



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

Trillium House Warrenton, OR

These are 1 bedroom, 2 bedroom, and 3-bedroom 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	Sex	Disabled Y/N	Disabled Needing Accessibility Y/N	US Citizen or 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.

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.

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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.