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SPIRITWOOD MANOR * ISLAND CREST * NEWPORT * HIDDENVILLAGE * PARKWAY

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

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	\$37,450	3	\$48,150	5	\$57,800
2	\$42,800	4	\$53,500	6	\$62,100

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**





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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 <small>Optional</small>	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

- 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. YES NO
If YES, please list any criminal history, which will appear on your records and where it occurred: _____
- Is anyone listed on your application subject to a lifetime sex offender registration requirement in any state? YES NO
If YES, please list which member, and which state(s) registration is required: _____
- Has anyone listed on your application ever lived outside of Washington State? YES NO
If YES, please list which member, and each state(s) they have lived in: _____
- Have you, or any member(s) of your household ever served in the United States military? YES NO
If YES, please list names: _____
- Has anyone listed on your application previously lived in Public Housing? YES NO
If YES, please list who, along with when and where they lived in Public Housing: _____
- Does your family require a handicapped-modified unit? (Examples: roll-in shower, wheelchair accessible, etc.) YES NO
- 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.
- Does anyone in your household attend an institute of higher education? YES NO **Fulltime?** YES NO
If yes, please list who attends. _____
- How did you hear about our Program? _____

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

- Do you currently live in subsidized housing or receive a government rent subsidy? YES NO
- 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
- 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 _____





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OFFICE USE ONLY

FORM #: H92006
HOUSEHOLD ID:
TICKLER #:
EFFECTIVE DATE:

OMB Control # 2502-0581
Exp. (2/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name: _____

Mailing Address: _____

Telephone No: _____ **Cell Phone No:** _____

Name of Additional Contact Person or Organization: _____

Address: _____

Telephone No: _____ **Cell Phone No:** _____

E-Mail Address (if applicable): _____

Relationship to Applicant: _____

Reason for Contact: (Check all that apply)

- | | |
|-----------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> unable to contact you | <input type="checkbox"/> Change in lease terms |
| <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules |
| <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Late payment of rent | |

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

Please complete second page →

Check this box if you choose not to provide the contact information.

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.