

Harrison House Apartments

A Community for Seniors

615 West Harrison Street, Kent, WA 98032

Phone: 253-437-2440 Fax: 253-437-2442

Application for Housing

Applicant: _____

Address: _____

Date of Birth: _____

City, State & Zip: _____

Spouse/Co-Applicant: _____

Phone #: (_____) _____

Date of Birth: _____

Phone #: (_____) _____

Of Household Members (Please Circle): 1 2 3

Type of Unit Applied For: 1Bdrm 2Bdrm

Estimated Gross Annual Household Income: \$ _____

Any Disabled Household Member(s)? Yes No

If yes, do you need a modified unit? Please explain: Yes No

Are you interested in a Federally Subsidized, "Project Based" housing unit? Yes No

If yes, please check the following preferences. ****You must answer yes to at least one of the following preferences, in addition to meeting the income requirement:**

** Are you involuntarily displaced? Yes No

By Natural Disaster

Due to Hate Crime

By Government Action

Due to Owner Action

To Avoid Reprisal

Due to Unit Inaccessibility

By Domestic Violence

** Are you paying more than 50% of your gross income towards rent Yes No

and utilities (Electricity, Water, Sewer, and/or Garbage) for the last 90 days?

** Are you living in Substandard Housing? Yes No

Homeless 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 above.**
- 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.

Maximum Gross Income Limits

Project Based Program (Section 8):

1 Person: \$1,500 Month /\$18,000 Annual

2 Persons: \$1,713 Month /\$20,550 Annual

Tax Credit Program:

1 Person: \$2,500 Month /\$30,000 Annual

2 Persons: \$2,854 Month /\$34,250 Annual

Monthly Rent Amounts

Project Based Program (Section 8):

1 Bedroom: \$745**

2 Bedroom: \$875**

Tax Credit Program:

1 Bedroom: \$350 Flat Rent

2 Bedroom: \$410 Flat Rent

***This is the Contract Rent amount. Your portion of the rent is based on 28.3% of your monthly income. The remainder is subsidized and paid by King County Housing Authority.*

Evening Meal Program

The cost of the Evening Meal Program is \$180 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

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 and Cable TV.