



Beacon Hill Housing Pre-Application

To be considered as a resident for the Sea Mar Beacon Hill Housing, applications must be submitted to the housing office in person, by fax or email.

Drop off in person at:

1040 So. Henderson St. Seattle, WA 98108

E-mail applications:

QuinishaCockheran@seamarchc.org

Fax applications:

253-921-2823

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



For any questions regarding the waitlist or any changes in your contact information, e-mail QuinishaCockheran@seamarchc.org

Beacon Hill Housing offers:

- 39 studio apartments
- Four ADA Accessible units
- All units have own kitchen and bathroom
- Family friendly urban location
- Great access to local amenities
- Accepts Section 8 vouchers and other public assistance.

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 LESS than 50% of the area gross median income.

| Household size | 1 Person | 2 People | 3 People |
|----------------|----------|----------|----------|
| 50% AMI | \$52,700 | \$60,250 | \$67,800 |
| 30% AMI | \$31,620 | \$36,150 | \$40,680 |

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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.

Sea Mar Community Health Centers
Beacon Hill Housing
Pre-Application

| | | |
|----------------------------------|----------------|-------------------|
| Last Name | First Name | Middle Name |
| Mailing Address | City | State Zip |
| Tel. () | Email address: | |
| 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 Beacon Hill Housing, 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: _____ |

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| | | |
|---|--|---|
| 1. Do you expect your household to change in the next six (6) months? If yes, please describe: _____ | Yes | No |
| 2. What size unit are you applying for? (circle all that apply) Studio only | | |
| 2. Are you or any household member disabled? Yes No Do you require any of the following accommodations/ unit modifications? (check all that apply) | | |
| <input type="checkbox"/> Wheelchair accessible unit <input type="checkbox"/> Live-in aide/caregiver Animal <input type="checkbox"/> Other physical adaptations (grab bars, etc.) | <input type="checkbox"/> Sensory impaired <input type="checkbox"/> Service or Companion | <input type="checkbox"/> Ground floor unit (no stairs) <input type="checkbox"/> Large type documents <input type="checkbox"/> Other |
| 4. Are you or anyone in your household a full-time student? Yes No If yes, please describe: _____ | | |
| 5. Circle your current housing status: Stable housing Homeless In danger of losing housing Additional explanation (optional): _____ | | |

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 do not have the exact amount. | | | |
|--|-------------------|------------------|--|
| | Income Source | Monthly Amount | |
| <input type="checkbox"/> | SSI/SSA | \$ _____ / month | <input type="checkbox"/> Employment \$ _____ / month |
| <input type="checkbox"/> | VA Benefits | \$ _____ / month | <input type="checkbox"/> Day Labor \$ _____ / month |
| <input type="checkbox"/> | GAU/GAX | \$ _____ / month | <input type="checkbox"/> Other \$ _____ / month |
| <input type="checkbox"/> | Section 8 Voucher | \$ _____ / month | Please Describe |

| | | |
|---|--|--|
| Optional Information - Please circle all that apply to Head of Household. For statistical purposes only; this information will not be disseminated. | | |
| Gender: | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| | <input type="checkbox"/> Transgender | |
| Ethnicity: | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Non-Hispanic/Non-Latino |
| Race: | <input type="checkbox"/> White/Caucasian/European-American | <input type="checkbox"/> African |

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| | |
|--|--|
| <input type="checkbox"/> Black/African-American | <input type="checkbox"/> Alaskan Native |
| <input type="checkbox"/> Black/African-American & White | <input type="checkbox"/> Hawaiian Native or Pacific Islander |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Asian |
| <input type="checkbox"/> American Indian/Alaskan Native & White | <input type="checkbox"/> Asian American |
| <input type="checkbox"/> American Indian/Alaskan Native & Black/African American | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Other: | <input type="checkbox"/> 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 monthly 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 Beacon Hill Housing.

(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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