



# HUD Housing Pre-Application - Minimum Eligibility

Mail or Return Application to:  
 1620 12th Avenue, Suite 205 Seattle, WA 98122  
 (206) 329-7303 TTY 711  
 www.capitolhillhousing.org Office Hours: M – F: 8 -5

A separate application must be completed for each apartment where you are seeking tenancy. See Property List before you fill out this box.

Name of property you are applying for (one property per application): \_\_\_\_\_

Unit Size: \_\_\_ Studio (1-2 persons) \_\_\_ 1 BR (1-3 persons) \_\_\_ 2 BR (2-5 persons) \_\_\_ 3 BR (4-7 persons)

## APPLICANT INFORMATION

(Staff Use Only: Last Name \_\_\_\_\_ HH# \_\_\_\_\_)

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Phone # \_\_\_\_\_ Alternative Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Current Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

## HOUSEHOLD INFORMATION

Provide information for all household members who will occupy the unit for which you are applying.

\* HH (head of household), SP (spouse), CT (adult co-tenant), DC (dependent child), FC (Foster Child), LC (Live-in Caregiver), OT (Other)

	First Name	Last Name	MI	Soc Sec #	Birth Date (MM/DD/YY)	Relation to Head (see *)	Student	U.S Citizen	Monthly Income
HH					/ /	Head	Y/N	Y/N	
2					/ /		Y/N	Y/N	
3					/ /		Y/N	Y/N	
4					/ /		Y/N	Y/N	
5					/ /		Y/N	Y/N	
6					/ /		Y/N	Y/N	
7					/ /		Y/N	Y/N	

## OPTIONAL CONTACT PERSON/ORGANIZATION

(Staff Use Only: Initial When Entered)

For the purpose of identifying a person/organization that may be able to help during the application process or to assist in providing any special care \_\_\_\_\_ you may require.

Name of Additional Contact Person or Organization:			
Phone #	Alternative Phone#	Email	Relationship



**SUPPLEMENTAL QUESTIONS**

CIRCLE YES or NO		
For some housing units, preference is given to households with at least one member who has a qualifying disability. Do you believe your household qualifies for a disability preference? <b>(Answering this question will not have any adverse effect on your waitlist status.)</b>	Yes	No
Based on Medical condition or disability, does anyone in your household request the features of a wheelchair accessible or adapted unit?	Yes	No
Any dependent in joint custody? Name of dependent(s)	Yes	No
Any dependent resides less than 50% in the unit? Name of dependent(s)	Yes	No
Do you or anyone named on this application form request protection under the VAWA Act, protecting victims of domestic violence, dating violence or stalking from having their rental application denied solely based on their victim status, if the applicant otherwise qualifies for assistance or admission? <b>(If yes, further verification will be required.)</b>	Yes	No
How did you hear about our property?		

Each household is required to have **two years positive rental history**. If you do not have two years rental history, you will be asked to provide **three professional references** at interview. ("Professional Reference" refers to non-family/ non-friend who has known you for at least one year, such as a supervisor, caseworker, or volunteer coordinator.) You may not be denied for lack of rental history.

**Please Read:** *In compliance with the Fair Credit Reporting Act, CHH will verify the information provided on this form. CHH also verifies additional information, including each household member's rental history, professional references (if applicable), public records, and criminal history.*

- I/we understand that any misrepresentation will be sufficient cause for dismissal or voiding of the application. I/We understand that I/we must notify CHH of any changes in my/our application in writing. Failure to update will result in removal of my/our name(s) from the waiting list.
- I/we further understand that, upon acceptance of this application for tenancy, I/we must provide releases and/or verification of ALL income and assets and household composition as required by HUD or CHH.
- I/we also agree to signify all terms of occupancy by signing the Lease Agreement, Rules and Regulations of the property and a Tenant Certification for Calculation of Rent, HUD form 50059. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), by Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19).
- The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit proof of valid social security number for each household member (if applicable). (Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate federal, state, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.)
- **Failure to complete and sign the application, or provide information related to your eligibility review, may result in delay of your eligibility approval or rejection of your application. If you are rejected you have the right to appeal the decision within fourteen (14) days of the receipt of the rejection notice by contacting the management of this property in writing or requesting a meeting. A copy of the Grievance and Appeal Procedure is available upon request. Persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process.**

**Capitol Hill Housing** does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person (agency) named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). **Director of Property Management, 1620 12<sup>TH</sup> Avenue, Suite 205, Seattle, WA 98122 tel 206-329-7303 (TDD 711 for hearing impaired)**. We do business in accordance with the Federal Fair Housing Act and provide persons with disabilities reasonable accommodation upon request. Persons with language barriers may request or arrange interpretation alternatives or services.

<b>All household members age 18 and older must sign and agree to the Application Agreement.</b>			
Applicant Signature	Date	Applicant Signature	Date
Applicant Signature	Date	Applicant Signature	Date



**PROPERTY LIST AND ELIGIBILITY REQUIREMENTS  
(APPLICANT RETAIN WITH YOUR RECORDS)**

➤ **HUD Subsidized Properties with an open waiting list**

Our priority is to take the extremely low income households (below 30% median income) first in our fiscal year for up to 40% of our expected vacancies, then offer units to the applicants on our list that are either extremely very low or very low income (below 50% median income) chronologically thereafter until our income limit goals are met for the year. (You can get more information on the HUD income limits at the CHH Main Office)

<p><b>412 APARTMENTS</b> 412-418 25<sup>th</sup> Ave. S / 98144 Dependent minor required</p> <p><b>2 BR, 3 BR</b> Parking, No Elevator</p>	<p><b>EL NOR</b> 117 18<sup>th</sup> Ave. / 98122 Serving ELDERLY (55 years or older) residents</p> <p><b>1 BR</b> No Parking, Elevator</p>	<p><b>ELIZABETH JAMES SR. HSG.</b> 109 23<sup>rd</sup> Ave. E / 98112 Serving ELDERLY (62 years or older) and/or DISABLED residents</p> <p><b>1 BR</b> Parking, Elevator</p>	<p><b>HAZEL PLAZA</b> 2021 E John St. / 98112</p> <p><b>1 BR, 2 BR, 3 BR</b> Parking, No Elevator</p>
<p><b>HOLDEN VISTA</b> 1212 SW Holden St. / 98106</p> <p><b>1 BR, 2 BR, 3BR</b> Parking, No Elevator</p>			



## ELIGIBILITY REQUIREMENTS AT TIME OF APPLICATION WITH REGARD TO CRIMINAL HISTORY

**Conviction Wait Time Requirements:** The wait time begins the date the offense is booked (committed).

**The following shall be cause for CHH to automatically deny housing opportunities:**

- Applicant or household member is a registered sex-offender or has been convicted of a sexual crime;
- An applicant or household member demonstrates abusive or violent behavior that may pose a direct threat to the health, safety, or welfare of residents, the public, or staff
- Methamphetamine production in housing or elsewhere
- Sale or distribution of Methamphetamine
- Evictions from housing for Methamphetamine
- Pending criminal charges
- A household in which any member is currently engaged in illegal use of drugs or for which CHH has reasonable cause to believe that a member's illegal use or pattern of illegal use of a drug may interfere with the health, safety, and right to peaceful enjoyment of the property by other residents.

**Conviction Wait Time Requirements:** *You must wait the following amount of time from your most recent conviction if any of the following applies to your household:*

**One Year:**

- Single incident of drug related misdemeanor or gross misdemeanor conviction, or
- History of multiple incidents resulting in misdemeanor or gross misdemeanor convictions

**Five Years:**

- Single incident of drug related felony conviction,
- History of multiple drug related convictions of any kind,
- History of multiple incidents resulting in non-violent felony convictions,
- Single incident of felony assault, or
- Conviction of domestic abuse

**Seven Years:**

- Conviction of any violent felony not listed in the previous columns,
- History of multiple violent incidents resulting in conviction, or
- Conviction of a hate crime

**\*\*Applicants who do not meet these Conviction Wait Time Requirements, who have convictions that fall under the "Seven Year" category, or who have pending convictions, may request an Individual Assessment of their application. They will also be required to provide additional information. Please speak to a member of our staff about this process.**

**YOU ARE REQUIRED TO CONTACT CAPITOL HILL HOUSING IN WRITING IF YOUR CONTACT INFORMATION OR HOUSEHOLD INFORMATION CHANGES. FAILURE TO REPORT CHANGES TO THIS PRE-APPLICATION WILL RESULT IN REMOVAL FROM THE WAITING LIST.**

CAPITOL HILL HOUSING  
1620 12TH AVENUE, SUITE 205  
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