



Commissioners:

LARY COPPOLA, *Chair*  
CHARLOTTE GARRIDO, *Vice Chair*

STEVE BAUER  
JOSH BROWN  
BECKY ERICKSON  
TROY ERICKSON  
DEBBI LESTER

*Executive Director*  
TONY CALDWELL

## ***KITSAP COUNTY CONSOLIDATED HOUSING AUTHORITY***



Dear Applicant,

Please complete the attached Eligibility Pre-Application. Answer all questions. Incomplete applications cannot be processed and will be returned.

You must submit the original Eligibility Pre-Application including the disclosure of all household members' social security numbers. Applications must be signed by each person over the age of 18. Applications will be accepted via mail or in person at our office.

Your application will be processed and a letter will be mailed to the address you provided informing you that you have been placed on the waiting list.

Please do not call for your placement on the waiting list. When your name comes up on the waiting list, you will be notified by MAIL.

You are required to notify KCCHA in writing of any change in address; income and/or household composition (*please use the "Change of Circumstance" form available in the lobby*).

If notification is returned from the post office due to an insufficient address or due to "moved, left no forwarding address" status, you will be removed from the waiting list. No further notification will be sent.

If you have any questions or need assistance in filling out the application, please call (360) 535-6100.

Thank you.



Kitsap County Consolidated Housing Authority (KCCHA) welcomes qualified tenants without regard to race, color, national origin, creed, religion, sex, marital status, familial status, disability or due to ownership of a service animal. KCCHA provides reasonable accommodations to persons with disabilities. If you need this document in an alternate format, please contact KCCHA's Section 504 Coordinator at (360) 535-6100.

---

9307 Bayshore Drive N.W. • Silverdale, Washington 98383-9113  
Main (360) 535-6100 • TDD (360) 535-6106 • Fax (360) 535-6107  
<http://www.kccha.org>

**KITSAP COUNTY CONSOLIDATED HOUSING AUTHORITY**

9307 Bayshore Dr. NW • Silverdale, WA 98383  
 Telephone (360) 535-6100 • Fax (360) 535-6165 • TDD (360) 535-6106

Application #: _____
Date Received: _____
Time Received: _____
Received By: _____
Bedroom Size: _____

**Eligibility Pre-Application**

Place an (X) in the box of the property(s) for which you are applying:

<b>Family Housing</b> (Subsidized Housing) <input type="checkbox"/> Public Housing (You <u>must</u> be 62 and disabled to be eligible for a one bedroom)
---

<b>Senior Housing</b> (Tax Credit) <input type="checkbox"/> Golden Tides II & III (age 55 and older) <input type="checkbox"/> Madrona Manor (age 55 and older) <input type="checkbox"/> Port Orchard Vista (age 62 and older)
--

**Applicant Information**

Last Name	First Name	Middle	
Mailing Address	City	State	Zip
Home Tel. (    )	Mess. Tel. (    )	Work Tel. (    )	

**Household Members:** Start with head of household, then list spouse/co-head, then minors, then any other adults.

	Legal Name Last, First, Middle Initial	Sex M/F	Relationship to Head	Social Security Number	Date of Birth Month/date/year	Place of Birth City/State
1			Head			
2						
3						
4						
5						
6						
7						
8						

**Have you or anyone in your household ever used any other name(s)?**

Yes     No    If yes, what name(s)? \_\_\_\_\_

**Have you or anyone in your household ever used a social security number other than those listed?**

Yes     No    If yes, what number(s)? \_\_\_\_\_

**Are you a Veteran?**     Yes     No

**Are you Homeless?**     Yes     No

If you answered "yes" to the question above, describe your current living situation:

\_\_\_\_\_

\_\_\_\_\_

**Optional Information for Statistical Purposes Only (Please check all that apply):**

<b>Head of Household:</b>	<input type="checkbox"/> African American/Black	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Asian	<input type="checkbox"/> Pacific Islander
	<input type="checkbox"/> Native American/Alaskan Native	<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Hispanic	
<b>Spouse/Other Adult:</b>	<input type="checkbox"/> African American/Black	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Asian	<input type="checkbox"/> Pacific Islander
	<input type="checkbox"/> Native American/Alaskan Native	<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Hispanic	
<b>Children:</b>	<input type="checkbox"/> African American/Black	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Asian	<input type="checkbox"/> Pacific Islander
	<input type="checkbox"/> Native American/Alaskan Native	<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Hispanic	

**The following are types of income that must be reported:**

- Wages, Salaries, overtime pay, commissions, fees, tips and bonuses
- Net income from a business
- Earned income of a full time student
- TANF
- GAU or GAX
- VA Benefits
- Social Security, SSI, SSDI
- Unemployment benefits
- Disability compensation
- Worker's compensation
- Severance pay
- Annuities
- Insurance policies
- Alimony or child support payments
- Income derived from assets
- Contributions from family members (this includes regular payments of bills, purchase of products such as diapers, food etc.)

**INCOME INFORMATION:** Please list the source and amount of **all current income** received by **all household members**, including your children and yourself.

Household Member Name	Income Source	Monthly Amount	Hourly Wage	# of Hours per week
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

**Have you, or any household member ever been convicted of a CRIMINAL OFFENSE?**  Yes  No  
**If YES, give name of household member and explain:** \_\_\_\_\_

**Do you have any PETS?**  Yes  No  
**If so, what type?** \_\_\_\_\_

**ATTENTION APPLICANT:** You are responsible for maintaining current and accurate application information. You are required to notify Kitsap County Consolidated Housing Authority in writing of any change in address; income and/or household composition (please use the "Change of Circumstance" form available in the lobby). **If we cannot contact you at the address listed on this application or an updated address, your name will be removed from the waiting list, and you will have to re-apply.**

It is the responsibility of all clients to provide accurate and complete information to KCCHA. If you do not provide all required information or if you submit false information to KCCHA you may be charged with federal fraud. (Title 18, Section 1001 of the U.S. Code)

I authorize the Kitsap County Consolidated Housing Authority to obtain and verify information concerning my eligibility, suitability, household composition, income, assets and deductible expenses.

I CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE.

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

I understand that this is not a contract and does not bind either party. The information contained in this application is true, and complete to the best of my knowledge. I have no objection to inquiries being made for the purpose of verifying the statements made herein.

\_\_\_\_\_

**Head Of Household Signature**                      **Date**                      **Co-Applicant Signature**                      **Date**



Are you or any other members of your household disabled? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, which member(s) are disabled?

\_\_\_\_\_

Do you or any member of your family require any of the following accommodations or unit modifications?

- Wheelchair accessible unit
- Sensory impaired accessible unit
- Ground floor unit (no stairs)
- Other physical adaptations (grab bars etc.)
- Service/Companion Animal
- Copy mail to Case Manager
- Large type documents
- Live-in aide/caregiver
- Payee (please list name) \_\_\_\_\_
- Other \_\_\_\_\_

Kitsap County Consolidated Housing Authority complies with the Fair Housing Act and provides reasonable accommodations and modifications to persons with disabilities.

### Special Assistance

1) Do you need this document translated into a language other than English?  
If yes, which language? \_\_\_\_\_

a) Kailangan nyo po ba ang ibang pananalita o linguwahe para isalin itong dokumentong ito maliban sa Ingles? Kung oo, ano po bang pananalita o linguwahe?  
\_\_\_\_\_

b) ¿Necesita usted que este documento sea traducido a otro idioma diferente que en ingles?  
¿Si es asi, que idioma? \_\_\_\_\_

c) Bạn có cần tài liệu này được dịch qua ngôn ngữ nào khác ngoài tiếng Anh không? Nếu có, ngôn ngữ nào? \_\_\_\_\_

2) Do you need help communicating with Kitsap County Consolidated Housing Authority in a language other than English? If yes, which language? \_\_\_\_\_

a) Kailangan nyo po ba ang tulong para makausap ang Kitsap County Consolidated Housing Authority sa ibang pananalita o linguwahe maliban sa Ingles? Kung oo, ano po bang pananalita o linguwahe? \_\_\_\_\_

b) ¿Necesita usted comunicarse con la autoridad de vivienda de Kitsap County en otra idioma que no sea el ingles? ¿Si es asi, que idioma? \_\_\_\_\_

c) Bạn có cần thông dịch khi giao tiếp với Kitsap County Consolidated Housing Authority không?  
Nếu có, ngôn ngữ nào? \_\_\_\_\_

3) Do you need sign language assistance for your appointments with Kitsap County Consolidated Housing Authority?  
Yes \_\_\_\_\_ No \_\_\_\_\_



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"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<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.