

# CLAYTON MEADOWS

A Linn-Benton Housing Authority Property

## WAITLIST APPLICATION

For Office Use Only

Application Taken by: \_\_\_\_\_

Name \_\_\_\_\_

BR Size 1 2 3 4

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Time Received: \_\_\_\_\_ am/pm

Receipt sent: \_\_\_\_\_

**Check for incomplete areas.**

**Serving Elderly 55+ and Disabled**

**RETURN COMPLETED APPLICATION**

**TO:**

**Linn-Benton Housing Authority**

1250 SE Queen Avenue

Albany, OR 97322

**Phone:** (541) 926-4497

**Fax:** (541) 926-3589

Oregon Relay Dial 7-1-1

**Email:** mail@L-bha.org

**DATE STAMP HERE:**

**NOTE: ALL AREAS MUST BE FILLED IN OR MARKED 'NOT APPLICABLE' (N/A).** Incomplete applications will be returned and families will NOT be placed on any waiting lists until it is received completed. *Please use ink and print your information legibly. Applications that are not legible or that are completed in pencil will be returned to the applicant.*



Do you require a rental with special features? **(Check all that apply)** No / Grab Rails / Wheelchair Accessible / No Stairs

Other: \_\_\_\_\_

Do you require a Live-In-Aide? **(Check One)** Yes / No

**SELECT BEDROOM SIZE(S)**

**INTERESTED IN:**

1BR\_\_\_ 2BR\_\_\_

\*Please note that each bedroom size is a separate wait list

**Household Composition:** List all persons WHO WILL BE living in your home beginning with the head of household.

Legal Name	Sex	Relation to Head of Household	Date of Birth mm/dd/yyyy	Age	Place of Birth	Social Security # (if available) or VISA
1.		SELF				
2.						
3.						
4.						
5.						
6.						

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Message: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

PLEASE COMPLETE ON  
THE BACK AND SIGN.



**HOUSEHOLD INCOME:** List all income, wages or benefits received by members of your household (**do not include food stamps**).

\$ Per Month	Source (AFS, Work, SSA, etc.)	Employer Name <b>AND</b> Address	Employer Phone #	PERSON RECEIVING \$

**HOUSEHOLD ASSETS:** List all assets (i.e bank accounts, trust funds etc.) for all family members

Person with Asset	Type of Asset	Name <b>AND</b> Address of institution	Current Value

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

Possession, manufacture or distribution of a controlled substance?

YES ☐ NO ☐

Any crime other than minor traffic violations?

YES ☐ NO ☐

Are you required to register as a sex offender?

YES ☐ NO ☐

If yes to any of the above, please give explanation and any arrest or conviction dates: \_\_\_\_\_

Have you **EVER** been evicted (where the Landlord prevailed) with a FED (Forcible Entry and Detainer) for **ANY** reason?

NO ☐ YES ☐

If yes, please explain: \_\_\_\_\_

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.

If I have a change of address, phone number, household composition and/or criminal activity/history, I will submit them in writing to the Clayton Meadows office.

Initial that you have read this statement: \_\_\_\_\_

**I/We certify that ALL information provided on this pre-application is true & correct to the best of my knowledge.**

Signature of Head of Household

Date

Signature (Everyone Over 18)

Date

Signature of Co-Head or Spouse

Date

Signature (Everyone over 18)

Date

You have applied for, or currently reside in, a rental housing unit located in a development operating under the "Low-Income Housing Tax Credit" (LIHTC) Program of Section 42 of the Internal Revenue Code or the HOME Program (HOME Investment Partnerships Program) of Section 24 of the U.S. Code of Federal Regulations Part 92. The collection of certain tenant data is authorized by the Housing & Economic Recovery Act of 2008, and will be furnished to the U.S. Department of Housing & Urban Development (HUD). Each household must be offered the opportunity to disclose their race, ethnicity, and disability status. Parents/guardians are asked to disclose on behalf of all children in the household who are under the age of 18. There is no penalty for those households who do not wish to provide the requested information. However, all adult members (18 years or older) must sign/date at the bottom of this form as proof that the option to disclose was made available.

**ETHNICITY:**

- ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

**GENDER:**

- ☐ Male  
☐ Female

**RACE:**

- ☐ American Indian/Alaska Native  
☐ Asian  
☐ Black or African American  
☐ Native Hawaiian or Pacific Islander  
☐ White

☐ **DECLINE TO DISCLOSE**



ALL APPLICATIONS ARE PLACED ON THE WAITING LIST(S) BY DATE & TIME OF RECEIPT.