



PHONE: FAX:

OFFICE USE ONLY

FORM #: 739PW
HOUSEHOLD ID:
TICKLER #:
EFFECTIVE DATE:

IMPORTANT!!

Thank you for applying for the **PARKWAY APTS** with King County Housing Authority. Application packets must be filled out completely and may be returned to this office between the hours of 9:00 A.M. and 12:00 P.M., Monday through Friday or sent by mail to the above address. Applications will NOT be accepted after 12:00 P.M unless there are extenuating circumstances.

APPLICATIONS AND PROPERTY INFORMATION CAN BE FOUND AT OUR WEBSITE:

WWW.KCHA.ORG

***OUR ONE BEDROOM WAITLIST IS CLOSED DUE TO EXCESSIVE WAIT TIMES.**

Please keep in mind:

- **All** family members must have their social security numbers included on the application. If no number is assigned, the member must complete a certification that no SSN has been assigned.
- By law, only U.S. Citizens and eligible noncitizens may benefit from federal rental assistance. However, if there are other household members living in the home that have eligibility status, we will prorate the housing subsidy assistance payment.
- All family members, regardless of age, must declare their citizenship or immigration status.
- **KCHA units are all 100% non-smoking.**

Occupancy Guidelines are as follows:

No. of Bedrooms	No. of persons	
	Minimum	Maximum
*****1 (Closed)	1	2*****
2	2	4
3	3	6

Things to Know:

- The Housing Authority will be screening your application based on the following:
Rental History, Credit Report, and Criminal Activity
- We have a pet policy. Please ask the office for more information.

It is illegal to discriminate against any person because of Race, Color, Religion, Sex, Handicap/Disability, Familial Status, or National Origin.



Low Income Housing Program

To be eligible for the **priority** list in the Low Income Housing Program, **you must currently meet a Federal Preference**; your family must either be involuntarily displaced, living in substandard housing, or paying 50% or more of your gross income for rent and utilities.

*****THE TOTAL HOUSEHOLD GROSS INCOME MUST BE AT 50%
OR BELOW THE HUD AREA MEDIAN INCOME *****

*Is your yearly income at or below the limits given for you family size on the chart below? If your income does not meet the guidelines listed below, you are **NOT** eligible for housing in this program.*

Family Size	Annual Gross Income	Family Size	Annual Gross Income	Family Size	Annual Gross Income
1	\$52,700	3	\$67,800	5	\$81,400
2	\$60,250	4	\$75,350	6	\$87,450

There are no application fees.

Parkway Apartments has its own waiting list and is completely separate from the Public Housing Program and the Section 8 Housing Choice Voucher Program.

If you are offered housing and other families were not skipped on the waiting list and you reject an offered unit without good cause, you will be dropped (cancelled) from the waiting list.

Office and Mailing Address:

**King County Housing Authority
1424 148th Ave SE
Bellevue, WA 98007**

Property Address (No Office):

**Parkway Apartments
3970 W Lake Sammamish Pkwy NE
Redmond, WA 98052**





SPIRITWOOD MANOR * ISLAND CREST * NEWPORT * HIDDENVILLAGE * PARKWAY

1424 148TH AVE SE. BELLEVUE, WA 98007 PHONE (206) 315-4380 • FAX (206) 315-4381

I. Applicant Information: Please Print NEATLY In Ink

LAST NAME		FIRST NAME		MIDDLE INITIAL	
MAILING ADDRESS		APT. NO.	CITY	STATE	ZIP
		()	()		
EMAIL ADDRESS		HOME PHONE		WORK / MESSAGE PHONE	

PLEASE LIST ANY OTHER NAMES YOU MAY HAVE USED IN THE PAST (MAIDEN NAME, ALIAS, ETC.): _____

Primary Language: _____

Translation Services Needed: ☐ YES ☐ NO

II. Household Information:

1. 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	DISABLED/ HANDICAPPED	SEX (Optional)	RELATION TO HEAD	BIRTH DATE	BIRTH PLACE	SOCIAL SECURITY #
1						<u>Head of Household</u>			
2									
3									
4									
5									
6									
7									
8									

2. Does anyone live with you who is **not** listed above or are you expecting a baby? ☐ YES ☐ NO

If YES, please list the name(s) and explain: _____

III. Family Information:

2) **RACE:** Please check one of the following:

☐Caucasian ☐African American ☐Asian ☐Hispanic ☐Native American/Eskimo ☐Hawaiian/Pacific Islander

This information is requested to comply with Equal Opportunity requirements and will not affect your application for housing assistance.

3) **INCOME SOURCE(S):** Please list ALL sources of income received by ALL adult members of your household:

Examples: Wages, Pension, Child Support, SSI, SSA, L&I, TANF, and Regular Gifts. List additional income on a separate page if more space is needed

MBR#	Type of Income (wages, etc.)	Amount Received	(Circle one)	Hrs. per wk. (if applicable)
		\$	per hour month week	
		\$	per hour month week	
		\$	per hour month week	
		\$	per hour month week	
		\$	per hour month week	



III. Family Information (continued):

Household Assets: Please list all Assets. (Checking/Savings accounts, Retirement accounts, real estate...)

Mbr #	Type of Asset/Account	Bank Name	Account Number	Current Balance	Interest Rate

1. Does anyone listed on your application have a Criminal Record? Answering YES, will not automatically exclude you from housing. A Criminal History background check will be run on you and your adult family members.
If YES, please list any criminal history, which will appear on your records and where it occurred: _____ ☐ YES ☐ NO
2. Is anyone listed on your application subject to a lifetime sex offender registration requirement in any state? If YES, please list which member, and which state(s) registration is required: _____ ☐ YES ☐ NO
3. Has anyone listed on your application ever lived outside of Washington State? If YES, please list which member, and each state(s) they have lived in: _____ ☐ YES ☐ NO
4. Have you, or any member(s) of your household ever served in the United States military? If YES, please list names: _____ ☐ YES ☐ NO
5. Has anyone listed on your application previously lived in Public Housing? If YES, please list who, along with when and where they lived in Public Housing: _____ ☐ YES ☐ NO
6. Does your family require a handicapped-modified unit? (Examples: roll-in shower, wheelchair accessible, etc.) ☐ YES ☐ NO
7. 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.
8. Does anyone in your household attend an institute of higher education? ☐ YES ☐ NO
Fulltime?
If yes, please list who attends. _____ ☐ YES ☐ NO
9. How did you hear about our Program? _____

IV. Preferences: (Please note: All preferences will be verified prior to an offer of housing.)

1. Do you currently live in subsidized housing or receive a government rent subsidy? ☐ YES ☐ NO
2. Are you currently homeless, 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
3. 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

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 housing office in writing. Failure to report accurate information with regards to my family circumstances and any changes that may occur may result in delays in the application process and could ultimately lead to cancellation of my application, without further notice. 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. Failure to respond to any correspondence from the Housing Authority may result in delays in the application process and could ultimately lead to cancellation of my application without further notice.

Head of Household Signature _____

Date _____

Adult Member Signature _____

Date _____

Adult Member Signature _____

Date _____

Adult Member Signature _____

Date _____

