

# General Information and Things You May Need to Know About Mod-Rehab

## **What are the Julian Apartments?**

The Julian apartment complex is a secure building with elevators located in downtown Corvallis and has studio and 1-bedroom units for elderly or disabled households

## **What is Mod Rehab?**

Mod-Rehab is project-based assistance—the assistance does not transfer to units outside the Julian. Rent amounts are calculated similar to tenant-based Section 8 Housing Choice Voucher. To income qualify, families or individuals 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?**

When the units at the Julian Apartments are full, we begin a waiting list. Those interested must complete a pre-application for placement on the waiting list. You will be placed on the waiting list according to the date and time your application is received in our office. When your pre-application reaches the top of the list, you will be notified by mail. You must contact the manager of the Julian Apartments and submit requested information and documents in a timely manner to be eligible to participate in the rental assistance program.

## **How long will I wait?**

It depends on units and when they become available.

## **Do I need to update?**

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

## **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. 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.

REASONABLE ACCOMMODATION REQUEST FORM IS ATTACHED.

# LINN-BENTON HOUSING AUTHORITY SECTION 8 MOD REHAB PROGRAM PRE-APPLICATION



**OFFICE USE ONLY**

Name \_\_\_\_\_

BR Size \_\_\_\_\_ HA Pref \_\_\_\_\_

Comp # \_\_\_\_\_

Time Rec'd \_\_\_\_\_ am/pm

## THE JULIAN APARTMENTS/DOWNTOWN CORVALLIS (STUDIO AND 1 BEDROOM UNITS ONLY)

**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. The information you give is used to determine your eligibility. A Head of Household who is under 17 years old MUST provide proof of emancipation or proof of adult recognition by another social service agency.

### HOUSEHOLD COMPOSITION (List all persons who WILL BE living in the assisted unit beginning with the head of household.)

Legal Name	Sex	Relation to Head	Date of Birth	Age	Place of Birth	Social Security #	*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

\* **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.

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

Disabled or Handicapped, Who? \_\_\_\_\_

Age 62 or over

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

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Msg. #: (\_\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_\_) \_\_\_\_\_

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**ALL CORRESPONDENCE WILL BE MAILED TO MOST RECENT ADDRESS PROVIDED ON ANY LBHA APPLICATION**

**OFFICE USE ONLY**

Receipt \_\_\_\_\_ Log Book \_\_\_\_\_ Income Limits \_\_\_\_\_ EIV \_\_\_\_\_ Claim Check \_\_\_\_\_ CIS \_\_\_\_\_ Entered \_\_\_\_\_ Double Check \_\_\_\_\_

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

Recipient of Income	Source (TANF, WORK, SS, etc.)	Gross Monthly Income

Have you **OR** anyone in your household:

- Committed fraud in connection with receiving Rental Assistance?  No  Yes
- Been evicted from any Public Housing?  No  Yes

Do you **OR** anyone in your household owe money to any Public Housing Agency?  No  Yes  
 If yes, **When?** \_\_\_\_\_, and **Where?** \_\_\_\_\_

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

- Drug related or violent criminal activity?  No  Yes
- Any crime other than traffic violations?  No  Yes

Are you **OR** anyone in your household:

- Required to register as a sex offender?  No  Yes

**If yes** to any of the above, please give an explanation and arrest or conviction dates.

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**If you owe money to a Public Housing Agency, have committed fraud in connection with housing assistance, are required to register as a sex offender, have engaged in illegal drug or violent criminal activity or have given false information on this application you may be determined ineligible.**

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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