

PRE-APPLICATION FOR HOUSING

For SCIDpda use only				
Interest List Submission Date/Time:				
Contact Attempts:				
Unit Offered	Unit turn-down date			

APPLICANT INFORMATION 申请人资料

	, ,,,,			L					
Head of Household:						Phone #:电话			
户主姓名	First Name 名	Middle	中间名字	Last Na	ame 姓				
Address: 地址					E	mail: 电邮			
What type of unit are	-		_	_		_	_		
SRO (Shared kitch	en and bath)		☐ 1 bedro			3 bedroom		l bedroom	
公用厨房和卫生间		单间	1 房一厅	2 房一	厅	3 房一厅	2	4 房一厅	
HOUSEHOLD INFORM								2	
Provide information on	all household r	members who will occ	cupy the unit	. Total # of HH membe	ers:	Do you have a Sectio	n 8 vouch	er?	
请提供所有申请入住人的资				所有入住人数		你有房屋券吗			
First Name 名		Last Name 姓 Age		ge 年龄 Relationship to Head o		Full-time student in		Anticipated Gross	S
,,				Household 与户主关系		the next 12 month	s?	Monthly Income	
						未来一年会否全职学	<u> </u>	预计税前月收入	
ELIGIBILITY Please a	nswer the foll	owing questions to	help us dete	ermine your eligibility	y for housin	g programs: 请回答	以下问题以	便确认你是否符合	房屋目
请资格									
Are you or any member of your household disabled? 你家中是否有残障人士					[Yes	☐ No		
Have you or anyone in your household been evicted? 你或家里人有否曾被驱逐出住所						_	Yes	□ No	
Have you or anyone in your household filed for bankruptcy or have an open bankruptcy? 你或家里人是否破产或正在申请破产						_		_	
Have you or anyone in	your nousehold	i filed for bankruptcy	or nave an o	pen bankruptcy? 你或》		产 <u>以</u> 止仕甲请破产 【	Yes	∐ No	
I certify that the info	rmation I have	e provided is true a	nd correct.	我保证以上资料属实无误					
Signature 签名						 Date ∄	 期		

Under Seattle's Fair Chance Housing Ordinance SMC 14.09—The landlord is prohibited from requiring disclosure, asking about, rejecting an applicant or taking an adverse action based on any arrest record, conviction record or criminal history, except for registry information as described in subsections 14.09.025.A3, 14.09.025.A4, 14.09.025.A5 and subject to the exclusions and legal requirements in section 14.09.115.