



SHA Housing Application

Low-Income Public Housing
Seattle Senior Housing Program

Return to
Seattle Housing Authority
101 Elliott Ave W, Suite 100
Seattle, WA 98119
Fax 206-239-1770

Date/Time stamp
Office use only

The head of household must complete this two-page application in English. To request an interpreter or an accommodation because of a disability, please contact our Admissions Call Center at 206.239.1737 or email housingspecialist@seattlehousing.org. For TTY/TDD call 7-1-1 or 1.800.833.6388.

1. Personal Information

Last name First name Middle initial Date of birth (mm/dd /yy)

Social Security number (xxx-xx-xxxx) Mobile phone with area code Other phone with area code

Email address Alternate email address

Mailing address: Street address/P.O. Box Apartment number City State Zip code

Address where you currently live (if different):

Street address Apartment number City State Zip code

2. Language

Primary language _____ Do you need an interpreter to talk about your application? ☐ Yes ☐ No

3. Assets & Income

Value of total assets (include bank accounts, investments, real estate for all household members) _____

Monthly income: Check all sources of income that apply for all household members.

- | | | | |
|---------------------------------------|--|--|---------------------------------------|
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Interest or annuity income | <input type="checkbox"/> Workers' compensation/L&I | <input type="checkbox"/> Someone else |
| <input type="checkbox"/> Wages | <input type="checkbox"/> Child Support | <input type="checkbox"/> Other public assistance | pays my bills or gives |
| <input type="checkbox"/> Pension | <input type="checkbox"/> SSA <input type="checkbox"/> SS <input type="checkbox"/> TANF | <input type="checkbox"/> Other income | me money |

Total monthly gross household income \$_____ (for all household members from all sources)

4. Household

List others who will live with you. Include unborn children and live-in aides. (If you don't have enough room, list additional household members on separate sheet of paper if necessary and submit with your application.)

| Relation to head of household | First name | Last name | Social Security no. | Date of birth (mm / dd / yy) |
|-------------------------------|------------|-----------|---------------------|------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total number of people expected to live in the unit. _____

5. Property Choice(s)

If you do not list a property your application will not be processed. To learn about eligibility and properties, see the Application Guide, p.1 & 2, or visit seattlehousing.org. Choose up to two properties for each program you would like to apply for.

Low-Income Public Housing

Property #1: _____

Property #2: _____

Current living situation

- ☐ Homeless now
☐ Homeless in last 12 months
☐ Not currently homeless

Seattle Senior Housing Program

Property #1: _____

Property #2: _____

Definition of homeless: An applicant household that is living or has lived in the past 12 months on the street, in an emergency shelter, or in a transitional housing facility; or is an active client of a case-management program serving the homeless. Living temporarily with family and/or friends is not considered homeless for the purpose of this application.

Optional Demographic Information

| 6. Sex | 7. Ethnicity | 8. Race | 9. U.S Veteran |
|---------------------------------|---------------------------------------|---|------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Female | <input type="checkbox"/> Non-Hispanic | <input type="checkbox"/> African/African American | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Native American/Alaskan Native | |
| | | <input type="checkbox"/> White/Other | |

10. Disability

It is not necessary to give us details about your disability unless you are requesting an accessible unit.

Do you claim a disability, either for yourself or any member of your household? ☐ Yes ☐ No

Do you or a member of your household require a unit that meets Uniform Federal Accessibility Standards (UFAS) with wheelchair accessibility and other features that meet needs of people with mobility, visual and hearing disabilities? ☐ Yes ☐ No

11. Certification of applicant

I hereby certify that the information I have provided in this application is true and accurate. I understand that if I do not provide all of the information requested, or if I make property selections for which I'm not eligible, my name may not be added to the waitlist. I understand that any misrepresentation or false information may result in my application being canceled or denied, or in the termination of housing assistance. I understand that at the time I reach the top of the waitlist, I will be required to provide verification of the information I have provided here, in accordance with federal housing regulations and Seattle Housing Authority policy. I accept full responsibility for keeping Seattle Housing Authority informed of my current address, and I understand that my application may be canceled if I fail to do so. **I understand that after I am placed on the waitlist I must check in via the "Save My Spot" system once a month either by phone at 206.256.7000 or 866.623.5111 or online at SaveMySpot.org to stay on the waitlist.**

Signature of head of household _____ Date _____

Signature of spouse/co-head of household _____ Date _____

Privacy Act Notice Authority: The Department of Housing and Urban Development 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), the Fair Housing Act (42 U.S.C. 3601-19) and the Housing and Community Development Act of 1987 (42 U.S.C. 3543). Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your household 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 HA (Housing Authority), including all Social Security Numbers you, and all other members age six years and older, have and use. Not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

