



| OFFICE USE ONLY | |
|-----------------|-----|
| FORM #: | 891 |
| HOUSEHOLD ID: | |
| TICKLER #: | |
| EFFECTIVE DATE: | |

Emergency Housing Voucher Program Referral Form

1. CLIENT INFORMATION

Name: Jeramie Manywether DOB (MM/DD/YYYY): 02/27/1982

2. REFERRING SOURCE INFORMATION

Referring Agency Name: Refugee Women's Alliance (ReWA)

Case Manager Name: Mujtaba Muzaaffary

Phone Number: 206 485 5874 Email: mujtaba@rewa.org

3. HOUSING AND SERVICE HISTORY

Is this applicant moving from Supportive or Transitional housing? Yes No
 If YES, please select the program type: Rapid Re-Housing Permanent Supportive Other _____

What types of housing search services does the referring agency provide to the client?
 Please check all that are applicable:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Navigation Services (see below for definition) | <input type="checkbox"/> Funds for holding fees |
| <input checked="" type="checkbox"/> Debt Counseling | <input type="checkbox"/> Funds for utility fees and arrears |
| <input type="checkbox"/> Funds for moving expenses | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Funds for application fees | |

HOUSING NAVIGATION SERVICES

Pre Voucher Issuance

1. Help people respond to inquiries from KCHA; attend voucher briefings and other meetings as needed;
2. Provide the appropriate level of initial housing stabilization services, including but not limited to: counselling on rental lease requirements; information about the surrounding community such as schools, grocery stores, public transportation resources, jobs; help with landlord negotiations; connections to other ongoing services, such as health and social services and on-going services as necessary, to assure housing stability.

Post Voucher Issuance

1. Provide housing navigation services in collaboration with the CoC service providers to help people lease up in their first unit using their EHV, including but not limited to: locating rental units for lease; making introductions to landlords with units for lease; helping with landlord negotiations; assisting with completing rental unit applications; and addressing rental barriers (e.g., existing landlord debt, preparing a rental resume, etc.) as feasible within the timeframe of the voucher
2. Provide financial resources and support on behalf of newly admitted EHV recipients to help them overcome financial leasing barriers such as: move-in costs, utility arrears and hook-up fees, renters insurance, and furnishing as needed
3. Provide the appropriate level of services to maintain housing.

4. CASE MANAGEMENT CERTIFICATION OF PROGRAM ELIGIBILITY AND REFERRAL TO KCHA

I certify that I am referring this applicant to KCHA for the EHV program. I can be contacted using the information listed above.

Case Manager Signature: [Signature] Date: 11/17/21



700 ANDOVER PARK W, SUITE A, TUKWILA, WA, 98188-3322
PHONE: (206) 214-1300 FAX: (206) 243-5927 EMAIL: allisonc@kcha.org

EHV

| OFFICE USE ONLY | |
|-----------------|------------|
| FORM #: | 895 |
| HOUSEHOLD ID: | 86136 |
| TICKLER #: | |
| EFFECTIVE DATE: | 12/17/2021 |

Deposit Assistance Pledge Letter for Housing Choice Voucher Holders

Head of Household: KCHA Voucher Number:

Dear King County Landlord:

The King County Housing Authority (KCHA) is pledging to provide the household named above with a one-time limited financial assistance towards the required refundable security deposit necessary to lease-up at your property. This one-time payment will be in addition to KCHA's ongoing monthly housing assistance payments, **and is only available for units located in KCHA's jurisdiction.**

For the family named above the maximum commitment from KCHA is checked below:

- \$500 for a studio or one bedroom voucher
- \$750 for a two bedroom voucher
- \$1000 for a three bedroom voucher
- \$1250 for a four bedroom voucher
- \$1500 for a five bedroom voucher or greater

Note that the maximum amount of assistance pledged by this letter is based on the lower bedroom size of the family's Housing Choice Voucher or the actual unit rented. For example, if the family has a two bedroom voucher and they are renting a two bedroom unit then the maximum assistance is \$750. Note that if the same family is renting a three bedroom unit the maximum amount KCHA will pay is still capped at \$750.

The Actual amount of assistance from KCHA for the refundable deposit is based on the following factors:

- The amount of the refundable security deposit must be specified in the lease and must be comparable to refundable deposits for other unassisted units.
- The amount of assistance is limited to the lower of the actual refundable deposit or the maximum amount based on the voucher size. For example, if the family has a three bedroom voucher and the refundable deposit is \$850 the amount of KCHA's assistance will be capped at \$850 not \$1000.
- Deposit assistance is not available to families leasing "in place". If the family was a tenant in the unit before receiving their voucher they are not eligible for security deposit assistance.

Deposit assistance payments are processed and paid to the landlord when the first housing assistance payment is made.

At the end of the lease any refunded deposits are payable to the tenant.

Authorized by: Date:



EHV

OFFICE USE ONLY

FORM #: H52646
 HOUSEHOLD ID: 86136
 TICKLER #:
 EFFECTIVE DATE: 12/17/2021

SECTION 8 OFFICE

700 ANDOVER PARK W, SUITE A, TUKWILA, WA, 98188-3322
 PHONE: (206) 214-1300 FAX: (206) 243-5927 EMAIL: allisonc@kcha.org

Voucher

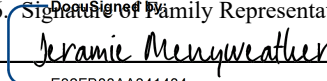

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing

OMB Approval No. 2577-0169
 (Exp. 07/31/2022)

Housing Choice Voucher Program

Public Reporting Burden for this collection of information is estimated to average 0.05 hours 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. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection. This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligations under the Housing Choice Voucher Program.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of family members' names is mandatory. The information is used to authorize a family to look for an eligible unit and specifies the size of the unit. The information also sets forth the family's obligation under the Housing Choice Voucher Program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family voucher issuance.

| | | |
|---|--|--|
| Please read the entire document before completing form. Fill in the blanks below. Type or print clearly. | | Voucher Number TB009243 |
| 1. Insert unit size in number of bedrooms. (This is the number of bedrooms for which the Family qualifies, and is used in determining the amount of assistance to be paid on behalf of the Family to the owner.) | | 1. Unit Size 3 BEDROOM |
| 2. Date Voucher Issued (mm/dd/yyyy) Insert actual date the Voucher is issued to the Family. | | 2. Issue Date (mm/dd/yyyy) 12/17/2021 |
| 3. Date Voucher Expires (mm/dd/yyyy) Insert date sixty days after date Voucher is issued. (See Section 6 of this form.) | | 3. Expiration Date (mm/dd/yyyy) 4/17/2022 |
| 4. Date Extension Expires (if applicable)(mm/dd/yyyy) (See Section 6. of this form) | | 4. Date Extension Expires (mm/dd/yyyy) |
| 5. Name of Family Representative MENYWEATHER, JERAMIE | 6. Signature of Family Representative  E32FB88AA341484... | Date Signed (mm/dd/yyyy) 12/17/2021 |
| 7. Name of Public Housing Agency (PHA) KING COUNTY HOUSING AUTHORITY | | |
| 8. Name and Title of PHA Official ALLISON CARPENTER, HOUSING SPECIALIST | 9. Signature of PHA Official User Name allisonc PIN <input checked="" type="checkbox"/> Sign this document  Signed by allisonc on 2021-12-08 at 14:21:24 | Date Signed (mm/dd/yyyy) |

1. Housing Choice Voucher Program

- A. The public housing agency (PHA) has determined that the above named family (item 5) is eligible to participate in the housing choice voucher program. Under this program, the family chooses a decent, safe and sanitary unit to live in. If the owner agrees to lease the unit to the family under the housing choice voucher program, and if the PHA approves the unit, the PHA will enter into a housing assistance payments (HAP) contract with the owner to make monthly payments to the owner to help the family pay the rent.
- B. The PHA determines the amount of the monthly housing assistance payment to be paid to the owner. Generally, the monthly housing assistance payment by the PHA is the difference between the applicable payment standard and 30 percent of monthly adjusted family income. In determining the maximum initial housing assistance payment for the family, the PHA will use the payment standard in effect on the date the tenancy is approved by the PHA. The family may choose to rent a unit for more than the payment standard, but this choice does not change the amount of the PHA's assistance payment. The actual amount of the PHA's assistance payment will be determined using the gross rent for the unit selected by the family.

2. Voucher

- A. When issuing this voucher the PHA expects that if the family finds an approvable unit, the PHA will have the money available to enter into a HAP contract with the owner. However, the PHA

is under no obligation to the family, to any owner, or to any other person, to approve a tenancy. The PHA does not have any liability to any party by the issuance of this voucher.

- B. The voucher does not give the family any right to participate in the PHA's housing choice voucher program. The family becomes a participant in the PHA's housing choice voucher program when the HAP contract between the PHA and the owner takes effect.
- C. During the initial or any extended term of this voucher, the PHA may require the family to report progress in leasing a unit at such intervals and times as determined by the PHA.

3. PHA Approval or Disapproval of Unit or Lease

- A. When the family finds a suitable unit where the owner is willing to participate in the program, the family must give the PHA the request for tenancy approval (on the form supplied by the PHA), signed by the owner and the family, and a copy of the lease, including the HUD-prescribed tenancy addendum. **Note: Both documents must be given to the PHA no later than the expiration date stated in item 3 or 4 on top of page one of this voucher.**
- B. The family must submit these documents in the manner that is required by the PHA. PHA policy may prohibit the family from submitting more than one request for tenancy approval at a time.
- C. The lease must include, word-for-word, all provisions of the tenancy addendum required by HUD and supplied by the PHA. This is done by adding the HUD tenancy addendum to the lease used by the owner. If there is a difference between any

provisions of the HUD tenancy addendum and any provisions of the owner's lease, the provisions of the HUD tenancy addendum shall control.

D. After receiving the request for tenancy approval and a copy of the lease, the PHA will inspect the unit. The PHA may not give approval for the family to lease the unit or execute the HAP contract until the PHA has determined that all the following program requirements are met: the unit is eligible; the unit has been inspected by the PHA and passes the housing quality standards (HQS); the rent is reasonable; and the landlord and tenant have executed the lease including the HUD-prescribed tenancy addendum.

E. If the PHA approves the unit, the PHA will notify the family and the owner, and will furnish two copies of the HAP contract to the owner.

1. The owner and the family must execute the lease.
2. The owner must sign both copies of the HAP contract and must furnish to the PHA a copy of the executed lease and both copies of the executed HAP contract.
3. The PHA will execute the HAP contract and return an executed copy to the owner.

F. If the PHA determines that the unit or lease cannot be approved for any reason, the PHA will notify the owner and the family that:

1. The proposed unit or lease is disapproved for specified reasons, and
2. If the conditions requiring disapproval are remedied to the satisfaction of the PHA on or before the date specified by the PHA, the unit or lease will be approved.

4. Obligations of the Family

A. When the family's unit is approved and the HAP contract is executed, the family must follow the rules listed below in order to continue participating in the housing choice voucher program.

B. The family must:

1. Supply any information that the PHA or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
2. Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
3. Supply any information requested by the PHA to verify that the family is living in the unit or information related to family absence from the unit.
4. Promptly notify the PHA in writing when the family is away from the unit for an extended period of time in accordance with PHA policies.
5. Allow the PHA to inspect the unit at reasonable times and after reasonable notice.
6. Notify the PHA and the owner in writing before moving out of the unit or terminating the lease.
7. Use the assisted unit for residence by the family. The unit must be the family's only residence.
8. Promptly notify the PHA and the owner in writing of the birth, adoption, or court-awarded custody of a child.
9. Request PHA written approval to add any other family member as an occupant of the unit.

10. Promptly notify the PHA in writing if any family member no longer lives in the unit. Give the PHA a copy of any owner eviction notice.

11. Pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.

C. Any information the family supplies must be true and complete.

D. The family (including each family member) must not:

1. Own or have any interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).
2. Commit any serious or repeated violation of the lease.
3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.
4. Engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
5. Sublease or let the unit or assign the lease or transfer the unit.
6. Receive housing choice voucher program housing assistance while receiving another housing subsidy, for the same unit or different unit under any other Federal, State or local housing assistance program.
7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
8. Receive housing choice voucher program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
9. Engage in abuse of alcohol in a way that threatens the health, safety or right to a peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.

5. Illegal Discrimination

If the family has reason to believe that, in its search for suitable housing, it has been discriminated against on the basis of age, race, color, religion, sex, disability, national origin, or familial status, the family may file a housing discrimination complaint with any HUD Field Office in person, by mail, or by telephone. The PHA will give the family information on how to fill out and file a complaint.

6. Expiration and Extension of Voucher

The voucher will expire on the date stated in item 3 on the top of page one of this voucher unless the family requests an extension in writing and the PHA grants a written extension of the voucher in which case the voucher will expire on the date stated in item 4. At its discretion, the PHA may grant a family's request for one or more extensions of the initial term.

Rental estimate sheet

| OFFICE USE ONLY | |
|-----------------|----------|
| Form #: | 845WIN |
| Household ID: | 86136 |
| Effective Date: | 12/17/21 |

King County Housing Authority

| | | | |
|------------------------|-----------------------|--|----------|
| Effective date: | 12/17/21 MENYWEATHER, | Your monthly gross income (before taxes): | \$0 |
| Prepared for: | JERAMIE 3 Bedrooms | Household size: | 4 people |
| Bedroom size: | | | |

1 What will my monthly contribution to the rent be?

Your contribution to the rent will be between 28% and 40% of your income. We will calculate your exact contribution and subsidy amount after verifying your family composition, income, and determining the unit is approved for the program.

| Your minimum payment <i>28% of your income</i> |
|--|
| \$0 |

| Your maximum payment <i>40% of your income</i> |
|--|
| \$0 |

2 How much monthly rent may a landlord charge me?

This amount depends on three things: 1) whether the unit is a multi-family (apartment, duplex, triplex) or single family building (house), 2) whether you or the landlord pays for utilities, and 3) what ZIP Code based-tier the unit is in. **You cannot make any additional side payments to the landlord or go above the maximum rent listed below.**



Multi-family Building

Apartment, duplex, triplex

| Tier <i>Based on ZIP Code</i> | You pay utilities (water, sewer, trash) | | Landlord pays utilities |
|----------------------------------|--|--|--|
| | Minimum rent range <i>You pay 28% of income: \$0</i> | Maximum rent <i>You pay 40% of income: \$0</i> | Maximum rent <i>You pay 40% of income: \$0</i> |
| 1 | \$1,860 or less | \$1,860 | \$1,960 |
| 2 | \$1,910 or less | \$1,910 | \$2,010 |
| 3 | \$1,980 or less | \$1,980 | \$2,080 |
| 4 | \$2,190 or less | \$2,190 | \$2,290 |
| 5 | \$2,370 or less | \$2,370 | \$2,470 |
| 6 | \$2,690 or less | \$2,690 | \$2,790 |



Single Family Building

House

| Tier <i>Based on ZIP Code</i> | You pay utilities (water, sewer, trash) | | Landlord pays utilities |
|----------------------------------|--|--|--|
| | Minimum rent range <i>You pay 28% of income: \$0</i> | Maximum rent <i>You pay 40% of income: \$0</i> | Maximum rent <i>You pay 40% of income: \$0</i> |
| 1 | \$1,790 or less | \$1,790 | \$1,890 |
| 2 | \$1,840 or less | \$1,840 | \$1,940 |
| 3 | \$1,910 or less | \$1,910 | \$2,010 |
| 4 | \$2,120 or less | \$2,120 | \$2,220 |
| 5 | \$2,300 or less | \$2,300 | \$2,400 |
| 6 | \$2,620 or less | \$2,620 | \$2,720 |

| ZIP Code | Tier |
|----------|------|
| 98001 | 4 |
| 98002 | 1 |
| 98003 | 2 |
| 98004 | 6 |
| 98005 | 6 |
| 98006 | 6 |
| 98007 | 6 |
| 98008 | 5 |
| 98010 | 1 |
| 98011 | 5 |
| 98014 | 3 |
| 98019 | 3 |
| 98022* | 2 |
| 98023 | 3 |
| 98024 | 3 |

| ZIP Code | Tier |
|----------|------|
| 98027 | 6 |
| 98028 | 4 |
| 98029 | 6 |
| 98030 | 3 |
| 98031 | 3 |
| 98032 | 3 |
| 98033 | 6 |
| 98034 | 5 |
| 98038 | 5 |
| 98039 | 6 |
| 98040 | 6 |
| 98042 | 3 |
| 98045 | 3 |
| 98047* | 2 |
| 98051 | 1 |

| ZIP Code | Tier |
|----------|------|
| 98052 | 6 |
| 98053 | 5 |
| 98055* | 4 |
| 98056* | 5 |
| 98057* | 4 |
| 98058* | 4 |
| 98059* | 6 |
| 98065 | 3 |
| 98070 | 2 |
| 98072 | 6 |
| 98074 | 5 |
| 98075 | 5 |
| 98077* | 5 |
| 98092* | 2 |
| 98106* | 2 |

| ZIP Code | Tier |
|----------|------|
| 98108* | 2 |
| 98126* | 2 |
| 98133* | 4 |
| 98146* | 2 |
| 98148 | 3 |
| 98155 | 3 |
| 98166 | 2 |
| 98168 | 2 |
| 98177* | 3 |
| 98178* | 2 |
| 98188 | 3 |
| 98198 | 3 |
| 98224 | 2 |
| 98288 | 2 |
| 98354* | 2 |

* = These ZIP codes partially include non-KCHA jurisdictions and may be either outside King County or within Seattle or Renton city limits.

Your voucher may only be used within KCHA's jurisdiction. If you wish to move to another jurisdiction, please contact the Section 8 office for more information.

