The Central District Freehold



Pre-Screening Application for Central District Freehold

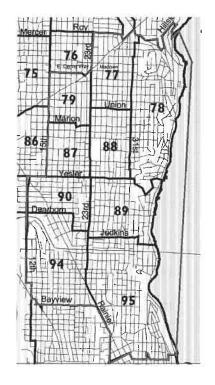
Name Of Applicant:		Date	31-
(head of household) Other Occupants		Time	S t
Name:	Age:		
Name:	Age:	Apart	ment Size
Name:	Age:	•	Studio
Name:	Age:	-	l Bedroom 2 Bedroom
Name:	Age:		
Name:	Age:		
Current Address:			
(street)		(city, state)	(ZIP Code)
Phone Number:			
Email Address:			
Total Gross Annual Household Incon	ne*:		
*Include all sources of income include welfare, unemployment	ling, wages, (over time, chi	ld support,

PLEASE SEE REVERSE FOR QUESTIONAIRE

Have you or a family member ever resided	
in Seattle's Central District	
(census tracts 77, 78, 79, 87, 88, 89, 90, 94, 95)? (Yes / No	o)

Do you have current ties to Seattle's Central District?

If Yes.	Please	list addı	ress		
-					



If yes, please explain community ties below.	Yes	NO
Are you a full time student?	Yes	No
Staff Use Only:		
Preliminarily Meets Affordable Housing Qualifications	Yes	No
Meets Community Preference Requirements	Yes	No
Place on Waiting List / No Community Preference	Yes	No