



PRE-APPLICATION for Mid-Town Place, Redmond, Oregon
(8) 2 and 3 Bedroom Project Based Vouchers with 4 of these units having a preference for homeless Veterans with case management and clinical services provided by the VA.

Complete Pre-Applications will be accepted during regular business hours from:

Monday, June 7th, 2021 at 8:00 a.m. to Thursday June 17th, 2021 at 5:00 p.m.

at the Housing Works office (please use drop box at front of building), located at:

405 SW 6th St, Redmond, OR 97756; or FAX 541-923-6441, or email csolheim@housing-works.org

Regular Business Hours are: Monday – Thursday 8:00 am to 5:00 pm, Fridays, 8 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	
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	
Total Family Members				Total Family Income		\$	

Mailing Address: _____ County: _____

City, State, Zip Code: _____ Phone #: _____ Email Address: _____

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 the local VA office? ☐ Yes ☐ No

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

If selected, would you benefit from a unit with assessable features? ☐ Yes ☐ No

Applicant Statement:

I/We certify that the information given on this Mid-Town Place 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: _____



We know the way home.

NOTICE: A computerized lottery drawing will determine where an applicant is placed on the Project Based Voucher Waitlist for the (8) 2 and 3 bedroom units at Mid-Town Place, Redmond, Oregon. A preference will be given to local residents as well as those receiving services from the local VA office. Applications will be processed in the order of their Waitlist position. If selected, the applicant will be contacted by mail and or email to proceed with the eligibility process.

Housing Works will exhaust the current waiting list prior to opening up a new waiting list for the Project Based Voucher. All applicants are encouraged to apply for all future wait list openings.

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 (current photo identification and or birth certificate)**

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

(These are 30% tax credit units and may have a different income eligibility requirement for EPIC property management)

Annual Income

	Deschutes County
Household Size	Very Low Income
One	26,850
Two	30,650
Three	34,500
Four	38,300
Five	41,400
Six	44,450
Seven	47,500
Eight	50,600

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
Department of Human Services and Oregon Employment Department
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
Thrive Central Oregon, Full Access, DHS, Saving Grace, Veteran Assistance for Supportive Services

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 6th 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