

GARDEN VIEW APARTMENTS

Serving Low-Income Senior Citizens and Veterans

3011 South Main Rd.
Lebanon, OR 97355

*Rents as of 09/01/2024:

Unit Rents	
1 Bdrm	\$680
2 Bdrm	\$814



Garden View Apartments will consist of 48 units designed as independent living for persons age 55 and over

Income limits as of 4/10/2025:

Income Limits	
1 Person	\$38,940
2 Person	\$44,520

- Walking distance to nearby shopping
- Non-Smoking Property
- Open floor plans
- Fully equipped kitchens with refrigerator and stove
- 1- & 2-bedroom apartments
- Community garden beds
- Laundry facilities onsite
- Small town setting
- Water, sewer and garbage services provided
- ADA Accessible Units Available

Bdrm Size	# of Units	Sq. Feet
One (1)	42	615
Two (2)	6	881



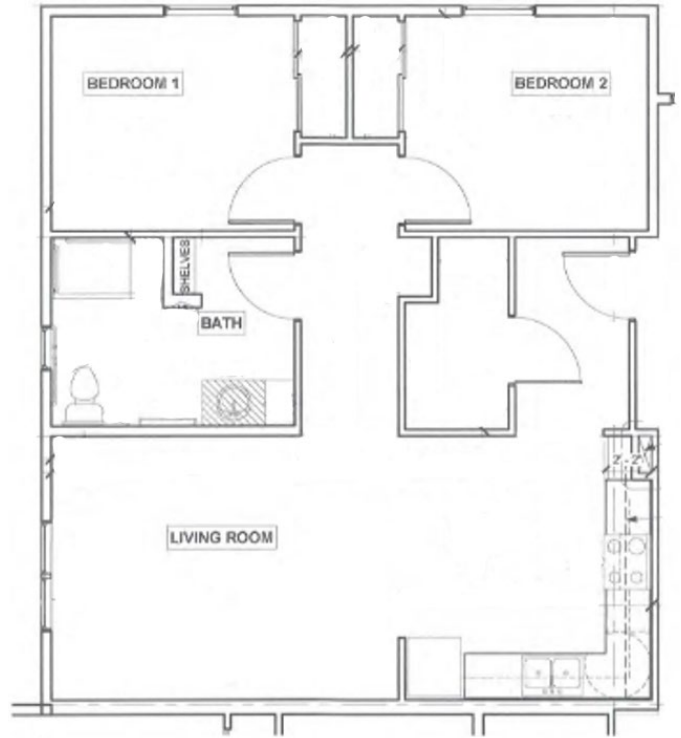
1 Bedroom

Units 101, 102, 103, 104, 105, 106, 107, 108, 111, 112, 113, 201, 202, 203, 204, 205, 206, 207, 208, 211, 212, 213, 215, 216, 217, 301, 302, 303, 304, 305, 306, 307, 308, 309, 311, 312, 313, 315, 316, 317



2 Bedroom

Units 114, 210, 214, 310, 314



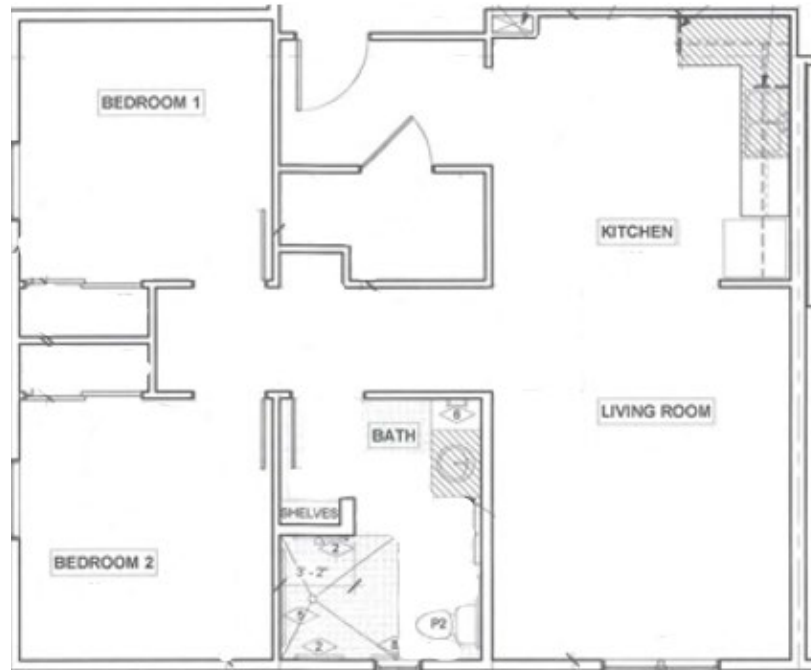
Accessible 1 Bedroom Plan 1A

Units 109, 209



Accessible 2 Bedroom Plan 2A

Units 110



Project Based Vouchers at Garden View Apartments

What are project based vouchers (PBV)? 9 units within Garden View Apartments have project-based vouchers attached to them. Project based assistance works similar to a housing choice voucher but does not transfer to units outside Garden View Apartments. Rent amounts are based on income and are calculated similar to tenant-based Section 8 Housing Choice Voucher. The rest of the units within Garden View are set amounts and not based on income (see previous page for amounts.)

How do I apply? The attached application for Garden View asks if you would like to apply for the project-based vouchers as well. If you are interested, please be sure to answer “yes” when asked. It does not impact your placement on the regular Garden View waiting list.

How long will I wait? There are 9 total project-based units. As people move out of these units, it will become available to persons on the waiting list. We are unable to predict how long this will be.

Do I need to update? The Housing Authority will be contacting you by mail so please update us with your current mailing address. If you do not respond to our letter, your name will be removed from the list.

Preferences? Garden View is an elderly apartment complex designated for persons 55 and older.

INCOME LIMITS: EFFECTIVE FY APRIL 2020

PERSONS	VERY LOW	MONTHLY
1	22600	1883
2	25800	2150
3	29050	2420
4	32250	2687

INCOME LIMITS: EFFECTIVE 04/01/2024

BENTON COUNTY

PERSONS	VERY LOW	MONTHLY
1	37800	3150
2	43200	3600
3	48600	4050
4	54000	4500
5	58350	4862
6	62650	5220
7	66950	5579
8	71300	5941
9	75600	6300
10	79950	6662

LINN COUNTY

PERSONS	VERY LOW	MONTHLY
1	29750	2479
2	34000	2833
3	38250	3187
4	42450	3537
5	45850	3820
6	49250	4104
7	52650	4387
8	56050	4670
9	59450	4954
10	62850	5237

FAIR MARKET RENTS FY 2025

EFFECTIVE 10-01-2024

	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR
Linn	1000	1203	1459	1957	2292	2636	2980
Benton	1200	1279	1643	2302	2490	2864	3237

VOUCHER PAYMENT STANDARD:

EFFECTIVE 01-01-2025

	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR
Linn	969	1100	1365	1909	2265	2605	2944
Benton	1200	1278	1526	2168	2612	3004	3396

*Effective 1.1.24 EHV standards were changed to match the regular HCV payment standards.

GARDEN VIEW 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: _____
<input type="checkbox"/> Check for incomplete areas.

Serving Seniors/Veterans

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

Other: _____

1. Please circle the bedroom size you want to be on the waitlist for: **1 bedroom** **2 bedroom**
2. Do you require a Live-In-Aide? (**Circle One**) Yes / No
3. Two-bedroom units are reserved for persons who need a live-in-aid, who need the bedroom for medical equipment or who have more than one-person residing within the unit.

Do you require a 2-bedroom unit? Yes / No

If no, your name will be added to the one-bedroom list only but may be contacted for a two-bedroom if no other qualified applicants are available.
4. Are you also interested in applying for one of the 9 subsidized (project-based voucher) units at Garden View? 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.						
7.						
8.						
9.						

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip: _____

Phone Numbers: Home: () _____ Work: () _____ Message: () _____

<p>PLEASE COMPLETE ON THE BACK AND SIGN.</p>

GARDEN VIEW APARTMENTS

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 **Garden View Apartments** 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

RACE:

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

DECLINE TO DISCLOSE

GENDER:

- Male
- Female



OFFICE USE ONLY

Receipt _____ Log _____ Income Limits _____ Entered _____ Double Check _____