



600 Park Avenue  
Bremerton WA 98337  
(p) 360-479-3694  
(f) 360-616-2927  
www.bremertonhousing.org

## Temporary Rental Assistance Program City of Bremerton and Bremerton Housing Authority

### Application for Rental Assistance

Head of Household: \_\_\_\_\_ DOB: \_\_\_\_\_

Co-HOH: \_\_\_\_\_ DOB: \_\_\_\_\_

Current address (include city, state, zip, County) \_\_\_\_\_  
\_\_\_\_\_

Applicant's previous address(es) if less than two years at current location: \_\_\_\_\_  
\_\_\_\_\_

Current phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Current phone \_\_\_\_\_ E-mail \_\_\_\_\_

Names and ages of all additional family members:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, address & phone number(s) of current landlord:

\_\_\_\_\_  
\_\_\_\_\_

What do you need help with? (Briefly explain)

Current Rent Amount: \_\_\_\_\_

Your last rent **payment** (amount and month): \_\_\_\_\_

Do you currently receive any type of Rental Assistance?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, specify \_\_\_\_\_



EQUAL HOUSING  
OPPORTUNITY

Bremerton Housing Authority does not discriminate on the basis of race, color, creed, national origin, religion, disability, sex, sexual orientation, gender (over 40), military/veteran status, familial status, or any other basis protected under federal, state, or local law in admission or access to its programs and services. We are an Equal Opportunity Employer.



BARRIER FREE

If you need to request a reasonable accommodation, contact the BHA Section 504 Coordinator at (360) 616-7111. (TRS) 7-1-1.

**If moving** – address you are **moving to:** \_\_\_\_\_

Name of (future) property Management Company: \_\_\_\_\_

Name of (future) Landlord: \_\_\_\_\_

Phone number (future) Landlord: \_\_\_\_\_

Contact information/mailling address: \_\_\_\_\_

**Current Income**

**Complete a separate sheet for each family member.**

Family Member Name \_\_\_\_\_

**Sources of family member's income:**

Source \_\_\_\_\_ Amount per month \_\_\_\_\_

Source \_\_\_\_\_ Amount per month \_\_\_\_\_

Source \_\_\_\_\_ Amount per month \_\_\_\_\_

Source \_\_\_\_\_ Amount per month \_\_\_\_\_

Head of Household's *Employer* \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Phone, Fax, email \_\_\_\_\_

Your title/position at work: \_\_\_\_\_

Rate of Pay \_\_\_\_\_ Hours worked per week \_\_\_\_\_

2<sup>nd</sup> income in household/employer/rate of pay \_\_\_\_\_

3<sup>rd</sup> income in household/employer/rate of pay \_\_\_\_\_

**Assets**

Does family member(s) have checking account(s)?

Yes \_\_\_\_\_ No \_\_\_\_\_ Bal. \_\_\_\_\_

Does family member(s) have a saving account(s)? Yes \_\_\_\_\_ No \_\_\_\_\_ Bal. \_\_\_\_\_

Does family member(s) own any real estate? Yes \_\_\_\_\_ No \_\_\_\_\_

Cash Value \_\_\_\_\_

I certify that all the information contained herein is true and correct to the best of my knowledge.

***Applicant Signature/Date***

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***Co-Applicant/Date***

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***MUST CURRENTLY LIVE IN THE CITY LIMITS OF BREMERTON OR LOOKING TO RENT IN THE CITY LIMITS OF BREMERTON***

***MUST BE 18 YEARS OF AGE OR OLDER***

***Please see document list for required documentation***

***Thank you,***

***Carol Zborowski***

***Bremerton Housing Authority***

***Paper work submitted to:***

***Bremerton Housing Authority***

***Attention: Carol Zborowski***

***600 Park Avenue***

***Bremerton, WA 98337***

***BHA Front Desk phone:***

***360-473-0325***

***360-479-3694***