

**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

<b>Return Application to:</b> Robert Lindsey Tower Property Mgmt. 370 Church St SE, #100 Salem OR 97301-3774	<b>Program Type: Public Housing</b>
<b>Check here for the bedroom size needed :</b> <input type="checkbox"/> 1	

WAITING LIST REQUEST (PRE-APPLICATION)  
**Robert Lindsey Tower Apartments**

(INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.)

	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
H						1 2 1 2 3 4 5 6					
2						1 2 1 2 3 4 5 6					
3						1 2 1 2 3 4 5 6					
4						1 2 1 2 3 4 5 6					
5						1 2 1 2 3 4 5 6					
6						1 2 1 2 3 4 5 6					
7						1 2 1 2 3 4 5 6					

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

Mailing Address (include city, state and zip code): _____	Phone numbers: Home: _____ Message: _____ Work: _____
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: _____
Have you ever received subsidized housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify when and where: _____
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	
---	--

**The U.S. Department of Housing & Urban Development authorizes SHA to complete criminal background checks on all applicants prior to providing housing assistance. Please answer the following questions:**

Have you or any member of your household been convicted of manufacturing or producing methamphetamine?  Yes  No

If yes, please list name: \_\_\_\_\_

Are you or any member of your household a registered sex offender anywhere in the United States?  Yes  No

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 Property Management – 370 Church St. SE, Ste 100, Salem
- Robert Lindsey Tower Property Management – 370 Church St. SE, Salem
- Glen Creek Property Management – 1320 Orchard Heights Rd NW, Salem
- Northgate Property Management – 3557 Hawthorne Rd NE, Salem
- Affordable Housing Property Management - 3143 7<sup>th</sup> Place NE, Salem
- Affordable Senior/Elderly/Disabled Prop Mgmt – 360 Church St SE, Salem



**Office Use Only (check applicable bedroom sizes according to Occupancy Standards)**

**Robert Lindsey Tower  
Property Management (Public Housing) AMP 2**  
Robert Lindsey Tower Apartments

1 Bdrm.

Student Rule requirements have been reviewed. Additional notes:

Application screened by:

Date:

Application(s) input by:

Date:

Imaged/Scanned by:

Date:

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.