



CATHOLIC HOUSING SERVICES
OF WESTERN WASHINGTON
Pre-Application for Renton Family Housing
Renton Family Housing
1000 Jefferson Ave. N.E. D-102
Renton, WA 98059
P: 425.793.7060
F: 425.227.6958
E: RentonFamilyHousing@ccsww.org

	• 24 2- & 3- bedroom apartments in Renton, WA. There is no studio or one bedroom apartments.
	• Special Populations Served: Large Families, Persons with Disabilities and Homeless Families.
	• Must meet minimum and maximum income limits as determined by the King County MTSP- Income and Rent Limits. Some units require households below 30% of the area median income—as of April 2020 (\$35,820 annual gross income for a family of 4). Some units require households below 50% of the area median income—as of April 2020 (\$59,700 annual gross income for a family of 4). Eligible minimum household income must be at least 2 times the monthly rent (minimum \$1,634 gross monthly income for a 3-bedroom 30% unit and minimum \$2876 gross monthly income for a 3-bedroom 50% unit).
	• All units are non-subsidized. Maximum monthly rent currently ranges from \$806 to \$1,552 depending on household income and bedroom size.

To be added to Renton Family Housing waitlist, please mail, scan and e-mail, or fax your Pre-application AND Resident Selection Criteria form to Renton Family Housing. If you have questions about the waitlist, or have changes in your contact or income information, please be sure to report these changes. Incomplete applications will not be added to the waiting list.

Disclosure: After your application is received, we will only contact you if further clarification is needed. If it is determined after reviewing your application you are not eligible (e.g. inadequate income) you will be notified and may be sent a Notification of Ineligibility. You are welcome to contact us to confirm whether your application was received.

Thank you.

Catholic Housing Services Pre- Application

Incomplete Applications will not be added to the waitlist.

Applicant Information

Last Name	First Name	Middle Name
Mailing Address	City	State Zip
Home Tel. ()	Message Tel. ()	Work Tel. ()
Social Security #: - -	Date of Birth:	Primary Language:

Release of Information: If you want Catholic Housing Services staff to speak with your case manager, friend or relative about your housing status, you must first complete and sign the following release. Remember to write in the name of all person(s) that you are allowing us to speak with and sign the bottom of the release.

I, _____ (applicant name), give Catholic Housing Services permission to speak with the following list of people regarding my housing application. I understand that this information will not be forwarded to anyone other than the parties listed below, without my written permission. I understand that I can revoke this release at any time. This consent form expires 24 months after signing.

Case Manager (if any): _____ Phone: _____

Other Contact: _____ Phone: _____

Other Contact: _____ Phone: _____

Applicant Signature _____ Date: _____

Income Information

Please list the source and amount of **all** current income received by you, including any type of temporary or day labor.

Income Source	Monthly Amount	Income Source	Monthly Amount
U SSI/SSA	\$ / month	U Employment	\$ / month
U TANF	\$ / month	U Temp/Day Labor	\$ / month
U GAU/GAX	\$ / month	U Other	\$ / month
U Child Support	\$ / month		Please describe

General Information (please circle all that apply)

1. Are you a full-time student? If yes, please describe:	Yes	No
3. Have you ever lived in a Catholic Housing Services building? If yes, what year and where?	Yes	No
4. Have you ever lived in a unit/building subsidized by Seattle Housing Authority? If yes, what year and where?	Yes	No
	Do you owe SHA money?	Yes No
7. Have you ever used any other name(s) or a social security number other than listed above? If yes, what name(s) and/or social security number(s)?	Yes	No
8. Are you a US citizen?	Yes	No
9. Are you a Veteran?	Yes	No

10. Are you Homeless? Yes No

If you are currently homeless, please indicate where you are staying (circle all that apply)

Streets Shelter Family Friend Jail Care Facility Hotel Transitional

Other, please describe: _____

11. Will you be the only one to occupy a housing unit? Yes No

If no, please list the names and date of birth of all additional household members:

1. Name: _____ Date of Birth: _____ 4. Name: _____ Date of Birth: _____
 2. Name: _____ Date of Birth: _____ 5. Name: _____ Date of Birth: _____
 3. Name: _____ Date of Birth: _____ 6. Name: _____ Date of Birth: _____

12. Is anyone in your household disabled? Yes No

Does this person require any of the following accommodations/ unit modifications? (check all that apply)

- Wheelchair accessible unit Sensory impaired accessible unit Ground floor unit (no stairs)
 Live-in aide/caregiver Service or Companion Animal Large type documents
 Other physical adaptations (grab bars, etc.) Other _____

Optional Information - Please circle all that apply. For statistical purposes only; this information will not be disseminated.

Gender: Male Female Transgender

Ethnicity: Hispanic/Latino Non-Hispanic/Non-Latino

- Race: White/Caucasian/European-American African
 Black/African-American Alaskan Native
 Black/African-American & White Hawaiian Native or Pacific Islander
 American Indian Asian
 American Indian/Alaskan Native & White Asian American
 American Indian/Alaskan Native & Black/African American Asian & White
 Hispanic/Latino Other Multi-Racial
 Other

ATTENTION APPLICANT:

You are responsible for maintaining current and accurate application information. It is your responsibility to inform Renton Family Housing staff of any changes in your contact information, income or household conditions. You are required to check in with Renton Family Housing every sixty (60) days by phone or in person to remain "active" on the waiting list. We update our waitlists every six (6) months and if we have not heard from you for six months, your name will be removed from the waitlist.

We require **copies of Photo Identification or Birth Certificates and Social Security card.** If you or any of your household members do not have Photo IDs or Social Security Cards, please work on obtaining these documentations while you are on the waitlist.

I understand the check-in policy for Renton Family Housing.
(Please initial): _____ **Date:** _____

I certify that all information I have provided is complete and accurate. I understand that this is not a contract and does not bind either party. The information contained in this application is true, and completed to the best of my knowledge. I understand that not being truthful in the application process may reduce my chances of being housed. I have no objection to inquiries being made for the purpose of verifying the statements made herein.

Applicant Signature _____ **Date** _____



Catholic Housing Services welcome qualified tenants without regard to race, color, religion, creed, ancestry, political ideology, sex, marital status, age, parental status, national origin, sexual orientation, gender identity, disability, Section 8 housing subsidy, or use of a service animal. CHS provides reasonable accommodations to persons with disabilities. If you need this document in an alternate format, please speak with staff.