



# PRE-APPLICATION for Moonlight Townhomes Bend, OR

## (7) 2-and-3 Bedroom Project Based Voucher Units

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 6<sup>th</sup> St, Redmond, OR 97756;  
FAX 541-923-6441; or email [stephanie@housing-works.org](mailto: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	
<b>Total Family Members</b>				<b>Total Family Income</b>		\$	

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

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

**Applicant Statement:**

I/We certify that the information given on this Moonlight Townhomes 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 6<sup>th</sup> 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 (7) 2-and-3-bedroom Project Based Voucher units located at Moonlight Townhomes in Bend, Oregon. This waitlist has a local residency preference. Priority will be given to applicants who reside in Crook, Deschutes or Jefferson Counties or whose household includes a family member who works or has been notified that they are hired to work, in Crook, Deschutes or Jefferson Counties.

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)

	Deschutes County
Household Size	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 6<sup>th</sup> 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