



PRE-APPLICATION for Canyon Edge Townhomes Project Based Vouchers – 3 Bedroom Units

Complete Pre-Applications will be accepted during regular business hours from:
8am on **Monday November 04, 2024, until 5pm on Friday November 08, 2024**
at the Housing Works offices located at: 405 SW 6th St, Redmond, OR 97756,
Bend office: 2017 NE Full Moon Dr Ste. 100, Bend, OR 97701; FAX 541-923-6441;
or email stephanie@housing-works.org

Regular Business Hours are: Monday – Thursday 8am to 5pm, Friday closed to the public (use drop box/fax/email)

- 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 any form of discrimination does not occur. 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		
			<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: _____ Alternate Phone #: _____

Additional Information:

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 Ponderosa Heights Apartments 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: _____



We know the way home.

NOTICE: A computerized lottery drawing will determine where an applicant is placed on the Project Based Voucher Waitlist for the 8, 3-bedroom units at Canyon Edge Townhomes in Redmond, Oregon. A preference will be given to applicants with a local residency preference. Additionally, these units have a preference for applicants with an income limit at or below 30% of the area median income under the Low-Income Housing Tax Credit Program. Applications will be processed in the order of their Waitlist position. If selected, the applicant will be contacted by mail to proceed with the eligibility process.

Once the waitlist is exhausted, Housing Works will purge and remove the remaining applications before re-opening the waiting list. 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

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.

***** PLEASE NOTE*****

Housing Works will work with EPIC property management to determine unit occupancy as these are tax credit units and may have a different occupancy standard.

INCOME ELIGIBILITY REQUIREMENTS

(These are 30% tax credit units and may have a different income eligibility requirement for EPIC property management)

Annual Income

Household Size	Deschutes County	Deschutes County
	Extremely Low Income 30% AMI	Very Low Income 50% AMI
One	22,000	36,650
Two	21,150	41,900
Three	28,300	47,100
Four	31,400	52,350
Five	36,580	56,550
Six	41,960	60,750
Seven	47,340	64,950
Eight	52,720	69,100

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, Child Care, 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 Child Care 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
- EPIC Property Management
- Other: _____

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