

# LEXINGTON CONCORD APPLICATION

Please fill out all of the information on this application. **We are not able to verify the information on your application if you leave any part of it blank. Incomplete or inaccurate information is reason to be disqualified or not approved for housing.** Double check your application to make sure you have included all information including accurate phone numbers of references, current and previous employers and current and previous landlords.

## Income Eligibility

Verifiable documents include employment paycheck stubs, award letter(s) or other verifying documents showing proof of your current income. You need to include the amount of your income on the application. **If you do not include your income amount on the application, your application cannot be processed.**

Your monthly income will need to be at or below the income guidelines as detailed below:

| <u># in Household</u> | <u>Low Income (50% of median)</u> |
|-----------------------|-----------------------------------|
| 1 Person              | \$27,250                          |
| 2 Persons             | \$31,150                          |
| 3 Persons             | \$35,050                          |

## Questions? Want to check the status of your application?

Please call (206) 461-4888 if you have any questions or to check the status of your rental application.

## Please complete this form and return it to the YWCA Front Desk:

YWCA of Seattle - King County - Snohomish County  
1118 5<sup>th</sup> Avenue  
Seattle, WA 98101  
(206) 461-4888

## CURRENT INFORMATION

1. **Date of Application:** \_\_\_\_\_

2. **Applicant Name:** *(if more than one person applying for the Lexington/Concord, a separate application must be filled out.)*

\_\_\_\_\_  
First Middle Last

3. **Applicant's Social Security Number:** \_\_\_\_\_

4. **Applicant's Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

5. **Name of all persons 18 years of age and under that will be living with you in the unit:**

| Name  | Date of Birth  | Relationship to you |
|-------|----------------|---------------------|
| _____ | ____/____/____ | _____               |
| _____ | ____/____/____ | _____               |
| _____ | ____/____/____ | _____               |

6. **If another adult applicant is applying to live in the same apartment unit with you, list the(ir) name(s) below. REMEMBER, each adult listed will need to fill a separate application.**

\_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
First Middle Last

7. **Current Phone Number(s):**

Home ( ) \_\_\_\_\_

Work ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

**RENTAL HISTORY**

**8. Current Address:**

Street \_\_\_\_\_ Apt # \_\_\_\_\_  
City / State \_\_\_\_\_ Zip \_\_\_\_\_  
Dates of Occupancy From: \_\_\_\_\_ To: \_\_\_\_\_  
Monthly Rent: \$ \_\_\_\_\_  
Name of Apartment: \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_  
Landlord's Phone: ( ) \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. Former Address 1:**

Street \_\_\_\_\_ Apt # \_\_\_\_\_  
City / State \_\_\_\_\_ Zip \_\_\_\_\_  
Dates of Occupancy From: \_\_\_\_\_ To: \_\_\_\_\_  
Monthly Rent: \$ \_\_\_\_\_  
Name of Apartment: \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_  
Landlord's Phone: ( ) \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you have lived at your current address less than 6 months and you have lived at your former address less than 6 months, please fill out the following section, Former Address 2.**

**10. Former Address 2:**

Street \_\_\_\_\_ Apt # \_\_\_\_\_  
City / State \_\_\_\_\_ Zip \_\_\_\_\_  
Dates of Occupancy From: \_\_\_\_\_ To: \_\_\_\_\_  
Monthly Rent: \$ \_\_\_\_\_  
Name of Apartment: \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_  
Landlord's Phone: ( ) \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. How many evictions have been filed on you? If any, please explain:**

\_\_\_\_\_

**12. Are you or anyone in your household a registered sex offender? Yes No**

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT**

**13. Current Employer:**

Name of employer: \_\_\_\_\_  
Business Address: Street \_\_\_\_\_  
City / State \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Still Employed: Y or N  
Reason for leaving: \_\_\_\_\_

**14. Previous Employer:**

Name of employer: \_\_\_\_\_  
Business Address: Street \_\_\_\_\_  
City / State \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Still Employed (as 2<sup>nd</sup> job): Y or N  
Reason for leaving: \_\_\_\_\_

**REFERENCES (Do not include relatives.)**

**Name                  Address                  City/State                  Occupation                  Relationship                  How long?                  Phone (with area code)**

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

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**AUTHORIZATION FOR RELEASE OF INFORMATION**

**AND**

**REQUEST FOR CRIMINAL HISTORY CONVICTION RECORD INFORMATION**

I, \_\_\_\_\_ authorize the YWCA to complete a criminal background check in conjunction with my application to the Lexington Concord Apartments. I release them from any liability or responsibility for doing so, and I agree to indemnify them for any liability for doing so; furthermore, I authorize the procurement of an investigative consumer report and such a report may contain information about my background, character and personal reputation and that further information may be available upon written request within a reasonable period of time. I have the authority to make the above request and release.

Name \_\_\_\_\_

Alias/ Maiden \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

State and County of residences for the last ten years \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FINANCIAL INFORMATION**

A condition of funding requires us to obtain financial information from all incoming residents and update it annually. This information will be used to help us and the City of Seattle show that you are eligible to live in the Lexington Concord Apartments. We appreciate your cooperation. This information is confidential.

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|                  |                   |                    |
|------------------|-------------------|--------------------|
| <b>Last Name</b> | <b>First Name</b> | <b>Middle Name</b> |
|------------------|-------------------|--------------------|

|  |                       |
|--|-----------------------|
| <b>Source of Income</b>  | <b>Monthly Income</b> |
| <i>Please list all sources of income for your household in the following section. List amounts that reflect gross income (before taxes).</i> |                       |

- |  |                   |
|--|-------------------|
| 1. List total wage income for yourself in <b>A</b>   | <b>A</b> \$ _____ |
|  | from: _____       |
| 2. List other household wage earner's income in <b>B</b> and <b>C</b>  | <b>B</b> \$ _____ |
|  | from: _____       |
|  | <b>C</b> \$ _____ |
|  | from: _____       |
| 3. List income from entitlements (Social Security, SSI, A.F.D.C, Retirement, etc.) in <b>D</b> , <b>E</b> & <b>F</b>                               | <b>D</b> \$ _____ |
|  | from: _____       |
|  | <b>E</b> \$ _____ |
|  | from: _____       |
|  | <b>F</b> \$ _____ |
|  | from: _____       |
| 4. List income from assets (interest of yield from savings accounts, stocks, bonds, real estate contracts, etc.) in <b>G</b> , <b>H</b> & <b>I</b> | <b>G</b> \$ _____ |
|  | from: _____       |
|  | <b>H</b> \$ _____ |
|  | from: _____       |
|  | <b>I</b> \$ _____ |
|  | from: _____       |
| 4. List other income (child support, alimony, etc.) in <b>J</b>  | <b>J</b> \$ _____ |
|  | from: _____       |
| 5. Total Monthly Household Income: Add <b>A</b> through <b>J</b>   | <b>K</b> \$ _____ |
| 6. List asset worth (amount of savings accounts, stocks, bonds, Real estate contracts, IRA's) in <b>L</b> & <b>M</b>                               | <b>L</b> \$ _____ |
|  | from: _____       |
|  | <b>M</b> \$ _____ |
|  | from: _____       |
| 7. Total Assets: Add <b>K</b> , <b>L</b> & <b>M</b>  | \$ _____          |

**All application information is true and complete to the best of my knowledge.**

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

How did you hear about us? \_\_\_\_\_

# YWCA OF SEATTLE-KING COUNTY – SNOHOMISH COUNTY

## Authorization for Release of Personal Information

\_\_\_\_\_ I hereby request and authorize you to release to YWCA of Seattle-King County – Snohomish County the following types of information, which you have pertaining to me.

\_\_\_\_\_ I hereby authorize YWCA of Seattle-King County – Snohomish County to release to you the specified information requested.

THIS CONSENT CAN BE STOPPED (IN WRITING) AT ANYTIME EXCEPT TO THE EXTENT THAT ACTION HAS ALREADY BEEN TAKEN.

### COMPLETE BELOW

|             | Date of Client |                   |
|-------------|----------------|-------------------|
| Information | Authorization  | Client's Initials |

**Social Information** \_\_\_\_\_

**Housing Contracts,  
(landlords, apartment  
Managers)** \_\_\_\_\_

**Financial Information** \_\_\_\_\_

**Employment Information** \_\_\_\_\_

**Other, (Please describe Below)** \_\_\_\_\_

**This Release of Information will expire without notice on, (Date):** \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Client's Social Security Number

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Client's Maiden Name (or any other used)

\_\_\_\_\_  
Client's Birthdate: Mo/Day/ Yr

\_\_\_\_\_  
\*\* Witness' Signature                      Date

\_\_\_\_\_  
\*\* Witness' Signature                      Date

**\*\* If unable to write his or her name, the client should enter an "X" or other mark. Signatures of Two witnesses are required.**