

General Information and Things You May Need to Know About Mod-Rehab

***What is Mod Rehab?
What are the Julian
Apartments?***

The Julian apartment complex is a secure building with elevators located in downtown Corvallis and has studio and 1-bedroom units for elderly or disabled households. Mod-Rehab is project-based assistance—the assistance does not transfer to units outside the Julian. Rent amounts are calculated similar to tenant-based Section 8 Housing Choice Voucher.

***What is a Waiting
List?***

When the units in the Julian are full we begin a waiting list. Those interested must complete a pre-application for placement on the waiting list. You will be placed on the waiting list according to the date and time your application is received in our office. When your pre-application reaches the top of the list, you will be notified by mail. You must contact the manager of the Julian Apartments and submit requested information and documents in a timely manner to be eligible to participate in our rental assistance program.

How long will I wait? It depends on units and when they become available.

Do I need to update?

The Housing Authority will be contacting you by mail so please update us of your current mailing address. If you do not respond to our letter your name will be removed from the list.

Special Preferences?

Households with an elderly or disabled member are placed before households without an elderly or disabled member.

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 years 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. **2.** INS documents of eligible immigration status. **3.** A signed certification of consent form.

U.S. Citizens: A signed declaration of your U.S. citizenship.

INCOME LIMITS: EFFECTIVE FY MARCH **2016**

PERSONS	VERY LOW	MONTHLY
1	26800	2233
2	30600	2550
3	34450	2870
4	38250	3187
5	41350	3445
6	44400	3700
7	47450	3954
8	50500	3407
9	53550	4462
10	56600	4716

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.

LINN-BENTON HOUSING AUTHORITY SECTION 8 MOD REHAB PROGRAM PRE-APPLICATION



THE JULIAN APARTMENTS/DOWNTOWN CORVALLIS (STUDIO AND 1 BEDROOM UNITS ONLY)

OFFICE USE ONLY

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

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. The information you give is used to determine your eligibility. 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.

HOUSEHOLD COMPOSITION (List all persons who WILL BE living in the assisted unit beginning with the head of household.)

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

* **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.

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

Disabled or Handicapped, Who? _____

Age 62 or over

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 _____ EIV _____ Claim Check _____ CIS _____ Entered _____ Double Check _____

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

Have you **OR** anyone in your household:

- Committed fraud in connection with receiving Rental Assistance? No Yes
- Been evicted from any Public Housing? No Yes

Do you **OR** anyone in your household owe money to any Public Housing Agency? No Yes
 If yes, **When?** _____, and **Where?** _____

Has any household member been arrested, convicted, or charged with:

- Drug related or violent criminal activity? No Yes
- Any crime other than traffic violations? No Yes

Are you **OR** anyone in your household:

- Required to register as a sex offender? No Yes

If yes to any of the above, please give an explanation and arrest or conviction dates.

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 or have given false information on this application you may be determined ineligible.

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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