

CATHOLIC HOUSING SERVICES
Renton Family Housing

RESIDENT SELECTION CRITERIA

1. Applicants must meet minimum and maximum income guidelines. All applicants must be income qualified according to the LIHTC Income Limits for King County. Some units are set aside for those at or below 30% of the Area Median Income and some for those at or below 50% of the Area Median Income.
2. Some units are set aside for homeless families, some for large families, and some for families with a disabled household member.
3. Household size must be within apartment's guidelines.
4. Applicants must supply all necessary documentation for income and set aside verification.
5. Applicants must have a demonstrated ability to pay rent. Gross income must be at least twice the amount of the rent for that unit unless the applicant has a tenant based rent subsidy.
6. Credit within the last five years must be satisfactory with the exception of student loans and medical bills. A bankruptcy may be considered. Any positive credit established after a bankruptcy will be considered favorable.
7. Rental history must not include:
 - a. Failure to have made timely rental payments during the last year.
 - b. A delinquent obligation owed to a previous landlord.
 - c. A judgment or eviction against an applicant by a current or previous landlord within a five (5) year period.
8. Applicants must not have demonstrated behaviors in the past year that would be inappropriate for residency at these Apartments including but not limited to violence, substance abuse or sales, or other behaviors or patterns of behavior that would have a negative impact on other residents. Applicants with felony convictions less than five (5) years old for arson, serious assault, or drug manufacture or sale will not be considered. Applicants with other felonies within the past five (5) years will be considered on a case by case basis.
9. Applicant must have the ability and capacity to live independently, either on his/her own or with the aid of a care provider or payee.

I/We believe that I/we fall within the resident selection criteria and wish to continue with the application process. I/We understand that our application fee is non-refundable should we be denied.

Applicant Signature/Date

Applicant Signature/Date

Applicant Signature/Date

Applicant Signature/Date