



Marion County
OREGON

MARION COUNTY HOUSING AUTHORITY

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<http://housing.co.marion.or.us>

OFFICE USE ONLY

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Criminal BG _____
Credit Check _____
Sex-Offender _____
INS Verif. _____
FARM/DALE _____
HARVEST _____
MANOR _____

PRE-APPLICATION - FARM LABOR HOUSING

APPLICANT NAME

Name _____ Last _____ First _____ Middle _____ Date _____

Physical Address _____ Street _____ City _____ State _____ Zip Code _____

Mailing Address (P.O. Box) _____

Phone Number _____ Cell / Message _____

Message Phone _____ E-mail _____

HOUSEHOLD COMPOSITION (List all family members, including yourself, who will be living with you both part-time and full-time)

NAME (First, Middle, Last)	Sex M or F	Relation To Head	A G E	Date of Birth	Place of Birth	Y or N	Social Security # or Alien Registration #
1.		HEAD					
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Disability
Yes or No

Do you or anyone in your household require a handicapped-accessible unit? Yes No

How much do you currently pay for rent? \$ _____ Utilities? \$ _____

HOUSEHOLD INCOME

List below ALL household members who receive income and the source(s) of income. Income includes, but is not limited to:
child support self-employment wages assistance from family and friends alimony workman's compensation
TANF/Food Stamps pensions/retirement Social Security ongoing settlement payments temp. disability payments
tips financial aid commissions unemployment benefits annuities
if additional space is needed attach a separate page.

Name of family member	Source of income Name and address of employer	Phone and/or fax number	Amount per month
			\$ _____
			\$ _____
			\$ _____

Does anyone in the household anticipate any other income within the next 12 months that is not listed above? Yes No
If yes, please explain. _____

What is your household's estimated gross monthly income? _____

Do you or anyone in your family require a disability adjustment to your income? Yes No

ASSETS

List below ALL family assets. Assets include, but is not limited to:

Checking accounts savings accounts investment/retirement accounts IRA's real property certificates of deposit stocks/bonds

Bank/Financial Institution _____ Type of Account (Checking, Savings, Property, Stocks) _____ Account Number _____ Amount \$ _____

Bank/Financial Institution _____ Type of Account (Checking, Savings, Property, Stocks) _____ Account Number _____ Amount \$ _____

Bank/Financial Institution _____ Type of Account (Checking, Savings, Property, Stocks) _____ Account Number _____ Amount \$ _____

What other states have you or any member of your household lived in? _____ When? _____

Have you or any member of your household ever received housing assistance before? Yes No

If yes, name and location of housing authority _____

Under what name? _____ Approximately what years? _____

Address lived at while on housing: _____

Have you ever had a housing authority terminate your housing assistance? Yes No

If yes, why? _____

Have you ever been evicted while receiving housing assistance? Yes No If yes, how long ago? _____

Do you owe money to any housing authority? Yes No

MEDICAL EXPENSES (if applicable)

If head of household or spouse is at least 62 years of age or disabled, are there any medical expenses you pay for out-of-pocket (un-reimbursed and not covered by insurance) on a monthly basis? Yes No If Yes, please list.

Name and address of pharmacy, Doctor, hospital, clinic, other	Phone and/or fax number	Un-reimbursed monthly amount
		\$
		\$

CHILD CARE (if applicable)

If you have a dependent age 12 and under in the household, you may be eligible for a childcare deduction if you are working or are an eligible student

Do you have any childcare expenses not reimbursed by an agency or other individual? Yes No If yes, please answer the following:

How much do you pay out-of-pocket for childcare expenses? \$ _____ per week \$ _____ per month

Name of childcare provider _____

Mailing Address _____

Phone Number _____

Has anyone in your household ever been involved in any criminal activity, regardless of arrest or conviction? (Including traffic violations and incidents involving alcohol or drugs) Yes No

If yes, please explain _____

Understand that if the above question is answered "NO" and a background check reveals that there has been involvement in criminal activity, the application for rental assistance will be denied for misrepresentation.

PLEASE INDICATE WHICH LOCATION YOU WOULD LIKE TO APPLY FOR BY CHECKING THE CORRESPONDING BOXES BELOW:

- FARMDALE APARTMENTS** – Housing Authority owned 2, 3 and 4-bedroom apartments in the city of Woodburn. Families must be employed in farm-related work. Water, sewer and garbage service is provided and laundry facilities are on-site. Updated playground is an added feature for residents.
- HARVEST MANOR** – Housing Authority owned 2, 3 and 4-bedroom apartments in the city of Silverton. These units are available to families employed in farm-related work. Water, sewer and garbage service is provided and laundry facilities are conveniently on-site.

I/We certify that if found eligible and offered a unit, the assisted unit will serve as our household's primary residence.

I/We consent to allow the RHS (Rural Housing Service) and MCHA (Marion County Housing Authority) to request and obtain income information through computer matching programs to verify eligibility and level of benefits. I/We also authorize the RHS and MCHA to seek wage, new hire and unemployment claim information from current or former employers to verify information obtained through computer matching.

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 Applicant _____

Date _____

Signature of Applicant _____

Date _____

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.

Ethnicity: Hispanic or Latino _____
Not Hispanic or Latino _____

Gender: Male _____
Female _____

Race: (Mark one or more) 1. American Indian/Alaskan Native _____ 2. Asian _____ 3. Black or African American _____
4. Native Hawaiian or Other Pacific Islander _____ 5. White _____

This institution and the U.S.D.A. are equal opportunity providers and employers

