

APPLICATION FOR BOARDMAN TRAIL APARTMENTS

PLEASE READ AND COMPLETE ALL AREAS OF APPLICATION

This project is financed by USDA Rural Development, IRS Section 42 issued by Oregon Housing and Community Development Services, HUD HOME funds, all operated in accordance with their guidelines. Applicants/Tenants must meet eligibility guidelines established by these agencies.

- Use correct legal name for all household members as it appears on Social Security cards and or Birth Certificates.
- All adults eighteen (18) years and older in the household **MUST** sign the forms.

These signatures certify that the information you provide the Housing Authority regarding your household composition, citizenship or eligible alien status, income assets and deductions are accurate and complete to the best of your knowledge and belief.

DATE and TIME of receipt of your application determines your position on the waiting list. A preliminary determination of your eligibility is made at that time for placement on the waiting list. When your name comes to the top of the list you will be contacted and requested to submit updated information to see if you still qualify.

It is your responsibility to contact the Housing Authority if your address, income or family composition changes.

APPLICATIONS ARE ACCEPTED TUESDAY AND THURSDAY
Between 9:00 am – 12:00 noon and 1:00 pm – 4:00 pm

Applications received by mail on days other than Tuesday or Thursday will be processed the following Tuesday or Thursday.

Household Members: Please list all members who will be living in your home including yourself.

Last Name	First Name	Social Security #	Date of Birth	Sex	Relationship

Do you or any member of your household require special accommodations due to being handicapped/disabled?-----Yes ___ No ___

Do you or any member of your household require a live-in attendant? Yes ___ No ___

Do you claim ELDERLY, HANDICAPPED OR DISABLED eligibility status? Yes ___ No ___

If yes, please furnish the name and address of qualified individual/agency to verify status.

 Name of individual/s claiming status: _____

Has any member of the household listed above used any other name than listed? Yes ___ No ___

If yes who and explain: _____

 Will this be your primary residence ? Yes ___ No ___ If No please explain _____

 Are you or any member of your household a full time student? Yes ___ No ___ If yes who and where are they enrolled. _____

Source of Income:

List all Income Sources: This includes, but not limited to, full and/or part time employment, all income from welfare agencies, social security pensions, SSI disability, armed forces reserves, unemployment compensation, child care, alimony, child support, student grants, contract for deed, interest on assets, dividends, annuities and regular contributions from people not living with you.

Family Member Name	Employer, Agency, Bank, etc. who are sources of income to you. List name and address of sources.	Annual Gross Income

Checking Acct(s) # _____ Bank _____ Balance _____

_____ Bank _____ Balance _____

Savings Acct(s) # _____ Bank _____ Balance _____

_____ Bank _____ Balance _____

Trust Acct(s) # _____ Bank _____ Balance _____

_____ Bank _____ Balance _____

Certificates # _____ Bank _____ Balance _____

_____ Bank _____ Balance _____

Credit Union # _____ Name _____ Balance _____

_____ Name _____ Balance _____

Savings Bond # _____ Maturity Date _____ Value _____

Life Insurance Policy # _____ Face Value _____

Do you own any types of bonds or stocks? _____ YES _____ NO Face Value _____

Real Property: Do you own any property _____ YES _____ NO

If yes, type of property _____

Location of Property _____

Appraised Market Value \$ _____ Date Last Appraised _____

Have you sold/disposed of any property/assets in the last 2 years? _____ YES _____ NO

If yes, type of property/assets _____ Date sole/disposed of _____

Do you have any other assets not listed above (excluding personal property)? _____ YES _____ NO

If yes, what _____

Has any of the individuals (applicants) listed on this application ever been arrested?

_____ YES _____ NO If yes, list the date and place of occurrence and charges.

List the name and address of the agency or authority involved.

FAILURE TO COMPLETE THIS APPLICATION FULLY OR GIVING FALSE INFORMATION MAY RESULT IN THIS APPLICATION BEING REFUSED OR EVICTION AFTER TENANCY.

I certify that the statements above are true and complete to the best of my/our knowledge. I/we understand that false statements are punishable under Federal Law, and may result in the termination of my application. **I also certify that the unit I am applying for will be my household's permanent residence, and I will not maintain a separate rental unit in a different location.**

The information on this form is being collected by the Federal Government to determine the applicant's recommended unit size and the amount of contribution by the family. It will be used to provide the basis for managing the programs covered by this form, for protecting the government's financial interest, and for verifying the accuracy of the information furnished. It may be released to appropriate Federal, State and local agencies when relevant, to civil, criminal or regulatory investigators. 42 USC 1437 et reg. OHCS 1981, PL 97-35, Stat 348.408.

I/We the undersigned authorize The Tri-Harbor Landing Limited Partnership or their representatives to investigate and obtain my/our credit rating, my/our current and past rental records, my/our employment history, my/our criminal records, any sources of income to my household, my/our current/past utility records and any other information which may be requested

at a later date to complete the processing of application. In addition I/We authorize the release of wage matching data to Rural Housing Services (RHS) and the borrower as needed from time to time throughout our tenancy. Your signature below certifies that the statements made on this application are TRUE and CORRECT, and gives owner or their representative and RHS CONSENT to verify the information contained in this application. I/We acknowledge that I/We must keep management informed of our continued interest at least every 90 days.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

Other Adult Signature: _____ Date: _____

APPLICANT – DO NOT WRITE IN THIS SPACE

Owner/owner's representative's Signature: _____

Date received: _____ Time received: _____

Project: _____ Bedroom Size: _____

Income Limit: _____ Family Income: _____

STATISTICAL INFORMATION: The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname.

Ethnicity:

Hispanic or Latino _____

Not Hispanic or Latino _____

Gender:

Male _____

Female _____

Race: (Mark One or More)

1. American Indian/Alaska Native _____

2. Asian _____

3. Black or African American _____

4. Native Hawaiian or Other Pacific Islander _____

5. White _____

APPLICANT REFERENCE INFORMATION

Please complete the following landlord information. A minimum of 2 years rental history is required. If you have not had any previous landlords, you must provide us with at least 4 alternative references. All references must be able to provide information concerning the applicant family's (1) past performance in meeting financial obligations and lease obligations, including rent obligations, and (2) past performance in caring for rental property (housekeeping) and (3) past performance in getting along with neighbors.

1. **MOST RECENT LANDLORD NAME:** _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Your Address was: _____

City: _____ State: _____ Zip Code: _____

Move In Date: _____ Move-Out Date: _____

Your Name used when renting: _____

2. **PREVIOUS LANDLORD NAME:** _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Your Address was: _____

City: _____ State: _____ Zip Code: _____

Move In Date: _____ Move-Out Date: _____

Your Name used when renting: _____

3. **PREVIOUS LANDLORD NAME:** _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Your Address was: _____

City: _____ State: _____ Zip Code: _____

Move In Date: _____ Move-Out Date: _____

Your Name used when renting: _____

4. PREVIOUS LANDLORD NAME: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Your Address was: _____

City: _____ State: _____ Zip Code: _____

Move In Date: _____ Move-Out Date: _____

Your Name used when renting: _____

5. PERSONAL REFERENCES: (2 Persons NOT RELATED or LIVING WITH YOU, whom you have known at least one year.)

NAME: _____ PHONE: _____

Address: _____
Street City State Zip

NAME: _____ PHONE: _____

Address: _____
Street City State Zip

6. Nearest living relative or friend we can contact in the event of an emergency:

NAME: _____ PHONE: _____

Address: _____
Street City State Zip

7. CREDIT REFERENCES:

Name: _____ ACCT. # _____

Address: _____
Street City State Zip

Name: _____ ACCT. # _____

Address: _____
Street City State Zip

8. AUTOMOBILES: All Automobiles that are driven onto or parked in designated parking for the community must be registered to the resident, must be currently licensed, must be insured for the duration of the lease and must be operational at all times.

Make/Model _____ Year _____ Lic. # _____ State _____
Make/Model _____ Year _____ Lic. # _____ State _____

Please answer all of the following questions:

1. Have you ever lived in or rented from The Housing Authority of the County of Umatilla before? _____ YES _____ NO If YES where? _____

2. Have you ever rented from another Housing Authority before? _____ YES _____ NO

If YES, Where? _____

3. Have you rented before? _____ YES _____ NO

4. Have you or any members in your household been evicted from any previous housing or been asked to move by the Landlords? _____ YES _____ NO

5. Do you or any members of your household owe any previous housing charges for rent or damages? _____ YES _____ NO

6. Are you or any member of your household currently an illegal abuser or addict of a controlled substance? _____ YES _____ NO

7. Have you or any members of your household been convicted of the illegal manufacture or distribution of a controlled substance? _____ YES _____ NO

8. Are you or any members of your household affiliated with gangs? _____ YES _____ NO

9. Have you or any member of your household been arrested or convicted of any criminal activity? _____ YES _____ NO

If YES, who? _____ What year? _____ City _____

County _____ State _____ Type of Offense: _____

Probation/Parole Officer _____ Phone: _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation at any department or agency of the U.S. as to any matter within its jurisdiction. The project you are applying for received federal funding as part of its funding source and therefor requires federal reporting and monitoring.

**I/WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE:
(ALL ADULT HOUSEHOLD MEMBERS MUST SIGN)**

Signature

Date

Signature

Date

Signature

Date

Signature

Date



**HOUSING AUTHORITY OF THE
COUNTY OF UMATILLA, OREGON**

SERVING GILLIAM MORROW, UMATILLA AND WHEELER COUNTIES

GENERAL INFORMATION RELEASE AUTHORIZATION

A. The Umatilla County Housing Authority requires that applicants and participants in assisted housing programs provide a social security number for each family member. The social security number will be used to establish the computer record and the identification of applicants/participants and their family members. These numbers will also be used to verify former tenancy in subsidized housing programs: to confirm prior rent payment history and to verify eligibility information (i.e. income, assets, etc.)

We have read the above and understand and agree to provide social security numbers to HAP for the purposes mentioned.

B. I/We do hereby authorize the Umatilla county Housing Authority to contact any agencies, employers or organizations to obtain any information or materials deemed necessary to determine my eligibility for participation in the Housing Authority programs. I/We further authorize the same information to be made available on an on-going basis for continued participation and copies of this form to be used in place of the original.

C. I/We give any credit bureau permission to release my/our credit history to the Housing Authority for the purposes of verifying eligibility or continued eligibility for federal rent assistance (business transaction have a personal, family or household purpose for the consumer); AND

D. I/We give permission to any police authority, parole or probation authority, or any other entity or agency which maintains or has access to records of criminal arrests, conviction, incarceration, probation, parole and the like and copies of this form to be used in place of the original.

Print name of head of household

Signature Date

Social security number

Date of birth

Print name of other adult

Signature Date

Social security number

Date of birth

Print name of other adult

Signature Date

Social security number

Date of birth



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.

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

Signature of Applicant/Tenant

Printed Name 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.

ANNUAL CERTIFICATION OF STUDENT STATUS

All household members 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete, sign and date this form upon move-in and annually during the Initial Compliance Period of the project.

Property Name: _____ BIN: _____ Unit #: _____

Household Occupants: _____

This form is to be completed by Applicant/Tenant

You have applied for (or currently reside in) a rental housing unit located in a development operating under the "Low-Income Housing Tax Credit" (LIHTC) Program of Section 42 of the Internal Revenue Code. Provisions of this code require verification of all income and assets, as well as other claims of eligibility. Please check A, B, or C as it applies to your household:

- A. Household contains at least one occupant who is not a student, has not been a student, and will not be a student for any part of 5 months or more during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further action is necessary.
- B. Household contains all students, but is qualified because the following occupant, _____, is a part-time student. Verification of part-time student status (form OHCS.6) is required for at least one household member.
- C. Household contains all full-time students for any part of 5 months or more during the current and/or upcoming calendar year (months need not be consecutive). If "C" applies, complete questions 1-5 below:
1. Is at least one student receiving assistance under Title IV of the Social Security Act (i.e. AFDC, TANF, etc.)? Yes No
 2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? If yes, attach documentation of previous participation. Yes No
 3. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state or local laws? If yes, attach documentation of current participation. Yes No
 4. Is at least one student a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than the other (or absent) parent? If yes, attach third party documentation (i.e. tax return or a court order establishing custody). Yes No
 5. Are the students married and entitled to file a joint tax return? If yes, attach a copy of the marriage license or the most recently filed tax return. Yes No

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. I/we agree to notify management immediately of any changes in this household's student status. 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

Signature of Applicant/Tenant

Printed Name 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.