

General Information or Things You May Need to Know About Section 8

- What is Section 8?** This is a federally funded program to help low income families pay their rent. Generally, families pay 30% of their income towards rent and utility costs while the Housing Authority pays the balance of the rent to the landlord. The Housing Authority does not supply the apartment or house; each family finds their own home. The assistance stays with the family even when they move.
- What is a Waiting List?** We can only serve a set amount of households and when we have filled our programs we begin a waiting list. Interested people must complete a pre-application to be placed on the waiting list. It will be filed by date & time and you will receive a letter of receipt. When your pre-application reaches the top of the list, you will be notified by mail. You must submit requested information and documents in a timely manner to be eligible to participate in our rental assistance program.
- How Long Will I Wait?** Your receipt will give the best estimate we have for how long it will be.
- Do I Need to Update?** The Housing Authority will be contacting you by mail so be sure we have your current address at all times. **If you do not respond to our letter your name will be removed from the list.**
- Special Preferences?** Households with a minor, an elderly or handicapped member are placed before households with only adult members. We offer a *special preference* for households who are within the following definition. Terminally ill—A household member who is likely to die within two years in spite of medical treatment.

The Linn-Benton Housing Authority has NO emergency or immediate assistance available.

DECLARATION OF CITIZENSHIP OR ALIEN REGISTRATION STATUS

New Federal Regulations (effective June 19, 1995) allow assistance only to new applicants who are:
Citizens; or
Non-citizens who have eligible immigration status.

BEFORE receiving any type of assistance all applicants will be required to provide the following information/documentation:

Non-Citizens If 62 yrs of age or older, the signed declaration of eligible immigration status, and proof of age document will be sufficient. All other non-citizens will be required to submit the following evidence: 1. Signed declaration of eligible immigration status and 2. INS documents of eligible immigration status and 3. a signed certification consent form.

U.S. Citizens a signed declaration of your U.S. citizenship.

INCOME LIMITS: EFFECTIVE 04/14/2017

BENTON
COUNTY

PERSONS	VERY LOW	MONTHLY	ELI
1	28650	2387	1433
2	32750	2729	1637
3	36850	3070	1841
4	40900	3408	2050
5	44200	3683	2398
6	47450	3954	2746
7	50750	4229	3095
8	54000	4500	3443
9	57250	4770	2870
10	60550	5045	3034

LINN COUNTY

PERSONS	VERY LOW	MONTHLY	30 %
1	19300	1608	1005
2	22050	1837	1353
3	24800	2066	1701
4	27550	2295	2050
5	29800	2483	2398
6	32000	2666	2666
7	34200	2850	2850
8	36400	3033	3033
9	38550	3212	2870
10	40750	3395	3034

FAIR MARKET RENTS FY 2017

EFFECTIVE 10-01-2016

	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR
Linn	557	661	878	1278	1491	1715	1935
Benton	619	750	930	1354	1639	1885	2131

VOUCHER PAYMENT STANDARD:

EFFECTIVE 10-01-2016

	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR
Linn	525	650	830	1160	1450	1650	1850
Benton	560	680	850	1225	1550	1700	1920

MOBILE HOME SPACE PAYMENT STANDARDS:

BENTON COUNTY 372
LINN COUNTY 351

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

(Confidential Information. This information will not be disclosed or released, except as permitted by law.)

If you have a disability (disability may include physical, mental or other) and need:

- ◆ a change in our policies or procedures
- ◆ a change in the way we communicate with you or give you information, for example, appropriate auxiliary aids, Text Telephone- TTY, qualified sign language interpreters for persons with speech or hearing impairments, or alternate format for vision impairment.

You can ask for this change, which is called a “REASONABLE ACCOMMODATION”

If you can show that you have a disability and if your request is reasonable, you can ask for this change. If you would like the owner of your apartment to make modifications in your apartment or to some other part of the property to accommodate a disability, let us know. We can make reasonable attempts to negotiate with the owner to make such modifications.

If your request is reasonable and if it is not too difficult to arrange, we will try to make the changes you need.

We will make a decision as soon as possible, at least within thirty (30) days, unless you agree to an extension of time. We will let you know if we need more information or verification from you or if we would like to discuss other ways of meeting your needs.

If we turn down your request, we will explain our decision, and you may give us additional information.

If you need help in filling out a REASONABLE ACCOMMODATION REQUEST FORM, or if you want to give us your request in another way, we may be able to help you.

The Linn-Benton Housing Authority does not discriminate on the basis of race, color, national origin, religion, sex, familial status, or physical or mental disability. The person responsible for insuring compliance with civil rights, and Section 504 regulations is the Executive Director of the Linn-Benton Housing Authority. He/She may be reached at (541) 926-4497.

REASONABLE ACCOMMODATION REQUEST FORM IS ATTACHED.

OFFICE USE ONLY

LINN-BENTON HOUSING AUTHORITY PRE-APPLICATION

SECTION 8 RENTAL ASSISTANCE



PLEASE NOTE: If you or any member of your household requires any assistance with this process please inform the Housing Authority. All areas must be filled in or marked "not applicable" (N/A). Incomplete forms will NOT be accepted or placed on the waiting list. Your application date for the waiting list will be the date this completed form is RECEIVED by our office. A Head of Household who is under 17 years old MUST provide proof of emancipation or proof of adult recognition by another social service agency.

Name _____
BR Size _____ HA Pref _____
Comp # _____
Time Rec'd _____ am/pm

HOUSEHOLD COMPOSITION (List all persons who WILL BE living in the assisted unit, INCLUDING AN UNBORN CHILD.)

Only include children who will be with you 50% of the time or more.

Legal Name	Sex	Relation to Head	Date of Birth	Age	Place of Birth	Social Security #	*Ethnicity Circle One	**Race Circle one or more
1.		SELF	/ /				1 2	1 2 3 4 5
2.			/ /				1 2	1 2 3 4 5
3.			/ /				1 2	1 2 3 4 5
4.			/ /				1 2	1 2 3 4 5
5.			/ /				1 2	1 2 3 4 5
6.			/ /				1 2	1 2 3 4 5
7.			/ /				1 2	1 2 3 4 5

* Ethnicity: (1) Hispanic or Latino (2) Not Hispanic or Latino

** Race: (1) White (2) Black/African American (3) American Indian/Alaskan Native (4) Asian (5) Native Hawaiian/Pacific Islander

Race and Ethnicity information is optional and will not be used to determine eligibility. Statistical purposes only.

Street Address: _____ City: _____ State: _____ Zip _____

Mailing Address (if different): _____ City: _____ State: _____ Zip _____

Home Phone: (_____) _____ Msg. #: (_____) _____ Work #: (_____) _____

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ALL CORRESPONDENCE WILL BE MAILED TO MOST RECENT ADDRESS PROVIDED ON ANY LBHA APPLICATION

OFFICE USE ONLY

Receipt _____ Log Book _____ Income Limits _____ Entered _____ Double Check _____

Primary language used in your household: English Spanish Other: _____

Are you **OR** any member of your household: (Please check all that apply)

Disabled or Handicapped, Who? _____

Terminally Ill, who? _____

Age 62 or over Pregnant In the process of securing legal custody of any individual who is under 18 years of age

HOUSEHOLD INCOME: List all income, wages or benefits received by members of your household.

Recipient of Income	Source (TANF, WORK, SS, etc.)	Gross Monthly Income

This pre-application is for placement on the waiting list only. Final eligibility will be verified and determined at the time your family reaches the top of the waiting list. If you owe money to a Public Housing Agency, have committed fraud in connection with housing assistance, are required to register as a sex offender, have engaged in illegal drug or violent criminal activity, have been terminated for previous participation in the Section 8 program or have given false information you may be determined ineligible.

I/We certify that ALL the information provided on this pre-application is true and complete to the best of my knowledge. I understand that giving false or misleading information on this application can result in the determination that I am ineligible for rental assistance. I understand that it is my responsibility to notify the Housing Authority, IN WRITING, if I have a change in address or family composition and that failure to reply to any correspondence, requests for updated information or appointments by given deadlines may result in my application being made inactive on the Section 8 Assistance Waiting List.

_____ / ____ / ____	
Signature of Head of Household	Date
_____ / ____ / ____	
Signature of Co-Head or Spouse	Date

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