



**HOUSING HOPE
WAITING LIST PRE-APPLICATION**

Applicant's Name(s) _____
Dates of Birth _____
Mailing Address _____ Apt. _____
City _____ State _____ Zip _____
Message Phone Numbers _____ Email address _____

The following is to inform you of the government and management eligibility requirements to reside in our communities. Housing Hope's developments receive state and/or federal financial aid in order to provide affordable rents. To qualify to live in Housing Hope communities, all applicants must meet specific requirements for income and household size. In addition, the management sets eligibility requirements to qualify. You must meet the following criteria:

1. Must meet the government and program requirements for income and tenant population type.
2. Must meet the property household size guidelines, which are a maximum of two people per bedroom plus one more person per household.
3. Documentation of positive rental history. No prior evictions in the past five years. Must not have more than \$500 owing to any other apartment community.
4. No history of disturbing neighbors or destroying property within five years.
5. No derogatory credit history exceeding \$7,500 excluding medical bills.
6. No history of felony convictions by any adult household member within seven years.
7. No history of sex offender status, no crimes against children.
8. No history of using illegal drugs, drug activity or of abusing alcohol in a way that may interfere with the health, safety or right to peaceful enjoyment of others within seven years.

All applicants who apply for housing will be screened by the same standards. We reserve the right to reject any application that does not meet our requirements or appropriately complete the application process. False information on the application will be cause for immediate rejection of the application, or if discovered later, will be cause for eviction from the property.

If an applicant is unable to provide the required legal identity documents (social security cards, passport/picture ID, birth certificates) at the time a unit is offered, it may result in the denial or delay of the application. The applicant may be skipped over for the current unit but remain on the active waiting list.

If an applicant makes changes to their household composition or income after a unit is offered, it may result in the denial or delay of the application on the offered unit. The applicant may be skipped over for the current unit but remain on the active waiting list.

Housing Hope follows federal, state and local laws prohibiting discrimination in housing based on race, color, sex, sexual orientation, religion, national origin, familial status, age or disability.

All of Housing Hope Communities are firearms and dangerous weapons free.





Management Policies:

- 1. Households who have successfully completed the Housing Hope Transitional Housing Program requirements will receive preference over all other households for available apartments.
2. Homeless individuals that receive a moderate to high level of services from partner agencies in the community will receive preference over all other applicants for Crossroads SRO's.
3. Due to the funding requirements and educational nature of the Mt. Baker View and Park Place Apartments housing program, the following applicant types will receive preference over all other applicants for available units:
- Snohomish County and Camano Island residents who live outside of the city of Everett proper,
- Applicants in Housing Hope's Ten Degrees Education Program,
4. If your phone number or address changes, it is your responsibility to notify Housing Hope. Management cannot be held responsible for removing names from the waiting list because of an out of date address or telephone number.
5. If you are offered an apartment, you must contact Housing Hope within 24 hours or the next person on the waiting list will be contacted.
6. Applicants are required to contact the waiting list coordinator every six months to stay active on the waiting list. If we do not hear from you every six months, you will be removed from the waiting list. You will be sent a removal letter. You may reapply for the waiting list at any time. Approved re-applications are placed at the bottom of the waiting list.
7. Sending in a Pre-Application or having your name on the waiting list does not guarantee housing.
8. You may appeal a denial of your application.

To help us determine if you meet the government and management requirements, please complete the following section. If the field does not apply to you, please enter N/A for not applicable. If there are any incomplete or blank questions, your application will be rejected and you will be notified by mail.

- 1. Number of adults will be living in your household?
2. How many children will be living in your household?
3. Please list the birth date and gender (optional) of each child that will be living with you.
4. What is the estimated gross annual income (including income from assets) of all household members within the next 12 months? \$
5. Do any members of your household have a disability or qualify for a wheel chair accessible apartment? Yes No. If so, what type of feature?
6. Are any members full-time students? Yes No How many?
7. Are you currently homeless: Yes No





Housing Hope has subsidized apartment communities in several locations. Please check all cities where you are interested in living:

- Arlington
- Marysville
- Sultan
- Everett
- Stanwood
- Monroe

The following information for the Head of Household is voluntary and will not be used to determine eligibility. There is no penalty for persons who do not complete this section. It is for government reporting purposes only.

Ethnic Categories (Select One):	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic
Racial Categories (Select All That Applies):	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other: _____

I (We) affirm that to the best of my/our knowledge, the information submitted is correct.

Applicant _____ Date _____
 Applicant _____ Date _____

Please return this application to:
 Waiting List Coordinator
 3331 Broadway M/B #10
 Everett, WA 98201
 Phone: 425-409-9902

