

VANDEHAVEN-BY-THE-BAY - APPLICATION FOR RENTAL UNIT

(print in black or blue ink only)

APPLICANT: _____

DATE: _____

CURRENT ADDRESS: _____

PHONE # _____

MAILING ADDRESS _____

MESSAGE # _____

List other named used: _____

Are you applying for a Studio or 1 bedroom apartment ? (please check one)
 Do you or a member of the household claim as a person with a disability? Yes or No
 Do you require a unit with auxiliary aid? Yes or No If yes, What type? _____
 Do you require a translator? Yes or No If yes, What type? _____
 Are you currently a Section 8 participant? Yes or No

LIST EVERYONE WHO WILL LIVE IN YOUR HOUSEHOLD INCLUDING YOURSELF:

NAME	BIRTH DATE	BIRTH PLACE	SEX	RELTIONSHIP	SS#

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

Do you have a valid driver's license? Yes or No
 Name _____ Driver's License/ID Card # _____ State _____
 Name _____ Driver's License/ID Card # _____ State _____

Do you own a vehicle? Yes No
 Make _____ Model _____ Year _____ Color _____ License Plate # _____
 Make _____ Model _____ Year _____ Color _____ License Plate # _____

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

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



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

List all money earned or received by everyone living in your household

EMPLOYMENT

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

INCOME

Unemployment	\$	Self Employment	\$
Social Security	\$	Alimony	\$
SSI	\$	Workers Comp	\$
SSD	\$	Tips/Gratuity	\$
Pension	\$	Trust/Interest	\$
VA Pension	\$	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 _____

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/(We) hereby acknowledge that all the information submitted is true and accurate to the best of my (our) knowledge. TO FALSIFY INFORMATION ON THIS APPLICATION WILL BE TERMS FOR DENIAL OF YOUR FINAL APPLICATION. ALL HOUSEHOLD MEMBERS MUST SIGN THE APPLICATION.

Applicant Signature: _____
 Applicant Signature: _____

Date: _____
 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

Print Name

Social Security Number

Date

Signature of Spouse/Other Adult

Print Name

Social Security Number

Date

