



Housing Choice Voucher (Section 8) Wait List Application

IMPORTANT: If you or any member of your household requires any assistance with this application, please inform the Housing Authority. All areas must be filled in or marked "not applicable." Incomplete forms will not be accepted or placed on the waiting list. Your application date for the waiting list will be the date the completed form is **received** by our office.

Office Use Only	
Name _____	
BR Size _____	
HA Pref _____	
Comp # _____	
Time Rec'd _____	am/pm

Household Composition: *List everyone who will be living in the unit. Only include children who will be with you 50% of the time or more.*

Legal Name (as shown on SS card)	Sex	Relation to Head of Household	Date of Birth	Age	Place of Birth (City, State)	Social Security # (full SS# or n/a)	Ethnicity* (circle one)	Race** (circle one or more)
1.		SELF	/ /				1 2	1 2 3 4 5
2.			/ /				1 2	1 2 3 4 5
3.			/ /				1 2	1 2 3 4 5
4.			/ /				1 2	1 2 3 4 5
5.			/ /				1 2	1 2 3 4 5
6.			/ /				1 2	1 2 3 4 5
7.			/ /				1 2	1 2 3 4 5

***Ethnicity:** (1) Hispanic or Latino (2) Not Hispanic or Latino

****Race:** (1) White (2) Black/African American (3) American Indian/Alaskan Native (4) Asian (5) Native Hawaiian/Pacific Islander

Note: Race and ethnicity information is optional and will not be used to determine eligibility. Statistical purposes only.

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip: _____

Primary Phone #: _____ Secondary Phone #: _____

All correspondence will be mailed to the most recent address provided on any Housing Authority of Lincoln County application.

Housing Authority of Lincoln County
 PO Box 1470, 1039 NW Nye St, Newport, OR 97365
 (541) 265-5326 phone | (541) 265-6057 fax | info@halc.info

If you do not speak or read English, what language do you speak?

What language do you read?

Are you OR any member of your household (check all that apply):

- Age 62 or over
- A U.S. Military Veteran, who? _____
- Disabled or Handicapped, who? _____

Note: A person does not have to receive Social Security Disability to be considered disabled for program purposes. HUD Defines disabled as “an individual who is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to last for a continuous period of not less than 12 months. If you feel you meet this definition, mark the box above. If you do NOT receive Social Security, we will need to verify disability with a qualified physician or diagnostician at the time your name reached the top of the waiting list.



The Housing Authority of Lincoln County does not on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, or age. The person responsible for ensuring compliance with civil rights and Section 504 regulations is the Housing Programs Manager who can be reached at (541) 265-5326.

Household Income: *List all income, wages or benefits received by members of your household.*

Recipient of Income (who receives the income?)	Source of Income (TANF, Work, Social Security, etc.)	Gross Monthly Income (before taxes/withholdings)

This application is for placement on the Housing Choice Voucher waiting list ONLY. Final eligibility will be verified and determined at the time your family reaches the top of the waiting list. Eligibility criteria are outlined in the Section 8 Administrative Plan which can be found on our website and in the Housing Authority of Lincoln County office.

I/We certify that ALL of the information provided on this wait list application is true and complete to the best of my knowledge. I understand that giving false or misleading information on this application can result in the determination that I am ineligible for rental assistance. I understand that it is my responsibility to notify the Housing Authority IN WRITING if I have a change in address or family composition and that failure to reply to any correspondence, requests for updated information or appointments by given deadlines may result in my application being made inactive on the Housing Choice Voucher waiting list.

Signature of Head of Household _____ Date _____

Signature of Co-Head or Spouse _____ Date _____

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