



College Housing Assistance Program Application
THA Form (#) REM-CHP-01

You must be an enrolled T.C.C. student registered for or attending classes to participate in this program. Please complete this application and attach other requested materials before submitting to the Tacoma Community College, Counseling and Advising Office (Bldg. 7). If there are incomplete portions of the application or attachments are missing, it will be returned to the applicant for resubmission; resubmission must occur during open application period. Submission of this application does not guarantee an award; please continue your search for housing. Inaccurate or misleading statements may be grounds for disqualifying the application.

Applicant Information (Head of Household)

Name: (Last, First, Middle)

Gender: (M/F)

Social Security #:

Student ID #:

Date of Birth

Ethnicity/Race (optional)

Current Address:

City:

County:

State:

Zip code:

Contact Telephone:

May we leave messages at this number?

Yes [] No []

Emergency Contact Telephone:

May we leave messages at this number?

Yes [] No []

TCC email address:

Program of study:

Basic Eligibility Questions

- 1. Do you currently owe money to any Housing Authority? Yes [] No []
2. Are you enrolled in credit bearing classes at Tacoma Community College? Yes [] No []
3. Do you still need to complete a FAFSA? Yes [] No []

Please note: Assistance filling out the FAFSA is available. Please ask for more information.

Priority Screening Questions

- 1. Are you homeless? Yes [] No []
a. Are you seeking housing in Tacoma? Yes [] No []
2. If you are not homeless, are you at serious risk of homelessness? Yes [] No []

Definition of homeless: A household that is:

- 1) In an emergency shelter or in a transitional housing facility; or 2) Is a client of a case-management program serving the homeless

Definition of at serious risk of homelessness: A household that is experiencing any of the following:

- 1) Unable to meet basic housing expenses such as rent, mortgage, or utilities that will result in the loss of permanent housing; 2) Residing in a motel/hotel due to loss of permanent housing and lacks the resources to remain; 3) Has lost permanent housing and is living temporarily with a friend or family member and cannot be placed on the lease; 4) Eviction notices that will result in loss of permanent housing; 5) Pending unlawful detainer notices that will result in loss; 6) Recent history of serious housing instability; 7) Is a victim of domestic violence; or 8) Is facing discharge from a public institution (e.g. incarceration, hospital etc.) without a housing discharge plan.

Have you had difficulties feeding yourself or your family within the last 2 -3 months? Yes No

Reason for homelessness or risk of homelessness: (Circle all that apply)

Eviction Domestic Violence New to Tacoma Substance Abuse
Family Crisis Medical Issues Loss of income Natural Disaster

Other, please list: _____

REQUIRED: Please explain in further detail how your circumstances fit into the above definitions and what caused you to leave your last permanent residence:

If you are identifying that you are homeless, you will need to provide information about which agencies you are currently working with to resolve your homelessness. Without this information, you will be identified as almost homeless.

Agency Name	Contact Phone Number	Contact Person (if available)
1.		
2.		
3.		
4.		
5.		

Participant

Signature

Date

College Housing Assistance Program Participant ObligationsTHA Form (#) REM-CHP-05

1. I understand that I am required to report **online at www.tacomahousing.net** any changes in income and/or household composition within 10 days of the occurrence.
2. I certify that the house or apartment will be my only residence. I will not sublease my assisted residence and will not allow anyone to live in my unit that is not on the lease.
3. I must allow Tacoma Housing Authority (THA) to perform Housing Quality Standard (HQS) inspections with reasonable notice. Federal regulations state I am responsible for all damages caused by my family and guests. Unit abuse, owing rent and unpaid utilities may result in termination of housing assistance.
4. I understand I must receive approval from THA before allowing anyone to move into my unit. I must also receive permission from THA before I move. I must notify THA if I will be away from my unit for more than 30 days. I must make all requests in writing.
5. I understand that I must notify THA in writing if a person moves out of my unit within 10 days of the occurrence. I may be required to provide proof of where the person is now living.
6. I understand it is my family obligation to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. I understand I must provide social security cards, birth certificates or other required documents for household members. Cooperation includes attending pre-scheduled meetings, completing and signing all needed forms.
7. I understand I may not make additional payments of any kind to the landlord that are not included in the lease and approved by THA and to do so is considered fraud.
8. I understand I must comply with all provisions of my lease and not commit any serious or repeated violations of the lease. I must pay my family share of the rent and utilities.
9. I understand that my mailing address is for the sole use of authorized household members and may not be used by any other persons.
10. Household members cannot commit fraud, bribery or any other corrupt or criminal act in connection with any federal housing program, including receiving another housing subsidy for my unit or any other unit under any federal, state or local housing assistance program. The household may not own any deed, title or claim to the unit. I understand I may not rent from any person related to any member of my household.
11. Household members may not engage in any drug-related criminal activity, alcohol abuse or violent criminal activity, including threatening, abusive or violent behavior toward THA personnel or other criminal activity that threatens the health, safety, or right to peaceful enjoyment of other residents.

12. I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law. I will also be required to repay assistance overpaid on my behalf and may be terminated from the program. I certify that all the information I provide to THA is true and accurate.
13. Any household caught manipulating income to remain eligible for the program will be terminated.
14. I will be seeking housing within the Tacoma Housing Authority jurisdiction. Details on the boundaries of this jurisdiction are available from THA upon request.
15. I will remain enrolled in credit bearing classes at Tacoma Community College.
16. I pledge full cooperation with the TCC Resource Navigator assigned to assist me in fulfillment of program related conditions. This includes but is not limited to:
 - a. Regular meetings with the Navigator and working with the Navigator to develop an employment plan prior to completion of TCC program. This includes but is not limited to working with the Career Center for resume and job application assistance.
 - b. Setting short and long term goals;
 - c. Regularly discussing progress and challenges; and
 - d. Following up on recommendations made by the Navigator.
17. I agree that I will participate in a Financial Literacy workshop before the end of my second quarter of enrollment in this program. The Resource Navigator will identify the workshop particulars.
18. I agree to allow THA and Tacoma Community College to share individually identifiable information about myself and my family. This will include the following
 - a. School data - test scores, attendance, etc. between the college and THA so that THA can determine if the project is helping to improve student achievement.
 - b. Share information on student success in education and economic progress so that THA and TCC can determine how to best support my needs as a participant.
19. I agree to allow TCC and Tacoma Community College to share information from this program to be used for external evaluation purposes for program development. I understand that my name, address and other identifying information will not be shared.
20. I understand that if I do not maintain THA and TCC eligibility for this program, I will receive notification of termination and the housing assistance will end 30 days after the notification.
 - a. A hardship may be requested to grant a one (1) month extension to the housing assistance that would otherwise end because of any of the following reasons:
 - i. The term limit of three (3) years;
 - ii. The participant's graduation from TCC; or
 - iii. The end of the participant's TCC enrollment.
21. I agree to complete an exit questionnaire to assist the program with improvements.
22. I understand that the College Housing Assistance Program is limited to 3 years of enrollment at Tacoma Community College and requires that I maintain both TCC and THA eligibility

throughout. Further, these program benefits are not transferrable to another institution.

23. I understand that rental deposits and utility payments, unless utilities are a part of the rent, are not covered under the College Housing Assistance Program.

24. I understand that THA and TCC's ability to provide this assistance depends on the continued availability of government funding and regulatory authority to allow for it. If that funding or authority ends or diminishes, then my assistance may end as well.

I have read and I understand the above Participant Obligations. I understand that failure to comply with them may result in denial of admission, an obligation to repay assistance overpaid on my behalf, and/or termination from the College Housing Assistance Program. All adults, 18 years and older must sign this form.

Participant

Date

Adult Family Member

Adult Family Member

Adult Family Member

Adult Family Member