



**Pre-Application for Waiting List**  
**Section 8 Housing Choice Voucher (HCV) Program**

If you have a hearing impairment and use a TDD Phone you can communicate with this office through the Oregon Relay Service by calling 1-800-927-9275.

Please complete all areas of application in BLUE OR BLACK INK. Please print legibly. Unreadable forms may not be processed. If the application is incomplete or unreadable, it may be returned to you and/or result in a delay in processing your household's information. If you have questions about completing this application please contact the housing authority for assistance.

**Household Composition:**

List all household members starting with you. Please note that children listed in this section MUST reside in the assisted household at least 51% of the time; verification may be requested by the housing authority. If additional room is needed, attach additional paper. All information is required. **Do not** enter "see attached" or "on file" for any requested information.

NAME: Last, First Middle Initial	Social Security Number	Relationship to Head of Household	Date of Birth	Age	Sex	US Citizen Y/N	Legal Non-Citizen Y/N
		HEAD/SELF					

Current Physical Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current Mailing Address (if different): \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Home Cell Work Message

Secondary Phone Number: \_\_\_\_\_ Home Cell Work Message

**Household Income:**

All income coming into the household must be entered in this section. This includes wages from employment, unemployment, Social Security, pension/retirement benefits, alimony, child support, and all other sources of income for **all** household members. Please list income as a **monthly amount**.

Who Receives Income?	Wages	Food Stamps	TANF	Child Support	Social Security	Other Income (explain)
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$



Is the head of household, their spouse, or co-head disabled? ☐ Yes ☐ No

Do you or someone in your household require any auxiliary aids for use in communication with the NOHA office? ☐ Yes (please explain aid that is needed)\_\_\_\_\_ ☐ No

If an applicant or participant request or requires a Reasonable Accommodation, which requires an auxiliary aid, to participate in our program(s) one will be provide by NOHA. This includes program information on audio tape and the use of interpreters. The housing authority utilizes Oregon Relay Services and a TDD phone number that explains any paperwork that the applicant or participant is required to fill out. Applicants or participants are encouraged to have a service provider advocate or friend assist them at any time.

**CRIMINAL HISTORY**

**IMPORTANT** – You must answer the following questions fully. Be accurate and honest with your answers. A Criminal history does not necessarily keep you from obtaining or maintaining housing assistance. If you need more room please attach extra paper to explain your situation.

**Has any member of your household ever been arrested for, charged with, and/or convicted of a crime?** ☐ Yes ☐ No

If yes, who? \_\_\_\_\_ When and where? \_\_\_\_\_

What was the situation? Charges? Outcome (prison, community service, parole, not guilty, etc)?\_\_\_\_\_

\_\_\_\_\_

**Is any member of your household required to register as a sex offender?** ☐ Yes ☐ No

If yes, who? \_\_\_\_\_

**CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION**

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination for housing assistance and/or termination of tenancy. **WARNING! TITLE 18, SECTION 1001, OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO A DEPARTMENT OR AGENCY OF THE UNITED STATES.**

**Affirmative Action:** The following information is requested in order to assure the federal government that federal laws prohibiting discrimination against applicants on the basis of race, national origin, and/or sex are complied with. **Your response is voluntary.**

<b><u>Race</u></b> (circle one):	White	Black	American Indian	Hispanic	Asian/Pacific Islander	Other
<b><u>Ethnicity</u></b> (circle one):	Hispanic		Non-Hispanic			
<b><u>Status</u></b> (circle all that apply)	Elderly	Non-Elderly	Disabled	Veteran		

Northwest Oregon Housing Authority does not discriminate on the basis of race, color, national origin, religion, sex, physical or mental disability, sexual orientation, gender identity, or familial status.

I certify and attest that all information reported on this form is true and correct. I also understand that ALL CHANGES must be reported to the housing authority, IN WRITING. I will be required to notify the housing authority every year in January of my intentions to remain on the Section 8 HCV waiting list. Failure to notify the housing authority annually will result in my household being withdrawn from the Section 8 HCV waiting list with no further notification.

Signature Head of Household	Date	Signature of Spouse	Date
Signature of Other Adult	Date	Signature of Other Adult	Date