



HUD SPRAC property

www.hilltophouse.info

1005 Terrace St. Seattle, WA 98104

Office Hours: Mon - Fri 8:00AM-4:00PM

Phone: (206) 624-5704 | Fax: (206) 905-2343

Dear applicant,

Thank you for applying to live at Hilltop House, a senior living community located in the heart of Seattle.

Please take a few minutes to read over our requirements for filling out and returning our application package. We hope that you will soon be calling our apartments your new home. Should you have any questions or concerns please give me a call at the phone number above. All interested individuals have the right to complete and submit an application.

Filling out the application:

The application package may include one or more rental applications, income/asset questionnaires, citizenship/non-citizenship forms (for each household member), emergency contact forms and possibly other forms as required by the property. Each adult must complete a separate application package. The Supplement to Application for Federally Assisted Housing emergency contact form(s) is required by HUD. It is optional for you to provide additional contact information, but very useful for applicant/tenant contact for housing providers. Included in this cover letter is information regarding the policies of our apartment community regarding eligibility and our procedures for selecting tenants. More information is contained in our Tenant Selection Plan which is available from management upon request.

When completing the application package, please sit down and allow yourself a few minutes to read it over first, then fill it out in its entirety. This should take you about 20-30 minutes. You will need to fill it out to the best of your knowledge. The attached income/asset questionnaire will assist you in determining what is considered to be income, assets and any adjustments or allowances to income. Please do not leave any blank spaces or if you make a mistake please cross-out rather than using white out. If a question does not apply to you please write out the words "Not Applicable". Be sure to sign and date the application and the other forms. If you need assistance in completing the application package, we will be happy to help you. We provide reasonable accommodations for persons with disabilities in completing our application documents or returning our application to us for processing. We support the federal protections in the Violence Against Women Act (VAWA) during application and tenancy. Please let us know if you would like more information.

Once you have completed and signed our rental application package, you will need to either bring it back to our office or mail it to the rental office. Please let us know if you need an accommodation. We will look over the completed application packets. As a result of our review, will either offer you an available unit, place you on the waiting list or find you ineligible based on information provided. Regardless of the disposition of your application, we will advise you in writing on our application status notification within 10 days of receiving your completed application(s).

Who is Eligible to live at our Property?

This property is a HUD SPRAC Project for individuals 62 and over. The occupancy and income limits for this property are posted at the property or you can call for information. 76 units at this property are HUD subsidized and are equal to 30% of your monthly adjusted income. Electricity, water, sewer, and garbage are included in your rent. There is a HUD Section 8 required minimum total tenant payment of \$25.00 per month, unless a verifiable qualifying hardship exists. Please contact the manager for details about the rent structure at this property.

A background screening will be performed on all applicants as they get closer to the top of the waiting list. The property (not the applicant) will pay the cost of the screening. We perform screening to determine such things as acceptable prior rental and criminal history, public records and credit history (poor credit history is not a major factor in application review). There are certain restrictions for non-citizens and students in HUD subsidized housing. If any of your household members are ineligible non-citizens or students, management will explain how this may affect your qualification and/or HUD subsidy at this property. If you are denied based on our screening criteria you will be notified in writing and given the option to appeal the decision.

The Waiting List

We will choose applicants off of our waiting list in chronological order from the date and time they submit their application within the income targeting and/or other criteria associated with this SPRAC property and HUD. You are also

welcome to request any reasonable accommodations or modifications to the units, site property policies or procedures to accommodate a disability. Please indicate on your application if you believe you qualify for an accommodation.

If you are placed on our waiting list, it will be important that you update us with any changes in your household. Changes such as change of address, phone number, household size, members or income are very important to tell us immediately. You will also need to contact us at least every 6 months to let us know that you are still interested in remaining on our waiting list. If you do not contact us, we may send you a letter (at your last known address) asking for your continued interest in remaining on our waiting list. If we do not hear back from you, we may have to remove your name from our waiting list, so please keep us informed of changes.

When an Apartment comes available:

You will be contacted in chronological order from the waiting list when unit become available or will be available soon. It is a requirement to contact all applicants at the top of the list every time a unit becomes available. Please be available by phone so we may contact you when your name comes to the top of the waiting list. If we have trouble getting hold of you, we may have to skip over or remove your application based on our policies in our Tenant Selection Plan.

Once being contacted by the manager you will be required to come into the rental office to finalize your application process within 10 days. This is when we will perform the background screening and start the verification process to verify all of your income/assets and expenses for your rent calculation. All persons expected to reside in the unit will be required to complete citizenship review and other forms at that time, if not already provided. All adult household members must come for the same final interview, including children that are expected to reside with you.

Please bring with you picture ID and original social security cards for all potential household members. Birth certificates and/or custody papers may also be required for verification of eligibility of age or family composition. Verification of Social Security numbers is required for all household members prior to move-in, with only a few exceptions. There are alternatives to the actual Social Security Cards if you do not have the original. For example; Driver's license with SSN, identification card issued by a federal, state, or local agency, a medical insurance provider, employer or trade union, earning statement on payroll stubs, bank statement with SSN, Form 1099, benefit award or retirement benefit letter, life insurance policy or court records with the SSN. There are also alternatives to birth certificates such as passports, naturalization certificates and other options. Please ask the site manager if you have any questions. We may ask you to bring additional documents with you also to speed up the application process.

Please also bring with you proof of current income, assets and/or expenses of ALL potential household members. See the attached income/asset statement for definition of what HUD considers income, assets and/or allowable expenses. Please use this as a guide to provide current information. A final decision regarding your eligibility cannot be made until all of the above information has been verified, received and reviewed. Once you have passed our final screening requirements, and an apartment is available that meets your needs and requirements you will be notified to start the move-in process.

The Move-in

When we have accepted you as a new tenant, a date for moving into your new apartment will be set. The manager will calculate your rent based on verifications received back from third party sources and information provided by you.

Payment of a full or partial security deposit and pet deposit (with payment plan if applicable) will be requested at that time. If your move-in date is other than the 1st of the month, your rent will be pro-rated for that month only.

You will be required to sign a lease, house rules, rent calculation certification and other property policies and addendums. We will conduct a walk-thru move-in inspection of your new apartment with you and keys will be given to you at that time. You will need to accompany the manager during the move-in inspection and sign a walk-thru form if you accept the unit condition. If you have any questions regarding completing the application, about the disposition of your application or about the property or regulations, or would like a copy of our Tenant Selection Plan, please do not hesitate to call us.

Site Manager: Thornton Bowman

Property Name: HILLTOP HOUSE 504 Coordinator Name: Karen Carlos	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 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). We do business in accordance with the Federal Fair Housing Act and provide persons with disabilities reasonable accommodation upon request. TTY# (for hearing impaired) 711. Persons with language barriers may request or arrange interpretation alternatives or services based on the property's LEP Policy.
Address: 1005 TERRACE STREET. SEATTLE, WA 98104	Telephone # (206) 624-5704

RENTAL APPLICATION

SECTION 8 HUD PROPERTIES



PROPERTY NAME/ADDRESS: <u>HILLTOP HOUSE</u>	1005 TERRACE ST. SEATTLE, WA 98104	WWW.HILLTOP-HOUSE.ORG
TELEPHONE#: <u>(206) 624-5704</u>	EMAIL: <u>LEASING@HILLTOP-HOUSE.ORG</u>	OFFICE HOURS: <u>M-F 8:00 AM-4:00 PM</u>

- ✓ **ALL QUESTIONS MUST BE ANSWERED ON THIS APPLICATION AND ATTACHMENTS.**
- ✓ **ALL YES/NO OPTIONS MUST BE CIRCLED. IF A QUESTION DOES NOT APPLY PUT N/A IN THE BLANK.**
- ✓ **PLEASE COMPLETE ONE RENTAL APPLICATION PER ADULT HOUSEHOLD MEMBER.**
- ✓ **PLEASE CONTACT THE PROPERTY IF YOU WOULD LIKE TO REVIEW OR RECEIVE A COPY OF OUR SELECTION CRITERIA**

Please contact the property management office if you need help understanding this document

- Contacte por favor la oficina de gestión si usted necesita ayuda a comprender este documento. (Spanish)
- Por favor contate o escritório de gerência se deve ajudar entendimento este documento. (Portugese)
- Si vous avez besoin d'aide à la compréhension de ce document, veuillez communiquer avec le Bureau de gestion. (French)
- Souple kontakte Biwo jesyon a si w bezwen èd pou konprann dokiman sa a. (Haitian Creole)
- Xin liên lạc với văn phòng điều hành nếu bạn cần giúp đỡ sự hiểu biết tài liệu này. (Vietnamese)
- Пожалуйста свяжитесь с офисом управления, если Вам нужна помощь в понимании этого документа. (Russian)
- Bitte kontaktieren Sie das Leitungsbüro, wenn Sie helfen müssen, dieses Dokument zu verstehen. (German)
- 請聯絡管理辦公室，如果你需要幫助理解這份文件。(Chinese)
- もしこの文書を理解しているための助けを必要とすれば、経営オフィスと連絡を取ってください。(Japanese)

APPLICANT FULL LEGAL NAME (Last, First, Middle Initial)		PHONE NUMBER	ALT PHONE NUMBER	E-MAIL ADDRESS
STREET ADDRESS		CITY	STATE	ZIP
MAILING ADDRESS, IF DIFFERENT		CITY	STATE	ZIP
RENT <input type="checkbox"/> OWN <input type="checkbox"/>	Rent per month or Mortgage Balance	DATES OF RESIDENCY	REASON FOR MOVING	
CURRENT LANDLORD NAME	CURRENT LANDLORD PHONE #	CURRENT LANDLORD ADDRESS, CITY, STATE, ZIP		
HAVE YOU PROVIDED THIS LANDLORD NOTICE THAT YOU WILL BE MOVING? YES NO NA		DO YOU CURRENTLY HAVE ANY OUTSTANDING OVERDUE BALANCES OWED TO THIS LANDLORD? YES NO IF YES, PLEASE EXPLAIN		
WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?				
<input type="checkbox"/> HEAD OF HOUSEHOLD <input type="checkbox"/> CO-HEAD/SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER ADULT <input type="checkbox"/> FOSTER ADULT/CHILD <input type="checkbox"/> NONE OF THE ABOVE <input type="checkbox"/> LIVE-IN AIDE (LIVE-IN AIDES COMPLETE A DIFFERENT APPLICATION AND MUST BE APPROVED BEFORE MOVE-IN)				

COMPLETE FOR ALL PERSONS EXPECTED TO RESIDE IN THE UNIT: PRINT FULL LEGAL NAME. Use additional pages if necessary

HEAD OF HOUSEHOLD (Last, First, MI)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	GENDER (optional)	BIRTH DATE
ENROLLED IN INSTITUTE OF HIGHER EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO					

PREVIOUS NAMES, ALIASES OR NICKNAMES USED

MARK ALL U.S. STATES THIS MEMBER HAS LIVED AT ANY TIME (INCLUDING BIRTH) – INFORMATION IS MANDATORY AND MUST BE ACCURATE						
<input type="checkbox"/> Alabama	<input type="checkbox"/> Alaska	<input type="checkbox"/> Arizona	<input type="checkbox"/> Arkansas	<input type="checkbox"/> California	<input type="checkbox"/> Colorado	<input type="checkbox"/> Connecticut
<input type="checkbox"/> Delaware	<input type="checkbox"/> Florida	<input type="checkbox"/> Georgia	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Idaho	<input type="checkbox"/> Illinois	<input type="checkbox"/> Indiana
<input type="checkbox"/> Iowa	<input type="checkbox"/> Kansas	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Maine	<input type="checkbox"/> Maryland	<input type="checkbox"/> Massachusetts
<input type="checkbox"/> Michigan	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Missouri	<input type="checkbox"/> Montana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Nevada
<input type="checkbox"/> New Hampshire	<input type="checkbox"/> New Jersey	<input type="checkbox"/> New Mexico	<input type="checkbox"/> New York	<input type="checkbox"/> North Carolina	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Ohio
<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Oregon	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Ohio	<input type="checkbox"/> South Carolina	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Tennessee	<input type="checkbox"/> Texas	<input type="checkbox"/> Utah	<input type="checkbox"/> Vermont	<input type="checkbox"/> Virginia	<input type="checkbox"/> Washington State	<input type="checkbox"/> Washington DC
<input type="checkbox"/> West Virginia	<input type="checkbox"/> Wisconsin	<input type="checkbox"/> Wyoming				

CO-HEAD OR SPOUSE (Last, First, MI)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO ENROLLED IN INSTITUTE OF HIGHER EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	GENDER (optional)	BIRTH DATE
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PREVIOUS NAMES, ALIASES OR NICKNAMES USED

MARK ALL U.S. STATES THIS MEMBER HAS LIVED AT ANY TIME (INCLUDING BIRTH) – INFORMATION IS MANDATORY AND MUST BE ACCURATE						
<input type="checkbox"/> Alabama	<input type="checkbox"/> Alaska	<input type="checkbox"/> Arizona	<input type="checkbox"/> Arkansas	<input type="checkbox"/> California	<input type="checkbox"/> Colorado	<input type="checkbox"/> Connecticut
<input type="checkbox"/> Delaware	<input type="checkbox"/> Florida	<input type="checkbox"/> Georgia	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Idaho	<input type="checkbox"/> Illinois	<input type="checkbox"/> Indiana
<input type="checkbox"/> Iowa	<input type="checkbox"/> Kansas	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Maine	<input type="checkbox"/> Maryland	<input type="checkbox"/> Massachusetts
<input type="checkbox"/> Michigan	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Missouri	<input type="checkbox"/> Montana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Nevada
<input type="checkbox"/> New Hampshire	<input type="checkbox"/> New Jersey	<input type="checkbox"/> New Mexico	<input type="checkbox"/> New York	<input type="checkbox"/> North Carolina	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Ohio
<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Oregon	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Ohio	<input type="checkbox"/> South Carolina	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Tennessee	<input type="checkbox"/> Texas	<input type="checkbox"/> Utah	<input type="checkbox"/> Vermont	<input type="checkbox"/> Virginia	<input type="checkbox"/> Washington State	<input type="checkbox"/> Washington DC
<input type="checkbox"/> West Virginia	<input type="checkbox"/> Wisconsin	<input type="checkbox"/> Wyoming				

OTHER MEMBER (Last, First, MI)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO ENROLLED IN INSTITUTE OF HIGHER EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	GENDER (optional)	BIRTH DATE
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PREVIOUS NAMES, ALIASES OR NICKNAMES USED

IF THIS MEMBER IS A CHILD, ARE THEY SUBJECT TO A JOINT CUSTODY AGREEMENT WITH ANOTHER PARENT CURRENTLY LIVING IN HUD HOUSING? YES NO

MARK ALL U.S. STATES THIS MEMBER HAS LIVED AT ANY TIME (INCLUDING BIRTH) – INFORMATION IS MANDATORY AND MUST BE ACCURATE						
<input type="checkbox"/> Alabama	<input type="checkbox"/> Alaska	<input type="checkbox"/> Arizona	<input type="checkbox"/> Arkansas	<input type="checkbox"/> California	<input type="checkbox"/> Colorado	<input type="checkbox"/> Connecticut
<input type="checkbox"/> Delaware	<input type="checkbox"/> Florida	<input type="checkbox"/> Georgia	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Idaho	<input type="checkbox"/> Illinois	<input type="checkbox"/> Indiana
<input type="checkbox"/> Iowa	<input type="checkbox"/> Kansas	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Maine	<input type="checkbox"/> Maryland	<input type="checkbox"/> Massachusetts
<input type="checkbox"/> Michigan	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Missouri	<input type="checkbox"/> Montana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Nevada
<input type="checkbox"/> New Hampshire	<input type="checkbox"/> New Jersey	<input type="checkbox"/> New Mexico	<input type="checkbox"/> New York	<input type="checkbox"/> North Carolina	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Ohio
<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Oregon	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Ohio	<input type="checkbox"/> South Carolina	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Tennessee	<input type="checkbox"/> Texas	<input type="checkbox"/> Utah	<input type="checkbox"/> Vermont	<input type="checkbox"/> Virginia	<input type="checkbox"/> Washington State	<input type="checkbox"/> Washington DC
<input type="checkbox"/> West Virginia	<input type="checkbox"/> Wisconsin	<input type="checkbox"/> Wyoming				

OTHER MEMBER (Last, First, MI)	RELATION TO HEAD	SOCIAL SECURITY NUMBER	IS MEMBER A STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO ENROLLED IN INSTITUTE OF HIGHER EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	GENDER (optional)	BIRTH DATE
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PREVIOUS NAMES, ALIASES OR NICKNAMES USED

IF THIS MEMBER IS A CHILD, ARE THEY SUBJECT TO A JOINT CUSTODY AGREEMENT WITH ANOTHER PARENT CURRENTLY LIVING IN HUD HOUSING? YES NO

MARK ALL U.S. STATES THIS MEMBER HAS LIVED AT ANY TIME (INCLUDING BIRTH) – INFORMATION IS MANDATORY AND MUST BE ACCURATE						
<input type="checkbox"/> Alabama	<input type="checkbox"/> Alaska	<input type="checkbox"/> Arizona	<input type="checkbox"/> Arkansas	<input type="checkbox"/> California	<input type="checkbox"/> Colorado	<input type="checkbox"/> Connecticut
<input type="checkbox"/> Delaware	<input type="checkbox"/> Florida	<input type="checkbox"/> Georgia	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Idaho	<input type="checkbox"/> Illinois	<input type="checkbox"/> Indiana
<input type="checkbox"/> Iowa	<input type="checkbox"/> Kansas	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Maine	<input type="checkbox"/> Maryland	<input type="checkbox"/> Massachusetts
<input type="checkbox"/> Michigan	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Missouri	<input type="checkbox"/> Montana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Nevada
<input type="checkbox"/> New Hampshire	<input type="checkbox"/> New Jersey	<input type="checkbox"/> New Mexico	<input type="checkbox"/> New York	<input type="checkbox"/> North Carolina	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Ohio
<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Oregon	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Ohio	<input type="checkbox"/> South Carolina	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Tennessee	<input type="checkbox"/> Texas	<input type="checkbox"/> Utah	<input type="checkbox"/> Vermont	<input type="checkbox"/> Virginia	<input type="checkbox"/> Washington State	<input type="checkbox"/> Washington DC
<input type="checkbox"/> West Virginia	<input type="checkbox"/> Wisconsin	<input type="checkbox"/> Wyoming				

PREVIOUS HOUSING AND DISPLACEMENT STATUS - BEST DESCRIBE THE CONDITION OF THE HOUSING FROM WHICH YOUR HOUSEHOLD IS MOVING

PREVIOUS HOUSING: STANDARD SUBSTANDARD(PHYSICALLY) CONVENTIONAL PUBLIC HOUSING
 LACKING A FIXED NIGHTTIME RESIDENCE FLEEING/ATTEMPTING TO FLEE VIOLENCE

DISPLACED BY: NOT DISPLACED GOVERNMENT ACTION NATURAL DISASTER PRIVATE ACTION

IS ANYONE IN THE HOUSEHOLD A VETERAN OF THE U.S. MILITARY? YES NO IF YES, WHO?

PREVIOUS ADDRESS (ES). List at least TWO. No less than the last 12 months.

#1 PREVIOUS ADDRESS	CITY	STATE	ZIP
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RENT OWN	<input type="checkbox"/> <input type="checkbox"/>	Rent per month or Mortgage Balance	DATES OF RESIDENCY	REASON FOR MOVING
PREVIOUS LANDLORD NAME		LANDLORD PHONE #	PREVIOUS LANDLORD ADDRESS, CITY, STATE, ZIP	
#2 PREVIOUS ADDRESS		CITY	STATE	ZIP
RENT OWN	<input type="checkbox"/> <input type="checkbox"/>	Rent per month or Mortgage Balance	DATES OF RESIDENCY	REASON FOR MOVING
PREVIOUS LANDLORD NAME		LANDLORD PHONE #	PREVIOUS LANDLORD ADDRESS, CITY, STATE, ZIP	
DO ANY ADULTS 18 OR OVER IN THE HOUSEHOLD REQUEST AN ADJUSTMENT TO ANNUAL INCOME FOR DISABILITY STATUS? YES NO IF YES, WHO QUALIFIES?				
DOES ANYONE IN HOUSEHOLD, (NOT THE HEAD OR CO-HEAD) 18 or OVER REQUEST ADJUSTMENT TO ANNUAL INCOME FOR FULL-TIME STUDENT STATUS? YES NO IF YES, WHO QUALIFIES?				
DOES ANYONE IN THE HOUSEHOLD REQUEST ADJUSTMENTS TO INCOME FOR CHILDCARE EXPENSES FOR DEPENDENTS UNDER 13? YES NO IF YES, WHO QUALIFIES?				
DOES ANYONE IN HOUSEHOLD REQUEST A WHEELCHAIR ACCESSIBLE UNIT, ACCESSIBLE FEATURES OR UPSTAIRS/DOWNSTAIRS UNIT? YES NO IF YES, PLEASE EXPLAIN YOUR REQUEST:				
HAS ANYONE LISTED ON THIS APPLICATION EVER BEEN CITED FOR NON-PAYMENT OF RENT, LEASE VIOLATIONS OR HAVE EVER BEEN EVICTED? YES NO IF YES, WHO? WHERE? WHEN? EXPLAIN:				
HAS ANYONE LISTED ON THIS APPLICATION BEEN EVICTED WITHIN THE LAST THREE YEARS FROM FEDERALLY ASSISTED HOUSING FOR DRUG RELATED CRIMINAL ACTIVITY? YES NO IF YES, WHO? WHEN? EXPLAIN:				
HAS ANYONE LISTED ON THIS APPLICATION EVER BEEN CHARGED OR CONVICTED OF A MISDEMEANOR OR FELONY CRIME? YES NO IF YES, WHO? WHEN? COUNTY/STATE CHARGE (USE ADDITIONAL PAGES IF NECESSARY): SENTENCE/DISPOSITION/RESTITUTION DETAILS: EXPLAIN:				
IS ANYONE LISTED ON THIS APPLICATION SUBJECT TO A STATE LIFETIME SEX OFFENDER REGISTRATION IN ANY STATE? YES NO IF YES, WHO?				
DOES ANYONE LISTED ON THIS APPLICATION CURRENTLY USE ILLEGAL DRUGS OR ABUSE ALCOHOL? YES NO IF YES, WHO? EXPLAIN:				
DOES ANYONE LISTED ON THIS APPLICATION CURRENTLY USE MARIJUANA FOR RECREATIONAL OR MEDICINAL PURPOSES? YES NO IF YES, WHO? EXPLAIN:				
DOES ANYONE LISTED ON THIS APPLICATION HAVE A HISTORY OF USING ILLEGAL DRUGS OR ABUSING ALCOHOL? YES NO IF YES, WHO? EXPLAIN:				
WILL EVERYONE LISTED ON THIS APPLICATION BE ABLE TO PROVIDE PROOF OF THESE HUD REQUIREMENTS PRIOR TO MOVE-IN? YES NO A. VALID SOCIAL SECURITY NUMBERS FOR ALL FAMILY MEMBERS AT LEAST 90 DAYS PRIOR TO MOVE-IN (EXCEPTIONS: 62 OR OLDER AS OF 1/31/2010 WHOSE INITIAL DETERMINATION OF ELIGIBILITY WAS BEGUN BEFORE 1/31/2010, MEMBERS THAT DO NOT CONTEND ELIGIBLE IMMIGRATION STATUS AND AN EXTENSION FOR UP TO 90 DAYS FOLLOWING MOVE-IN FOR MEMBERS UNDER AGE 6 ADDED TO APPLICATION WITHIN 6 MONTHS PRIOR TO MOVE-IN) B. PROOF OF ELIGIBILITY AND ALLOWANCES FOR ALL FAMILY MEMBERS (AGE, HOUSEHOLD MEMBERSHIP, CUSTODY, DISABILITY STATUS ETC, IF APPLICABLE) C. LEGAL NON-CITIZENSHIP/IMMIGRATION STATUS (IF APPLICABLE, FOR NON-CITIZENS UNDER 62 YEARS OF AGE) IF NOT, WHY NOT?				

DO YOU HAVE A SECTION 8 VOUCHER OR ARE YOU CURRENTLY OCCUPYING A HUD ASSISTED UNIT? YES NO IF YES, WHERE?
DO YOU UNDERSTAND THAT HUD ASSISTANCE MUST TERMINATE PRIOR TO RECEIVING HUD ASSISTANCE AT THIS PROPERTY? YES NO
THE VIOLENCE AGAINST WOMENS ACT REQUIRES OWNERS TO PROVIDE SPECIAL CONSIDERATION, PROTECTIONS AND CONFIDENTIALITY DURING THE RENTAL APPLICATION PROCESS TO APPLICANTS THAT REQUEST AND QUALIFY FOR PROTECTIONS UNDER THE ACT DUE TO DATING VIOLENCE, DOMESTIC VIOLENCE, STALKING AND SEXUAL ASSAULT. DO YOU UNDERSTAND THAT YOU MAY DISCUSS, CONFIDENTIALLY, WITH THE OWNER/MANAGEMENT OF THIS PROPERTY, IF YOU WOULD LIKE MORE INFORMATION OR WOULD LIKE TO CLAIM PROTECTIONS UNDER THIS ACT? YES NO
DO YOU HAVE ANY PETS OR ANIMALS THAT YOU PLAN TO BRING TO THE UNIT? YES NO IF YES, SPECIFY TYPE AND NUMBER OF ANIMALS
IF YES, IS ANIMAL(S) REQUIRED TO LIVE IN THE UNIT TO ALLEVIATE THE SYMPTOM(S) OF A DISABILITY FOR A HOUSEHOLD MEMBER? YES NO
IF YES WHO QUALIFIES AS DISABLED REQUIRING AN ASSISTANCE ANIMAL?

SOURCES OF INCOME AND ASSETS: List all income of all members (including minors) – Use additional pages if necessary

List all INCOME SOURCES for all members (including minors). Includes, but is not limited to, full and/or part-time employment, income from Public agencies (DSHS etc), Social Security, Pensions, SSI, Disability, L & I, Unemployment, Child Care, Alimony, Child Support, Financial Aid, Income from sale of property, Interest on Assets, Dividends, Annuities, and Regular Contribution from people not residing with you or payments of expenses on your behalf.

FAMILY MEMBER NAME	EMPLOYER, AGENCY, ETC. WHO ARE SOURCES OF INCOME TO YOU (List name & address)	ANNUAL GROSS INCOME \$
FAMILY MEMBER NAME	EMPLOYER, AGENCY, ETC. WHO ARE SOURCES OF INCOME TO YOU (List name & address)	ANNUAL GROSS INCOME \$
FAMILY MEMBER NAME	EMPLOYER, AGENCY, ETC. WHO ARE SOURCES OF INCOME TO YOU (List name & address)	ANNUAL GROSS INCOME \$
FAMILY MEMBER NAME	EMPLOYER, AGENCY, ETC. WHO ARE SOURCES OF INCOME TO YOU (List name & address)	ANNUAL GROSS INCOME \$

UTILITY PAYMENTS: DO YOU OR ANYONE IN YOUR HOUSEHOLD RECEIVE ASISITANCE IN PAYING YOUR UTILITY BILLS? YES NO IF YES, HOW MUCH?
ARE ANY PAYMENTS/ALLOWANCES MADE UNDER THE LOW INCOME HOME ENERGY ASSISTANCE PAYMENT PROGRAM (LHEAP)?

ASSET INFORMATION: List all assets of all members (including minors) Check one account type per account

BANK/SOURCE NAME	<input type="checkbox"/> STOCKS/BONDS <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING <input type="checkbox"/> TRUST <input type="checkbox"/> IRA <input type="checkbox"/> CD <input type="checkbox"/> MONEY MARKET DEBIT OR PREPAID CARD: <input type="checkbox"/> DIRECT EXPRESS <input type="checkbox"/> QWEST/EBT <input type="checkbox"/> DCS PREPAID	BALANCE \$
BANK/SOURCE NAME	<input type="checkbox"/> STOCKS/BONDS <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING <input type="checkbox"/> TRUST <input type="checkbox"/> IRA <input type="checkbox"/> CD <input type="checkbox"/> MONEY MARKET DEBIT OR PREPAID CARD: <input type="checkbox"/> DIRECT EXPRESS <input type="checkbox"/> QWEST/EBT <input type="checkbox"/> DCS PREPAID	BALANCE \$
BANK/SOURCE NAME	<input type="checkbox"/> STOCKS/BONDS <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING <input type="checkbox"/> TRUST <input type="checkbox"/> IRA <input type="checkbox"/> CD <input type="checkbox"/> MONEY MARKET DEBIT OR PREPAID CARD: <input type="checkbox"/> DIRECT EXPRESS <input type="checkbox"/> QWEST/EBT <input type="checkbox"/> DCS PREPAID	BALANCE \$
BANK/SOURCE NAME	<input type="checkbox"/> STOCKS/BONDS <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING <input type="checkbox"/> TRUST <input type="checkbox"/> IRA <input type="checkbox"/> CD <input type="checkbox"/> MONEY MARKET DEBIT OR PREPAID CARD: <input type="checkbox"/> DIRECT EXPRESS <input type="checkbox"/> QWEST/EBT <input type="checkbox"/> DCS PREPAID	BALANCE \$
LIFE INSURANCE POLICIES: <input type="checkbox"/> WHOLE LIFE INSURANCE <input type="checkbox"/> UNIVERSAL LIFE INSURANCE <input type="checkbox"/> TERM INSURANCE <input type="checkbox"/> NO LIFE INSURANCE		CASH VALUE \$
REAL PROPERTY: DO YOU OWN ANY PROPERTY OR BUILDING IN ANY STATE OR COUNTRY? YES NO IF YES, TYPE OF PROPERTY: LOCATION:		APPROX MARKET VALUE \$
HAVE YOU DISPOSED OF ANY PROPERTY OR ASSETS FOR LESS THAN FAIR MARKET VALUE IN THE LAST 2 YEARS? YES NO IF YES, TYPE OF PROPERTY/ASSETS: DATE DISPOSED: FAIR MARKET VALUE AT TIME OF DISPOSAL: \$		AMOUNT RECEIVED \$
DO YOU HAVE ANY OTHER ASSETS NOT LISTED ABOVE (EXCLUDING HOUSEHOLD GOODS)? YES NO IF YES, WHAT?		

CREDIT REFERENCES (At least most recent two) Include installment payments, mortgages etc. Use additional pages if needed)

SOURCE	ACCOUNT NUMBER	MONTHLY PAYMENT \$	BALANCE DUE \$
SOURCE	ACCOUNT NUMBER	MONTHLY PAYMENT \$	BALANCE DUE \$

AUTOMOBILES (List all that will be parked at our site for your household) (use additional pages if necessary)

AUTO MAKE	MODEL	LICENSE PLATE #	DRIVER LICENSE #
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AUTO MAKE	MODEL	LICENSE PLATE #	DRIVER LICENSE #
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CHARACTER REFERENCES AND/OR EMERGENCY CONTACTS (Please supply at least TWO)

NAME	ADDRESS AND CITY STATE ZIP	YEARS KNOWN	RELATION	PHONE NUMBER
NAME	ADDRESS AND CITY STATE ZIP	YEARS KNOWN	RELATION	PHONE NUMBER

IS YOUR HOUSEHOLD PLANNING ON BRINGING ANY OF THE FOLLOWING ITEMS TO THE APARTMENT? CLOTHES WASHER CLOTHES DRYER WATERBED
 AQUARIUM PORTABLE DISHWASHER FREEZER AIR CONDITIONER SPACE HEATER OTHER – PLEASE EXPLAIN:

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

RACE: American Indian/Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other

HOW DID YOU HEAR ABOUT OUR PROPERTY?

Please Read: In compliance with the Fair Credit Reporting Act, we are informing you that information as to your household member's rental history, character references (if applicable), public records, criminal history and credit history is being verified. I/we understand that any misrepresentation will be sufficient cause for rejection of the application. I/we understand that, upon acceptance of this application for tenancy, I/we must provide releases and/or verification of ALL income and assets and household composition (including custody or guardianship of minor children) and consent to release for wage and/or income matching by HUD, including Enterprise Income Verification (EIV) or the owner/agent. I/we also agree to signify all terms of occupancy by signing the Lease Agreement, Rules and Regulations of the property and a Tenant Certification for Calculation of Rent form HUD 50059. HUD is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), by Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit proof of valid social security number of each household member (if applicable). Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate federal, state, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors.

PREFERENCE OF UNIT SIZE, PLEASE NOTE FIRST AND SECOND CHOICE: ___STUDIO ___DLX STUDIO ___BEDROOM ___DLX BEDROOM

BY SIGNING THIS DOCUMENT, YOU ACKNOWLEDGE AND CERTIFY TO ALL (CHECK BOXES):

- I ACKNOWLEDGE THAT I MUST INFORM MANAGEMENT OF CHANGES TO OUR APPLICATION INFORMATION AND OF MY/OUR CONTINUED INTEREST AT LEAST EVERY 6 MONTHS IN ORDER TO REMAIN ON THE WAITING LIST. FAILURE TO UPDATE WILL RESULT IN REMOVAL FROM THE WAITING LIST.
- I CERTIFY THIS APARTMENT WILL BE MY PERMANENT RESIDENCE AND I WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION.
- SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION. FAILURE TO COMPLETE AND SIGN THE APPLICATION WITH REQUIRED ATTACHMENTS, PROVIDING FALSE STATEMENTS OR FAILURE TO PROVIDE COMPLETE AND TRUTHFUL INFORMATION RELATED TO YOUR APPLICATION MAY RESULT IN DELAY OF YOUR ELIGIBILITY APPROVAL, REJECTION OF YOUR APPLICATION OR EVICTION AFTER TENANCY.
- IF YOU ARE REJECTED YOU HAVE THE RIGHT TO APPEAL THE DECISION WITHIN (14) DAYS OF THE RECEIPT OF THE REJECTION NOTICE BY CONTACTING THE MANAGEMENT OF THIS PROPERTY IN WRITING OR REQUESTING A MEETING. A COPY OF THE GRIEVANCE AND APPEAL PROCEDURE IS POSTED IN THE SITE OFFICE. YOU MAY REQUEST A COPY OF THIS APPEAL PROCEDURE BY CONTACTING THE RENTAL OFFICE. PERSONS WITH DISABILITIES HAVE THE RIGHT TO REQUEST REASONABLE ACCOMMODATIONS TO PARTICIPATE IN THE INFORMAL HEARING PROCESS.

SIGNATURES (REQUIRED). I CERTIFY THE ACCURACY AND COMPLETENESS OF INFORMATION PROVIDED:


APPLICANT (HEAD) SIGNATURE _____ DATE _____

CO-HEAD/SPOUSE/ OTHER ADULT SIGNATURE _____ DATE _____

EACH ADULT SHOULD SIGN/DATE EACH OTHERS APPLICATION AS HEAD, CO-HEAD, SPOUSE OR OTHER ADULT HOUSEHOLD MEMBER

ATTACHMENTS: PLEASE RETURN ALL FORMS WITH YOUR COMPLETED RENTAL APPLICATION.

- ☞ APPLICATION COVER LETTER - EXPLAINS ELIGIBILITY, APPLICATION PROCESS, WAIT LIST PROCESS AND SELECTING APPLICANTS
- ☞ INCOME/ASSET STATEMENT-QUESTIONNAIRE - COMPLETE ONE PER ADULT HOUSEHOLD MEMBER
- ☞ HUD-92006 SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING. - ONE FOR EACH ADULT OF THE HOUSEHOLD. OPTIONAL TO PROVIDE ADDITIONAL CONTACT. IF YOU CHOOSE NOT TO PROVIDE ADDITIONAL CONTACT, PLEASE STILL COMPLETE THE TOP PORTION OF THE FORM WITH YOUR NAME, CHECK THE BOX INDICATED THAT YOU CHOOSE TO NOT PROVIDE ADDITIONAL CONTACT, SIGN AND DATE FORM AND RETURN WITH APPLICATION.
- ☞ SECTION 214 HUD CITIZENSHIP REVIEW DOCUMENTS - OWNERS NOTICE # 1, FAMILY SUMMARY SHEET, DECLARATIONS FOR EACH HOUSEHOLD MEMBER
- ☞ OTHER ATTACHMENT(S) _____

Owner or Property Name: HILLTOP HOUSE, INC.	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 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). We do business in accordance with the Federal Fair Housing Act and provide persons with disabilities reasonable accommodation upon request. TTY# (for hearing impaired) 711. Persons with language barriers may request or arrange interpretation alternatives or services based on the property's LEP Policy.	
504 Coordinator Name: KAREN CARLOS		
Address: 1005 TERRACE ST. SEATTLE, WA 98104	Telephone # (206) 624-5704	

Office Use Only: ACKNOWLEDGEMENT OF RECEIPT OF RENTAL APPLICATION

DATE RECEIVED	TIME RECEIVED	PERSON THAT RECEIVED APPLICATION AND REVIEWED FOR COMPLETENESS:	SIGNATURE
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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.

COPY OF ORIGINAL ID, SSN, AND/OR IMMIGRATION DOCUMENTATION

Head of household name _____

I certify that the item(s) pictured above is a copy of the original document(s) that I saw in person.

Staff name _____	Title _____
Staff signature _____	Date _____