



## HOUSING INFORMATION

Household members include everyone living in the home, regardless of age, whether or not they pay rent, and their relationship to applicant. Examples: roommates, relatives, tenants, children, friends, extended family members, etc.

Name (Last, First)	Date of Birth	Sex	Relationship to You	Gross Income	Income Source (employers name, Social Security, TANF, etc.)
		M <input type="checkbox"/> F <input type="checkbox"/>	Myself	\$_____ /mo	
		M <input type="checkbox"/> F <input type="checkbox"/>		\$_____ /mo	
		M <input type="checkbox"/> F <input type="checkbox"/>		\$_____ /mo	
		M <input type="checkbox"/> F <input type="checkbox"/>		\$_____ /mo	
		M <input type="checkbox"/> F <input type="checkbox"/>		\$_____ /mo	

Total number in household: \_\_\_ If more than 5, list other household members on a separate page.

Source of income or benefits (please check all that apply):

- Wages     Unemployment     Child Support     Adoption Support     TANF  
 Pension/Annuity     IRA     VA     Rental income     GAU  
 Social Security/SSI     Other : \_\_\_\_\_

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Amount you pay for rent or mortgage: \$ \_\_\_\_\_

Housing Status: Select One

- If rent is subsidized (check one)     Seattle Housing Authority     HUD  
 Section 8/Scattered site/Shelter plus care     King County Housing Authority  
 Senior BOND     Other: \_\_\_\_\_

Housing Type: Select one

How do you heat your home?     Electric     Gas     Oil     Wood    Other: \_\_\_\_\_

Cable TV customers may qualify for a low-income discount. If you subscribe to Cable TV, which company?

- Comcast     Broadstripe     Other: \_\_\_\_\_

## OPTIONAL INFORMATION

How do you identify Yourself:     American Indian, Alaska Native     Asian American/Asian  
 Black, African American, African     Hispanic, Latino     Hawaiian Native, Pacific Islander     White, Caucasian     Multi Racial

What is your primary language: \_\_\_\_\_

How did you hear about our services?     Radio     Television     Newspaper     Newsletter  
 Utility Bill insert     Website     Family or friends     Other: \_\_\_\_\_

## SIGNATURE

This application and supporting documentation are used to review eligibility for additional City benefits and will NOT be shared with U.S. Citizenship and Immigration Services (USCIS). I authorize the City to use these materials to enroll me in assistance programs for which I am eligible. I am aware that my information is subject to review and verification and that other documentation may be required. I grant permission to request or release information to, or from, the Seattle Housing Authority, Sec 8 HUD, King County Housing Authority, other government agencies, or their delegated agents; this may result in receipt or denial of City benefits. Submitting this application does not guarantee eligibility or enrollment in any programs. I certify that the information I provided is accurate and complete and that I may be subject to criminal prosecution if I have knowingly given false or misleading information. I understand that if I receive assistance and have not truly disclosed all information I will be terminated from the program(s) and the City may recover the actual cost(s) for the periods I was not eligible. I will notify the City of Seattle if my income or living situation changes.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_