



**SEATTLE HOUSING AUTHORITY
MOD REHAB SRO HOUSING
APPLICATION**



Head of Household Social Security Number

Building Name: _____

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Approval for housing is subject to meeting all eligibility and suitability criteria and verification of information contained herein as required by the Housing Authority. (see attached HUD-9886, which includes the Federal Privacy Act.)

NAME	Last	First	MI	Maiden
	Street Address or P.O. Box		City	State Zip Code
	Home		Work	Message

HOUSEHOLD COMPOSITION

Last	First	MI	Sex M/F	Date of Birth	Disabled or Handicapped		Full Time Student		Veteran		U.S. Citizen		Nationality	Primary Language
					Yes	No	Yes	No	Yes	No	Yes	No		

GROSS INCOME If employed fill out Employer Information.

Name	Source or Type of Income	Monthly Amount	Other Information
		\$	
		\$	

EMPLOYMENT INFORMATION

Name of Employer: _____ Rate & Frequency of Pay: _____
 Address: _____ Date Employed: _____

ASSETS

Type of Asset (checking, savings, IRA, CD, etc.)	Current Value	Current Rate of Interest	Location of Asset (Bank name, etc.)	Address
	\$	%		
	\$	%		

Have you **ever** been arrested? (misdemeanors, felonies, etc.)

No Yes **If yes, please explain:** _____

Have you **ever** lived in a SHA unit or received a subsidy from the Section 8 Program? Yes No

If yes, when did you move out? _____ **Where did you live?** _____

CERTIFICATION: I certify that the information which I have provided on this application is correct to the best of my knowledge. I hereby authorize inquiries to be made for the purposes of verifying the information provided hereon. I accept full responsibility for keeping the Seattle Housing Authority informed of my current address and understand that this application may be canceled if I fail to do so or if I fail to complete an intake interview for the purpose of finalizing my application. Falsification of any information may result in the denial of my application.

I understand that I am applying for Section 8 Mod/Rehab SRO housing. If approved, I will be entitled to occupy a single room occupancy unit and may not have any additional persons reside with me. Furthermore, I understand that this is a unit based housing subsidy and may not be transferred if I decide to vacate or am evicted from a Section 8 SRO Mod/Rehab unit.

Applicant Signature Date

Balance Owing:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Cancelled	(For Office Use Only)
				_____ Admissions Office Supervisor Date