



PRE-APPLICATION FOR HOUSING OR RENTAL ASSISTANCE

(Time and Date Stamp)
SHA OFFICE USE ONLY

No. of Bedrooms: _____

Social Security Number

Date _____

- -

Last Name	First Name	MI	() (Area Code)	-	Phone Number
Mailing Address		Apt. #	City	ST	Zip Code

GENDER

Male Female

RACE

<input type="checkbox"/> Native American	<input type="checkbox"/> Black
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Alaskan Native
<input type="checkbox"/> White	<input type="checkbox"/> Other
<input type="checkbox"/> Asian	_____

DATE OF BIRTH _____

ETHNICITY

Hispanic Non-Hispanic

DO EITHER YOU OR YOUR SPOUSE HAVE A HANDICAP OR DISABILITY? Yes No

DO YOU OR ANY OF YOUR HOUSEHOLD MEMBERS NEED SPECIAL FEATURES RELATED TO A HANDICAP OR DISABILITY? Yes No If Yes, check all that apply:

<input type="checkbox"/> Dialysis Connection	<input type="checkbox"/> Accessible Bathroom	<input type="checkbox"/> Exterior Ramp	<input type="checkbox"/> Barrier Free - Wheelchair
<input type="checkbox"/> Door Light Flasher	<input type="checkbox"/> Accessible Kitchen	<input type="checkbox"/> 1-Level Flat Unit	<input type="checkbox"/> Special Location
<input type="checkbox"/> Intercom Flasher	<input type="checkbox"/> Roll-in Shower	<input type="checkbox"/> Level Exterior Site	<input type="checkbox"/> Temperature Sensitivity
<input type="checkbox"/> Strobe Alarms	<input type="checkbox"/> Tub w/Handheld Shower	<input type="checkbox"/> Additional Bedroom	<input type="checkbox"/> Live-inAide Accomodation

LOCAL PROGRAM

_____ SEATTLE SENIOR HOUSING PROGRAM (1-2 Bedroom Only)

Please indicate which building you are interested in. You may list up to two buildings only. (see Building Listing or visit www.seattlehousing.org for building information).

Building Name	Building Name
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Are You: _____ Living In Seattle City Limits?
(check one) _____ Living Outside Seattle City Limits, ?

HOW DID YOU HEAR ABOUT THE SEATTLE HOUSING AUTHORITY?

<input type="checkbox"/> Friend	<input type="checkbox"/> Family	<input type="checkbox"/> Agency	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Sign Board	<input type="checkbox"/> Visited SHA Community	<input type="checkbox"/> Former Resident	<input type="checkbox"/> Radio

Other, please explain: _____

WHAT IS YOUR PRIMARY LANGUAGE? _____

IF OTHER THAN ENGLISH, DO YOU NEED AN INTERPRETER FOR YOUR INTERVIEW? Yes No

DO YOU REQUIRE ANY DISABILITY RELATED ASSISTANCE FOR YOUR INTERVIEW? Yes No

If **yes**, please explain what you need: _____

GROSS MONTHLY INCOME \$ _____

ASSETS (bank accounts, stocks, bonds, real estate) \$ _____

LIST BELOW ANY OTHER PEOPLE WHO WILL BE LIVING WITH YOU:

Relationship to You	Last Name	First Name	Social Security Number	Sex	Birthdate	Income / Assets

WHAT IS THE APPROXIMATE TOTAL ANNUAL INCOME OF EVERYONE LISTED ABOVE?	\$ _____
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APPLICANT SIGNATURE

CO-APPLICANT or SPOUSE

DATE

LANDLORD HISTORY

Please list your rental history beginning with your current address and work backwards. If you do not have a present rental address or if you do not have a rental history, please explain in the space provided below.

<i>CURRENT ADDRESS AND RENTAL INFORMATION:</i>	RENT AMOUNT \$	RENT START DATE		
ADDRESS	APT.	CITY	ST	ZIP CODE

LANDLORD NAME	PHONE (Area Code)			
ADDRESS	APT.	CITY	ST	ZIP CODE

<i>LAST (previous) ADDRESS:</i>	RENT AMOUNT \$	RENT START DATE	RENT END DATE
ADDRESS	APT.	CITY	ST ZIP

LANDLORD NAME	PHONE (Area Code)			
ADDRESS	APT.	CITY	ST	ZIP CODE

<i>2nd PREVIOUS ADDRESS:</i>	RENT AMOUNT \$	RENT START DATE	RENT END DATE
ADDRESS	APT.	CITY	ST ZIP CODE

LANDLORD NAME	PHONE (Area Code)			
ADDRESS	APT.	CITY	ST	ZIP

<i>3rd PREVIOUS ADDRESS:</i>	RENT AMOUNT \$	RENT START DATE	RENT END DATE
ADDRESS	APT.	CITY	ST ZIP CODE

LANDLORD NAME	PHONE (Area Code)			
ADDRESS	APT.	CITY	ST	ZIP CODE

Use Additional Sheet If Necessary

If you do not have a present address or any rental history, please explain here: _____

APPLICANT SIGNATURE

CO-APPLICANT or SPOUSE

DATE