



**Marion County**  
OREGON

**MARION COUNTY HOUSING AUTHORITY**

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Salem, OR 97301

Phone: (503) 798-4170 Fax: (503)798-4171

TTY: 1-800-735-2900

http://mchaor.org

| OFFICE USE ONLY |       |
|-----------------|-------|
| Scanned         | _____ |
| Happy Tnt       | _____ |
| Criminal BG     | _____ |
| Credit Check    | _____ |
| Sex-Offender    | _____ |
| INS Verif.      | _____ |
| EDW             | _____ |

**PRE-APPLICATION for  
CREEKSIDE APTS**

**APPLICANT NAME**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Physical Address \_\_\_\_\_  
Street City State Zip Code

Mailing Address (P.O. Box) \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell / Message \_\_\_\_\_

Message Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**HOUSEHOLD COMPOSITION (List all family members, including yourself, who will be living with you)**

White-W Pacific Islander-P  
Hispanic-H Asian-A  
Black-B Native American-N

**Disability  
Yes or No**

| NAME<br>(First, Middle, Last) | Sex<br>M<br>or<br>F | Relation<br>To Head | A<br>G<br>E | Date of<br>Birth | R<br>A<br>C<br>E | Place of Birth | Y<br>or<br>N | Social Security # or<br>Alien Registration # |
|-------------------------------|---------------------|---------------------|-------------|------------------|------------------|----------------|--------------|--|
| 1.                            |                     | HEAD                |             |                  |                  |                |              |  |
| 2.                            |                     |                     |             |                  |                  |                |              |  |
| 3.                            |                     |                     |             |                  |                  |                |              |  |
| 4.                            |                     |                     |             |                  |                  |                |              |  |
| 5.                            |                     |                     |             |                  |                  |                |              |  |
| 6.                            |                     |                     |             |                  |                  |                |              |  |
| 7.                            |                     |                     |             |                  |                  |                |              |  |
| 8.                            |                     |                     |             |                  |                  |                |              |  |
| 9.                            |                     |                     |             |                  |                  |                |              |  |
| 10.                           |                     |                     |             |                  |                  |                |              |  |

Will there be any additional people not listed above staying in your unit at any time?  Yes  No If yes, please answer the following:

Who? Name(s) \_\_\_\_\_ When? \_\_\_\_\_ How Often? \_\_\_\_\_

Do you or anyone in your household require a handicapped-accessible unit?  Yes  No

How much do you currently pay for rent? \$ \_\_\_\_\_ Utilities? \$ \_\_\_\_\_

What is the amount of your family's monthly gross income? \$ \_\_\_\_\_ Source(s): \_\_\_\_\_  
(TANF,SSI,SS,Wages,Gifts,Other)

Other Income \$ \_\_\_\_\_ / \_\_\_\_\_ \$ \_\_\_\_\_ / \_\_\_\_\_ \$ \_\_\_\_\_ / \_\_\_\_\_  
Amount Source Amount Source Amount Source

**Assets**

|                                  |   |                      |                 |
|----------------------------------|---|----------------------|-----------------|
| _____ Bank/Financial Institution | _____ Type of Account (Checking, Savings, Property, Stocks) | _____ Account Number | \$ _____ Amount |
| _____ Bank/Financial Institution | _____ Type of Account (Checking, Savings, Property, Stocks) | _____ Account Number | \$ _____ Amount |
| _____ Bank/Financial Institution | _____ Type of Account (Checking, Savings, Property, Stocks) | _____ Account Number | \$ _____ Amount |

Is anyone in the household a part-time or full-time student?  Yes  No

What other states have you or any member of your household lived in? \_\_\_\_\_ When? \_\_\_\_\_

Have you or any member of your household ever received housing assistance before?  Yes  No

If yes, name and location of housing authority \_\_\_\_\_

Under what name? \_\_\_\_\_ Approximately what years? \_\_\_\_\_

Address lived at while on housing: \_\_\_\_\_

Have you ever had a housing authority terminate your housing assistance?  Yes  No

If yes, why? \_\_\_\_\_

Have you ever been evicted while receiving housing assistance?  Yes  No If yes, how long ago? \_\_\_\_\_

Do you owe money to any housing authority?  Yes  No

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Has anyone in your household ever been involved in any criminal activity, regardless of arrest or conviction?  
(Including traffic violations and incidents involving alcohol or drugs)  Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Understand that if the above question is answered "NO" and a background check reveals that there has been involvement in criminal activity, the application for rental assistance will be denied for misrepresentation.

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I/We certify that the information given to Marion County Housing Authority on this pre-application as well as any information given in the future is accurate and complete to the best of my/our knowledge and belief. I/we also understand that Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful false statements or misrepresentations to Marion County Housing Authority and is punishable by fines and/or imprisonment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

This institution is an equal opportunity provider



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

|  |  |
|--|--|
| <b>Applicant Name:</b>   |  |
| <b>Mailing Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>Name of Additional Contact Person or Organization:</b>  |  |
| <b>Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>E-Mail Address (if applicable):</b>   |  |
| <b>Relationship to Applicant:</b>  |  |
| <b>Reason for Contact:</b> (Check all that apply)  |  |
| <input type="checkbox"/> Emergency   | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you   | <input type="checkbox"/> Change in lease terms               |
| <input type="checkbox"/> Termination of rental assistance  | <input type="checkbox"/> Change in house rules               |
| <input type="checkbox"/> Eviction from unit  | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Late payment of rent  |  |
| <b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.   |  |
| <b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.  |  |
| <b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. |  |

Check this box if you choose not to provide the contact information.

|  |  |
|--|--|
|  |  |
|--|--|

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

