



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: \$ _____

Housing Choice Voucher (Section 8) Pre-Application

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

List yourself and everyone who will be living in the household

Last Name	First	Relation To Head	Sex M/F	*Ethnicity ** Race Circle one each	Birth Date	Age	Assigned Social Security Number	Disabled Y/N
1				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				
7				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.

<p>Current Address (include city, state and zip code)</p> <p>Mailing Address (if different)</p>	<p>Phone Numbers:</p> <p>Home: _____</p> <p>Message: _____</p> <p>Email: _____</p>
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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.

Have you or any member of your household ever been 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.
 YES NO

Have you or any member of your household ever been convicted of manufacturing or producing methamphetamine or any other controlled substance?
 YES NO

Are you or any member of your household required to register under a State Sex-Offender Registration Program anywhere in the United States?
 YES NO Household Member's Name _____

If yes, please explain: _____

<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"/></p> <p>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"/></p> <p>If yes, who? _____</p>
<p>Are unit modifications needed? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you or any member of your household require a live-in aide? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>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? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, where? _____</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"/></p> <p>If yes, where? _____</p>
<p>Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify language: _____</p> <p>If English is not your primary language, can you speak or read English fluently? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check one or both <input type="checkbox"/> Speak <input type="checkbox"/> Read</p>	
<p>Are any household members temporarily or permanently absent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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>
<p>Is anyone in the household a part-time or full-time student? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please list names _____</p>	

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

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:
- Rent _____
 - Utilities _____
 - Groceries _____
 - Clothing _____
 - Miscellaneous Household Supplies _____
 - Other _____

List all bank accounts held by any household member:

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

Other assets:

Type: _____ Actual Value \$ _____
 (stocks, bonds, annuities, etc. Please provide us with the name and address of the company/broker.)

Do you own any real estate including manufactured homes or trailers? YES NO

If yes, please explain _____

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) 265-5325, 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.

WARNING: Section 1001 of Title 18 of the U.S. makes it a criminal offense to make willful false statements or misrepresentation to any agency of the U.S. as to any matter within its jurisdiction. I/we do hereby swear and attest that all of the information above is true and correct. 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.

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 understand I must contact HALC in writing of any change of address, telephone number, household composition or income.

Head of Household Signature _____ Date _____

Signature of other adult _____ Date _____

Signature of other adult _____ 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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
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