



Functional Equivalent to a Family Application

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| Intake Date | Tech Initials | Project File # |
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A group of more than four unrelated adult persons living together in a dwelling unit may be included within the definition of "family" if they demonstrate to the Development Services Director that they operate in a manner that is functionally equivalent to a family. (See Section 20.50.020 of the Bellevue Land Use Code (LUC) for the definition of *Family*.)

A Functional Equivalent to a Family Application must be submitted and include information showing how the applicants meet the relevant factors to be considered by the Director as provided in LUC 20.50.020.

Dwelling Unit Property Address _____

Tax Assessor's # _____

Property Owner _____ Phone _____

Mailing Address _____ City, State, Zip _____

Email _____

Applicant (if different than Property Owner) _____ Phone _____

Mailing Address _____ City, State, Zip _____

Email _____

The total number of adult persons who will reside/are residing at the property _____

For purposes of this definition and notwithstanding any other provision of this Code, children with familial status within the meaning of Title 42 United States Code, Section 3602(k) and persons with handicaps within the meaning of Title 42 United States Code, Section 3602(h) will not be counted as unrelated persons. LUC 20.50.020. Family.

Name and contact information of all adult persons who will reside/are residing at the property (use additional pages if needed)

Adult Resident No. 1 _____ Phone _____

Mailing Address (if different) _____ City, State, Zip _____

Email _____

Adult Resident No. 2 _____ Phone _____

Mailing Address (if different) _____ City, State, Zip _____

Email _____

Adult Resident No. 3 _____ Phone _____
Mailing Address (if different) _____ City, State, Zip _____
Email _____

Adult Resident No. 4 _____ Phone _____
Mailing Address (if different) _____ City, State, Zip _____
Email _____

Adult Resident No. 5 _____ Phone _____
Mailing Address (if different) _____ City, State, Zip _____
Email _____

Adult Resident No. 6 _____ Phone _____
Mailing Address (if different) _____ City, State, Zip _____
Email _____

Questionnaire

- A. Do all occupants share (have access and use) the entire dwelling unit? Yes No
- B. Do minor and dependent children of the adult occupants regularly reside in the household?
 Yes No
- C. Do all occupants share expenses for food, rent, ownership costs, utilities and other household items?
 Yes No If yes, provide copies of receipts, bills and other applicable records.
- D. Do all occupants share ownership of furniture and appliances? Yes No
- E. Is the occupants' living arrangement permanent? Yes No
- F. Has the occupants' living arrangement changed in the past year? Yes No
- G. Are the occupants part of a society, fraternity, sorority, lodge, organization or other group of students or other individuals where the common living arrangement or basis for the establishment of the housekeeping unit is temporary? Yes No
- H. Are there other factors reasonably related to whether or not the occupants are living together as the functional equivalent of a family? Yes No
If yes, explain and/or provide applicable documentation.
- I. Attach all supporting documentation related to questions A – H above. Label each document as it applies to the corresponding question.
- J. If the dwelling unit is rented, provide a copy of the Lease Agreement.

I certify that I am the owner or owner's authorized agent. If acting as an authorized agent, I further certify that I am authorized to act as the owner's agent regarding the property at the above-referenced address for the purpose of filing applications for decisions, permits or review under the Land Use Code and other applicable Bellevue City codes, and I have full power and authority to perform on behalf of the owner all acts as required to enable the city to process and review such applications.

I hereby certify that the information on this application is true and correct and that the applicable requirements of the City of Bellevue will be met.

Signature _____ Date _____

Director's Determination:

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| Approved | Not Approved |
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Michael A. Brennan, Director
Development Services Department

By: _____
Elizabeth Stead, Land Use Director

Date: _____