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www.rentonhousing.org

RENTON HOUSING AUTHORITY

P.O. Box 2316 • Renton, WA 98056-0316
Office 425/226-1850 • Fax 425/271-8319



TTY 1-800-833-6388

Housing Application

This form is the official application for Renton Housing Authority (RHA) market rate and rent-assisted housing. **You will be placed on the appropriate waiting list as of the date and time you completely fill-out this application and submit it to the RHA Main Office located at 2900 NE 10th St. Renton WA 98056.** (Retain your date so you can reference it with the RHA Communities & Waitlists document available in the lobby.)

A waitlist position is established by submitting this form. Upon reaching the top of the waitlist, an applicant will be instructed to complete additional documents needed in the applications process and be scheduled for an intake interview. Additional documents may include: Release of Information, Citizenship Status and Personal Declaration forms, RentQuest credit and background check, program eligibility and accommodation documents.

For certain housing types your income may not exceed federal income limits (refer to the RHA adopted income guidelines available in the front office).

RHA may deny assistance if you cannot demonstrate an ability to abide by the conditions of a lease, including timely rent payments, caring for the premises and getting along with neighbors. A credit report will be used in part to make this determination, so it is recommended that you work to resolve any credit issues or outstanding balances owed to a previous landlord. RHA will deny or terminate housing assistance for those determined to have a history of involvement in illegal drug-related or violent criminal activity.

After verification by RHA of the information you supply, you will be notified in writing of approval or denial on the basis of eligibility and tenant suitability. If your application is denied, you will be advised of the procedure for requesting a review of the decision. If you fail to follow through with supplying information necessary to complete this application, it may be canceled, in which case you would also be advised in writing.

The Section 8 Housing Choice Voucher waiting list is ***presently closed*** with no known date when HUD will provide sufficient funding to re-open the list – such would be broadly advertised to the public.

APPLICANT NAME: _____

LAST NAME,	FIRST NAME	MI
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RHA Signature	Date:	Time:
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Priority: ☒ ONE ☐ TWO Community Specific: ☐ Houser ☐ Golden Pines ☐ Cedar River Terrace
☐ Market Rate Multiplexes ☐ Highland House Apts ☐ Chantelle Apts ☐ Low-Income Hsg LIPH
 BEDROOM SIZE: ☐ 0 BR ☐ 1 BR ☐ 2 BRs ☐ 3 BRs ☐ 4 BRs ☐ 5 or more

Maximum of two people to a bedroom. Individuals separated by one or more generations are not required to share a bedroom.

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) LAST NAME, FIRST NAME MI	Sex	Relationship to Head of House	Date of Birth and AGE	Disabled "Yes"/"No"	Place of Birth	Social Security Number
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]