



Pre-Application for Waiting List
Section 8 Housing Choice Voucher (HCV) Program

Please designate which county you are applying for (can change county when pulled from the waiting list):

- Clatsop County Columbia County Tillamook County

If you have a hearing impairment and use a TDD Phone you can communicate with this office through the Oregon Relay Service by calling 1-800-927-9275.

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.

The Section 8 HCV waiting list at NOHA has preferences. Please review page 3 to determine if you are eligible for a preference and follow the instructions listed thereon.

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	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? _____

NOHA will pre-screen waiting list applicants for the following:

- Criminal Background
- Debts Owed to other housing authorities or to NOHA

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.

PREFERENCE FOR WAITING LIST

A preference on the Section 8 HCV waiting list means households who meet the preference criteria may be selected before a household without a preference. All requested preferences will be verified prior to NOHA granting the designation. The following is a list of the preferences available on the Section 8 HCV waiting lists and the required verification for each.

Choose all applicable preferences; you must include verification documents and sign the enclosed Release of Information form:

_____ **Elderly preference:** Head of Household, Spouse, or Co-Head must be 62 years of age or older. Verification: copy of State issued birth certificate, DD-214, or US Passport.

_____ **Disabled preference:** Head of Household, Spouse, or Co-Head must be disabled. Verification: SS Benefit letter which shows your benefit number, or Veterans disability letter, or name, mailing address, and fax number of a professional who can verify the disability.

_____ **Homeless preference:** Homeless status must be verified by a social service agency. Please enter a social service agency that can verify your status (CAT, CARE, DHS, CCA, public school, etc).

To be eligible for the Homeless preference your household must meet one of the following definitions:

Category 1 – Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- (i) An individual or family with a primary nighttime residence that is a public or private place not meant for human habitation;
- (ii) An individual or family living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
- (iii) An individual who is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

Category 2 – Individual or family who will imminently lose their primary nighttime residence, provided that:

- (i) Residence will be lost within 14 days preceding the date of application for homeless assistance;
- (ii) No subsequent residence has been identified; and
- (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing.

Category 3 – Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

- (i) Are defined as homeless under the other listed federal statutes;
- (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
- (iii) Have experienced persistent instability as measured by two moves or more during the preceding 60 days; and
- (iv) Can be expected to continue in such status for an extended period of time.

Category 4 – Any individual or family who:

- (i) Is fleeing, or is attempting to flee, domestic violence;
- (ii) Has no other residence; and
- (iii) Lacks the resources or support networks to obtain other permanent housing.

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 sex are complied with. **Your response is voluntary.**

Race (circle one):	White	Black	American Indian	Hispanic	Asian/Pacific Islander	Other
Ethnicity (circle one):	Hispanic			Non-Hispanic		
Status (circle all that apply)	Elderly	Non-Elderly		Disabled	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. I will be required to notify the housing authority every year in January of my intentions to remain on the Section 8 HCV waiting list. Failure to notify the housing authority annually will result in my household being withdrawn from the Section 8 HCV waiting list with no 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

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 participation and/or maintain my continued assistance under the Section 8 Rental Rehabilitation, Low-income Public and Indian and/or housing assistance programs. 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 participation in a housing assistance program.

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:

- | | | |
|---|---|---------------------------------|
| Previous Landlords (Including PHA) | Past & Present Employers | Child Support |
| Veterans Administration | Court & Post Offices | Case Management |
| Schools & Colleges | Utility Companies | Training Programs |
| Credit Providers & Credit Bureaus | Law Enforcement Agencies | Supportive Service |
| Support & Alimony Providers | Pensions/Annuities | |
| Banks, Financial Agencies | Medical & Child Care Providers | Retirement Systems |
| Federal State Tribal or Local Benefits | Alcohol/Drug Treatment | Dental or Attendant Care |
| Health Care, Prescriptions | Welfare & Social Services | Other: _____ |
| Immigration & Naturalization Service | Medical, Psychological or Psychiatric Issues | |
- AND**
Government Agencies Including State of Oregon DHS/SSP and DHS/CW

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)