



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)	Veteran* (Y/N)
	Head of Household				

* 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

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