MAINSTREAM HOUSING CHOICE VOUCHER
PREAPPLICATION INSTRUCTIONS

- Applicant family must have at least one (1) disabled family member between the ages of 18 and 61 (Non-Elderly, Disabled) and who meet one of the program eligibility preferences:
  - Homeless, at risk of homelessness,
  - previously homeless and currently participating in a rapid rehousing program,
  - currently institutionalized or about to be institutionalized.

- If your family qualifies, complete and submit all required forms and supporting materials. There are definitions and more details about how to determine if you are eligible, and what supporting documentation is required. This application packet includes:
  - The Mainstream Voucher Preapplication
  - Mainstream Preference Verification
  - Third-Party Verification Form
  - Supportive Services Agency Information Release
  - List of required/supporting documentation
  - Definitions

- Verification of Social Security Number and date of birth must be provided for each household member. If you don’t have it now, it must be provided before admission to the program.

- Please remember to notify HOSWWA IN WRITING if your mailing address changes. All correspondence returned by the post office will result in your name being removed from all waiting lists.

- In the event your application is denied, or your name is removed from the list for any reason, you may dispute the decision by requesting an informal review. Requests must be submitted in writing within ten (10) days of the written notice that your preapplication has been denied or removed from a waiting list. Failure to submit a request for appeal in writing within ten (10) days will result in the denial for opportunity to appeal the decision.

- For updates on the waiting list, view our website at http://www.hoswwa.org or call our Waiting List Information hotline at (360) 423-0140 ext. 50

HOSWWA does not discriminate on the basis of race, color, national origin, religion, sex, physical or mental disability, sexual orientation or familial status.

HUD Fair Housing Hotline: (800) 669-9777

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services including completing this pre-application, please contact a housing authority representative.
4. Eligibility and Preferences. Your responses to the following questions will help to determine your eligibility for Mainstream, and if you are entitled to a preference when placed on the waiting list. Circle all that apply:

- Is anyone in your household (including yourself) between the age of 18 to 61 and disabled? Yes No
- If yes, is your family currently homeless (by the definition in attachment)? Yes No
- If yes, is your family about to be homeless (by the definition in attachment)? Yes No
- If yes, was your family previously homeless and now living in a rapid rehousing, permanent supportive housing or transitional housing program? Yes No
- Is the qualifying person(s) currently institutionalized by the definition below? Yes No
- Is the qualifying person(s) about to be institutionalized by the definition below? Yes No

**If you answered no to these questions, you do not qualify for a preference.**
5. Income: List all sources of income for all family members who will reside with head of household while assisted i.e. full or part time employment, welfare (TANF or General Assistance), Social Security, SSI, disability, pensions, unemployment, babysitting, alimony, child support, loans, scholarships, grants, odd jobs, self-employed, under the table, etc.) Attach additional sheet if necessary.

<table>
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<tr>
<th>Name</th>
<th>Income Source/Employer Name</th>
<th>Total Monthly Gross Income</th>
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6. Certifications

A criminal background check may be performed on each adult expected to participate in any HUD rent assistance program. Federal Regulations prevent HOSWWA from providing rent assistance to any person that has been evicted from federally assisted housing for manufacturing or production of methamphetamine. Persons convicted of any crime involving any controlled substance, violent criminal activity or other criminal activity may also be prevented from participating on a assistance program. All persons with a current sex offender registration will be denied assistance. Persons that are subject to a lifetime sex offender registration requirement are prohibited from receiving HUD (Section 8) rent assistance 24 CFR 982.553(a).

I have read and understand I may be subject to a criminal background check prior to receiving any rent assistance with the HOSWWA’s affordable housing projects. → ______ (please initial that you understand).

Periodically HOSWWA updates waiting lists. You will be notified by mail of this action. You will also be notified by mail of the arrival of their name on the waiting list. Your failure to respond to periodic update notices will result in the removal from all Authority waiting lists. It is critical the Housing Authority is able to reach you by mail.

I acknowledge I am required to immediately advise HOSWWA of any change of address, phone number and/or family status while waiting for assistance. At such time I will document the date, time and the name of the person with whom I gave this information to. Keeping a record of notifications may eliminate the possibility of being removed from the waiting list.

→ APPLICANT (please initial that you understand) __________

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.

→ APPLICANT (please initial that you understand) __________

→ Applican Signature                                      Date

→ Co-applicant Signature/Other Adult                       Date
SUPPORTIVE SERVICES AGENCY INFORMATION RELEASE

HOSWWA coordinates optional supportive services for Mainstream Voucher Program participants. A supportive services provider can help you with housing and related support, including applying to and obtaining acceptance in the program, finding a home to rent, obtaining home modifications, obtaining disability-related accommodations, move-in assistance, and assistance maintaining your housing assistance. If you do not currently work with a service provider agency, you have the option for HOSWWA to refer you to a service provider agency to receive this additional housing and related support.

Are the non-elderly adults with disabilities in your family (including you, if applicable) currently receiving housing and related supportive services from a health or social services agency? (DSHS, Cowlitz County, CAP, Core Health, Columbia Wellness, etc.)

☐ Yes ☐ No

Name of Service Provider Agency: ______________________________________________________

Your Case Worker/Navigator: __________________________________________________________

☐ Please check this box if you are currently not receiving any housing and related supportive services and are interested in speaking with an agency about services that may be available to you free of charge. If you check this box, HOSWWA will reach out to you with further information.

I, _________________________________________, authorize HOSWWA the organization listed above (if applicable), and other service agencies who partner with HOSWWA to mutually exchange the following information for the purposes of determining your program eligibility and coordinating services that you are eligible for through the Mainstream Voucher Program: your program status, contact and household information, current service-related info and records, and other housing-related information. I further authorize HOSWWA to disclose to my landlord that 1) I am participating in the Mainstream Voucher Program, and 2) the name of my supportive services agency. This authorization is valid from the date of this release until my participation in the Mainstream Voucher Program has ended. I have read this authorization, I understand it, and I have been given a copy.

Signature: _______________________________________________ Date: ___________________
MAINSTREAM PREFERENCE VERIFICATION

To be eligible to receive a Mainstream Voucher, an applicant family must include a member who is a non-elderly (age 18-61) adult with disabilities. The qualifying member may be the Head of Household (HoH) or any other adult in the family.

In addition, to qualify for the Mainstream Local Preference, the non-elderly adult with disabilities must qualify as one of the following:

1) Transitioning out of living in an institution (e.g. nursing home, group home, hospital, intermediate care facility, etc.) into independent living
2) At risk of becoming institutionalized (i.e. having to move into an institution to receive services necessary for their health, safety, etc.)
3) Homeless
4) At risk of becoming homeless
5) Previously homeless

Please complete this form and return along with the requested documentation on the back of this sheet to verify that your household qualifies for the Mainstream Local Preference.

Mainstream-Qualifying Family Member:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Disability? (Yes/No)</th>
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Please check which Mainstream Local Preference this person qualifies for:

☐ Transitioning out of living in an institution into independent living
☐ At risk of becoming institutionalized
☐ Homeless
☐ At risk of becoming homeless
☐ Previously homeless

I, ________________________________, certify that the information I am providing to Housing Opportunities of SW Washington (HOSWWA) is accurate and truthful to the best of my knowledge. In addition, I authorize the release of information concerning my eligibility for housing assistance and preferences claimed to HOSWWA, including allowing HOSWWA to contact any agency who provides a verification for me and allowing that agency to share information with HOSWWA to verify my Mainstream Voucher and Preference eligibility.

__________________________________________________________________________________________________

APPLICANT’S NAME        SIGNATURE    DATE
MAINSTREAM PREFERENCE THIRD-PARTY VERIFICATION FORM

The above-named individual is applying for admission to our Mainstream Housing Program and needs verification from a qualified third party that they meet one of the Mainstream Local Preference criteria below in order to receive housing assistance. Please indicate which of the following situations this individual meets.

**THIS FORM MUST BE COMPLETED BY A THIRD-PARTY AGENCY REPRESENTATIVE**

1. I certify that the individual identified above meets the following:
   (Check all statements that apply. See reverse for definitions.)
   - ☐ IS TRANSITIONING OUT OF LIVING IN AN INSTITUTION INTO INDEPENDENT LIVING (e.g. nursing home, group home, hospital, intermediate care facility, etc., or other segregated setting)
   - ☐ IS AT RISK OF BECOMING INSTITUTIONALIZED (i.e. having to move into an institution to receive services necessary for their health, safety, etc.)
   - □ IS HOMELESS
   - □ IS AT RISK OF BECOMING HOMELESS

The information provided herein is true and correct to the best of my knowledge. I acknowledge that I may be contacted for further clarification of this certification and on an annual basis to re-verify this information.

_________________________________________________________  ___________________
Signature of Certifying Professional or Agency Representative   Date

__________________________________________________________  ___________________
Title and Agency        Phone Number or Email
## DOCUMENTS NEEDED TO VERIFY A MAINSTREAM PREFERENCE

Acceptable verification documents:

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<tr>
<th>PREFERENCE CRITERIA:</th>
<th>VERIFICATION DOCUMENT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently living in an institution</td>
<td>• Verification from a public or private institutional facility, a unit of government, or a social service agency certifying that the applicant meets the definition of living in an institution listed under Definitions below.</td>
</tr>
<tr>
<td>At risk of becoming institutionalized</td>
<td>• Certification from a health and human services agency, a unit of government, a community-based organization, or the applicant (self-certification; please contact HOSWWA for a self-certification form), that the applicant is at serious risk of institutionalization, which includes a description of why the applicant is at serious risk.</td>
</tr>
<tr>
<td>Homeless</td>
<td>• Verification from a public or private facility providing shelter, the police, a court of law, a unit of government, or a social service agency certifying that the applicant meets the definition of homeless listed under Definitions below and that describes which definition of homelessness below that the applicant meets.</td>
</tr>
</tbody>
</table>
| At risk of becoming homeless                    | • Verification from a public or private facility providing shelter, the police, a court of law, a unit of government, or a social service agency certifying that the applicant meets the definition of at risk of homelessness listed below.  
  • Third-party document provided by the applicant demonstrating that they meet one or more of the criteria for being at-risk of homelessness, such as a lease agreement documenting that their current rental unit is not an adequate size for the number of family members, an eviction notice, or a hotel bill. |
DEFINITIONS

A. Definition of Institutional or Other Segregated Settings:
   i. Institutional or other segregated settings include, but are not limited to: (1) congregate settings populated exclusively or primarily with individuals with disabilities; (2) congregate settings characterized by regimentation in daily activities, lack of privacy or autonomy, policies limiting visitors, or limits on individuals’ ability to engage freely in community activities and to manage their own activities of daily living; or (3) settings that provide for daytime activities primarily with other individuals with disabilities.

B. Definition of At Serious Risk of Institutionalization:
   i. Includes an individual with a disability who as a result of a public entity's failure to provide community services or its cut to such services will likely cause a decline in health, safety, or welfare that would lead to the individual's eventual placement in an institution. This includes individuals experiencing lack of access to supportive services for independent living, long waiting lists for or lack of access to housing combined with community-based services, individuals currently living under poor housing conditions or homeless with barriers to geographic mobility, and/or currently living alone but requiring supportive services for independent living. A person cannot be considered at serious risk of institutionalization unless the person has a disability. An individual may be designated as at serious risk of institutionalization either by a health and human services agency, by a community-based organization, or by self-identification.

C. Definition of Homeless:
   i. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
      A. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
      B. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or
      C. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;
   ii. An individual or family who will imminently lose their primary nighttime residence, provided that:
      A. The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
      B. No subsequent residence has been identified; and
      C. The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;
   iii. Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
B. Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
C. Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
D. Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or
iv. Any individual or family who:
A. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; and
B. Has no other residence; and
C. Lacks the resources or support networks to obtain other permanent housing.

D. **Definition of At Serious Risk of Homelessness**:
An individual or family who:

i. Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (a) of the “Homeless” definition in this section; and

ii. Meets one of the following conditions:
A. Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
B. Is living in the home of another because of economic hardship.
C. Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of the date of application for assistance;
D. Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low-income individuals;
E. Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons, or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau;
F. Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
G. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness.