

Your Mailing Address:

NAME (Please Print)

STREET

CITY

STATE

ZIP CODE

Your contact or message **Phone:** ()

 **Notify RHA promptly if your family composition mailing address or Ph. No. changes.**

1. Please list the following for you and each person you are applying to have live with you:

Family Member's Name (Legal Name)			Sex	Relationship to Head of House	Date of Birth and AGE	Disabled "Yes"/"No"	Place of Birth	Social Security Number
LAST NAME,	FIRST NAME	MI						
1.			<input type="checkbox"/> M <input type="checkbox"/> F	HEAD	/ / AGE:			
2.			<input type="checkbox"/> M <input type="checkbox"/> F	(e.g. spouse, son, dau., foster, etc.)	/ / AGE:			
3.			<input type="checkbox"/> M <input type="checkbox"/> F		/ / AGE:			
4.			<input type="checkbox"/> M <input type="checkbox"/> F		/ / AGE:			
5.			<input type="checkbox"/> M <input type="checkbox"/> F		/ / AGE:			
6.			<input type="checkbox"/> M <input type="checkbox"/> F		/ / AGE:			

Additional household members on back of page. Sign and date back page if additional information listed there.

1. b. Are any of the household members a student enrolled in an institution of higher education? YES NO

2. Type of Housing (check any that apply): Family Elderly Disabled

Single → Non-elderly, Non-disabled, single individuals are a Priority 2 and may never be reached on the waiting list.

3. The waiting list for studio units is shorter than the one bedroom list. If you are applying as a disabled or elderly person, are you willing to accept a studio unit? YES NO

4. How many people total will occupy the housing unit for which you are applying? _____

5. Is there a disabled member of the household who will need an accessible unit, including the need for accessible features?

Yes No If "Yes" explain: _____

6. Will anyone be living with you in the future who is not listed in this application?

Yes No

If yes, please list their name(s) and circumstances, and/or note if you are pregnant:

7. For the purpose of reporting demographic information please indicate your family's race:

White Black Am.Indian/AK Native Asian/Pac Islander

and status of Hispanic ethnicity: Yes, Hispanic Non-Hispanic

Primary Language: _____

8. *Are you a United States Citizen? Yes No

*Are you a Non-Citizen with Eligible Immigration Status? Yes No

*Do you and all members listed in this application have proof of United States citizenship or proof of legal immigration or resident alien status? Yes No

9. *Do you and all members listed in this application have an original Social Security card from which a copy can be made during the intake interview? Yes No

(If you do not have an original Social Security card we accept alternative forms of documentation.)

10. *Do you & all ADULTS listed in this application have valid picture identification from which a copy can be made during the intake interview? Yes No

If "No" how are you able to prove your identity? _____

****THE ITEMS IN QUESTIONS NUMBER 8, 9 AND 10 ARE REQUESTED IN ORIGINAL FORM FOR US TO COPY AT THE TIME OF YOUR FUTURE INTAKE INTERVIEW.***

11. **TOTAL Annual Income** for all the people listed on this application: (The family's annual income must not exceed program income limits.)

\$ _____ /year Source(s) _____

12. **TOTAL Value of Assets held by the family.** Bank Accounts, real property, vehicle(s) etc.:
\$ _____ Source(s)/vehicle _____

13. Do you and/or any household members have a criminal record? Yes No

If yes, please summarize the details of **all criminal offenses** that will appear on any record RHA may acquire during the background check that is completed for adult applicants:

14. Have you and/or any household members previously received or are currently receiving HUD assistance from the Renton Housing Authority or any other public or Section 8 housing program?

Yes No If yes, please list where and when: _____

15. Do you and/or any household members currently owe a landlord for unpaid rent or damages?

Yes No [outstanding balances owed to a previous landlord must be resolved for housing]

If yes, please detail the amount(s) and status: _____

16. Have you and/or any household members been evicted from any public or assisted housing?

Yes No If yes, please detail the date(s) and circumstances: _____

17. Please describe your current housing situation. Explain why you are seeking assistance from the Renton Housing Authority: (The unit for which you are applying for must be your only residence.)

18.a. Any pets? Yes No 18.b. Service animal? Yes No If "Yes" to either a. or b.;

TYPE: _____

19. Who may we contact if you are involved in an emergency?

Contact Person's Name

Phone Number

20. How did you hear about Renton Housing Authority? Friend Newspaper
 Website
 Other _____

I/we accept full responsibility for keeping the Renton Housing Authority **informed of a current address or a change in family composition** and understand that this application may be canceled if I/we fail to do so.

I/we, understand that the information contained on this housing assistance application and accompanying application packet is collected to determine: my/our eligibility for the housing and services administered by the Renton Housing Authority, proper unit size, rent subsidy and the amount of rent for which I/we shall be responsible. I/we understand that the information needs to be verified and may be released to appropriate federal, State and local authorities or agencies in accordance with the Privacy Act of 1974, 5 U.S.C. 552a.

I/we certify that the information given to the Renton Housing Authority regarding my/our household composition, income, assets and expenses (such as medical or childcare), housing circumstances, rental history and background related to tenant suitability, is accurate and complete to the best of my/our knowledge and belief.

I/we understand that supplying false information or statements to the Renton Housing Authority is punishable under federal, State and local law. I/we also understand that supplying false information or statements to the Renton Housing Authority is considered fraud or misrepresentation and is grounds for the denial or termination of assistance or tenancy under any of the Renton Housing Authority programs.

APPLICANT SIGNATURE(s): (Each adult expected to reside in the home over 18 years of age.)

1. _____ DATE: ____ / ____ / ____


2. _____ DATE: ____ / ____ / ____

[Additional signatures on back side of this page as may be necessary for adults over 18 years of age.]

For applicants of rent-assisted programs, relevant family information will be submitted to the U.S. Department of Housing and Urban Development (HUD).

If you are a person with a disability and need an accommodation, please do not hesitate to let your specific needs be known to the Housing Authority. If yours is a limited English speaking household and you want this letter interpreted at no cost, please come in during normal hours.

Federal law prohibits housing discrimination based on your race, color, national origin, religion, sex, age, family status, or disability. If you believe your rights have been violated, you can file a fair housing complaint at the: Fair Housing Hub, U.S. Department of Housing and Urban Development Seattle Federal Office Building

Phone (206) 220-5170 or 1-800-877-0246, **TTY 1-800-833-6388** 

24 CFR § 5.612 Restrictions on assistance to **students** enrolled in an institution of higher education: No assistance shall be provided under section 8 of the 1937 Act to any individual who: (a) Is enrolled as a student at an institution of higher education, as defined under section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002); (b) Is under 24 years of age; (c) Is not a veteran of the United States military; (d) Is unmarried; (e) Does not have a dependent child; and (f) **Is not otherwise individually eligible**, or has parents who, individually or jointly, are not eligible on the basis of income to receive assistance under section 8 of the 1937 Act. [70 FR 77743, Dec. 30, 2005] [emphasis added]