



Sunrise Tower Apartments

Phone: 206-728-6862

Fax: 206-728-6684

TDD: 711

Office Hours: Mon-Fri 9:00-5:00 pm

E-mail: sunrise_tower@bellwetherhousing.org

Dear Future Tenant,

Welcome and thank you for applying to live at the Sunrise Tower Apartments.

Attached is our rental Pre-Application. This is a short form we use to preliminarily qualify your household for our waiting list. We use this form when we do not immediately have an opening at our property. If your household is eligible for our waiting list and your name gets closer to the top of our waiting list, your household will be notified and required to complete a full application package with additional attachments. It is not until your household completes the full rental application packet and any HUD required attachments that we can determine your full eligibility for our HUD-assisted property.

Please take a few minutes to read over our requirements for filling out and returning the Pre-Application package. We hope that you will soon be calling our apartments your new home. Should you have any questions or concerns please give me a call at the phone number above. All interested individuals have the right to complete and submit an application.

Filling out the Pre-Application:

One Pre-Application is completed for the household. This cover letter contains information regarding the policies of our apartment community that relate to eligibility and our procedures for selecting tenants.

When completing the Pre-Application package, please read it over first, then fill it out in its entirety. Please fill it out to the best of your knowledge. Please do not leave any blank spaces. If a question does not apply to you and does not require a Yes or No answer, please write out the words "Not Applicable". If you make a mistake please cross it out rather than using white out. Be sure to sign and date the application. If you need assistance in completing the application package, we can assist you. If you have a disability and require assistance related to the completion and return of the application, you can request a reasonable accommodation.

Once you have completed and signed our Pre-Application package, you will need to return it to our property office. We will review the completed Pre-Application packet and if your household appears to be eligible, we will place you on the waiting list. We accommodate persons with disabilities who, as a result of their disabilities, cannot read or understand our application documents by providing alternative methods of accepting applications. Please let us know if you need an accommodation.

If your household does not meet our HUD Federal guidelines or our Tenant Selection criteria, your pre-application will be rejected. Regardless of the disposition of your application, we will advise you in writing with our application status notification within 10 days of receiving your completed Pre-Application package.

Who is Eligible to live at our Property?

Sunrise Tower serves individuals and families who are 62 or older, and disabled at any age. Sunrise Tower must make at least 40% of the assisted units that become available each year available for leasing to families whose income does not exceed 30% of the area median income at the time of admission.

Rents at this property are HUD subsidized and are equal to 30% of your monthly adjusted income. Water, Sewer and Garbage are included in your rent. There is a HUD required minimum total tenant payment of \$25.00 per month, unless a verifiable qualifying hardship exists. Please contact the manager for details about the rent structure at this property

A background screening will be performed on all adult applicants as they get closer to the top of the waiting list. The property (not the applicant) will pay the cost of the screening. We perform screening to determine acceptable behavior through prior landlord rental history, criminal history, public records and credit history (poor credit history is not a major factor in application review). There are certain restrictions for non-citizen household members and students in HUD subsidized housing. If any of your household members are ineligible non-citizens or students, management will explain how this may affect you receiving HUD subsidy at this property.

For example, if your household includes family members who do not declare citizenship or non-citizenship status, or sign a statement electing not to contend non-citizen status, your application may be rejected. If you are denied based on our screening criteria you will be notified in writing and given the option to appeal the decision.

The Waiting List

We will choose applicants off of our waiting list in chronological order from the date and time they submit their Pre-Application within the income targeting and/or other criteria associated with this property and HUD. You are welcome to request any reasonable accommodations or modifications to the units, site property policies or procedures to accommodate a disability. Please indicate on your application if you believe you qualify for reasonable accommodations due to a disability.

When you are notified of placement on our waiting list, it will be important that you update us with any changes in your household. Changes such as change of address, phone number, household size, members or income are very important to tell us immediately. You will also need to contact us at least every 6 months to let us know that you are still interested in remaining on our waiting list. If you do not contact us, we may send you a letter (at your last known address) asking for your continued interest in remaining on our waiting list. If we do not hear back from you, we may remove your name from our waiting list.

When an Apartment will be coming available:

You will be contacted in chronological order from the waiting list when a unit will be available soon. Please be available by phone so we may contact you when your name comes to the top of the waiting list. If we have trouble getting hold of you, we may have to skip over or remove your application based on our policies in our Tenant Selection Plan. Be aware that we may contact you to start the application paperwork prior to a unit being available.

Once contacted by the manager you will be required to come to the property to view the unit and complete a final application packet within 10 days of notification. Additional information will accompany the final rental application regarding our criteria, additional attachments, documentation requirements etc.

A final decision regarding your eligibility cannot be made until all of the above information has been received, verified, and reviewed. Once you have passed our final application and screening requirements, and an apartment is available that meets your needs and requirements, you will be notified to start the move-in process.

If you have any questions regarding completing the Pre-Application, about the disposition of your application or about the property or regulations, please call us. We look forward to serving you.

Sincerely,

Sunrise Tower Site Manager

Bellwether Housing does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person (agency) named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988), Bellwether Housing, 433 Minor Ave North Seattle, WA 98109 206-623-0506 TDD 711 (for the hearing impaired). We do business in accordance with the Federal Fair Housing Act and provide persons with disabilities reasonable accommodation upon request. Persons with language barriers may request or arrange interpretation alternatives or services.



Bellwether Date and Time Stamp



**Pre-Application for Subsidized Unit
Sunrise Tower
2225 4th Avenue
Seattle, WA 98121**

Sunrise Tower Apartments offers one-bedroom HUD subsidized units that require one household member to be 62 years or older and/or have a disability. Disability verification will be required at the time of final application. These units serve households whose incomes are below 30%, 50%, and 80% of the area median income. Households with incomes at or below 30% of the Area Median Income are prioritized.

Completed pre-applications should be returned to **Sunrise Tower c/o Site Manager 2225 4th Ave Seattle, WA 98121**

Maximum Household Income

Household Size	One (1)	Two (2)	Three (3)
Income Limit 30%	\$34,550	\$39,450	\$44,400
Income Limit 50%	\$57,550	\$65,800	\$74,000
Income Limit 80%	\$81,700	\$93,350	\$105,000

Head of Household Contact Information

_____		_____		_____	
First Name		Last Name		Middle Initial	
_____		_____	_____	_____	_____
Mailing Address		City	State	Zip Code	
() - _____		() - _____			
Home Phone Number		Cell Phone or Message Number			
_____		() - _____			
Case Manager or Alternate Contact Name		Phone Number			
Primary Language Spoken at Home: _____			Interpreter Needed? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Household Members
Include yourself, unborn children, and live-in aides

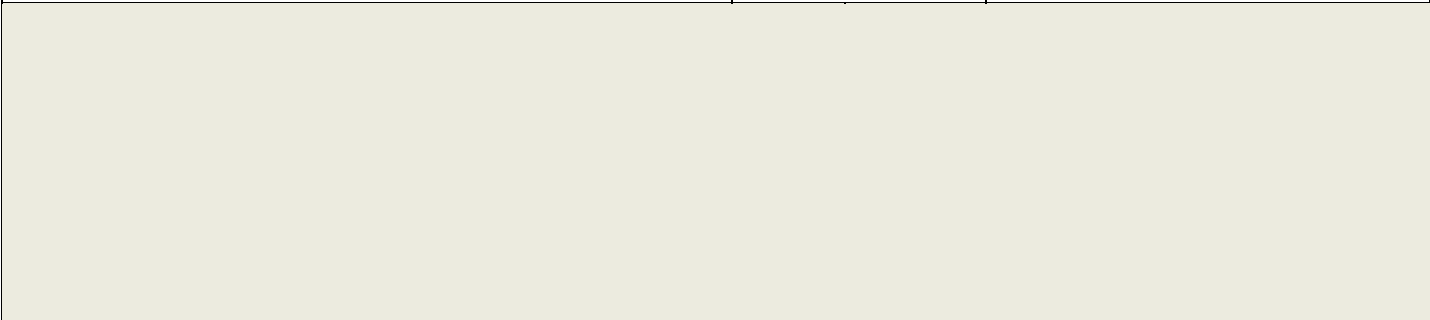
Full Name	Relationship	Date of Birth	Social Security Number	Disability Yes/No
	Head			

Are you or any members of your household currently receiving income from any of the following sources?

Source of Income	Received	Total Received Before Taxes and Deductions Each Month
Employment	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ /month
Wages earned through a government program such as: Senior Aides, Older American Community Service Employment program, AmeriCorps	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ /month
Financial aid, grants, scholarships, tuition assistance, or work study	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ /month
Income from operation of a business, including rental income	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ /month
Social Security (SSA or SSDI)	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ /month
Supplemental Security Income (SSI)	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ /month
Interest, dividends or other income from assets	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ /month
Pensions/retirement funds	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ /month
Annuity payments or payments from a trust	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ /month
Unemployment or Workman's Compensation	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ /month
Military Pay	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ /month
TANF, GAU/Disability Lifeline, GAX, or other DSHS assistance	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ /month
Alimony or Child Support (received directly or through an agency)	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ /month
Foster Care or Adoption Care income	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ /month
Income sale of property	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ /month
Insurance policies, death benefits or long term care policies	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ /month
Severance pay	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ /month
Regular or periodic monetary contributions/gifts from persons outside your household	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ /month
Other _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ /month

Internal Use Only: Total Household Income \$ _____ /month x 12 = \$ _____ /year

Do you or any members of your household have any of the following?		
Checking Accounts	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
Savings Accounts	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
Certificates of Deposit	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
Money Market funds or Treasury Bills	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
IRA and/or 401K account	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
Stocks, Bonds	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
Annuity Accounts	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
Trust Funds	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
Real estate, land holdings	Yes <input type="checkbox"/> No <input type="checkbox"/>	To Calculate Property Value – Money Owed = Current Value \$
Whole life or universal life insurance policy	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
Cash held in safety deposit boxes	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
Personal property held as an investment	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
Assets held in another state or foreign country	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
Other _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$



Does your household require an accessible unit?

If yes, what accessible features are needed?
(check all that apply)

- Bathroom grab bars Roll-in shower
- Lower counter tops Handheld shower head
- Other _____
-

What size unit would best suit your household?

- Studio (1 - 2 people)
- One Bedroom (1 - 3 people)
- Studio or One Bedroom

It is your responsibility to ensure that Bellwether Housing has your correct contact information and to notify Bellwether about any change in contact information, household size, income, household members, or other relevant changes.

By signing below I am certifying that I have completed this questionnaire and that the answers that I have given are true and complete to the best of my knowledge.

Head of Household

Date

Co-Head, spouse or other family member

Date

Bellwether Housing does not discriminate against any person because of race, color, sex, marital status, sexual orientation, political ideology, age, creed, religion, ancestry, national origin or the presence of any sensory, mental, or physical handicap. Bellwether Housing is an equal housing opportunity provider.



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