



Date stamp (EHF office use only)

Bedroom size

<b>1. Personal Information</b> Enter your Social Security Number <div> <div> <div></div> <div></div> <div></div> </div> <div>-</div> <div> <div></div> <div></div> </div> <div>-</div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> </div> Birth date (mm / dd / yyyy) 206 854 3056 -		<b>2. Name and address of head of household</b> <div> <div>Sackett</div> <div>Nina</div> <div>C</div> </div> <div> <div>Last name</div> <div>First name</div> <div>Middle initial</div> </div> 16000 Christensen Rd, Suite 240, Tukwila, 98188 <div> <div>Mailing address</div> <div>Apartment number</div> <div>City</div> <div>State</div> <div>Zip</div> </div> WA  <div> <div>Address where you are currently living (if different from mailing address above)</div> <div>City</div> <div>State</div> <div>Zip</div> </div>	
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<b>3. Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>4. Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>5. Race</b> <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____	<input type="checkbox"/> Alaskan Native <input type="checkbox"/> White	<b>6a. What language/dialect do you speak at home?</b> _____
<b>6b. Do you need an interpreter?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				

**7. Disability** It is not necessary to give us details about your disability unless you are requesting an accommodation.

7a. Do you claim a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	7b. Do you need an accommodation to help you complete the application process?	<input type="checkbox"/> Yes <input type="checkbox"/> No	7c. Do you need an accommodation in housing features as a result of your disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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.)

**8. Current living situation** The Application Guide explains how your living situation determines your waiting list preference.

Check all that apply.  
See instructions on the opposite page for definitions.

☐ 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 homeless. ☐ My household is NOT homeless NOW, but has been in the last 12 months.

**9. Assets and Income** Provide gross (not net) amounts for all questions.

<p><b>9a. Value of family assets</b> Assets include bank accounts, investments and real estate.</p> <p>\$ _____</p>	<p><b>9b. Total monthly income</b> Include income from all family members. You may estimate.</p> <p>\$ _____</p>	<p><b>9c. Income source(s)</b> Check all that apply.</p> <table border="0"> <tr> <td><input type="checkbox"/> Wages</td> <td><input type="checkbox"/> SSA</td> <td><input type="checkbox"/> SSI</td> </tr> <tr> <td><input type="checkbox"/> Pension</td> <td><input type="checkbox"/> L &amp; I</td> <td><input type="checkbox"/> Welfare</td> </tr> <tr> <td><input type="checkbox"/> Interest/annuity income</td> <td><input type="checkbox"/> Worker's Compensation</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Child support</td> <td><input type="checkbox"/> Other assistance: _____</td> <td></td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Someone pays my bills/gives me money: \$ _____ (list how much)</td> </tr> </table>	<input type="checkbox"/> Wages	<input type="checkbox"/> SSA	<input type="checkbox"/> SSI	<input type="checkbox"/> Pension	<input type="checkbox"/> L & I	<input type="checkbox"/> Welfare	<input type="checkbox"/> Interest/annuity income	<input type="checkbox"/> Worker's Compensation		<input type="checkbox"/> Child support	<input type="checkbox"/> Other assistance: _____		<input type="checkbox"/> Someone pays my bills/gives me money: \$ _____ (list how much)		
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**10. Housing programs available** See the *Application Guide* for more information.

<p><b>10a. Low Income Public Housing (LIPH)</b>          To apply for Low Income Public Housing, you must choose 1 or 2 properties. Write your choice(s) here:</p> <p>Property #1: _____</p> <p>Property #2: _____</p>	<p><b>10b. Seattle Senior Housing Program (SSHP)</b>          To apply for the SSHP, choose 1 or 2 SSHP properties:</p> <p>Property #1: _____</p> <p>Property #2: _____</p> <p><b>10c. If applying for SSHP, describe your situation:</b></p> <p><input type="checkbox"/> Living in Seattle      <input type="checkbox"/> Not living in Seattle</p>	<p><b>10d. Impact Property Management (IPM)</b>          If you check "Yes," we will contact you with more information about applying for IPM units.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
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11. List others who will live with you. Include unborn children and live-in aides. For Ethnicity and Race, use the categories in questions 4 and 5.

[illegible]

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.

<p><b>X</b></p> <p>_____ Signature of head of household                      Date</p>	<p><b>X</b></p> <p>_____ Signature of spouse or co-head of household                      Date</p>
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