



FISTERRA GARDENS APARTMENTS APPLICATION FOR RENTAL UNIT

101 Diversity Drive, Yachats, OR
541-265-5326
800 735-2900 TDD

APPLICANT: _____ DATE: _____

CURRENT ADDRESS: _____ PHONE: _____

MAILING ADDRESS _____ MESSAGE: _____

List other names used: _____

Are you applying for a 1 bedroom or 2 bedroom apartment (please check one)

Do you require a unit with auxiliary aid? Yes No If yes, What type? _____

Do you require a translator? Yes No If yes, What type? _____

Are you currently a Section 8 participant? Yes No

Do you or a member of the household claim status as a person with a disability? Yes No

LIST EVERYONE WHO WILL LIVE IN YOUR HOUSEHOLD INCLUDING YOURSELF:

| NAME | BIRTH DATE | SEX | RELATION | SOCIAL SECURITY NO. | Adult Full-time student yes or no |
|------|------------|-----|----------|---------------------|--------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Are you currently renting? Yes No If yes, who? _____
Has anyone on the application ever been evicted? Yes No When & where? _____

Do you have a valid driver's license? Yes No
Name _____ ODL/ID Card # _____ State _____
Name _____ ODL/ID Card # _____ State _____

Do you own a car? Yes No
Make/Model _____ Year _____ License Plate _____ Color _____
Make/Model _____ Year _____ License Plate _____ Color _____

Have you or anyone on the application ever been convicted of manufacturing, delivery, or possession of a controlled substance?
 Yes No If yes, Who? _____ When & where? _____

Have you or anyone on the application been convicted of a felony? Yes No
If so explain _____

Does any member of the household receive AFCD or TANF? Yes No

Is any member of the household enrolled in a Federal, State, or local job training program? Yes No

Estos son documentos importantes.

Si necesita ayuda para entenderlos, pongase en contacto con Centro De Ayuda – 265-6216

HOUSEHOLD INCOME: Fill in ALL spaces. If not applicable, write the word "NONE"

| EMPLOYMENT | | |
|-------------------|---|----------------------------------|
| FAMILY MEMBER: | NAME OF EMPLOYER: | TELEPHONE/FAX: |
| EMPLOYER ADDRESS: | GROSS MONTHLY INCOME: GROSS YEARLY INCOME: | HOURS PER WEEK: DATE OF HIRE: |
| FAMILY MEMBER: | NAME OF EMPLOYER: | TELEPHONE/FAX: |
| EMPLOYER ADDRESS: | GROSS MONTHLY INCOME: GROSS YEARLY INCOME: | HOURS PER WEEK: DATE OF HIRE: |

| INCOME | | | |
|----------------|----|-----------------|----|
| Unemployment | \$ | Self Employment | \$ |
| AFS | \$ | Social Security | \$ |
| Child Support | \$ | SSI | \$ |
| Alimony | \$ | SSD | \$ |
| Workers Comp | \$ | Pension | \$ |
| Trust/Interest | \$ | VA Pension | \$ |
| Tips/Gratuity | \$ | Other | \$ |

LIST ALL BANK ACCOUNTS HELD BY ANY HOUSEHOLD MEMBERS: Please add a copy of your last bank statement.

| Name of Bank | Address | Account Number | Balance |
|--------------|---------|----------------|---------|
| | | | |
| | | | |
| | | | |

- Do you have any of the following? (Check all that apply)
- | | | | | |
|---|---|-------------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Mobile Homes | <input type="checkbox"/> Trust Fund | <input type="checkbox"/> Stocks | <input type="checkbox"/> Bonds |
| <input type="checkbox"/> Motor home | <input type="checkbox"/> Trailers | <input type="checkbox"/> Campers | <input type="checkbox"/> Boats | <input type="checkbox"/> Antiques |
| <input type="checkbox"/> Gun Collection | <input type="checkbox"/> Piano/Organ | <input type="checkbox"/> Aquarium | <input type="checkbox"/> Pets | <input type="checkbox"/> Birds |
| <input type="checkbox"/> Waterbed | <input type="checkbox"/> Other Assets _____ | | | |

Actual value of assets: _____
 Have you disposed of any assets for less than Fair Market Value during the past 24 months? Yes No
 If yes, please explain _____

Other information: Filed for Bankruptcy Yes No Been evicted for tenancy Yes No

LANDLORD AND PERSONAL REFERENCES

Complete the landlord reference section by giving your PRESENT or most recent landlord first. If you did not have a landlord, put an explanation of where you lived and length of time, so there are not any gaps in your rental history.

LANDLORD REFERENCES: Please print and give complete names and addresses.

| | |
|----------------------|--|
| #1 Name | |
| Address/City/Zip | |
| Phone | |
| Address of your unit | |
| Length of time there | |
| #2 Name | |
| Address/City/Zip | |
| Phone | |
| Address of your unit | |
| Length of time there | |

PERSONAL REFERENCES: Known at least one year and may not be a relative. Examples: Employer, co-workers, supervisor, social workers, probation officer, teacher, etc.

| | |
|--------------------------|--|
| #1 Name | |
| Address/City/Zip | |
| Phone | |
| Relationship/Years Known | |
| #2 Name | |
| Address/City/Zip | |
| Phone | |
| Relationship/Years Known | |
| #3 Name | |
| Address/City/Zip | |
| Phone | |
| Relationship/Years Known | |
| #4 Name | |
| Address/City/Zip | |
| Phone | |
| Relationship/Years Known | |

I understand that the information on this Application is being collected to determine my eligibility for residency. I authorize the Owner/Manager to verify all information provided on this Application and my signature is consent to obtain such verification. I certify that I have revealed all assets currently held or previously disposed of and that I have no assets other than those listed on this form. I further certify that all statements made on this Application are true and complete to the best of my knowledge.

Applicant Signature: _____

Date: _____

Applicant Signature: _____

Date: _____

HOUSING AUTHORITY of Lincoln County
AUTHORIZATION FOR RELEASE OF INFORMATION

PURPOSE: The Housing Authority of Lincoln County uses this authorization and the information obtained with regards to housing assistance and program enforcement of affordable housing programs administered by the Housing Authority of Lincoln County.

INDIVIDUALS OR ORGANIZATIONS REQUESTED TO RELEASE INFORMATION

Any of the following individual organizations including any governmental organizations may be asked to release information:

- Employers, Past & Present
- Banks and Other Financial Institutions
- State agencies such as Welfare & Social Services (**Oregon Employment Dept.**)
- Providers of : Alimony, Child Care, Child Support, Credit Handicapped Assistance, Medical Care, Pensions/Annuities
- U.S. Social Security Administration
- U.S. Department of Veterans Affairs
- Schools and Colleges
- Courts & Law Enforcement Agencies
- Post Offices
- Utility Companies
- Credit Bureaus
- Current & Previous Landlords (including Public Housing Agencies)
- Professional Personal References
- Other, ie. Referral Agency:

INFORMATION COVERED- Information shared may include:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Child Care Expenses | <input checked="" type="checkbox"/> Handicapped Assistance Expenses |
| <input checked="" type="checkbox"/> Credit History, Financial Concerns | <input checked="" type="checkbox"/> Medical, Psychological, or Psychiatric Issues |
| <input checked="" type="checkbox"/> Criminal Activity, Legal Issues | <input checked="" type="checkbox"/> Identity and Marital Status |
| <input checked="" type="checkbox"/> Family Composition | <input checked="" type="checkbox"/> Social Security Numbers |
| <input checked="" type="checkbox"/> Employment, Income, Pensions and Assets | <input checked="" type="checkbox"/> Residences and Rental History |
| <input checked="" type="checkbox"/> Federal State, Tribal or Local Benefits | |

AUTHORIZATION

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for participation in regards to housing assistance and program enforcement of affordable housing programs administered by the Housing Authority of Lincoln County.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in affordable housing programs administered by the Housing Authority of Lincoln County.

I agree that photocopies of this authorization may be used for the purposes stated above. This authorization will stay in effect for **fifteen months** from the date signed.

Signature of Head of Household

Signature of Spouse/Other Adult

Print Name

Print Name

Social Security Number

Social Security Number

Date

Date

APPLICANT/TENANT QUESTIONNAIRE

All household members 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete a separate questionnaire. Check "Yes" or "No" to each question as they apply to you. **Form to be completed by the applicant/tenant.**

Applicant/Tenant Name: _____

Unit #: _____

Applicant/Tenant Estimated **GROSS** Monthly Income: \$ _____

| Yes | No | |
|-----|----|--|
| | | I filed a tax return last year for myself, jointly with my spouse, and/or for my business. |
| | | I am married and am entitled to file a joint tax return. |
| | | I am employed and receive wages. If "Yes", are you employed at more than one job? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | I am employed and receive tips/commissions/bonuses. |
| | | I am self-employed and/or own a business. |
| | | I have secured new employment and will begin during the next 30 days (from eff. date of certification). |
| | | I am on leave of absence from work. If yes, for how long? _____ |
| | | I receive income from Unemployment, Workers Compensation, Disability Compensation, and/or a Severance. |
| | | I receive/am entitled to receive Child Support and/or Alimony payments. |
| | | I receive Social Security (SS), Supplemental Security (SSI), and/or Social Security Disability (SSD) income. |
| | | I receive Section 8/Welfare/Public Assistance (i.e. AFDC, TANF, etc.) (exclude Food Stamps). |
| | | I am a Part-time or Full-time Student (financial assistance verification may be needed if receiving Section 8). |
| | | I receive income from a household member(s) temporarily absent from the unit. |
| | | I receive income from a household member(s) permanently confined to a hospital or nursing home. |
| | | I receive periodic payments from family, friends, church, etc. |
| | | I receive income from a foster child (unearned) or foster adult (earned/unearned) who resides with me. |
| | | I receive periodic income from Long-Term Care insurance, Disability, and/or Death Benefits. |
| | | I have a Pension, Annuity, IRA, Keogh, 401K, Trust, and/or other retirement account(s). |
| | | I receive income from a Pension, Annuity, IRA, Keogh, 401K, Trust, and/or other retirement account(s). |
| | | I have (check one): <input type="checkbox"/> one <input type="checkbox"/> multiple Checking account(s). |
| | | I have (check one): <input type="checkbox"/> one <input type="checkbox"/> multiple Savings account(s). |
| | | I have (check one): <input type="checkbox"/> one <input type="checkbox"/> multiple Money Market account(s). |
| | | I own (check one): <input type="checkbox"/> one <input type="checkbox"/> multiple Certificate of Deposit(s). |
| | | I have cash on hand or in a safe deposit box. |
| | | I have investments in Stocks, Bonds, Treasury Bills and/or Mutual Funds. |
| | | I own Real Estate or am in the process of selling real estate. |
| | | I hold a Mortgage or Deed of Trust. |
| | | I have a Life Insurance policy (exclude Term Life). |
| | | I hold personal property as an investment (coin collections, gems, antique cars, etc.). |
| | | I have other forms of income or assets not specified above (i.e. Adoption Assistance, Resident Stipend, etc.). |
| | | I have disposed of assets for more than \$1,000 less than Fair Market Value (FMV) during the past two years. |

*** The Following - does not apply to HOME Assisted Units.**

I have assets: No Yes – **Combined household** assets are **under \$5,000** (complete Under \$5,000 Asset Cert.)
 Yes – **Combined household** assets are **\$5,000 or more** (obtain third-party verification)

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant

Date

NOTE: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

SWORN SELF-CERTIFICATION OF CHILD SUPPORT AND/OR ALIMONY

Applicant/Tenant Name: _____

Unit #: _____

Project Name: _____

LIST THE NAMES OF ALL CHILDREN LIVING IN THE UNIT:

Child 1: _____ Child 2: _____ Child 3: _____
Child 4: _____ Child 5: _____ Child 6: _____

CHILD SUPPORT (ALL CHILDREN MUST BE ACCOUNTED FOR) – CHECK ALL THAT APPLY:

- BOTH** parents of the following children reside in the unit (check all that apply): 1 2 3 4 5 6
- I DO NOT** receive any form of child support payments for the following child(ren): 1 2 3 4 5 6
- I DO NOT** anticipate seeking or receiving child support payments within the next 12 months due to the following:
 - Domestic violence issues with absent parent Absent parent is incarcerated
 - Location of absent parent is not known Absent parent is deceased
 - Other (explain): _____

Child support has not been court-ordered, **or** Child support has been court-ordered but is not being received.

I receive/will be receiving **court-ordered*** child support each **week** or **month**, in the amount(s) of:
 \$_____ (Child 1) \$_____ (Child 2) \$_____ (Child 3)
 \$_____ (Child 4) \$_____ (Child 5) \$_____ (Child 6)

*** The following items can be used to verify the amounts listed within this section: separation agreement, divorce decree, court clerk verification statement, a printout or verification from the child support enforcement agency, or a copy of the most recent support check with documentation regarding the frequency of payments.**

I receive/will be receiving **non-court-ordered**** child support each **week** or **month**, in the amount(s) of:
 \$_____ (Child 1) \$_____ (Child 2) \$_____ (Child 3)
 \$_____ (Child 4) \$_____ (Child 5) \$_____ (Child 6)

****A notarized statement must be obtained by each Payer certifying to the amount of benefits being provided.**

ALIMONY – CHECK ALL THAT APPLY:

- I receive/will be receiving **court-ordered** alimony in the amount of \$_____ each **week** **month**.
- I receive/will be receiving **non-court-ordered** alimony in the amount of \$_____ each **week** **month**.
- I DO NOT** receive any form of alimony payments (there is no court-order).

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UNEMPLOYED AND/OR ZERO INCOME CERTIFICATION

Applicant/Tenant Name: _____

Unit #: _____

Project Name: _____

This form is to be completed by the Applicant/Tenant

Most Recent Employment Termination Date (if applicable): _____

Number of Months Unemployed: _____

Check all that Apply:

- I have secured new employment and my new employment will begin on: _____
- I will be earning the following annual income in the next 12 months: \$ _____
(Attach offer letter or other documentation supporting income from secured employment.)
- I am currently unemployed and receive unemployment benefits. My weekly benefit amount is: \$ _____
- I am currently unemployed, **DO NOT** receive unemployment benefits, but **DO** receive unearned income (i.e. SS, TANF, Disability). List unearned income source(s): _____
- I am currently unemployed and **DO NOT** receive unemployment benefits with no plan to return to work.
- I have ZERO income** and hereby certify to the following:
 1. I do NOT currently receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Periodic income such as alimony, child support, or gifts received from persons not living in my household;
 - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
 - j. Financial assistance awarded or provided while attending college;
 - k. Any other source not named above.
 2. No other party pays for items (such as rent, household goods, etc.) on my behalf.
 3. I will use the following sources of funds to pay for rent and other necessities: _____

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 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Periodic income such as alimony, child support, or gifts received from persons not living in my household;
 - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
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UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets are under \$5,000. Complete one form per household (include assets of children).

Household Name: _____

Unit #: _____

Property Name: _____

Household assets include:

| (A) Cash Value* | (B) Int. Rate | (A*B) Annual Income | Source | (A) Cash Value* | (B) Int. Rate | (A*B) Annual Income | Source |
|-----------------------|---------------------|---------------------------|---|-----------------------|---------------------|---------------------------|---------------------|
| \$ _____ | _____ | \$ _____ | Savings Account | \$ _____ | _____ | \$ _____ | Checking Account |
| \$ _____ | _____ | \$ _____ | Cash on Hand | \$ _____ | _____ | \$ _____ | Safety Deposit Box |
| \$ _____ | _____ | \$ _____ | Certificates of Deposit | \$ _____ | _____ | \$ _____ | Money Market Funds |
| \$ _____ | _____ | \$ _____ | Stocks | \$ _____ | _____ | \$ _____ | Bonds |
| \$ _____ | _____ | \$ _____ | IRA Accounts | \$ _____ | _____ | \$ _____ | 401K Accounts |
| \$ _____ | _____ | \$ _____ | Keogh Accounts | \$ _____ | _____ | \$ _____ | Trust Funds |
| \$ _____ | _____ | \$ _____ | Equity in Real Estate | \$ _____ | _____ | \$ _____ | Land Contracts |
| \$ _____ | _____ | \$ _____ | Lump Sum Receipts | \$ _____ | _____ | \$ _____ | Capital Investments |
| \$ _____ | _____ | \$ _____ | Life Insurance Policies (excluding Term) | | | | |
| \$ _____ | _____ | \$ _____ | Other Retirement/Pension Funds not named above: | | | | _____ |
| \$ _____ | _____ | \$ _____ | Personal property held as an investment**: | | | | _____ |
| \$ _____ | _____ | \$ _____ | Other (list): _____ | | | | _____ |

Note: Certain funds (e.g., Retirement, Pension, Trust) may not be (fully) accessible to you. Include only accessible amounts.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

Please check A or B and complete C as it applies to your Household.

- A. Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: \$ _____ (*the difference between FMV and the amount received, for each asset on which this occurred).
- B. I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
- C. The net family assets (as defined in 24 CFR Part 5) above do not exceed \$5,000 and the annual income from the net family assets is \$ _____. This amount is included in total gross annual income.**

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

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