



Housing Authority of Lincoln County
PO Box 1470 1039 NW Nye Street
Newport OR 97365 541/265-5326 Ext 300
TTY 800/735-1232

(HALC Use Only)

DATE: _____

Time: _____

Bedroom size: __

INCOME: \$

Please check the programs you are applying for

Public Housing

Mariner Heights

Agate Heights

Salmon Run

One Two Three Bedroom

Two Three Bedroom

Vandehaven by the Bay

Fisterra Gardens

Studio One Bedroom

One Two Bedroom

Would you like help in filling out this application? Yes No

If Yes, how can we help? _____

Estos son documentos importantes. Si necesita ayuda para entenderlos, pongase en contacto con Centro De Ayuda- 541 265-6216 o HALC 541 265-5326

List yourself and everyone who will be living in the household

Last Name	First	Relation To Head	Sex M/F	Birth Date	Age	Assigned Social Security Number	Disabled Y/N
H							
2							
3							
4							
5							
6							

Do you need an interpreter? Yes No Do you need any specific assistance? Yes No

If yes, specify language and/or assistance you require: _____

If English is not your primary language, can you speak or read English fluently?

Yes No

If yes, check one or both

Speak Read

Current Address (include city, state and zip code)

Contact Information:

Home Phone: _____

Cell: _____

Email: _____

Message Phone: _____

Mailing Address (if different)



SCREENING POLICY FOR CRIMINAL HISTORY

The Housing Opportunity Program Extension Act of 1996 authorizes Housing Authorities to screen applicants for any criminal activity including violent crimes and any other crimes that would pose a threat to the life, health, safety, or peaceful enjoyment of resident's drug and alcohol related criminal activities, and sex offender registration. This screening is in addition to requirements of eligibility on income. Applicants will be denied housing assistance if they fail to pass screening criteria. Criminal screening is required for all applicants 18 years or older.

You are required to answer honestly. Failure to disclose criminal history may result in denial or termination of assistance.

<p>Have you or any member of your household ever been arrested and/or convicted of any criminal offense, felony or drug charge? Including but not limited to crimes involving violence against persons or property, or crimes involving fraud or deception. <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: _____</p>
<p>Have you or any member of your household ever been arrested and/or convicted of manufacturing or producing methamphetamine or any other controlled substance? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: _____</p>
<p>Are you or any member of your household required to register under a State Sex-Offender Registration Program anywhere in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO Household Member's Name _____</p>
<p>If yes, please explain: _____</p>

<p>Do you or a member of the household claim status as a person with a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who? _____</p>	<p>Do you or any member of your household claim status as a U.S. Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who? _____</p>
<p>Are unit modifications needed? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you or any member of your household require a live-in aide? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who? _____ Specify need : <input type="checkbox"/> Hearing <input type="checkbox"/> Mobility <input type="checkbox"/> Vision <input type="checkbox"/> No Stairs <input type="checkbox"/> Wheelchair Accessible <input type="checkbox"/> Hearing impaired Smoke Detector <input type="checkbox"/> Other If other, please explain _____ _____</p>	<p>Are you currently participating in a Federal Housing Program? (i.e. Housing Choice Voucher Program) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where? _____</p> <p>Is any member of the household enrolled in a Federal, State or local job training program? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you owe money to any housing authority? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Have you or any member of your household ever been evicted from any rental dwelling, including subsidized housing? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where? _____</p>
<p>Are any household members temporarily or permanently absent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____</p>	<p>Do you have any regular overnight guests, or someone who spends more than 2 nights per month? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list guests' name and explain: _____</p>



LIST ALL CHILDREN AND ADULTS IN THE HOUSEHOLD WHO ARE ATTENDING SCHOOL OR COLLEGE

NAME OF STUDENT	SCHOOL	GRADE	FULL TIME/ PART TIME

Does anyone in your household have a pet? Yes No If yes, please list _____

LIST ALL MONEY EARNED OR RECEIVED BY EVERYONE LIVING IN YOUR HOUSEHOLD

HOUSEHOLD INCOME: Fill in ALL spaces. If not applicable, write the word "**NONE**."

Social Security (Self)	\$_____ per month	Unemployment	\$_____ per month
Social Security (Other)	\$_____ per month	Child Support	\$_____ per month
SSI	\$_____ per month	Self-Employment	\$_____ per month
V.A. Pension	\$_____ per month	Tips/Gratuities	\$_____ per month
Other Pensions	\$_____ per month	Other	\$_____ per month
Public Assistance	\$_____ per month	Caseworker	
		Please Indicate: <input type="checkbox"/> JOBS <input type="checkbox"/> JOBS PLUS	

CURRENT EMPLOYMENT

Family Member:	Name of Employer:	Telephone:
Employer Address:	Gross Income: <input type="checkbox"/> per hour <input type="checkbox"/> per week	Hours per week:
Family Member:	Name of Employer:	Telephone:
Employer Address:	Gross Income: <input type="checkbox"/> per hour <input type="checkbox"/> per week	Hours per week:

Have you or any member of your household received any lump sum payments during the last year such as the following? Yes No, If yes, what was the source?

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Inheritances | <input type="checkbox"/> Lottery Winnings | <input type="checkbox"/> Insurance Settlements | <input type="checkbox"/> Capital Gains |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Workman's Comp | <input type="checkbox"/> Other |

Does any household member regularly receive monetary or non-cash contributions from persons outside of the household? (this includes regular gifts from friends or family members).

- YES NO If yes, please check (/) what type of contributions are/were made and explain from whom:
- | | |
|--|---|
| <input type="checkbox"/> Rent _____ | <input type="checkbox"/> Clothing _____ |
| <input type="checkbox"/> Utilities _____ | <input type="checkbox"/> Miscellaneous Household Supplies _____ |
| <input type="checkbox"/> Groceries _____ | <input type="checkbox"/> Other _____ |



List all bank accounts held by any household member:

SAVINGS/CHECKING ACCT#	BALANCE	NAME OF BANK	ADDRESS OF BANK

Include copies of your last three (3) months bank statements

Other assets:

Type: _____ Actual Value \$ _____
 (stocks, bonds, annuities, IRA's etc. Please provide us with the name and address of the company/broker.)
 Name and Address of Investment Bank/Broker: _____

Do you own any real estate including manufactured homes or trailers? YES NO
 If yes, please explain _____

IF YOU ARE 18 YEARS OR OLDER AND HAVE NO INCOME AT THIS TIME, YOU MUST SIGN AND DATE THE FOLLOWING DECLARATION.

I/We _____ and/or _____
 Declare, under penalties of perjury that I am / we are receiving no income, from any source whatsoever, at the present time. Should this condition change, I/we will notify the Housing Authority of Lincoln County **in writing** within ten (10) days of its occurrence. I/We also understand that discovery of income from any source (after signing this form) is cause for termination of housing assistance.

Signature of Head of Household *Date*

Signature of Spouse/Other Adult *Date*

HOUSEHOLD EXPENSES

Do you pay for child care to work or attend school? Yes No
 If yes, Amount \$ _____ Provider: _____

Do you receive reimbursement for child care from Adult & Family Services? Yes No
 If yes, Amount of reimbursement \$ _____

Do you own a Car? Yes No Make/Yr _____ Lic. No. _____ State _____

Do you have a valid Driver's License? Yes No

Name _____ ODL/ID Card # _____ State _____
 Name _____ ODL/ID Card # _____ State _____

FAMILY REFERENCE INFORMATION

List the Names and Phone #'s of two people we might contact in an emergency if we cannot contact you:

Name: _____ Phone # _____

Name: _____ Phone # _____



THIS SECTION FOR ELDERLY/DISABLED HEAD OF HOUSEHOLD OR SPOUSE ONLY

1. Participants who are elderly or disabled are entitled to certain benefits in the rent calculation formula. In order to be eligible for this benefit, you must meet one of the following definitions:

Elderly: A person at least 62 years of age

Disabled: A person who: 1) has a disability as defined in section 223 of the Social Security Act, 2) has a physical, mental, or emotional impairment that: (i) is expected to be of long-continued and indefinite duration; (ii) substantially impedes his/her ability to live independently; and (iii) is of such a nature that ability to live independently could be improved by more suitable housing condition; and (3) has a developmental disability as defined in section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act. Are you entitled to this benefit? YES NO

2. Do you have any medical policies or expenses? _____ Medicare? _____ Amount\$ _____/Month

Insurance Company	Address	Policy#	Mo/Qtry/Ann. Premium

PLEASE SUPPLY COPY OF POLICY OR CANCELLED CHECKS

3. Are you making regular payments to any doctor or medical facility? YES NO

Dr./Medical Facility	Address	Phone	Amount of Payments

Please list additional expenses on a separate piece of paper and submit with this packet.

4. Prescriptions: Pharmacy Name and Address _____
Average Spent \$ _____ Wk/Mo/Year

5. Do you anticipate any expenses for auxiliary equipment or attendant care? YES NO
If yes, how much? \$ _____

Reasonable Accommodation: HALC is committed to the letter and spirit of the Fair Housing Act, which, among other things, prohibits discrimination against persons with disabilities. In accordance with our statutory responsibilities and management policies, we will make reasonable accommodations in our rules, policies, practices, or services, when such accommodations may be necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing communities. If you are disabled and want to request such an accommodation, may be made by writing the Housing Authority or calling us at (541) 265-5326, ext. 306 TYY 800 735-1232. The request must include information on the accommodation you are requesting and how it is necessary to accommodate your disability. Information provided for reasonable accommodation is subject to verification.



CERTIFICATION

I hereby authorize representatives of the Housing Authority of Lincoln County to contact any agency offices, groups, organizations, and/or individuals necessary to obtain information needed to determine my household's eligibility to be placed on a Housing Authority of Lincoln County program waiting list. I/we understand that this is a request for placement on a waiting list and that eligibility for any HALC program may not be determined until my name comes to the top of the list. I understand that placing my name on a program waiting list does not constitute eligibility for that program.

I do hereby swear and attest that this residence will serve as the household's primary residence, and that all of the information above about me and my household is true and correct. I also understand that all changes in household members or income must be reported to the Housing Authority of Lincoln County immediately. I / We understand that providing false or misleading information is punishable under federal and state law and is grounds for denial or termination of housing assistance. **Section 1001 of Title 18 makes it a criminal offense to make willful false statements.**

Signature of Head of House _____ Date _____

Spouse/Other Adult's Signature _____ Date _____

APPLICANT DEMOGRAPHICS

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex familial status, age and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

List yourself and everyone who will be living in the household

	Last Name	First	Sex M/F	*Ethnicity ** Race Circle one each	Disabled Y/N
H				1 2 1 2 3 4 5 6	
2				1 2 1 2 3 4 5 6	
3				1 2 1 2 3 4 5 6	
4				1 2 1 2 3 4 5 6	
5				1 2 1 2 3 4 5 6	
6				1 2 1 2 3 4 5 6	

Use a separate sheet for additional household members (if necessary)
 *Ethnicity: (1) Hispanic or Latino (2) Not Hispanic or Latino
 **Race (choose one) (1) White (2) Black/African American (3) American Indian/Alaska Native (4) Asian (5) Native Hawaiian/Other (6) Pacific Islander. Completing Race or Ethnicity Code is voluntary.
 The information is collected for civil rights purposes and the information will not be used to determine eligibility.

"USDA is an equal opportunity provider, employer and lender."
 To file a complaint of discrimination write, USDA, Director, Office of Civil Rights, 1400
 Independence Avenue, S.W. Washington D.C. 20250-9410, or call (800) 795-3272
 (Voice) or (202) 720-6382 (TDD).



RENTAL REFERENCES

Full mailing address for references is required.
Please print clearly

Complete the landlord reference section giving your present or most recent landlord first, followed by the next most recent landlord. (Include at least five years of rental history) If you did not have a landlord, put an explanation of where you lived so that any gaps in your rental history are explained. **Make sure you list your current residence.**

Landlord #1 Name: _____ Phone: _____

Mailing Address: _____

City/State/Zip: _____

Is this a current landlord? Yes No

Address of your rental unit _____

How long were you in the unit? _____ From: _____ To: _____

Is this individual a close friend or relative? Yes No

Landlord #2 Name: _____ Phone: _____

Mailing Address: _____

City/State Zip: _____

Is this a current landlord? Yes No

Address of your rental unit _____

How long were you in the unit? _____ From: _____ To: _____

Is this individual a close friend or relative? Yes No

Landlord #3 Name: _____ Phone: _____

Mailing Address: _____

City/State Zip: _____

Is this a current landlord? Yes No

Address of your rental unit _____

How long were you in the unit? _____ From: _____ To: _____

Is this individual a close friend or relative? Yes No



PERSONAL REFERENCES

Full mailing address for references is required.
Please print clearly

May not be a relative. Suggestions: Friend, employer, supervisor, social worker or probation officer. Reference should be someone who has known you for at least a year.

#1 Name: _____ Phone: _____
Mailing Address _____
City/State/Zip: _____
What is your relationship with this individual? _____

#2 Name: _____ Phone: _____
Mailing Address _____
City/State/Zip: _____
What is your relationship with this individual? _____

#3 Name: _____ Phone: _____
Mailing Address _____
City/State/Zip: _____
What is your relationship with this individual? _____

I understand that the information on this Application is being collected to determine my eligibility for residency. I authorize the Owner/Manager to verify all information provided on this Application and my signature is consent to obtain such verification. I certify that I have revealed all assets currently held or previously disposed of and that I have no assets other than those listed on this form. **Under penalty of perjury, I/we certify that the information presented in this application is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.**

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____



HOUSING AUTHORITY of Lincoln County

AUTHORIZATION FOR RELEASE OF INFORMATION

PURPOSE: The Housing Authority of Lincoln County uses this authorization and the information obtained with regards to housing assistance and program enforcement of affordable housing programs administered by the Housing Authority of Lincoln County.

INDIVIDUALS OR ORGANIZATIONS REQUESTED TO RELEASE INFORMATION

Any of the following individual organizations including any governmental organizations may be asked to release information:

- Employers, Past & Present
- Banks and Other Financial Institutions
- State agencies such as Welfare & Social Services (**Oregon Employment Dept.**)
- Providers of : Alimony, Child Care, Child Support, Credit Handicapped Assistance, Medical Care, Pensions/Annuities
- U.S. Social Security Administration
- U.S. Department of Veterans Affairs
- Schools and Colleges
- Courts & Law Enforcement Agencies
- Post Offices
- Utility Companies
- Credit Bureaus
- Current & Previous Landlords (including Public Housing Agencies)
- Professional Personal References
- Other, ie. Referral Agency:

INFORMATION COVERED- Information shared may include:

- Child Care Expenses
- Credit History, Financial Concerns
- Criminal Activity, Legal Issues
- Family Composition
- Employment, Income, Pensions and Assets
- Federal State, Tribal or Local Benefits
- Handicapped Assistance Expenses
- Medical, Psychological, or Psychiatric Issues
- Identity and Marital Status
- Social Security Numbers
- Residences and Rental History

AUTHORIZATION

- I authorize the release of any information (including documentation and other materials) pertinent to eligibility for participation in regards to housing assistance and program enforcement of affordable housing programs administered by the Housing Authority of Lincoln County.
- I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in affordable housing programs administered by the Housing Authority of Lincoln County.
- I agree that photocopies of this authorization may be used for the purposes stated above. This authorization will stay in effect for **fifteen months** from the date signed.

Signature of Head of Household

Signature of Spouse/Other Adult

Print Name
XXX-XX-

Last 4 digits of Social Security Number

Print Name
XXX-XX-

Last 4 digits of Social Security Number

Date

Date



HOUSING AUTHORITY OF LINCOLN COUNTY
P.O. BOX 1470/1039 NW NYE STREET
NEWPORT, OR 97365

DECLARATION OF IMMIGRATION STATUS

This declaration must be completed for each family member. All adults, 18 years of age or older, must sign their own declaration. The declaration for children, under 18 years of age, must be signed by an adult member of the family residing (or who will reside) in the assisted housing unit and who is responsible for the child.

UNDER PENALTY OF PERJURY, I DECLARE THAT:

THE FOLLOWING FAMILY MEMBERS ARE CITIZENS OF THE UNITED STATES

Print Name

Adult Signature

Date

Print Name	Adult Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

THE FOLLOWING FAMILY MEMBERS ARE NONCITIZENS WITH ELIGIBLE IMMIGRATION STATUS. IT IS UNDERSTOOD THAT DOCUMENTATION MUST BE PROVIDED OF THE ELIGIBLE STATUS FOR THE FAMILY MEMBERS LISTED BELOW:

Print Name

Adult Signature

Date

Print Name	Adult Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

THE FOLLOWING FAMILY MEMBERS ARE CHOOSING NOT TO CERTIFY THAT THEY ARE A CITIZEN OR HAVE ELIGIBLE IMMIGRATION STATUS. IT IS UNDERSTOOD THAT THIS MAY AFFECT THE HOUSEHOLD ELIGIBILITY TO RECEIVE HOUSING ASSISTANCE:

Print Name

Adult Signature

Date

Print Name	Adult Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____





HOUSING AUTHORITY OF LINCOLN COUNTY HOUSING DISCRIMINATION AND FAIR HOUSING COMPLAINTS POLICY

POLICY STATEMENT

The purpose of this policy statement is to reaffirm the Housing Authority of Lincoln County commitment to equal housing opportunities and discrimination free housing under the law.

UNLAWFUL DISCRIMINATION DEFINED

It is prohibited and unlawful under the Fair Housing law for any housing provider to discriminate on the basis of an individual's race, color, religion, sex, handicap, family status, national origin, marital status, source of income or sexual orientation if the individual is 18 years of age or older, or because of the race, color, religion, sex, handicap, family status, national origin, marital status, source of income or sexual orientation of any other person with whom the individual associates.

UNLAWFUL HARASSMENT DEFINED

Unlawful harassment is conduct of a verbal or physical nature relating to race, religion, color, sex, national origin, marital status or age if the individual is 18 years of age or older and is unlawful and prohibited by law.

WHAT TO DO IF YOU HAVE A COMPLAINT

The person listed below has been designated to coordinate agency assistance to individuals reporting unlawful housing discrimination or harassment activity.

Kathy Kowtko, Executive Director
PO Box 1470
1039 NW Nye Street
Newport, OR 97365
541/265-5326 Ext. 300
541/265-6057 Fax

If you feel you are the victim of unlawful housing discrimination or harassment in any form the Housing Authority of Lincoln County will assist you with filing complaints of unlawful housing discrimination and/or harassment with the HUD Office of Fair Housing.

Estos son documentos importantes. Si necesita ayuda para entenderlos, pongase en contacto con Centro De Ayuda – 265-6216

