

**Housing Authority of the
City of Salem** *also serving the City of Keizer*

360 Church St. SE ♦ P. O. Box 808, Salem, Oregon 97308-0808 ♦ Voice: 503-588-6368; TDD: 503-588-6447 ♦ Fax: 503-588-6465 ♦
E-mail: housing@cityofsalem.net ♦ Website: www.cityofsalem.net/sha

**WAITING LIST REQUEST (PRE-APPLICATION)
Affordable Housing Properties**

Return Application to:

Senior Affordable Housing & Duplex/Triplex Properties
Salem Housing Authority
P. O. Box 808
Salem, OR 97308-0808

NOTE: Check eligibility guidelines attached to be sure you qualify for placement on this program waiting list. You must meet age requirements for senior and elderly properties at the time you apply for placement on the waiting list.

Note: Your household will be placed on all bedroom size waiting lists for which you applied.

<p>Please select one or more senior property:</p> <p><input type="checkbox"/> Englewood East Apts. for Persons with Disabilities Income based rent* Bedroom Sizes: <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> Englewood East Apts for Seniors/Elderly Age 62+ Income based rent* Bedroom Sizes: <input type="checkbox"/> 1 <input type="checkbox"/> 2</p> <p><input type="checkbox"/> Englewood West Apts for Seniors/Elderly Age 62+ Fixed Rent* Bedroom Size: 1</p>	<p>Please select one or more family property:</p> <p><input type="checkbox"/> Southview Terrace Apts for Seniors/Elderly 62+ Fixed Rent* Bedroom Size: 1</p> <p><input type="checkbox"/> Duplex/Triplexes Fixed Rent* Bedroom Sizes: <input type="checkbox"/> 3 <input type="checkbox"/> 4</p>
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***Rent definitions: For income based units, households pay rent based on monthly income. For fixed rate units, household income must be 2 times the rent charged for the unit, unless household has a Housing Choice Voucher. Contact the Affordable Housing Office if you have questions or need clarification before applying.**

(INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.)

H	Last Name	First	MI	Relation to Head	Sex M/F	*Ethnicity **Race Circle one each	Student PT/FT	Birth Date	Age	Assigned Social Security Number	Disability Y/N
1						1 2 1 2 3 4 5 6 7					
2						1 2 1 2 3 4 5 6 7					
3						1 2 1 2 3 4 5 6 7					
4						1 2 1 2 3 4 5 6 7					
5						1 2 1 2 3 4 5 6 7					
6						1 2 1 2 3 4 5 6 7					

Use a separate sheet for additional household members if necessary.
 *Ethnicity: (1) Hispanic or Latino (2) Not Hispanic or Latino
 **Race (choose one): (1) White (2) Black/African American (3) American Indian/Alaska Native (4) Asian (5) Native Hawaiian/Other (6) Pacific Islander (7) Other Check here if you do not wish to disclose this information.

<p>Mailing Address (include city, state and zip code):</p>	<p>Phone numbers:</p> <p>Home:</p> <p>Message:</p> <p>Work:</p>
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Indicate if any member of your household is: <input type="checkbox"/> a person with disability; or <input type="checkbox"/> pregnant.	Specify name(s): _____
	If pregnant, indicate approximate due date: _____
Household's total gross monthly income: \$ _____	Income Source(s) _____
Is an accessible unit needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify: <input type="checkbox"/> Hearing <input type="checkbox"/> Mobility <input type="checkbox"/> Vision <input type="checkbox"/> Other If hearing, do you require an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your primary language? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	If English is not your primary language, can you speak or read English fluently? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check one or both: <input type="checkbox"/> Speak <input type="checkbox"/> Read
Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify language: _____
Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you live with others? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: <input type="checkbox"/> Relatives <input type="checkbox"/> Friends <input type="checkbox"/> Other
Current marital status (Head only) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single	Do you have dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	How did you learn about Salem Housing Authority's affordable housing properties and programs? Select all that apply: <input type="checkbox"/> Friends <input type="checkbox"/> Family <input type="checkbox"/> Community Resources <input type="checkbox"/> Other (specify): _____

The U.S. Department of Housing & Urban Development authorizes SHA to complete criminal background checks on all applicants prior to providing housing assistance.

I hereby authorize representatives of Salem Housing Authority to contact any agency offices, groups, organizations, and/or individuals necessary to obtain information needed to determine my household's eligibility to be placed on a Salem Housing Authority program waiting list. I/we understand that this is a request for placement on a waiting list and that eligibility for any SHA program may not be determined until my name comes to the top of the list. I understand that placing my name on a program waiting list does not constitute eligibility for that program.

Signature of Head of Household

Date

REASONABLE ACCOMMODATION
If you or anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize SHA programs and services, please contact SHA to obtain a Reasonable Accommodation Request form at 503-588-6368.

PENALTIES FOR MISUSING THIS CONSENT

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor or fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief as may be appropriate against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security numbers are contained in the Social Security Act at 42 U.S.C. 408 (f) (g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 (f) (g) and (h).

HOUSING AUTHORITY OF THE CITY OF SALEM STATEMENT OF NONDISCRIMINATION

The Housing Authority of the City of Salem does not discriminate against any person because of disability, race, color, religion, sex, marital status, familial status, national origin, sexual orientation, gender identity, source of income, and/or domestic partnership in accessing, applying for or receiving assistance, or in treatment or employment in any of its programs and activities. All public meetings are held in accessible locations. Appropriate aids (TDD, interpreters, readers, assistance filling out forms, etc.) will be provided upon request. Complaints regarding accessibility of the Authority's programs to individuals with disabilities should be submitted in writing to Terry Frazier, Salem Housing Authority, P.O. Box 808, Salem OR, 97308-0808. Questions or comments may be made by phone at 503-588-6368, or TDD, 503-588-6447. Requests for aid may be directed to a Housing Assistance Representative, Occupancy Coordinator or other appropriate employee. The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, disability, familial status, or national origin. Federal law also prohibits discrimination on the basis of age. Complaints of discrimination may be forwarded to the Administrator, Office of Fair Housing and Equal Opportunity, U.S. Department of Housing & Urban Development (HUD), Washington, D.C. 20410.

NOTE Screening criteria for all programs is available for review at the following office locations:

- SHA Administration – 360 Church St SE, Salem
- SHA Homes & Robert Lindsey Tower Prop. Mgmt. – 370 Church St. SE, Ste 100, Salem
- Glen Creek Property Management – 1320 Orchard Heights Rd NW, Salem
- Northgate Property Management – 3557 Hawthorne Rd NE, Salem
- Parkway & Southfair Affordable Housing Property Management - 3143 7th Place NE, Salem
- Affordable Housing Property Management – 360 Church St. SE, Salem



Office Use Only (check only those bedroom sizes selected by Applicant, within Occupancy Standards)

Englewood East Units for Persons with Disabilities <input type="checkbox"/> 1 <input type="checkbox"/> 2	Englewood East Senior & Elderly Apts. <input type="checkbox"/> 1 <input type="checkbox"/> 2	Englewood West Senior & Elderly Apts. <input type="checkbox"/> 1	
Southview Terrace Senior & Elderly Apts. <input type="checkbox"/> 1	Parkway Village Apartments <input type="checkbox"/> 2 <input type="checkbox"/> 3	Southfair Apartments <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Duplex/Triplex <input type="checkbox"/> 3 <input type="checkbox"/> 4
<input type="checkbox"/> Student Rule requirements have been reviewed. Additional notes: _____			
Application screened by: _____		Date: _____	
Application(s) input by: _____		Date: _____	
Imaged/Scanned by: _____		Date: _____	

Admin/shared/Website/Apply/Sr Dup Trip Affordable Hsg WL Request. 03/10/10 LG

NOTICE: TO COMPLETE YOUR APPLICATION THE FOLLOWING SUPPLEMENTAL AND OPTIONAL CONTACT INFORMATION FORM MUST BE SUBMITTED EVEN IF YOU CHOOSE NOT TO LIST ANY CONTACT INFORMATION.

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.