Harrison House Apartments

A Community for Seniors

615 West Harrison Street, Kent, WA 98032

Application for Housing

Applicant: Date of Birth:		Address:				
		City, State & ZIP:				
Spouse/Co-Applicant:		Phone #: ()				
Date of Birth:		Social Security #:				
# Of Household Members (Please	Circle): <u>1</u> <u>2</u> <u>3</u>	Туре	of Unit Applied	For:	1Bdrm	2Bdrm
Estimated Gross <i>Annual</i> Housel	nold Income: \$					
Any Disabled Household Member	er(s)?	Yes	☐ No			
If yes, do you need a modified un	nit? Please explain:	Yes	□ No			
Are you interested in a Federally	Subsidized, "Project Base	ed" ho	using unit?		Yes	□ No
If yes, please check the following	preferences. **You must	answe	er yes to at least o	ne of	the follo	wing
preferences, in addition to meet	ing the income requirem	ent:				
** Are you involuntarily displace	ed?				Yes	☐ No
By Natural Disaster	Due to Hate Crime	By Government Action				
Due to Owner Action	To Avoid Reprisal Due to Unit Ir			accessi	ibility	
By Domestic Violence						
** Are you paying more than 50% of your gross income towards rent					Yes	☐ No
and utilities (Electricity, Water, S	Sewer, and/or Garbage) for t	he last	: 90 days?			
** Are you living in Substandard Housing?					Yes	☐ No
Homeless Family	No Tub/Shower		Dilapidated Ho	ome		
No Electricity	No Plumbing		No Heat			
No Toilets	No Kitchen					
Applicant Signature		 Date				

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615 West Harrison Street, Kent, WA 98032 Phone: 206-693-6411 Fax: 206-832-3757

IMPORTANT INFORMATION...PLEASE READ CAREFULLY.

- 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.
- Families with disabled members have a priority for certain 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.
- You will be placed on a waiting list if there is no suitable unit available at the time of your 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%):
 Tax Credit Program (50%):

 1 Person:
 \$2358 Month / \$28,290 Annual
 1 Person:
 \$3929 Month / \$47,150 Annual

 2 Persons:
 \$2,693 Month / \$32,310 Annual
 2 Persons:
 \$4488 Month / 53,850 Annual

Monthly Rent Amounts

Project Based Program (Section 8) (30%):Tax Credit Program (50%):1 Bedroom:\$1330**1 Bedroom:\$435 Flat Rent2 Bedrooms:\$1585**2 Bedrooms:\$535 Flat Rent

**This is the Contract Rent amount. Your portion of the rent is based on 28% of your monthly income. The remainder is subsidized and paid by the King County Housing Authority Section 8 Program.

Evening Meal Program

The cost of the Evening Meal Program is \$185 per month. Participation is Mandatory for Residents participating in the Tax Credit Program and Voluntary for Residents eligible to participate in the Project Based Housing Program.

Additional information: Security Deposit: \$150 Pet Deposit: \$100

Application Fee: \$37.66 per adult Parking: \$10 per month

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

Updated March 3, 2023