

Application for Project-Based Rental Assistance

Any individual with a disability or other medical need who needs accommodation with respect to this application should inform the Department.

Please answer ALL questions. If the information does not apply, write "none". Print clearly.

1. List all members of your household that will be living with you (starting with yourself). Please complete all spaces for all household members. If any member of your household is pregnant, please list "EXPECTING" under "Name", and the due date under "Date of Birth". Attach an additional sheet if necessary.

Name <i>Last, First</i>	Relationship to Head of Household	Date of Birth	Gender	Race*	Ethnicity*	Disability? (Yes/No)	Social Security Number
	Head of the Household		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	

*Providing this information is voluntary. It is used for statistical purposes only.

Mailing Address: _____
 (Street Address and Apartment, or PO Box)

 (City) (State) (Zip)

Telephone: _____ Email: _____

1. Has any member of your household served in the **United States Armed Forces**? Yes No
 2. **Do you need an interpreter?** Yes No
 If yes, what language? _____

3. **What is your current household income?** List total amount all family members receive each month and the source of the income (such as wages, Social Security, TANF, etc). If you have no income, please write "NONE".
 Monthly Amount: \$ _____ Source of Income: _____
 Monthly Amount: \$ _____ Source of Income: _____
 Monthly Amount: \$ _____ Source of Income: _____

4. **Would you benefit from any of these services?** Mental Health Substance Abuse Veterans Services

5. **Have you ever received rental assistance/subsidy** from any HUD program in the past? Yes No
 If yes, with what Public Housing Agency? _____

6. **Select the Project-Based Rental Assistance Site(s) you would like to apply for:**
- Tom Brewer House (Project-Based Voucher)** – Drug-free housing located in Beaverton, Oregon. Single Room Occupancy (also called "SRO", a room for a single person with shared bathroom and kitchen), studio and 1 bedroom units. Residents pay rent based on income. Preference given to applicants who would benefit from substance abuse and/or mental health services.
 - PLUSS Apartments (Project-Based Voucher)** – Single Room Occupancy (also called "SRO", a room for a single person with shared bathroom and kitchen). Units are located in Tigard, Oregon. Residents pay rent based on income. Preference given to applicants who would benefit from mental health services.
 - The Knoll Apartments (Project-Based Voucher)** - 1 bedroom apartments for chronically homeless individuals (single persons with a disabling condition who have been homeless for at least 12 months continuously or 4 times in the last three years). Preference for Veterans who would benefit from Veterans Services. Located in Tigard, Oregon. Residents pay rent based on income. Age 55+, only.

Please note: Your name will only be placed on waiting list(s) for programs with units of appropriate bedroom size for your household. If you mark a program that does not have units of the appropriate size for your household, your name will not be placed on the waiting list for that program.

I hereby certify that all the information above is true and complete. I understand that by signing this document, I authorize the Washington County Department of Housing Services to examine my household's criminal background and verify all information reported. I understand that I must inform the Washington County Department of Housing Services immediately and in writing of any changes. I understand that if the Department of Housing Services does not have my current address, my application will be withdrawn. **All adults (age 18+) must sign below.**

Signature of Head of Household _____ Date _____ Signature of Spouse or Other Adult _____ Date _____
 Signature of Other Adult _____ Date _____ Signature of Other Adult _____ Date _____

WARNING! Title 18, Section 1001 of the United States Code states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony.

Washington County Department of Housing Services
 111 NE Lincoln, Suite 200-L · Hillsboro, Oregon 97124
 (503) 846-4794 · FAX: (503) 846-4795 · TTY: (503) 846-4793 or 711
 www.co.washington.or.us/housing



DHS Office Use Only
 Rec'd by Staff Initials: _____
 Date/Time Rec'd: _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants
SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING
SUPLEMENTO A LA APLICACION PARA VIVIENDAS CON ASISTENCIA FEDERAL
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.

Instrucciones: Opcional Persona o Agencia de Contacto: Usted tiene el derecho por ley a incluir como parte de su aplicación de vivienda, el nombre, dirección, número de teléfono y otra información pertinente de un familiar, amigo u organización social, de la salud, la promoción, u otra. Esta información de contacto es con el propósito de identificar a una persona u organización que pueda ayudar a resolver cualquier problema que pueda surgir durante su tenencia o para ayudar en la prestación de los cuidados especiales o servicios que pueda necesitar. Usted puede actualizar, eliminar o cambiar la información que usted proporcione en este formulario en cualquier momento. Usted no está obligado a proporcionar esta información de contacto, pero si decide hacerlo, por favor incluya la información pertinente en este formulario.

Applicant Name / Nombre del Aplicante:	
Mailing Address / Dirección de Correo:	
Telephone No / Numero de Teléfono:	Cell Phone No / Numero de Teléfono Celular:
Name of Additional Contact Person or Organization / Nombre de la Persona o Agencia de Contacto:	
Address / Dirección:	
Telephone No / Numero de Teléfono:	Cell Phone No / Numero de Teléfono Celular:
E-Mail Address (if applicable) / Email (si aplicable):	
Relationship to Applicant / Relación al Aplicante:	
Reason for Contact: (Check all that apply) Razon para Contacto: (Marque todos aplicables)	
<input type="checkbox"/> Emergency / Emergencia <input type="checkbox"/> Unable to contact you / No podemos contactarle <input type="checkbox"/> Termination of rental assistance / Terminacion de asistencia con la renta <input type="checkbox"/> Eviction from unit / Desahucio de la vivienda <input type="checkbox"/> Late payment of rent / Pago tarde de la renta	<input type="checkbox"/> Assist with Recertification Process / Asistencia con el proceso de recertificacion <input type="checkbox"/> Change in lease terms / Cambio en los terminos del contrato de arrendamiento <input type="checkbox"/> Change in house rules / Cambio en las reglas de la vivienda <input type="checkbox"/> Other / Otro: _____
Commitment of Housing Authority or Owner: 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. El compromiso de la Autoridad de Viviendas o el Propietario: Si usted es aprobado para la vivienda, esta información se mantendrá como parte de su archivo de inquilino. Si surgen problemas durante su tenencia, o si necesita cualquier servicio o atención especial, nos puede contactar a la persona u organización que se enumeran para ayudar a resolver los problemas o en la prestación de cualquier servicio o de atención especial para usted.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law. Declaración de Confidencialidad: La información proporcionada en este formulario es confidencial y no será divulgada a nadie, excepto según lo permitido por el solicitante o la ley aplicable.	
Legal Notification: 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. Información Legal: Artículo 644 del Acto de Vivienda y Desarrollo Comunitario de 1992 (Ley Pública 102-550, aprobado el 28 de octubre, 1992) exige que cada solicitante de vivienda de asistencia federal que se ofrecerá la opción de proporcionar información sobre una persona de contacto adicional, o de la organización. Al aceptar la solicitud del demandante, el proveedor de vivienda se compromete a cumplir con la no discriminación y los requisitos de igualdad de oportunidades, de 24 CFR § 5.105, incluyendo las prohibiciones de discriminación en la admisión o participación en programas de asistencia federal de vivienda sobre la base de raza, color, religión, origen nacional, sexo, discapacidad y situación familiar en virtud de la Ley de Vivienda Justa, y la prohibición de la discriminación por edad en virtud de la Ley de Discriminación por Edad de 1975.	

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

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Signature of Applicant / Firma del Aplicante

Date / Fecha

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.