Our mission is to enhance the Seattle community by creating and sustaining decent, safe and affordable living environments that foster stability and increase self-sufficiency for people with low incomes.



# Pre-application for housing assistance



www.seattlehousing.org





# Our materials and services are available in alternate formats.

We are committed to making our materials, services and programs accessible to people with disabilities. If you have a disability and need help to complete the application process or lease a unit, please request an accommodation. We will try to help you in any way we can.

PO Box 19028 190 Queen Anne Ave N Seattle WA 98109-1028

Phone 206-239-1737 Fax 206-239-1780 TDD 7-1-1



Date stamp (SHA office use only)

Seattle HOUSING AUTHORITY  This form must be filled out in English Brist post	Please complete and return to Seattle Housing Authority PO Box 19028 190 Queen Anne Ave N Seattle WA 98109–1028	Date stamp (		not write in this sp					
This form must be filled out in English. Print neatly in ink. All fields are required. Read the instructions on the facing page before completing each item.  1. Personal information  2. Name and address of head of household									
Enter your Social Security Number	Last name First name Middle initi				ontice use only.				
Birth date (mm / dd / yy)  Student? Yes No	Mailing address Apartment number City State Zip								
Area Code Telephone Number	Address where you are cur	rently living (if di	fferent from ma	ailing address above) City	State Z	ip			
3. Sex	der 🗆 Other:								
				6b. Do you need an in	terpreter?	lYes □N	lo		
7a. Do you claim a Gisability! It is not necessary to give us details about your disability unless you are requesting an accommodation.  7a. Do you claim a Gisability?  7b. Do you need an accommodation to help you Gisability?  7c. Do you need an accommodation in housing features as a result of your disability?  7d. If "yes" to 7b or 7c, what accommodation do you request? (See instructions on facing page for more information. You may attach additional sheets to explain.)						□No			
ra. ii yes to rb or rc, what accommodation do you	equest: (See Instruction	s on racing pa	ge for more r	monnation. Tournay attach a	dulional sneets	s to explain			
8. Current living situation Check all that apply. See instructions on the opposite page for definitions.  The Application Guide explains how your living situation determines your waiting list preference.  My household is extremely low-income.  My household is NOT extremely low-income NOW, but has been in the last 12 months.  My household is NOT homeless NOW, but has been in the last 12 months.									
9. Assets and income Provide gross (not net) am	ounts for all questions								
9a. Value of family assets       9b. Total monthly income       9c. Income source(s) Check all that apply.         Assets include bank accounts, investments and real estate.       Include income from all family members. You may estimate.       Wages       SSA       SSI         Pension       Underest/annuity income       Worker's Compensation         Child support       Other assistance:       Someone pays my bills/gives me money:       Iss to compensation				are _(list how	much)				
10. Housing programs available See the Applic	ation Guide for more ir	nformation.							
10a. Low Income Public Housing (LIPH)  To apply for Low Income Public Housing, you mus choose 1 or 2 properties. Write your choice(s) here  Property #1:  Property #2:	To apply for Property: Property: 10c. If appl	10b. Seattle Senior Housing Program (SSHP) To apply for the SSHP, choose 1 or 2 SSHP properties:  Property #1: Property #2:  10c. If applying for SSHP, describe your situation:  □ Living in Seattle □ Not living in Seattle □ Yes □ No				we nout hits.			
11. List others who will live with you Include un	born children and live-ir	n aides. <i>For</i> <b>E</b>	Ethnicity and		· · · · · · · · · · · · · · · · · · ·	nd 5.  Disability?	Student?		
	rst name + middle initial	Ethnicity	Race (M / F		(mm / dd / yy)	(Y/N)	(Y/N)		
1									
2									
4									
5									
If you have more than five household members, please check here and list them on a separate piece of paper.  12. Certification of applicant: I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that if I do not provide all of the information requested, or if I make inappropriate property selections, my name may not be added to the waiting list. I understand that my having provided any false information will result in my application being cancelled or denied or in the termination of my housing assistance. I understand that at the time I rise to the top of a waiting list, I will be required to verify the information I have provided here. I accept responsibility for keeping the Seattle Housing Authority informed of my current address, and I understand that my application may be cancelled if I fail to do so.  X  Signature of head of household  Date									

**IMPORTANT!** You must fully complete your pre-application to have your name added to the waiting list. Follow these instructions and consult the Application Guide to learn how to choose properties and programs. You must provide all of the information requested and you MUST include a mailing address. We will not notify you if we cannot add your name to the waiting list as a result of missing information or inappropriate property selections. To help ensure that your name can be added to the waiting list, come to our office and let us help you, or call us at 206-239-1737 for assistance. Call us again if you do not receive a confirmation letter within six weeks.

## 1. Personal information (head of household)\*

Applicants must identify a single head of household for each application. Provide the Social Security Number of the head of household for your family. Enter your birth date and indicate if you are a student. \*See Privacy Act Notice below.

## 2. Name and address (head of household)

We must have a current mailing address to contact you at all times. If we are unable to contact you by mail, you will be removed from the waiting list.

# 3. Sex (head of household)

Indicate the head of household's sex.

## 4. Ethnicity (head of household)

The housing authority collects statistical data on ethnicity and race in accordance with federal regulations. People of various races may also be of Hispanic ethnicity. Please indicate if you are Hispanic.

## 5. Race (head of household)

For statistical purposes only. The choices listed are the same as the federal government's statistical categories.

# 6. Primary language (head of household)

Please write in the name of the language or dialect you speak at home, and let us know if you will need an interpreter to conduct business with us.

# 7. Disability (head of household)

- **7a. Are you disabled?** Check "Yes" or "No." (You are not obligated to provide information about your disability unless you want an accommodation.)
- **7b. Tell us if you need an accommodation** as a result of your disability, to help you complete your application or to help you conduct business with us before you are housed.
- **7c. Tell us if you need any special features** in your housing unit to accommodate your disability.

## 7d. Describe the assistance you need.

The Admissions Office has more information available to help you request a reasonable accommodation, including copies of our Reasonable Accommodation Policy and our Request for Reasonable Accommodation form (SHA-968), which you can submit along with your Pre-application for housing assistance. You can obtain these documents at our office or we will mail them to you. For more information about Seattle Housing Authority's Reasonable Accommodation Policy, contact SHA's Section 504/ADA Coordinator at 206-615-3550 or (TDD/TTY) 7-1-1.

# 8. Current living situation (waiting list preference)

If you are either *extremely low income* or *homeless* according to the chart and definitions 1 and 2 below, you may receive preference. See the *Application Guide* for more information.

EXTREMELY LOW-INCOME LIMITS			
Number in household	30% of median income (annual)	30% of median income (monthly)	
1	\$ 18,500	\$ 1,540	
2	21,150	1,760	
3	23,800	1,980	
4	26,400	2,200	
5	28,550	2,375	
6	30,650	2,550	
7	32,750	2,725	
8	34,850	2,900	

- **1.** *Definition of extremely low income* A household that (1) earns 30 percent of Seattle-area median income or less, or (2) earned 30 percent of Seattle-area median income or less during the 12 months prior to an eligibility determination. See the table above for income limits according to family size.
- **2.** *Definition of homelessness* A household that (1) is living on the street, in an emergency shelter, or in a transitional facility, or is a client of a case-management program serving the homeless; or (2) has met one of these conditions during the 12 months prior to an eligibility determination.

## 9. Assets and income

Write in the approximate amount of the family's *gross* (not net) assets and monthly income. *Include all sources for all family members*. Check all boxes that correspond to income available to your family.

# 10. Housing programs available

# 10a. Low Income Public Housing

Choose one or two properties from the Low Income Public Housing property list on p. 2 of the *Application Guide*. You can talk with Admissions staff to find out which waiting lists are the shortest. Choose properties with enough bedrooms to accommodate your family. Choose properties with bathtubs if you need a bathtub. If there are students in your family, note which properties have student restrictions and talk with us before you choose. Smoking is prohibited in all buildings.

## 10b - 10c. Seattle Senior Housing Program

SSHP has mostly one-bedroom units, with a few two-bedrooms. You must be at least 62 or disabled (18+) to apply. Smoking is prohibited in all SSHP buildings. See the *Application Guide* for more.

## 10d. Impact Property Management

If you check the "Yes" box, IPM will contact you with information about availability and explain how to apply. Income limits, bedroom sizes and amenities vary. See the *Application Guide* for more.

## 11. List others who will live with you

List everyone who will be living with you, including aides and unborn children. Do not include yourself. If you have more than five people in your family, check the box provided and list the additional members on a separate sheet of paper. Your housing assistance will be reduced or denied if any family members do not have eligible immigration status.

# 12. Certification of applicant

Please read this statement very carefully. By signing it, you agree to its terms. You must sign the form and date it where indicated.

<sup>\*</sup> PRIVACY ACT NOTICE Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Right Act of 1964 (42 U.S.C. 2000d), and the Fair Housing Act (42 U.S.C. 3601–19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is 6 years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate federal, state, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the Seattle Housing Authority, including all Social Security Numbers you and all other members age 6 years and older have and use. Giving the Social Security Numbers of all household members 6 years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any requested information may result in a delay or rejection of your eligibility approval.



206-256-7000

From pay phones or outside Seattle, call toll-free

1-866-623-5111

# www.SaveMySpot.org

24 hours a day, 7 days a week Check in every month!

# You must check in once a month to stay on the waiting list

After you receive confirmation that your name has been added to the waiting list, you must check in once every month or your application will be canceled.

These phone numbers are programmed in English, Amharic, Cambodian, Cantonese, Mandarin, Russian, Somali, Spanish, Tigrinya, and Vietnamese.

Or check in on the Internet at **www.SaveMySpot.org**, where instructions are provided in 17 different languages.

## OTHER HOUSING RESOURCES IN THE SEATTLE AREA

All housing programs operated by the Seattle Housing Authority have long waiting lists and we cannot serve you immediately. Fortunately there are other organizations in the area that operate shelters, emergency housing, transitional housing programs, traditional federally subsidized housing programs, and other types of affordable, permanent housing.

	LOW INCOME HOUSING PROVIDERS	
Bellingham Housing Authority 360-676-6887	Renton Housing Authority 425-226-1850	Central Area Development Association 206-328-2240
Bremerton Housing Authority 360-479-3694	Snohomish County Housing Authority 425-290-8499	Bellwether 206-622-2893
Everett Housing Authority 425-258-9222	Tacoma Housing Authority 253-207-4400	Low Income Housing Institute (LIHI) 206-443-9935
Island County Housing Authority 360-678-4181	Thurston County Housing Authority 360-753-8292	Compass Housing Alliance 206-357-3100
King County Housing Authority 206-574-1100	HUD-subsidized apartments (listing) 206-220-5140	Plymouth Housing Group 206-652-8325
Kitsap County Housing Authority 1-800-693-7070	Archdiocesan Housing Authority 206-448-3360	Southeast Effective Development (SEED) 206-760-4265
Pierce County Housing Authority 253-620-5400	Capitol Hill Housing 206-329-7303	Imagine Housing (King County) 425-576-5190

#### EMERGENCY HOUSING, TRANSITIONAL HOUSING, AND SHELTERS

2	Community Information Line 2-1-1 <i>or</i> 206-461-3200 <i>or</i> 1-800-621-4636	Provides a wide range of information about community resources from a database of more than 9,000 service providers.
	Senior Information & Assistance 206-448-3110 <i>or</i> 1-888-435-3377	Provides a wide range of information for people over the age of 60 using a database of more than 4,000 service providers. Also provides advocacy and follow-up for callers who have difficulty accessing services.
	24-Hour Crisis Line 206-461-3222 <i>or</i> 1-866-427-4747	Provides immediate help to people in emotional crisis, and referrals to agencies that provide additional help.