



Catholic Charities
Section 8 Project-Based Voucher Program
Pre-Application for Housing Assistance

55 W. Mission Ave.
Spokane, WA 99201
www.spokanehousing.org

Information on the Project Based Voucher Program

The Project Based Voucher Program (PBV) provides rental assistance to specific housing units that are contracted between the building owners and SHA. Unlike Housing Choice Vouchers, the Project Based Voucher rental assistance is tied to the specific housing unit. However, after a family completes one year of occupancy in the project-based unit and is considered to be in good standing with regard to program obligations, the family may request to transfer to the Housing Choice Voucher (HCV) program. Families transitioning from PBV to HCV will be given priority over other applicants on the HCV waiting list. If no Housing Choice Vouchers are available at the time of the family's request, the family will be placed on the top of the HCV waiting list

Please complete the attached application in its entirety in order to be added to the wait list. While you may request to be added to the wait list, final eligibility for tenancy will be determined at the time that a unit becomes available. The property may have income limits that apply. In addition, the property may have preferences for certain populations based on disability, homelessness, age, etc. Applicants meeting a project-specific preference will be selected first for occupancy; you may be required to verify or re-verify a specific preference prior to being referred to the property for tenancy. If at that time your family is determined to be ineligible for tenancy at this specific property, you will be notified in writing and allowed the opportunity to appeal the denial.

Things to Remember

Please remember that your wait for assistance may be long. We cannot predict when your name will reach the top of the waiting list.

You must keep us informed, in writing, within 30 days of any changes to your contact information. It is your responsibility to make sure that the mailing address and contact information that you provided is reliable.

If, at any time, you do not respond to SHA's requests for information or scheduled appointments by the due dates established in mailed correspondence, or if at any time correspondence sent to you by SHA is returned as undeliverable, without a forwarding address, and we are unable to reach you by phone or email, then we will be unable to make any further attempts to contact you and your name will be removed from the waiting list.



☒ Phone: (509) 328-2953 ☒ TTY/TDD: 711 ☒
☒ Fax: (509) 327-5246 ☒

If you or anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.





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Please print neatly in ink. All fields are required. Incomplete, photocopied, e-mailed or faxed applications will not be accepted. If you are already on our tenant-based Section 8 waiting list your record will be updated using the information that you provide below. Due to the volume of applications received, we will not verify the receipt of mailed applications. We cannot be responsible for material that is illegible or missing as a result of transmitting by fax or e-mail or lost/delayed through the mail.

Important!

One-third of all applicants are dropped from the waiting list due to unreported address changes. Do not let this happen to you. Report any change of address in writing to the agency listed above.

Head of Household Information

Social Security Number	Phone (include area code)	Email address		
First Name	Middle Name	Last Name		
Address		City/Town	State	Zip Code
Shelter Name	Shelter Address	City/Town	State	Zip Code

Family Information

Write in the approximate amount of your family's gross (before taxes) annual income. Include all sources for all family members.

Gross annual household income \$ _____

List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head. For example: spouse/partner, son, daughter, aunt, grandmother, etc.

First Name	Last Name	Relation to Head	Birth Date	Age	Sex	Social Security Number
		Head of Household				

If you have more than eight family members, please check here and list them on a separate piece of paper.

For Agency Use Only: Number of Household Members _____

Household Bedroom Size: 1BR 2BR 3BR 4BR 5BR



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Check if the head of household/spouse/or co-head is: 62 years old or older ___ Disabled ___

Check below if you require any of the following additional features:

___ Wheelchair accessibility ___ Unit adapted for the hearing impaired ___ Grab bars

___ Ground Floor ___ Unit adapted for the visually impaired ___ Other

Is your household currently receiving supportive services (case workers, medical, mental/behavioral, housing assistance, or other related services) from an organization?

If so, please list the organization/s: _____

We collect data on race & ethnicity in accordance with federal regulations. People of various races may also be of Hispanic ethnicity. Please indicate if you are Hispanic. Your answers will not affect your application.

Race of head of household (You may choose more than one of the following)

American Indian/Alaskan Native ___ Asian ___ Black/African American ___ Native Hawaiian/Pacific Islander ___ White ___

Ethnicity of head of household (Check only one)

Hispanic ___ Non-Hispanic ___

What is your current housing situation? (Check only one)

___ I am homeless

___ I live in a shelter

___ I am living with friends/relatives

___ I live in Public Housing

___ I live in a transitional housing program

___ I live in subsidized housing

___ I am currently a Section 8 voucher holder

___ Other: Please explain -



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Location of Project-Based Properties


For the list on the following page, check the box next to the community or communities where you would like to live. Please do not choose a community unless you think that you would really live there. Applying to every property slows down the admissions process for everyone.

Only check properties that have apartments appropriate for your household size (please note that household size = 2 people per bedroom, unless there is a reasonable accommodation in place). If you select a property from the list below that you are not eligible to occupy you will not be added to that waiting list. The housing agency will make the final determination of eligibility based on the family information that you are providing in this pre-application. If you need a larger apartment as a reasonable accommodation for a disability please contact the agency listed above for assistance in completing this form.

Please note that income limits may apply depending on the property that you select. In addition, many of the properties listed give preferences to certain populations based on disability, homelessness, age, etc. Applicants meeting a project-specific preference will be selected first for occupancy; you may be required to verify or re-verify a specific preference prior to being referred to the property for tenancy.

Several properties also have supportive services available to eligible tenants. Please note that tenants are not required to participate in these services, however, these services are available upon request. You will be informed during your voucher briefing, as well as, by the property upon move-in of the services available and how to request these services if applicable.

Properties that have wheelchair accessible apartments are marked yes under the column with the  logo-contact us for more information on the available bedroom sizes of these apartments.

<input checked="" type="checkbox"/>	Property Name	Property Address		Property Information
	Pope Francis	16412 E. Sprague	Yes	17-2 bedroom 23-3 bedroom

Certification of Applicant

Please read the statement below carefully. By signing, you are agreeing to its terms.

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that:

- ✓ any misrepresentation or false information will result in my application being cancelled or denied, or in termination of housing assistance;
- ✓ this is a pre-application for project-based rental assistance through SHA and is not an offer of housing;
- ✓ at the time I come to the top of a waiting list, I will be required to provide verification of the information I have provided here, in accordance with federal housing regulations and SHA policy;
- ✓ it is my responsibility to notify SHA in writing of any change in family size or composition that might affect the number of bedrooms my family requires and my failure to do so may affect my place on the waiting list;
- ✓ my participation in the Section 8 housing program is subject to my being eligible and in compliance with HUD and SHA regulations; and that I will be subject to a criminal background screening

I agree that SHA can share my information with other state agencies for the purposes of determining program eligibility.

Signature of head of household _____

Date _____



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There may be additional housing opportunities through Coordinated Assessment as some Project Based properties will use Coordinated Assessment when a vacancy occurs rather than maintain a waiting list

Please contact the following agencies for additional assistance through the Coordinated Assessment process:

Catholic Charities (Coordinated Assessment for Homeless Families)
19 W Pacific
Spokane, WA
509-325-5005
Walk in Hours: Monday-Thursday 12:30-4:30pm

SNAP (Coordinated Assessment for Homeless Individuals)
212 S Wall
Spokane, WA
509-456-7627 (select option 2)
Walk in Hours: Monday-Wednesday at 1:00pm

Next Steps

Once Spokane Housing Authority receives your completed request to apply to this Project Based Waiting list, SHA will add your name to the waiting list in the order of the time and date that SHA receives your pre-application request.

As units become available, the property will contact SHA to request an applicant for their vacant units. SHA will send the next available applicant to the property for their initial pre-eligibility.

You will be contacted at that time to confirm that you are still interested in living at that particular property, and then the property will conduct a screening to determine your eligibility to live there.

If you are considered eligible at the property, you will then need to complete a Project Based Voucher application packet and submit that packet to SHA for eligibility screening. If you are denied by the property, then you will need to file an appeal with the property.

Upon confirmation of eligibility at the property, SHA will then determine if you are eligible for the Project Based Voucher Program. If you are eligible, a Project Based Briefing will be scheduled at SHA. Once the briefing is completed and the initial HQS inspection has passed, you will be required to sign a one year lease with the property. If you are denied by Spokane Housing Authority, you will be sent a denial letter and will be eligible to appeal the denial.



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