



Pre-Application for HUD Subsidized Housing

Stewart House Apartments

80 Stewart St., Seattle, WA 98101

Phone: (206) 774-5283

Fax: (206) 774-5284

TDD 711 (for hearing impaired)

Office Hours: Monday-Friday 9:00 a.m.-12:00 noon

Email: Eugened@pikeplacemarket.org

Tenant and Spouse/Co-Tenant:

First Name	Last Name	MI	Birth Date	Gender (Optional - Male, Female, <input type="checkbox"/> Other <input type="checkbox"/> Choose not to disclose)	Social Security Number Optional, but required during full application process) <input type="checkbox"/> Choose not to disclose at this time

Head of Household Contact Information:

Interested in: First choice: ___ Studio ___ 1BR unit

Second choice: ___ Studio ___ 1BR unit

Mailing Address _____

City _____

State _____

Zip Code _____

Home Phone Number _____

Cell Phone Number _____

Message Number _____

Alternate Contact Name or Case Manager _____

Phone Number _____

Other Household Members (Full or part time)

First Name	Last Name	MI	Birth Date	Gender (Optional - Male, Female, <input type="checkbox"/> Other <input type="checkbox"/> Choose not to disclose)	Social Security Number Optional, but required during full application process) <input type="checkbox"/> Choose not to disclose at this time

All Household Income Sources (Annual Income)

Income Source (Employer/Agency)	Gross Annual Income
	\$
	\$

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? _____

Is anyone listed on this application a registered or non-registered sex offender in any State? YES NO

If yes, Who? _____ Are they subject to a State Lifetime Sex Offender Registry? YES NO Not applicable

Is anyone listed on this application engaged in illegal use or manufacture of drugs or for which the owner 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?

YES NO Comments: _____

RACE AND ETHNICITY OF HEAD OF HOUSEHOLD: This information is solicited on this application in order to assure the Federal Government acting through HUD that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information. **ETHNICITY:** Hispanic or Latino Not Hispanic or Latino Choose not to disclose

RACE: American Indian/Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander
 White Others Choose not to disclose

It is your responsibility to ensure that Stewart House Apartments has your correct contact information and to notify Stewart House management about any change in contact information, household size, income, household members, or other relevant changes.

By signing below, I am certifying that I have completed this questionnaire and that the answers that I have given are true, correct and complete to the best of my knowledge.

Applicant Signature _____

Date _____

Pike Place Market PDA/Stewart House 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).

ELSIE N. JANSON 85 Pike Street Room 500, Seattle, WA 98101 (206) 774-5250 (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.

We do not accept a comprehensive reusable tenant screening report at this time.

Managers Use: (OFFICE USE ONLY) 10/16 Date the Pre-Application was received: _____

Time: _____ Received by (Sign/Initial): _____



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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.

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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.