Sea Mar Community Health Centers
Clínica de la Comunidad

Des Moines Apartments

Pre-Application

To be considered as a tenant for the Sea Mar Community Health Centers' Des Moines Apartments, applications must be submitted to the housing office in person, by fax or email.

Drop off in person:
1040 S Henderson St
Seattle, WA 98108
Open Monday through Friday: 8am-5pm

Or Email applications:
Email applications to John Clerkin
johnclerkin@seamarchc.org

Fax to: 206-788-3204

APPLICATIONS WILL BE PROCESSED IN THE ORDER IN WHICH THEY ARE RECEIVED

Sea Mar Des Moines Apartments offers

- 42 units: one, two, three bedroom apartments
- Located in the City of Des Moines neighborhood near Seattle
- Unit accommodates households of 2 to 6 individuals
- Units accommodate families and individuals with disabilities
- We accept families and individuals with Section 8 Vouchers and qualifications
- No pets, no smoking

Annual Gross Median Income Chart

All families and individuals must meet the income limit requirements based on their household size and income. All units require households with income levels at 50% to 60% of the area gross median income.* See chart below.

*Area gross median income is defined as annual household income before tax deductions or any type of deduction.

Set-Aside %	1 Person	2 People	3 People	4 People	5 People	6 People
60%	$ 69,060	$ 78,960	$ 88,800	$ 98,640	$ 106,560	$ 114,480
50%	$ 57,550	$ 65,800	$ 74,000	$ 82,200	$ 88,800	$ 95,400

For any questions regarding the waitlist or any changes in your contact information, contact John Clerkin at 206-788-3399 or johnclerkin@seamarchc.org.

Sea Mar Community Health Centers welcomes qualified tenants without regard to race, color, religion, creed, ancestry, political ideology, sex, marital status, age, parental status, national origin, sexual orientation, gender identity, disability, Section 8 housing subsidy, or use of a service animal. Sea Mar provides reasonable accommodations to persons with disabilities. If you need this document in an alternate format, please speak with staff.

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Des Moines Apartments Pre-Application

Incomplete applications will not be added to the waitlist.

Last Name	First Name	Middle Name
Mailing Address	City State	Zip
Home Tel. ( )	Message Tel. ( )	Work Tel. ( )
Social Security #: - -	Date of Birth:	Primary Language:

Release of Information: If you want Sea Mar's housing staff to speak with your case manager, friend or relative about your housing status, you must first complete and sign the following release. Please remember to write in the name of all person(s) that you are allowing us to speak with and sign the bottom of the release.

I, (Applicant Name) _____
give Sea Mar Community Health Centers, dba Des Moines Apartments, permission to speak with the following list of people regarding the information on my housing application. I understand this information will not be forwarded to anyone other than the parties listed below, without my written permission. I understand I can revoke this release at any time but the revocation will not be retroactive. This consent form expires 24 months after signing.

Case Manager (if any): _____ Phone: _____

Other Contact: _____ Phone: _____

Other Contact: _____ Phone: _____

Applicant Signature _____ Date _____

Family Information

Please list the names and date of birth of all additional household members:

1. Name: _____ Date of Birth: _____
2. Name: _____ Date of Birth: _____
3. Name: _____ Date of Birth: _____
4. Name: _____ Date of Birth: _____
5. Name: _____ Date of Birth: _____
6. Name: _____ Date of Birth: _____
7. Name: _____ Date of Birth: _____
8. Name: _____ Date of Birth: _____
9. Name: _____ Date of Birth: _____

EQUAL HOUSING OPPORTUNITY

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1. Do you expect your household to change in the next six (6) months? Yes No
   If yes, please describe:

2. What size unit are you applying for? (circle all that apply) 1 BD 2BD 3BD

2. Are you or any household member disabled? Yes No

Do you require any of the following accommodations/ unit modifications? (check all that apply)

☐ Wheelchair accessible unit ☐ Sensory impaired accessible unit ☐ Ground floor unit (no stairs)

☐ Live-in aide/caregiver ☐ Service or Companion Animal ☐ Large type documents

☐ Other physical adaptations (grab bars, etc.) _____ ☐ Other _____

4. Are you or anyone in your household a full-time student? Yes No
   If yes, please describe:_____

Income Information

Please list the source and amount of **all** current income received by you and all household members, including any type of day labor, self-employment, or support from others. Give your best estimate if you don't have the exact amount.

	Income Source	Monthly Amount		Income Source	Monthly Amount
☐	SSI/SSA	$ _____ / month	☐	Employment	$ _____ / month
☐	VA Benefits	$ _____ / month	☐	Day Labor	$ _____ / month
☐	GAU/GAX	$ _____ / month	☐	Other	$ _____ / month
☐	Section 8 Voucher	$ _____ / month		Please Describe	

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Optional Information - Please circle all that apply to Head of Household.
For statistical purposes only; this information will not be disseminated.

Gender:	☐ Male	☐ Female	☐ Transgender
Ethnicity:	☐ Hispanic/Latino	☐ Non-Hispanic/Non-Latino	
Race:	☐ White/Caucasian/European-American		☐ African
	☐ Black/African-American		☐ Alaskan Native
	☐ Black/African-American & White		☐ Hawaiian Native or Pacific Islander
	☐ American Indian		☐ Asian
	☐ American Indian/Alaskan Native & White		☐ Asian American
	☐ American Indian/Alaskan Native & Black/African American		☐ Asian & White
	☐ Other:		☐ Other Multi-Racial

ATTENTION APPLICANT:

You are responsible for maintaining current and accurate application information. It is your responsibility to inform Sea Mar's housing staff of any changes in your contact information, income or household conditions. ***You are required to check in with Sea housing staff every 3 months by phone or in person to remain "active" on the waiting list. We update our waitlists every six (6) months and if we have not heard from you for six months, your name will be removed from the waitlist.***

We require **copies of either photo identification (adults) or birth certificates (minors) and Social Security card**. If you or any of your household members do not have these, please work on obtaining these documentations while you are on the waitlist.

I understand the check-in policy for Sea Mar's Des Moines Apartments.

(Please initial): _____ Date: _____

I certify all information I have provided is complete and accurate. I understand this is not a contract and does not bind either party. The information contained in this application is true, and completed to the best of my knowledge. I understand that not being truthful in the application process may reduce my chances of being housed. **I have no objection to inquiries being made for the purpose of verifying the statements made herein and thus for this application to be subject for a tenant screening process.**

Applicant Signature_____ **Date**_____

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