# Harrison House Apartments

## A Community for Senior's

615 West Harrison Street, Kent, WA 98032 Phone: 206-693-6411 Fax: 206-832-3757

# Application for Housing

Applicant:  Date of Birth:  Spouse/Co-Applicant:  Date of Birth:		Addr	Address:										
		City, State & Zip:  Phone #: ()  Social Security #:											
							# Of Household Members (Please	Circle): <u>1</u> <u>2</u> <u>3</u>	Type of Unit Applied Fo			1Bdrm	<u>2Bdrm</u>
							Estimated Gross <i>Annual</i> Househo	old Income: \$					
Any Disabled Household Membe	r(s)?	Yes	☐ No										
If yes, do you need a modified un	it? Please explain:	Yes	□ No										
Are you interested in a Federally	Subsidized, "Project Bas	ed" ho	using unit?		Yes	☐ No							
If yes, please check the following	preferences. ** <u>You must</u>	answe	er yes to at least o	ne of	the follo	wing							
preferences, in addition to meeti	ng the income requiren	<u>ient</u> :											
** Are you involuntarily displaced	1?				Yes	☐ No							
By Natural Disaster	Due to Hate Crime		By Government Action										
Due to Owner Action	To Avoid Reprisal Due to		Due to Unit Ina	iccessi	bility								
By Domestic Violence													
** Are you paying more than 50% of your gross income towards rent			rent		Yes	☐ No							
and utilities (Electricity, Water, Se	wer, and/or Garbage) for	the last	90 days?										
** Are you living in Substandard Housing?				Yes	☐ No								
Homeless Family	omeless Family No Tub/Shower		Dilapidated Home										
No Electricity	No Plumbing		No Heat										
No Toilets	No Kitchen												
Applicant Signature		 Date											

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#### IMPORTANT INFORMATION...PLEASE READ CAREFULLY.

- You must be income eligible for a housing unit at Harrison House Apartments.
- At least one household member must be 55 years old at the time of housing.
- You must meet the Tenant selection criteria and pass a background check before your tenancy will be approved.
- Families with disabled members have a priority for certain units to meet regulatory requirements.
- If you are interested in the Project-Based Program, you must meet one of the preferences listed on the application.
- You will be placed on a waiting list if there is no suitable unit available at the time of your application.
- ➤ It is your responsibility to notify us of changes to your address, phone number, and/or family status.
- Applications are available at: <a href="http://www.kcha.org">http://www.kcha.org</a> Find a Home > Other Rental Housing

### **Maximum Gross Income Limits**

 Project Based Program (Section 8) (30%):
 Tax Credit Program (50%):

 1 Person:
 \$2,638 Month / \$31,650 Annual
 1 Person:
 \$4,392 Month / \$52,700 Annual

 2 Persons:
 \$3,017 Month / \$36,200 Annual
 2 Persons:
 \$5,021 Month / 60,250 Annual

### **Monthly Rent Amounts**

Project Based Program (Section 8) (30%): Tax Credit Program (50%):

1 Bedroom: \$847\*\* 1 Bedroom: \$1,411 Flat Rent 2 Bedrooms: \$1,017\*\* 2 Bedrooms: \$1,695 Flat Rent

\*\*This is the Contract Rent amount. Your portion of the rent is based on 28% of your monthly income. The remainder is subsidized and paid by the King County Housing Authority Section 8 Program.

## **Evening Meal Program**

The cost of the Evening Meal Program is \$185 per month. Participation is Mandatory for Residents participating in the Tax Credit Program and Voluntary for Residents eligible to participate in the Project Based Housing Program.

Additional information: Security Deposit: \$150 Pet Deposit: \$100

Application Fee: \$37.66 per adult Parking: \$10 per month

All Income limits, Rent amounts, Deposit amounts and Fees are subject to change without notice. Water, Sewer and Garbage is included. The Resident pays Electricity, Telephone, Cable TV & Internet.

Updated May 22, 2024