

Harrison House Apartments

A Community for Seniors

615 West Harrison Street, Kent, WA 98032

Phone: 206-693-6419 Fax: 206-832-3771

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.
- Applications are available at: <http://www.kcha.org> > Find a Home > Other Rental Housing

Maximum Gross Income Limits

Project Based Program (Section 8) (30%):

1 Person: \$1,872 Month / \$22,470 Annual

2 Persons: \$2,140 Month / \$25,680 Annual

Tax Credit Program (50%):

1 Person: \$3,120 Month / \$37,450 Annual

2 Persons: \$3,566 Month / \$42,800 Annual

Monthly Rent Amounts

Project Based Program (Section 8) (30%):

1 Bedroom: \$920**

2 Bedrooms: \$1,075**

Tax Credit Program (50%):

1 Bedroom: \$425 Flat Rent

2 Bedrooms: \$525 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 King County Housing Authority Section 8 Program.*

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: \$41 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.