



PRE-APPLICATION for Cook Crossing Redmond, OR

(6) 1-Bedroom Project Based Voucher Units

NOTE: Priority will be given to active clients of DHS Aging and Disabled Services age 55 or older with a disability

Complete Pre-Applications will be accepted during regular business hours from:
8am PST on Monday, February 5, 2024,
until 5pm PST on Wednesday, February 14, 2024.

at the Housing Works office located at: 405 SW 6th St, Redmond, OR 97756;
FAX 541-923-6441; or email stephanie@housing-works.org

Regular Business Hours are Monday – Thursday 8am to 5pm, Friday Closed All Day

- List the Head of Household and all other members who will be living in the unit.
- List the relationship of each family member to the head of Household.

Note: Race and Disability questions are being requested to comply with Equal Opportunity Requirements and to assure that no form of discrimination occurs. Your answers will not affect whether you receive rental assistance. Use the codes below to indicate race, list all that apply. Housing Works does not discriminate on the basis of race, color, national origin, religion, sex, physical or mental disability, or familial status.

Race: 1 = Hispanic 2 = White 3 = Black 4 = Native American/Alaskan 5 = Hawaiian / Pacific Islander 6 = Asian

Full Name	Social Security Number	Relationship to Head of Household	Disabled? Y or N	Date of Birth	Race #	Gender	Monthly Income
		Head of Household	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female	
Total Family Members				Total Family Income		\$	

Mailing Address: _____ County: _____

City, State, Zip Code: _____ Phone #: _____ Email Address: _____

Additional Information:

How can we best reach you? (Check all that apply) Phone Text Message Email Contact Advocate – Name: _____ Number: _____

Do you currently reside in Crook, Deschutes or Jefferson Counties or does your household include a member who works, or has been notified that they are hired to work, in Crook, Deschutes or Jefferson Counties? Yes No

Are you currently receiving services from Aging and Disability Services through DHS?..... Yes No

If so, do you authorize Housing Works to verify that you receive such services?..... Yes No

If selected, would you benefit from a unit with assessable features? Yes No

Applicant Statement:

I/We certify that the information given on this Cook Crossing Pre-application for the Project Based Voucher Program is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law and may also be punishable under State Law. I/We have no objection to inquiries for the purpose of verifying the facts herein stated. I/We also understand that false statements or information are grounds for denial. I/We further understand that if I/We believe we have been discriminated against, I/We may call the Fair Housing and Equal Opportunity National Toll-free hotline at 1-800-669-9777.

Signature of Head of Household: _____ Date: _____
Signature of Spouse/Co-applicant: _____ Date: _____

For Office Use Only: Initial: _____ Date Stamp: _____



405 SW 6th Street
 Redmond, OR 97756
 p: 541.923.1018
 f: 541.923.6441
 www.housing-works.org

NOTICE: Income limits and occupancy standards apply for all Project Based Voucher Units.

Waitlist for (6) one-bedroom Project Based Voucher units located at Cook Crossing in Redmond, Oregon. This waitlist has a local residency preference, as well as a preference for applicants who are disabled clients of the Department of Human Services Aging and Disabled Services. Priority will be given to active clients of the DHS Aging and Disabled Services age 55 or older with a disability.

The timing of your application within the specified timeframe will not affect your placement on the waiting list. All applications received during this period will undergo a randomized computer process, ensuring equitable placement on the waiting list and providing each applicant an equal chance of selection. If selected, the applicant will be contacted by mail, email and/or text message to proceed with the eligibility process.

Once each waitlist is exhausted, all applications will be removed, requiring applicants who were not selected to reapply during the subsequent waitlist reopening. All applicants are encouraged to apply for all future wait list openings.

This is only a pre-application and not a guarantee of selection for housing. A full application will be required if you are selected.

If selected, further information will be requested including:

- Family composition information
- Family income information
- Citizenship or eligible immigration status
- **Social security numbers for all family members**
- **Proof of identity for all family members (current photo identification and or birth certificate)**

Eligible applicants must:

- Meet income eligibility requirements (see chart below)
- Meet occupancy standards for available unit size.
- Pass a criminal background check.
- Meet eligibility requirements regarding previous program participation.

Mandatory Reasons for Denial of Assistance:

- Any member of the household has ever been convicted of drug-related criminal activity for the production or manufacture of methamphetamine in any location.
- Any household member is currently registered as a sex offender under a State registration requirement

INCOME ELIGIBILITY REQUIREMENTS

(These are 50% tax credit units and may have a different income eligibility requirement for EPIC property management)

Annual Income: Area Median Income (AMI)

Household Size	Deschutes County Very Low Income 50% AMI
One	\$33,350
Two	\$38,100
Three	\$42,850
Four	\$47,600
Five	\$51,450
Six	\$55,250
Seven	\$59,050
Eight	\$62,850

AUTHORIZATION TO RELEASE & SHARE INFORMATION

PURPOSE: Housing Works (formerly CORHA) uses this authorization and the information obtained with it to administer and enforce housing program rules and policies.

INDIVIDUALS OR ORGANIZATIONS REQUESTED TO SHARE & RELEASE INFORMATION: Any individual or organization including any governmental organization but not limited to, may be asked to release information, i.e.:
Banks and Other Financial Institutions

- Law Enforcement Agencies, Courts, Criminal Background Checks
- Credit Bureaus
- Employers, Past and Present Landlords
- Schools and Colleges
- Utility Companies
- State Agencies such as Child Welfare, Transportation, Employment Division
- Social Service Agencies
- Department of Human Services and Oregon Employment Department
- Providers of: Alimony, Childcare, Child Support, Credit, Handicapped Assistance. Medical Care, Pensions/Annuities
- Medical Prescriptions
- Social Security Administration
- U. S. Department of Veterans Affairs
- Credit History, Financial Concerns, Criminal Activity, Legal Issues, Child Welfare issues
- Family Composition and Childcare Expenses
- Employment, Income, Pensions, and Assets
- Federal, State, Tribal or Local Benefits
- Medical, Psychological, or Psychiatric issues
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers
- Residences and Rental History
- Thrive Central Oregon, Full Access, DHS, Saving Grace, Veteran Assistance for Supportive Services

AUTHORIZATION:

* I authorize for a period of 15 months from the date below to release & share any information (including documentation and other materials) pertinent to eligibility for or participation in assisted housing programs including the following:

Low Rent Public Housing, HOME/LIRPH, Project Based Vouchers and Housing Choice Voucher Programs.

* I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this authorization, I understand that my housing assistance may be denied or terminated. I authorize all sources to fax or mail information to Housing Works at: 405 SW 6th St. Redmond, Oregon 97756 541-923-1018 & Fax 541-923-6441

* I agree to provide an assigned Social Security number (or a Certification that no number has been assigned) for each household member 6 years and older.

Head of Household Signature Date _____
Social Security Number

Spouse/Other Adult Signature Date _____
Social Security Number

Other Adult Signature Date _____
Social Security Number

Other Adult Signature Date _____
Social Security Number