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KITSAP COUNTY CONSOLIDATED HOUSING AUTHORITY



Dear Applicant:

The Kitsap County Consolidated Housing Authority (KCCHA) operates 136 housing units under the Department of Housing & Urban Development (HUD) Public Housing Program. The Units are single-family houses and duplexes. The units are leased to qualified low-income persons or families. The rent is based on total household income.

Please complete the attached KCCHA Public Housing application. Answer all questions. Incomplete applications cannot be processed and will be returned.

If your total household income is within the applicable HUD income limit, your name will be placed on the Public Housing Waiting List. A criminal background check, and credit check, will be conducted during the applicant intake interview. An applicant intake interview will be scheduled as you move to the top of the waiting list.

It is your responsibility to keep your application information current. If you have any changes in your household, address or telephone number, you need to notify KCCHA of the change by filling out a "Change of Circumstance" form located in the front office. Keeping your application information up to date is extremely important.

Effective November 1, 2009, KCCHA will no longer provide specific numbers to Public Housing applicants. Staff will only be able to confirm if the applicant is on the wait list or not.

If you have any questions or need assistance in filling out the application, please contact the receptionist at 360-535-6101 or 360-535-6100.

**KITSAP COUNTY CONSOLIDATED
HOUSING AUTHORITY**
9307 Bayshore Dr. N.W
Silverdale, WA 98383
PHONE (360) 535-6100
TDD (360) 698-3261

(Office Use Only)
Application Number: _____
Date Received: _____
Time Received: _____
Received By: _____
Bedroom Size: _____

APPLICATION FOR RENTAL HOUSING

INSTRUCTIONS: Please print. Complete all pages. Answer each section and item. If there is no answer, write "N/A" in the space provided. Do not leave any section or item unanswered. All adults on the application must sign and date both the application and authorization for release of information.

Applicant	Name: _____ (Last) _____ (First) _____ (Middle Initial) _____ Date of Birth _____ Sex _____						
Family Member No. 1	Social Security Number _____		Place of Birth _____		Driver's License Number _____		State _____
Spouse or Co-Applicant	Name: _____ (Last) _____ (First) _____ (Middle Initial) _____ Date of Birth _____ Sex _____						
Family Member No.	Social Security Number _____		Place of Birth _____		Driver's License Number _____		State _____
Mailing Address: _____ (Number) _____ (Street) _____ (Apartment No.) _____ (City) _____ (State) _____ (Zip)					Marital Status: _____ Single _____ Separated _____ Divorced _____ Widowed _____ Married		
Do you speak English? Yes: _____ No: _____ If no, what language? _____			Home Phone: _____ Work Phone: _____		Other number where we may contact you: _____		
LIST BELOW ALL OTHERS WHO WILL LIVE WITH YOU (DO NOT LIST APPLICANTS SHOWN ABOVE)							
Family Member No.	Full Name	Relationship to Applicant: (mother, son, daughter, etc)	Sex M/F	Birth date	U.S. Citizen (Y/N)	Place of Birth (City, State, County)	Social Security Number or Alien Number
If you are less than 62 years old, are you applying for occupancy based upon your status as an individual with a disability? ___ Yes ___ No							
Do you wish to claim an income deduction based upon a disabling condition? ___ Yes ___ No <i>(Note: Option Not Available in All Programs)</i>							
Do you wish to have priority for a unit with special design features for a person with a disability? ___ Yes ___ No							
Due to a disability, do you (or any person on your application) have any SPECIAL NEEDS or require any features to enable you to live in the unit? ___ Yes ___ No If YES: What do you need? _____							
Have you, or anyone who will live with you, ever been convicted of a CRIMINAL OFFENSE? ___ Yes ___ No							
If YES, give name and explain: _____							
STUDENT STATUS: Including adults, how many members of your household are <u>full time</u> students? _____ How many are not? _____							
Do you have any PETS or ANIMALS? ___ Yes ___ No If YES: What? _____							



AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT:

I authorize and direct any Federal, State or local agency, organization, business or individual to release to the Kitsap County Consolidated Housing Authority any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under any housing programs administered by the Kitsap County Consolidated Housing Authority.

I understand and agree that the authorization, or the information obtained with its use, may be given to and used by the Department of Housing and Urban Development (HUD), U.S. Department of Agriculture Rural Development (USDA RD), Washington State Housing Finance Commission (WSHFC), Kitsap County Department of Community Development (DCD), Washington State Department of Community, Trade and Economic Development (CTED), Federal Home Loan Bank (FHLB), or any other agency involved in the funding, administering or enforcing program rules and policies.

INFORMATION COVERED:

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquires that maybe requested include, but are not limited to:

- | | |
|-------------------------------|----------------------------------|
| Identity and Marital Status | Medical or Child Care Allowances |
| Residence and Rental Activity | Employment, Income and Assets |
| Credit and Criminal History | |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS WHO MAY BE ASKED:

The groups or individuals that may be asked to release the above information (depending upon program requirements) include, but are not limited to:

- | | |
|---|----------------------------------|
| Previous Landlords
(Including Public Housing Agencies) | Utility Companies |
| Courts and Post Offices | Welfare Agencies |
| Law Enforcement | Schools and Colleges |
| Support and Alimony Providers | Past and Present Employers |
| Credit Providers and Credit Bureaus | Veterans Administration |
| State Unemployment Agencies | Medical Providers |
| Social Security Administration | Child Care Providers |
| | Banks and Financial Institutions |

COMPUTER MATCHING NOTICE AND CONSENT:

I understand and agree that the Kitsap County Consolidated Housing Authority, or any agency or entity involved in the housing program or project, may conduct computer matching programs to verify the information supplied for my application or recertification. Information obtained may be shared in the course of program administration, subject to the provisions of applicable civil rights laws and credit reporting requirements. If computer matching or exchange of information is a requirement for participation in a housing program, failure to authorize disclosure will result in denial of the application or termination of program eligibility. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disapprove that information.

TERMS:

I agree that a photocopy of this authorization shall be effective as an original and that this authorization shall remain in effect until termination of my application or fulfillment of all obligations arising out of participation in a housing program.

Signature

Date

Signature

Date



ADDENDUM TO APPLICATION

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

Please provide this information for the HEAD OF HOUSEHOLD:

RACE OR NATIONAL ORIGIN (Mark one or more)

- American Indian, Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

ETHNICITY

- Hispanic or Latino
- Not Hispanic or Latino

GENDER

- Male
- Female

Applicant signature

Date

EQUAL HOUSING OPPORTUNITY

We do business in accordance with the Federal Fair Housing Law. It is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin. Anyone who feels he or she has been discriminated against may file a complaint of housing discrimination:

U.S. Department of Housing and Urban Development
Assistant Secretary for Fair Housing and Equal Opportunity
Washington, DC 20410

1-800-669-9777 (toll free)
TTY 1-800-927-9275



KITSAP COUNTY CONSOLIDATED HOUSING AUTHORITY



NOTICE OF RIGHT TO REASONABLE ACCOMODATION

If you have a disability, and as a result of your disability you need. . .

- * a change in the rules or policies or how we do things that would give you an equal chance to live here and use the facilities or take part in programs on site.
- * a change or repair in your apartment or other part of the housing site, or a special type of apartment that would give you an equal chance to live here and use the facilities or take part in programs on site.
- * a change in the way we communicate with you or give you information

you may ask for this kind of change, called a REASONABLE ACCOMMODATION.

If you can show that you have a disability and if your request is reasonable (does not pose an “undue financial or administrative burden” which means if is not too expensive or too difficult to arrange), we will try to make the changes you request.

We will let you know if we need more information or verification from you, or if we would like to discuss with you other ways to meet your needs.

If we turn down your request, we will explain the reason and you can give us more information if you think that will help.

If you need help filling out a REASONABLE ACCOMMODATION REQUEST FORM, or if you want to give us your request in some other way, we will help you.

You can get a REASONABLE ACCOMMODATION REQUEST FORM at the KCCHA main office at 9307 Bayshore Dr. N.W., Silverdale, WA 98383.

NOTE: All information you provide will be kept confidential and be used only to assist you have an equal opportunity to enjoy your housing and the common areas.

*9307 Bayshore Drive N.W. • Silverdale, Washington 98383-9113
Main (360) 535-6100 • TDD (360) 535-6106 • Fax (360) 535-6107*



<http://www.kccha.org>

Other Rent-Assisted Housing

<u>City</u>	<u>Housing Name</u>	<u># Units</u>	<u>Eligibility</u>	<u>Phone #</u>
Bainbridge Isl.	Finch Place Apts.	29 Units	>62 or D	(206)842-0724
Bainbridge Isl.	Island Terrace Apts.	48 Units	ALL	(206)842-1280
Bainbridge Isl.	Janet West Home	9 Units	1-2 People	(206)842-1909
Bainbridge Isl.	Village Home	11 Units	1-2 People	(206)842-1909
Bainbridge Isl.	Virginia Villa	40 Units	>62 or D	(206)842-5482
Bainbridge Isl.	Western View Terrace	8 Units	Family	(206)842-1909
Bainbridge Isl.	Winslow Arms Apts.	60 Units	>62	(206)842-3611
Bremerton	Canterbury Manor	76 Units	>62	377-0113
Bremerton	Charter House Apts.	30 Units	>62	377-0808
Bremerton	Eastwynd Apts.	64 Units	>62 or D	479-3444
Bremerton	Frank Chopp Place	56 Units	1-2 People	377-7744
Bremerton	Griffin Glen Apts.	96 Units	ALL	405-6005
Bremerton	Magnuson Way Apts.	19 Units	Family	373-7364
Bremerton	Marion Court Apts.	35 Units	Family	377-8806
Bremerton	Max Hale Center	53 Units	ALL	792-2117
Bremerton	Pinewood Manor	38 Units	>62	377-4977
Bremerton	Tamarack Apts.	83 Units	>62	377-0232
Bremerton	Viewcrest Village	300 Units	ALL	377-7661
Bremerton	Vintage at Brem.	143 Units	>62 or >55&D	479-8300
Kingston	Robinswood Apts.	18 Units	Family	297-2496
Kingston	Time Square Apts.	16 Units	>62 or D	297-2552
Port Orchard	Cedar Heights Apts.	51 Units	ALL	876-5320
Port Orchard	Conifer Ridge Sr. Apts.	40 Units	>62 or D	871-2869
Port Orchard	Lund Pointe	24 Units	ALL	876-4818
Port Orchard	Olympic Pointe I	51 Units	ALL	871-6615
Port Orchard	Olympic Pointe II	26 Units	ALL	871-6615
Port Orchard	Orchard On The Green	198 Units	Family	876-1818
Port Orchard	Village Green Apts.	51 Units	>62 or D	871-4883
Poulsbo	Hostmark I	60 Units	>62 or D	779-4687
Poulsbo	Hostmark II	30 Units	>62 or D	779-4687
Poulsbo	Hostmark III	30 Units	>62 or D	779-4687
Poulsbo	Peninsula Glen Apts.	29 Units	Family	697-3942
Poulsbo	Winton Woods Apts.	39 Units	ALL	779-3763
Poulsbo	Woodcreek Apts.	40 Units	ALL	697-1824
Silverdale	Danwood Apts.	40 Units	Family	662-1100
Silverdale	Silvercrest Apts.	42 Units	>62 or D	692-4233

“>” means “Older Than”

“D” means “Disabled”

Kitsap County Rent-Assisted Housing List (All Area Codes are 360 unless otherwise indicated)

Kitsap County Consolidated Housing Authority

Public Housing Phone 535-6100

Bremerton	Nollwood	48 Units
Central Kitsap	Coventry Park	15 Units
Central Kitsap	Fairview	33 Units
Kitsap County	Scattered Sites	15 Units
Poulsbo	Austurbruin	10 Units

Family Housing

Bainbridge Isl.	550 Madison	13 Units	(206)842-8144
Bainbridge Isl.	Rhododendron	50 Units	(206)842-8144
Port Orchard	Heritage Apts.	56 Units	895-1454
Port Orchard	Viewmont East	76 Units	895-1454
Poulsbo	Fjord Vista II	16 Units	779-6939
Poulsbo	Windsong	36 Units	779-6244

Senior Housing

Port Orchard	Madrona Manor	40 Units	871-5798
Port Orchard	Port Orchard Vista	42 Units	876-1533
Poulsbo	Fjord Manor	38 Units	779-6939
Silverdale	Golden Tides I	15 Units	535-6100
Silverdale	Golden Tides II	45 Units	308-9582
Silverdale	Golden Tides III	18 Units	308-9582

Bremerton Housing Authority

Section 8 Rental Assistance - Phone 479-3694

Public Housing – Phone 479-3694

Bremerton	Westpark	582 Units
Bremerton	Tara Heights	21 Units
Bremerton	Hallett House	6 Units

Senior Housing

Bremerton	Tamarack	83 Units	377-0232
Bremerton	The Firs	60 Units	373-8479