Rental Housing: Wait List Application

IMPORTANT: If you or any member of your household requires any assistance with this application, please inform the Housing Authority. All areas must be filled in or marked "not applicable." Incomplete forms will not be accepted or placed on the waiting list. Your application date for the waiting list will be the date the completed form is **received** by our office.

Office Use Only

Time Received:_____AM/PM

Select the properties you are interested in (check all that apply):

- ☐ Fisterra Gardens (Yachats)……..... [ ] one bedroom [ ] two bedroom
- ☐ Salmon Run (Newport)…….……. [ ] two bedroom [ ] three bedroom
- ☐ Vandehaven (Waldport)…… [ ] studio [ ] one bedroom
- ☐ Wecoma Place (Lincoln City)……...…… [ ] one bedroom [ ] two bedroom
  - ☐ Project Based Voucher Unit……. [ ] one bedroom

Note: Vandehaven is housing for Seniors (58+) or Individuals with Disabilities

Household Composition: List everyone who will be living in the unit. Only include children who will be with you 51% of the time or more.

Legal Name (as shown on SS card)	Sex	Relation to Head of Household	Date of Birth	Age	Place of Birth (City, State)	Social Security # (full SS# or n/a)	Ethnicity* (circle one)	Race** (circle one or more)
1.		SELF	/ /				1 2	1 2 3 4 5
2.			/ /				1 2	1 2 3 4 5
3.			/ /				1 2	1 2 3 4 5
4.			/ /				1 2	1 2 3 4 5
5.			/ /				1 2	1 2 3 4 5

***Ethnicity**: (1) Hispanic or Latino (2) Not Hispanic or Latino. ****Race**: (1) White (2) Black/African American (3) American Indian/Alaskan Native (4) Asian (5) Native Hawaiian/Pacific Islander. **Note:** Race and ethnicity information is optional and will not be used to determine eligibility. Statistical purposes only.

Street Address:_____ City:_____ State:_____ Zip:_____

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

Primary Phone #:_____ Email: _____

All correspondence will be mailed to the most recent address provided on any Housing Authority of Lincoln County application.

Housing Authority of Lincoln County
PO Box 1470, 1039 NW Nye St, Newport, OR 97365
(541) 265-5326 phone | (541) 265-6057 fax | www.housinglincolncountyor.gov

1. Are you OR any member of your household (check all that apply):
   - ☐ Age 62 or over?
   - ☐ Disabled, who?_____
2. Do you require a rental with special features (circle all that apply):
   grab rails wheelchair accessible no stairs
   other:_____
3. Do you require a live-in-aide (circle one): yes no
4. Does your Household currently have a Housing Choice Voucher or reside in subsidized housing (circle one): yes no

Note: A person does not have to receive Social Security Disability to be considered disabled for program purposes. HUD Defines disabled as "an individual who is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to last for a continuous period of not less than 12 months." If you feel you meet this definition, mark the box above. If you do NOT receive Social Security, we will need to verify disability with a qualified physician or diagnostician at the time your name reached the top of the waiting list.

EQUAL HOUSING OPPORTUNITY

The Housing Authority of Lincoln County does not on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, or age. The person responsible for ensuring compliance with civil rights and Section 504 regulations can be reached at (541) 265-5326.

Household Income: List all income, wages, or benefits received by members of your household.

Recipient of Income (who receives the income?)	Source of Income (TANF, Work, Social Security, etc.)	Gross Monthly Income (before taxes/withholdings)

Household Assets: List all assets (i.e. bank accounts, trust funds, etc.) for all members of your household.

Person with Asset	Type of Asset and Name & Address of Institution	Current Value

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5. Has any household member been arrested for, convicted or charged with:

- Possession, manufacture or distribution of a controlled substance (circle one): yes no
- Any crime other than minor traffic violations (circle one)? yes no
- Are you required to register as a sex offender (circle one)? yes no

If yes to any of the above questions, please give a brief explanation and all arrest or conviction dates:

6. Have you ever been evicted (where the Landlord prevailed) with a Forcible Entry and Detainer (FED) (circle one)? yes no
If yes, to the above questions, please give a brief explanation and dates:

Final eligibility will be verified and determined at the time your family reaches the top of the waiting list. Eligibility criteria are outlined in the Admissions and Continued Occupancy Policy which can be found on our website and in the Housing Authority of Lincoln County office.

I/We certify that ALL of the information provided on this wait list application is true and complete to the best of my knowledge. I understand that giving false or misleading information on this application can result in the determination that I am ineligible for rental assistance. I understand that it is my responsibility to notify the Housing Authority IN WRITING if I have a change in address or family composition and that failure to reply to any correspondence, requests for updated information or appointments by given deadlines may result in my application being made inactive on the waiting list.

Signature of Head of Household_____ Date _____

Signature of Co-Head or Spouse_____ Date _____

Signature (everyone over age 18) _____ Date _____

Signature (everyone over age 18) _____ Date _____

OMB Control # 2502-0581
Exp. (02/28/2019)

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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.

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.