

MONICA'S VILLAGE PLACE I APARTMENTS HOUSING APPLICATION

 First Name Last Name Middle Initial Date
 _____ / _____ / _____
 Date of Birth Social Security Number Phone

_____ Email

_____ Current Address with City and Zip code

Are you, or will you be in the next 12 months, a full-time student? ____ Yes ____ No

Who referral you to this program?

Referral Contact Name: _____ Referral Phone Number: _____

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
<input type="checkbox"/> SSI/SSA	\$ _____ / month	<input type="checkbox"/> Employment	\$ _____ / month
<input type="checkbox"/> TANF	\$ _____ / month	<input type="checkbox"/> Temp/Day Labor	\$ _____ / month
<input type="checkbox"/> GAU/GAX	\$ _____ / month	<input type="checkbox"/> Other	\$ _____ / month
<input type="checkbox"/> Child Support	\$ _____ / month	Please describe	

General Information (please circle all that apply)

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

General Information (continued)

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. Are you disabled?	Yes	No
Do you require any of the following accommodations/ unit modifications? (check all that apply)		
<input type="checkbox"/> Wheelchair accessible unit	<input type="checkbox"/> Sensory impaired accessible unit	<input type="checkbox"/> Ground floor unit (no stairs)
<input type="checkbox"/> Live-in aide/caregiver	<input type="checkbox"/> Service or Companion Animal	<input type="checkbox"/> Large type documents
<input type="checkbox"/> Other physical adaptations (grab bars, etc.) _____		<input type="checkbox"/> Other _____

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

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender
Ethnicity:	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic/Non-Latino	
Race:	<input type="checkbox"/> White/Caucasian/European-American	<input type="checkbox"/> African	
	<input type="checkbox"/> Black/African-American	<input type="checkbox"/> Alaskan Native	
	<input type="checkbox"/> Black/African-American & White	<input type="checkbox"/> Hawaiian Native or Pacific Islander	
	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian	
	<input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/> Asian American	
	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American	<input type="checkbox"/> Asian & White	
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Other Multi-Racial	
	<input type="checkbox"/> Other _____		

EMERGENCY CONTACT

Name	Relationship	Phone Number/Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been involved in?

	*YES/NO	DATES
Eviction	_____	_____
*If yes, please explain: _____		

I hereby authorize the Catholic Housing Services (CHS) to request and obtain information, for the purpose of determining my eligibility to receive housing assistance, and my suitability to be a CHS resident. I also authorize the persons, businesses, organizations, and service providers to which such requests are directed, to provide the information requested by CHS, and I indemnify them from any harm for providing information in accordance with such requests. I understand that I will be given the opportunity to contest any negative determination based on the information obtained. I

agree that copies of this document may be made to authorize inquires from sources I have given to CHS, or from other sources which become apparent from information collected during the completion of my application file. As a prospective tenant of the **Monica's Village Place I**, I agree to a complete investigation of my past court, credit and rental history, which does not constitute an invasion of my privacy. Authorization is given of my own free will. I understand that any misrepresentation, deletions or falsification on this application is sufficient cause to void my application.

I also authorize CHS and the management of the **Monica's Village Place I** to share financial and social information for the purposes of verifying my continued eligibility and suitability for housing.

By signing below, I certify that the above information is true and correct to the best of my knowledge. I authorize representatives of the Catholic Housing Services (CHS) to verify the information listed on this application for admission into the **Monica's Village Place I**. This consent expires 15 months after signed.

Applicant's Signature

Date

Housing Application Revised 02/26/2020