



Orting Veterans Village Eligibility

Eligibility criteria for residency at the village are:

- A single adult 18 or older, who is currently homeless in Pierce County.
- Has veteran status and has not received a bad conduct discharge.
- No sex offender status.
- Income at or below 50% of the area median income. (At or below \$2,650 mo. for 2021)
- In addition, the Pierce County Housing Authority's criteria for Section 8 voucher applicants apply (no manufacturing meth conviction, violent crime within the past 12 months).
- Must pass a urine analysis test (UA). The Orting Veterans Village provides Recovery Housing and a clean and sober living environment. It is also on the Washington Department of Veteran Affairs Soldier's Home Campus, which is a drug-free campus.
- Quixote Communities has a goal of providing at least 40% of its housing for female or gender non-conforming residents. However, if there are not sufficient qualified applicants to satisfy this goal, housing will be provided to the next qualified male applicant.
- Quixote Communities prioritizes homeless veterans living in Orting.
- Quixote Communities reserves the right to refuse admittance to anyone who's physical and/or mental disabilities are beyond the ability of village staff capacity.

About the Orting Veterans Village:

The nonprofit Quixote Communities owns and manages the Orting Veterans Village. It is located in Orting on the Washington Department of Veterans Affairs' Soldiers Home Campus. The village has 35 fully furnished tiny homes. The tiny homes are permanent housing and have electricity and plumbing (shower, toilet, sink). The kitchen and laundry facilities are shared in the large community center. The village is best for folks who are wanting to live in a community setting. There are staff to help and support residents with their goals and needs. Orting is a quiet and serene rural town with a population of 8,000. There is no public transportation, however there is a village van. For more information, please check out our website at:

www.quixotecomunities.org.

Orting Veterans Village Application

Full Name: _____ Phone: _____

Email/contact info: _____

Social Security #: _____ Date of Birth: _____

Current Address: _____ City: _____ State: _____

Agency/Staff involved in application: _____ Date: _____

Recommendation: _____

What gender do you identify as? ☐ Male ☐ Female ☐ MTF ☐ FTM ☐ Prefer not to disclose

Are you 18 and over? ☐ Yes ☐ No

Are you a veteran? ☐ Yes ☐ No

Do you have a dishonorable discharge? ☐ Yes ☐ No

Do you have any income? If so, what is your monthly income? _____

Do you need any accommodations for housing? ☐ Yes ☐ No If yes, please explain (example: require an ADA unit for a wheelchair, grab bars in shower, etc.):

Is there anything that would prevent you from living independently (personal care, cleaning, shopping, paying bills, cooking)? ☐ Yes ☐ No

If yes, please explain (and how we can help): _____

Have you ever had "Section 8" housing? ☐ Yes ☐ No

If yes, did you leave on good terms and are still eligible? ☐ Yes ☐ No ☐ Not sure

Residents are required to get vouchers with the Housing Authority. Are you willing to do this? ☐ Yes ☐ No

Do you have any pending court/criminal requirements (active warrants)? ☐ Yes ☐ No

Have you been convicted of a violent crime in the past 12 months? ☐ Yes ☐ No

Have you ever been convicted of manufacturing methamphetamine? ☐ Yes ☐ No

Are you required to register as a sex offender? ☐ Yes ☐ No

The village has a community center and community kitchen. Are you comfortable living in a communal setting? ☐ Yes ☐ No

The village provides a clean and sober environment for residents. Are you comfortable living in this type of setting? ☐ Yes ☐ No Will you be able to pass a drug test to move in? ☐ Yes ☐ No

The village is located in a small town located at the bottom of Mt. Rainier without public transportation. Are you comfortable living in a rural setting? ☐ Yes ☐ No

By signing below, I certify that the above information is true and correct to the best of my knowledge. I also authorize representatives of Quixote Communities to check any references that may be used to determine my eligibility for housing. Past convictions will not necessarily prohibit a person from staying at OVV, but false or misleading information on the application may result in termination from the program.

Applicant Signature

Applicant Printed Name

Date

Staff Signature

Staff Printed Name

Date

Client Release of Information and Informed Consent

IMPORTANT: Do not enter personally identifying information into HMIS for clients who are: 1) in DV agencies or; 2) currently fleeing or in danger from a domestic violence, dating violence, sexual assault or stalking situation; 3) are being served in a program that requires disclosure of HIV/AIDS status (i.e.; HOPWA); or 4) under 13 with no parent or guardian available to consent to enter the minor's information in HMIS.

*If this applies to you, **STOP- Do not sign this form.***

This agency participates in the Washington State Homeless Management Information System (HMIS) by collecting information, over time, about the characteristics and service needs of people facing homelessness. **RCW 43.185C.180 and RCW 43.185C.030**

- To provide the most effective services in moving people from homelessness to permanent housing, we need an accurate count of all people experiencing homelessness in Washington State. In order to insure that clients are not counted twice, we need to collect four pieces of personally identifying information. Specifically, we collect: **name, birth date, and race/ethnicity**. You may also choose to provide your social security number. However, signing this form does not require you to do so. Your information will be stored in our database for 7 years after the last date of service. If you have questions about collection of data or your rights regarding your personally identifying information, contact the HMIS System Administrator at: (360) 725-3028
- We use strict security policies designed to protect your privacy. Our computer system is highly secure and uses up-to-date protection features such as data encryption, passwords, and two-factor authentication required for each system user. There is a small risk of a security breach, and someone might obtain and use your information inappropriately. If you ever suspect the data in HMIS has been misused, immediately contact the HMIS System Administrator at: (360) 725-3028
- The data you provide may be combined with data from the Washington State Department of Social and Health Services (DSHS) and Education Research and Data Center for the purpose of further analysis. Your name and other identifying information will not be included in any reports or publications. Only a limited number of staff members, who have signed confidentiality agreements, will be able to see this information. Your information will not be used to determine eligibility for DSHS programs. Washington State HMIS system administrators have full access to all information in HMIS. This includes the Department of Commerce staff, designated HMIS system administrators, and the software vendor.
- By signing this form, you acknowledge and allow Department of Commerce staff to obtain additional records of information from other state agencies with which there is a data sharing agreement (DSA) on file between Commerce and the other agency. Our DSA guides data transfer and storage security protocols. If DSAs are in place, Commerce is authorized by you to obtain, add to HMIS, and use for evaluation purposes any other data you have provided to other Washington state agencies.
- Your decision to participate in the HMIS will not affect the quality or quantity of services you are eligible to receive from this agency, and will not be used to deny outreach, assistance, shelter or housing. However, if you do choose to participate, services in the region may improve if we have accurate information about homeless individuals and the services they need. Furthermore, some funders MAY require that you consent to provide your personally identifying information in HMIS in order for you to receive services from that funding source.

I understand the above statements and consent to the inclusion of personally identifying information in HMIS about me and any dependents listed below, and authorize information collected to be shared with partner agencies. I understand that my personally identifying information will not be made public and will only be used with strict confidentiality. I also understand that I may withdraw my consent at any time by filing a 'Client Revocation of Consent' form with this agency. I understand that I may obtain a copy of my signed consent form from this Agency (including forms signed electronically).

Dependent children under 18 in household, if any (Please print first and last names):

 Client Signature (Parent/Guardian)

 Date

 Client Name (Print clearly)

 Agency Staff Name (Print clearly)

 Initials

Client refused consent _____ (Agency Staff Initials)

HMIS Unique Identifier (optional) _____



RESIDENTIAL RENTAL APPLICATION / EACH ADULT MUST FILL OUT SEPARATE APPLICATION

Address of Rental Property: _____ Unit # _____ Rent Amount _____

Applicant's Complete Name: _____ Date of Birth: _____

SSN# _____ DL#/State issued: _____

Tel# _____ Email Address: _____

Other Occupant's Name, Age & Relationship: _____

If any of the above noted occupants are currently married or separated but not living with their spouse, please note yes or no: ____Y ____N

✓ Complete Every Item on Application. Incomplete and/or Inaccurate Information May Result in Process Delay or Denial of Tenancy.

CURRENT ADDRESS (Required Entry)

Street _____
City _____ State _____ Zip _____
Apt # _____ Name of Apts _____
How Long (Mo/Da/Yr) From _____ To _____
Pymts / Rent Pd To _____ Amt _____
Landlord/Mgmt Co. _____
Address _____
Tel# _____ Rent/Own/Lease _____
Email: _____

PRIOR ADDRESS (Required Entry)

Street _____
City _____ State _____ Zip _____
Apt # _____ Name of Apts _____
How Long (Mo/Da/Yr) From _____ To _____
Pymts / Rent Pd To _____ Amt _____
Landlord/Mgmt. Co _____
Address _____
Tel# _____ Rent/Own/Lease _____
Email: _____

✓ **Current Employer** _____ Tel# _____ Supervisor _____

Dept / Attached to _____ Occupation _____ Rank _____

Hire Date _____ Monthly Salary _____ Full Time _____ Part Time _____

Address _____ Suite _____ City _____ State/Zip _____

✓ **Prior Employer** _____ Tel# _____

Dept / Attached to _____ Occupation _____ Rank _____

Hire Date _____ Monthly Salary _____ Full Time _____ Part Time _____

Address _____ Suite _____ City _____ State/Zip _____

✓ Additional Income (Interest, Child Support, Etc) _____

✓ Bank _____ Acct# _____ Branch _____ Tel# _____

✓ Pets? Yes ____ No ____ If yes, number, size, and type(s) _____

✓ Disability status and require special accommodations? _____

HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER:

Ever had wages garnished? Yes ____ No ____ If Yes, when was last time garnished and what did you owe causing garnish?

(Give debt details): _____

Ever been taken to court for owing money? Yes ____ No ____

If Yes, to whom did you owe money? (Provide details: Name of company, amount owed, location of courthouse): _____

Ever had a judgment filed against you for money owed? (Give details): _____

Ever been evicted or refused to pay rent? Yes ____ No ____ Ever been Charged or Convicted of a Crime? Yes ____ No ____

If yes to any of the above, give details: What is the nature of the offense? What County(ies) and State(s)? _____

When? _____

Ever used any other name(s)? Yes ____ No ____ If yes, list name(s) _____

Are you or any other household member a Registered or Unregistered Sex Offender? Yes ____ No ____

What other states have you lived in? _____

Ever had bedbugs or any other infestation? Yes ____ No ____ If yes, what type of infestation: _____

Do you or any other household member smoke? Yes ____ No ____

Have you or any other household member filed bankruptcy? Yes ____ No ____ If yes, when: _____

Auto/Year/Make/Lic#: 1.) _____ 2.) _____

Emergency Contact _____ Address _____ Tel# _____

Ph #: (360) 338 - 0451
Fx #: (360) 742 - 3740

Quixote Village

Orca Information, Inc.
Phone: 360-588-1633 / 800-341-0022
Fax: 360-588-1189 / 800-522-6722



Addendum (A) to Application for Tenancy

LETTER OF AUTHORIZATION

Revised 6/2020

To Whom It May Concern:

In compliance with the Fair Credit Reporting Act, State and Federal laws, this is to inform you and your household members that an investigation involving the statements made on this application for tenancy are being initiated by ORCA Information, Inc., 120 E. George Hopper Rd, Suite 108, Burlington, Washington 98233, Ph: 360-588-1633. I certify that to the best of my knowledge all statements are "true and complete". I further authorize ORCA Information, Inc. to obtain Credit Reports, Employment References (including verifying salary), Court Records and Character References, Mode of Living, and Rental References as needed to verify all information put forth on this application and otherwise available regarding all applicants identified on this application.

Furthermore I warrant the accuracy of all information contained on this rental application, including that relating to the other intended occupants of the subject property. I understand and agree that if subsequently a determination is made that I provided false or inaccurate information on the rental application it is a breach of the terms of any rental agreement signed based on that information and Owner and/or his/her agent may take legal action to terminate said Agreement.

In addition, I confirm receipt of the **Tenant Selection Policy** (per WA State Fair Tenant Screening Act, 2012) from this landlord/property management BEFORE submitting this completed rental application and that I read, and understand my rights as described therein.

You have the right to obtain a free copy of the consumer report in the event of a denial or other adverse action, and to dispute the accuracy of information appearing in the consumer report. The consumer reporting agency:

Orca Information, Inc.

120 E. George Hopper Road, Suite 108

Burlington, WA 98233

Phone 800-341-0022 Fax 800-522-6722

I also understand Orca Information's role is to provide background information to landlord/property manager. Orca Information does not make the decision to lease/rent or take any adverse action. Decision to lease/rent remains with the property manager/landlord.

Applicant's Name (please print)

Applicant's Signature

Date of Authorization

Manager's/Assistant Manager's Signature

Roosevelt Barracks & Betsy Ross House

Single Rooms – Men's & Women's Bldgs –
Laundry Facilities – Meals Provided – Public Wifi –
Daily Shuttle to VA -- Engaged Case Management



WDVA Transitional Housing & CRS Programs
1301 Orting Kapowsin Hwy E Orting, WA 98360
Case Mgmt Supervisor: Melissa Frink (360) 227-9575





Transitional Housing and CRS Programs

WDVA Services homeless Veterans and two locations in Western Washington:

Building 10/Retsil

1141 Beach Drive E., Building 10
Port Orchard, WA 98366

Roosevelt Barracks & Betsy Ross

1301 Orting Kapowsin Hwy E
Orting, WA 98360

The transitional housing facility is available to assist those in need of stable housing, vocational rehabilitation, and increased income potential.

Our veterans are:

- ✓ Homeless
- ✓ Served in any branch of the US Armed Forces
- ✓ Received an Honorable or General Under Honorable Discharge
- ✓ Desire to lead a clean and sober lifestyle (not required for all programs)
- ✓ Desire to make meaningful life changes leading to independent living
- ✓ Willing to undergo criminal background check

Veterans and community providers may contact Delena Josephsen/Orting or Carrie Cooke/Port Orchard for information or community referrals:

Delena Josephsen/Orting	253-263-0735	delena.josephsen@dva.wa.gov
Carrie Cooke/Port Orchard	360-689-6606	carriec@dva.wa.gov

“Serving Those Who Served”