PROVIDENCE STAFF USE ONLY
Date/Time Received:_____
Staff Initials:_____

APPLICATION FOR HOUSING WAIT LIST

Peter Claver House
7101 38th Ave S.; Seattle WA 98118-6408
Phone: 206-760-7881 TRS/TTY: 711

We do not have any vacancies at this time. To be placed on our wait list(s), please complete this application, providing all requested information. **Incomplete applications will not be accepted.**

If your application meets all required eligibility criteria, you will be added to the 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 Your age as of today's date:_____

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

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

Phone Number (____)_____Email _____

Address_____

City/State/Zip_____ Driver's License/ID #_____ State_____

Citizenship: ❑ U.S. ❑ Non-Citizen w/ immigration status ❑ Other_____

Are you enrolled full-time or part-time at an institution of higher education? ❑ Yes ❑ No

OTHER HOUSEHOLD MEMBER Your age as of today's date:_____

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

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

Phone Number (____)_____Email _____

Driver's License/ID #_____ State_____

Citizenship: ❑ U.S. ❑ Non-Citizen w/ immigration status ❑ Other_____

Are you enrolled full-time or part-time at an institution of higher education? ❑ Yes ❑ No

LANGUAGE A certification interview will be required of all applicants and will be conducted in 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?_____

Head of Household Last Name:_____

INCOME Please provide information about total **annual gross income *before deductions*** for all household members.

Total **annual** gross income from wages, tips, and all earned income $_____
Total **annual** income from Social Security, SSI, DSHS, and other benefits $_____
Total **annual** income from other sources such as pension, retirement, etc $_____
Total **annual** income from assets, including dividends, and interest $_____
TOTAL ANNUAL HOUSEHOLD INCOME **$**_____

ASSETS Please provide the total current value of all bank balances, value of any CDs, money market accounts, Direct Debit card balances, investments, property, etc

TOTAL CURRENT VALUE OF ALL ASSETS **$**_____

ACCESSIBILITY Some apartments are accessible to persons with mobility issues and may include roll-in showers, wider doors, accessible sinks, lower kitchen counters, and different range hoods.

Do you require a specially designed, barrier-free apartment? ❑ Yes ❑ No
If yes, what features do you require?_____

PREFERENCES **Peter Claver House** has a preference system that gives some applicants priority over others as described in the Tenant Selection Plan. Please check any preferences that apply to your household. These will be verified when your application reaches the top of the waiting list and must be valid at that time.

- ❑ Household is/will be displaced by government action or federally declared disaster
- ❑ Household is homeless or residing in a place not designed for human habitation, or is at risk of homelessness due to eviction, sale of rental housing, or loss of income
- ❑ Current rent exceeds 50% of household income
- ❑ Household is living in housing without electricity, plumbing, or heat, or is deemed uninhabitable
- ❑ Household has lost or is in danger of losing housing due to domestic violence
- ❑ Household is living in a more restrictive setting (e.g. assisted living) and no longer qualifies to remain there

REQUIRED ATTACHMENTS

❑ HUD Form 27061-H – Race and Ethnic Data Reporting Form (One per household **member**)
❑ HUD Form 92006 – Supplement To Application For Federally Assisted Housing (One per household)

I certify that all information given in this application is true, complete and accurate:

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Notice: Under Seattle's Fair Chance Housing Ordinance SMC 14.09, landlords are prohibited from requiring disclosure, asking about, rejecting an applicant or taking an adverse action based on any arrest record, conviction record, or criminal history, except for registry information (SMC 14.09.025(A)(3)) or exclusions and other legal requirements in SMC 14.09.115. 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 a unit.

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Providence Peter Claver House | 127-EE023 | 7101 38th Ave S SeattleWA 98188-6408

Name of Property	Project No.	Address of Property
Providence Health & Services		202 PRAC

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy)**:** _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	**Select All that Apply**
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature _____ **Date** _____

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify' during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **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."
2. **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.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **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.
2. **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
3. **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."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

OMB Control # 2502-0581
Exp. (02/28/2019)

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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.

☐ 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.