

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) 574-1

| I. App | licant Informa | ntion: Pleas | e Pr | int NEAT | LY In | Ink | | | | | |
|-----------|--------------------------|---|------------|---------------------|-----------------|----------------------|----------------------|----------------|--------------|--------|--|
| LAST_ | NAME | | | | | | | | | | |
| LAST NAME | | | FIRST NAME | | | | | MIDDLE INITIAL | | | |
| MAILIN | NG ADDRESS | APT. I | NO. | | CIT | ГΥ | ST | ATE | ZIP | | |
| | | (|) |) | | | (|) | | | |
| EMAIL | ADDRESS | H | HOME PHONE | | | WORK / MESSAGE PHONE | | | | | |
| | | AMES YOU MAY HAVE US | | | Prima | arv La | nguage: | | | | |
| (MAID | EN NAME, ALIAS, ET | C.): | | | | | | | | | |
| | | | | | Trans | slatior | Services Need | ed: 🗆 YI | ES 🗆 NO |) | |
| | usehold Inforn | | 911 la a 1 | to do a to a la a a | ! | | 1 | | -l l: #4 | 1 | |
| | | EHOLD MEMBERS who wi bers on a separate page i | | _ | | unit. | List the Head of | r Housenoi | a on line #. | L | |
| MBR | | | | DISABLE | | | RELATION | BIRTH | BIRTH | SOCI | |
| # | LAST NAME | FIRST NAME | MI | HANDICA | PPED | SEX | TO HEAD | DATE | PLACE | SECU | |
| 1 | | | | | | | Head of Household | | | | |
| 2 | | | | | | | | | | | |
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| 8 | | | | | | | | | | | |
| | • | you who is not listed abo | _ | | _ | baby | ? \(\sum \text{YES} | □NO | | | |
| | | ne(s) and explain: | | | | | | | | | |
| | <u>mily Informati</u> | | | | | | | | | | |
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| This in | formation is requested t | to comply with Equal Opportu | nity re | quirements and | <u>will not</u> | affect | your application f | or housing a | ssistance. | | |
| 3) IN | COME SOURCE(S): | : Please list ALL sources | of in | come receiv | ved by | ALLa | dult member | s of your h | nousehold | : | |
| · · — | | n, Child Support, SSI, SSA, | | | • | | | • | | | |
| space | is needed | | | | | | | | | | |

| l | | | | | | | | Hrs. p |
|---|------|------------------------------|-----------------|-----|---------|------|-------|--------|
| | MBR# | Type of Income (wages, etc.) | Amount Received | | (Circle | one) | | applic |
| | | | \$ | per | hour | week | month | |
| | | | \$ | per | hour | week | month | |
| Γ | | | \$ | per | hour | week | month | |
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