



Return Application to:
 Housing Resources Bainbridge
 P.O. Box 11391
 Bainbridge Island, WA 98110
 Attn: Jessica Campbell
jessica@housingresourcesbi.org
 Phone: 206-842-1909 X12
 Fax: 206-842-1120



Rental Waitlist Application

You must provide information for each household member who will occupy the rental unit

Check this box if you hold a section 8 voucher **MINIMUM # of bedrooms:** studio 1 2 3

| Name (Last, First, MI) | Relationship to the Head of Household | Sex (M/F) | Date of Birth MM/DD/YY | Student (Y/N) | Disabled /Senior (S/D/N) | Veteran* (Y/N) |
|---------------------------|---|--------------|---------------------------|------------------|--------------------------------|-------------------|
| | Head of Household | | | | | |
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* A Veteran is a person who served in the active military, naval, or air service and was discharged or released under conditions other than dishonorable

So that we can place you in the right home for your needs, we need to know if anyone in the household requires ADA access Yes No **Do you need ground floor access?** Yes No

Check this box if you are currently homeless Check this box if you are fleeing domestic Violence

| Contact Information: Complete the following with your current contact information: | |
|--|--|
| Current Address | |
| Primary Phone | |
| Secondary Phone | |
| Email | |

NOTE: it is your responsibility to update this information with us each time any portion of it changes, if we are unable to reach you, you may be removed from the waitlist.

| HRB Staff Use - Notes: | | | |
|------------------------|----------------------------|------------------------------|-------------|
| # of Bedrooms _____ | Date Entered _____ | Date added to waitlist _____ | |
| Max income _____ | Rent to income ratio _____ | Set aside 30% | 50% 60% 80% |

Race, Ethnicity & Language: This is **optional** information that is used to identify housing trends and needs, to describe the present occupancy of our communities, and to plan housing outreach efforts. Complete the following information, checking the box that applies for each household member that will occupy the unit:

| First Name | American Indian or Alaska Native Only | Asian | Black or African American | Native Hawaiian/Other Pacific Islander Only | White | Hispanic | Non-Hispanic | Other Ethnic Group | Language preference other than English |
|------------|---------------------------------------|-------|---------------------------|---|-------|----------|--------------|--------------------|--|
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Income & Asset Information: Complete the following for all members of the household over 18 who are currently employed or receive federal or state benefits. Use a separate page for additional adults:

| First Name | Income type <i>If you have more than 2 adults in the household please provide their income information on a separate page</i> | Monthly Income Amount <i>Before Taxes</i> | Assets <i>List the value of all accounts</i> |
|------------|--|--|---|
| | Employer Name: _____ | \$ _____ | Checking \$ _____ |
| | Social Security: <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ | Savings \$ _____ |
| | Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ | 401 K \$ _____ |
| | Child Support: <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ | IRA \$ _____ |
| | Other: _____ | \$ _____ | Other \$ _____ |
| | Employer Name: _____ | \$ _____ | Checking \$ _____ |
| | Social Security: <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ | Savings \$ _____ |
| | Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ | 401 K \$ _____ |
| | Child Support: <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ | IRA \$ _____ |
| | Other: _____ | \$ _____ | Other \$ _____ |

Certification by Head of Household: I understand that any changes to my household composition or income after the date of my signature below, but prior to actual move-in must be disclosed to HRB Staff.

Printed Name

Signature

Date