



**Housing Authority of Lincoln County**  
**PO Box 1470 1039 NW Nye Street**  
**Newport OR 97365 541/265-5326 Ext 300**  
**FAX 541/265-6057 - TYY 800/735-1232**

(HALC Use Only)

DATE: \_\_\_\_\_

Time: \_\_\_\_\_

Bedroom size: \_\_\_\_\_

INCOME: \$ \_\_\_\_\_

Please check the programs you are applying for

Public Housing

Mariner Heights

Agate Heights

Salmon Run

One  Two  Three Bedroom

Two  Three Bedroom

Vandehaven by the Bay

Fisterra Gardens

Studio  One Bedroom

One  Two Bedroom

Would you like help in filling out this application? Yes  No

If Yes, how can we help? \_\_\_\_\_

*Estos son documentos importantes. Si necesita ayuda para entenderlos, pongase en contacto con Centro De Ayuda- 541 265-6216 o HALC 541 265-5326*

**List yourself and everyone who will be living in the household**

| Last Name | First | Relation To Head | Sex M/F | Birth Date | Age | Assigned Social Security Number | Disabled Y/N |
|-----------|-------|------------------|---------|------------|-----|---------------------------------|--------------|
| H         |       |                  |         |            |     |                                 |              |
| 2         |       |                  |         |            |     |                                 |              |
| 3         |       |                  |         |            |     |                                 |              |
| 4         |       |                  |         |            |     |                                 |              |
| 5         |       |                  |         |            |     |                                 |              |
| 6         |       |                  |         |            |     |                                 |              |

Do you need an interpreter?  Yes  No Do you need any specific assistance?  Yes  No  
 If yes, specify language and/or assistance you require: \_\_\_\_\_

If English is not your primary language, can you speak or read English fluently?  Yes  No  
 If yes, check one or both  Speak  Read

|  |  |
|--|--|
| <p><b>Current Address (include city, state and zip code)</b></p><br><br><p><b>Mailing Address (if different)</b></p> | <p><b>Contact Information:</b></p> <p>Home Phone: _____</p> <p>Cell: _____</p> <p>Email: _____</p> <p>Message Phone: _____</p> |
|--|--|



## SCREENING POLICY FOR CRIMINAL HISTORY

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 the property. Applicants will be denied housing if they fail to pass screening criteria. Criminal screening is required for all applicants 18 years or older.

**You are required to answer honestly. Failure to disclose criminal history may result in denial or termination of assistance.**

Have you or any member of your household ever been convicted of any criminal offense, felony or drug charge? Including but not limited to crimes involving violence against persons or property, or crimes involving fraud or deception.  
 YES  NO If yes, please explain: \_\_\_\_\_

Have you or any member of your household ever been convicted of manufacturing or producing methamphetamine or any other controlled substance?  
 YES  NO If yes, please explain: \_\_\_\_\_

Are you or any member of your household required to register under a State Sex-Offender Registration Program anywhere in the United States?  
 YES  NO Household Member's Name \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

|  |  |
|--|--|
| <p>Do you or a member of the household claim status as a person with a disability? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, who? _____</p>  | <p>Do you or any member of your household claim status as a U.S. Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, who? _____</p>   |
| <p>Are unit modifications needed? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you or any member of your household require a live-in aide? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, who? _____ Specify need :<br/> <input type="checkbox"/> Hearing <input type="checkbox"/> Mobility <input type="checkbox"/> Vision<br/> <input type="checkbox"/> No Stairs <input type="checkbox"/> Wheelchair Accessible<br/> <input type="checkbox"/> Hearing impaired Smoke Detector <input type="checkbox"/> Other</p> <p>If other, please explain _____</p> | <p>Are you currently participating in a Federal Housing Program? (i.e. Housing Choice Voucher Program)<br/> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, where? _____</p> <p>Is any member of the household enrolled in a Federal, State or local job training program?<br/> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you owe money to any housing authority?<br/> Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>Are any household members temporarily or permanently absent? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/> If yes, please explain: _____</p>  | <p>Have you or any member of your household ever been evicted from any rental dwelling, including subsidized housing? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, where? _____</p> <p>Do you have any regular overnight guests, or someone who spends more than 2 nights per month?<br/> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list guests' name and explain:<br/> _____</p>   |



**LIST ALL CHILDREN AND ADULTS IN THE HOUSEHOLD WHO ARE ATTENDING SCHOOL OR COLLEGE**

| NAME OF STUDENT | SCHOOL | GRADE | FULL TIME/ PART TIME |
|-----------------|--------|-------|----------------------|
|                 |        |       |                      |
|                 |        |       |                      |
|                 |        |       |                      |
|                 |        |       |                      |

Does anyone in your household have a pet?  Yes  No If yes, please list

\_\_\_\_\_

**LIST ALL MONEY EARNED OR RECEIVED BY EVERYONE LIVING IN YOUR HOUSEHOLD**  
**HOUSEHOLD INCOME:** Fill in *ALL* spaces. If not applicable, write the word "**NONE**."

|                         |                   |   |                   |
|-------------------------|-------------------|---|-------------------|
| Social Security (Self)  | \$_____ per month | Unemployment  | \$_____ per month |
| Social Security (Other) | \$_____ per month | Child Support   | \$_____ per month |
| SSI                     | \$_____ per month | Self-Employment   | \$_____ per month |
| V.A. Pension            | \$_____ per month | Tips/Gratuities   | \$_____ per month |
| Other Pensions          | \$_____ per month | Other   | \$_____ per month |
| Public Assistance       | \$_____ per month | Caseworker<br>Please Indicate: <input type="checkbox"/> JOBS <input type="checkbox"/> JOBS PLUS |                   |

| CURRENT EMPLOYMENT |                   |   |                 |
|--------------------|-------------------|---|-----------------|
| Family Member:     | Name of Employer: | Telephone:  |                 |
| Employer Address:  | Gross Income:     | <input type="checkbox"/> per hour <input type="checkbox"/> per week | Hours per week: |
| Family Member:     | Name of Employer: | Telephone:  |                 |
| Employer Address:  | Gross Income:     | <input type="checkbox"/> per hour <input type="checkbox"/> per week | Hours per week: |

Have you or any member of your household received any lump sum payments during the last year such as the following?  Yes  No, If yes, what was the source?

- |   |   |  |                                  |
|---|---|--|----------------------------------|
| <input type="checkbox"/> Inheritances Gains | <input type="checkbox"/> Lottery Winnings | <input type="checkbox"/> Insurance Settlements | <input type="checkbox"/> Capital |
| <input type="checkbox"/> Social Security    | <input type="checkbox"/> Unemployment     | <input type="checkbox"/> Workman's Comp        | <input type="checkbox"/> Other   |

Does any household member regularly receive monetary or non-cash contributions from persons outside of the household? (this includes regular gifts from friends or family members).

YES  NO If yes, please check (/) what type of contributions are/were made and explain from whom:

- |  |   |
|--|---|
| <input type="checkbox"/> Rent _____      | <input type="checkbox"/> Clothing _____                         |
| <input type="checkbox"/> Utilities _____ | <input type="checkbox"/> Miscellaneous Household Supplies _____ |
| <input type="checkbox"/> Groceries _____ | <input type="checkbox"/> Other _____                            |

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**List all bank accounts held by any household member:**

| SAVINGS/CHECKING ACCT# | BALANCE | NAME OF BANK | ADDRESS OF BANK |
|------------------------|---------|--------------|-----------------|
|                        |         |              |                 |
|                        |         |              |                 |
|                        |         |              |                 |

**Include copies of your last three (3) months bank statements**

**Other assets:**

Type: \_\_\_\_\_ Actual Value\$ \_\_\_\_\_  
 (stocks, bonds, annuities, IRA's etc. Please provide us with the name and address of the company/broker.)  
 Name and Address of Investment Bank/Broker: \_\_\_\_\_

Do you own any real estate including manufactured homes or trailers?  YES  NO  
 If yes, please explain \_\_\_\_\_

**IF YOU ARE 18 YEARS OR OLDER AND HAVE NO INCOME AT THIS TIME, YOU MUST SIGN AND DATE THE FOLLOWING DECLARATION.**

I/We \_\_\_\_\_ and/or \_\_\_\_\_  
 Declare, under penalties of perjury that I am / we are receiving no income, from any source whatsoever, at the present time. Should this condition change, I/we will notify the Housing Authority of Lincoln County **in writing** within ten (10) days of its occurrence. I/We also understand that discovery of income from any source (after signing this form) is cause for termination of housing assistance.

\_\_\_\_\_  
 Signature of Head of Household                      Date                      Signature of Spouse/Other Adult                      Date

**HOUSEHOLD EXPENSES**

Do you pay for child care to work or attend school?                       Yes                       No  
 If yes, Amount \$ \_\_\_\_\_ Provider: \_\_\_\_\_

Do you receive reimbursement for child care from Adult & Family Services?                       Yes                       No  
 If yes, Amount of reimbursement \$ \_\_\_\_\_

Do you own a Car?     Yes  No    Make/Yr \_\_\_\_\_ Lic. No. \_\_\_\_\_ State \_\_\_\_\_

Do you have a valid Driver's License?  Yes  No

Name \_\_\_\_\_ ODL/ID Card # \_\_\_\_\_ State \_\_\_\_\_  
 Name \_\_\_\_\_ ODL/ID Card # \_\_\_\_\_ State \_\_\_\_\_

**FAMILY REFERENCE INFORMATION**

List the Names and Phone #'s of two people we might contact in an emergency if we cannot contact you:

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

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



**THIS SECTION FOR ELDERLY/DISABLED HEAD OF HOUSEHOLD OR SPOUSE ONLY**

1. Participants who are elderly or disabled are entitled to certain benefits in the rent calculation formula. In order to be eligible for this benefit, you must meet one of the following definitions:

**Elderly:** A person at least 62 years of age

**Disabled:** A person who: 1) has a disability as defined in section 223 of the Social Security Act, 2) has a physical, mental, or emotional impairment that: (i) is expected to be of long-continued and indefinite duration; (ii) substantially impedes his/her ability to live independently; and (iii) is of such a nature that ability to live independently could be improved by more suitable housing condition; and (3) has a developmental disability as defined in section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act. Are you entitled to this benefit?  YES  NO

2. Do you have any medical policies or expenses? \_\_\_\_\_ Medicare? \_\_\_\_\_ Amount\$ \_\_\_\_\_/Month

| Insurance Company | Address | Policy# | Mo/Qtry/Ann. Premium |
|-------------------|---------|---------|----------------------|
|                   |         |         |                      |

**PLEASE SUPPLY COPY OF POLICY OR CANCELLED CHECKS**

3. 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.**

4. Prescriptions: Pharmacy Name and Address \_\_\_\_\_  
Average Spent \$ \_\_\_\_\_ Wk/Mo/Year

5. Do you anticipate any expenses for auxiliary equipment or attendant care?  YES  NO  
If yes, how much? \$ \_\_\_\_\_

**Reasonable Accommodation:** HALC is committed to the letter and spirit of the Fair Housing Act, which, among other things, prohibits discrimination against persons with disabilities. In accordance with our statutory responsibilities and management policies, we will make reasonable accommodations in our rules, policies, practices, or services, when such accommodations may be necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing communities. If you are disabled and want to request such an accommodation, may be made by writing the Housing Authority or calling us at (541) 265-5326, ext. 306 TYY 800 735-1232. The request must include information on the accommodation you are requesting and how it is necessary to accommodate your disability. Information provided for reasonable accommodation is subject to verification.



# **CERTIFICATION**

I hereby authorize representatives of the Housing Authority of Lincoln County to contact any agency offices, groups, organizations, and/or individuals necessary to obtain information needed to determine my household's eligibility to be placed on a Housing Authority of Lincoln County program waiting list. I/we understand that this is a request for placement on a waiting list and that eligibility for any HALC program may not be determined until my name comes to the top of the list. I understand that placing my name on a program waiting list does not constitute eligibility for that program.

I do hereby swear and attest that this residence will serve as the household's primary residence, and that all of the information above about me and my household is true and correct. I also understand that all changes in household members or income must be reported to the Housing Authority of Lincoln County immediately. 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. **Section 1001 of Title 18 makes it a criminal offense to make willful false statements.**

Signature of Head of House \_\_\_\_\_ Date \_\_\_\_\_

Spouse/Other Adult's Signature \_\_\_\_\_ Date \_\_\_\_\_

## **APPLICANT DEMOGRAPHICS**

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex familial status, age and disability 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, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

### **List yourself and everyone who will be living in the household**

|   | Last Name | First | Sex<br>M/F | *Ethnicity<br>** Race<br>Circle one each | Disabled<br>Y/N |
|---|-----------|-------|------------|--|-----------------|
| H |           |       |            | 1 2<br>1 2 3 4 5 6                       |                 |
| 2 |           |       |            | 1 2<br>1 2 3 4 5 6                       |                 |
| 3 |           |       |            | 1 2<br>1 2 3 4 5 6                       |                 |
| 4 |           |       |            | 1 2<br>1 2 3 4 5 6                       |                 |
| 5 |           |       |            | 1 2<br>1 2 3 4 5 6                       |                 |
| 6 |           |       |            | 1 2<br>1 2 3 4 5 6                       |                 |

Use a separate sheet for additional household members (if necessary)  
 \*Ethnicity: (1) Hispanic or Latino (2) Not Hispanic or Latino  
 \*\*Race (choose one) (1) White (2) Black/African American (3) American Indian/Alaska Native (4) Asian (5) Native Hawaiian/Other (6) Pacific Islander. Completing Race or Ethnicity Code is voluntary.  
 The information is collected for civil rights purposes and the information will not be used to determine eligibility.

"USDA is an equal opportunity provider, employer and lender."  
 To file a complaint of discrimination write, USDA, Director, Office of Civil Rights, 1400  
 Independence Avenue, S.W. Washington D.C. 20250-9410, or call (800) 795-3272  
 (Voice) or (202) 720-6382 (TDD).



# RENTAL REFERENCES

Full mailing address for references is required.  
Please print clearly

Complete the landlord reference section giving your present or most recent landlord first, followed by the next most recent landlord. (Include at least five years of rental history) If you did not have a landlord, put an explanation of where you lived so that any gaps in your rental history are explained. **Make sure you list your current residence.**

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

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

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

Is this a current landlord?  Yes  No

Address of your rental unit \_\_\_\_\_

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

Is this individual a close friend or relative?  Yes  No

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

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

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

Is this a current landlord?  Yes  No

Address of your rental unit \_\_\_\_\_

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

Is this individual a close friend or relative?  Yes  No

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

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

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

Is this a current landlord?  Yes  No

Address of your rental unit \_\_\_\_\_

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

Is this individual a close friend or relative?  Yes  No



# PERSONAL REFERENCES

Full mailing address for references is required.  
Please print clearly

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

|   |
|---|
| <p>#1 Name: _____ Phone: _____<br/>Mailing Address _____<br/>City/State/Zip: _____<br/>What is your relationship with this individual? _____</p>  |
| <p>#2 Name: _____ Phone: _____<br/>Mailing Address _____<br/>City/State/Zip: _____<br/>What is your relationship with this individual? _____</p>  |
| <p>#3 Name: _____ Phone: _____<br/>Mailing Address _____<br/>City/State/Zip: _____<br/>What is your relationship with this individual? _____</p>  |
| <p>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. <b>Under penalty of perjury, I/we certify that the information presented in this application is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.</b></p> <p>Applicant Signature: _____ Date: _____<br/>Applicant Signature: _____ Date: _____</p> |





# 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:

- Child Care Expenses
- Credit History, Financial Concerns
- Criminal Activity, Legal Issues
- Family Composition
- Employment, Income, Pensions and Assets
- Federal State, Tribal or Local Benefits
- Handicapped Assistance Expenses
- Medical, Psychological, or Psychiatric Issues
- Identity and Marital Status
- Social Security Numbers
- Residences and Rental History

### 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

\_\_\_\_\_  
XXX-XX-

\_\_\_\_\_  
Last 4 digits of Social Security Number

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

\_\_\_\_\_  
XXX-XX-

\_\_\_\_\_  
Last 4 digits of Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
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 HOUSEHOLD ELIGIBILITY TO RECEIVE HOUSING ASSISTANCE:**

Print Name

Adult Signature

Date

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |



## HOUSING AUTHORITY OF LINCOLN COUNTY SUITABILITY AND CRIMINAL SCREENING CRITERIA FOR HALC-OWNED PROPERTIES

All applicants for housing in HALC-owned units will be screened by applying the following criteria for suitability as well as for criminal or drug-related criminal history.

**No false information.** Inaccurate or false information will be grounds for denial.

### **Verifiable, positive residential history:**

- Applicants must have positive references from two past landlords who are not related to you. If you have been renting from your current landlord for three or more years, we require only one positive landlord reference.
- If applicants do not have two past landlords, HALC will consider references from qualified professional references; the professional reference must have known you or your household for at least six months and/or worked with you during the last six month. **A professional reference is NOT a relative, friend, or neighbor.** They may be an employer (past or current), teacher, doctor or licensed professional, counselor, spiritual leader, case manager representing a rehabilitation center, social service/disability agency, or clinic.
- **If you do not have a verifiable, positive residential history or do not provide a qualified professional reference, we will deny your application.**

**Positive landlord references:** It is your responsibility to give us the information we need to contact past landlords. We may deny your application based on a negative landlord reference or if your references do not sufficiently verify positive rental history. Examples of reported behavior that could result in denial include:

- Failure to maintain the unit, or tenant-caused damages;
- Chronic noise or other nuisance behavior that disturbs the peace of the community;
- Repeated or consistent failure to pay rent on time;
- Failure to report additional occupants when required by the rental agreement;
- Other serious or repeated conditions that would cause a landlord not to rent to you again.

### **Applicant Debts:**

Applicants will be denied admission if they currently owe rent or other amounts to any housing authority in connection with their public housing or Section 8 programs; or who are former residents of HALC owned or managed property who left owing a balance. Applicants will be given the opportunity to clear the balance owed if they are able to meet all other eligibility and suitability criteria.

**Three (3) years of eviction-free history.** Or must have at least two years of good rental history since the eviction to qualify.

### **All applicants must pass a criminal background check as follows:**

- **Admission will be denied if anyone in the household is subject to a state's sex offender lifetime registration requirement;**
- **Admission will be denied if anyone in the household has ever been convicted of drug-related criminal activity for manufacture of methamphetamine on the premises of federally assisted housing;**
- We will also deny admission for certain types of criminal activity, depending on the type of activity and when it occurred. HALC will use the following criteria to assess criminal activity.



| Timeframe   | Activity  |
|---|---|
| Denial regardless of when activity occurred                         | A felony involving serious injury, kidnapping, death, arson, rape, sex crimes and/or child sex crimes. Subject to lifetime sex-offender registration. Convicted of manufacturing or producing methamphetamine on a federally assisted property.   |
| Denial if activity occurred within last Five (5) years              | <p>A felony conviction for manufacturing, distribution and/or sale of a controlled substance. Multiple convictions for distribution and/or sale of a controlled substance within a five (5) year period, applicant will be ineligible for ten (10) years from date of last conviction.</p> <p>A conviction of felony assault with a weapon.</p> <p>Two convictions for possession of a controlled substance within a five-year period.</p>  |
| Denial if activity occurred within the last Three (3) years or less | <p>Any drug-related or violent criminal activity or other criminal acts that could harm the health, safety, or peace of a community.</p> <p>Conviction for possession of a controlled substance; HALC will consider documentation of completion of a bona-fide rehabilitation program in lieu of 12 months. In no event, shall the individual be eligible for assistance within the first 12 months of occurrence.</p> <p>Eviction from federally-assisted housing. Three (3) years from date of eviction.</p> <p>Terminated from the HCV Program for violation of family obligations. Threes (3) years from date of termination.</p> |

**SMOKING**

All HALC properties are smoke-free. Smoking is allowed only in designated smoking areas. Smoking in your apartment, in the parking lot, common areas, or outside on your patio will lead to an eviction. If you cannot follow this rule, do not apply as it will be strictly enforced.



# HOUSING AUTHORITY OF LINCOLN COUNTY HOUSING DISCRIMINATION AND FAIR HOUSING COMPLAINTS POLICY

## **POLICY STATEMENT**

The purpose of this policy statement is to reaffirm the Housing Authority of Lincoln County commitment to equal housing opportunities and discrimination free housing under the law.

## **UNLAWFUL DISCRIMINATION DEFINED**

It is prohibited and unlawful under the Fair Housing law for any housing provider to discriminate on the basis of an individual's race, color, religion, sex, handicap, family status, national origin, marital status, source of income or sexual orientation if the individual is 18 years of age or older, or because of the race, color, religion, sex, handicap, family status, national origin, marital status, source of income or sexual orientation of any other person with whom the individual associates.

## **UNLAWFUL HARASSMENT DEFINED**

Unlawful harassment is conduct of a verbal or physical nature relating to race, religion, color, sex, national origin, marital status or age if the individual is 18 years of age or older and is unlawful and prohibited by law.

## **WHAT TO DO IF YOU HAVE A COMPLAINT**

The person listed below has been designated to coordinate agency assistance to individuals reporting unlawful housing discrimination or harassment activity.

**Kathy Kowtko, Executive Director**  
**PO Box 1470**  
**1039 NW Nye Street**  
**Newport, OR 97365**  
**541/265-5326 Ext. 300**  
**541/265-6057 Fax**

If you feel you are the victim of unlawful housing discrimination or harassment in any form the Housing Authority of Lincoln County will assist you with filing complaints of unlawful housing discrimination and/or harassment with the HUD Office of Fair Housing.

*Estos son documentos importantes. Si necesita ayuda para entenderlos, pongase en contacto con Centro De Ayuda – 265-6216*

