



PRE-APPLICATION for Ponderosa Heights Apartments Sisters, Oregon

(8) 3-bedroom Project Based Vouchers- DHS

Complete Pre-Applications will be accepted during regular business hours from:

8am on Monday March 17, 2025, until 5pm on Monday March 24, 2025

at the Housing Works offices located at: **Redmond Office** 405 SW 6th St Redmond, OR 97756,

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

Bend Office 2017 NE Full Moon Dr. Suite 100 Bend, OR 97701, Regular Business Hours are: Tuesday-Thursday 9am to 4pm,
Monday & Friday closed to the public (use drop box/fax/email), FAX 541-923-6441; or email stephanie@housing-works.org

- 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 based on 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 \$
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Mailing Address: _____ County: _____

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

Email Address: _____

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

Are you currently receiving services from the Department of Human Services (DHS) through Child Welfare or Self- Sufficiency?.....Yes No

If so, do you authorize Housing Works to verify that you receive such services?.....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 Ponderosa Heights Apartments. **A preference will be given to residents and clients receiving services from DHS through Child Welfare or Self-Sufficiency.** Applications will be processed in the order of their Waitlist position. If selected, the applicant will be contacted by mail, phone, or email to proceed with the eligibility process.

Housing Works will exhaust the current waiting list prior to opening a new waiting list for the Project Based Voucher. All applicants are encouraged to apply for all future wait list openings.

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

INCOME ELIGIBILITY REQUIREMENTS FOR HOUSING WORKS

Annual Income

	Deschutes County
Household Size	Very Low Income
One	36,650
Two	41,900
Three	47,100
Four	52,350
Five	56,550
Six	60,750
Seven	64,950
Eight	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 (DHS) 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, Full Access, 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