

CATHOLIC HOUSING SERVICES  
APPLICATION  
FOR HUD 202/8 ELDERLY & DISABLED HOUSING

For Office Use Only: Management Representative Signature: _____ Date: _____ Time Application Received: _____ a.m. / p.m.
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Application for Housing at: **Chancery Place Apartments**  
**910 Marion St., #105**  
**Seattle, WA. 98104-4208**  
**ph:206.343.9415**  
**fax:206.343.0680**

How did you hear about the property? (Check all that apply)  Printed ad  Friend  
 Flyer/Brochure  Current Resident  Other (please specify) \_\_\_\_\_

**Head of Household Applicant:** \_\_\_\_\_

Social Security No: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Male / Female (circle one)

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**E-mail Address (if applicable):** \_\_\_\_\_

Are you a Student Enrolled in an Institute of Higher Education? Yes \_\_\_ No \_\_\_

Are you a US citizen: Yes \_\_\_ No \_\_\_

Or, are you a non-citizen who has eligible immigration status: Yes \_\_\_ No \_\_\_

Optional--Ethnic Category: Hispanic or Latino \_\_\_ Not Hispanic or Latino \_\_\_

Optional--Race Category (Mark one or more races): American Indian or Alaska Native \_\_\_

Asian \_\_\_ Black or African American \_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_

White \_\_\_ Other \_\_\_

**Co-Applicant:** \_\_\_\_\_

Social Security No: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Male / Female (circle one)

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**E-mail Address (if applicable):** \_\_\_\_\_

Are you a Student Enrolled in an Institute of Higher Education? Yes \_\_\_ No \_\_\_

Are you a US citizen: Yes \_\_\_ No \_\_\_

Or, are you a non-citizen who has eligible immigration status: Yes \_\_\_ No \_\_\_

**Social Security numbers of all household members.**

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

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- Do you and/or the co-applicant have a physical disability that would benefit from the design features of a fully accessible apartment? Yes \_\_\_ No \_\_\_
- Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_
- Have you ever declared bankruptcy? Yes \_\_\_ No \_\_\_ If so when? \_\_\_\_\_
- Are you currently living in HUD subsidized housing? Yes \_\_\_ No \_\_\_
- Have you ever been evicted? Yes \_\_\_ No \_\_\_ If so when? \_\_\_\_\_
- Do you have a pet? Yes \_\_\_ No \_\_\_ How Many? \_\_\_\_\_  
 Type: \_\_\_\_\_ Weight: \_\_\_\_\_
- Do you currently own your own home? Yes \_\_\_ No \_\_\_
- Do you rent? Yes \_\_\_ No \_\_\_ If so, is it HUD subsidized? Yes \_\_\_ No \_\_\_  
 If renter: Length of Residency: \_\_\_\_\_  
 Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Current Income:** (Pensions, Social Security, SSI, Veterans, Retirement, Annuities, Other)  
 If necessary, use an extra sheet of paper.

<u>Type</u>	<u>Annual Amount</u>
	\$
	\$

*This application must be signed and dated to be complete. Incomplete applications will not be placed on the waiting list.*

**Assets:** (Savings, checking, certificates, stocks, bonds, real estate, etc.)

<u>Type &amp; Source</u>	<u>Amount</u>
	\$
	\$
	\$

Is there anything that would limit how soon you could move if an apartment became available (i.e. Rental Lease, Selling Home)? If so, please explain:

\_\_\_\_\_

The Archdiocesan Housing Authority is committed to providing equal opportunity in the provision of housing. We do not discriminate on the basis of race, color, religion, sex, disability, national origin or familial status. If you have any questions about the application process, please call the Program Director of the building(s) to which you applied.

**Occupancy Policy**

1. The Archdiocesan Housing Authority limits the occupancy of the apartment based on the number of bedrooms in the apartment home. A bedroom is defined as a space within the premises that is used primarily for sleeping, with at least one window, a closet for clothing and a minimum of seventy (70) square feet.
2. A maximum of two (2) people will be allowed in a 1 bedroom apartment home classified as a HUD/SEC 8 202 property owned by the Archdiocesan Housing Authority. Exception to this policy will be considered by request on a case by case basis.
3. Occupancy levels may vary where the apartment's square footage does not allow for more occupants. In this situation, the total square footage will be taken into consideration.

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4. Any change in the original occupants requires a new application to be processed. The Archdiocesan Housing Authority reserves the right to refuse any future applicant if they fail the screening process.
- The screening will be based on previous landlord references, credit history, and drug and criminal history. Please refer to the Tenant Selection Plan p.14-16 for more information.

OCCUPANCY STANDARDS: No more than 2 person(s) per bedroom

**I/We certify that the foregoing information is true and complete to the best of my/our knowledge. I/We authorize inquiries to be made to verify the statements made. I/We understand that this is a preliminary survey of eligibility and that all information that I/We have given will be treated in strictest confidence.**

**Head of Household Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*This application must be signed and dated to be complete. Incomplete applications will not be placed on the waiting list.*

**Individuals with disabilities have the right to request reasonable accommodations in all written notices given to applicants and tenants.**

**Refer to property's Tenant Selection Plan for eligibility requirements for this apartment community.**