

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

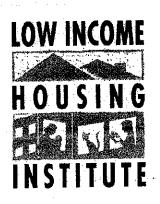
LIHI will temporarily reopen the Section 8 waitlist for Bart Harvey on January 13, 2025 and the wait list will remain in effect until we receive 40 (forty) applicants. This property is for Elderly and Disabled individuals (62 y/o and over and or with disabilities)

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.



RENTAL PRE-APPLICATION FOR

BART HARVEY» APARTMENTS 430 MINOR AVE , SEATTLE , WA 98109 PHONE: 206-518-6118 FAX 206-518-6119:

THANK YOU VERY MUCH FOR CONTACTING «COMMUNITY» APARTMENTS. IF YOU NEED HELP IN COMPLETING THIS FORM, PLEASE ASK THE STAFF MEMBER AT THE OFFICE FOR ASSISTANCE. YOU WILL NOT BE PLACED ON A WAITLIST UNTIL THIS FORM IS RECEIVED AT THE ADDRESS ABOVE.

| Name: | | | · | • |
|--|--|----------------------|-------------------------|-------------------------|
| First Last | Middle | : | | |
| Referred by: | <u>.</u> | | | |
| Current/Mailing Address | | | | |
| CITY | STATE | | ZIP | |
| Phone: | Email: | | | |
| Message Phone:Contact/C | Phone: | | | |
| Is a household member age 62 or over? Yes or No? | | | | |
| Race & Ethnicity for Head of Household (optional)_ | | | | |
| Marketing, How did you learn about «community» A | | | | - |
| Criminal History to Include Drugs: Yes or No? Circ | | 1 | .} | |
| IMPORTANT!!!!!********Household Compo | sition / Income/Assets processed)** | (please fill in comp | lete information or | application may not be |
| Household Member (include yourself) | Date of Birth | Social Security #'s | Monthly Income | Source of Income |
| 1 | | | | |
| 2 | | i i | | |
| 3 | | : | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | · |
| Are you homeless? Yes or No If y If yes, please describe where you are staying Do you currently have a Section-8 voucher? Yes or | res, for how long? | | - HUD Subsidized hou | using or used a housing |
| voucher? Yes or No | | - F | and the second second | |

| 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 | | | _ Circ | le Full or | Part-time? | | | |
| | • | | • | | | | | |
| Are you or any member of your household disabled | | | , | , | | | | |
| If yes, do you need a unit with special accommodation | ons? Yes or N | lo (Some units a | ire equipped fo | r people v | with disabil | ities) | | |
| Are you a veteran? Yes or No | | | ٠. | | ĺ | | | |
| Have you or any member of the household been evi information regarding the eviction on the back of th | is application.) | • | | | | (You can give | | |
| Falsifying, manipulating, intentionally deceiving or your chances of being eligible for housing. (Please above is complete and accurate to the best of my kn | initial | ully omitting info I hereby certify | ormation during by my signatu | g the appl re below | ication proc that the info | cess may reduce ormation provided | | |
| Applicant Signature | | | Date | | _ | | | |
| | | | | | | | | |
| The Low Income Housing Institute does nemployment in, its federally assisted prograwith the nondiscrimination requirements of Section 504 (24 CFR, part 8 dated June 2, persons with disabilities reasonable accombarriers may request or arrange interpretated. | rams and activities. ontained in the Dep 1988). We do busin modation upon req ion alternatives or s | The person namer artment of Housiness in accordance uest. TTY# (for lervices. | ed above has bing and Urban e with the Federing impaired | een design Developm eral Fair F d) is 711. | nated to coon nent's regul Housing Act Persons w | ations implementing t and provide | | |
| Low Income Housing Institute, 1253 S. Ja | ckson St., Seattle v | asimigion 90144 | . rerephone :: | (200) 113 | } | | | |
| BELOW THIS LINE IS TO BE COMPLETED | BY STAFF | | | | · | | | |
| | | | | | | | | |
| Received By | Date | <u> 1 1 7 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 </u> | Time | - | · | The state of the s | | |
| | | | | | | | | |
| | | | | | | , . | | |
| | | | | | | | | |
| Equal Housing Opportunity | en e | | | · · · | | i de la companya de La companya de la co | | |
| | | | | • | • | | | |