



Pre-Application for Waiting List(s)

Check each box below for the programs you are applying for:

Section 8 Housing Choice Voucher Program - Tenant-based rental assistance

Project-based Voucher Program – Unit-based rental assistance

Broadleaf Arbor St. Helens, OR

These are 1 bedroom, 2 bedroom, and 3-bedroom apartments; privately owned and managed

Champion Park Apartments Tillamook, OR

These are 2- and 3-bedroom units; privately owned and managed

Moderate Rehabilitation Program (Mod-Rehab) at The Astor Building in Astoria

These are 1 bedroom and studio apartments; privately owned and managed.

Please complete all areas of application in BLUE OR BLACK INK or complete the online form- PDF fillable or online version. Please print clearly. NOHA will not accept nor return any applications that are incomplete or unreadable. If you have questions about completing this application, please contact NOHA for assistance.

If you require a Reasonable Accommodation, to participate in our program(s), please contact NOHA. NOHA utilizes the Oregon Relay Services and a TDD phone number to assist with paperwork upon request. If you have a hearing impairment and use a TDD phone, you can communicate with this office through the Oregon Relay Service by calling 711. Applicants may have a service provider, advocate, or friend assist them at any time.

The table below lists the current income limits by county and household size. To participate in NOHA programs, total household income must be at or below the applicable income limit at the time of eligibility determination. Income limits are updated annually.

# in Household	1	2	3	4	5	6	7	8
Clatsop	\$27,950	\$31,950	\$35,950	\$39,900	\$43,100	\$46,300	\$49,500	\$27,700
Columbia	\$37,300	\$42,600	\$47,950	\$53,250	\$57,550	\$61,800	\$66,050	\$70,300
Tillamook	\$25,150	\$28,750	\$32,350	\$35,900	\$38,800	\$41,650	\$44,550	\$47,400

Please return this completed pre-application to:

NOHA
PO Box 1149
Warrenton, OR 97146
503-861-0220 (FAX)
applications@nwoha.org

Who lives with you:

List all household members starting with you. Please note that members listed in this section MUST reside in the assisted household at least 51% of the time. If additional room is needed, attach additional paper.



NAME: Last, First Middle Initial	Social Security Number	Relationship to Head of Household	Date of Birth	Age	Sex	Disabled Y/N	Disabled Needing Accessibility Y/N	US Citizen Y/N	Legal Non-Citizen Y/N
		HEAD/SELF							

Current Physical Address, City, State, Zip	Mailing Address (If different), City, State, Zip

Email Address _____ @ _____

Phone Number _____ **Alt. Phone Number** _____

Head of Household- Please select Race and Ethnicity

<p>Race</p> <p><input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander</p>	<p>Ethnicity</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Non-Hispanic</p>
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Household Income:

What is your household's total annual income? \$ _____

Applicant(s) Certification:

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 NOHA, in writing. Failure to notify NOHA will result in my household being withdrawn from the waiting list(s) without further notification.

Signature Head of Household	Date	Signature of Spouse	Date
Signature of Other Adult	Date	Signature of Other Adult	Date

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.