



**CATHOLIC HOUSING SERVICES**  
SERVING PEOPLE OF ALL BELIEFS

Elbert House Apartments  
16000 NE 8th St #101  
Bellevue, WA. 98008  
Ph: 425.747.5111  
Fax: 425.641.3141

Dear Applicant,

Thank you for your interest in Elbert House Apartments and Catholic Housing Services (CHS) affordable housing program, providing housing through the Section 202/8 Program for the elderly and individuals in certain cases of disability, a program of the U.S. Department of Housing and Urban Development (HUD).

Enclosed is an application and supplemental information regarding the tenant selection plan including admission, residency policy and waiting list policy.

Currently the waiting list time for Elbert House Apartments is approximately 3 to 5 years. The waiting list is updated approximately every six months. If your phone number or address should change, please advise the manager in order to keep your application current.

Catholic Housing Services is committed to providing equal opportunity in the provision of affordable housing. We do not discriminate on the basis of race, color, religion, gender, disability, or national origin.

Thanks again for your interest.

Program Director



## WAITLIST PRE-APPLICATION

Elbert House Apartments  
16000 NE 8th St #101  
Bellevue, WA 98008  
Ph: 425.747.5111  
Fax: 425.641.3141

HEAD OF HOUSEHOLD LEGAL NAME	PHONE NUMBER	E-MAIL ADDRESS
STREET ADDRESS	CITY	WA ZIP
BEDROOM PREFERENCE: STUDIO___ 1 BEDROOM___ NO PREFERENCE___		

**LIST ALL PERSONS INCLUDING YOURSELF WHO ARE EXPECTED TO RESIDE IN YOUR APT.:  
PLEASE PRINT FULL LEGAL NAME**

NAME	RELATION	SOCIAL SECURITY #	GENDER (optional)	BIRTHDATE
	HEAD			

**PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:**

**YES      NO**

Are you and/or the co-applicant 62 years of age or older?		
Are you and/or the co-applicant in need the feature of a fully accessible unit?		
Do you have any pets? List here:		
Are you and/or the co-applicant a student enrolled in an institute of higher education?		
What is the <b>gross annual income</b> for the entire household?(including income from assets)	\$	
Are you and/or the co-applicant a US citizen?		
Or, are you and/or the co-applicant a non-citizen who has eligible immigration status?		
Have you and/or the co-applicant served in the U.S armed forces?		
Have you ever been convicted of a crime? If so when and for what?		
Are you or anyone named on this application subject to State lifetime sex offender registration in any state?		
Have you ever been evicted? If so when?		
Is there anything that prevents your household from applying for housing, occupying your unit and/or participating fully with the program?		

**ACCOMMODATIONS:** if you answer yes, additional forms will be provided to you, including a verification form for your medical professional to complete and sign. Upon request, Catholic Housing Services will provide reasonable accommodations to people with disabilities so they can participate in our programs.

**(OPTIONAL) RACE AND ETHNICITY OF HEAD OF HOUSEHOLD: ETHNICITY:**  Hispanic or Latino  Not Hispanic or Latino **RACE:**  American Indian/Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

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

Catholic Housing Services 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 Manager of the building(s) to which you applied.

I CERTIFY THE ACCURACY AND COMPLETENESS OF INFORMATION PROVIDED:

APPLICANT (HEAD) SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CO-HEAD/SPOUSE/ OTHER ADULT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

This pre-application must be signed and dated to be complete. Incomplete applications will not be placed on the waiting list. Refer to property's Tenant Selection Plan for eligibility requirements for this apartment community.

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

Unit Size	Maximum Number of Occupants
Studio	2
1 Bedroom	3

**Office Use Only: ACKNOWLEDGEMENT OF RECEIPT OF RENTAL APPLICATION**

DATE RECEIVED	TIME RECEIVED	PERSON THAT RECEIVED APPLICATION AND REVIEWED FOR COMPLETENESS:	SIGNATURE

Owner or Property Name: Elbert House Apartments 504 Coordinator Name: Jason Greenlund Address: 100 23 <sup>rd</sup> Ave S. Seattle, WA 98144	Catholic Housing Services 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 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). We do business in accordance with the Federal Fair Housing Act and provide persons with disabilities reasonable accommodation upon request. TTY# (for hearing impaired) 711. Persons with language barriers may request or arrange interpretation alternatives or services based on the property's LEP Policy.
	Telephone # (206)328.5873



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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

--	--

**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.