

PRE-APPLICATION FOR HOUSING ASSISTANCE

HOUSING AUTHORITY OF CLACKAMAS COUNTY

13930 S GAIN ST OREGON CITY OR 97045

MAILING ADDRESS: PO BOX 1510 OREGON CITY OR 97045

If you need help, an interpreter or a Spanish or Russian version of this form, please inform HACC's receptionist or call 503-655-8267; if hearing impaired, our TDD number is 503-655-8639.

Если вам нужна помощь, переводчик или Русский вариант этой анкеты, пожалуйста, уведомьте секретаря ЖУРК (HACC) или позвоните 503-655-8267; если глухонемой, наш TDD номер 503-655-8639.

Si usted necesita ayuda, un intérprete o esta forma en Español, favor de informar a la recepcionista de HACC o llame al 503-655-8267; si usted padece sordera completamente nuestro numero de TDD es 503-655-8639.

Applying for: **Public Housing** (See Attached)

Housing Choice Voucher

PLEASE PRINT CLEARLY

Last Name _____ First Name _____ MI _____

Mailing Address _____ Apt # _____

City _____ State _____ Zip Code _____ Day Phone _____

LIST ALL PERSONS WHO WILL BE LIVING WITH YOU. LIST YOURSELF FIRST:

1.	Full Name		Social Security Number	Relationship	Birthdate	Age	Sex
	First	Middle Initial					
1.				Head			
2.							
3.							
4.							
5.							

For additional family members please use the back of this form

LIST TOTAL INCOME YOUR HOUSEHOLD RECEIVES EACH MONTH: \$ _____ (average gross)

Source(s): _____

RACE/ETHNICITY OF HEAD OF HOUSEHOLD: _____ Is English your primary language? Yes No

DO YOU REQUIRE WHEELCHAIR ACCESSIBILITY? Yes No

PLEASE CHECK ONE OF THE FOLLOWING:

Elderly: A person who is at least 62 years of age. **Disabled:** See reverse for definition **Neither applies to me**

Check here if you are claiming a preference for **domestic violence**. Attached certification must be completed and returned with application.

Warning: 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 U.S. as to matters within its jurisdiction.

I CERTIFY THAT I HAVE GIVEN TRUE AND COMPLETE INFORMATION.

Applicant Signature: _____ Date _____

Your application must be signed. Failure to comply with this requirement will result in your application being returned.

**LOCAL PREFERENCES
HOUSING CHOICE VOUCHER PROGRAM**

DOMESTIC VIOLENCE CERTIFICATION

The Housing Authority has Local preferences for families on our Voucher waiting list. You may claim any or all of these preferences if they apply to your current situation.

1. *Domestic Violence Preference:* The Housing Authority has a preference for those who are currently involved in a domestic violence situation. To be eligible for this preference, the domestic violence must have occurred recently or must be of a continuing nature, and you must certify that the person or persons who engaged in such violence will not reside with you, unless HACC has given advanced written approval. This preference will not provide for immediate housing assistance. It will simply establish a separate waiting list for those eligible for a preference. When HACC pulls names off the waiting list, 10% of the names will come from the domestic violence waiting list and 90% will come from the main waiting list. If you claim this preference, you will be eligible for assistance whenever your name comes to the top of *either* waiting list; whichever one you come to the top of first. There is no guarantee that those claiming the domestic violence preference will receive housing faster.

Self Certification

Domestic Violence Certification

The following definitions apply when self certifying that you are eligible for the preference of living in a domestic violence situation:

Domestic Violence --- Actual or threatened physical violence directed against one or more members of the applicant family by a spouse or other member of the applicant household.

Displaced by Domestic Violence --- If an applicant has vacated a housing unit because of domestic violence, or the applicant lives in a housing unit with a person who engages in domestic violence.

I _____ certify that I am currently living in, or have been displaced from, a domestic violence situation as defined above. I understand that if I accept this waiting list preference, I will not allow the abuser(s) _____ to move into the assisted unit with me without the advanced written approval of the Housing Authority. If I do, I understand that my housing assistance will be denied or terminated.

Signature

Date

In addition to the domestic violence preference, the Housing Authority gives priority to the following applicants on our waiting list. If you think you are eligible for #2 through #5 below, you need to contact your Occupancy Specialist at the Housing Authority of Clackamas County.

2. *Public Housing:* Families who are overhoused or underhoused in the Housing Authority of Clackamas County's (HACC) Public Housing program and there is not an appropriately sized unit available in that program.
3. *Rental Rehab Program:* Families displaced because of physical construction, housing overcrowding or a change in the use of the unit as a result of Clackamas County Community Development's rental rehab activities; or whose post rehab rent would exceed 30% of their adjusted income.
4. *Public Housing Program:* Eligible families displaced from Clackamas County Housing Authority owned units due to rehab work.
5. *Public Housing Program:* Eligible families displaced by Clackamas County Housing Authority due to the acquisition or sale of property.

PUBLIC HOUSING PRE-APPLICATION Screening Criteria

If you are considering marking the Public Housing box on this application, please read the following information very carefully.

In order to maintain the quality of our units and the quality of life for our current residents and neighbors, the Housing Authority requires applicants to provide two years of rental history or five years of employment history, or some combination of both. In the event you do not have the required references, we **may** be able to accept references from sources such as social workers (Services to Families with Children, Public Health, Social Services Case Managers) police departments, treatment program counselors, clergy, etc. *The Housing Authority will determine whether or not your references are adequate on an individual basis and will work with you to try to help you qualify.*

What happens after you apply? Approximately three to six months before we anticipate offering a unit to you, the Housing Authority will send you a reference packet. This packet will include information about the Public Housing Program and a reference questionnaire. You will also have an opportunity to meet with a staff member should you have questions concerning our program, eligibility, or reference screening.

Once you supply the Housing Authority with the appropriate references, we will send written reference requests to the landlords, employers, and others listed on your reference sheet. In addition to checking these references, the Housing Authority will conduct additional screening which consists of a criminal background check with Clackamas County Sheriff's office and an eviction check through a private screening company. You may also be required to submit to fingerprinting of any household member who we have reason to believe has a history of criminal activity. If any of the information received is **not acceptable** with our screening policies, your application will be denied and you will be offered an opportunity for a hearing. If the information received is **acceptable**, we will continue to process your application.

A thorough evaluation of each family admitted to Public Housing is one of our most important jobs. We want to admit families with good rental history in order to maintain well-managed properties. We are sure you, as a neighbor, will appreciate these efforts once you are a tenant with the Housing Authority.

IMPORTANT NOTICE
REGARDING RESTRICTIONS ON ASSISTANCE
TO NONCITIZENS

**TO: ALL APPLICANTS OF PUBLIC HOUSING AND HOUSING CHOICE
VOUCHER PROGRAMS**

Federal regulations require **all** family members to declare that they are:

1. U.S. Citizens; or
2. Non-citizens who have **eligible immigration status** in one of the six categories **listed on the other side** of this notice; or
3. Choosing not to declare whether he or she has eligible immigration status.

ALL FAMILY MEMBERS, regardless of age, must complete a “**Declaration of Immigration Status**” form (for children under age 18, the declaration must be signed by an adult family member). **This Declaration form will be given and explained to you at the time of your in-office appointment.**

Families with some eligible family members and some ineligible family members will be entitled to prorated housing assistance.

If all family members declare that they are *citizens of the United States*, the declaration form is all that is needed.

For *non-citizens with eligible immigration status*, the following documentation will be required (**this documentation will not be needed until the time of your in-office appointment with a Housing Authority representative**):

1. The signed declaration of eligible immigration status; and,
2. INS documents of eligible immigration status; and
3. A signed verification consent form.

ELIGIBLE IMMIGRATION STATUS

1. Lawfully admitted for permanent residence as an immigrant, including special agricultural workers.
2. Entered the U.S. before January 1, 1972, and has maintained continuous residence thereafter, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General.
3. Lawfully present in the U.S. pursuant to the granting of asylum (refugee status).
4. Lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest (parole status).
5. Lawfully present in the U.S. as a result of the Attorney General's withholding deportation (threat to life or freedom).
6. Lawfully admitted for temporary or permanent residence (amnesty granted under Immigration and Naturalization Act Section 245A).

Program eligibility is contingent upon the submission and verification, as appropriate, of the evidence of citizenship or eligible immigration status. The required documentation must be submitted prior to your family receiving housing assistance. The Housing Authority may grant an extension of time to provide the required documentation, if it is not readily available. The "Declaration of Immigration Status" must be completed for all family members before any time extension will be approved. If applicable, you will be informed of your eligibility for prorated assistance. Proration or denial of assistance will not occur until all INS and Housing Authority appeals (if pursued) have been exhausted. Housing assistance to an applicant family will not be delayed or denied if the family provides all required information in a timely manner and the delay is due to Housing Authority or INS delay in the verification/documentation process. Assistance may be delayed after the conclusion of the INS appeal process, but not denied until the conclusion of the Housing Authority's informal hearing process, if an informal hearing is requested.

NOTICE OF THE AVAILABILITY OF REASONABLE ACCOMMODATIONS

The Housing Authority of Clackamas County (HACC) is committed to the equal treatment of all persons, and believes that no qualified individual with disabilities should, solely on the basis of disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any of our programs.

HACC will provide “**reasonable accommodations**” to applicants and residents of the HACC’s Public Housing program. A reasonable accommodation is some modification or change HACC can make to its rental units or its procedures that will assist an otherwise eligible person with a disability to attain equal participation in HACC’s programs. If you or a family member have a disability and you need:

- ◆ A change in the rules or policies or how we do things that would give you an equal chance to live here and use our facilities, or take part in programs on site;
- ◆ A change or repair in your apartment or special type of apartment that would give you an equal chance to live here and use the facilities or take part in our programs on site;
- ◆ A change or repair to some other part of the housing site that would give you an equal chance to live here and use the facilities or take part in our programs on site; or
- ◆ A change in the way we communicate with you or give you information,

You may ask for a “**reasonable accommodation**”, by completing and submitting a “***Request For A Reasonable Accommodation***” form. If you need help in filling out this form, or if you want to give us your request in some other way, we will help you. You may get a “***Request For A Reasonable Accommodation***” form at our office or from your Occupancy Specialist.

If you can show that you have a disability and if your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make the changes you request.

We will give you an answer within 14 days of receipt of your request unless there is a problem getting the information we need or unless you agree to an extension of time. We will let you know if we need more information or verification from you, or if we would like to discuss with you other possible ways of meeting your needs.

If we turn down your request, we will explain the reason(s), and you can give us additional information if you think that will help.



HOUSING AUTHORITY of CLACKAMAS COUNTY

P.O. BOX 1510 • 13930 SOUTH GAIN STREET • OREGON CITY, OR 97045-0510 503-655-8267 FAX: 503-655-8676 TDD: 503-655-8639

ATTENTION RENTERS

The Housing Authority of Clackamas County (HACC) is closing its Public Housing and the Section 8 Housing Choice Voucher program (HCV) waitlists on February 2, 2009. Applications received or postmarked on or before February 2, 2009 will be accepted. All applications are placed on the waiting list by date and time applied. **Applications received or postmarked after February 2, 2009, will not be accepted.** The wait list will be closed February 3 and applications will not be accepted until a subsequent reopening of a wait list.

The HCV wait time currently exceeds five years and the Public Housing wait is a minimum of three years. These waiting lists will remain closed until HACC reaches a projected 12-month pool of applicants. When the projected 12-month pool is reached and waiting lists are re-opened, HACC will provide outreach and public notice to help ensure that all eligible persons are aware of the wait list opening. Eligibility for these programs is based on income and family size. HCV assistance is a rent subsidy paid to private landlords. Public Housing consists of rental units which are owned and operated by HACC. **Families and individuals who are already on the waiting list will not be affected by this closure and their status will not change.** They will remain on the existing list and will not need to re-apply. If you have questions regarding this notice you may contact HACC by phone at (503) 655-8267.

Until February 2, 2009, applications for the HCV and Public Housing programs may be down loaded from our web site, www.clackamas.us/hacc/, or a hard copy of an application may be requested by calling the above number, or you may apply in person at the administrative office at:

Housing Authority of Clackamas County
13930 S Gain Street
Oregon City, OR 97045



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