Wapato Gardens Apartments

Pre-Application

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

Drop off in person at:

509 Donald Road, Office #25, Wapato WA 98951

E-mail applications:

SeanMcGree@seamarchc.org

Fax applications:

509.877.6311

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, contact Sean McGree at 509.877.6300 or SeanMcGree@seamarchc.org

Wapato Gardens Apartments offers:

- 24 apartments: 10x2 BDR, 10x3 BDR and 4x4 BDR
- ADA Accessible units available
- All units have own kitchen and bathroom
- Accepts Section 8 vouchers & 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 80% of the area gross median income.

Household size	1 Person	2 People	3 People	4 People
30% AMI	$19,500	$22,800	$26,650	$32,150
50% AMI	$33,200	$37,950	$42,700	$47,400
80% AMI	$53,100	$60,700	$68,300	$75,850

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

Wapato Gardens 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:

Applicant Release and Consent: In order to properly process your application, Wapato Gardens management needs your authorization to verify employment, income and/or assets. Please fill out the attached Tenant Release and Consent form.

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 Wapato Gardens 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: _____

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.

Family Information

Please list the names, social security number for all members of the household except those household members who do not contend eligible immigration status and date of birth of all additional household members.

1. Name:_____ Social Security #:_____ Date of Birth: _____
2. Name:_____ Social Security #:_____ Date of Birth: _____
3. Name:_____ Social Security #:_____ Date of Birth: _____
4. Name:_____ Social Security #:_____ Date of Birth: _____
5. Name:_____ Social Security #:_____ Date of Birth: _____
6. Name:_____ Social Security #:_____ Date of Birth: _____

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) 2BD 3BD 4BD

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 accessible unit
- ⎦ Live-in aide/caregiver Animal
- ⎦ Other physical adaptations (grab bars, etc.) _____
- □ Sensory impaired
- □ Service or Companion
- ⎦ Ground floor unit (no stairs)
- ⎦ Large type documents
- ⎦ Other

4. Are you or anyone in your household a full-time or part-time student? Yes No

If yes, please describe:

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
□	SSI/SSA	$_____/ month	□	Employment	$_____/ month
□	VA Benefits	$_____/ month	□	Day Labor	$_____/ month
□	GAU/GAX	$_____/ month	□	Other	$_____/ month
□	Section 8	$_____/ month		Please	

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.

Voucher	Describe

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 Mar's 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 Wapato Gardens 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**_____

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.