



APPLICATION FOR HOUSING WAIT LIST

Providence John Gabriel House
8632 160th Ave NE, Redmond WA 98052
Phone: 425-755-1200 TRS/TTY: 711

Instructions: To be placed on our wait list, please provide all of the requested information and return your signed application and all required attachments to the address above. Incomplete or unsigned applications will be returned without being added to our wait list.

When your application reaches the top of the wait list, we will contact you for further information. **If your phone number or address changes, it is your responsibility to let us know. If we cannot reach you, you may be removed from the wait list.**

HEAD OF HOUSEHOLD Age as of today's date: _____

Name (First) _____ (Middle) _____ (Last) _____

Birth Date (MM/DD/YYYY): _____ Social Security # _____

Phone Number _____ Phone Number _____

Mailing Address _____

City/State/Zip _____

Driver's License/ID # _____ State _____ Is this person a student? Y N

OTHER HOUSEHOLD MEMBER Age as of today's date: _____

Name (First) _____ (Middle) _____ (Last) _____

Birth Date (MM/DD/YYYY): _____ Social Security # _____

Driver's License/ID # _____ State _____ Is this person a student? Y N

Head of Household Last Name: _____

OTHER HOUSEHOLD MEMBER Age as of today's date: _____

Name (First) _____ (Middle) _____ (Last) _____

Birth Date (MM/DD/YYYY): _____ Social Security # _____

Driver's License/ID # _____ State _____ Is this person a student? Y N

OTHER HOUSEHOLD MEMBER Age as of today's date: _____

Name (First) _____ (Middle) _____ (Last) _____

Birth Date (MM/DD/YYYY): _____ Social Security # _____

Driver's License/ID # _____ State _____ Is this person a student? Y N

APARTMENT SIZES AND OCCUPANCY STANDARDS

Studio and 1-bedroom apartments: available for 1- or 2- person households.

2-Bedroom apartments: available for 2- to 5- person households.

Please indicate the type of apartment(s) you wish to apply for:

Studio 1-bedroom 2-bedroom

King County Housing Authority subsidizes rent in a few studios and 1-bedroom apartments. See the Tenant Selection Plan for further information on preferences for subsidized apartments.

I/we would like to apply for a subsidized apartment if I/we qualify Yes No

PREFERENCES

Eight (8) apartments (studios and 1-bedrooms only) are subsidized by King County Housing Authority. Applicants who are enrolled in Providence Elderplace/PACE (Program of All-inclusive Care for the Elderly), or who are enrolled or eligible for CFC (Community First Choice, formerly COPES) receive a preference for a subsidized apartment. Applicants with incomes below the lowest qualifying income for a studio or 1-bedroom apartment may also qualify for a preference. To determine whether you may be eligible for a preference, please answer the following questions, below. All information is subject to verification. See the Tenant Selection Plan for further details.

Are you enrolled in Providence Elderplace/PACE? Yes No

Are you enrolled in CFC (Community First Choice, formerly COPES)? Yes No

Do you currently receive homecare services and have a caregiver through an agency covered by the state (DSHS?) Yes No

Which agency? _____

HOUSEHOLD INCOME AND ASSETS

Please list **annual gross income (before taxes/deductions) from all sources** for all household members

Social Security, SSI, DSHS, State Supplement, Disability benefits, etc	\$ _____
Payments from retirement benefits/funds, annuities, pensions, RMD, etc	\$ _____
Wages, tips, commissions, or other earned income including self-employment	\$ _____
Unemployment benefits, severance pay, worker's comp, L&I, etc	\$ _____
Veteran's benefits or armed forces pay	\$ _____
Regular cash contributions or gifts from individuals/organizations	\$ _____
Income from any other source not listed above: _____	\$ _____
Total annual gross income from all sources for all household members:	\$ _____

Please list **total value of assets for all household members**

Average 6-month balance from all checking accounts for all household members:	\$ _____
Current balance of all savings accounts for all household members:	\$ _____
Value of all retirement funds, CDs, money markets, investments, etc	\$ _____
Value of any property or real estate owned by any household member	\$ _____
Value of any other assets owned by any household member, or any asset sold for less than fair market value or given away in past 2 years	\$ _____
Total value of all assets for all household members:	\$ _____

ACCESSIBILITY

Some apartments are accessible to persons with mobility impairments. The mobility accessible apartments include the following features: roll-in showers, wider doors, full grab bars, taller toilets, accessible sinks, lower kitchen counters, and accessible range hood controls.

Do you require a specially designed, barrier-free apartment? Yes No

If yes, what accessibility features do you require? _____

LANGUAGE

A certification interview will be required of all applicants and will be conducted in spoken English. Interpretation services are provided free of charge for any applicant who requests such services.

Do you require interpretation services during the application process? Yes No

If yes, what is your primary language? _____

ANIMALS Do you have a pet? Yes No Do you have an assistance animal? Yes No

One common household pet is allowed with a pet application and pet deposit. Assistance animals are allowed with an approved Reasonable Accommodation. Information will be provided during the certification interview.

LIVE-IN AIDE Do you have a live-in aide? Yes No

If you answered yes, please review the Live-In Aide section in the Tenant Selection Plan. An application for your Live-In Aide will be provided during the certification interview.

DISABILITY

Is any member of the household disabled? Yes No

If yes, which member? _____

HOUSING CHOICE VOUCHER Do you have a Housing Choice Voucher issued by a Housing Authority?

Yes No If yes, which Housing Authority issued your voucher?: _____

REQUIRED ATTACHMENTS

Please complete and sign the following form and mail them with your completed application. Your application will be returned to you if the required attachment is missing.

Household Demographics – all household members must sign this document

INFORMATIONAL ATTACHMENTS

Please review the following documents and keep them for your records. Do not return with your application.

Tenant Selection Plan – available at www.ProvidenceSupportiveHousing.org on the John Gabriel House page

City of Redmond Parking Information – the City has requested that all applicants review this information

APPLICANT CERTIFICATION

By signing below, I certify that all information given in this application and on the required attachment is true, complete and accurate, and that I have reviewed the informational attachments. I understand that if I become a tenant at Providence John Gabriel House, the apartment must be my only residence, per federal regulation.

Head of Household Signature Date

Other Household Member Signature Date

Other Household Member Signature Date

Other Household Member Signature Date

****We recommend that you make a copy of your application materials for your records.***

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42U.S.C. 208(f), (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408(f), (g) and (h).

This facility is owned and operated by Providence Health & Services, a nonprofit Catholic health care organization dedicated to serving all in need. We provide equal housing opportunities for all prospective tenants regardless of race, color, national origin, religion, sex, disability, parental/family status, marital status, age, ancestry, sexual orientation, creed, political ideology, gender, gender identity, or membership in any other class of persons. Persons with a disability may inform the housing director of this fact and may request reasonable accommodations in nonessential policies or practices to enable them to meet the property's screening criteria and be placed on the waiting list or to lease an apartment.

HOUSEHOLD DEMOGRAPHICS

Property Name: _____ Unit #: _____

Household Name: _____

HOUSEHOLD COMPOSITION										
Mbr #	FIRST NAME	LAST NAME	MI	RELATIONSHIP TO HEAD-OF-HOUSEHOLD						
				Head	Spouse	Adult Co-Resident	Child	Foster Child/Adult	Live-in Caretaker	Other
1				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check ALL that apply for each household member.

(A) RACIAL CATEGORIES*	HOH Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Not to Disclose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check one for each household member.

(B) ETHNIC CATEGORIES*	HOH Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Not to Disclose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(C) DISABILITY STATUS*	HOH Member #1	Member #2	Member #3	Member #4	Member #5	Member #6	Member #7
Are any household members disabled according to the Fair Housing Act? If "Yes," check box.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are any household members disabled according to the Fair Housing Act? If "No," check box.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose Not to Disclose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Please refer to the attached page for definitions of race, ethnicity, and disability.**

Reasonable Accommodation: If a third party is required to assist with the completion of this document, add their signature and date, printed name, relationship and phone number to the bottom of this page.

Head of Household Signature	Date	Member #2 Signature	Date
Member #3 Signature	Date	Member #4 Signature	Date

THIS FORM TO BE COMPLETED BY APPLICANT/RESIDENT

You have applied for, or currently reside in, a rental housing unit located in a development operating under the "Low-Income Housing Tax Credit" (LIHTC) Program of Section 42 of the Internal Revenue Code. The collection of certain resident data is authorized by the Housing & Economic Recovery Act of 2008, and will be furnished to the U.S. Department of Housing & Urban Development (HUD). Each household must be offered the opportunity to disclose their race, ethnicity, and disability status. Parents/guardians are asked to disclose on behalf of all children in the household who are under the age of 18. There is no penalty for those households who do not wish to provide the requested information. However, all adult members (18 years or older) must sign/date at the bottom of this form as proof that the option to disclose was made available.

The following racial and ethnic definitions are modeled after the OMB-approved form, "Race and Ethnic Data Reporting Form" (HUD-27061), used by the U.S. Department of Housing and Urban Development (HUD):

A. Household members can select one or more of the following applicable racial definitions:

White - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American - A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

B. Household members can select one of the following applicable ethnic definitions:

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."

Not Hispanic or Latino - A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The following definition of "disabled" comes directly from the Fair Housing Act:

C. Per the Fair Housing Act, the definition of disabled is:

- A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used in this definition, please see 24 CFR 100.201, available at: http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100-201.
- "Handicap" does not include current, illegal use of or addiction to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is a transvestite.