	<u>larion County</u> oregon	Pho	ION COUNTY HOUSING A 2645 Portland Rd NE Suite Salem, OR 97301 one: (503) 798-4170 Fax: (50 TTY: 1-800-735-2900 http://mchaor.org Wait List Applicati Project Based Vouc	e 200 3)798-4171 ion for chers –	OFFICE USE ONLY Scanned Happy Tnt Criminal BG Credit Check Sex-Offender INS Verif
APPLICANT NAME			Twilight Court	ts	EDW
Name	Fi	rst	Middle	_ Date	
Physical Address	Street	City	State	Zip Code	-
Mailing Address (P.C	D. Box)				[L
Phone Number			Cell / Message		
Message Phone			F-mail		

HOUSEHOLD COMPOSITION (List all family members, including yourself, who will be living with you)

NAME (First, Middle, Last)	Relationship to Head of Household	Gender	Date of Birth	Race	Ethnicity	Social Security Number	Disability
	Head	М			Hispanic		Yes
	Tioda	F			Non-Hispanic		No
		M			Hispanic		Yes
		F			Non-Hispanic		No
		M			Hispanic		Yes
		F			Non-Hispanic		No
		M			Hispanic		Yes
		F			Non-Hispanic		No
		M			Hispanic		Yes
		F			Non-Hispanic		No
		M			Hispanic		Yes
		F			Non-Hispanic		No
		M			Hispanic		Yes
		F			Non-Hispanic		No
		М			Hispanic		Yes
		F			Non-Hispanic		No
		M			Hispanic		Yes
		F			Non-Hispanic		No
		М			Hispanic		Yes
		F			Non-Hispanic		No

Will there	be any additional	people not listed at	pove staying in your u	init at any ti	me? 🗌 Yes	No	lf yes, please	answer the following
Who? Na	ime(s)		v	When?		How	Often?	
Do you o	r anyone in your l	household require a	handicapped-access	sible unit?		🗌 Yes	🗌 No	
How muc	ch do you current	y pay for rent? \$		Utilities?	° \$			
What is the other	he amount of you	r family's monthly g	ross income? \$		Source(s):		(TANF,SSI,SS,Wag	es,Gifts,Other)
Income	\$ Amount	_/Source	\$Amount	/	Source	\$	Amount	_/Source

REASONABLE ACCOMMODATION

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority office.

STATEMENT OF NONDISCRIMINATION

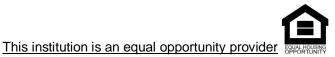
Marion County Housing Authority does not discriminate on the basis of race, color, sex, religion, familial status, age, disability or national origin, marital status, source of income, type of occupation, or sexual orientation or gender identity.

Applicants or participant who believe they have been subject to unlawful discrimination may notify Marion County Housing Authority either orally or in writing. Marion County Housing Authority will attempt to remedy discrimination complaints against the housing authority. Marion County Housing Authority will provide a copy of a discrimination complaint form to the complainant and provide them with information on how to complete and submit the form to HUD's Office of Fair Housing and Equal Opportunity (FHEO). The person named below has been designated to oversee or coordinate Fair Housing functions at Marion County Housing Authority:

> Doug Ebanks 2645 Portland Rd NE Suite 200 Salem OR 97301 Phone: 503.798.4170 Fax: 503.798.4171 TTY: 1.800.735.2900

I/We certify that the information given to Marion County Housing Authority on this pre-application as well as any information given in the future is accurate and complete to the best of my/our knowledge and belief. I/we also understand that Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful false statements or misrepresentations to Marion County Housing Authority and is punishable by fines and/or imprisonment.

Signature of Head of Household	Date	Signature of Spouse or Other Adult	Date
Signature of Other Adult	Date	Signature of Other Adult	Date



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:		
Mailing Address:		
Telephone No:	Cell Phone No:	
Name of Additional Contact Person or (Organization:	
Address:		
Telephone No:	Cell Phone No:	
E-Mail Address (if applicable):		
Relationship to Applicant:		
Reason for Contact: (Check all that appl Emergency Unable to contact you Termination of rental assistance Eviction from unit Late payment of rent	Assist with Recertification Change in lease terms Change in house rules Other:	
	er: If you are approved for housing, this information w services or special care, we may contact the person or o are to you.	
Confidentiality Statement: The information p applicant or applicable law.	provided on this form is confidential and will not be disc	closed to anyone except as permitted by the
requires each applicant for federally assisted ho organization. By accepting the applicant's appl requirements of 24 CFR section 5.105, includin	g and Community Development Act of 1992 (Public La ousing to be offered the option of providing information lication, the housing provider agrees to comply with the ng the prohibitions on discrimination in admission to on national origin, sex, disability, and familial status under on Act of 1975.	n regarding an additional contact person or e non-discrimination and equal opportunity r participation in federally assisted housing
Check this box if you choose not to pro	ovide the contact information.	
Signature of Applicant		Date

public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be