



# Housing Guest Card

## Pike Place Market Residences

Name of PDA Property you are interested to apply for a housing:

\_\_\_\_\_

Your Name : \_\_\_\_\_ Date: \_\_\_\_\_

Address : \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell. Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Best time to contact: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Interested in: \_\_\_ SRO \_\_\_ Studio \_\_\_ 1BR unit \_\_\_ 2BR unit (7 units market rate -Sanitary only)

Rent Price Range Desired: \$ \_\_\_\_\_ Household Monthly Gross Income: \$ \_\_\_\_\_

Do you have a housing voucher?  Yes  No How did you hear about us: \_\_\_\_\_

Do you, or anyone named on this application request the features of a wheelchair accessible or adapted unit, downstairs vs. upstairs apartment (if available), or site or policy accommodation or modification based on a medical condition or disability?  Yes  No  
If yes, what is requested? \_\_\_\_\_

For more information or list of housing options, please visit our website at [www.pikeplacemarket.org](http://www.pikeplacemarket.org)  
06/2020



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