



Pre-Application for Waiting List(s)
Multi-Family Apartment Complexes

This Form May be Used to Apply for Placement on any NOHA Managed Multi-Family Waiting Lists

Please select one or more waiting lists for placement consideration

Clatsop County Properties:

- | | | | |
|--|-----------|----------|---|
| <input type="checkbox"/> Owens-Adair (Elderly/disabled must be verified)
(Subsidized and have income limits requirements) | Astoria | 46 units | 1 Bedroom
(Owner pays all utilities) |
| <input type="checkbox"/> Tilikum
(Subsidized and have income limits requirements) | Warrenton | 8 units | 2 Bedrooms
(Washer & Dryer) |

Columbia County Properties:

- | | | | |
|--|-------------|----------|------------------------------------|
| <input type="checkbox"/> Gable Park Apartments
(Low income housing tax credit income limits requirements apply) | St. Helenes | 32 units | 2 & 3 Bedrooms
(Washer & Dryer) |
| <input type="checkbox"/> Gable Road Triplex
(Income must be twice monthly rent) | St. Helens | 3 units | 1, 3, & 5 Bedroom(s) |

Tillamook County Properties:

- | | | | |
|---|-----------|----------|----------------|
| <input type="checkbox"/> Jerry Woodward (Elderly/disabled must be verified)
(Income must be twice monthly rent) | Tillamook | 10 units | 1 Bedroom |
| <input type="checkbox"/> Echanie Court (USDA/Rural Development)
(Subsidized and have income limits requirements) | Nehalem | 12 units | 2 & 3 Bedrooms |

If you have a hearing impairment and use a TDD Phone you can communicate with NOHA through the Oregon Relay Service by calling 711.



Please complete all areas of application in BLUE OR BLACK INK. Please print legibly. Unreadable forms may not be processed. If the application is incomplete or unreadable, it may be returned to you and/or result in a delay in processing your household's information. If you have questions about completing this application please contact the housing authority for assistance. ***Rent prices are subject to change.**

Household Composition:

List all household members starting with you. Please note that children listed in this section MUST reside in the assisted household at least 51% of the time; verification may be requested by the housing authority. If additional room is needed, attach additional paper. All information is required. **Do not** enter "see attached" or "on file" for any requested information.

NAME: Last, First Middle Initial	Social Security Number	Relationship to Head of Household (spouse, boy/girlfriend, child, aunt, etc)	Date of Birth	Age	Sex	US Citizen Y/N	Legal Non-Citizen Y/N
		HEAD/SELF					

Current Physical Address: _____

City/State: _____ Zip Code: _____

Current Mailing Address (if different): _____

City/State: _____ Zip Code: _____

Primary Phone Number: _____ Home Cell Work Message

Secondary Phone Number: _____ Home Cell Work Message

Household Income:

All income coming into the household must be entered in this section. This includes wages from employment, unemployment, Social Security, pension/retirement benefits, alimony, child support, and all other sources of income for all household members. Please list income as a monthly amount.

Who Receives Income?	Wages	Food Stamps	TANF	Child Support	Social Security	Other Income (explain)
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$

Is the head of household, their spouse, or co-head disabled? Yes No

Do you or someone in your household require any auxiliary aids for use in communication with the NOHA office? Yes (please explain aid that is needed) _____ No

If an applicant or participant requires a Reasonable Accommodation, for an auxiliary aid, to participate in our program(s), one will be provide by NOHA. This includes program information on audio tape and the use of interpreters. The housing authority utilizes Oregon Relay Services and a TDD phone number that explains any paperwork that the applicant or participant is required to fill out. Applicants or participants are encouraged to have a service provider, advocate, or friend assist them at any time.

CRIMINAL HISTORY

IMPORTANT – You must answer the following questions fully. Be accurate and honest with your answers. A Criminal history does not necessarily keep you from obtaining or maintaining housing assistance. If you need more room please attach extra paper to explain your situation.

Has any member of your household ever been arrested for, charged with, and/or convicted of a crime? Yes No

If yes, who? _____ When and where? _____

What was the situation? Charges? Outcome (prison, community service, parole, not guilty, etc)? _____

Is any member of your household required to register as a sex offender? Yes No
If yes, who? _____

Applicants that are found ineligible will be contacted, in writing, and be given an opportunity to provide more information or fix the issue that is making the household ineligible. DO NOT CALL THE NOHA OFFICE REGARDING THE PRE-SCREENING PROCESS; if there is an issue NOHA will contact you.

CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination for housing assistance and/or termination of tenancy. **WARNING! TITLE 18, SECTION 1001, OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO A DEPARTMENT OR AGENCY OF THE UNITED STATES.**

Affirmative Action: The following information is requested in order to assure the federal government that federal laws prohibiting discrimination against applicants on the basis of race, national origin, and/or gender are complied with. Your response is voluntary.

Race (circle one):	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Other
Ethnicity (circle one):	<input type="checkbox"/> Hispanic		<input type="checkbox"/> Non-Hispanic			
Status (circle all that apply)	<input type="checkbox"/> Elderly	<input type="checkbox"/> Non-Elderly		<input type="checkbox"/> Disabled	<input type="checkbox"/> Veteran	

Northwest Oregon Housing Authority does not discriminate on the basis of race, color, national origin, religion, sex, physical or mental disability, sexual orientation, gender identity, or familial status.

I certify and attest that all information reported on this form is true and correct. I also understand that ALL CHANGES must be reported to the housing authority, IN WRITING.

Signature Head of Household

Date

Signature of Spouse

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

Northwest Oregon Housing Authority

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT I authorize and direct any federal, state or local agency, organization, business or individual to release to Northwest Oregon Housing Authority any information or materials needed to complete and verify my application for residency in a NOHA rental unit. I understand and agree that this authorization, or the information obtained by its use, may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED I understand that, depending on program policies and requirements previous or current, information regarding my household or myself may be needed. Verifications and inquiries that may be requested include but are not limited to: **Medical or Child Care Allowances, Credit & Criminal Activity, Residences & Rental Activity, Employment, Income & Assets, Identity & Marital Status, Social Security with Date of Birth & if disabled**

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for, and/or continued residency in NOHA owned or managed residential property.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED I agree that the groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> Previous Landlords (Including PHA) Veterans Administration Schools & Colleges Credit Providers & Credit Bureaus Support & Alimony Providers Banks, Financial Agencies Federal State Tribal or Local Benefits Health Care, Prescriptions Immigration & Naturalization Service AND Government Agencies Including State of Oregon DHS/SSP and DHS/CW | <ul style="list-style-type: none"> Past & Present Employers Court & Post Offices Utility Companies Law Enforcement Agencies Pensions/Annuities Medical & Child Care Providers Alcohol/Drug Treatment Welfare & Social Services Medical, Psychological or Psychiatric Issues | <ul style="list-style-type: none"> Child Support Case Management Training Programs Supportive Service Retirement Systems Dental or Attendant Care Other: _____ |
|---|--|---|

COMPUTER MATCHING NOTICE AND CONSENT I understood and agree that HUD and Public Housing Authority may conduct computer-matching programs to verify the information supplied for my application rectification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to dispose incorrect information. HUD or the HA may in the course of its duties, exchange such automated information with other Federal, State or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U. S. Postal Service; the Social Security Agency and State Welfare and Food Stamp agencies.

CONDITIONS I understand and agree that HUD, or the Public Housing Authority, may conduct computer matching programs to verify the information supplied or my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. I understand what this agreement means. I understand that if I refuse to sign this release, NOHA cannot verify the information needed for my housing assistance. I also understand that federal law (24CFR982.552) states that if someone refuses to sign a requested release of information form, the housing authority must deny or terminate my assistance. I approve the release of this information for 12 months and understand that this information is confidential and protected by state and federal law.

WARNING! Title 18 section 1001 of the US Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the US is guilty of a felony and will be prosecuted.

Signature/Head of Household	Date	Social Security Number
Signature/Other Adult	Date	Social Security Number
Signature/Other Adult	Date	Social Security Number

Please return requested information to:
NOHA
PO Box 1149
Warrenton, OR 97146
503-861-0220 (FAX)