Rental Pre-Application for Clay Apartments

600 E. Howell St. Seattle, WA 98122

Phone: (206) 566-6942 FAX: (206) 566-6942

E-mail: theclay@lihi.org

THANK YOU VERY MUCH FOR your interest in Clay apartments. If you need help completing this form, please ask the Office for assistance. Only fully completed applications received at the address above will be placed on the waitlist.

Name:

First Middle Last

Preferred method of contact – This is how we will contact you for an available unit: Mail Phone Email

Current/Mailing Address

City State Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Email:

Other Contact/Case Manager: Phone/Email:

What is your primary language? Do you need an interpreter? Yes No

Race & Ethnicity for Head of Household (optional)

How did you learn about the Clay Apartments?

Have any household members been convicted of manufacture or production of methamphetamine on the premises of federally assisted housing? Yes No

Are any household members subject to a lifetime registration requirement/continuing indefinite registration requirement for a sexual offense in any state)? Yes No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Household Member (include yourself) | Date of Birth | Social Security # | Monthly Income | Source of Income |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |

Are you currently homeless? Yes No

Is anyone in your household a student? Yes No If yes answer: Full time Part time

Name of Student Type of school

Do you or a member of your household have a disability and request an accessible unit or other unit features or modifications? Yes No

If yes, please list requested features:

Are you a veteran? Yes No

**Falsifying, manipulating, intentionally deceiving or otherwise purposefully omitting information during the application process may result in your application being denied. I hereby certify by my signature below that the information provided above is complete and accurate to the best of my knowledge.** I understand that at the time I reach the top of the waitlist, I will be required to provide verification of the information I have provided here, in accordance with federal and local housing regulations and LIHI policy. I accept full responsibility for keeping Cheryl Chow Court informed of my current contact information, and I understand I may be removed from the waitlist if I fail to do so.

Applicant Signature Date

The Clay Apartments 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). Director of Housing Management, 1253 S. Jackson S., Suite A, Seattle, WA 98144, (206) 443-9935 and 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.

**BELOW THIS LINE IS TO BE COMPLETED BY STAFF**

Received By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_