

INTERIM EMERGENCY HOUSING ASSISTANCE PRE-APPLICATION FY 2009-2010

After reading the Statement of Policies, if you feel you are eligible for this program, please answer the following questions:

Note: <u>You must answer all questions.</u> Incomplete pre-applications will be determined ineligible. If you need assistance completing the application please see the receptionist.		
	YES	NO
1. Does your household currently live within the city limits of Salem? <i>(Keizer, Four Corners, some areas in Jan Ree; and some areas of NE Lancaster are outside of the city limits.)</i>		
Current address:		
2. If no to question #1, please explain:		
3. Are you currently renting from a private landlord?		
4. Can you provide a copy of the rental agreement?		
If yes to question #4, do you have a 72 hour eviction notice for non payment of rent for the current month? <i>(Eviction notice must be from actual landlord and should indicate an issued date 7 days after the 1st date rent is due. A note from a family member or friend will not be considered an eviction notice).</i>		
5. If you are not currently renting from a private landlord, do have a shelter referral?		
6. If yes, from what shelter?		
7. If no, please explain:		
8. Are you able to verify by third party sources that your current break in income; or inability to pay rent occurred in the most recent 60 days and was beyond your control? Please explain:		
9. Have you, or anyone in your household, been assisted with the Interim Emergency Housing assistance program in the past 12 months? If yes, when were they assisted? What name were they assisted under?		
10. Are you currently receiving housing assistance through the Salem Housing Authority?		
11. If yes, have you contacted the Housing Authority about a redetermination of your rent?		

- *In signing this pre-application I/We certify that the above information is correct to the best of my knowledge.*
- *I/We understand that the Housing Authority is required to verify eligibility.*
- *I/We authorize the Housing Authority to verify any information determined necessary to determine eligibility for the Interim Housing Assistance Program.*
- *I/We understand that the decision to assist is solely at the discretion of the Housing Authority*

After signing this pre-application, return it to the receptionist for screening for initial eligibility. If it is determined in reviewing this pre-application that you may be eligible for the Interim Housing Assistance Program, you will be given a formal application to complete. Applicants who are given a formal application must be seen by a staff member. The Housing Authority coordinator will call to determine date and time of appointment within 48 business hours of application being received. Appointments will be given based on date and time of application.

Signature of applicant

Date

Printed Name and Phone number

OFFICE USE ONLY:

RECEIVED BY: _____ DATE: _____ SAVI (ADDRESS VERIFICATION) CHECKED

INELIGIBLE – APPLICANT NOTIFIED/DATE: _____

REASON FOR DENIAL: _____



THE HOUSING AUTHORITY OF THE CITY OF SALEM PROMOTES DRUG FREE HOUSING

