

CYPRESS GARDENS

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 Individuals with
Disabilities**

RETURN COMPLETED APPLICATION

TO:

Linn-Benton Housing Authority

1250 SE Queen Ave.

Albany, OR 97322

Phone: (541) 918-7321

Fax: (541) 926-3589

Oregon Relay: 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 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? **(Circle all that apply)** No / Grab Rails / Wheelchair Accessible / No Stairs

Other: _____

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

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.



CYPRESS GARDENS

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 AND 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 AND 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 **Cypress Gardens** Property Manager, Linn Benton Housing Authority Property Management.

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

RACE:

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

☐ **DECLINE TO DISCLOSE**

GENDER:

- ☐ Male
☐ Female



APPLICATIONS ARE PLACED ON THE WAITING LIST BY DATE & TIME OF RECEIPT