



Northaven West

a Northaven and human good community

Dear Prospective Applicant,

Thank you for your interest in applying for an apartment at Northaven West. Northaven West provides housing for low and very low-income elderly households where at least one household member is age 62 or older at time of application. Additionally, the total annual income of the household must fall under the maximum income limit for the community, as determined by HUD and/or the Low Income Housing Tax Credit Program. All information requested in the application packet must be completed. Incomplete applications will not be considered. If the information requested does not apply to you, please indicate by using "N/A" for not applicable. This will tell us that you understand the requested information and you did not intentionally leave it blank. If you make a mistake or typo, please draw a single line through the error(s) and initial the change(s). Please do not use whiteout to correct the errors.

Please check that you have completed, signed, and returned the following forms:

- Application for Housing
- HUD-92006 Emergency Contact Information Form
- HUD-27061-H Race and Ethnicity Data Forms (please complete one for each household member)

Once the application is received, it will be determined whether you preliminarily qualify to be placed on the waiting list. If you do not qualify, you will be notified in writing. Please remember to notify us, in writing, if your information changes (contact information, income information, etc.). We update our waiting list once per year. If you don't respond to us whether or not you still want your name to remain on the waiting list, you will be removed from our waiting list.

The apartments are offered as they become available. As your name reaches the top of the waiting list, you will be required to come in for an interview. At that time, you will be asked to sign the authorization forms which allows our staff to further verify your age, income, assets, allowances, limited criminal history, sex offender status, credit history and landlord references.

"The landlord is prohibited from requiring disclosure, asking about, rejecting an applicant, or taking an adverse action based on any arrest record, conviction record, or criminal history, except for registry information as described in subsections 14.09.025.A.3, 14.09.025.A.4, and 14.09.025.A.5, and subject to the exclusions and legal requirements in Section 14.09.115."

The registry information in the quoted language is defined as information solely obtained from a county, statewide, or national sex offender registry that can include information such as the person's physical description, address, and conviction description and dates. Applicant may provide any

545 NE 112TH STREET

SEATTLE, WA 98125

T 206.641.2444

TDD 711

HUMANGOOD.ORG



Northaven West does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in its federally assisted programs and activities. Our Fair Housing Coordinator is designated to ensure compliance with the nondiscrimination requirements in Section 504 of the HUD Regulations and can be contacted at 1900 Huntington Drive, Duarte, CA 91010; telephone 925.924.7294; TDD 711; section504coordinator@humangood.org.



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supplemental information related to their rehabilitation, good conduct, and facts or explanations about their registry information.

HumanGood does not charge any fees in connection with the application process or for criminal or credit screening.

Should you require a reasonable accommodation based on a disability to afford you an equal opportunity to participate in this housing opportunity, please contact the management office at the address below or phone/TDD so that we can consider your request for reasonable accommodation.

Language assistance, including interpretation and translation services, is available. If you need language assistance, please contact us at (415) 567-3950 or NTLAdministrator@humangood.org.

Sincerely,

Northaven West Community Management





Northaven West

| a Northaven and human good community

545 NE 112th Street

Seattle, WA 98125

Phone (206) 641-2444

TDD (800) 545-1833 ext. 478

E-mail: NTLAdministrator@HumanGood.org

Web: www.HumanGood.org

For Office Use Only

Online Application Name:

Online Application Date/Time:

SUPPLEMENT TO ONLINE APPLICATION FOR HOUSING

Part I. Applicant (Head of Household)/Co-applicant Information

APPLICANT (HEAD OF HOUSEHOLD)

First Name:

Middle Initial:

Last Name:

CO-APPLICANT

First Name:

Middle Initial:

Last Name:

Relationship to Applicant: _____

List all states in which all household members have resided:

Part II. General Questionnaire

1. Have you or any adult member of your household ever been evicted? Yes ☐ No ☐ If yes, when? Explain.

2. Have you or any adult member of your household ever been convicted of a felony in the past 5 years? Yes ☐ No ☐
Have you or any adult member of your household ever been convicted of a misdemeanor in the past year? Yes ☐ No ☐
If yes, when? Please explain:

3. Are you or any adult member of your household required to register as a sex offender including who is subject to a lifetime sex offender registration requirement in any state? Yes ☐ No ☐
If yes, list state and county of registration:

4. Do you or any adult member of your household currently use any illegal drug or other illegal controlled substance?
Yes ☐ No ☐ If yes, please explain:

5. We maintain separate waiting lists for each apartment size. Which waitlist do you want to be placed on? Transfers are only permitted as reasonable accommodation or an accommodation to a VAWA emergency transfer request. We will only contact you for vacancies that occur in the apartment size that you select.

Please select all that apply.

Studio ☐

1 Bedroom ☐

First available ☐

6. Do you expect changes to your household size within the next 12 months? Yes ☐ No ☐ If yes, please provide name.

7. Is there a live-in aide who will be residing with you in the unit? Yes ☐ No ☐ If yes, please provide name.

8. How did you hear about this housing opportunity?

9. Do you have any animals? Yes ☐ No ☐ If yes, please list:

10. Do you own a car? Yes ☐ No ☐ If yes, please list:

11. Are you an U.S. military veteran? Yes ☐ No ☐

Which Branch? ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ Navy

Part VII. Program Information

1. Are you or any member of your household disabled? Yes ☐ No ☐

2. Do you require a unit with accessible features for persons with disabilities? Yes ☐ No ☐ If yes, what features:

_____ Mobility Impairment _____ Visual Impairment _____ Hearing Impairment _____ Other

3. Do you require a reasonable accommodation due to a disability that requires changes to our rules, policies, procedure or physical modification(s) to the dwelling unit or common areas? Yes ☐ No ☐ If yes, please describe your needs:

4. Do you currently hold a Section 8 voucher? Yes ☐ No ☐ If so from what county?

5. Have you been displaced from your home as a result of a presidentially declared disaster or government action?
Yes ☐ No ☐ If yes, please explain:

Part VII. Student Status

Yes	No	
☐	☐	Does the household consist of all persons who are <u>full-time</u> students (Examples: K-12, College/ University, trade school, etc.)?
☐	☐	Does the household consist of all persons who have been a <u>full-time</u> student 5 months in the current calendar year?
☐	☐	Does your household anticipate becoming an all <u>full-time</u> student household in the next 12 months?
If you answered YES to any of the previous three questions are you:		
☐	☐	Receiving assistance under Title IV of the Social Security Act (AFDC / TANF/ Cal Works – not SSA/SSI).
☐	☐	Enrolling in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program.
☐	☐	Married and filing (or are entitled to file) a joint tax return.
☐	☐	Single parent with a dependent child or children and neither you nor your child(ren) are dependent of another individual.
☐	☐	A full time student that is/was a recipient of foster care assistance under Part B or Part E of Title IV of the Social Security Act (effective for determinations after 7/30/2008)

I understand that Northaven West is a Smoke-free community. I understand that smoking is prohibited anywhere on the property.

Yes [] No []

I/We certify the above information to be true and correct to the best of my/our knowledge. I/We authorize verification of age, income, assets, allowances, credit history, rental history, criminal background, registered sex offender status, eviction and landlord references. I/We understand that falsification of information found before or after acceptance of this property includes penalties that will result in cancellation of your application, also to include eviction, loss of assistance, if applicable. If this is a HUD subsidized property, the additional fines are imposed: fines of \$10,000.00 and five years imprisonment. **WARNING!: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States:**

Head of Household Signature

Date

Co-Applicant Signature

Date

THE FILING OF THIS APPLICATION IN NO WAY GUARANTEES YOU AN APARTMENT. A FINAL DETERMINATION OF ELIGIBILITY WILL NOT BE MADE UNTIL INFORMATION IS VERIFIED. INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED AND NOT ACCEPTED.



EQUAL HOUSING OPPORTUNITY

Northaven West does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in its federally assisted programs and activities. Our Fair Housing Coordinator is designated to ensure compliance with the nondiscrimination requirements contained in Section 504 of the HUD Regulations and can be contacted via e-mail at Section504Coordinator@HumanGood.org or at 1900 Huntington Drive, Duarte, CA 91010, Telephone 1-925-924-7294 TDD 711.

APPLICANT / RESIDENT EMERGENCY INFORMATION SHEET

Instructions: Optional Contact Person or Organization: You have the right 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.

Applicant / Resident Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Contact Person or Organization:	
Address of the Contact Person or Organization:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Name of Contact Person or Organization:	
Address of the Contact Person or Organization:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
The following are some of the reasons why we may contact the person you provided to us: emergency, unable to contact you, eviction from unit, late payment of rent, assisting with recertification process, or change in lease terms / house rules, etc.	
Commitment of Management Agency / Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	

☐ Check this box if you choose not to provide the contact information.

Application / Resident Authorization:

I have provided the above information to the housing provider voluntarily. I grant full permission to the management agency / owner to release and use this information as they deem necessary and may be able to help in resolving any issues that may arise during my tenancy or to assist in providing any special care or services may require.

Signature of Applicant / Resident

Date



**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)**Northaven West****127-EE078**

545 NE 112th St, Seattle WA 98125

Name of Property**Project No.****Address of Property**Northaven Three Northgate LP/HumanGood Affordable Housing **202/ PRAC****Name of Owner/Managing Agent****Type of Assistance or Program Title:****Name of Head of Household****Name of Household Member****Date (mm/dd/yyyy):** _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.****Signature****Date**

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)

Northaven West

127-EE078

545 NE 112th St, Seattle WA 98125

Name of Property

Project No.

Address of Property

Northaven Three Northgate LP/HumanGood Affordable Housing 202/ PRAC

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**_____
Signature_____
Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

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