



## Pre-Application for Waiting List(s)

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

### Project-based Voucher Program – Unit-based rental assistance

**Broadleaf Arbor St. Helens, OR:** These are 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

**Owens Adair II Astoria, OR:** These are 1-bedroom units; housing authority owned and managed- **Elderly & elderly-disabled only, minimum age 62**

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. 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.**

**It is the applicant's responsibility to notify NOHA in writing of changes to the family/household contact information. Failure to do so may result in the notice of selection not being received. Failure to respond to NOHA notices will result in the applicant being removed from the applicable waiting list(s) without further notice.**

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
Columbia	\$43,450	\$49,650	\$55,850	\$62,050	\$67,050	\$72,000	\$76,950	\$81,950
Clatsop	\$33,750	\$38,600	\$43,400	\$48,200	\$52,100	\$55,950	\$59,800	\$63,650
Tillamook	\$29,250	\$33,400	\$37,600	\$41,750	\$45,100	\$48,450	\$51,800	\$55,150

Please return this completed pre-application to:

**NOHA**

**PO Box 1149 Warrenton, OR 97146**

**503-861-0220 (FAX)**

**[applications@nwoha.org](mailto:applications@nwoha.org) (EMAIL)**

**147 S Main Ave Warrenton, OR 97146 (Physical drop off using secure mail slot by front door at the top of the steps)**

**147 S. Main Ave. ♦ PO Box 1149 Warrenton, OR 97146 ♦ [www.nwoha.org](http://www.nwoha.org)  
Main Office (503)861-0119 ♦ Fax (503)861-0220 ♦ Toll Free (in Oregon only) ♦ 1-888-887-4990 ♦  
TTY 1-800-735-2900 or 1-800-735-3260 or 711**



## Who lives with you:

List all household members starting with yourself. 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	Birth Date	Sex	Disabled 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: \_\_\_\_\_  
 Alternate Phone Number: \_\_\_\_\_

### Head of Household- Please select Race & Ethnicity

Race	Ethnicity
White Black/African American Asian	Hispanic
American Indian/Native Alaskan Native Hawaiian/Pacific Islander	Non-Hispanic

### 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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </div> </div>	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.