



Pre-Application for Waiting List(s)

Check each box below for the programs you are applying for:

Section 8 Housing Choice Voucher Program - Tenant-based rental assistance

Project-based Voucher Program – Unit-based rental assistance

Broadleaf Arbor St. Helens, OR

These are 1 bedroom, 2 bedroom, and 3-bedroom apartments; privately owned and managed

Champion Park Apartments Tillamook, OR

These are 2- and 3-bedroom units; privately owned and managed

Trillium House Warrenton, OR

These are 2 bedroom and 3-bedroom apartments; privately owned and managed

The Merwyn Astoria, OR

These are Studio & 1-Bedroom Apartment; privately owned and managed

Please complete all areas of application in BLUE OR BLACK INK or complete the online form- PDF fillable or online version. Please print clearly. NOHA will not accept nor return any applications that are incomplete or unreadable. If you have questions about completing this application, please contact NOHA for assistance.

If you require a Reasonable Accommodation, to participate in our program(s), please contact NOHA. NOHA utilizes the Oregon Relay Services and a TDD phone number to assist with paperwork upon request. If you have a hearing impairment and use a TDD phone, you can communicate with this office through the Oregon Relay Service by calling 711. Applicants may have a service provider, advocate, or friend assist them at any time.

The table below lists the current income limits by county and household size. To participate in NOHA programs, total household income must be at or below the applicable income limit at the time of eligibility determination. Income limits are updated annually.

# in Household	1	2	3	4	5	6	7	8
Clatsop	\$29,600	\$33,800	\$38,050	\$42,250	\$45,650	\$49,050	\$52,400	\$55,800
Columbia	\$39,500	\$45,150	\$50,800	\$56,400	\$60,950	\$65,450	\$69,950	\$74,450
Tillamook	\$26,600	\$30,400	\$34,200	\$38,000	\$41,050	\$44,100	\$47,150	\$50,200

Please return this completed pre-application to:

NOHA
PO Box 1149
Warrenton, OR 97146
503-861-0220 (FAX)
applications@nwoha.org

147 S. Main Ave. ♦ PO Box 1149 ♦ Warrenton, OR 97146 ♦ www.nwoha.org
Main Office (503)861-0119 ♦ Fax (503)861-0220 ♦ Toll Free (in Oregon only) ♦ 1-888-887-4990 ♦ TDD 1-800-927-9275



Who lives with you:

List all household members starting with you. Please note that members listed in this section MUST reside in the assisted household at least 51% of the time. If additional room is needed, attach additional paper.

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

Current Physical Address, City, State, Zip	Mailing Address (If different), City, State, Zip

Email Address _____ @ _____
Phone Number _____ **Alt. Phone Number** _____

Head of Household- Please select Race and Ethnicity

Race <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
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Household Income:

What is your household's total annual income? \$ _____

Applicant(s) Certification:

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 NOHA, in writing. Failure to notify NOHA will result in my household being withdrawn from the waiting list(s) without further notification.

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

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.

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.

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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.



location
147 s. main avenue
warrenton or 97146

mailing
po box 1149
warrenton or 97146

office 503-861-0119
fax 503-861-0220

toll free 1-888-887-4990
tdd 1-800-927-9275

www.nwoha.org

NOHA AUTHORIZATION FOR RELEASE OF INFORMATION

PURPOSE: Northwest Oregon Housing Authority (NOHA) uses this authorization and the information obtained with it to administer its housing programs.

INFORMATION COVERED: I understand that, depending on program policies and requirements previous or current, information regarding my household or myself may be needed. Verifications and inquiries that may be requested and/or shared include but are not limited to: Medical and Child Care Expenses; Credit History; Criminal Activity and Legal Issues; Residences & Rental Activity; Employment, Income & Assets; Identity and Marital Status; Social Security Numbers; Date of Birth; Federal, State, Tribal, or Local Benefits; Employment, Income, Pensions, and Assets

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for, and/or continued participation in a housing assistance program administered by NOHA.

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD and NOHA may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to dispose of incorrect information. HUD or NOHA may, in the course of its duties, exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U. S. Postal Service; the Social Security Agency, and State Welfare and Food Stamp agencies.

ORGANIZATIONS OR INDIVIDUALS REQUESTED TO SHARE & RELEASE INFORMATION:

I agree that the groups or individuals that may be asked to release and/or share the above information (depending on program requirements) include but are not limited to:

- Previous Landlords
- Past & Present Employers
- City, County, or State Courts
- U.S. Post Office
- Public & Private Schools
- Training Programs
- Credit Providers & Credit Bureaus
- Pensions/Annuities/Retirement Providers
- Medical, Dental, Vision, Prescriptions Providers
- State Agencies providing cash assistance, food stamps, child welfare, unemployment benefits, etc.
- Oregon Housing & Community Services
- State Child Support agencies, Child Support and Alimony Providers
- U.S. Dept of Veterans Affairs
- Parole & Probation Offices
- Banks, Credit Unions, and other Financial Institutions
- Utility Companies
- Social Service Agencies/Community Action agencies
- Law Enforcement Agencies
- Child Care Providers
- Immigration & Naturalization Services
- State Agencies include but are not limited to Dept of Human Services Child Welfare and Self Sufficiency offices, State Employment, and Division of Child Support
- Other: _____

NOHA AUTHORIZATION FOR RELEASE OF INFORMATION (continued)

CONDITIONS: I understand that if I refuse to sign this release, NOHA cannot verify the information needed for my housing assistance. I also understand that federal law (24 CFR 982.552) states that if someone refuses to sign a requested release of information form, the housing authority must deny or terminate my assistance.

AUTHORIZATION:

- I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation in the Section 8 Housing Choice Voucher or other rental assistance programs administered by NOHA.
- 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 the Section 8 rental assistance programs administered by NOHA.
- I agree that photocopies of this authorization may be used for the purposes stated above.
- I authorize the release of information for minor children in the household to obtain wage information and criminal records.
- I authorize all sources to fax, mail, or email information to NOHA at: PO Box 1149, Warrenton, OR 97146; fax: 503-861-0220; phone: 503-861-0119. Email: certifications@nwoha.org; customercare@nwoha.org

I approve the release of this information and understand that this information is confidential and protected by state and federal law.

Adult Printed Name
(Head of Household listed first)

Adult Signatures

Date

**Last 4 digits
of SSN**
