

## **Things You May Need to Know About the Housing Choice Voucher Program**

### **What is it?**

This is a federally funded program to help families with lower income pay their rent. Generally, families pay 30-40% 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. To income qualify, families must be below 50% of the area's median income. These numbers are updated regularly and located on HUD's website at:

<https://www.huduser.gov/portal/datasets/il.html>

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

We are able to serve a set amount of households. Assistance becomes available as other households no longer need or otherwise leave the program. 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 the rental assistance program.

### **How Long Will I Wait?**

Your receipt will give the best estimate for how long the wait will be. Now would be a good time to apply with the various properties that have their own waiting lists. 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.**

### **Preferences?**

We offer a *special preference* for certain households that meet the definitions below (listed in order of priority.)

Terminally ill: A household member who is likely to pass away within two years in spite of medical treatment will receive a preference over other families.

Homeless Disabled Families or Individuals: A household who contains a disabled person and is currently experiencing homelessness as defined in the LBHA Administrative Plan may receive a preference. Families currently working with Community Services Consortium via one of their priority partners may qualify to receive this limited preference. By referral only.

*More on next page.....*

Households with: a minor, elderly (62+) or disabled member are placed before households without.

## **Special Vouchers?**

Veterans may qualify for a special purpose voucher designated specifically for veterans. Call the VASH team at 1-877-424-3838 for more information.

Youth ages 18-24 who have left or will be leaving foster care may qualify for a special purpose voucher under the Foster Youth to Independence program. Contact Child Welfare for more information at: 541-791-5715.

Stability Vouchers. These *very limited* special purpose vouchers are intended to assist individuals or families currently experiencing homelessness. Distributed by referral only from the Community Services Consortium.

Mainstream and NED. These vouchers serve non-elderly disabled households. If your family qualifies, they will automatically be added to this waiting list at the same time they are added to the regular Housing Choice Voucher waiting list.

## **Social Security Numbers?**

Everyone is welcome to apply. Anyone with a valid social security number must include the number on the enclosed application. Those without a valid number should write "N/A" in the space provided. If any family member does not have eligible immigration status, assistance will be pro-rated to assist only the members of the family that do. If there are no family members with eligible status, assistance will be denied.

## **Accommodations?**

You have the right to request a reasonable accommodation. If you have a disability (may include physical, mental or other) and need a change in our policies or procedures or a change in the way we communicate, please inform the Housing Authority. Beyond the preferences and special vouchers listed above, there is no accommodation that would allow us to move a person higher on the waiting list.

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

## 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.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

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.**

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.**

(See key below)

Legal Name (as shown on SS Card)	Sex	Relation to Head	Date of Birth	Age	Place of Birth (City, State)	Social Security # (Full SS# or N/A)	*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: \_\_\_\_\_

Primary: (\_\_\_\_\_) \_\_\_\_\_ Secondary: (\_\_\_\_\_) \_\_\_\_\_

**1250 QUEEN AVE SE, ALBANY, OR 97322 • PHONE: (541) 926-4497 • FAX: (541) 926-3589 • RELAY: 711 • MAIL@L-BHA.ORG**

**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 \_\_\_\_\_

If you do not speak or read English, what language do you speak? \_\_\_\_\_  
 What language do you read? \_\_\_\_\_

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

- 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
- A U.S. Military Veteran, Who? \_\_\_\_\_
- Disabled or Handicapped, Who? \_\_\_\_\_

A person does not have to receive Social Security Disability to be considered disabled for program purposes. HUD defines disabled as “an individual who is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to last for a continuous period of not less than 12 months. If you feel you meet this definition, mark the box above. If you do not receive Social Security, we will need to verify disability with a qualified physician or diagnostician at the time your name reaches the top of the waiting list.

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

Recipient of Income (Who receives the income?)	Source of Income? (TANF, WORK, SS, etc.)	Gross Monthly Income (before taxes/withholdings)

**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. Eligibility criteria are outlined in the Section 8 Administrative Plan which can be found on our website and in the LBHA office.**

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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