



Application for Senior Subsidized Housing (62 yrs and over)

Lake Woods I Senior Apartments

Lake Woods II Senior Apartments

12404 19th Pl W
Everett, WA 98204
Phone: 425-339-1046
Fax: 425-740-0446

OFFICE USE ONLY:		
Receiving Subsidy _____		
E _____	W _____	BR _____

NOTICE TO APPLICANT

Complete all requested information to expedite handling of this application. This application is subject to approval and acceptance. **A separate application is required for each property for which you want to apply.**

Applicant's Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Message Phone: _____

E-Mail Address: _____

A. LIST ALL PERSONS TO LIVE IN THE APARTMENT, INCLUDING YOURSELF*
(You must disclose and verify Social Security Numbers for all family members.)

	First Name	Middle Initial	Last Name	Relation to Head	Gender optional	Date of Birth	Social Security Number
1.				Self			
2.							
3.							

Is any person listed above enrolled as a student in an institution of higher education? • Yes • No

*Applicants must disclose and verify Social Security Numbers (SSN) for all family members except:
 1. Those household members who do not contend eligible immigration status, or
 2. Applicants who were age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010.

If applicable, please note which exception number applies in the Social Security Number box above.

*Minimum required information for application processing

B. PLEASE ANSWER THE FOLLOWING QUESTIONS RELATED TO HOUSEHOLD NEEDS

1. Do you, or any other household member, require a live-in-aide? ·Yes ·No
If yes, does the live-in-aide need to be PART TIME or FULL TIME? _____

2. Do you, or any other household member, require a wheelchair adapted apartment (wheelchair, walker, etc.)? ·Yes ·No
If yes, explain: _____

C. LIST ALL SOURCES AND AMOUNTS OF INCOME (if no income, state N/A)*

(Wages, Tips, Public Assistance, Social Security, SSI, Pensions, Child Support, etc.)

Family Member Name	Source of Income	Gross Monthly Income

D. LIST ALL SOURCES AND AMOUNTS OF ASSETS (if no assets, state N/A)*

(Checking, Saving, IRA's, Certificates, Stocks, Bonds, Real Estate, etc.)

Type of Asset	Bank/Investment Firm	Total Value	Interest Earned

Have you disposed of any assets for less than fair market value in the past 2 years? · Yes · No
If yes, when: _____ Please describe: _____

E. LOCAL PREFERENCE INFORMATION.

Please choose ONE of the following statements:

_____ I am NOT receiving a rent subsidy from any Federal, State or local housing assistance program in Snohomish County, or I receive a rent subsidy from a homeless transitional housing program.

_____ I am receiving a rent subsidy from a Federal, State or local housing assistance program in Snohomish County and I am not participating in a homeless transitional housing program.

F. CURRENT DWELLING & CHARGES:

1. Do you own, or are you purchasing, a home, mobile home or any other Real Estate?
· Yes · No
2. What is your current monthly rental payment? \$ _____
Type of dwelling? _____
3. Do you currently, or have you previously resided in any subsidized housing? ·Yes · No
If yes, where & when? _____



G. PRESENT LANDLORD'S NAME & ADDRESS:

1. Present Landlord's Name: _____

Address: _____ Move-in date: _____

2. List all states where you and members of your household have resided:

H. CRIMINAL SCREENING CRITERIA

- 1. Is any person listed on page 1 subject to State lifetime sex offender registration in any state? Yes No
- 2. Does any person listed on page 1 have a felony or serious misdemeanor conviction in the past 10 years? Yes No
- 3. If yes to either of the above questions, please explain: _____

HOUSING APPLICATION: **A separate application is required for each property.**

**PLEASE CIRCLE THE PROPERTY AND BEDROOM SIZE
IN WHICH YOU ARE INTERESTED.**

Senior Subsidized Housing (62 yrs and over)

Lake Woods I Senior Apartments
12310 19th Pl W
Everett, WA 98204
(1 bedroom) (studio)

Please send completed applications to:

Lake Woods II Senior Apartments
12404 19th Pl W
Everett, WA 98204
Attn: Manager

◆ Read the Following Carefully Before Signing Below ◆

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

NON-DISCRIMINATION

We welcome qualified residents without regard to race, color, creed, sex, religion, marital status, familial status, sexual orientation, national origin, the presence of any sensory, mental, or physical disability, or use of a trained dog guide or service animal by a person with disabilities. We do business in accordance with the Federal Fair Housing Act and the Washington State Law Against Discrimination.



We do business in accordance with the Federal Fair Housing Act and the Washington State Law Against Discrimination. In addition, the final rule from HN-2016-06 Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity is intended to ensure that housing across HUD programs is open to all eligible individuals and families regardless of actual or perceived sexual orientation, gender identity, or marital status.



Effective July 1, 2008 smoking is not permitted in apartments, hallways, elevators, restrooms or common areas. Smoking is permitted 25 feet from the building doors and windows, as per Washington State Law RCW 70.160.

I understand that in order to keep my application "active", I am required to provide a current address and telephone number. **Any change in address and/or telephone number needs to be reported in writing for each waiting list.** (Please be sure and include your name and Social Security number along with the new address/telephone number information.) Failure to do so will result in the removal of my application from the waiting list(s). Further, I understand that I will be offered an apartment only ONCE per building; after which, if I have not accepted, my name will be removed from that property's waiting list. I'm also aware that **a separate application is required for all properties.**

I hereby confirm that all of the information has been provided voluntarily and is accurate and true. Any misrepresentation may result in the refusal of my application.

Signature (Applicant)

Date

Signature (Co-Applicant)

Date

Race and Ethnic Data Reporting – Data used for Reporting Purposes Only
There is no penalty for not completing the following information.

Head of Household	
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	



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.