Type of Income	Annual Gross Income

**Asset Information**

List all checking and savings accounts (including IRA’s, Keough Accounts, Certificates of Deposit) of all household members.

Family Member Name	Bank Name	Acct. #	Phone #	Current Balance

**Criminal History**

I/we understand that the Housing Authority of Island County conducts criminal history background checks through the Washington State Patrol and Department of Justice. By signing the application, I/we authorize the Housing Authority of Island County to conduct a criminal history background check. I/we further understand that failure to authorize the criminal history background check will result in denial of rental assistance. For information on what criminal history would make an applicant ineligible for assistance contact the Housing Authority of Island County.

**Applicant Certification:** I/We certify that the information given to the Housing Authority of Island County on household composition and income is accurate and complete to the best of my/our knowledge and belief. I/We also understand that false statements or information are grounds for termination of termination of tenancy.

Head of Household Signature: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_

Signature of Other Adult: \_\_\_\_\_

Date Application Completed: \_\_\_\_\_

The following documents must be provided along with this application or will be incomplete:

- Government picture ID, social security cards for all applicants

**It is your responsibility to report a change of address or phone number in writing. If we are unable to contact you at the address or phone number given on this application and we do not have a new address or phone number, you will be dropped from the waiting list and your file will be closed.**