

## 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 APRIL 2017

<b>PERSONS</b>	<b>VERY LOW</b>	<b>MONTHLY</b>
1	28650	2387
2	32750	2729
3	36850	3070
4	40900	3408
5	44200	3683
6	47450	3954
7	50750	4229
8	54000	4500
9	57250	4770
10	60550	5045

## 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.

## **Notice of Rights and Obligations under the Violence Against Women Act 2005/2013 (VAWA)**

President Bush signed the Violence Against Women Act of 2005 into law on January 5, 2005. The law was updated in 2013. Among other things, VAWA amended Federal Housing programs. This is a summary of those changes relating to Section 8 participants and landlords. VAWA protections apply to tenants and their immediate family or any individual living in the household. More information is contained in the Housing Authority's Section 8 Administrative Plan. Briefly:

### **Eligibility**

A public housing agency may not deny assistance to an applicant on the basis of the applicant's current or past status as a victim of domestic violence, dating violence, sexual assault or stalking if the applicant otherwise qualifies for admission or assistance.

### **Protection from Termination of Assistance**

A public housing agency may not terminate assistance to a participant in the voucher program on the basis of an incident or incidents of actual or threatened domestic violence, dating violence, sexual assault or stalking against that participant.

An incident or incidents of actual or threatened domestic violence, dating violence, sexual assault or stalking will not be construed as a serious or repeated violation of the lease by the victim or threatened victim of that violence and shall not be good cause for terminating the assistance, tenancy, or occupancy rights of the victim of such violence.

Criminal activity directly relating to domestic violence, dating violence, sexual assault or stalking, engaged in by a member of a tenant's household or any guest or other person under the tenant's control shall not be cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that domestic violence, dating violence, sexual assault or stalking.

### **Bifurcation**

An owner or manager may bifurcate a Section 8 tenancy (split the lease) in order to evict, remove, or terminate the tenancy of any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others, without evicting, removing, terminating the tenancy to, or otherwise penalizing the victim of such violence who is also a tenant or lawful occupant.

The Housing Authority may terminate any individual who engages in criminal acts of physical violence against family members or others, from a voucher assisted household.

### **Termination for Other Reasons**

VAWA does not prevent an owner or manager from terminating the tenancy or evicting a Section 8 participant for any violation of a lease not premised on the act or acts of violence in question against the tenant or a member of the tenant's household, provided that the owner or manager does not subject an individual who is or has been a victim of domestic violence, dating violence, sexual assault or stalking to a more demanding standard than other tenants in determining whether to evict or terminate.

## **Actual and Imminent Threat to Others**

VAWA allows an owner or manager to terminate the tenancy or evict a Section 8 participant if the owner or manager can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if that tenant is not evicted. Similarly, the Housing Authority can terminate the housing assistance of a participant if it can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if that tenant is not terminated from assistance.

## **Certification**

An owner, manager, or the Housing Authority may request that an individual certify via a HUD approved certification form that the individual is a victim of domestic violence, dating violence, sexual assault or stalking, and that the incident or incidents in question are bona fide incidents of such actual or threatened abuse and meet the VAWA requirements. The certification shall include the name of the perpetrator. The individual shall provide such certification within 14 business days after the owner, manager, or Housing Authority requests such certification.

If the individual does not provide the certification within 14 business days after receipt of written request for such certification from the owner, manager, or Housing Authority, the owner, manager or Housing Authority is not restricted from otherwise lawfully terminating the tenancy, evicting or terminating the assistance of a Section 8 participant. The owner, manager, public housing agency, or assisted housing provider may extend the 14-day deadline at their discretion.

An individual may satisfy the certification requirement by:

- a) Providing the requesting owner, manager, or Housing Authority with documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical or mental health professional, from whom the victim has sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of the abuse, in which the professional attests under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse, and the victim of domestic violence, dating violence, or stalking has signed or attested to the documentation; *or*
- b) By producing a Federal, State, tribal, territorial, or local police or court record.

## **Conflicting Certifications**

In cases where two household members claim to be the victim and name the other household member as the perpetrator, the Housing Authority can require third-party documentation.

## **Confidentiality**

All information provided to an owner, manager, or the Housing Authority under VAWA including the fact that an individual is a victim of domestic violence, dating violence, sexual assault or stalking, shall be retained in confidence by an owner, manager, or Housing Authority, and shall neither be entered into any shared database nor provided to any related entity, except to the extent that disclosure is requested or consented to by the individual in writing, or; required for use in an eviction proceeding, or; otherwise required by applicable law.

## **Portability**

A Section 8 participant may transfer their voucher assistance to another jurisdiction if the family has complied with all other obligations of the Section 8 program and has moved out of the assisted dwelling unit in order to protect the health or safety of an individual who is or has been the victim of domestic violence, dating violence, sexual assault or stalking and who reasonably believed he or she was imminently threatened by harm from further violence if he or she remained in the assisted dwelling unit.

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



**OFFICE USE ONLY**

Name \_\_\_\_\_

BR Size \_\_\_\_\_ HA Pref \_\_\_\_\_

Comp # \_\_\_\_\_

Time Rec'd \_\_\_\_\_ am/pm

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

**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 #: (\_\_\_\_\_) \_\_\_\_\_

**1250 QUEEN AVE SE • ALBANY, OR 97322 • PHONE: (541) 926-4497 • TTY: (541) 926-8338**

**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.

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**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