



PRE-APPLICATION for Phoenix Crossing Bend, Oregon

(24) Studio and 1-Bedroom Project Based Voucher Units

NOTE: There is a preference for clients of Saving Grace and/or Full Access
Complete pre-applications will be accepted during regular business hours from:
8am on Monday October 19, 2026, until 5pm on Thursday October 29, 2026

at the Housing Works offices located at: **Redmond Office** 120 NW 17th 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 1475 NE Forbes Rd. Suite 110 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	☐ Yes ☐ No			☐ Male ☐ Female	
			☐ Yes ☐ No			☐ Male ☐ Female	
			☐ Yes ☐ No			☐ Male ☐ Female	
			☐ Yes ☐ No			☐ Male ☐ Female	
			☐ Yes ☐ No			☐ Male ☐ Female	
			☐ Yes ☐ No			☐ Male ☐ Female	
			☐ Yes ☐ No			☐ Male ☐ Female	
			☐ Yes ☐ No			☐ Male ☐ Female	
			☐ Yes ☐ No			☐ Male ☐ Female	
Total Family Members			Total Family Income		\$		

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 Full Access? ☐Yes ☐No

Are you currently receiving services from Saving Grace? ☐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 accessible features? ☐Yes ☐No

Applicant Statement:

I/We certify that the information given on this Phoenix Crossing 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:** _____



120 NW 17th 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.

A computerized lottery drawing will determine where an applicant is placed on the Project Based Voucher Waitlist for the (24) studio and 1-bedroom units at Phoenix Crossing, in Bend, Oregon. A preference will be given to local residents as well as those receiving services from Full Access for intellectual and/or developmental disabilities and Saving Grace for victims of domestic violence. 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.

Housing Works will exhaust each existing waiting list fully before starting a new one for the Project Based Voucher Program. Applications will be active for a maximum of up to two years. If, after this period, the list has not been exhausted or reopened, Housing Works will remove all applicants and begin a new waitlist.

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 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 30% tax credit units and may have a different income eligibility requirement for Cascade Management)

Annual Income: Area Median Income

Household Size	Deschutes County	Deschutes County
	Extremely Low Income 30% AMI	Very Low Income 50% AMI
One	25,250	42,100
Two	28,850	48,100
Three	32,450	54,100
Four	36,050	60,100
Five	38,950	64,950
Six	44,360	69,750
Seven	50,040	74,550
Eight	55,720	79,350

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, Full Access, DHS, Saving Grace

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: 120 NW 17th 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

SUPPLEMENT TO ANNUAL RECERTIFICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each recipient for federally assisted housing

Head of Household – Required Signature**Date**☐ **Check this box if you choose not to provide the contact information below.**

Instructions: Contact Person or Organization: You have the right by law to include as part of your annual 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.

Head of Household Name:											
Mailing Address:											
Telephone No:	Cell Phone No:										
Name of Additional Contact Person or Organization:											
Address:											
Telephone No:	Cell Phone No:										
E-Mail Address (if applicable):											
Relationship to Head of House:											
Reason for Contact: (Check all that apply) <table border="0"> <tr> <td>☐ Emergency</td> <td>☐ Assist with Recertification Process</td> </tr> <tr> <td>☐ Unable to contact you</td> <td>☐ Change in lease terms</td> </tr> <tr> <td>☐ Termination of rental assistance</td> <td>☐ Change in house rules</td> </tr> <tr> <td>☐ Eviction from unit</td> <td>☐ Other: _____</td> </tr> <tr> <td>☐ Late payment of rent</td> <td></td> </tr> </table>		☐ Emergency	☐ Assist with Recertification Process	☐ Unable to contact you	☐ Change in lease terms	☐ Termination of rental assistance	☐ Change in house rules	☐ Eviction from unit	☐ Other: _____	☐ Late payment of rent	
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☐ Termination of rental assistance	☐ Change in house rules										
☐ Eviction from unit	☐ Other: _____										
☐ Late payment of rent											
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.											
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the head of household or applicable law.											
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each Housing Choice Voucher holder for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the Housing Choice Voucher's Annual Recertification, 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.											

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.