

OFFICE USE ONLY: Date & Time _____ Unit Size(s) _____ Pref _____

property **Valley Pines Apartments**

Applicant Name _____ SSN _____ DOB _____ Sex _____
 Physical/Residence Address _____
 City, State _____ Zip Code _____
 Current Mailing Address _____
 City, State _____ Zip Code _____
 Home Phone # _____ Work # _____ Email _____

Indicate two people who generally know how to contact you:

1. Name _____	2. Name _____
Address _____	Address _____
Phone _____	Phone _____

How did you hear about us? _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the head of household and all other family members who will be living in the apartment. Give the relationship of each family member to the head.

	Last Name	First Name, MI	Relationship	Birth Date	Sex	Soc. Sec. #
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____

Do you or any household member need a reasonable accommodation/modification including accessible features or accessible unit?

Yes No If yes, what accommodation or modification are you requesting?

Are you requiring housing as a result of displacement from a government action or presidentially declared emergency? Yes No

CURRENT HOUSING STATUS

How many people live in your home now? _____ How many bedrooms do you have now? _____

Do you plan to have anyone living with you in the future who is not listed above? Yes No

If yes, explain: _____



INCOME INFORMATION

Does any member now receive or expect to receive income from any of the following sources? If so, write the household member number(s) next to the type of income. List combined annual income.

HH#	ANNUAL		HH#	ANNUAL	
_____	\$ _____	Employment	_____	\$ _____	Unemployment Comp/Workers Comp
_____	\$ _____	Self-Employment	_____	\$ _____	Pension/Retirement Fund
_____	\$ _____	Social Security/SSI	_____	\$ _____	Disability/Death Benefits
_____	\$ _____	Scholarship/Student Aid	_____	\$ _____	Severance Pay
_____	\$ _____	Insurance Policy	_____	\$ _____	Strike Benefits
_____	\$ _____	Annuities	_____	\$ _____	Armed Forces Pay/Allowances
_____	\$ _____	Child Support Awarded (even if not received)	_____	\$ _____	Regular Cash Contribution or Gifts for Rent Utilities, Groceries, Car Payment, Etc.
_____	\$ _____	Alimony (even if not received)	_____	\$ _____	Other _____
_____	\$ _____	TANF/AFDC/GA (Welfare)			

ASSET INFORMATION

Does any member now have or expect assets from any of the following sources? If so, write the household member number(s) next to the type of asset. List combined total estimated balance/value.

HH#	BALANCE		HH#	BALANCE	
_____	\$ _____	Savings	_____	\$ _____	IRA/KEOGH Acct/Retirement or Pension
_____	\$ _____	Checking	_____	\$ _____	Inheritance/Insurance Settlement
_____	\$ _____	Trust	_____	\$ _____	Personal Property Held as Investment (Gems, Autos, Art, Etc.)
_____	\$ _____	Home/Real Estate	_____	\$ _____	Lump Sum Receipts
_____	\$ _____	Money Market	_____	\$ _____	Cash on Hand
_____	\$ _____	Stocks/Bonds	_____	\$ _____	Other _____
_____	\$ _____	Treasury Bills/CDs			

BACKGROUND STATUS

- Yes No Has any adult member of the household been convicted of a felony or any drug related charge within the past 7 years?
- Yes No Are any adult members of the household subject to lifetime registration as a sex offender in any state?

APPLICANT CERTIFICATIONS

1. I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence.
2. I/we understand that the above information is being collected to determine my/our eligibility for a Federal subsidized apartment (Section 8, Rural Development, LIHTC, etc). I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released by appropriate federal, state, & local agencies, or private persons to the owner/management.
3. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.
4. I/we understand that false statements or information are punishable under federal law.
5. I/we understand we must provide written notification of any changes to the information on this form, especially the address.
6. I/we understand the project will acknowledge this application by mail.



Head of Household (Please Print) _____

Signature of Head _____ Date _____

Signature of Co-Head/Spouse _____ Date _____

* HOUSEHOLD WILL BE REQUIRED TO PROVE ELIGIBILITY AT THE TIME OF MOVE-IN AS PART OF THE MOVE-IN PROCESS.

Agent for Owner Who Received and Reviewed (Please Print) _____

Signature of Agent for Owner _____ Date _____

property Valley Pines Apartments

phone (541) 779-7316

Note: This form is to be completed and signed by both the Site Manager and the Applicant/Resident when the application is returned.

I understand that when I am conditionally accepted, I will be placed on the waiting list(s) of my choice, based on my current qualifications and request. Furthermore, I understand that there are no apartments available at this time and that no third party verifications have been conducted. Should the information supplied on the application be incomplete, inaccurate, or change, this may have an adverse effect on my ability to qualify for an apartment. Notification will be made when an apartment is available and a credit check, tenant history, and criminal background check will be conducted at that time.

I only want to be considered for the following bedroom size units (*check all that are applicable*):

Studio 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom 5 Bedroom

I only want to be considered for the following set aside units (*check all that are applicable*):

30% 35% 40% 45% 50% 55% 60% 100% 120%

It is my responsibility to notify Site Management if I move, change my phone number(s), change my email address, if my household income, set aside preference or unit size preference changes, if I decide not to remain on the waiting list, or if I wish to be added to an additional waiting list. If I decline an available apartment, my name will be removed from the waiting list for unit type refused. Should I re-apply my name would be added to the bottom of the list.

Applicant/Resident Signature _____ Date _____

Applicant/Resident Name (*print*) _____

Site Manager Signature _____ Date _____

Site Manager Name (*print*) _____

