



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

Pre-Application For Housing Assistance

SECTION 8:

PUBLIC HOUSING:

Would you like help in filling out this application? Yes No
 If Yes, how can we help? _____

Your name: _____

Mailing address: _____

Residence address: _____

City, state, zip: _____

Home Phone: _____ Message Phone: _____

Do you require a translator? Yes No If Yes, what
 Type? _____

Race: _____ Hispanic Non-Hispanic

(HALC Use Only)

DATE: _____

Time: _____

Bedroom size: _____

INCOME: \$ _____

List yourself and everyone in the household who will be living with you

Name	Birth date	Birth place	Sex	Relationship	SS#

List all sources of income and rate of pay for all family members (employment, unemployment, retirements, pensions, Social Security, SSI, disability, worker's compensation, alimony, child support, Trusts, or income from assets):

Source: _____ \$ _____

Source: _____ \$ _____

List all sources of assets: _____



PRE-APPLICATION FOR HOUSING ASSISTANCE

- 1. Do you or a member of the household claim status as a person with a disability?
Yes No If yes, who? _____

- 2. Do you or any member of your household need special features in a rental unit (for example wheelchair access)? Yes No If yes, what features do you need ? _____

- 3. Do you or any member of your household require a live in aid?
Yes No If yes, who? _____

- 4. Are you currently participating in a Federal Housing Program?
Yes No If yes, where? _____

**ATTENTION: APPLICANTS FOR HOUSING ASSISTANCE
SCREENING POLICY FOR CRIMINAL HISTORY**

The Housing Authority of Lincoln County has implemented President Clinton’s “One Strike” Policy pertaining to the screening of applicants requesting admission to assisted housing. 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 residents 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 of all applicants 18 years or older is required by law and is an element of the Housing Authorities Admission Criteria.

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, Martial Status, Source of Income, or Sexual Orientation.

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 understand I must contact HALC in writing of my address or income change.

Head of Household Signature _____ Date _____

Signature of other adult _____ Date _____

Signature of other adult _____ Date _____





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 AMOUNT OF HOUSING ASSISTANCE THAT THE FAMILY WILL RECEIVE:

Print Name	Adult Signature	Date

