

To be considered as a tenant for the Sea Mar Community Health Centers' Des Moines Apartments, applications must be submitted to the housing office in person, by fax or email.

**Drop off in person:**

1040 S Henderson St  
Seattle, WA 98108  
Open Monday through Friday: 8am-5pm

**Or Email applications:**

Email applications to Verónica Miró-Quesada  
[veronicamiro-quesada@seamarchc.org](mailto:veronicamiro-quesada@seamarchc.org)

[Fax to: 206-788-3204](tel:206-788-3204)

**APPLICATIONS WILL BE PROCESSED IN THE ORDER IN WHICH THEY ARE RECEIVED**

Sea Mar Des Moines Apartments offers

- 42 units: one, two, three bedroom apartments
- Located in the City of Des Moines neighborhood near Seattle
- Unit accommodates households of 2 to 6 individuals
- Units accommodate families and individuals with disabilities
- We accept families and individuals with Section 8 Vouchers and qualifications
- No pets, no smoking



**Annual Gross Median Income Chart**

All families and individuals must meet the income limit requirements based on their household size and income. All units require households with income levels at 50% to 60% of the area gross median income.\* See chart below.

\*Area gross median income is defined as annual household income before tax deductions or any type of deduction.

Set-Aside %	1 Person	2 People	3 People	4 People	5 People	6 People
60%	\$ 57,550	\$ 65,750	\$ 74,000	\$ 82,200	\$ 88,800	\$ 95,350
50%	\$ 47,950	\$ 54,800	\$ 61,650	\$ 68,500	\$ 74,000	\$ 79,500

For any questions regarding the waitlist or any changes in your contact information, contact Veronica Miro-Quesada at 206-788-3293 or [veronicamiro-quesada@seamarchc.org](mailto:veronicamiro-quesada@seamarchc.org)



Sea Mar Community Health Centers welcomes qualified tenants without regard to race, color, religion, creed, ancestry, political ideology, sex, marital status, age, parental status, national origin, sexual orientation, gender identity, disability, Section 8 housing subsidy, or use of a service animal. Sea Mar provides reasonable accommodations to persons with disabilities. If you need this document in an alternate format, please speak with staff.

# Sea Mar Community Health Centers Des Moines Apartments Pre-Application

*Incomplete applications will not be added to the waitlist.*

Last Name	First Name	Middle Name
Mailing Address	City	State Zip
Home Tel. ( )	Message Tel. ( )	Work Tel. ( )
Social Security #:        -        -	Date of Birth:	Primary Language:

**Release of Information:** If you want Sea Mar’s housing staff to speak with your case manager, friend or relative about your housing status, you must first complete and sign the following release. Please remember to write in the name of all person(s) that you are allowing us to speak with and sign the bottom of the release.

I, (Applicant Name) \_\_\_\_\_  
 give Sea Mar Community Health Centers, dba Des Moines Apartments, permission to speak with the following list of people regarding the information on my housing application. I understand this information will not be forwarded to anyone other than the parties listed below, without my written permission. I understand I can revoke this release at any time but the revocation will not be retroactive. This consent form expires 24 months after signing.

Case Manager (if any): \_\_\_\_\_ Phone: \_\_\_\_\_

Other Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Family Information**

Please list the names and date of birth of all additional household members:

1. Name: _____	Date of Birth: _____
2. Name: _____	Date of Birth: _____
3. Name: _____	Date of Birth: _____
4. Name: _____	Date of Birth: _____
5. Name: _____	Date of Birth: _____
6. Name: _____	Date of Birth: _____
7. Name: _____	Date of Birth: _____
8. Name: _____	Date of Birth: _____
9. Name: _____	Date of Birth: _____



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1. Do you expect your household to change in the next six (6) months? If yes, please describe:	Yes	No	
2. What size unit are you applying for? (circle all that apply)	1 BD	2BD	3BD
2. Are you or any household member disabled? Do you require any of the following accommodations/ unit modifications? (check all that apply)	Yes	No	
<input type="checkbox"/> Wheelchair accessible unit	<input type="checkbox"/> Sensory impaired accessible unit	<input type="checkbox"/> Ground floor unit (no stairs)	
<input type="checkbox"/> Live-in aide/caregiver	<input type="checkbox"/> Service or Companion Animal	<input type="checkbox"/> Large type documents	
<input type="checkbox"/> Other physical adaptations (grab bars, etc.) _____	<input type="checkbox"/> Other _____		
4. Are you or anyone in your household a full-time student? If yes, please describe: _____	Yes	No	

**Income Information**

Please list the source and amount of <b>all</b> current income received by you and all household members, including any type of day labor, self-employment, or support from others. Give your best estimate if you don't have the exact amount.			
Income Source	Monthly Amount	Income Source	Monthly Amount
<input type="checkbox"/> SSI/SSA	\$ _____ / month	<input type="checkbox"/> Employment	\$ _____ / month
<input type="checkbox"/> VA Benefits	\$ _____ / month	<input type="checkbox"/> Day Labor	\$ _____ / month
<input type="checkbox"/> GAU/GAX	\$ _____ / month	<input type="checkbox"/> Other	\$ _____ / month
<input type="checkbox"/> Section 8 Voucher	\$ _____ / month	Please Describe	



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**Optional Information - Please circle all that apply to Head of Household.**

For statistical purposes only; this information will not be disseminated.

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender
Ethnicity:	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic/Non-Latino	
Race:	<input type="checkbox"/> White/Caucasian/European-American	<input type="checkbox"/> African	
	<input type="checkbox"/> Black/African-American	<input type="checkbox"/> Alaskan Native	
	<input type="checkbox"/> Black/African-American & White	<input type="checkbox"/> Hawaiian Native or Pacific Islander	
	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian	
	<input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/> Asian American	
	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American	<input type="checkbox"/> Asian & White	
	<input type="checkbox"/> Other:	<input type="checkbox"/> Other Multi-Racial	

**ATTENTION APPLICANT:**

You are responsible for maintaining current and accurate application information. It is your responsibility to inform Sea Mar’s housing staff of any changes in your contact information, income or household conditions. ***You are required to check in with Sea housing staff every 6 months by phone or email at veronicamiro-quesada@seamarchc.org to remain “active” on the waiting list. We update our waitlists every six (6) months and if we have not heard from you for six months, your name will be removed from the waitlist.***

We require **copies of either photo identification (adults) or birth certificates (minors) and Social Security card.** If you or any of your household members do not have these, please work on obtaining these documentations while you are on the waitlist.

**I understand the check-in policy for Sea Mar’s Des Moines Apartments.**

**(Please initial):** \_\_\_\_\_ **Date:** \_\_\_\_\_

I certify all information I have provided is complete and accurate. I understand this is not a contract and does not bind either party. The information contained in this application is true, and completed to the best of my knowledge. I understand that not being truthful in the application process may reduce my chances of being housed. **I have no objection to inquiries being made for the purpose of verifying the statements made herein and thus for this application to be subject for a tenant screening process.**

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

