



- Regini Elmi, Chair
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HARRISON HOUSE

615 West Harrison Street, Kent, WA 98032

Phone: (206) 693-6411 Fax: (206) 832-3757

IMPORTANT INFORMATION. PLEASE READ CAREFULLY

- ▶ You will be placed on a waiting list if there is no suitable unit available at the time of your application.
- ▶ You must be income eligible for a housing unit at Harrison House Apartments.
- ▶ At least one household member must be 55 years old at the time of housing.
- ▶ You must meet the Tenant selection criteria and pass a background check before your tenancy will be approved.
- ▶ Households with an approved reasonable accommodation may have priority for ADA Modified Units to meet regulatory requirements.
- ▶ **If you are interested in the Project-Based Program, you must meet one of the preferences listed on the application.**
- ▶ It is your responsibility to notify us of changes to your address, phone number, and/or family status.
- ▶ Applications are available at: <http://www.kcha.org> > Find a Home> Other Rental Housing

Maximum Gross Income Limits

Project Based Program (Section 8) (30%):

1 Person: \$2,878 Month / \$34,530 Annual

2 People: \$3,290 Month/ \$39,480 Annual

Tax Credit Program (50%):

1 Person: \$4,796 Month/ \$57,550 Annual

2 People: \$5,483 Month/ \$65,800 Annual

Monthly Rent Amounts

Project Based Program (Section 8) (30%):

1 Bedroom: \$1,465**

2 Bedrooms: \$1,750**

Tax Credit Program (50%) Flat Rent:

1 Bedroom: \$465

2 Bedrooms: \$565

**This is the Contract Rent amount. Your portion of the rent is based on 31% of your monthly income.

The remainder is subsidized and paid by the King County Housing Authority Section 8 Program.

Additional Information

Security Deposit: \$75.00

Application Fee: \$37.66 per adult

Pet Deposit: \$100

Parking: \$10 per month

1 beds approximately 650 sq. ft.

2 beds approximately 960 sq. ft.

All Income limits, Rent amounts, Deposit amounts and Fees are subject to change without notice. Water, Sewer and Garbage are included. The Resident pays Electricity, Telephone, Cable TV & Internet.

It is illegal to discriminate against any person because of Race, Color, Religion, Sex, Handicap/Disability, Familial Status, or National Origin.

Harrison House Apartments -A Community for Seniors
615 West Harrison Street Kent, WA 98032
Phone: 206-693-6411 Fax: 206-832-3757

Initial Application for Housing

Applicant: Name _____ Address: _____
Date of Birth: _____ City, State & Zip: _____
Spouse/Co-Applicant: _____ Phone #: (____) _____
Date of Birth: _____ Social Security #: _____
Of Household Members (*Please Circle*): 1 2 3 Type of Unit Applied For: 1 Bdrm 2 Bdrm
Estimated Gross **Annual** Household Income: \$ _____
Any Disabled Household Member(s)? ☐ Yes ☐ No
If yes, do you need a modified unit? Please explain: ☐ Yes ☐ No

Are you interested in a Tax Credit Unit, “**Flat-Rent**” housing unit? ☐ Yes ☐ No

Are you interested in a Federally Subsidized, “**Project Based**” housing unit? ☐ Yes ☐ No

If yes, please answer the following preference questions. ****You must answer yes to at least one of the preference questions, in addition to meeting the income requirement.**

** Is your yearly gross income *at or below* the limits for your family size on the chart below? ☐ Yes ☐ No

Family Size	1 person	2 people	3 people
Annual Income	\$34,530	\$39,480	\$44,400

** Are you involuntarily displaced? ☐ Yes ☐ No

By Natural Disaster	Due to Hate Crime	By Government Action	To Avoid Reprisal
Due to Owner Action	Due to Unit Inaccessibility	By Domestic Violence	

** Are you paying more than 50% of your gross income towards rent ☐ Yes ☐ No
and utilities (*Electricity, Water, Sewer, and/or Garbage*) for the last 90 days?

** Are you living in Substandard Housing? ☐ Yes ☐ No

Homeless Family	No Tub/Shower	Dilapidated Home	No Electricity
No Plumbing	No Heat	No Toilets	No Kitchen

I hereby certify that the information provided in this application is true to the best of my knowledge and belief. I understand that any false statements made on this application may result in the cancellation of my application and if housed, my family will be subject to eviction. I also understand I must report any changes in the above information to the housing office in writing. Failure to report accurate information with regards to my family circumstances and any changes that may occur may result in delays in the application process and could ultimately lead to cancellation of my application, without further notice. Failure to respond to any correspondence from the Housing Authority may result in delays in the application process and could ultimately lead to cancellation of my application without further notice.

Applicant Signature

Date