



King County  
**Housing**  
Authority

## Valley Park East and West

1103 9th St. SE, Auburn, WA 98002

Phone: 206-574-1263 Fax: 206-574-1264

### Office Use Only

☐ Subsidized ☐ Unsubsidized

BR: \_\_\_\_\_

Date Received: \_\_\_\_\_

### APPLICATION FOR HOUSING

Applicant: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_

SS#: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Message Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ King County Housing Section 8 Voucher: ☐ Yes ☐ No

# of Household Members (circle one):      1      2      3      4      5      6      7

If more than 7, please specify: \_\_\_\_\_ Any disabled household member(s)? ☐ Yes ☐ No

If yes, do you need a modified unit: ☐ Yes ☐ No Please Explain: \_\_\_\_\_

Size of Unit Applied for (circle one):      1 BR      2 BR      3 BR      4 BR

*\*If you qualify for the Subsidized program you will be placed in a unit appropriate for your family composition.*

Estimated **Annual** Household Income: \$ \_\_\_\_\_

**Important! Complete the following ONLY if you are interested in a federally subsidized, Project-Based Section 8 housing unit. Otherwise, please sign this form at the bottom of this page and return to address above.**

### PROJECT BASED ASSISTANCE APPLICANTS ONLY:

Please check the following preferences (see important information on the next page):

(1) Are you involuntarily displaced due to one of the following? ☐ 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

(2) Are you paying more than 50% of your gross income towards rent and utilities for the last 90 days? ☐ Yes ☐ No

(3) Are you living in substandard housing? ☐ Yes ☐ No

Examples include:

Homeless Family

No Tub/Shower

No Toilets

Dilapidated Home

No Electricity

No Kitchen

No Plumbing

No Heat

In order to place your family in a correctly sized unit, please fill out the following information:

Total number of adults (18 & older) \_\_\_\_\_ Number of male \_\_\_\_\_ Number of female \_\_\_\_\_

Total number of children (17 & under) \_\_\_\_\_ Number of male \_\_\_\_\_ Number of female \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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## IMPORTANT INFORMATION PLEASE READ CAREFULLY

- You must meet income eligibility in order to qualify for a housing unit at Valley Park East and West
- You must meet the tenant selection criteria and pass a background check before your tenancy will be approved.
- Large families (4 or more members) and/or families with disabled members have priority for certain units in order to meet regulatory requirements.
- If you are interested in the Project Based Section 8 Program, you must meet one of the three preferences listed above.
- The Project Based Section 8 Program has strict occupancy standards and may restrict the number of bedrooms for which your family may qualify.
- You will be placed on a waiting list if there is no suitable units available at the time of your application.
- It is your responsibility to notify our office of changes to your address, phone number, and/or family status.

### Maximum Gross Income Limits

Project Based Section 8 Program - 30% of Income				Tax Credit Program - 50% of Income			
1 Person:	\$31,650	6 Person:	\$52,450	1 Person:	\$52,700	6 Person:	\$87,450
2 Person:	\$36,200	7 Person:	\$56,050	2 Person:	\$60,250	7 Person:	\$93,400
3 Person:	\$40,700	8 Person:	\$59,700	3 Person:	\$67,800	8 Person:	\$99,450
4 Person:	\$45,200	*Above 8 will be calculated		4 Person:	\$75,350	*Above 8 will be calculated	
5 Person:	\$48,850			5 Person:	\$81,400		

### Monthly Rent Amounts

#### Contract Rent Project Based Section 8 Program

1 BR:	\$847**
2 BR:	\$1,017**
3 BR:	\$1,175**
4 BR:	\$1,311**

#### Unsubsidized/Market Rate Units

1 BR:	\$1,411
2 BR:	\$1,695
3 BR:	\$1,959
4 BR:	\$2,186

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

**Additional Information:** Security Deposit: \$250 up to \$500 / Pet Deposit: \$100 / Screening Fee: \$41 Each Adult

**ALL INCOME LIMITS, RENT AMOUNTS, DEPOSIT AMOUNTS AND FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE.**

Water, Heat, Sewer and Garbage is included. The Resident pays Electricity, Telephone, Internet and Cable TV.

### Office Use Only / Notes




PHONE: FAX:

OFFICE USE ONLY	
FORM #:	255TC
HOUSEHOLD ID:	
TICKLER #:	
EFFECTIVE DATE:	

## SUPPLEMENTARY INFORMATION SHEET – NEW HOUSINGS WITH PROJECT-BASED SECTION 8 (TO BE USED WITH THE WSHFC RESIDENTIAL ELIGIBILITY APPLICATION (REA))

*Please Print NEATLY In Ink*

### I. Applicant Information:

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Message No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please list any other names you may have used in the past (maiden name, alias, etc.) \_\_\_\_\_

Marital status ☐ Single ☐ Married ☐ Other

### II. Household Information: Please list ALL HOUSEHOLD MEMBERS who will be living in the assisted unit. List the Head of Household on line #1 (list additional Members on a separate page if more space is needed):

MBR #	LAST NAME	FIRST NAME	MI	AGE	SEX	RELATION TO HEAD	BIRTH DATE	BIRTH PLACE	SOCIAL SECURITY #
1						Head of Household			
2									
3									
4									
5									
6									
7									
8									
9									

The following information is being requested to comply with Equal Opportunity requirements and will not affect your housing:

Primary Language: \_\_\_\_\_ Translation Needed: ☐ Yes ☐ No

Head of Household Race: ☐ Caucasian ☐ African American ☐ Native American ☐ Asian ☐ Pacific Islander ☐ Hispanic

1. Does anyone live with you who is not listed on these forms? ☐ YES ☐ NO

If YES, please list their name(s) and explain: \_\_\_\_\_

2. Does your family require a handicapped-modified unit? (Examples: roll-in shower, wheelchair accessible, etc.) ☐ YES ☐ NO

3. Does any family member require a reasonable accommodation? (Example: live-in aid, etc.) ☐ YES ☐ NO

If YES, please complete a Reasonable Accommodation form, available from any KCHA office.

4. Are you now or have you ever lived in Public Housing, received Section 8 assistance or any other form of government assistance (as Head of Household or as any member of the family)? ☐ YES ☐ NO

5. Does anyone living in your household have a Criminal Record? A Criminal History background check will be run on you and your adult family members. ☐ YES ☐ NO

If YES, please list any criminal history which will appear on your records and where it occurred:

6. Have you, or any member(s) of your household ever served in the United States military? ☐ YES ☐ NO

If YES, please list their name(s): \_\_\_\_\_

7. Have you ever filed bankruptcy or had a debt sent to collection?: ☐ YES ☐ NO

8. Are there any children living in the Household age six or under with an elevated blood level? ☐ YES ☐ NO

If YES, please list their name(s) and the circumstances: \_\_\_\_\_

9. Is any member of your household on a leave of absence from work due to a layoff, medical leave, maternity leave or military leave? ☐ YES ☐ NO

10. Do you presently have a pet? ☐ YES ☐ NO

If YES, please list what type and its License #: \_\_\_\_\_

11. Do have an automobile? ☐ YES ☐ NO If YES, please complete the following:

MAKE	MODEL	YEAR	LICENSE #
_____	_____	_____	_____
_____	_____	_____	_____

#### Family Status:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Head of Household or Spouse age 62 or over           | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Head of Household or Spouse Disabled or Handicapped. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Other Family Member Disabled.                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. None of the above.                                   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

### III. Expense Information

#### CHILD CARE EXPENSES (WIN RENT PROGRAM ONLY)

Do you pay \$2,500 or more per year in child care for a family member under the age of thirteen (13)? ☐ YES ☐ NO

#### MEDICAL EXPENSES (EASY RENT PROGRAM ONLY)

Is the Head of Household or Spouse over the age of 62 and/or disabled, incurring out-of-pocket medical expenses of \$2,500 or more per year? If YES, please complete the Medical Expense form (KCHA 410). ☐ YES ☐ NO

### IV Preferences:

1) Are you currently homeless (including living in transitional housing), live in a dilapidated home or live in a home without one of the following: plumbing, toilet, tub/shower, kitchen, electricity, or heat?

☐ YES ☐ NO

2) Are you currently displaced from your home by natural disaster, government action, domestic violence, or forced to move to avoid reprisal, due to hate crimes, owner action, or unit inaccessibility?

☐ YES ☐ NO

Have you been paying more than 50% of your Gross Income (income before taxes are taken out) for rent and utilities for the last 90 days? Utilities do not include phone or cable.

☐ YES ☐ NO

If "YES":

What is the rent amount? \$ \_\_\_\_\_

Do you live in ☐ House ☐ Duplex/Triplex ☐ Apt bldg ☐ Manufactured Home

Do you share rent/expenses? ☐ YES ☐ NO If "YES" what is your portion of the monthly rent? \$ \_\_\_\_\_

Please list your estimated monthly utility costs \$ \_\_\_\_\_

- If you answered "YES" to any of the above questions, you appear to qualify for a preference.  
**PLEASE NOTE: All preferences will be verified prior to an offer of housing.**  
**Some applicants may qualify to self-certify.**
- If you did not answer "YES," to any of the above questions then you do not appear to qualify for a preference at this time and will be placed on our waiting list as a non-preference.

**V. Signature:**

I hereby certify that the information provided in this application is true to the best of my knowledge and belief. I understand that any false statements made on this application may result in the cancellation of my application and if housed, my family will be subject to eviction. I also understand I must report any changes in the above information to the management office in writing. I certify that I have read and understand this declaration and I understand that I will be required to successfully complete a criminal background check, a credit history check, provide landlord history for the past three years and update my local preference and income status which will be verified by the Housing Authority before a final determination regarding the suitability of my application will be made. Please be aware that we work with several outside agencies to verify your annual income and that any misrepresentation will be considered fraud and possibly lead to a loss of eligibility of housing assistance.

Head of Household Signature \_\_\_\_\_

Date: \_\_\_\_\_

Other Adult Signature \_\_\_\_\_

Date: \_\_\_\_\_

Other Adult Signature \_\_\_\_\_

Date: \_\_\_\_\_

Other Adult Signature \_\_\_\_\_

Date: \_\_\_\_\_

After verification by the King County Housing Authority, the above information will be submitted to the Department of Housing and Urban Development. If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll-free hot line at 1-800-424-8590.

**FOR OFFICE USE ONLY**Date Preference Request Reviewed: \_\_\_\_\_ Approved ☐ Denied ☐ Effective Date: \_\_\_\_\_

If Denied, Reason For Denial: \_\_\_\_\_ Date Letter Sent: \_\_\_\_\_

Denial Appealed: Yes: ☐ No: ☐ Meeting Held: \_\_\_\_\_ Determination: \_\_\_\_\_

Date Letter of Appeal Determination Sent: \_\_\_\_\_ Manager's Signature &amp; Date: \_\_\_\_\_