

COTTAGE CREEK APARTMENTS

A Linn-Benton Housing Authority Property

WAITLIST APPLICATION

For Office Use Only
 Application Taken by: _____
 Name _____
 Date Received: ____ / ____ / ____
 Time Received: _____ am/pm
 Receipt sent: _____
 Check for incomplete areas.

**Serving Elderly and/or Disabled
 Individuals**

**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

UNIT SIZE SELECTION*:
Available Unit Sizes: 0 (studio) OR 2 bedrooms
1ST CHOICE: _____ 2ND CHOICE: _____
 *The application is not complete and will be returned to you,
 if this section is not filled out.

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.**



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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 **Cottage Creek** 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