

For MCHA use only:
Date & Time Received:

MARION COUNTY HOUSING AUTHORITY

2645 Portland Rd. NE · Suite 200 · Salem, OR · 97301

Phone: (503) 798-4170 Fax: (503) 798-4171 TTY: (800) 735-2900



PROJECT BASED VOUCHER (PBV) PRE-APPLICATION

Residents pay approximately 30% of adjusted monthly household income towards rent and utilities

IF YOU OR ANYONE IN YOUR FAMILY IS A PERSON WITH DISABILITIES, AND YOU REQUIRE A SPECIFIC ACCOMMODATION TO FULLY UTILIZE OUR PROGRAMS AND SERVICES, PLEASE CONTACT OUR OFFICE.

▶ PLEASE PRINT CLEARLY USING BLUE OR BLACK INK ONLY ◀

HEAD OF HOUSEHOLD NAME →			
↓Current Physical Address	↓City	↓State	↓Zip Code
↓Mailing Address (if different from physical address)	↓City	↓State	↓Zip Code
Phone:	Msg Phone:	E-Mail:	

HOUSEHOLD COMPOSITION (List all persons who will be living in your household including caregivers/live-in aides)

First Name, MI, Last Name	Relation to head of household	Sex	Date of Birth (mm/dd/yy)	Disabled? Y or N	Social Security Number (enter SSN or N/A if not applicable)	Race	Ethnicity
	Head of Household			<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			

Race
 B-Black/African American P- Native Hawaiian/other Pacific Islander
 A- Asian W-White
 AI-American Indian/Alaskan Native

Ethnicity
 H-Hispanic
 NH-Non Hispanic

Primary Language Spoken: _____ Do you require an interpreter? Yes No

Is any adult household member a veteran? No Yes- who: _____

WAITLIST(S) UPDATED:				For MCHA Use Only							
<input type="checkbox"/> PBV-Colonia Unidad	<input type="checkbox"/> Evergreen Court	<input type="checkbox"/> Meadowood	<input type="checkbox"/> Woodpark Terrace	<input type="checkbox"/> Farmdale Apartments	<input type="checkbox"/> PBV-Twilight Courts	<input type="checkbox"/> Sheridan Senior Estates	<input type="checkbox"/> Edelweiss Village	<input type="checkbox"/> Creekside Duplexes	<input type="checkbox"/> Harvest Manor	<input type="checkbox"/> Oak Park Village	<input type="checkbox"/> Stayton Elder Manor
				Date Entered: _____							
				Staff Initials: _____							

HOUSEHOLD INCOME

Check “” all that apply to your household:

<input type="checkbox"/> Employment	<input type="checkbox"/> TANF	<input type="checkbox"/> Child Support	<input type="checkbox"/> SSA/SSD/SSI
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Alimony	<input type="checkbox"/> Pension/Retirement	<input type="checkbox"/> Self-Employment
<input type="checkbox"/> Scholarships/Financial Aid	<input type="checkbox"/> Military Pay	<input type="checkbox"/> Veterans Benefits (retirement/Disability)	<input type="checkbox"/> Workers Compensation
<input type="checkbox"/> Other Income:			

TOTAL ANNUAL GROSS (PRE-TAX) HOUSEHOLD INCOME → \$ _____

WAITLIST SELECTION

Please read each property description and select the waiting list for which you would like to apply. At the time you are contacted for an eligibility interview you will be required to provide supporting documentation to verify the preference(s) you have declared and your eligibility for the bedroom size you have selected will also be determined. The property management company will need to approve your tenant suitability for the property you have selected before MCHA can determine your eligibility for the PBV program.

TWILIGHT COURTS- located at 811 South Water Street, Silverton OR 97381

One (1) bedroom apartments for seniors (62+) or disabled families. This property is managed by Bledsoe Santana Team Realty LLC.

Preferences: Check “” all that apply to the Head of Household, Co-Head or Spouse. Failure to make a selection will result in being placed on the waitlist without a preference.

- I/we are currently 62 years of age or older and or disabled
- I/we are a CURRENT RESIDENT, living at 811 South Water Street, Silverton OR 97381

COLONIA UNIDAD- located at 1750 Park Avenue, Woodburn OR 97071

Two (2) and three (3) bedroom apartments for families. Property is managed by Evolve.

Please check “” the unit size for which you would like to apply for. Failure to make a selection will result in MCHA selecting a default unit size on your behalf.

- Two (2) Bedroom unit**
- Three (3) Bedroom unit**

MCHA Policy for determining bedroom size: The PHA will assign one bedroom for each two persons within the household, except in the following circumstances:

- Persons of the opposite sex (other than co-habiting adults, and children age 6 and under) will be allocated separate bedrooms.*
- Live-in aides will be allocated a separate bedroom.*
- Single person families and cohabiting adults will be allocated one bedroom.*

The family must inform MCHA of any changes, such as contact information, current residence, mailing address, preference change, household composition and phone number. **ALL CHANGES MUST BE SUBMITTED IN WRITING.** Documents can be sent to MCHA via the following ways:

- **Via US Mail or in person to: 2645 Portland RD NE Suite 200, Salem OR 97301**
 - Office Hours: Monday – Friday 8:00 AM-12:00 PM; 1:00 PM-4:30 PM
- **Via e-mail in PDF format to: MCHA_INFO@MCHAOR.ORG (make sure all pages are attached and legible)**
 - If you have a smart phone, there are free apps you can download to take a picture and convert your document into a PDF. In your app store, search for “scanner”.
- **Via fax to: 503-798-4171 (make sure front AND back pages are faxed)**

PRIVACY ACT NOTICE

Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide.

This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

AUTHORIZATIONS, REPRESENTATIONS AND CERTIFICATIONS

I certify under penalty of perjury that I have completed the above information to the best of my knowledge and that it is true and correct. I understand that all changes to my household composition or income that occur must be reported in writing to the Marion County Housing Authority within ten (10) business days of such change. I understand that my position on the waiting list is based on the date and time my application was received by the MCHA and applicable preferences and/or set-aside resident selection criteria noted in this application. I understand that my position on the waiting list is subject to change based on verification of the preferences and/or set aside resident selection criteria noted in this application.

WARNING: Title 18, Section 1001, of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development. I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation and/or may be grounds for denial of assistance.

SIGNATURES

My signature, as noted and dated below, is confirmation that I do hereby authorize the Marion County Housing Authority (MCHA) to obtain any information deemed necessary by MCHA solely for the purpose of determining my eligibility for housing and/or housing assistance. I authorize persons, businesses, and organizations to which such requests are directed to provide the information requested by MCHA and I hold them harmless for providing information in accordance with such requests. I agree that copies of this page may be made to authorize inquiries from sources I have given to MCHA, or from other sources which become apparent from information collected during the course of completing my review. I understand that MCHA will release and exchange my information to the applicable Project Based Voucher program properties which I have applied for. MCHA will not release any other information to any non-MCHA individual or entity except with my express written permission or as required by law. This content remains in effect until such time my application is denied for assistance and/or removed from the waiting list.

NOTE: ALL signatures must be those of the household member themselves, except in the case where a legal Power of Attorney authorizes another individual to sign for him/her/them. If this is the case, such Power of Attorney must be on file with the Marion County Housing Authority.

Head of Household Date

Co-Head/Spouse/Significant Other Date

Other Adult Date

Other Adult Date

Other Adult Date

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 apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The 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 used by HUD to protect disbursement data from fraudulent actions.

Información de contacto opcional y complementaria para solicitantes de asistencia de vivienda del HUD

COMPLEMENTO PARA SOLICITUD DE VIVIENDA CON ASISTENCIA FEDERAL

Este formulario será proporcionado a cada solicitante de vivienda con asistencia federal

Instrucciones: Persona u organización de contacto opcional: Tiene derecho por ley de incluir, como parte de su solicitud de vivienda, el nombre, la dirección, el número de teléfono y otra información relevante de un familiar, amigo u organización social, médica, de defensa o de otra índole. Esta información de contacto se recopila con el objeto de identificar a una persona u organización que puede ayudar a resolver cualquier problema que podría surgir durante su alquiler o que puede ayudar a proporcionar cualquier servicio o atención especial que usted pudiera requerir. **Podrá actualizar, quitar o cambiar la información que proporcionó en este formulario en cualquier momento.** No se le exigirá que brinde la información de este contacto, pero si escoge hacerlo, incluya la información relevante en este formulario.

Nombre del solicitante:	
Dirección postal:	
N.º de teléfono:	N.º de teléfono celular:
Nombre de la persona u organización de contacto adicional:	
Dirección:	
N.º de teléfono:	N.º de teléfono celular:
Dirección de correo electrónico (si corresponde):	
Relación con el solicitante:	
Motivo del contacto: (Marcar todo lo que corresponda)	
<input type="checkbox"/> Emergencia	<input type="checkbox"/> Ayuda con el proceso de recertificación
<input type="checkbox"/> No es posible comunicarse con usted	<input type="checkbox"/> Cambio en los términos del arrendamiento
<input type="checkbox"/> Rescisión de la asistencia de alquiler	<input type="checkbox"/> Cambio en las reglas de la casa
<input type="checkbox"/> Desalojo de la unidad	<input type="checkbox"/> Otro: _____
<input type="checkbox"/> Pago atrasado de la renta	
Compromiso del propietario o de la autoridad de la vivienda: Si es aprobado para la vivienda, esta información será conservada como parte de su archivo de locatario. Si surgen problemas durante su alquiler o si requiere de algún servicio o atención especial, es posible que nos comuniquemos con la persona u organización que incluyó para que lo ayude a resolver los problemas o le proporcione algún servicio o atención especial.	
Declaración de confidencialidad: La información proporcionada en este formulario es confidencial y no será divulgada a nadie salvo según lo permitido por el solicitante o la ley vigente.	
Notificación legal: La sección 644 de la Ley de Desarrollo Comunitario y de Vivienda de 1992 (Ley Pública 102-550, aprobada el 28 de octubre de 1992) exige que a cada solicitante de vivienda con asistencia federal se le ofrezca la opción de proporcionar información relacionada con una persona u organización de contacto adicional. Al aceptar la solicitud del solicitante, el proveedor de vivienda acuerda cumplir con los requisitos de igualdad de oportunidades y no discriminación de 24 CFR sección 5.105, que incluye las prohibiciones sobre discriminación en la admisión o participación en programas de viviendas con asistencia federal debido a la raza, el color de la piel, la religión, el origen nacional, el sexo, la discapacidad y el estado familiar según la Ley de Vivienda Justa, y la prohibición sobre discriminación debido a la edad según la Ley contra la Discriminación por la Edad de 1975.	

Marque esta casilla si escoge no proporcionar la información de contacto.

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Se eliminó el cuadro de la firma

Los requisitos de recopilación de información contenidos en este formulario fueron enviados a la Oficina de Administración y Presupuesto (*Office of Management and Budget*, OMB) según la Ley de Reducción del Papeleo de 1995 (Título 44, secciones 3501-3520 del Código de los EE. UU.). Se calcula que la carga de declaración pública es de 15 minutos por respuesta e incluye el tiempo para revisar las instrucciones, buscar fuentes de datos existentes, recopilar y conservar los datos necesarios, y completar y revisar la recopilación de la información. La sección 644 de la Ley de Desarrollo Comunitario y de Vivienda de 1992 (Título 42, sección 13604 del Código de los EE. UU.) impuso al HUD la obligación de solicitar a los proveedores de viviendas que participan en programas de viviendas con asistencia del HUD que proporcionen a todas las personas o familias que soliciten la ocupación de una vivienda con asistencia del HUD la opción de incluir en la solicitud el nombre, la dirección, el número de teléfono y demás información relevante de un familiar, amigo o una persona relacionada con una organización social, médica, de defensa o similar. El objeto de proporcionar tal información es facilitar el contacto por parte del proveedor de viviendas con la persona u organización identificada por el locatario para que ayude a brindar todo servicio o atención especial al locatario y ayudarlo a resolver cualquier problema de alquiler que surgiere durante el alquiler por parte de dicho locatario. Esta información de solicitud complementaria será conservada por el proveedor de vivienda y en carácter de confidencial. Proporcionar la información es básico para las operaciones del Programa de Vivienda con Asistencia del HUD y es un acto voluntario. Respalda los requisitos reglamentarios y los controles de administración y del programa para prevenir el fraude, el derroche y la mala administración. De conformidad con la Ley de Reducción del Papeleo, una agencia no podrá conducir ni patrocinar, y no se le solicitará a una persona que responda a una recopilación de información, salvo que en la recopilación de información aparezca un número de control de OMB válido en la actualidad.

Declaración de privacidad: La Ley Pública 102-550 autoriza al Departamento de Vivienda y Desarrollo Urbano de los EE. UU. (HUD) a que recopile toda la información (salvo el número de seguro social [SSN]), la cual será usada por el HUD para proteger los datos de desembolso de acciones fraudulentas.