



SALMON RUN APARTMENTS
APPLICATION FOR RENTAL UNIT
 7035 NE ECHO CT * PO BOX 1716, NEWPORT OR
 541-265-5326

APPLICANT: _____ DATE: _____

CURRENT ADDRESS: _____ PHONE: _____

MAILING ADDRESS _____ MESSAGE: _____

List other names used: _____

Are you applying for a 2 bedroom or 3 bedroom apartment (please check one)

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	SEX	RELATION	SOCIAL SECURITY NO.	Adult Full-time student yes or no

Are you currently renting? Yes No If yes, who? _____

Has anyone on the application ever been evicted? Yes No 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 _____

Does any member of the household receive AFCD or TANF? Yes No

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

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

EMPLOYMENT		
FAMILY MEMBER:	NAME OF EMPLOYER:	TELEPHONE/FAX:
EMPLOYER ADDRESS:	GROSS MONTHLY INCOME: GROSS YEARLY INCOME:	HOURS PER WEEK: DATE OF HIRE:
FAMILY MEMBER:	NAME OF EMPLOYER:	TELEPHONE/FAX:
EMPLOYER ADDRESS:	GROSS MONTHLY INCOME: GROSS YEARLY INCOME:	HOURS PER WEEK: DATE OF HIRE:

INCOME			
Unemployment	\$	Self Employment	\$
AFS	\$	Social Security	\$
Child Support	\$	SSI	\$
Alimony	\$	SSD	\$
Workers Comp	\$	Pension	\$
Trust/Interest	\$	VA Pension	\$
Tips/Gratuity	\$	Other	\$

LIST ALL BANK ACCOUNTS HELD BY ANY HOUSEHOLD MEMBERS: Please add a copy of your last bank statement.

Name of Bank	Address	Account Number	Balance

Do you have any of the following? (Check all that apply)

- | | | | | |
|---|---|-------------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Mobile Homes | <input type="checkbox"/> Trust Fund | <input type="checkbox"/> Stocks | <input type="checkbox"/> Bonds |
| <input type="checkbox"/> Motor home | <input type="checkbox"/> Trailers | <input type="checkbox"/> Campers | <input type="checkbox"/> Boats | <input type="checkbox"/> Antiques |
| <input type="checkbox"/> Gun Collection | <input type="checkbox"/> Piano/Organ | <input type="checkbox"/> Aquarium | <input type="checkbox"/> Pets | <input type="checkbox"/> Birds |
| <input type="checkbox"/> Waterbed | <input type="checkbox"/> Other Assets _____ | | | |

Actual value of assets: _____

Have you disposed of any assets for less than Fair Market Value during the past 24 months? Yes No

If yes, please explain _____

Other information: Filed for Bankruptcy Yes No

Been evicted for tenancy Yes No

LANDLORD AND PERSONAL REFERENCES

Complete the landlord reference section by giving your PRESENT or most recent landlord first. If you did not have a landlord, put an explanation of where you lived and length of time, so there are not any gaps in your rental history.

LANDLORD REFERENCES: Please print and give complete names and addresses.

#1 Name	
Address/City/Zip	
Phone	
Address of your unit	
Length of time there	
#2 Name	
Address/City/Zip	
Phone	
Address of your unit	
Length of time there	

PERSONAL REFERENCES: Known at least one year and may not be a relative. Examples: Employer, co-workers, supervisor, social workers, probation officer, teacher, etc.

#1 Name	
Address/City/Zip	
Phone	
Relationship/Years Known	
#2 Name	
Address/City/Zip	
Phone	
Relationship/Years Known	
#3 Name	
Address/City/Zip	
Phone	
Relationship/Years Known	
#4 Name	
Address/City/Zip	
Phone	
Relationship/Years Known	

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: _____

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