



# Affordable Rental Housing Eligibility Form

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COUNTY

Dear applicant(s),

Welcome! Thank you for your interest in applying to live in an affordable rental housing unit. This unit was created through a city affordable housing program to provide stable, rent-restricted housing for people with low to moderate income. This program requires that developments include affordable units with specific income and rent restrictions. Unlike the Section 8 program, the rent limits are NOT calculated or adjusted based on the individuals' income. Please be sure you understand the targeted income levels these units are created for.

To help cities administer their affordable housing programs, ARCH monitors these affordable units on behalf of our member cities. *Please note that each building's property management team handles the income verification and leasing process.* If you have questions about your application, please contact the on-site leasing team directly.

As part of the application, all households applying for one of these units must disclose all income information and have income verified prior to signing a lease. Enclosed is an ARCH application packet. Please complete the following pages and return to the leasing team you are currently working with.

It is ARCH's mission to promote affordable housing opportunities to those in need. If you know of anyone you know who may be able to benefit from this program, please direct them to our online mailing list in order to receive notifications of future opportunities:

<http://www.archhousing.org/homebuyers/online-application.html>

Sincerely,

ARCH Staff

[info@archhousing.org](mailto:info@archhousing.org)

(425) 861-3677

# Affordable Rental Housing Eligibility Form

1. *Head of household contact information*

Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

2. *Name and Age of all Occupants (Household Member-HHM):*

1. \_\_\_\_\_, \_\_\_\_\_
2. \_\_\_\_\_, \_\_\_\_\_
3. \_\_\_\_\_, \_\_\_\_\_
4. \_\_\_\_\_, \_\_\_\_\_
5. \_\_\_\_\_, \_\_\_\_\_

3. *Do you or anyone in your household currently work in east King County?*

Yes    No   If yes, which city? \_\_\_\_\_

3. *What was your last city of residency?* \_\_\_\_\_

4. *What is your current living situation?*

- Renting a market rate apartment
- Renting a rent restricted apartment in another property (If yes, which one: \_\_\_\_\_)
- Renting a room
- Owning a home / Downsizing
- Other (Please explain: \_\_\_\_\_)

5. *How did you learn about this affordable housing opportunity?*

- ARCH (mailing list and/or apartment list)
- City newsletters and/or website
- Word of mouth
- On site signage
- Craigslist or other online marketing
- Other (Please explain: \_\_\_\_\_)

# Tenant Demographic Profile

You have applied for, or currently reside in, a low-moderate income rental unit administered through the ARCH Program. ARCH requests that participating properties collect race, ethnicity, disability, and age data from all eligible households, using categories predefined by the U.S. Census Bureau. The data provides critical information to policy makers to help ensure equitable access to affordable housing opportunities for all. There is no penalty for those households who do not wish to provide the requested information, however, you must be offered the opportunity to disclose your household's race and ethnicity.

**Instructions:** Check one or more Race, Ethnicity, and Disability box based on how each member self-identifies. Multiple racial categories may be indicated by checking more than one box. Parents/guardians are asked to disclose on behalf of all children in the household who are under the age of 18. For the box titled Age, mark yes or no if anyone in the household meets those age brackets.

<b>Tenant Demographic Profile</b>		
<b>RACE (Select all applicable)</b>	<b>Head of Household</b>	<b>Household Members</b>
<b>American Indian or Alaskan Native</b>		
<b>Asian</b>		
<b>Black/African American</b>		
<b>Hawaiian or Other Pacific Islander</b>		
<b>White</b>		
<b>Decline to respond</b>		

<b>ETHNICITY (Choose one option)</b>	<b>Head of Household</b>	<b>Household Members</b>
<b>Hispanic</b>		
<b>Not Hispanic</b>		
<b>Decline to respond</b>		

<b>Disability (Choose one option)</b>	<b>Head of Household</b>	<b>Household Members</b>
<b>Yes</b>		
<b>No</b>		

<b>Age Groups (Choose one option)</b>	<b>Yes</b>	<b>No</b>
<b>Children (under 18 years old)</b>		
<b>Seniors (62 and older)</b>		

## Household Income Sources

"Household income" includes all items listed below, from all annual household members over the age of 18. Income of dependents over 18, who reside in the unit for less than four (4) months of the year will not be counted toward household income.

Yes	No	Income Source
<input type="checkbox"/>	<input type="checkbox"/>	I have a job or a verifiable start date within the next 12 months and receive wages, salary, overtime pay, commissions, fees, tips, bonuses and/or other compensation: <b>Annual Gross Wages/Salary</b>
<input type="checkbox"/>	<input type="checkbox"/>	I am presently employed at an additional job. (NOT self-employed)
<input type="checkbox"/>	<input type="checkbox"/>	I am self employed (Attach most recent signed tax return and appropriate schedules) Name of Business: _____
<input type="checkbox"/>	<input type="checkbox"/>	I am receiving or I have applied or will apply in the next 12 months: (check all that apply): <input type="checkbox"/> Social Security (SSA) <input type="checkbox"/> Supplemental Social Security (SSI) <input type="checkbox"/> WA State (SSI)
<input type="checkbox"/>	<input type="checkbox"/>	Do you receive child support? If no and there are children in the household, are you eligible for child support or is there a court order for child support? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of court-ordered child support cases: _____
<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony/spousal payments.
<input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (TANF, GAU, FIP, ADATSA).
<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment, Labor & Industries or disability benefits (not SSI).
<input type="checkbox"/>	<input type="checkbox"/>	I am receiving income from a pension, annuity, retirement fund, insurance policy payments, death benefits or Veteran's Benefits (not GI Bill benefits) Source of Benefits: Source of Benefits:
<input type="checkbox"/>	<input type="checkbox"/>	I am receiving money regularly from family, church, friends, or any other form of regular/periodic income (such as utility payments)
<input type="checkbox"/>	<input type="checkbox"/>	I have income or sources of income, other than those listed above.

To verify income, the following documentation is required from every person who will be living in the unit:

**Regular Employed**

- Completed ARCH Eligibility Pack
- Previous year's W2
- Most recent tax returns
- 3 months of paystubs from all employment OR;
  - Offer Letter detailing start date and salary

**Non-Tax Filing Applicant**

- Completed ARCH Eligibility Pack
- 3 months of paystubs/benefits (if applicable)
- Completed Non-Tax Filing Form
- Pension/SSI/Disability paperwork

**Self-Employed Applicant**

- Completed ARCH Eligibility Pack
- 2 years of tax returns OR a Self-Employment Affidavit
- Most recent 1099 form
- A letter of engagement/project contract which outlines:
  - Start Date
  - End Date
  - Schedule for Payment of Fees

**Other included in income:**

- Recurring monthly payments from family members/friends (verified with bank statements and gift affidavit)
- Child Support
- Legal Settlement Payouts
- Alimony/Palimony
- Cost of Living Stipends/Grants

Further bank statements, employment verification, etc. can be requested to verify household income.

(NOTE: The following are not considered income: occasional, infrequent gifts of money; one-time payments from insurance policies or an inheritance settlement; scholarships or student loans for tuition, fees or books; foster child care payments; the value of Food Stamp coupons; hazardous duty pay to a member of the Armed Forces; relocation payments; assistance received under the Low Income Home Energy Assistance Program or any similar program).

## Certification of Household Eligibility

I, \_\_\_\_\_, and I, \_\_\_\_\_, as applicants for rental of the following Affordable unit, do hereby represent and warrant that I/we have disclosed all income sources projected for the year and that – to the best of my/our knowledge – our income level falls within the range of ARCH eligibility.

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Unit #: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_ Household size \*: \_\_\_\_\_

We have provided all materials required to evaluate eligibility and includes all income I/we received for the date I/we execute a rental agreement for an affordable unit, or the date on which I/we will initially occupy such unit, whichever is earlier.

This affidavit is made with the knowledge that it will be relied upon by the City to determine maximum income for eligibility. I/We warrant that all information set forth in this Certification of Household Eligibility is true, correct and complete based upon information I/We deem reliable, and that the estimate contained in the preceding paragraph is reasonable and based upon such investigation as the undersigned deemed necessary. I/we will assist the Owner in obtaining any information or documents required to verify the statements made in this Certification.

I/We acknowledge that I/we have been advised that the making of any misrepresentation or misstatement in this affidavit will constitute a material breach of my/our agreement with the Owner to lease the unit and will entitle the Owner to prevent or terminate my/our occupancy of this unit by institution of an action for eviction or other appropriate proceedings.

I/We do hereby swear under penalty of perjury that the foregoing statements are true and correct.

Applicant: \_\_\_\_\_ Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_