



Bayshore Court Apartments

Pre-Application

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

Drop off in person or Mail to:

510 N. Cedar St. # 12 Chelan, WA 98816

E-mail applications:

AnnaliAllen@seamarchc.org

Fax applications:

509.682.8417

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



Bayshore Court Apartments offers:

- Senior and Disabled Housing
- 24 1-BR unit apartments
- All units are ADA Accessible
- Laundry Facility on first floor
- Elevator
- Downtown Chelan location
- Close to grocery store and several banks

For any questions regarding the waitlist or any changes in your contact information, contact ANNALI ALLEN at 509.682.0328 or ANNALI ALLEN@SEAMARCHC.ORG

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 80% 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.

Household size	1 Person	2 People	3 People
Low Income 80% Of AMI	\$57450	\$64850	\$72250

Sea Mar Community Health Centers
Bayshore Court Apartments
Pre-Application

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 Moses Lake Estates, 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, Social Security Numbers and date of birth of all additional household members: Except those who do not contend eligible immigration status, then leave SSN blank.

1. Name: _____ SSN: _____ Date of Birth: _____

2. Name: _____ SSN: _____ Date of Birth: _____

3. Name: _____ SSN: _____ Date of Birth: _____

4. Name: _____ SSN: _____ Date of Birth: _____

5. Name: _____ SSN: _____ Date of Birth: _____

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)	1 BD	2BD	3BD	4BD															
3. Are you or any household member disabled? Do you require any of the following accommodations/ unit modifications? (check all that apply)	Yes	No																	
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Wheelchair accessible unit accessible unit</td> <td style="width: 10%;">Y</td> <td style="width: 40%;">Sensory impaired</td> <td style="width: 10%;">J</td> <td style="width: 10%;">Ground floor unit (no stairs)</td> </tr> <tr> <td>Live-in aide/caregiver Companion Animal</td> <td>Y</td> <td>Service or</td> <td>J</td> <td>Other</td> </tr> <tr> <td colspan="5">Other physical adaptations (grab bars, etc.) _____</td> </tr> </table>	Wheelchair accessible unit accessible unit	Y	Sensory impaired	J	Ground floor unit (no stairs)	Live-in aide/caregiver Companion Animal	Y	Service or	J	Other	Other physical adaptations (grab bars, etc.) _____								
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Live-in aide/caregiver Companion Animal	Y	Service or	J	Other															
Other physical adaptations (grab bars, etc.) _____																			
4. Are you or anyone in your household a full-time or part time student? If yes, please describe:	Yes	No																	
5. Please list all states in which any household member has resided.																			
6. Is any household member subject to a lifetime sex offender registration requirement in any state? If yes, please describe:	Yes	No																	

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	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"/> Black/African-American <input type="checkbox"/> Black/African-American & White <input type="checkbox"/> American Indian <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> Other:	<input type="checkbox"/> African <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Hawaiian Native or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Asian American <input type="checkbox"/> Asian & White <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, and respond to a waitlist assessment letter to remain “active” on the waiting list. We update our waitlists every six (6) months and if you don’t respond to our waitlist assessment letter, your name will be removed from list.

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 Bayshore Court.

(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** _____



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.