



We know the way home.

## PRE-APPLICATION for Ochoco School Crossing Project Based Voucher- Saving Grace

Complete Pre-Applications will be accepted during regular business hours from:  
Monday January 27, 2020 to Thursday January 30, 2020  
at the Housing Works office located at: 405 SW 6<sup>th</sup> St, Redmond, OR 97756; FAX 541-923-6441  
Regular Business Hours are: Monday – Thursday 8:00 am to 5:00 pm, Friday 8:00 am to Noon

- List the Head of Household and all other members who will be living in the unit.
- List the relationship of each family member to the head of Household.

**Note:** Race and Disability questions are being requested to comply with Equal Opportunity Requirements and to assure that any form of discrimination does not occur. Your answers will not affect whether you receive rental assistance. Use the codes below to indicate race, list all that apply. Housing Works does not discriminate on the basis of race, color, national origin, religion, sex, physical or mental disability, or familial status.

Race: 1 = Hispanic 2 = White 3 = Black 4 = Indian/Alaskan 5 = Hawaiian / Pacific Islander 6 = Asian

Full Name	Social Security Number	Relationship to Head of Household	Disabled? Y or N	Date of Birth	Race #	Gender	Monthly Income
		Head of Household	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Total Family Members</b>				<b>Total Family Income</b>		\$	

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

City, State, Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**Additional Information:**

Do you currently reside in Crook, Deschutes or Jefferson Counties or does your household include a member who works, or has been notified that they are hired to work, in Crook, Deschutes or Jefferson Counties? ..... Yes No

Are you currently receiving services from Saving Grace?..... Yes No

If so, do you authorize Housing Works to verify that you receive such services?..... Yes No

If selected, would you benefit from living in a special needs ADA unit? ..... Yes No

**Applicant Statement:**

I/We certify that the information given on this Ochoco School Crossing Pre-application for the Project Based Voucher Program is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law and may also be punishable under State Law. I/We have no objection to inquiries for the purpose of verifying the facts herein stated. I/We also understand that false statements or information are grounds for denial. I/We further understand that if I/We believe we have been discriminated against, I/We may call the Fair Housing and Equal Opportunity National Toll-free hotline at 1-800-669-9777.

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse/Co-applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Initial: \_\_\_\_\_ Date Stamp: \_\_\_\_\_



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**NOTICE:** A computerized lottery drawing will determine where an applicant is placed on the Project Based Voucher Waitlist for Ochoco School Crossing. A preference will be given to local residents and clients receiving services from Saving Grace. Applications will be processed in the order of their Waitlist position. If selected, the applicant will be contacted by mail to proceed with the eligibility process.

All applications will be purged after one year and you must reapply when the waitlist reopens if you are not chosen.

This is only a pre-application and not a guarantee of selection for housing. A full application will be required if you are selected.

If selected, further information will be requested including:

- Family composition information
- Family income information
- Citizenship or eligible immigration status
- Social security numbers for all family members
- Proof of identity for all family members

Eligible applicants must:

- Meet income eligibility requirements (see chart below)
- Meet occupancy standards for available unit size
- Pass a criminal background check
- Meet eligibility requirements regarding previous program participation

Mandatory Reasons for Denial of Assistance:

- Any member of household has ever been convicted of drug-related criminal activity for the production or manufacture of methamphetamine in any location
- Any household member is currently registered as a sex offender under a State registration requirement

### INCOME ELIGIBILITY REQUIREMENTS

#### Annual Income

	Crook County
Household Size	Very Low Income
One	20,150
Two	23,000
Three	25,900
Four	28,750
Five	31,050
Six	33,350
Seven	35,650
Eight	37,950

# AUTHORIZATION TO RELEASE & SHARE INFORMATION

**PURPOSE:** Housing Works (formerly CORHA) uses this authorization and the information obtained with it to administer and enforce housing program rules and policies.

**INDIVIDUALS OR ORGANIZATIONS REQUESTED TO SHARE & RELEASE INFORMATION:** Any individual or organization including any governmental organization but not limited to, may be asked to release information, i.e.:  
Banks and Other Financial Institutions

- Law Enforcement Agencies, Courts, Criminal Background Checks
- Credit Bureaus
- Employers, Past and Present Landlords
- Schools and Colleges
- Utility Companies
- State Agencies such as Child Welfare, Transportation, Employment Division
- Social Service Agencies
- Providers of: Alimony, Child Care, Child Support, Credit, Handicapped Assistance.
- Medical Care, Pensions/Annuities
- Medical Prescriptions
- Social Security Administration
- U. S. Department of Veterans Affairs
- Credit History, Financial Concerns, Criminal Activity, Legal Issues, Child Welfare issues
- Family Composition and Child Care Expenses
- Employment, Income, Pensions, and Assets
- Federal, State, Tribal or Local Benefits
- Medical, Psychological, or Psychiatric issues
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers
- Residences and Rental History
- Saving Grace
- DHS

**AUTHORIZATION:**

\* I authorize for a period of 15 months from the date below to release & share any information (including documentation and other materials) pertinent to eligibility for or participation in assisted housing programs including the following:

**Low Rent Public Housing, HOME/LIRPH, Project Based Vouchers and Housing Choice Voucher Programs.**

\* I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this authorization, I understand that my housing assistance may be denied or terminated. I authorize all sources to fax or mail information to Housing Works at: 405 SW 6<sup>th</sup> St. Redmond, Oregon 97756 541-923-1018 & Fax 541-923-6441

\* I agree to provide an assigned Social Security number (or a Certification that no number has been assigned) for each household member 6 years and older.

\_\_\_\_\_  
Head of Household Signature      Date      Social Security Number

\_\_\_\_\_  
Spouse/Other Adult Signature      Date      Social Security Number

\_\_\_\_\_  
Other Adult Signature      Date      Social Security Number

\_\_\_\_\_  
Other Adult Signature      Date      Social Security Number