

# MARINER HEIGHTS RENTAL UNIT APPLICATION

## 1 Bedroom Units

**APPLICANT:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**MAILING ADDRESS (if different)** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_  
**MESSAGE PHONE NUMBER:** \_\_\_\_\_

**Office Use**

Date & Time: \_\_\_\_\_

Application # \_\_\_\_\_

Income \$ \_\_\_\_\_

Adjusted Income \$ \_\_\_\_\_

List other names used: \_\_\_\_\_

Do you require a unit with auxiliary aid?     Yes    No    If yes, What type? \_\_\_\_\_  
 Do you require a translator?                 Yes    No    If yes, What type? \_\_\_\_\_  
 Are you currently a Section 8 participant?    Yes    No  
 Do you or a member of the household claim status as a person with a disability?     Yes    No

**LIST EVERYONE WHO WILL LIVE IN YOUR HOUSEHOLD INCLUDING YOURSELF:**

NAME	BIRTH DATE	RELATION	SOCIAL SECURITY NO.	Adult Full-time student yes or no

Are you currently renting?    Yes    No  
 Anyone on the application ever been evicted?    Yes    No  
 If yes, who? \_\_\_\_\_ When & where? \_\_\_\_\_

Do you have a valid driver's license?    Yes    No  
 Name \_\_\_\_\_ ODL/ID Card # \_\_\_\_\_ State \_\_\_\_\_  
 Name \_\_\_\_\_ ODL/ID Card # \_\_\_\_\_ State \_\_\_\_\_

Do you own a car?    Yes    No  
 Make/Model \_\_\_\_\_ Year \_\_\_\_\_ License Plate \_\_\_\_\_ Color \_\_\_\_\_  
 Make/Model \_\_\_\_\_ Year \_\_\_\_\_ License Plate \_\_\_\_\_ Color \_\_\_\_\_

Have you or anyone on the application ever been convicted of manufacturing, delivery, or possession of a controlled substance?  
 Yes    No    If yes, Who? \_\_\_\_\_ When & where? \_\_\_\_\_

Have you or anyone on the application been convicted of a felony?    Yes    No  
 If so explain: \_\_\_\_\_

Is any member of the household enrolled in a Federal, State, or local job training program?    Yes    No



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

FAMILY MEMBER:		NAME OF EMPLOYER & ADDRESS:		GROSS INCOME:
Unemployment	\$	Self Employment		\$
AFS	\$	Social Security		\$
Child Support	\$	SSI		\$
Alimony	\$	SSD		\$
Workers Comp	\$	Pension		\$
Trust/Interest	\$	VA Pension		\$
Tips/Gratuity	\$	Other		\$
<b>TYPE</b>	<b>ACCOUNT NUMBER</b>	<b>BANK NAME &amp; ADDRESS</b>	<b>ANNUAL GROSS INCOME</b>	
Checking Account				
Checking Account				
Savings Account				
Savings Account				
Credit Union				
Certificate				
Certificate				

**INCOME/ASSETS – MISCELLANEOUS INFORMATION**

Savings Bond?  Yes  No      Account #: \_\_\_\_\_ Maturity Date: \_\_\_\_\_ Cash Value: \_\_\_\_\_  
 Life Insurance:  Yes  No      Name: \_\_\_\_\_ Policy #: \_\_\_\_\_ Cash Value: \_\_\_\_\_  
 Bonds or Stocks:  Yes  No      If yes, note current value: \$ \_\_\_\_\_  
 Real Property ?  Yes  No      If yes, type: \_\_\_\_\_ Appraised Market Value \$ \_\_\_\_\_  
 Have you sold/disposed of or given away any property/assets in the last 2 years?  Yes  No  
 If yes, list type of property/assets: \_\_\_\_\_ Date sold \_\_\_\_\_ Amount received \$ \_\_\_\_\_  
 List other assets not listed above (excluding household goods) \_\_\_\_\_

## MEDICAL EXPENSES

Do you have any medical policies or expenses?  Yes  No Medicare?  Yes  No Amount? \$\_\_\_\_\_/wk/mo/yr

Insurance Company: \_\_\_\_\_ Address: \_\_\_\_\_ Policy #: \_\_\_\_\_ Premium \$ \_\_\_\_\_

*PLEASE SUPPLY COPY OF POLICY OR CANCELLED CHECKS*

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*

Prescriptions: Pharmacy Name and Address: \_\_\_\_\_

Average spent: \$ \_\_\_\_\_ wk/mo/year

Do you anticipate any expenses for auxiliary equipment or attendant care?  Yes  No

If yes, how much \$ \_\_\_\_\_

## CERTIFICATION

**Request for reasonable accommodation:** Any request for reasonable accommodation under the Fair Housing Law for a disability, may be made by writing to the Housing Authority or by calling for assistance 541/265-5326 Ext. 300, specifying the nature of the accommodation requested.

**Discrimination:** It is illegal to discriminate against persons because of Race, Color, Religion, Sex, Handicap, Family Status, or National origin, Marital Status, Source of Income or Sexual Orientation.

Applicant's certification that the unit applied for will be the applicant household's permanent residence and does/will not maintain a separate subsidized rental unit in a different location.

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. I further certify that all statements made on this Application are true and complete to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Race: \_\_\_\_\_ National Origin: \_\_\_\_\_ Sex: \_\_\_\_\_

"The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Farms Home Administration, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap 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/national origin and sex of individual applicants on the basis of visual observation or surname”

**RENTAL AND PERSONAL REFERENCES**  
*(Please print)*

APPLICANT: \_\_\_\_\_

Complete the landlord reference section giving your present or most recent landlord first, followed by the next most recent landlord. If you did not have a landlord, put an explanation of where you lived so that any gaps in your rental history are explained.

Landlord #1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Is this a current landlord?  Yes  No

How long were you in the unit? \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Is this individual a close friend or relative?  Yes  No

Landlord #2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Is this a current landlord?  Yes  No

How long were you in the unit? \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Is this individual a close friend or relative?  Yes  No

Landlord #3 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Is this a current landlord?  Yes  No

How long were you in the unit? \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Is this individual a close friend or relative?  Yes  No

**PERSONAL REFERENCES**

*(Please print)*

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

#1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

What is your relationship with this individual? \_\_\_\_\_

#2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

What is your relationship with this individual? \_\_\_\_\_

#3 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

What is your relationship with this individual? \_\_\_\_\_

## **THINGS YOU SHOULD KNOW**

***Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.***

### **PURPOSE:**

This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

### **PENALTIES:**

The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received;
- Fined up to \$10,000;
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

### **INFORMATION:**

When you give your answers to application questions, you **must** include the following information:

- All sources of money you and any member of your family receive (wages, welfare payments, alimony, social security, pensions, etc.);
- Any money you receive on behalf of your children (child support, social security for children, etc);
- Income from assets (interest from savings account, credit union, or certificate of deposit; dividends from stocks, etc);
- Earnings from second job or part time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive).

### **ASSETS:**

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family/household who will be living with you.
- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.

**HOUSEHOLD:**

The names of all the people (adults and children) who will actually be living with you, whether or not they are related to you.

**SIGNING THE APPLICATION**

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing **fraud** if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct.

**RECERTIFICATIONS:**

You **must** provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You **must** report on recertification forms:

- All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc., for all adult family/household members.
- Any family/household member who has moved in or out.
- All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than its full value.

**BEWARE OF FRAUD**

You should be aware of the following fraud schemes:

- Do not pay any money to file an application.
- Do not pay any money to move up on the waiting list.
- Do not pay for anything not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay any money other than rent (such as maintenance charges.)

**REPORTING:**

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project or PHA. If you cannot report to the manager, call the local HUD office or the HUD Hotline on (202) 472-4200. This is not a toll free number. You can also write to the HUD HOTLINE, Room 8254, 451 Seventh Street, S.W., Washington, DC 20410.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Child Care Expenses                     | <input checked="" type="checkbox"/> Handicapped Assistance Expenses               |
| <input checked="" type="checkbox"/> Credit History, Financial Concerns      | <input checked="" type="checkbox"/> Medical, Psychological, or Psychiatric Issues |
| <input checked="" type="checkbox"/> Criminal Activity, Legal Issues         | <input checked="" type="checkbox"/> Identity and Marital Status                   |
| <input checked="" type="checkbox"/> Family Composition                      | <input checked="" type="checkbox"/> Social Security Numbers                       |
| <input checked="" type="checkbox"/> Employment, Income, Pensions and Assets | <input checked="" type="checkbox"/> Residences and Rental History                 |
| <input checked="" type="checkbox"/> Federal State, Tribal or Local Benefits |   |

**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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
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

<i>Print Name</i>	<i>Adult Signature &amp; Date Required</i>	<i>Date</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### 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:

<i>Print Name</i>	<i>Adult Signature &amp; Date Required</i>	<i>Date</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### 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 AMOUNT OF HOUSING ASSISTANCE THAT THE FAMILY WILL RECEIVE:

<i>Print Name</i>	<i>Adult Signature &amp; Date Required</i>	<i>Date</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____