



Wisteria View Manor
1400 South Main Street
Seattle, Washington 98144
206-325-9810

February 13, 2023

Dear Applicant:

This is the 2023 pre-application packet to obtain a position on our wait list for a wheelchair accessible apartment unit. Applicants must have a medically verifiable need and require the features of our wheelchair accessible units. **Our standard unit wait list remains closed and we will reject pre-applications from households where the head or co-head of household does not have a verifiable need for the features of our wheelchair accessible apartment units.**

Wisteria View Manor follows Seattle's First in Time Ordinance in processing rental applications. Pre-application submissions will be processed in chronological order based upon the date and time the pre-application is received. The date and time the pre-application is considered received is when Wisteria View Manor staff physically picks up the pre-application from our mail box. If multiple pre-applications are received in a USPS delivery a random drawing will be held to determine the order in which the pre-applications were received. A complete application form will be required at a later date when you are near the top of the top of the wait list. These will also be processed in the order the pre-applications were received.

Pre-applications received after we close the wait list will be rejected. Incomplete pre-applications without an approved reasonable accommodation request will be rejected. Submitting an outdated version of this pre-application may result in rejection of your application.

A complete pre-application must include:

- 1) Pre-Application – Wheelchair Accessibility Features Required Form (complete entire form, sign and date)
- 2) HUD-92006 form (at a minimum must be signed and dated)
- 3) Verification Applicant Requires Wheelchair Accessibility Features form (household member that requires the features of a wheelchair accessible apartment unit must complete and sign page 1. Leave page 2 blank)

Pre-applications must be submitted by US Postal Service mailed to:

Wisteria View Manor
Attn: Pre-application
1400 S. Main St, Suite 109
Seattle, WA 98144

In accordance with Seattle's First-in-Time ordinance and RCW 59.18.257(1), you are hereby notified of the following screening criteria and process. We will review your full application packet and verify details to determine if there are any factors that would deem you ineligible based upon the following criteria.

- 1) The head of household or co-head of household must currently and long term/indefinitely require the features of our wheelchair accessible apartment unit.
- 2) The household's annual income must not exceed \$66,750 for a single person household or \$76,250 for a two person household. (this income limit is subject to periodic change by the U.S. Department of HUD)
- 3) The head-of-household or co-head-of-household must be a U.S. citizen or an eligible non-citizen.
- 4) Households will be rejected if they have a member who was evicted in the last three years from federally-assisted housing for drug-related criminal activity; or, is subject to any state lifetime sex offender registration requirement; or, is currently engaged (record of arrest or conviction within the last two years) in illegal use of drugs or for which the owner has reasonable cause to believe that a member's illegal use or pattern of illegal use of a drug may interfere with the health, safety, the right to peaceful enjoyment of the property by other residents; or, has been evicted from any property for lease violations or failure to comply with the lease or regulations within the last three (3) years.



Pre-Application Package – Wheelchair Accessibility Features Required
February 13, 2023

- 5) Applicants must disclose social security numbers for all household members at least 6 years of age and older and provide proof of the numbers reported.
- 6) All adults must sign an Authorization for Release of Information prior to receiving rental assistance.
- 7) The unit for which the household is applying must be their only residence.
- 8) Applicants must agree to pay the rent required by HUD's Section 8 program.
- 9) Household size is limited to 2 persons.
- 10) If a resident or applicant has requested VAWA protections and such protections have been justified based on owner/agent investigation, the abuser/perpetrator will not be approved to live on the property.
- 11) If any member of the applicant household has been evicted from Wisteria View Manor for lease violations, that applicant household will be rejected.
- 12) If any member of the applicant household fails to disclose they are currently receiving HUD housing assistance in another unit/home/property, the pre-application will be rejected. Nothing prohibits a HUD housing assistance recipient from applying to this property, however, the applicant must move out of their current property and/or forfeit any voucher before HUD assistance on this property will begin.

If you need additional time to seek out language interpretation or if you need a reasonable accommodation for a disability, please contact me immediately. Pre-applications submitted by methods other than the US Postal Service will be rejected unless a reasonable accommodation has been granted.

- Contacte por favor la oficina de gestión si usted necesita ayuda a comprender este documento.
- Por favor contate o escritório de gerência se deve ajudar entendimento este documento.
- Si vous avez besoin d'aide à la compréhension de ce document, veuillez communiquer avec le Bureau de gestion.
- Souple kontakte Biwo jesyon a si w bezwen èd pou konprann dokiman sa a.
- Xin liên lạc với văn phòng điều hành nếu bạn cần giúp đỡ sự hiểu biết tài liệu này.
- Пожалуйста свяжитесь с офисом управления, если Вам нужна помощь в понимании этого документа.
- Bitte kontaktieren Sie das Leitungsbüro, wenn Sie helfen müssen, dieses Dokument zu verstehen.
- 如果你需要帮忙理解这份文件，请联系办公室。
- もしこの申し込み書の分からない事があれば、経営オフィスと連絡を取ってください。
- 이 문서를 이해하는 데 문제가있는 경우 본사에 문의하십시오.

We look forward to working with you.

Sincerely,

Patty Kao, Certified Occupancy Specialist

Enclosures:

- 2023 WVM Pre-application – Wheelchair Accessibility Features Required (Rev. 2/13/23)
- HUD-92006 form (Rev. 05/09)
- Verification Applicant Requires Wheelchair Accessibility Features form (Rev. 2/9/23)



2023 Wisteria View Manor Pre-Application – Wheelchair Accessibility Features Required

For Office Use Only: Date & time received:	By:	
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Due to the COVID-19 pandemic and the high-risk population we serve, this form **must be submitted by mail via the United States Postal Service** to:

**Wisteria View Manor
Attn: Pre-applications
1400 S. Main St., Suite 109
Seattle, WA 98144**

Pre-applications submitted by other methods will be rejected unless a reasonable accommodation has been granted.

Property Name:	Wisteria View Manor	Telephone:	(206) 325-9810 ext: 2
Address:	1400 S. Main Street, Suite 109 Seattle, WA 98144	Fax:	(206) 325-8352
		TTD/TTY:	711 National Voice Relay
Property Web Site:	www.wisteriaview.org	Email:	manager@wisteriaview.org

Applicant Name	Household Position	Current Address	Phone Number
	Head of Household		
	Co-Head or Spouse		

Please answer the questions below for each household member using boxes to the right	Head of Household	Co-head/Spouse
Date of Birth (fill in→)		
Do you have a medically verifiable need for our units' wheelchair accessibility features?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an US citizen or a HUD Section 8 eligible non-citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid Social Security number?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your gross annual income including income from assets?	\$	\$
Do you think of yourself as female, male, transgender, or other? (optional, fill in→)		
Are you currently receiving housing assistance from HUD or a PHA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you subject to a State sex offender lifetime registration requirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evicted in the last 3 years from federally-assisted housing for drug-related criminal activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently engaged in the illegal use of drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need a reasonable accommodation to this application process due to a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need additional time to seek out language interpretation or translation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you making a Violence Against Women Act (VAWA) Emergency Transfer Request?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

The following optional information is collected for federal Fair Housing purposes only and does not affect your application:

Head of Household:	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White
Co-head of household:	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White
How did you heard from us? <input type="checkbox"/> Seattle Times <input type="checkbox"/> NW Facts <input type="checkbox"/> Aptfinder.org <input type="checkbox"/> Yelp <input type="checkbox"/> Craigslist <input type="checkbox"/> ACRS <input type="checkbox"/> El Centro de la Raza <input type="checkbox"/> Full Life Care <input type="checkbox"/> Seattle Adaptive Sports <input type="checkbox"/> Lutheran Community Service <input type="checkbox"/> Seattle Indian Center <input type="checkbox"/> Urban League of Metropolitan Seattle <input type="checkbox"/> 2-1-1 Washington <input type="checkbox"/> One of our tenants <input type="checkbox"/> Other:						

APPLICANT CERTIFICATION

I/we certify that the statements made in this Per-application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law and is grounds for rejection of this pre-application.

Head of Household _____ Date _____
Signature

Co-head/Spouse _____ Date _____
Signature

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Wisteria View Housing dba Wisteria View Manor does not discriminate based on race, national origin, disability, use of a service animal, sex, sexual orientation, gender identity, parental status, retaliation, age, religion, marital status, alternative source of income, ancestry, color, creed, political ideology or military/veteran status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

WISTERIA VIEW MANOR

Verification Applicant Requires Wheelchair Accessibility Features

Date: _____

TO:

Healthcare Professional's Name:	
Address:	
City, State, Zip:	
Phone:	Fax:

(Healthcare provider making verification statement)

FROM:

Wisteria View Manor	
Patty Kao, Occupancy Specialist	
1400 S. Main Street, Room 109	
Seattle, WA 98144	
Phone: 206-325-9810 ext 2	Fax: 206-325- 8352

(Please return this verification form to the person listed above)

RE: Resident / Applicant identified below:

NAME: _____

SSN: xxx-xx-_____

ADDRESS: _____

DOB: _____

Identification of Household Member (patient/client)

The household member named above has applied for, or is receiving, federal rental assistance at our site and has requested an apartment unit with special wheelchair accessibility features or preferential treatment should one become available.

We have a very limited number of these special units designed for residents who use a wheelchair on a regular ongoing basis at home while performing MRADLs. We are contacting you for a statement as a healthcare professional or other qualified 3rd party, knowledgeable about the household member named above, confirming he/she **currently requires** (not a future need) the use of a wheelchair **at home** and will continue to do so **long term/indefinitely** (i.e. this is not a temporary condition with the patient expected to regain the ability to ambulate). Wisteria View Manor serves low income elderly tenants so demand for these special units is high and supply is low. Unfortunately we cannot accommodate a future need at this time.

Please provide the information on the following page concerning your patient's request for an apartment unit with special wheelchair accessibility features. Federal law allows us to obtain confirmation that the request is consistent with the patient/client's accessibility needs. **Please note that this is not a request for medical records or detailed information about the disability.** Please limit your remarks to describing functional limitations and/or confirming that the requested feature is relevant to this person's case.

We would appreciate your cooperation in answering the questions on this form and returning it to our Occupancy Specialist listed above as soon as possible. **The household member has consented to this release of information, as shown below.**

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature

Date

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

WISTERIA VIEW MANOR

Verification Applicant Requires Wheelchair Accessibility Features

Household member's name: _____

Household member's SSN #: XXX-XX- _____

HEALTH CARE PROVIDER or QUALIFIED THIRD PARTY STATEMENT

1. As a healthcare provider of the household member whose name appears above, I verify that said household member regularly uses a wheelchair while performing MRADLs at home, **requires** an apartment with the following features (check all that apply) **and is unable to live independently without them:**

- Roll in shower stall (household member requires a rolling shower chair to shower)
- Step in shower stall with bench to transfer to, hand held showerhead and controls accessible from the bench
- Bathtub with hand held showerhead on an extended hose
- Lowered bathroom counter with a sink with roll under knee space
- Wheel chair space adjacent to the toilet for transferring from wheelchair to toilet
- Additional grab bars in the bathroom to assist with transfers to/from wheelchair
- Lowered kitchen counter with a sink with roll under knee space
- Lowered lighting switches, thermostats, intercom and range hood fan control switch
- Kitchen stove with controls at the front of the appliance (no need to reach over stove elements)

2. The need is current (not a future need) and long term/indefinite (not temporary). Select one: Yes No

3. Are there any other accommodations or modifications that would enable this household member to reside at Wisteria View Manor in an apartment unit that lacked the above listed features?

Yes, this household member could reside in an apartment unit that can accommodate a wheelchair in the living room, bedroom and kitchen, even though the bathroom has insufficient space for a wheelchair, as long as the apartment's handles (doors, draws, faucets) are ADA compliant, the bathroom walls are equipped with grab bars, the bathtub's or step in shower's surround has grab bars, and the toilet height is ADA compliant.

Yes, the following accommodation or modification would meet the household member's need(s):

No

Name (please print): _____

Title: _____

Firm/Organization: _____

Phone # _____

Signature: _____

Date: _____

Please return this form to that address shown on the reverse side of this form.

PENALTIES FOR MISUSING THIS CONSENT: <small>*Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC. 408 (a) (6), (7) and (8).</small>			
Property Name: Wisteria View Manor Certified Occupancy Specialist	Wisteria View Manor 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 or position named in the adjacent box 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). We do business in accordance with the Federal Fair Housing Act and provide persons with disabilities reasonable accommodation upon request. TTY# (for hearing impaired) 711. Persons with language barriers may request or arrange interpretation alternatives or services based on the property's LEP Policy.		
<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">Address: 1400 S. Main Street, #109, Seattle, WA 98144</td> <td style="width: 30%; border: none;">Telephone # (206) 325-9810 ext 2</td> </tr> </table>		Address: 1400 S. Main Street, #109, Seattle, WA 98144	Telephone # (206) 325-9810 ext 2
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