



The Bart Harvey

430 Minor Avenue N Seattle WA 98109
Telephone: (206) 518-6118 | Fax: (206) 518-6119

LOW INCOME HOUSING INSTITUTE (LIHI)

PUBLIC NOTICE

Opening of Section 8 Waitlist at the following building:

Bart Harvey

Effective on January 13, 2025

LIHI will temporarily reopen the Section 8 waitlist for Bart Harvey on January 13, 2025 and the wait list will remain in effect until we receive 40 (forty) applicants. This property is for Elderly and Disabled individuals (62 y/o and over and or with disabilities)

LIHI will accept pre-applications for this waitlist from January 13, 2025, either by mail or via email. Pre-applications will be available at either of the following locations:

1. Main LIHI office at 1253 S. Jackson St., Suite A, Seattle, Washington 98144 Mon-Fri 10:00 AM to 4:00 PM.
2. Bart Harvey, 430 Minor Av., N. Seattle, Washington 98109 Tues and Thu from 10:00 AM to 4:00 PM

Pre-applications will be processed in the order received. Incomplete pre-applications will not be accepted.

Although LIHI will take new pre-applications during this time, LIHI staff will continue to process applicants who are currently on the waitlist and will offer units as vacancies occur.

1253 S. Jackson St., Suite A
Seattle, WA 98144-3075
(206) 443-9935 Phone
(206) 443-9851 Fax
(800) 833-6388 TTY
URL: www.lihi.org

Is anyone in your household a student? Yes or No

Name of Student _____

Circle Full or Part-time?

Name of Student _____

Circle Full or Part-time?

Name of Student _____

Circle Full or Part-time?

Are you or any member of your household disabled? Yes or No

If yes, do you need a unit with special accommodations? Yes or No (Some units are equipped for people with disabilities.)

Are you a veteran? Yes or No

Have you or any member of the household been evicted from a federally funded project or any project? Yes or No (You can give information regarding the eviction on the back of this application.)

Falsifying, manipulating, intentionally deceiving or otherwise purposefully omitting information during the application process may reduce your chances of being eligible for housing. (Please Initial _____). I hereby certify by my signature below that the information provided above is complete and accurate to the best of my knowledge.

Applicant Signature _____

Date _____

504 Coordinator: Director of Housing Management

The Low Income Housing Institute does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named above has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). We do business in accordance with the Federal Fair Housing Act and provide persons with disabilities reasonable accommodation upon request. TTY# (for hearing impaired) is 711. Persons with language barriers may request or arrange interpretation alternatives or services.

Low Income Housing Institute, 1253 S. Jackson St., Seattle Washington 98144. Telephone # (206) 443 9935

BELOW THIS LINE IS TO BE COMPLETED BY STAFF

Received By _____ Date _____ Time _____