



Park Place Apartments  
110 NE Brookdale Lane  
Bremerton, WA 98311

Phone: (360) 698-7345

[www.HousingKitsap.org](http://www.HousingKitsap.org)

Dear Applicant,

**Please complete the attached waitlist application for the Low-Income Housing Tax Credit (LIHTC) program; \*additionally if your household meets income requirements, you will be added to the Project Based Voucher waitlist at Park Place Apartments. You must answer all questions. Incomplete applications cannot be processed and will be returned.**

\*Housing Kitsap's Project Base Voucher Program (PBV) is administered by the Bremerton Housing Authority (BHA). The PBV program attaches a rental assistance voucher to an apartment unit within the community. The PBV units are leased to eligible low-income tenants from this waitlist. Available assistance is first offered to current community residents, then to current waitlist applicants based on the requirements of the community's Tenant Selection Plan. Eligible individuals/families will pay no less than 30% and no more than 40% of their adjusted monthly income toward their rent and utility share. BHA pays the remaining rent amount to the community on the individual/family's behalf. To be eligible you must meet BHA's Housing Choice Voucher (HCV) program eligibility requirements.

You must submit the original Waitlist Application including the disclosure of *all household members'* social security numbers. All applicants 18+ years of age must sign the application. Applications will be accepted via mail or in person at our office.

Once your completed application has been received, 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 Housing Kitsap in writing of any change in address; income and/or household composition, please contact the Park Place Apartments management office at (360) 698-7345 for a Change of Circumstances form.

If any 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) 698-7345. For more information regarding additional Housing Kitsap communities you may qualify for, please visit [www.HousingKitsap.org](http://www.HousingKitsap.org).



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.



**HOUSING KITSAP WAITLIST APPLICATION FOR:**

**Park Place Apartments**

110 NE Brookdale Lane  
Bremerton, WA 98311

Management Use Only:

Date and Time Received:

Received By:

**NOTICE:** Provide ALL requested information in application. **DO NOT LEAVE ANY BLANKS.** If a question or section does not apply, mark the question or section 'N/A'. Incomplete and illegible applications will be rejected. This application is subject to review, acceptance and approval by Housing Kitsap.

HEAD OF HOUSEHOLD: \_\_\_\_\_  
(Last) (First) (Middle Initial)

CO-HEAD OF HOUSEHOLD: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Residence Address: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Home Ph# \_\_\_\_\_ Cell Ph# (Head) \_\_\_\_\_ Cell Ph# (Co-Head) \_\_\_\_\_

Email: \_\_\_\_\_ Checked Frequently:  YES  NO

Do you or any member of your household require specific accommodations, as a person with a disability?  YES  NO

Type of accommodation: \_\_\_\_\_

Have you lived in a government subsidized project?  YES  NO

If yes, give name of project: \_\_\_\_\_ and date you lived there: \_\_\_\_\_

Other States you lived in:  N/A \_\_\_\_\_

Have you received any kind of rental assistance?  YES  NO

If yes, give program and dates your received assistance: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Will you need an interpreter to speak about your application?  YES  NO

Bedroom size requested:  Two Bedroom (2-5 people)  Three Bedroom (3-7 people)

How did you hear about Park Place Apartments?

Agency  Craigslist/Internet  Referral/Friend/Family  Other (pleaselist): \_\_\_\_\_



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## HOUSEHOLD COMPOSITION

	Full Name	Relationship to Head of Household	Date of Birth <small>mm/dd/yy</small>	Age	Social Security No.	Full Time Student <small><i>Includes K-12</i></small>
Head		Head				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.						<input type="checkbox"/> Yes <input type="checkbox"/> No
3.						<input type="checkbox"/> Yes <input type="checkbox"/> No
4.						<input type="checkbox"/> Yes <input type="checkbox"/> No
5.						<input type="checkbox"/> Yes <input type="checkbox"/> No
6.						<input type="checkbox"/> Yes <input type="checkbox"/> No
7.						<input type="checkbox"/> Yes <input type="checkbox"/> No
8.						<input type="checkbox"/> Yes <input type="checkbox"/> No
9.						<input type="checkbox"/> Yes <input type="checkbox"/> No

Have there been any changes in household composition in the LAST twelve months?  Yes  No

Do you anticipate any changes in household composition in the NEXT twelve months?  Yes  No

Is there someone not listed above who would normally be living with the household?  Yes  No

*If "YES" to any of the above, explain:*

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.

**1. Head of Household Name:** \_\_\_\_\_

- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other \_\_\_\_\_

**Ethnicity:** *(Select One)*

- Hispanic or Latino
- Non-Hispanic or Non-Latino

**Sex:**  Male  Female

**Disabled:**  Yes  No

**2. Household Member Name:** \_\_\_\_\_

- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other \_\_\_\_\_

**Ethnicity:** *(Select One)*

- Hispanic or Latino
- Non-Hispanic or Non-Latino

**Sex:**  Male  Female

**Disabled:**  Yes  No



3. **Head of Household Name:** \_\_\_\_\_

- Race:**  American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
 Other \_\_\_\_\_

**Ethnicity:** *(Select One)*

- Hispanic or Latino  
 Non-Hispanic or Non-Latino

**Sex:**  Male  Female

**Disabled:**  Yes  No

4. **Household Member Name:** \_\_\_\_\_

- Race:**  American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
 Other \_\_\_\_\_

**Ethnicity:** *(Select One)*

- Hispanic or Latino  
 Non-Hispanic or Non-Latino

**Sex:**  Male  Female

**Disabled:**  Yes  No

5. **Household Member Name:** \_\_\_\_\_

- Race:**  American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
 Other \_\_\_\_\_

**Ethnicity:** *(Select One)*

- Hispanic or Latino  
 Non-Hispanic or Non-Latino

**Sex:**  Male  Female

**Disabled:**  Yes  No

6. **Household Member Name:** \_\_\_\_\_

- Race:**  American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
 Other \_\_\_\_\_

**Ethnicity:** *(Select One)*

- Hispanic or Latino  
 Non-Hispanic or Non-Latino

**Sex:**  Male  Female

**Disabled:**  Yes  No

7. **Household Member Name:** \_\_\_\_\_

- Race:**  American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
 Other \_\_\_\_\_

**Ethnicity:** *(Select One)*

- Hispanic or Latino  
 Non-Hispanic or Non-Latino

**Sex:**  Male  Female

**Disabled:**  Yes  No

8. **Household Member Name:** \_\_\_\_\_

- Race:**  American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
 Other \_\_\_\_\_

**Ethnicity:** *(Select One)*

- Hispanic or Latino  
 Non-Hispanic or Non-Latino

**Sex:**  Male  Female

**Disabled:**  Yes  No

9. **Household Member Name:** \_\_\_\_\_

- Race:**  American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
 Other \_\_\_\_\_

**Ethnicity:** *(Select One)*

- Hispanic or Latino  
 Non-Hispanic or Non-Latino

**Sex:**  Male  Female

**Disabled:**  Yes  No

### INCOME

List **ALL** projected sources of income as requested below. If a section or item does not apply to you, mark the item or section 'N/A'. **DO NOT LEAVE ANYTHING BLANK.** Refer to the "Income Checklist" on Page 11 for information and details regarding income. If additional space is required, please make copies of this income section form and attach it.

<input type="checkbox"/> Unemployment <input type="checkbox"/> Wages <input type="checkbox"/> Pension <input type="checkbox"/> Interest or annuity income <input type="checkbox"/> Child Support	<input type="checkbox"/> SSA <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Workers compensation/L&I	<input type="checkbox"/> Other public assistance <input type="checkbox"/> Other income <input type="checkbox"/> Someone else pays my bills or gives me money
<b>TOTAL GROSS ANNUAL INCOME</b>		\$

1. Do you anticipate any changes in this income in the <u>NEXT</u> twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does any member of the household currently or anticipates receiving receive income or assistance ( <i>monetary or not</i> ) from someone who is <u>NOT</u> a member of the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the income described in questions #2 and #3 above being received?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "YES" to any of the above, explain:	

### ASSETS

List **ALL** household assets (excluding personal property) as requested below. If a section or item does not apply to you, mark the item or section 'N/A'. **DO NOT LEAVE ANYTHING BLANK.** Refer to the "Asset Checklist" on Page 11 for information and details on Assets. If additional space is required, make copies of this asset section & attach it.

<input type="checkbox"/> Checking Accounts <input type="checkbox"/> Savings Accounts <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Savings Bonds <input type="checkbox"/> Life Insurance	<input type="checkbox"/> Cash Value <input type="checkbox"/> 401(k)/401(b) <input type="checkbox"/> IRA/Retirement <input type="checkbox"/> Trust Account	<input type="checkbox"/> Mutual Funds <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Investment Property
<b>TOTAL VALUE OF ASSETS</b>		\$

### ADDITIONAL INFORMATION

Are you or any member of your household currently using an illegal substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or any member of your household smoke tobacco or any other plant material?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household ever been arrested, convicted or a deferred acceptance of a plea that has been granted for drug offenses? <i>If yes, have you or any member of your household successfully completed a drug rehabilitation program?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



**CERTIFICATION:** I/We hereby certify that I/we do/will **NOT** maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our primary residence. I/We understand I/we must pay a security deposit for this unit prior to occupancy. I/We understand that my/our eligibility for housing will be based on applicable income limits and by the Tenant Selection Criteria for this specific project as established by Housing Kitsap. I/We certify that all information in this application is true to the best of my/our knowledge and I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We hereby authorize Housing Kitsap to verify any information contained in the rental application at any time, including but not limited to, verification of residency, employment, income, assets and landlord references. I/We understand that this verification process may include obtaining performance/credit reports from various consumer reporting agencies and specifically authorizes Housing Kitsap to obtain such reports as allowed by the Fair Credit Reporting Act and any information related to criminal activities. This is for preliminary screening use only and does not obligate Housing Kitsap to execute a rental agreement or deliver possession of the premises.

**ACKNOWLEDGMENT:** My initial below acknowledges that I am aware and understand that a copy of the current Tenant Selection Plan is readily available for my review per my request.

**I certify that I have read, understand and accept the current Tenant Selection Plan.**

 **INITIAL:** \_\_\_\_\_ (*Head of Household*)

**All adult applicants 18 years and older and emancipated applicants under the age of 18 must sign application.**

\_\_\_\_\_  
**Head**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Head**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Adult over 18 yrs.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Adult over 18 yrs.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Adult over 18 yrs.**

\_\_\_\_\_  
**Date**

**Please be advised that if you knowingly give false information regarding income or other factors considered in determining your eligibility and rent, you could become subject to penalties available under Federal law. Those penalties include fines up to \$10,000.00 and imprisonment for up to five years.**

## INCOME CHECKLIST

It is important that you include all income that each member of your household expects to receive in the next 12 months. The following is a list of items the government counts as income in determining eligibility for federal housing assistance. Please review the following checklist to be sure you provided all of your current and anticipated income.

- Employment Income** *This does not include employment income of children younger than 18 or live-in aides:*  
Wages                      Bonuses                      Salaries                      Tips  
Overtime Pay              Fees                      Commissions                      Full-Time Student Income (18 & Over Only)  
Any other amounts adult household members earn from working for other people or from their own business.
- Benefit Payments** *This includes lump-sum payments received because of delays in processing benefits, but not lump-sum payments of Social Security or Supplemental Security Income [SSI]:*  
Social Security                      Annuities                      SSI                      Insurance Policy Payments  
Worker's Compensation              Pensions                      Disability Pay or Benefits              Retirement Fund Benefits  
Unemployment Benefits              Death Benefits                      Severance Pay                      Veteran's Benefits  
Title IV/TANF  
Any other benefit payments (e.g. veterans, disability, black lung sick benefits, dependent indemnity compensation)
- Welfare Assistance** *This includes lump-sum payments received because of delays in processing benefits, but not grants or other amounts received specifically for medical expenses or care and equipment for a disable person.*
- Alimony and/or child support** *This includes adoption assistance payments.*
- Interest, dividends, and other income from household assets:** *Interest from bank accounts or bonds, Dividends from stocks or mutual funds, Income distributed from trust funds, Money from renting household assets, Any other interest, dividends, or rent, including children's unearned income)*
- Lottery winnings paid in periodic payments**
- Money or gifts regularly given by persons not living in the unit** *This includes rent or utility payments regularly paid by someone on behalf of the household, but doesn't include recurring amounts paid directly to a child care provider, gifts of groceries, utility rebates paid to senior citizens, payments received for the care of foster children, or gifts received on a nonrecurring basis.*
- Any other sources of income**

## ASSET CHECKLIST

It is important that you include all Assets owned by each member of your household. The following is a list of items the government counts as assets in determining eligibility for federal housing assistance. Please review the following checklist to be sure you provided all of your current assets.

- Cash held in savings and checking account, pre-paid debit cards, safe deposit boxes, homes, etc.**
- Revocable Trusts**
- Equity in Rental Property or other Capital investment**
- Stocks, Bonds, Mutual Funds, Treasury Bills, Certificates of Deposit, Money Market Accounts**
- Individual Retirement and Keogh Accounts**
- Retirement and Pension Fund** *(amount that can be withdrawn less penalties and costs while employed without retiring or terminating employment)*
- Cash Value of Life Insurance Policies** *(surrender value before death of a whole life/universal life policy)*
- Personal Property held as Investments**
- Lump sum receipts or one-time receipts** *(inheritance; capital gains; on-time lottery winnings; victim's restitution; insurance settlements and claims; and other amounts not intended as periodic payments)*
- Mortgage or Deed of Trust held by household member**



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.

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**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.