



INITIAL APPLICATION FOR HOUSING

MAIL COMPLETED APPLICATION TO:

CENTRAL APPLICATION PROCESSING CENTER

20126 BALLINGER WAY NE, PMB 151 * SHORELINE, WA 98155-1290

Phone (206) 574-1248

Or return to any KCHA Management Office

Fax (206) 574-1241

I. Applicant Information:

Please Print NEATLY In Ink

LAST NAME	FIRST NAME	MIDDLE INITIAL
MAILING ADDRESS	APT. NO.	CITY
		STATE
		ZIP
EMAIL ADDRESS	HOME PHONE	WORK / MESSAGE PHONE
PLEASE LIST ANY OTHER NAMES YOU MAY HAVE USED IN THE PAST (MAIDEN NAME, ALIAS, ETC.):		
Primary Language:		
Translation Services Needed: <input type="checkbox"/> YES <input type="checkbox"/> NO		

II. Household Information:

1. Please list ALL HOUSEHOLD MEMBERS who will be living in the assisted unit. List the Head of Household on line #1
(List additional Members on a separate page if more space is needed):

MBR #	LAST NAME	FIRST NAME	MI	DISABLED/ HANDICAPPED	SEX	RELATION TO HEAD	BIRTH DATE	BIRTH PLACE	SOCIAL SECURITY #
1						Head of Household			
2									
3									
4									
5									
6									
7									
8									

2. Does anyone live with you who is **not** listed above **or** are you expecting a baby? ☐ YES ☐ NO

If YES, please list the name(s) and explain: _____

III. Family Information:

- 2) **RACE:** Please check one of the following:

☐ Caucasian ☐ African American ☐ Asian ☐ Hispanic ☐ Native American/Eskimo ☐ Hawaiian/Pacific Islander

This information is requested to comply with Equal Opportunity requirements and will not affect your application for housing assistance.

- 3) **INCOME SOURCE(S):** Please list ALL sources of income received by ALL adult members of your household:

Examples: Wages, Pension, Child Support, SSI, SSA, I&I, TANF, and Regular Gifts. List additional income on a separate page if more space is needed

MBR#	Type of Income (wages, etc.)	Amount Received	(Circle one)	Hrs. per wk. (if applicable)
		\$	per hour week month	
		\$	per hour week month	
		\$	per hour week month	
		\$	per hour week month	
		\$	per hour week month	

