# WAITLIST APPLICATION FOR:
# Port Orchard Vista

900 Mitchell Avenue Port Orchard, WA 98366

Phone: (360) 519-3659 | Email: portorchardvista@housingkitsap.org

**NOTICE:**
Please complete all sections of this application. Do not leave any questions blank. If a question does not apply to your household, write "N/A" (Not Applicable).
Applications that are incomplete, inaccurate, or difficult to read will not be accepted.
Submission of this application does not guarantee housing or placement on the waitlist. All applications are subject to review and approval by Housing Kitsap in accordance with established eligibility criteria.

**HEAD OF HOUSEHOLD:** _____
Last First Middle Initial

**CO-HEAD OF HOUSEHOLD:** _____
Last First Middle Initial

**MAILING ADDRESS:** _____
Street Address/P.O. Box

_____
City State Zip Code

**PHONE:** _____ **EMAIL ADDRESS:** _____

| **BEDROOM SIZE REQUESTED** (minimum/maximum people per unit): | **SUBSIDIZED HOUSING** |
|---|---|
| ☐ **One Bedroom** (1-3 people)<br>☐ **Two Bedroom** (2-5 people) | ☐ Yes, Project Based Voucher |

| **LANGUAGE:** | |
|---|---|
| Primary Language: _____ | Will you need an interpreter to speak about your application?<br>☐ YES ☐ NO |

**INCOME AND ASSETS**

**MONTHLY INCOME:** Check all sources of income that apply for all household members.

- ☐ Unemployment
- ☐ Wages / Employment
- ☐ Pension
- ☐ Interest or Annuity Income
- ☐ Child Support
- ☐ SSA
- ☐ SSI
- ☐ TANF
- ☐ Workers' Compensation/L&I
- ☐ Other public assistance
- ☐ Other income
- ☐ Someone else pays my bills or gives me money

| | |
|---|---|
| **TOTAL GROSS MONTHLY INCOME:** | **$** |
| **TOTAL VALUE OF ALL ASSETS:** (Checking, Savings, 401k accounts, etc.) | **$** |

EQUAL HOUSING OPPORTUNITY

This institution is an equal opportunity provider and employer.

Housing Kitsap 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. Housing Kitsap provides reasonable accommodations to persons with disabilities. If you need this document in an alternate format, please contact Housing Kitsap Section 504 Coordinator, Freddy Linares at (360) 535-6128 or 2244 NW Bucklin Hill Road Silverdale, WA 98383.

## HOUSEHOLD COMPOSITION

**OPTIONAL DEMOGRAPHIC INFORMATION**

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information but are encouraged to do so.

### HEAD OF HOUSEHOLD

| Head of Household Full Name | Relationship to Head of Household | Birth Date MM/DD/YYYY | Social Security Number |
|---|---|---|---|
| | HEAD | | |

**OPTIONAL DEMOGRAPHIC INFORMATION**

Race:
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other
- ☐ Decline to Report

Ethnicity: *(Select One)*
- ☐ Non-Hispanic or Non-Latino
- ☐ Hispanic or Latino
- ☐ Decline to Disclose

Sex:
- ☐ Male
- ☐ Female
- ☐ Decline to Report

Full Time Student:
Includes K-12
- ☐ Yes
- ☐ No

### HOUSEHOLD MEMBER 2

| Household Member Full Name | Relationship to Head of Household | Birth Date MM/DD/YYYY | Social Security Number |
|---|---|---|---|
| | | | |

**OPTIONAL DEMOGRAPHIC INFORMATION**

Race:
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other
- ☐ Decline to Report

Ethnicity: *(Select One)*
- ☐ Non-Hispanic or Non-Latino
- ☐ Hispanic or Latino
- ☐ Decline to Disclose

Sex:
- ☐ Male
- ☐ Female
- ☐ Decline to Report

Full Time Student:
Includes K-12
- ☐ Yes
- ☐ No

### HOUSEHOLD MEMBER 3

| Household Member Full Name | Relationship to Head of Household | Birth Date MM/DD/YYYY | Social Security Number |
|---|---|---|---|
| | | | |

**OPTIONAL DEMOGRAPHIC INFORMATION**

Race:
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other
- ☐ Decline to Report

Ethnicity: *(Select One)*
- ☐ Non-Hispanic or Non-Latino
- ☐ Hispanic or Latino

Decline to Disclose

Sex:
- ☐ Male
- ☐ Female
- ☐ Decline to Report

Full Time Student:
Includes K-12
- ☐ Yes
- ☐ No

### HOUSEHOLD MEMBER 4

| Household Member Full Name | Relationship to Head of Household | Birth Date MM/DD/YYYY | Social Security Number |
|---|---|---|---|
| | | | |

**OPTIONAL DEMOGRAPHIC INFORMATION**

Race:
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other
- ☐ Decline to Report

Ethnicity: *(Select One)*
- ☐ Non-Hispanic or Non-Latino
- ☐ Hispanic or Latino
- ☐ Decline to Disclose

Sex:
- ☐ Male
- ☐ Female
- ☐ Decline to Report

Full Time Student:
Includes K-12
- ☐ Yes
- ☐ No

**HOUSEHOLD MEMBER 5**

| Household Member Full Name | Relationship to Head of Household | Birth Date MM/DD/YYYY | Social Security Number |
|---|---|---|---|
| | | | |

**OPTIONAL DEMOGRAPHIC INFORMATION**

Race:
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other
- ☐ Decline to Report

Ethnicity: *(Select One)*
- ☐ Non-Hispanic or Non-Latino
- ☐ Hispanic or Latino
- ☐ Decline to Disclose

Sex:
- ☐ Male
- ☐ Female
- ☐ Decline to Report

Full Time Student:
Includes K-12
- ☐ Yes
- ☐ No

**HOUSEHOLD MEMBER 6**

| Household Member Full Name | Relationship to Head of Household | Birth Date MM/DD/YYYY | Social Security Number |
|---|---|---|---|
| | | | |

**OPTIONAL DEMOGRAPHIC INFORMATION**

Race:
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other
- ☐ Decline to Report

Ethnicity: *(Select One)*
- ☐ Non-Hispanic or Non-Latino
- ☐ Hispanic or Latino
- ☐ Decline to Disclose

Sex:
- ☐ Male
- ☐ Female
- ☐ Decline to Report

Full Time Student:
Includes K-12
- ☐ Yes
- ☐ No

**HOUSEHOLD MEMBER 7**

| Household Member Full Name | Relationship to Head of Household | Birth Date MM/DD/YYYY | Social Security Number |
|---|---|---|---|
| | | | |

Race:
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American

Ethnicity: *(Select One)*
- ☐ Non-Hispanic or Non-Latino
- ☐ Hispanic or Latino
- ☐ Decline to Disclose

| | | |
|---|---|---|
| ☐ Native Hawaiian or Other Pacific Islander<br>☐ White<br>☐ Other<br>☐ Decline to Report | Sex:<br>☐ Male<br>☐ Female<br>☐ Decline to Report | Full Time Student:<br>Includes K-12<br>☐ Yes<br>☐ No |

**HOUSEHOLD MEMBER 8**

| Household Member Full Name | Relationship to Head of Household | Birth Date MM/DD/YYYY | Social Security Number |
|---|---|---|---|
| | | | |

**OPTIONAL DEMOGRAPHIC INFORMATION**

| | | |
|---|---|---|
| Race:<br>☐ American Indian or Alaska Native<br>☐ Asian<br>☐ Black or African American<br>☐ Native Hawaiian or Other Pacific Islander<br>☐ White<br>☐ Other<br>☐ Decline to Report | Ethnicity: *(Select One)*<br>☐ Non-Hispanic or Non-Latino<br>☐ Hispanic or Latino<br>☐ Decline to Disclose<br>Sex:<br>☐ Male<br>☐ Female<br>☐ Decline to Report | Full Time Student:<br>Includes K-12<br>☐ Yes<br>☐ No |

**HOUSEHOLD MEMBER 9**

| Household Member Full Name | Relationship to Head of Household | Birth Date MM/DD/YYYY | Social Security Number |
|---|---|---|---|
| | | | |

**OPTIONAL DEMOGRAPHIC INFORMATION**

| | | |
|---|---|---|
| Race:<br>☐ American Indian or Alaska Native<br>☐ Asian<br>☐ Black or African American<br>☐ Native Hawaiian or Other Pacific Islander<br>☐ White<br>☐ Other<br>☐ Decline to Report | Ethnicity: *(Select One)*<br>☐ Non-Hispanic or Non-Latino<br>☐ Hispanic or Latino<br>☐ Decline to Disclose<br>Sex:<br>☐ Male<br>☐ Female<br>☐ Decline to Report | Full Time Student:<br>Includes K-12<br>☐ Yes<br>☐ No |

**DISABILITY:**

It is not necessary to give us details about your disability unless you are requesting an accessible unit.

Do you claim a disability, either for yourself or any member of your household? ☐ Yes ☐ No

If yes, please list which member of the household: _____

Do you or a member of your household require a unit that meets Uniform Federal Accessibility Standards (UFAS) with wheelchair accessibility and other features that meet the needs of people with mobility, visual and hearing disabilities? ☐ Yes ☐ No

**BACKGROUND INFORMATION:**

Is any member of your household subject to any state sex offender or violent offender registration requirement? ☐ No ☐ Yes

Is any member of your household currently using, selling, distributing or in possession of an illegal drug (under state or federal laws) or illegal drug paraphernalia or facing drug related charges?* ☐ No ☐ Yes

Are there any criminal convictions (misdemeanor or felony) or pending charges not already disclosed for any household members? ☐ No ☐ Yes

Have you or any household member ever been convicted of a drug-related offense? ☐ No ☐ Yes

**IMPORTANT NOTICE:** Submission of this application does not guarantee housing or placement on the waitlist. Please refer to the Tenant Selection and Continued Occupancy Plan (TSCOP) for eligibility requirements and application procedures.

**APPLICANT CERTIFICATION:** I hereby certify that the information provided in this application is true and complete to the best of my knowledge. I understand that if I do not provide all required information, or if I select properties for which I am not eligible, my name may not be added to the waitlist. I understand that any false or misleading information may result in the cancellation or denial of my application, or termination of housing assistance if discovered after occupancy. I understand that when my name reaches the top of the waitlist, I will be required to verify the information provided in this application, in accordance with federal regulations and Housing Kitsap policy. I accept full responsibility for keeping Housing Kitsap informed of my current mailing address and contact information and understand that my application may be canceled if I fail to do so.

**PRIVACY ACT NOTICE**

**Authority:** The Department of Housing and Urban Development (HUD) is authorized to collect this information under the U.S. Housing Act of 1937 (42 U.S.C. §1437 et seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000d), the Fair Housing Act (42 U.S.C. §§3601–3619), and the Housing and Community Development Act of 1987 (42 U.S.C. §3543).

**Purpose**: HUD collects income and other household information to determine eligibility for housing assistance, the appropriate unit size, and the amount your household must pay toward rent and utilities.

**Other Uses:** HUD may use this information to manage and monitor HUD-assisted housing programs, protect the Government's financial interest, and verify the accuracy of information provided. This information may be disclosed to federal, state, and local agencies when relevant, and to civil, criminal, or regulatory investigators and prosecutors. It will not otherwise be disclosed outside of HUD except as permitted or required by law.

**Penalty:** You are required to provide all requested information, including Social Security Numbers for yourself and all household members age six and older. Failure to provide the required information may delay or result in denial of eligibility for assistance.

**SIGNATURE OF HEAD OF HOUSEHOLD:**_____ **DATE:** _____

**SIGNATURE OF CO-HEAD/SPOUSE:** _____ **DATE:** _____
(If Applicable)

| **Management Use Only** | | |
|---|---|---|
| Received Date / Time: | | Entered Into Yardi By: |