

May 30, 2024



Dear Applicant:

The Housing Authority of Lincoln County has now opened the waiting list for the Wecoma Place Apartments. Your name was on the interest list. To be placed on the waiting list, you are required to complete an application to determine eligibility.

The Housing Authority of Lincoln County has implemented a local preference. Applicants who live and or work in Lincoln County have preference over applicants outside the County.

We will only accept completed applications and supporting documentation by U.S. Postal Service or by dropping the application off at the Housing Authority of Lincoln County.

Email or fax applications will not be accepted.

Applications are processed in date and time order and bedroom size.

The completed application packet must also include the following documentation:

- Copies of Social Security Cards for all household members
- Copies of photo identification for all Adults in household
- 2024 Social Security benefit award letter
- Verification of all income; employment, child support, pension, alimony, (copies of your three most recent check stubs will help speed up the processing of your application)
- Copies of the three most recent bank statements for all accounts owned.
- Copy of documents to verify any household assets (IRA's, stocks, contracts, etc.)
- Proof of COUNTY Residency (Utility bill, Mail (address to physical address), Rent receipt, etc.)

If you have any questions, please contact our Administrative Assistant at 541-265-5326 Ext. 300.





Wecoma Place Apartments
2133 NE 29 Ave. in Lincoln City, OR 97367

Wecoma Place is a 44-unit tax credit rental property located in Lincoln City. The tax credit subsidy allows for rents based at 60% area median income, and is targeted to seniors (62+) and individuals with disabilities and families. The project also includes eight (8) units that have a project-based voucher subsidy, allowing for rents based at 30% adjusted gross income. This project has a preference for individuals that live or work in Lincoln County and/or were displaced as a result of the Echo Mountain Complex Fire in 2020.

The development offers the following unit mix:

| Unit Type | No. of Units | Sq. Ft. | Rental Rate | Security Deposit |
|-------------------|--------------|---------|-------------|------------------|
| One bed/One bath | 34* | @ 525 | \$688 | \$688 |
| Two bed/ One bath | 10 | @ 739 | \$847 | \$847 |

The following household income restrictions apply. To be eligible, the minimum monthly income required is one and a half times the monthly rent.

| Minimum Gross Monthly Income Required (Can Include Housing Choice Voucher Subsidy) | |
|--|-----------------|
| 1-bedroom unit | 2- bedroom unit |
| \$1032 | \$1271 |

| | 1 person | 2 person | 3 person | 4 person | 5 person |
|-----------------------------|----------|----------|----------|----------|----------|
| Maximum Gross Annual Income | \$34,020 | \$38,880 | \$43,740 | \$48,540 | \$52,440 |

*Income limits for the project-based voucher subsidy are as follows: 1 person at \$28,350 and 2 persons at \$32,400.

To be placed on the waiting list, please complete the application and return it to the Housing Authority of Lincoln County (in-person or via the U.S. postal service). An incomplete application will delay the verification process.

Waiting list applications are processed in date and time order. Once you are determined eligible, you will be placed on the Wecoma Place waiting list by bedroom size. When you reach the top of the waiting list you will be contacted by the Housing Authority of Lincoln County if additional information is required.

Important: Update the Housing Authority of Lincoln County with any changes to your mailing address. All waiting list notifications are made through the U.S. postal service.

HUD Housing Choice Vouchers are welcome at Wecoma Place.

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

Nondiscrimination Statement



In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

If you feel that you have been a victim of discrimination based on any of these factors, please feel free to request information on how to file a complaint with the Fair Housing Council of Oregon at <https://fhco.org/>

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the Housing Authority of Lincoln County at (541) 265-5326 or TTY at (800) 735-1232.

Reasonable Accommodation Statement



The Housing Authority of Lincoln County is committed to the letter and spirit of the Fair Housing Act, which, among other things, prohibits discrimination against persons with disabilities. We will make reasonable accommodations in our rules, policies, practices, or services, when such accommodations may be necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing communities.

If you are disabled and want to request such an accommodation, it may be made by writing the Housing Authority or calling us at (541) 265-5326, TTY 800 735-1232. The request must include information on the accommodation you are requesting and how it is necessary to accommodate your disability. Information provided for reasonable accommodation is subject to verification.

Important Information

Wait list applications require a complete mailing address and all household members will need to provide:

- Social Security Number
- Declaration of Immigration Status
- Signature (for ages 18 years and older)

In addition, documentation/copies of the following will be required:

- Copies of all household members Social Security cards (necessary for criminal screening and employment verification) and picture identification (for ages 18 years and older)
- Proof of income (Social Security award letter(s), pension(s), employment, etc.)
- Complete name and mailing address for all landlord and personal references
- Documentation of assets, including copies of bank statements for the last six (6) months

NOTE: In making application for housing, information supplied in the application and certification process or after being leased is considered material. A violation of any obligation or misrepresentation of any information shall constitute a breach of the application and any lease entered into with the applicant.

Housing Authority of Lincoln County

PO Box 1470, 1039 NW Nye St, Newport, OR 97365

(541) 265-5326 phone | (541) 265-6057 fax | info@housinglincolncountyor.gov



Wait List Application: Wecoma Place Apartments
2133 NE 29 Ave. in Lincoln City, OR 97367

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 | |
|-----------------|-------------|
| Name | _____ |
| BR Size | _____ |
| HA Pref | _____ |
| Comp # | _____ |
| Time Rec'd | _____ am/pm |

Note: This project has a local (Lincoln County residency) and wildfire recovery preferences.

Check the following that best applies to you and your household (check all that apply):

- Annual income for 1 person does not exceed \$28,350 and 2 persons at \$32,400.
- Annual income for 1 person does not exceed \$34,020, 2 persons at \$38,880, 3 persons at \$43,740 and 4 persons at \$48,540.
- Household currently has a Housing Choice Voucher.
- Check here if you were displaced as a result of the Echo Mountain Complex Fire in 2020.

Select one: [] one bedroom [] two bedrooms

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 |

***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 #: _____ E-mail: _____

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 | info@housinglincolncountyor.gov

If you do not speak or read English, what language do you speak or read?

Are you OR any member of your household (check all that apply):

- Age 62 or over?
- A U.S. Military Veteran, who? _____
- Disabled or Handicapped, who? _____

Do you require a rental with special features (circle all that apply):

grab rails wheelchair accessible no stairs
 other _____

Do you require a live-in-aide (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.



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 is the Housing Programs Manager who 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 |
|-------------------|---|---------------|
| | | |
| | | |
| | | |
| | | |

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:

Have you ever been evicted (where the Landlord prevailed) with a Forcible Entry and Detainer (FED) for any reason (circle one)? yes no

If yes, to the above questions, please give a brief explanation and dates:

This application is for placement on the Wecoma Place Apartments waiting list ONLY. 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 public housing 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 _____

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) | |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms |
| <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules |
| <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Late payment of rent | |
| 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.

APPLICANT/TENANT QUESTIONNAIRE

Each household member 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete a separate Questionnaire.

This form to be completed by the Applicant/Tenant - Answer each statement below by checking "Yes" or "No" and complete all additional information as it applies to you.

Applicant/Tenant Name: _____ Unit #: _____

YES NO

Property: _____

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I filed a tax return last year for myself, jointly with my spouse/partner, and/or for my business. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am married and file a joint tax return. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am a Student: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time School Name: _____ |

INCOME

Applicant/Tenant Estimated Gross Monthly Income from all sources: \$ _____

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I am employed and receive wages. I am employed at more than one job? <input type="checkbox"/> Yes # _____ <input type="checkbox"/> No |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from: (Tips: \$_____/Week) – (Commissions: \$_____/Month) – (Bonuses: \$_____/Year) |
| <input type="checkbox"/> | <input type="checkbox"/> | I am <input type="checkbox"/> Self-employed or <input type="checkbox"/> own a business. Type of business: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have secured new employment and will begin working on: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I am on a leave of absence from work. If 'Yes', for how long: Start date: _____ End date: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from <input type="checkbox"/> Unemployment <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Disability Compensation <input type="checkbox"/> Severance |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive/ am entitled to receive Child Support and/or Alimony payments. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Veteran's Benefits (VA). |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive <input type="checkbox"/> Social Security (SS) <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability (SSD) |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive rental assistance such as <input type="checkbox"/> Section 8, <input type="checkbox"/> RD <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive welfare/public assistance such as TANF, AFDC (exclude food stamps) or Other: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from a household member/s temporarily absent from the unit. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from a Pension, Annuity, IRA, 401K, Trust or Other: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive periodic payments from family, friends or Other: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from a foster child (unearned) or foster adult (earned/unearned) who resides with me. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive periodic income from Long-Term Care insurance, Disability, and/or Death benefits. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have other forms of income not specified above. Source: _____ \$ _____ Per month. |

ASSETS

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I have # _____ Checking account(s): List Bank(s): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have # _____ Savings account (s): List Bank(s): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have # _____ Money Market account(s) List Bank(s): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I own # _____ Certificate (s) of Deposit: List Bank(s): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I hold assets in a safe deposit box or other safe location. Amount/Value: \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have investments in Stocks, Bonds, Treasury bills and/or mutual funds. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a Pension, Annuity, IRA, 401K or other form of retirement; I do NOT draw/receive income from them. |
| <input type="checkbox"/> | <input type="checkbox"/> | I own Real Estate. I owe/pay a mortgage on this property: <input type="checkbox"/> No <input type="checkbox"/> Yes Owe: \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I own Real Estate and I am currently renting the property to others. Monthly rent amount: \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I own Real Estate and I am in the process of selling the property. Or, I have a reverse mortgage. |
| <input type="checkbox"/> | <input type="checkbox"/> | I own Real Estate and I hold a mortgage or Deed of Trust (I'm selling the property on contract). |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a Life Insurance Policy (exclude Term Life). |
| <input type="checkbox"/> | <input type="checkbox"/> | I hold personal property as an investment (Coin collections, gems, antique cars, etc.). |
| <input type="checkbox"/> | <input type="checkbox"/> | I have other forms of assets not specified above. Source: _____ Amount: \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have disposed of assets for more than \$1,000 less than Fair Market Value (FMV) during the past 2 years. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have cash-on-hand. The amount is: \$ _____ |

➤ Total household assets are: Over \$5,000 -OR- Under \$5,000.

Under penalty of perjury, I certify that the information provided in this certification is true and correct to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant

Date

INCOME STATUS CERTIFICATION

Applicant/Tenant Name: _____ Unit #: _____

Property Name: _____

This form to be completed by the Applicant/Tenant

Answer all of the following: Mark each statement as True or False as it applies to you and complete the other information indicating sources and amounts of each as applicable.

TRUE FALSE

1. I have never been employed.
2. I am unemployed. My most recent work end date is: _____ I worked at: _____
3. I have applied for Unemployment Benefits. Date applied: _____
Benefits are expected to start on: _____
If NOT; Explain: _____

4. I am receiving Unemployment benefits. My gross weekly benefit amount is: \$ _____

5. I receive income from the following Benefits sources-fill in the gross monthly amount for each:

| | | |
|------------------------------|----|--|
| VA Pension: | \$ | |
| Social Security (all forms): | \$ | |
| Disability: | \$ | |
| Child Support/Alimony: | \$ | |
| Other: | \$ | |

6. I receive income from the following Assistance sources-fill in the gross monthly amount for each:

| | | |
|-----------------|----|--|
| TANF: | \$ | |
| Family/Friends: | \$ | |
| Other: | \$ | |
| Other: | \$ | |

7. I have income from a source not listed above. I receive \$ _____ per month from: _____

8. I have no income from any source and other household members pay for all my expenses.

9. I have no income from any source and other person/s or entities **outside my household** pay for expenses on my behalf-
Fill in the amount paid for each item and the person or entity that makes the payment:

| | | | |
|-----------------------|----|----------|--|
| Rent: | \$ | Paid by: | |
| Utilities: | \$ | Paid by: | |
| Phone: | \$ | Paid by: | |
| Household supplies: | \$ | Paid by: | |
| Transportation | \$ | Paid by: | |
| Other non-food items: | \$ | Paid by: | |
| Other: | \$ | Paid by: | |

10. I have no income from any source and no other person or entity pays for expenses on my behalf.
Explain how expenses are paid: _____

11. I have secured new employment at: _____
(Attach a copy of offer letter or other documentation from employer supporting this information).
This employment will begin on: _____
My gross monthly income will be: \$ _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. Providing false, misleading or incomplete information may result in the termination of a lease agreement.

Printed Name of Applicant/Tenant _____ Applicant's/Tenant's Signature _____ Date _____

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.



Oregon Department of Justice

Oregon Child Support Program

Supporting Parents to Support Children

Division of Child Support

PO Box 14680

Salem OR 97309

800-850-0228

OregonChildSupport.gov

Authorization to Disclose Support Payment Records

I, (print or type full name) _____, further identified by (*Select one*):

last four digits of my Social Security number _____, or

date of birth (mm/dd/yyyy) ___/___/_____,

authorize the disclosure and release my confidential child support or spousal support payment records to:

Name of person or entity: _____

Email address or fax number: _____.

Mark the one that applies:

This authorizes the release of the payment history for the last 12 months, to the person or entity listed above, for Oregon Child Support Program case number _____.

This authorizes the release of the payment history for the last 12 months, to the person or entity listed above, for all Oregon Child Support Program cases found using the information provided above.

This authorization expires **six months** from the date of signature unless revoked by me before that date in writing to the Oregon Child Support Program.

Signature _____ Printed Name _____ Date _____

Cell #: _____ Text? Yes No Message #: _____

Home #: _____ Email: _____

Mailing Address _____ City _____ State _____ Zip _____

UNDER \$5,000 ASSET CERTIFICATION

For Households with combined net assets under \$5,000. Complete one form per household (include assets of children)

Head of Household Name: _____ Unit#: _____

Property Name: _____

Household Assets Include:

| Cash Value* | Interest Rate | Annual Income | Source | | Cash Value* | Interest Rate | Annual Income | Source |
|-------------|---------------|---------------|--------------------------------|--|-------------|---------------|---------------|--------------------|
| \$ | % | \$ | Checking Account | | \$ | % | \$ | Checking Account |
| | | | Savings Account | | | | | Savings Account |
| | | | _____ Account | | | | | _____ Account |
| | | | Cash On Hand | | | | | Money Market |
| | | | Stocks / Bonds / CDs | | | | | Safe Deposit Box |
| | | | 401K - Retirement | | | | | IRA |
| | | | Trust Fund | | | | | Real Estate Equity |
| | | | Whole-Life Insurance | | | | | Pension |
| | | | Other: | | | | | Other: |
| | | | Other: | | | | | Other: |
| | | | Personal Property**(Describe): | | | | | |

NOTE: Funds in certain accounts (e.g. retirement, pension, trusts) may not be fully accessible to you. Include only accessible amounts

***Cash Value** is defined as market value minus the cost of converting the asset to cash – can include broker’s fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

****Personal property** held as an investment may include but is not limited to gem or coin collections, art, antique cars etc. Do not include necessary personal property such household furniture, daily-use autos, clothing, assets of an active business or special equipment for use by the disabled.

Please check A or B and Complete C as it applies to your Household:

- A. Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below the fair market value (FMV). The difference between FMV and the amount received, for each asset on which this occurred is included above and are equal to a total of \$ _____
- B. Within the past two (2) years, I/we have NOT sold or given away assets (including cash, real estate, etc.) for less than fair market value.
- C. The net household assets (as defined in 24 CFR Part 5) above do not exceed \$5,000 and the annual income from the net household assets is \$ _____. This amount is included in the total gross annual income.**

Signatures:

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand (s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant _____ Printed Name of Applicant/Tenant _____ Date _____

Signature of Applicant/Tenant _____ Printed Name of Applicant/Tenant _____ Date _____

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the United States as to any matter within its jurisdiction.

ANNUAL LIHTC/BOND CERTIFICATION OF STUDENT STATUS

All household members 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete, sign and date this form at move-in and annually.

Property Name: _____ BIN #: _____ Unit #: _____

Household Occupants: _____

This form is to be completed by Applicant/Tenant

You have applied for (or currently reside in) a rental housing unit located in a development operating under the "Low-Income Housing Tax Credit" (LIHTC) Program of Section 42 of the Internal Revenue Code. Provisions of this code require verification of all income and assets, as well as other claims of eligibility. Please check A, B, or C as it applies to your household:

- A. **Household contains at least one occupant who is not a student, has not been a student, and will not be a student for any part of 5 months or more during the current and/or upcoming calendar year** (months need not be consecutive). If this item is checked, **and** you have student loans in repayment or deferral, please state how long it has been since you were in school _____. If you do not have student loans and have checked this item, no further action is necessary.
- B. **Household contains all students, but is qualified because the following occupant, _____, is a part-time student.** Verification of Student Status/Financial Assistance Form is required for at least one household member.
- C. **Household contains all full-time students for any part of 5 months or more during the current and/or upcoming calendar year** (months need not be consecutive). If "C" applies, complete questions 1-5 below:
 - 1. Is at least one student receiving assistance under Title IV of the Social Security Act (i.e. AFDC, TANF, etc.)? Yes No
 - 2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? If yes, attach documentation of previous participation. Yes No
 - 3. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state or local laws? If yes, attach documentation of current participation. Yes No
 - 4. Is at least one student a single parent with child(ren) *and* this parent is not a dependent of another individual *and* the child(ren) is/are not dependent(s) of someone other than the other (or absent) parent? If yes, attach third party documentation (i.e. tax return or a court order establishing custody). Yes No
 - 5. Are the students married and file a joint tax return? If yes, attach a copy of the marriage license or the most recently filed tax return. Yes No

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

| | | |
|-------------------------------|----------------------------------|------|
| Signature of Applicant/Tenant | Printed Name of Applicant/Tenant | Date |
| Signature of Applicant/Tenant | Printed Name of Applicant/Tenant | Date |

NOTE: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

RENTAL REFERENCES

Full mailing address for references is required.
Please supply Email Address / or Fax Number if available
Please print clearly

Complete the landlord reference section giving your present or most recent landlord first, followed by the next most recent landlord. (Include at least five years of rental history) If you did not have a landlord, put an explanation of where you lived so that any gaps in your rental history are explained.

Make sure you list your current residence.

Landlord #1 Name: _____ Phone: _____

Email/ Fax _____

Mailing Address: _____

City/State/Zip: _____

Is this a current landlord? Yes No

Address of your rental unit _____

How long were you in the unit? _____ From: _____ To: _____

Is this individual a close friend or relative? Yes No

Landlord #2 Name: _____ Phone: _____

Email/ Fax _____

Mailing Address: _____

City/State Zip: _____

Is this a current landlord? Yes No

Address of your rental unit _____

How long were you in the unit? _____ From: _____ To: _____

Is this individual a close friend or relative? Yes No

Landlord #3 Name: _____ Phone: _____

Email/ Fax _____

Mailing Address: _____

City/State Zip: _____

Is this a current landlord? Yes No

Address of your rental unit _____

How long were you in the unit? _____ From: _____ To: _____

Is this individual a close friend or relative? Yes No

**Housing Authority of Lincoln County
AUTHORIZATION FOR RELEASE OF INFORMATION**

PURPOSE: The Housing Authority of Lincoln County uses this authorization and the information obtained with it to administer and enforce housing program rules and policies.

INDIVIDUALS OR ORGANIZATIONS REQUESTED TO RELEASE INFORMATION

Any of the following individual organizations including any governmental organizations may be asked to release information:

- Employers, Past & Present
- Banks and Other Financial Institutions
- State agencies such as TANF, Employment Department, CSC
- Providers of: Alimony, Child Care, Child Support, Credit Handicapped Assistance, Medical Care, Pensions/Annuities
- U.S. Social Security Administration
- U.S. Department of Veterans Affairs
- Schools and Colleges
- Courts & Law Enforcement Agencies
- Post Offices
- Utility Companies
- Credit Bureaus
- Current & Previous Landlords (including Public Housing Agencies)
- Professional Personal References
- Other, Referral Agency:

INFORMATION COVERED- Information shared may include:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Child Care Expenses | <input checked="" type="checkbox"/> Handicapped Assistance Expenses |
| <input checked="" type="checkbox"/> Credit History, Financial Concerns | <input checked="" type="checkbox"/> Medical, Psychological, or Psychiatric Issues |
| <input checked="" type="checkbox"/> Criminal Activity, Legal Issues | <input checked="" type="checkbox"/> Identity and Marital Status |
| <input checked="" type="checkbox"/> Family Composition | <input checked="" type="checkbox"/> Social Security Numbers |
| <input checked="" type="checkbox"/> Employment, Income, Pensions and Assets | <input checked="" type="checkbox"/> Residences and Rental History |
| <input checked="" type="checkbox"/> Federal State, Tribal or Local Benefits | |

AUTHORIZATION

- I authorize the release of any information (including documentation and other materials) pertinent to eligibility participation in the Low Rent Public Housing & Section 8 Assistance Programs.
- I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in the Low Rent Public Housing & Section 8 Assistance Programs.
- I agree that photocopies of this authorization may be used for the purposes stated above. This authorization will stay in effect for **fifteen months** from the date signed.

Signature of Head of Household

Signature of Spouse/Other Adult

Print Name

Print Name

XXX-XX-
Social Security Number

XXX-XX-
Social Security Number

Date

Date